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A Pastor's Guide for Understanding and Helping the Alcoholic

Donald LeRoy Hussong

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A PASTOR'S GUIDE FOR UNDERSTANDING AND
HELPING THE ALCOHOLIC

A Graduate Research Project
Presented to
the Faculty of the Graduate School
Western Evangelical Seminary

In Partial Fulfillment
of the Requirements for the Degree
Master of Divinity

by
Donald LeRoy Hussong
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APPROVED BY

Major Professor: Bruce A Hicks

Cooperative Reader: Gerard W Dillon

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Chapter 1

INTRODUCTION

Alcoholism is a major problem in the United States. It is estimated that there are approximately nine million alcoholics in the nation.¹ The problem is compounded greatly when one finds that the average alcoholic affects at least four other people--his immediate family.² This additional 36 million added to the nine million alcoholics makes a total of 45 million people affected by alcohol or roughly 20 percent of the total population. The number of alcoholics is increasing at the rate of 200,000 per year.³ The drug problem has been receiving extensive publicity while alcoholism does not get its share. In 1920, there was one drug addict for every 400 people while today there is one addict for every four thousand people.⁴ The addiction problem is not as extensive as we might be lead to believe. But alcoholism is considerably worse than most people realize. This is likely do to the social acceptance of alcohol and the rejection of drugs.

¹The Oregonian [Portland, Oregon], January 29, 1973, p. 15, col. 1.

²Marty Mann, Marty Mann Answers Your Questions About Drinking and Alcoholism (New York: Holt, Rinehart and Winston, 1970), p. 4.

³Andrew G. Hanners, "What's All This Fuss About Drinking" (Los Angeles: California Council On Alcohol Problems, n.d.), p. 6.

⁴*Ibid.*

The alcoholic affects the lives of others in a very direct way, also. Every day in this country, motor vehicles kill approximately 150 Americans, injure another 11,000. A major cause of these deaths and injuries is the drunken driver. He is involved in at least half the accidents.⁵

Studies have shown that alcoholics are seven times more likely than nonalcoholics to meet with fatal accidents and four and a half times more likely to die in automobile accidents than nonalcoholics.⁶ Twenty-five percent of accidental deaths caused by falling asleep with a lighted cigarette, cigar or pipe are caused by the heavy use of alcohol.⁷

The alcoholic affects some of us through our tax dollars. In 1964 there were slightly under 70,000 admissions of male patients to nearly 300 state mental hospitals in the United States, 22 percent of which were given a diagnosis of alcoholism at the time of admission.⁸ Twenty-two percent of the men discharged from the psychiatric wards of general hospitals were diagnosed as alcoholics.⁹

Alcoholism has been ranked as the fourth major health problem, ranking with heart disease, cancer and mental illness.¹⁰ It also ranks second in the cause of suicide.¹¹

⁵"Fact of the Road," Parade Magazine, February 4, 1973, p. 5.

⁶Mann, op. cit., p. 7. ⁷Ibid.

⁸F.A. Thomas Plaut, Alcohol Problems-A Report to the Nation (New York: Oxford University Press, 1967), p. 18.

⁹Ibid. ¹⁰Mann, op. cit., p. 4. ¹¹Ibid., p. 5.

Since the legal grounds for divorce are not always the actual or realistic causes, it is impossible to know how many divorces can be attributed to drunkenness. But it can be estimated that excessive drinking is either a primary or contributing factor in 20 to 25 percent of all divorces.¹²

The National Industrial Conference Board in October 1968 estimated that alcoholism is costing American industry a \$7.5 billion loss per year.¹³ This is a staggering amount but consider the following cases: one oil company worker lost \$50,000 worth of oil due to an error while suffering from a hangover; a supervisor who began disappearing on drinking binges cost the company an estimated \$4000 per binge.¹⁴

California has one of the worst records of alcoholism of any state in the Union, with more than 700,000 alcoholics.¹⁵ For years, San Francisco was considered to be the alcoholic capital of the nation, but recently Sacramento seems to have taken over this dubious honor.¹⁶ San Francisco still has a rate of one alcoholic out of every six adults.¹⁷ Oregon is estimated to have 66,000 alcoholics.¹⁸

The drinking of alcoholic beverages is extensive throughout the nation. Indeed there are few places that one can go where alcohol is

¹²Clifford R. Adams, Ph.D., "The Alcoholic Spouse" (Texas: Texas Commission on Alcoholism, n.d.), p. 1.

¹³R. Gordon Bell, Escape from Addiction (New York: McGraw-Hill Book Company, 1970), p. 8.

¹⁴"They're Rehabilitating the Alcoholic Worker," Reader's Digest, August, 1958, p. 183.

¹⁵Hanners, loc. cit. ¹⁶Ibid. ¹⁷Hanners, op. cit., p. 3.

¹⁸Statement by Andrew G. Hanners, personal interview, February 16, 1973.

not readily available. It is true that many people will drink and never become alcoholic. But consider that one in every fourteen who begin to drink will end up as an alcoholic.¹⁹ No one can tell ahead of time who will become an alcoholic.

THE PROBLEM

Statement of the problem. With the widespread problem of alcoholism and the ever increasing number of alcoholics, it is likely that at some time the minister will be in a position to help an alcoholic and/or his family. It was the purpose of this study to help the author and those who may read this paper to come to: (1) a better understanding of the alcoholic and the pattern of alcoholism; (2) the ways to help an alcoholic and/or his family; and (3) the services available in Portland or any major metropolitan area to which a minister may refer an alcoholic for help.

Importance of the study. The minister has the best help available if he knows what to do and how to handle the alcoholic and his family. To quote Clinebell, "There is no area of human suffering in which religion has given a more convincing demonstration of its therapeutic power than in the problem of alcoholism."²⁰ The minister, if he is to help, must know some of the symptoms of alcoholics and some basic principles to follow in helping the alcoholic.

¹⁹Hanners, op. cit., p. 3.

²⁰Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic (New York: Abingdon Press, 1956), p. 16.

Limitations of the study. It is not the purpose of this paper to discuss whether alcoholism is a sin or an illness or both. The purpose of the study is to present the problem as it exists. The symptoms are discussed in the nature of an illness only to show that alcoholism does have a progressive nature and that this can be identified and treated.

It is also not the purpose of this paper to discuss the terms used in the Bible to describe wine or to decide its alcoholic content as opposed to today's definitions of wine and alcoholic beverages.

DEFINITIONS OF TERMS USED

There are only two key terms that should be defined. These are alcoholic and alcoholism. However, there is so much involved in these two terms that the second chapter was devoted to defining these terms. Other terms related to the study are also defined in the second chapter.

ORGANIZATION OF THE REMAINDER OF THE STUDY

The remainder of the research was divided into the following chapters:

Chapter two. The terms alcoholic and alcoholism are defined as well as related terms that one finds when studying alcoholism. In relation to these, characteristics of alcoholics and types of alcoholic personalities are discussed. All of these go into the total picture of being an alcoholic.

Chapter three. This chapter is devoted to the progressive nature of alcoholism. Marty Mann's breakdown of the physical, psycho-

logical and behavioral symptoms is used because of its detailed nature and its understandability.

Chapter four. The ways in which the pastor can help an alcoholic are discussed. The pastor has opportunities to contact the alcoholic and the family that are helpful. The ways the contacts are made is discussed and their importance shown. The goals of counseling are presented and the direct counseling techniques are presented. Things to do and those to avoid are presented. The last part deals with the religious resources of the pastor and how they may be used.

Chapter five. The progressive nature of the breakup of the family is traced. The pastor's role in helping the family and suggestions for helping them are presented. The children and the problems they face, along with guides for help, are discussed. A discussion of what to do after sobriety is achieved follows. Finally, Shipp's summary of helping the family is presented.

Chapter six. The resources that are available to a pastor in the Portland area or those that may be found in any metropolitan area are discussed. Opportunities for training are also presented. A full list is presented in Appendix A.

Chapter seven. The contents of the entire study are summarized and a brief conclusion given.

REVIEW OF THE LITERATURE

The major source of information for this study was books. Some pamphlets and periodicals were used that contained helpful information. There are also books and periodicals listed in the supportive bibliography that were read but not used.

The books that were most helpful to the study were Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic and Marty Mann, New Primer on Alcoholism. Others that contained useful information and were used in this study are Wayne E. Oates, Alcohol In and Out of the Church, Thomas J. Shipp, Helping the Alcoholic and His Family, and John E. Keller, Ministering to Alcoholics.

An interview with Mr. Andrew G. Hanners of the Oregon Council on Alcohol Problems was also a source of information.

Chapter 2

WHAT IS AN ALCOHOLIC?

In order to understand and help the alcoholic, one must understand how the terms "alcoholic" and "alcoholism" are defined and what constitutes being an alcoholic. They are difficult terms to define. According to Kessel and Walton, there are three factors that make them difficult.¹ The first is the fact that the antics of the inebriated are good for a laugh and the problem is thus eased out of serious consideration with a smile. Secondly, moral overtones color our opinions, making it hard to amass information and arrive at proper judgments. Thirdly, the problem is made more difficult by the lack of technical terms which are generally understood.

The word "alcoholic" and its companion word "alcoholism" were coined in 1848 by a Swedish scientist by the name of Dr. Magnus Huss.² Until that time, the condition was referred to as chronic or continual drunkenness and the victim of the condition as a drunkard. Since they were more descriptive than scientific, Dr. Huss felt the need for a more scientific terminology and coined the terms which gradually replaced all the others. The terms were more quickly accepted in Europe than in the United States and until well after the turn of the century, the favored

¹Neil Kessel and Henry Walton, Alcoholism (London: MacGibbon & Kee, 1966), p. 17.

²Marty Mann, Marty Mann Answers Your Questions About Drinking and Alcoholism (New York: Holt, Rinehart and Winston, 1970), p. 57.

concept is characterized by the loss of control. When alcoholism is defined as an illness or disease Oates says:

We do not mean the alcoholic is not morally responsible for his own situation before his neighbors and before God. He is responsible. He bears the brunt, not only of his own wrong choices, but also those of his family and society. He is morally responsible, but he alone is not morally responsible. He is a man of unclean lips, but he also lives in the midst of a people of unclean lips.⁶

Clinebell broadens the definition when he says, "Alcoholism is a spiritual illness, as well as a physical, social and psychological illness. Full recovery involves the discovery of a spiritual view of life--a conviction that life has meaning and value."⁷

The term "alcoholic" is defined in much the same terms. It is defined as anyone whose drinking interferes frequently or continuously with any of his important life adjustments and interpersonal relationships.⁸ Another definition of an alcoholic is a person with an unmanageable craving for alcohol.⁹ Yet a third definition is:

Alcoholics are those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance, or an interference with their bodily or mental health,

⁶Wayne E. Oates, Alcohol In and Out of the Church (Nashville: Broadman Press, 1966), p. 26.

⁷Andrew G. Hanners (Executive Director), "Pastor, I need help. I think I'm an alcoholic." (Portland: Oregon Council on Alcohol Problems, 1971), p. 3.

⁸Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic (New York: Abingdon Press, 1956), p. 17.

⁹Clifford J. Earle, How to Help an Alcoholic (Philadelphia: The Westminster Press, 1952), p. 19.

their interpersonal relations and their smooth social and economic functioning, or who show prodromal signs of such developments.¹⁰

Alcoholism is the problem and the person affected is the alcoholic. It is important for people to understand that alcoholism is like an illness. If one is to overlook this fact, he is to overlook the problem. The alcoholic needs help, he cannot help himself. Like most other illnesses, alcoholism unchecked will continue to become worse and can very likely kill the person affected. We shall see the progressive nature of the problem in the next chapter. In Chapter 4 the acceptance of alcoholism as an illness is shown to be important in helping an alcoholic.

Other Terms Related to Alcoholism

While the terms "alcoholism and "alcoholic" have been defined, there are other terms that one encounters while studying alcoholism. The one most common term is that of the "problem drinker." Clinebell substitutes this term for alcoholic especially in cases where the term alcoholic is a stumbling block for the person or persons involved because of their preconceived stereotype concerning the term.¹¹ One recent author feels that any label should be as free as possible of adverse side effects, such as serving as barriers to thinking on the part of physicians, social workers and special-interest groups. The terms used to describe drinking problems should be used to encourage

¹⁰Thomas J. Shipp, Helping the Alcoholic and His Family (Englewood Cliffs: Prentice-Hall, Inc., 1963), p. 67, cited by "Second Report of the Subcommittee on Alcoholism of the World Health Organization." Technical Report Series, No. 48 (1952, Columbia University Press, New York).

¹¹Clinebell, op. cit., p. 23.

rather than discourage.¹² He uses the term "problem drinking" accompanied by a statement of the problem in preference to the term "alcoholism."

The term "alcohol addiction" can be found in books concerning alcoholism. The term is roughly synonymous with alcoholism, but conveys a sense of the intensity of the compulsion involved. Alcohol addicts are unable to spontaneously give up drinking. The greater the need to stop drinking, the more difficult it is to do. The alcohol addict suffers from withdrawal symptoms when drinking.

Addiction to alcohol is different from addiction to dangerous drugs in two ways. First, because it is more socially condoned, and secondly, alcoholics do not need to continue to increase their intake. The novice drinker may be more affected than the habitual alcoholic; however, the habitual alcoholic need not greatly increase quantities to obtain the desired effects. Unlike the drug addict, the alcohol addict can abstain for long periods of time without a craving but if such a craving should occur, it is generally not eliminated by a single drink. The term "addict" does apply to alcoholics in a very important sense. Addicts are dependent on the substance they take. The alcoholic may not require it constantly, as has been shown in definition, nor does it mean necessarily a physical dependence. It may be a psychological dependence in order to face various situations at home or at work. He is dependent upon alcohol to function as a social being.

¹²Don Cahlan, Problem Drinkers (San Francisco: Jossey-Bass Inc., 1970), p. 11.

The terms "steady," "periodic" and "plateau" are found in reference to types of alcoholics. A steady alcoholic is one whose excessive drinking is practically continuous, but with intermittent periods of more intense or binge drinking.¹³ The periodic alcoholic, as the term implies, is one who is abstinent between binges. A plateau alcoholic is one who usually does not seek the maximum effects of alcohol, but whose addiction is characterized by the need to maintain a certain medium level of inebriation at all times.¹⁴

The terms "high-bottom" and "low-bottom" are not frequently found but do offer valuable insight. The terms refer to the amount of social disintegration caused by alcohol. A low-bottom alcoholic is the skidrow type who has reached a low point in the social structure. Although this type has provided the stereotyped image of what alcoholics are supposed to be like, the low-bottom alcoholic accounts for less than one-fourth of the total alcoholic population.¹⁵

The high-bottom alcoholic is the person who is still able to live with his family and hold a job. He is less adequate as a father, less efficient as a worker, has more absenteeism and is generally tired and run down. These are the most difficult types of alcoholics to recognize since they have a minimal amount of social disintegration and they have not been cast off from normal social intercourse.

The terms are used in relation to the point where the alcoholic comes for help. This point is called "hitting bottom." The degree of

¹³Clinebell, op. cit., p. 24. ¹⁴Ibid.

¹⁵Ibid., p. 20.

social disintegration that has taken place to this time determines whether the alcoholic is low-bottom or high-bottom.

Steady and periodic alcoholics occur among both high- and low-bottom alcoholics; however, it is likely that a smaller proportion of low-bottom alcoholics are periodics than is true among high-bottom alcoholics.¹⁶ The plateau alcoholic occurs most frequently among low-bottom alcoholics.

Characteristics of Alcoholics

King lists four characteristics of a typical alcoholic which he terms psychological. The first is that he is always in pain.¹⁷ He is plagued by a sense of guilt. He knows he has made a mess of his life and this brings on self-pity when he thinks of himself.

Secondly, the alcoholic is characterized by an immature response to life.¹⁸ He cannot face the problems of life in the normal manner. He compensates for his failures by drinking. His actual accomplishments in life never measure up to his dreams. He drinks to forget and day-dreams about better things. But it is his alcohol that is keeping him from achieving his dreams.

He is moody--happy today, sad tomorrow. He lives in a cycle of reoccurring moodiness and drinking behavior. This is a part of his immature response to life. He may become known as having a Dr. Jekyll and Mr. Hyde personality.

¹⁶Ibid., p. 24.

¹⁷Albion Roy King, Basic Information on Alcohol (Mt. Vernon: Cornell College Press, 1953), p. 110.

¹⁸Ibid., p. 111.

Thirdly, the alcoholic is characterized by an overmastering ego.¹⁹ He has to feel superior. He must be the star of the show or he does not participate at all. He has not learned how to master a natural inferiority and turn it into some real accomplishment in life. He must constantly feel superior or he falls back into self-pity.

Fourthly, the characteristic social condition of the alcoholic is a desocialized person. He no longer belongs to or he has broken away from the primary social group to which he should belong.²⁰ He is homeless in the sense of an inner homelessness which results from the breakdown of religious and moral ideals which ought to give persons a feeling of belonging to some important life venture.²¹ This can be noticed in Chapter 3 in the discussion of the symptoms of alcoholism. It is one symptom to break the relationship to the church and minister.

King also lists two other characteristics which should be noted. First, is the purpose of drinking. The alcoholic does not sip his liquor for the relish which the ordinary drinker seems to get out of it, nor does he use the drinks which are prepared for that purpose. He uses the more potent type which men gulp for the effect.²² He drinks because he likes what alcohol does for him. Gulping drinks is a characteristic symptom which is found in various stages as shown in Chapter 3. He drinks compulsively--he cannot stop.

Secondly, the alcoholic is nearly always in a badly run down physical condition which should lead to medical treatment.²³ This stems

¹⁹Ibid., p. 112. ²⁰Ibid. ²¹Ibid., p. 45

²²Ibid., p. 110. ²³King, loc. cit.

from his tendency to substitute alcohol for food. This is a symptom of the later stages of alcoholism and will be listed in its proper place in Chapter 3. His appetite all but disappears because alcohol, with its high calorie content, satisfies most of the immediate energy requirements of the body. The failure of the alcoholic to eat correctly deprives the body of many of the food elements that are essential to health--vitamins, carbohydrates, fats, proteins and minerals. The lack of these foods in time will result in actual body damage. The aging process is thus accelerated.

A genuine alcoholic will be worried about his drinking. This is another characteristic that distinguishes him from the average heavy drinker. He knows his drinking is different from his friends and he knows something is wrong. He insists that he is all right but he is worried. This, as will be seen in Chapter 3, often leads to promises or temporary phases of "going on the wagon." The placement in the pattern will also be seen.

The material in Chapter 3 includes psychological, physical, and behavioral characteristics of alcoholics. The author has made another chapter in order to show the progressive pattern of alcoholism in these three areas.

Types of Alcoholic Personalities

Some people assume that all alcoholic people are the same. They are in the sense that they share the same problem with alcohol. They are not the same in that they do have their own personalities. Williams has listed four types of alcoholic personalities and their chances for recovery. They are as follows:

1. The Wholesome Personality.²⁴ This is the intelligent, successful, well-educated person who comes for help any time between the ages of thirty to the late fifties. He is usually happily married, loves his children, has pleasant social conditions, a job, and is well-liked by his employer and co-workers. He cannot explain why he has a problem with alcohol. His drinking has probably increased since he suffered a disappointment or frustration such as not getting a hoped for promotion.

It may appear that the alcoholic problem may have developed outside the person but closer evaluation will show that the problem lies within. He is unable to achieve his goals, uninterested in his work or dissatisfied with his role in life. He lacks the sense of personal fulfillment.

The opposite of this is the person who does not have to work. He may have inherited a considerable sum of money or a family business. He may develop a sense of guilt because he can earn a living easier than his friends.

Stress in the family or professional life can intensify these inner tensions. Alcohol is a crutch to get through. But one day a crisis occurs that cannot be avoided, the crutch fails and loss of control sets in. These men usually realize that there is something wrong with their drinking habits but still cling to the belief that they

²⁴Lincoln Williams, Tomorrow Will Be Sober (New York: Harper and Brothers, 1960), p. 58.

can still handle it. They hold to this belief even when it is obvious to their families or business associates that they cannot handle it. When confronted and under pressure, they are usually willing to consult a doctor and admit their loss of control.

Their sincerity when finally admitting their problem is one characteristic of this type of personality. They respond well and their chance of recovery is 80 percent.²⁵

"Recovery" for an alcoholic is becoming and remaining a total abstainer. There is no other way to avoid the reoccurrence of alcoholism.

2. The Neurotic Alcoholic.²⁶ Neurosis is a term used by psychiatrists to describe a faulty and disabling emotional reaction to life which may or may not be accompanied by obvious physical or mental abnormalities. The neurotic alcoholic is the person who was maladjusted long before he ever began drinking.

The common neuroses are the consequences of a faulty adjustment to environmental stresses usually encountered first in childhood. The persons involved have never learned, or perhaps never had the opportunity to learn how to deal with these stresses, which constitute unsolved problems that continue to harm them throughout their adult life.

The neurotic tends to become alcoholic early in life. This is the time when they are expected to adjust to the world of adults and are unable to do so. Only 25 to 30 percent recover and relapses during treatment are almost always certain to occur.²⁷ They require psychological and physical help over a long period of time.

²⁵Ibid., p. 60.

²⁶Ibid., p. 62.

²⁷Ibid., p. 66.

3. The Psychotic Alcoholic.²⁸ Psychosis is a disease in which some form of mental abnormality is the outstanding symptom. The mentally disordered person is just as apt to turn to alcohol as the normal person but with more devastating results. Under the influence of alcohol, they are violently abnormal. He may cause harm to himself and others.

There are a variety of mental disorders that fall into this category such as the manic-depressive, the schizophrenic or mental disturbance due to a glandular instability. They do not do well in groups like Alcoholic Anonymous or other group help. In fact, "dyed in the wool" psychotic alcoholics are beyond human aid.²⁹

4. The Psychopathic Alcoholic.³⁰ This is the person who is morally ill. He is completely insincere and has no ability to profit from past mistakes. He is usually vain and egocentric and very often has great superficial charm. He is a master at self-deception and can wax eloquent about his sincerity and honor even while deceiving his friends and family.

With the background of terms and characteristics of alcoholics and personality types, one can begin to understand the nature of the problem. It is a problem that the alcoholic cannot handle himself. It involves the whole man. He must receive help at each level of life--physical, mental and spiritual. In the next two chapters we shall see the progressive nature of the problem and how to help the person in trouble.

²⁸Ibid., p. 68.

²⁹Ibid., p. 72.

³⁰Ibid.

Chapter 3

THE PROGRESSIVE NATURE OF ALCOHOLISM

Alcoholism does have identifiable symptoms. These symptoms are known and catalogued in many scientific, professional, and popular journals as well as many books about alcoholism. In dealing with the alcoholic it is important for the counselor to know these symptoms in order for him to take any constructive action.

The pattern of symptoms which identify the alcoholic are largely behavioral. There exists also both psychological and physical symptoms visible to the close observer. In studying the identifying symptoms it is possible to observe the progressive nature of alcoholism.

Marty Mann has one of the best breakdowns of these symptoms. They are easily understood and should be studied and mastered by any person who will be working with alcoholics. These symptoms are divided into three major groupings: early, middle, late or advanced stages. A further breakdown of these major headings can be made: of behavior, and of psychological and physical manifestations.

Early Behavioral Symptoms¹

1. Making promises about drinking. This includes making promises to himself about not drinking so much next time. No promises

¹Marty Mann, Marty Mann's New Primer on Alcoholism (New York: Holt, Rinehart and Winston, 1958), pp. 20-23.

are made to anyone else.

2. "Lying" about his drinking. This is a most significant stage because the person is trying to hide his drinking, or at least minimize it both to himself and others.

3. Gulping drinks. Others drinking with him drink too slowly.

4. Taking a drink before going to a party or appointment where there will probably be drinking.

5. Feeling the necessity of having drinks at a regular time.

6. Allotted drinking time before dinner at a regular time.

7. Must have drinks with special events.

8. Must have drinks for that tired feeling.

9. Must have drinks for nerves--anything that could cause a nervous feeling is included.

10. Must have drinks to forget worry or troubles.

11. Must have drinks for depression.

Early Psychological Symptoms²

1. Dependence and compulsion as shown by Nos. 6, 7, 8, 9 in the Early Behavioral Symptoms.

2. Fear of not getting enough alcohol as shown by No. 3 in the Early Behavioral Symptoms.

3. Feelings of inferiority and inadequacy as shown by Nos. 4 and 5 in the Early Behavioral Symptoms.

4. Feelings of isolation as shown by Nos. 5 and 6 in the Early Behavioral Symptoms.

²Ibid., pp. 23-25.

Early Physical Symptoms³

1. Gulping drinks.
2. Few hangovers. They have no hangovers when most normal drinkers would normally have one after an evening of drinking.
3. Rare sickness after drinking to excess.
4. Blackouts begin in the early stages. A person is said to have experienced a blackout when he is still walking and talking but remembers nothing the next day.
5. Does not often pass out. "Pass out" meaning sleep or unconsciousness occurring during a drinking bout.

Alcoholism in the early stages is marked by these physical symptoms. But there are two exceptions to this general pattern. The first being the person who is a full-fledged alcoholic from the first drink. Something makes him unable to control his drinking after the first drink of an alcoholic beverage. This may occur very early in his teens or very late in life. A person in his eighties, who never drank before, could become an alcoholic after one drink.

The second deviation from this pattern is the person who often has long and comfortable nondrinking periods. Their behavior during their drinking periods does follow the general early symptoms. These people would fall in the defined area of periodic alcoholics. They may have a regular drinking cycle such as one-, two-, three-, or six-month intervals or they may never have a regular drinking cycle.

³Ibid., pp. 25-26.

The duration of these early symptoms is about ten years with progression of the symptoms from the faint visibility of one or two up to the clearly possible identification of all of them.⁴ The problem during this period in trying to help the alcoholic or his family is that both are not aware that his drinking is different from anyone else's. They are usually considered social drinkers. Dunn lists social drinking as the first of seven steps down to alcoholism.⁵

Middle Behavioral Symptoms⁶

1. Promises. The alcoholic at this stage does not realize that he is unable to control his drinking. He promises himself, his friends, and his family that it will not happen again. Unfortunately, he is unable to keep these promises.

2. "Lying." Being unable to keep his promises, he now starts lying about his drinking. He needs to minimize the amount he drinks and why he drinks. He tries to make others and himself believe that he can still control his drinking.

3. Gulping--also an early symptom. He now makes drinks at home and when out, almost always insists on making them. While doing so, he can drink a few and therefore not have to wait for the slower drinker to get the second round.

⁴Ibid., p. 29.

⁵Jerry G. Dunn, God is For the Alcoholic (Chicago: Moody Press, 1965), p. 23.

⁶Mann, op. cit., pp. 31-37.

4. Having enough "under his belt." This means drinking before going anywhere, even before another drinking party.

5. The "must" times of the day are moved ahead. Early arrival at a lunch or cocktail date in order to get down a few early drinks.

6. An allotted drinking time before meals at a bar rather than home. Results in many missed meals and poor eating habits.

7. Being "well away" for any special event. Must be drunk to enjoy it.

8. Being "dog-tired" and unable to go on without something to drink.

9. Always "nervous" and cannot calm down enough to function without drinks.

10. Plagued with worries and troubles. Life is insupportable without drinks.

11. Depression--relieved by drinking.

12. Increased accepted drinking times. Instead of after five P.M., it may be before four P.M. or any other convenient time.

13. Drinking alone--occasional in early stages, now increases. A private supply is always near.

14. Signs of having been drinking, even of actual intoxication, begin to show at the wrong times.

15. Weekends are apt to become real bouts. The Monday hangovers are a result of this.

16. An occasional morning drink to "get going." More likely to increase as its effects are noticed.

17. Starting to "go on the wagon." May be able to do so, thus adding to his false belief in his power over alcohol.

18. Noticeable irritability during periods of nondrinking. May become labeled as a difficult person to live with.

19. More and more periods of real drunkenness. A more noticeable change in character between sober and drunken periods.

Middle Psychological Symptoms⁷

1. Early dependence on alcohol now gives way to compulsion. He seems to be unable to function without drinks and appears to be making no effort. Any effort he does make fails. As symptoms increase, control disappears completely. This is the major psychological symptom of the middle phase of alcoholism and is conspicuously progressive.⁸

2. The alcoholic's attitude toward drinking, as expressed in his conversation, is changing fast. He is unwilling to talk about his own drinking and during later stages refuses to talk about it at all.

3. Admission of being drunk ceases entirely.

4. Does not usually admit to having hangovers.

5. The feelings of inferiority and inadequacy noted in the early symptoms are now rarely apparent except during certain stages of drunkenness.

6. The feelings of isolation and "not belonging" are also rarely apparent.

Middle Physical Symptoms⁹

1. The gulping of drinks now turns to long swigs from a bottle--a nearly universal practice.

⁷Ibid., pp. 37-39. ⁸Ibid., p. 38.

⁹Ibid., pp. 39-40.

2. Hangovers are now a part of his life. They are not to be endured. They are a terrifying experience, and he turns again to drink in order to endure.

3. Nausea is a frequent morning-after experience but rare while drinking.

4. Blackouts are now increasing.

5. Pass-outs now occur frequently, sometimes early in the course of an event to which the alcoholic had looked forward. These are embarrassing and reasons are given to cover up.

The Middle Stages usually last from two to five years and they easily slide into the Late Stages. This is the more difficult stage to reach an alcoholic. He knows his drinking is different. He is losing and knows it, but fear will not let him accept it.

Late Behavioral Symptoms¹⁰

1-13. The same as the Middle Behavioral Symptoms only much increased. He now drinks to live and lives to drink. He is almost always trying to down alcohol anytime, any place, any reason. He rarely eats, promises only one promise, which he must believe. "I'll never touch that stuff again as long as I live." But he breaks the promise again and again and again.

14. Drunken behavior now usually, almost inevitably, takes place at the wrong time. On the job, at important social functions and at home gatherings.

¹⁰Ibid., pp. 46-52.

In some cases, however, even while totally drunk, the alcoholic can give the impression that he is completely sober while at work, parties or meetings. But there is a sweetish-sour "liquor breath" that is unmistakable to experts. This can help an expert spot an alcoholic even if there is no prior knowledge of the condition.

15. Drinking bouts occur regardless of time, week, month, or year.

16. Morning drinks are now a necessity in order to function at all.

17. Periods of being "on the wagon" still occur, but less often unless there is frequent medical treatment or hospitalization.

18. Irritability and high-pitched emotional responses are fairly constant whether drinking or not.

19. His condition is complete drunkenness most of the time. This does not always show clearly because he can sometimes appear sober as mentioned in fourteen. At the rare times he is not drunk, some of his old personality may appear. He then seems to have a dual personality, one when drunk and one when sober. The last vestiges of his nondrunken personality are seen mainly by those who love him no matter what.

20. His job behavior. No matter how many jobs he may have lost in the past and how scarce jobs are at the moment, he may often leave the job he has for some good-sounding reason. He may leave and never return for the money owed him. Sometimes an alcoholic may be protected by co-workers because of personal liking and sympathy for him, and/or his work is good during his nondrunken periods so they feel he needs only another chance. Eventually, however, this protection is lost and

then the job. Soon there are no jobs at all.

21. Closely related to twenty is getting money to drink. He soon finds he cannot borrow money from others because he has no means with which to repay it. He thus resorts to taking from his wife's purse, or husband's pockets, as the case may be. Valuable objects or those easily moved are sold. Even gentle people may resort to violence in order to have money for another drink or bottle. Children can go shabbily dressed or not have proper food because the alcoholic is using the family's income or resources to buy alcohol.

22. His attitude toward his family. With apparent indifference, he watches the family disintegrate. Destitution and struggling or even the breaking up of the family do not cause him to change his ways. His feelings about the situation are rarely shown, except perhaps in bars to strangers.

23. His attitude toward church. If he is Catholic, he increasingly avoids his priest and his Church. If Protestant, he probably long since ceased going to church and by now is an agnostic or out-and-out atheist. This is paradoxical when one reads statements such as Clinebell's when he says:

There is no area of human suffering in which religion has given a more convincing demonstration of its therapeutic power than in the problem of alcoholism.¹¹

24. His behavior about time. He usually does not know what time it is, sometimes not even the day--and to him it does not even seem to matter.

¹¹Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic (New York: Abingdon Press, 1956), p. 16.

What the alcoholic was before alcohol has now all but vanished. People now believe that he is really the kind of person they see now. But they are judging only on the Behavioral Symptoms. All alcoholics seem the same but in reality they are highly individualistic as persons. People do not look behind the psychological or physical reasons for that behavior. This is why it is necessary for a person, especially one who will be in a position to be in contact with alcoholics, to recognize the reasons and the involuntary helpless condition of the alcoholic.

Late Psychological Symptoms¹²

1. Compulsion is a major psychological symptom. All of life's activities center around alcohol. He now has no control and he cannot function without alcohol.

2. No visible attitude toward his own drinking. A life of drinking is now natural and inevitable. There is a sense of shame and degradation which contributes to a seeming sense of indifference to his problem.

3. No admission of drinking or drunken behavior. No discussion is willingly entered into.

4. The morning hangover is not allowed. This is prevented by round-the-clock drinking. When he does experience a hangover, it is excused as illness or fatigue.

5. Feelings of inferiority and inadequacy are now frequently visible. These are contrasted by swings to grandiosity.

¹²Mann, op. cit., pp. 53-55.

6. The feelings of isolation and not belonging are now very pronounced. He seeks only the company of others like himself.

7. There are still times of being able to manage his drinking very well. These give a false hope of being able to control his drinking like other people. He drinks to achieve a sense of well-being but does not go on to drunkenness. He forgets that others do not need alcohol to achieve this sense of well-being. He is not convinced there is any other way of life. The first step in helping him is to convince him there is another way.

Late Physical Symptoms¹³

1. A need to have a certain amount of alcohol in the system at all times. It makes no difference what form the alcohol is in. It may be a mixture of leftovers from various bottles, people's glasses from the night before, Listerine, vanilla, rubbing alcohol, antifreeze, hair tonics, shaving lotion--anything, in fact, which contains alcohol. This may result in death as when wood alcohol is used. It seems unbelievable that the need for alcohol could be so intense as to drink antifreeze. The physical need here shows that addiction has come about. There is little desire for food at this stage.

2. Hangovers are not the usual morning-after discomfort known to normal nonalcoholic drinkers. They occur everytime he awakens from a period of sleep and are eliminated by a drink. He cannot function physically without a drink. For instance, he can hardly raise from the horizontal, cannot stand, use his shaky hands, eliminate nausea, or

¹³Ibid., p. 55.

flashing lights and colors.

3. Nausea--even the waking drink often refuses to stay down. Nausea can occur now at anytime and is not limited to the periods of wakening.

4. Blackouts--occur at anytime and may last from a short time to a period of days.

5. Pass-outs occur at anytime. This now is his sleeping period much of the time.

The person now cannot function without alcohol. He loathes his bondage and despises himself for being unable to free himself. He feels helpless and hopeless. He is, however, neither helpless or hopeless since all successful members of Alcoholic Anonymous in the early years had reached this stage.

Where Does It All Begin

Alcoholism and its tragic results must begin with the first drink. For without tasting alcohol, alcoholism cannot begin. Alcoholism can be overpowering with the first drink, and a person can be a full-fledged alcoholic after one drink. But until he takes the first drink, he is safe from alcoholism and its terrors.

As noted earlier, social drinking is listed as the first of seven steps downward.¹⁴ Almost without exception, the first drink is taken because someone offered it. Social drinking is found in almost every situation--parties, socials, weddings, family gatherings.

¹⁴Dunn, op. cit., p. 23.

With the availability of alcohol and the sometimes tragic results, it is necessary for the minister to be knowledgeable not only to help those already in the bonds of alcohol but to educate those in his church of the dangers in alcohol.

Chapter 4

HELPING THE ALCOHOLIC

Why should a pastor give much time and effort to helping an alcoholic with his problem? Dr. Howard J. Clinebell, Jr. says that a Christian who is true to his dedication has an inescapable concern for those who suffer from alcoholism. He gives three reasons for this.

1. The Christian majors in people: anything that brings pain to a single child of God is of concern to him.
2. A Christian is a part of an ancient tradition of healing: The concern of those who walk in the footsteps of the "Great Physician" should be applied to this most prevalent of all mental or emotional illnesses.
3. Alcoholism is a spiritual illness, as well as a physical, social, and psychological illness. Full recovery involves the discovery of a spiritual view of life--a conviction that life has meaning and value.¹

The pastor, being the leader of Christians and a chosen servant of God, must indeed be true to his dedication and to his call. He certainly majors in people, meeting them in all walks of life. It is the purpose of this chapter to find principles that can help the pastor help the alcoholic.

The Pastor's Opportunity

The minister has many opportunities to find the alcoholic and his family early in their lonely journey. They may be discovered

¹Andrew G. Hanners (Executive Director), "Pastor, I need help. I think I'm an alcoholic." (Portland: Oregon Council on Alcohol Problems, 1971), p. 3.

through:

1. The church school; teachers and attendance records.
2. Irregular church attendance.
3. Financial records.
4. Pre-marriage counseling.
5. Family counseling.
6. Visitation.
7. Information received from friends, neighbors, schools, etc.
8. Employers, employees and fellow workers.
9. Doctors and police.
10. Somewhere along the way the family will leave markers which will lead to their hiding place, and a minister with keen insight will recognize them and follow their lead.²

The Pastor's Preparation

In order to help the alcoholic, the pastor must know something about the problem. There are many books in the bibliography of this paper that can be read. Some that have been recommended several times in the course of research for this paper are Clinebell, Understanding and Counseling the Alcoholic, Keller, Ministering to Alcoholics, Shipp, Helping the Alcoholic and His Family, and Mann, Marty Mann's New Primer on Alcoholism. Every pastor should have one or more of these books in his library, and he should read them thoroughly. It is these books that kept reoccurring most often in the bibliographies of others who

²Thomas J. Shipp, Helping the Alcoholic and His Family (Englewood Cliffs: Prentice-Hall, Inc., 1963), p. 133.

had researched the problem of alcoholism.

The pastor should also know where to turn for help. He should be aware of what services are available that do help alcoholics and their families and have literature on the subject. He should be especially aware of Alcoholics Anonymous and its work. Chapter 6 will list some of the help available in Portland and Oregon and some that would be available in any metropolitan area.

The Alcoholic is a Person

Throughout this paper, the term "alcoholic" is used. The pastor must be careful not to lose sight of the fact that the alcoholic is also a person. He is a person who has a problem. There are variations and degrees of physical, mental, emotional, social, and spiritual health among people who have the problem of alcoholism. Each has a name and each needs help.

This is important because when one realizes that alcoholics are people, we realize that they have the same tendencies in their thinking and feelings, reactions about themselves and their problem that other people do. They rationalize, deny, lie and procrastinate. They insist that they do not have a problem. If they do admit it, they say they can handle it themselves. They hate themselves for their behavior.

Alcoholics need someone who understands them and their problem. They need someone who understands how they feel and care about them and care about their feelings. They need someone who will communicate to them that there is hope and help.

The Initial Contact

The basis upon which contact is made will determine the initial relationship and the counseling approach. Clinebell has examples of how some initial contacts were made. The first is a natural entree into the homes of his parishioners.³ In this case the pastor has reason to believe that there was an alcohol problem in the home of a member of his congregation. He has devoted much time to calling on the family. He has built a good relationship with the family and never once mentioned the problem of alcohol. Finally, the wife called and asked to discuss the husband's problem. Since the husband was not ready to admit the problem, the pastor counseled the wife in the ways to help him.

The second contact, which should be avoided, is getting involved in a power struggle.⁴ In this type of contact, the pastor responded due to the phone call of the wife asking the pastor to talk to the husband about his drinking. When the pastor arrived, the husband was drunk and in no mood to talk to the pastor. He expressed resentment to the wife and to the pastor. The possibility of helping the alcoholic was practically destroyed.

In this case the husband was not ready to admit his problem either. The pastor interfered in the family life in the eyes of the alcoholic and almost destroyed the relationship. He should have found out if there was any danger of harm to any member of the family. If so, authorities should have been called. If not, he should have explained

³Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic (New York: Abingdon Press, 1956), p. 192.

⁴Ibid., p. 193.

to the wife that he probably could not help the husband and left the initiative of contact with the husband if he really wanted help.

The third type of contact, Clinebell says, is the most familiar to pastors. This is the "wife-motivated" alcoholic.⁵ If the pastor knows that the alcoholic has been "nagged or dragged" to come to him, the first step is to get the initiative shifted from the spouse to the alcoholic.⁶ Shipp has an excellent example of how he handled this type of contact.⁷ The man was practically shoved into the room. The instruction to the pastor was that he should tell him that he was no good, a drunk, a liar, a thief and a skunk.

He asked the wife to wait downstairs. When she had left, he excused himself saying that he had not expected him and that he had some things to do. He asked the man to make himself comfortable and stay until he figured he had been there long enough to satisfy his wife. The man was astonished. But from this beginning, a relationship was established and the man was helped.

This approach tends to put the counselor on the "same side of the table" as the alcoholic, prevents him from being associated with the hostile feelings the man has toward his spouse, and forces the alcoholic either to reject or accept help on his own responsibility.⁸

The initial contact is one of the most important. The basic thing is to establish a meaningful relationship with the alcoholic.⁹

⁵Ibid., p. 194. ⁶Ibid. ⁷Shipp, op. cit., p. 42.

⁸Clinebell, op. cit., 194.

⁹John E. Keller, Ministering to Alcoholics (Minneapolis: Augsburg Publishing House, 1966), p. 71.

If the initial contact is good and a meaningful relationship is established, the rest will come with time and experience.

Goals of Counseling

Clinebell quotes the Cleveland Center on Alcoholism on the importance of short-term counseling:

Many alcoholics do require treatment that may last from six months to a few years but this does not apply to all or even most. Many of our patients have been seen in one to five interviews and the rate of success is about the same as it is for those treated over much longer periods.... One alcoholic may need a hundred therapy sessions while another may be quite adequately helped in two or three counseling hours.¹⁰

There are goals for short-term counseling which apply to alcoholics. They are realistic but not all may apply in every case.

1. Provide a supportive, empathic relationship.
2. Help restore functioning by reducing the pressure of pent-up, blocking feelings through emotional catharsis.
3. If a person comes with a specific decision or interpersonal conflict, help him deal directly and responsibly with this.
4. Mobilize the person's latent resources for coping. Help him discover and learn to use them.
5. Assist the person in achieving a broader and more constructive perspective on his situation by objective review of it.
6. Interrupt panic reactions and regressive snowballing by helping the person face and deal with immediate, here-and-now problems.
7. Help him to clarify the issues and explore the alternative approaches to his problem.
8. After alternatives have been explored, help him choose the most promising and then to take at least small steps toward implementing the choice.
9. Provide guidance in the form of useful ideas, information, and tentative suggestions.
10. Stimulate the person's self-reliance and functional competence by suggesting a limited number of sessions.
11. Establish an accepting quality of relationship which will make it easy for the person to return for additional counseling later.

¹⁰Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (New York: Abingdon Press, 1966), p. 86-87.

It is not likely that he will accept help unless the desire to stop is stronger.

As has been mentioned already, the first step in counseling is to secure a meaningful relationship with the alcoholic. This can be called rapport.

Rapport is the dynamic relation that exists between two people when one is sharing with the other his innermost difficulties, and where the other is understanding, with all the intelligence and empathy he can muster, of the problem which is brought to him.¹⁶

This could well be the first time that the alcoholic can talk openly and freely to anyone about his problem.

The attitude of the counselor is important. He may feel the need to judge or condemn the person who has come for help for what he has done to himself, to his family and to his career. There is a judgmental attitude that is moralistic and rejecting, but there is also a judgmental attitude that is non-moralistic and non-rejecting. The non-moralistic, non-rejecting judgmental attitude has the elements of understanding and acceptance, and moves in the direction of helping a person to greater self-awareness and greater honesty about himself and his condition and his responsibility.¹⁷

The second step in the counseling is the securing of the data necessary to understand the situation.¹⁸ This is primarily a matter of listening and helping the individual to talk himself out until he under-

¹⁶Rev. Otis R. Rice, "Pastoral Counseling of Inebriates," Alcohol, Science and Society (New Haven: Quarterly Studies on Alcohol, Inc., 1954), p. 450.

¹⁷Keller, op. cit., p. 77.

¹⁸Rice, op. cit., p. 451.

stands his problem and his own resources for solving it. The pastor needs to listen for the resources of the person, his family, his social setting, his loyalties, the things he has done which were creative, and the things which he considers his worst sins and failings. This helps the pastor get a total picture of the person and his problem.

The third step is achieving with the person a tentative solution or plan which the person then seeks to work out.¹⁹ This interpretation should be held until the person is ready for it.

The fourth step is tied closely with the third. A plan or solution is worked out and followed by the person.²⁰ The first plan or solution is usually never the final one.

The final step is the resolution of the rapport or the referral of the person to some other agency or authority.²¹ This could probably come earlier in the counseling process if the pastor feels that he cannot handle the problem. It is a wise pastor who knows when to refer. He may refer to a psychiatrist, to Alcoholics Anonymous, a social agency or a clinic.

But there is another type of referral that a pastor needs to make also. That is referring the individual to God and his church. It is dangerous to keep the alcoholic dependent on the pastor for help. The counseling relationship is essentially perceived and necessarily needs to be one in which there is the kind of meaningful relationship in which the pastor can be a channel of God's grace.²²

¹⁹Ibid., p. 452. ²⁰Ibid. ²¹Ibid., p. 453.

²²Keller, op. cit., p. 22.

Do's and Don't's in Counseling Alcoholics

1. Respect his anxiety.²³ This is a part of establishing good rapport. Because the alcoholic feels guilty and lacking in self-esteem, he will often court and expect rejection. This involves also the acceptance of the alcoholic and his problem without criticism.

2. Let the alcoholic "talk it out"--don't reassure.²⁴ This involves listening to the person and his feelings. It also has real cathartic value and forms the basis of establishing rapport.

3. Stay close to the alcoholic's ego.²⁵ Again this involves close listening. The pastor should not give the impression of detached objectivity or contemplating the alcoholic in aloof silence.

Use the pronoun "we" in gentle and easily rejected suggestions. The use of "we" makes the alcoholic feel that the counselor is on his side.

The pastor should never tell the person that he is an alcoholic. The person should always regard this as his decision. If it is made by someone else, it will only harden his ego defenses.

4. Present Alcoholics Anonymous in an unthreatening way.²⁶ This is part of protecting the alcoholic's ego. The pastor can refer to other alcoholics who have recovered, thus shifting the emphasis from the individual.

5. Convey acceptance via the sickness concept.²⁷ By accepting the sickness concept, he divorces from his mind that he is dealing with

²³Clinebell, Understanding and Counseling the Alcoholic, p. 199.

²⁴Ibid. ²⁵Ibid., p. 200. ²⁶Ibid., p. 201.

²⁷Ibid., 202.

what is basically a moral deviation or perverse habit. He has a sickness in his soul as all of us have. "There but for the grace of God, go I." The person needs help, not judgment.

6. Keep the alcoholic from becoming emotionally dependent.²⁸

As long as the alcoholic is emotionally dependent on the pastor, he cannot become dependent on himself and achieve independence.

7. Combine acceptance with firmness.²⁹ The alcoholic is emotionally immature and he may react accordingly. The pastor should not pamper him or overlook his behavior. Only as the pastor or family are accepting and firm will the alcoholic be required to act and react in the adult world.

8. Keep the responsibility for recovering with the alcoholic.³⁰ The alcoholic must know that no one can cure him, including God, unless he takes the initiative.

9. Watch out for his grandiosity.³¹ His grandiosity is one problem that keeps the alcoholic from accepting his condition. It is his defense against deeper feelings of guilt and impotence. It also makes him try to outwit the counselor to prove how smart he is.

10. Try not to become too involved in the success or failure of the counseling process.³² All of us have "success needs." If they are primary in our motivation to help the alcoholic, we are in trouble and so is the alcoholic we are trying to help.³³ The counselor who tries too hard and thus reveals that he must prove himself by

²⁸Ibid. ²⁹Ibid., p. 203. ³⁰Ibid. ³¹Ibid., p. 204.

³²Ibid. ³³Keller, op. cit., p. 71.

succeeding as a counselor, conveys a lack of respect and concern for the person in and of himself.³⁴

11. Recognize that many alcoholics will slip.³⁵ This failure of alcoholics to continue their progress while being counseled hits hard on the pastor's "success need" if he has one. No matter how well the pastor handles the counseling relationship, he may often fail. Use the failure for insight. If the relationship was good before, some seeds of understanding concerning the nature of the illness and Alcoholics Anonymous may bear fruit some time in the future.

12. Don't try to force or trick the alcoholic into using his will power. As far as beverage alcohol is concerned, he has no will power.³⁶

13. Don't embarrass or belittle him because he has lost control. Loss of control is part of his illness.³⁷

14. Don't scold, entreat, threaten or preach.³⁸

15. Don't try to hide or lock up his bottle. If he hasn't another bottle hidden away, he will usually outsmart anyone who tries to hide the thing he feels he needs most.³⁹

The Use of Religious Resources

There are no fixed answers as to whether or not to use prayer, sacraments or scripture in counseling with the alcoholic. We saw in Chapter 3 that one of the characteristics of an alcoholic is his

³⁴Clinebell, Understanding and Counseling the Alcoholic, p. 205.

³⁵Ibid. ³⁶Hanners, op. cit., p. 4. ³⁷Ibid.

³⁸Ibid. ³⁹Ibid.

complete break with the church. When he is finally ready for help, he may feel hostile toward religion. Marty Mann says, "If the pastor is not sure of the alcoholic's attitude, he would be wise to understate the spiritual aspects, not only of Alcoholics Anonymous but of his own interest in the case."⁴⁰ But on the other hand, if prayer and scripture reading are familiar and natural and seem to have value for the alcoholic, they can be used. At any rate, the establishment of a good counseling relationship should always precede the use of religious tools.

When the Gospel is presented, it would do well not to shove scriptures such as Proverbs 20:1, 23:21 at the alcoholic or others that have to do with drink. Rather than motivating him, they may help bring about total alienation. Instead, it may do well to relate the story of the prodigal son to help show acceptance and concern. One can always remind him of the words of assurance in Romans 8. This can show the alcoholic that his problem cannot separate him from God's love.

Marty Mann has a useful idea concerning the pastor's approach to the alcoholic:

The pastor who feels it is his bounden duty to act as a spiritual mentor to an alcoholic who comes to him, could perhaps succeed if he could recall out of his own experience some time of deep crisis or personal suffering in which he found comfort from his faith, and could tell that story simply and directly. In other words, if he could come down from his symbolic mountain above the battle and meet the tormented soul of the alcoholic on its own level of suffering; the soul could perhaps accept comfort from him and gain some faith.⁴¹

⁴⁰Clinebell, Understanding and Counseling the Alcoholic, p. 206.

⁴¹Ibid., p. 207.

God's way is basic in the cure of alcoholism. As has been shown earlier in the paper, religion can help an alcoholic more than anything else.

Alcoholics Anonymous, which is a resource that shall be discussed in Chapter 6, has as their fourth, fifth, and sixth steps the admission to God of the problem and to remove shortcomings and defects. The eleventh step is to improve their contact with God. That is one reason it is important for the pastor to know about Alcoholics Anonymous.

Christianity is a new way to live. It must not be expounded as a theology. Not only is it a new way to live but it is a new way of life. The new birth marks the beginning of a new and entirely different life. This truth can make a tremendous appeal to the alcoholic. His former life was a mess. When the truth that Christianity is a new life is presented, it gives the alcoholic something to which to cling.

It is for the "comprehensive conversion"⁴² that the pastor strives for in the alcoholic. The term "comprehensive" conveys the sense of being deeply felt, total, transforming, releasing and transcendent. It emphasizes the central focus of life around the revelation of God and not the bondage of the bottle. It is the cornerstone upon which God builds and around which a man can find his personal strengths and a purposeful life. By redemption through Jesus Christ, the person feels both freedom and commitment, and the presence of God in the fellowship of the Holy Spirit.

⁴²Wayne E. Oats, Alcohol In and Out of the Church (Nashville: Broadman Press, 1966), p. 99.

After the alcoholic has been converted, it is necessary to involve him in the church. Get a mature Christian to help him in prayer and Bible study and to help him mature in his new life. When he is ready, get him involved with helping others.

The task of helping alcoholics is not easy and sometimes not very enjoyable. But the reward is there when the person starts a new life with Christ.

Chapter 5

HELPING THE FAMILY

Alcoholism is a family problem. Excessive drinking on the part of either parent affects every member of the family emotionally, spiritually and quite often economically, socially and physically. The pastor will usually have more opportunities to help members of the alcoholic's family than he will have to help the alcoholic himself. There are two reasons for this. First, as was shown in Chapter 1, the alcoholic affects four other people, his immediate family. Nationally this means approximately 36 million people. Secondly, the family is often more accessible to the pastor than the alcoholic himself. The family is usually ready for help before the alcoholic admits he is ready for help. The alcoholic may also, as has been seen, broken his relationship with the church and may be somewhat hostile toward a pastor.

It is sometimes difficult for the family to admit that there is a problem. One source says that a family will not admit that a member is an alcoholic until the problem has been critical for an average of seven years. Once admitted, the family waits two more years before seeking competent help.¹

Working with the family represents a twofold opportunity for the pastor. One opportunity is that it is sometimes an indirect way of

¹Joseph L. Kellermann, "Guide for the Family of the Alcoholic" (Chicago: Kemper Insurance Literature, 4750 N. Sheridan Road 60640, n.d.), p. 2.

helping the alcoholic.² The alcoholic's problem will not be completely solved through a relative, but they can certainly help achieve a solution. The other opportunity is the fact that members of the alcoholic's family often need understanding and counsel as much as the alcoholic.³ They can sometimes be almost as disturbed and anxious and in need of treatment as the alcoholic himself.

Preparation for Family Counseling

The pastor's knowledge in counseling the alcoholic is also useful in counseling the family. In addition, an understanding of dynamics of interpersonal relationships in the alcoholic's family and the effects of alcoholism on these relationships is important.⁴ Some sources of help have been suggested. They are:

Marty Mann, Marty Mann's New Primer on Alcoholism
 Al-Anon Family Group, Al-Anon Faces Alcoholism
 Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic
 Clifford J. Earle, How to Help an Alcoholic
 Dr. Thomas J. Shipp, Helping the Alcoholic and His Family
Alcoholics Anonymous, especially Chapter 9--"The Family Afterward"

The Cumulative Family Crisis

As was shown in Chapter 3, alcoholism is progressive in nature and has identifiable symptoms in each stage. There is a similar progression of family breakdown due to alcoholism. There are seven

²Howard J. Clinebell, Jr., Understanding and Helping the Alcoholic (New York: Abingdon Press, 1956), p. 215.

³Ibid.

⁴Ibid.

stages in the adjustment of the family to the crisis of alcoholism.

Stage 1: The "Perfectly Normal" Facade Phase.⁵ In this first stage, incidents of excessive drinking begin. Even though they are sporadic, they place strain on the husband-wife interaction. Family members, especially the wife, initially deny that any problem exists. As the incidents of excessive drinking increase, the wife feels the need to "put up a front" and says the situation is normal and perfectly understandable. The main characteristic of this phase is denial and rationalization.

Stage 2: The "Frantic" Phase.⁶ The incidents of excessive drinking increase and social isolation of the family begins. The isolation intensifies the importance of things that happen in the husband-wife interaction. Husband-wife relationships deteriorate and tension rises. The wife frantically tries to keep the family structure intact even though it is disrupted with each drinking episode. The franticness begins to show in emotional disturbances of the children.

Stage 3: The "What's-the-Use" Phase.⁷ The family gives up attempts to control the drinking. The emotional disturbance of the children becomes more marked. There is no longer any attempt to support the roles of the alcoholic as husband and father. The wife begins to wonder about her own sanity and her inability to make decisions or to change the situation. It is at this point that she often turns to her pastor, Sunday School teacher, close friend or parents for help.

⁵Wayne E. Oates, Alcohol In and Out of the Church (Nashville: Broadman Press, 1966), p. 91.

⁶Ibid. ⁷Ibid.

Stage 4: The Stage of "The Great Takeover"⁸ At this stage the wife takes control of the family and the husband is seen as a recalcitrant child. Earlier feelings of resentment and hostility are replaced by strong protective feelings and pity. The family becomes more stable and organized in a manner to minimize the disruptive behavior of the husband. The roles of husband and wife are shifted and the survival of the family is temporarily assured because the wife has accepted full responsibility for the family.

If the situation of reversed roles meets conscious or unconscious needs of the wife, the likelihood of the husband becoming chronically alcoholic is very high. However, if the wife insists that the husband assume his proper role, the family faces another crisis which leads to the fifth stage of crisis.

Stage 5: The Stage of "Outside Intervention."⁹ In this stage the wife separates from the husband if she can resolve the problems and conflicts surrounding this action. The family has failed in its efforts to deal with the problem. Feelings of hostility and guilt have finally given way to hopelessness and despair. The decision to separate has been made on the basis of hopelessness. Sometimes separation is thought of as a means of bringing the husband to a sense of reality and provoke a sense of need for outside help.

Stage 6: The "I-Can-Get-Along-Without-You Very-Well" Stage.¹⁰ The wife and children reorganize as a family without the husband. They decide they can get along very nicely without him.

⁸Ibid., p. 92.

⁹Ibid., p. 93.

¹⁰Ibid., p. 95.

The church may become a substitute for the absent father. In this case the church has the responsibility of ministering to the family and trying to help fill the empty places in the lives of the wife and children.

Stage 7: The Stage of "The Happy Reunion."¹¹ Stage six is one alternative and Stage seven is the second. Stage seven takes place when the husband achieves sobriety and returns to the family.

The developmental scheme is important to the pastor because his approach as a counselor will depend in large measure on which stage of deterioration or reconstruction the family is in when he encounters the situation. He will usually encounter them in Stage two, three, or seven.¹² If the family is encountered in Stage one, they are usually trying to deny the existence of the problem.

The Pastor's Role

The pastor can help by being an understanding friend.¹³ The spouses of alcoholics are often isolated and alone in a world of worry and shame. To be able to talk to the pastor, they must have confidence in him. If the pastor is understanding and a good listener, they can pour out their deep feelings to him.

As when counseling the alcoholic, the establishment of good rapport with the family is essential. Through careful listening and understanding, the pastor can show that he is sharing the problem with the family and not rejecting them. They are usually socially isolated and rejected and the pastor's sense of understanding and acceptance

¹¹Ibid. ¹²Clinebell, op. cit., p. 217. ¹³Ibid., p. 218.

is extremely important.

He can help the family understand the nature of the alcoholic's sickness.¹⁴ Even though there is the spiritual side of the problem, it seems imperative for all involved to accept the illness concept in order to be able to help the alcoholic or the family. In this way they can come to understand his problem, their own in light of his, and can take steps to protect themselves and help the alcoholic himself.

When a pastor encounters a family in which the alcoholic has no interest in either admitting he has a problem or accepting help, the goal of the counseling relationship will be to encourage the rest of the family to build a relatively satisfying life among themselves and friends.¹⁵

The pastor's goal in counseling the family of an alcoholic is to encourage any tendency in them, however weak, to make the alcoholic face the reality of adult life and of his drinking.¹⁶

There are general rules that apply to anyone whether the individual is related to the alcoholic or not. These should be some of the rules presented to the family. The first rule is inform yourself.¹⁷ Sources of help are listed in the Appendix of this paper as well as various AA groups, Oregon Council on Alcohol Problems, and Alcohol Information Centers in Chapter 6. The family, as well as the pastor, can go to these groups for information. They can attend open AA meetings or consult recovered alcoholics and learn the nature of the

¹⁴Ibid., p. 219. ¹⁵Ibid., p. 220. ¹⁶Ibid., p. 222.

¹⁷Marty Mann, Marty Mann's New Primer on Alcoholism (New York: Holt, Rinehart and Winston, 1958), p. 196.

problem.

The second rule is to develop an attitude in keeping with the facts learned.¹⁸ This includes the acceptance of alcoholism as an illness and the alcoholic's loss of control. Do not shame the alcoholic for his condition but shame him for not seeking help because he can be helped.

The third rule is never harp on the alcoholic's condition.¹⁹ This only tends to anger and humiliate him since he is usually sensitive about his drinking already. Do not bring up the subject unless he or she does so first.

The fourth rule closely related to the third is never preach or lecture.²⁰ The alcoholic usually suffers from guilt uncomprehensible to outsiders. They feel guilty from the moment they realize their drinking is different from others. This guilt increases as the progression of alcoholism continues. Lecturing or preaching only tends to add insult to injury.

The fifth rule is don't threaten.²¹ Don't threaten, that is, unless you intend to carry out that threat. If a threat is not carried out when made, very likely the next threat or threats will be ignored.

In addition to these general rules, there are other rules to be given out and followed by the pastor. They will be outlined and discussed in the following sections.

¹⁸Ibid., p. 198.

¹⁹Ibid., p. 202.

²⁰Ibid., p. 204.

²¹Ibid., p. 206.

Helping the Wife

All of the general rules apply to the wife. If she is not informed, she cannot help the husband. If she breaks any of the other rules, she will more than likely make things worse.

Above all, she must avoid what has become known as the "home treatment." In the counseling process the wife should be shown the futility of such treatment and why it fails. These are common and are listed in several books but Keller has listed them and noted reasons for their failure.²² The following is adapted from his list:

1. "If you loved me, you would do something about your drinking." This shows only lack of understanding. His guilt, shame, and sense of rejection are increased.

2. "Why don't you be a man? Use your willpower." Alcoholism is of a compulsive nature, and cannot be controlled by exertion of the will. It is not a lack of willpower but of being powerless over his drinking. If he has tried and failed, his feelings of inadequacy are increased.

3. Coaxing not to drink and extracting promises. Coaxing will not help. He may feel nagged or picked on. He is an expert at making promises, but he is also good at breaking them. He "knows" that he could stop drinking if he "really wanted to."

²²John E. Keller, Ministering to Alcoholics (Minneapolis: Augsburg Publishing House, 1966), p. 131.

4. Hiding or destroying the alcohol supply. This is a waste of time and money. Alcohol can be obtained anywhere and the alcoholic is good at getting money. He will replace his supply with as much or more than was destroyed.

5. Threatening. The wife will usually threaten to leave but never carry through. This will lead to the alcoholic's belief that she won't.

The preceding things are to be avoided. But what positive steps can the wife take? One of the first things she needs to do is find someone to talk to. If the pastor has established a good relationship with the family, it is natural that he would be contacted. It can be anyone that will listen.

She should not be ashamed or have guilt feelings. She may feel that the drinking problem may be due to her failure as a wife. This is not so because he is powerless over alcohol and he cannot help it. If she feels, for good reason, that she can improve as a wife, she should be encouraged to do so. She needs to resolve her own sense of guilt and shame over her husband's drinking. Hopefully, she can see that if there were any problems in the marriage, the husband is responsible for seeking escape through alcohol.

If the husband goes to AA and is helped, she should not feel hostile. He did not quit for her because the help was not available, not because he did not love her. It was because the right kind of help was available. In fact, she herself should attend open AA meetings.

She also needs to understand the progressive symptoms as outlined in Chapter 3. This is difficult because it is hard to accept his alibis, sneaking drinks, his behavior and lack of concern as

symptoms. She usually accepts them as signs of not caring.

In some cases separation may be necessary. In fact, one source says that alcoholism rarely runs its course without separation of husband and wife.²³ The general rule for the pastor is neither advise it or attempt to prevent it. If it does occur, there should be no attempt at quick, easy reconciliation. Harm can be done if this is attempted. Separation, when properly motivated, can spur the beginning of recovery from alcoholism, followed by a genuine reconciliation and the establishment of the first real marriage a couple has ever had.²⁴ It should not be undertaken with the idea that the drinking will stop.

She should not expect the husband to recover instantaneously. He may stop drinking but this is not recovery. He needs cooperation and understanding and a number of years before recovery is complete even though he never drinks another drop. He may have a relapse. These should not be taken lightly and should be avoided whenever possible. But they can and do occur. However, if she helps and stays with him, her reward will be great.

Helping the Husband

The advice so far--the general rules and most of the advice in helping the wife--also applies to the husband. But there are some differences. It is usually easier for the wife to hide her drinking longer than a man. She can control her drinking periods to times when the husband is not at home. She can drink during the day and be "sick

²³Rev. Joseph L. Kellerman, "Pastoral Counseling of Wife and Family," Al-Anon Faces Alcoholism (New York: Al-Anon Family Group Headquarters, Inc., 1965), p. 29.

²⁴Ibid.

in bed" when he comes home. This can only be done in the early stages because as it progresses, the truth will come to light.

Women usually drink alone from the beginning. This is mostly due to the double standard. Men can drink to drunkenness in public and people say little but a woman is scorned and frowned upon. Even alcoholics cannot stand to see a woman drunk. But even so, there are some women whose drinking pattern is identical to mens', particularly in the big cities and among women who work.²⁵

The husband needs to remember that because of the public opinion and the double standard, the guilt, shame and fear are many times greater for the alcoholic wife than for an alcoholic husband. His approach must be more delicate and reassuring. He must understand, even better, the nature of alcoholism. His understanding, desire to be of help and his love must be many times greater than the wife of an alcoholic husband.

The major piece of advice to the husband is to stay with the wife wholly and sincerely. Let her know that it is love and not out of a sense of mere duty. Let her know she is powerless and an unwilling victim. Let her know you will stay with her.

Helping the Children

The children of an alcoholic pay an appalling price in bewilderment, humiliation and often physical neglect and abuse.²⁶ The deep running effect on a growing child living with an alcoholic is

²⁵Mann, op. cit., p. 215.

²⁶Ruth Fox, "The Child in An Alcoholic Home," Al-Anon Faces Alcoholism (New York: Al-Anon Group Family Headquarters, 1965), p. 51.

confusion.²⁷ The elements necessary for a child's development are rarely present in an alcoholic home. When the alcoholic is sober, he has one attitude toward the child, another when drunk and yet another when he is suffering from a hangover.

The alcoholic's shifts in behavior are confusing to the child. The fun-loving, affectionate and understanding parent when sober may become demanding, unreasonable, noisy or even cruel or violent when drunk. The reserved, withdrawn parent may become sentimental or hilariously exuberant, spend money recklessly and make unfulfillable promises. As a result of being constantly swung from high hopes to bitter disappointment, the child may build up a basic mistrust that will distort all of his intimate relationships later on.²⁸

The sons of alcoholics lack a stable male figure after whom they can model themselves and may have difficulty accepting their male roles later in life.

Daughters of alcoholic males also lack the opportunity to observe a strong father figure and have to look to the mother for both the father and mother roles. Later in life they have difficulty separating these roles in their own lives.

When the mother is alcoholic, the seemingly sudden withdrawal of love when drunk may lead to lasting feelings of rejection and isolation on the part of either the son or daughter.

When trying to help the children in an alcoholic home, the pastor and his congregation sometimes face a real dilemma. The children

²⁷Oates, op. cit., p. 82.

²⁸Fox, op. cit., p. 52.

need strong, consistent and happy spiritual leaders with whom they can identify and in whom they may confide. On the other hand they need to respect and know whatever is worthy of praise in the alcoholic parent. The temptation on the part of the pastor or others in the church is to reject the alcoholic parent and to attempt to take over the role of the parent in the life of the child. This approach is usually doomed to failure because sooner or later the child will revert to being loyal to the parents and will sever the relationship with the "do good" approach characteristic of much sentimental religious effort to help the children of alcoholics.²⁹ The rejection of the parent on the part of the person trying to help the child shows a lack of understanding and loving concern towards the alcoholic who needs help also.

Oates offers four excellent and realistic approaches to counseling the child of an alcoholic parent.

1. Do not splurge sympathy on the child, but honestly assure him that he is not the only person who has had an alcoholic parent, nor will he be the last one.

2. Begin teaching the child what is known about alcoholism. The urge to drink is out of control. The parent needs help and love.

3. The pastor or religious worker should not allow himself, either consciously or subtly, to take over the parental role in the life of a young person. He should be there to encourage and support the child when the alcoholic parent is drunk and unable to fulfill his parental role.

²⁹Oates, op. cit., p. 83.

4. If there are any other children in the community who have an alcoholic parent, the pastor can help them relate to each other as friends. This helps them see that they are not alone and they can talk about the things they have in common.³⁰

Marty Mann says that the son or daughter has a great advantage in approaching an alcoholic.³¹ They can be more direct without fear of closing doors to further help. They can bring home the point of what it is doing not only to the parents but the children themselves. They can perhaps even leave home and stay with relatives or friends, then return for another try at helping. Apart from these differences, all the general rules apply as well as the specific advice for husbands and wives.

The children of alcoholics need help. They probably suffer more than anyone else from the alcoholic father or mother. It is not easy, however, to help the children unless the whole family participates. Any help he may receive outside the family situation will more than likely be counteracted by the continuing state of insecurity at home.

After Sobriety is Achieved

The family, as well as the alcoholic, will need time to recover. They all should realize that the road back will not be easy. The first thing they find is that the father is not as romantic, thoughtful or successful as he was before. The family may be unhappy with this but they should realize that it took years for the father to sink as far as he did and that it will take years for him to recover fully.

³⁰Ibid., p. 84.

³¹Mann, op. cit., p. 218.

Their painful past need not be buried. The experience can help others. The painful mistakes should be recalled in helping others over the same obstacles. Showing others how they were helped can make life worthwhile now.

The father should not become overly involved in financial responsibilities. He may never again have the earning capacity he had before he became an alcoholic. If he concentrates too much on financial matters, the children may feel neglected, as well as the wife.

The above are only a few of the suggestions found in Alcoholics Anonymous Chapter 9. This chapter should be read and the information should be in the mind of the pastor.

Shipp has a list of thirteen things a family can do once sobriety is achieved.

1. Be as consistent as possible.
2. Maintain as happy and joyful an outlook as possible.
3. Do not keep going back over yesterday's troubles and throwing them up to him.
4. Don't question him about his drinking. If he has taken one drink you will know because it will lead to trouble.
5. Do not make sport or tell stories of his bad days. Leave this to the alcoholic.
6. Help him find something that will fill his leisure time.
7. Support him in whatever treatment he desires.
8. See that he eats regularly and the right kind of food.
9. Help and encourage him to find a hobby.
10. Do not push, but take it easy. Time will take care of many things.
11. Support him in his work with AA.
12. Become active in Al-Anon or Alateen.
13. Develop and strengthen your own spiritual life.³²

The pastor can certainly be of help in many areas that are outlined in the above list. A wise and alert pastor will see the

³²Thomas J. Shipp, Helping the Alcoholic and His Family (Englewood Cliffs: Prentice-Hall, Inc., 1963), p. 136.

opportunity to help wherever possible.

Shipp also has a good chapter on how to help the family after sobriety is achieved. However, it is written in an interview form and the points are difficult to pick out. He has a summary that is excellent and parts have been used throughout this paper. The highlights of his summary follow. They are brief, but very helpful statements.

1. They walk alone. The families usually walk alone during the early stages of the alcoholic's problem. Most of the time they pull away from society and try as best they can to keep the problem hidden in the hope it will go away.
2. The minister has many opportunities to find the alcoholic and his family early in their lonely journey.
3. Once you discover and find them, seek them out. They may not let you bring them back to the fold immediately, but be patient and a crisis will occur and your help will be welcomed. They will call if you are available and have demonstrated the right kind of attitude toward their family problem.
4. Once you find them, help them to face their problem. You can at least give the family support, until the alcoholic member is willing to accept help and treatment.
5. Help them to become acquainted with the facts about alcoholism.
6. Get them in touch with someone who has experienced a similar problem.
7. Often the family becomes discouraged because they have been unable to help the member of the family who is an alcoholic. This does not mean they have failed, but that they need outside help. Home treatments have not proven too successful and often do much damage.
8. The alcoholic may deeply love and care for his family, but he cannot sober up for them.
9. The family should not be too disappointed if a relapse should occur after treatment has been started.
10. When the alcoholic sobers up he may be free from alcohol, but may have the same kind of thinking he had while drinking. This is what is known as a dry drunk.
11. If sobriety is achieved by the alcoholic, it does not mean that all the family problems will be solved.
12. If the alcoholic refuses to accept treatment and continues to drink, both the family and the minister will have a different set of problems to deal with.
13. It does not help to ridicule, scold, preach, threaten, or to remind the alcoholic how he has failed.

Chapter 6

RESOURCES FOR HELP

Alcoholics Anonymous

Alcoholics Anonymous or AA is one of the best referral resources for three reasons: (1) It is available in almost every community. (2) It is free. (3) It has a higher percentage of success in achieving sobriety than any other approach, religious or nonreligious.¹

Alcoholics Anonymous dates its founding to June 10, 1935, the first day of permanent sobriety of Dr. Bob, who, along with Bill W., founded AA.² Both men were alcoholics who had achieved a measure of recovery by the conscientious personal application of certain religious principles. They helped each other in their shaky sobriety and then set about devising a program by which alcoholics could generally surmount their problem. The result was the "Twelve Steps to Recovery" on which the AA fellowship and program are based. They are as follows:

1. We admitted we were powerless over alcohol--that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.

¹Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic (New York: Abingdon Press, 1956), p. 110.

²_____, Alcoholics Anonymous (New York: Alcoholics Anonymous Publishing, Inc., 1955), p. 171.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and become willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of those steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.³

AA has only one condition for membership and that is the sincere desire on the part of the alcoholic to stop drinking. They wait until the alcoholic himself asks for help. This, as has been shown, is the biggest step in helping an alcoholic.

When help has been asked for, he will be shown the way to sobriety. He will be convinced that he can achieve sobriety because he sees and hears those who have achieved it, since all AA members are alcoholics themselves. They consider themselves alcoholics even though they have achieved sobriety since one drink could destroy all they have achieved.

He is next taught the nature of his problem. He is not told that he is an alcoholic--that is for him to decide. If he has come for help, he more than likely is ready to admit it and is sincere in his desire to stop.

Most alcoholics have a sponsor when they come into AA. It may

³Ibid., p. 60.

be an appointed sponsor or one who came when the alcoholic called for help. Rapport is usually gained by a sharing of drinking experiences.

As soon as possible, the alcoholic is taken to a meeting. There are two kinds. One is the open meeting which is open to anyone who wants to come. The audience does not participate. Speakers identify themselves as an alcoholic and tell of their drinking experiences. This is done to show the newcomer that he is in the midst of those who have been there. They talk of their faulty steps in coming to AA and how they have used the AA method and what it has meant to them. At the end the newcomer is given telephone numbers of those to call if he feels he needs help. He is taken at face value. He is not asked age, occupation, background or even last name. He is not expected, in some cases not allowed, to speak for three months unless he wishes.

The closed meeting is not open to nonalcoholics and the new member who attends has thus taken the first step--the admission that he is an alcoholic. Anyone may ask or answer any question. This is where the deepest problems and feelings of alcoholics are aired.

The twelve steps are rarely discussed unless questions are asked. When the newcomer does ask, he is given a copy to carry with him. He is not pushed into accepting them. He is asked only to keep an open mind, especially where God is mentioned. He is assured that few members, even those who have been members for ten to twelve years, feel that they are completely living up to them.

In order to stay sober the alcoholic is not asked to make a lifetime commitment, only a daily commitment. Stay sober for twenty-four hours, then renew the commitment for the next twenty-four.

Al-Anon

Al-Anon is a fellowship for relatives and friends of alcoholics, similar in philosophy, structure and program to the related and better known fellowship of AA. Most of the members are wives of alcoholics though many groups include a few men who are husbands of alcoholic wives, as well as other relatives. The drinker may or may not still be drinking, and he may or may not be a member of AA.

Al-Anon is set up to help the people who are affected by the alcoholic. They need help for a problem not of their making. Al-Anon is dedicated to helping friends and families of alcoholics whose drinking affects their well being, peace of mind or security.

Alateen

Alateen began in California in the 1950's. It is a fellowship of teenage children, relatives and friends of alcoholics who through the exchange of ideas and experiences endeavor to help each other better understand and more patiently live with those whose lives have been affected by alcoholism.⁴

Alateen desires: to educate, in regard to the nature and effects of alcoholism; to enlighten the young as to their faults and failings which may or may not come from living with an alcoholic; and to foster a determination to improve one's teenage years by a more sympathetic understanding of others, the elimination of personal imperfections, and a greater cooperation with God's grace.⁵

Alcohol Information Centers

Marty Mann says that this is the most advanced outpost in the fight against alcoholism, even therapists, hospitals, clinics and AA.⁶

⁴Father Frederick G. Lawrence, M.S.SS.T. "Why Alateen?" Al-Anon Faces Alcoholism (New York: Al-Anon Family Group Headquarters, Inc., 1965), p. 57.

⁵Ibid.

⁶Marty Mann, Marty Mann's New Primer on Alcoholism (New York: Holt, Rinehart and Winston, 1958), p. 128.

They try to reach people with the information they need. It is designed to reach directly the general public and stimulate them to action. These groups include clergymen, doctors, lawyers, judges, management, labor, health and welfare workers, teachers and various clubs and associations.

They also try to seek out the existing resources in the community. They take a survey and find doctors and hospitals and other public and private agencies that offer services to help alcoholics. When they have found the facilities, they become a coordinating point for their utilization.

They provide services to the alcoholic such as information and guidance. They refer them to other facilities when needed. They supply information and help to anyone who comes in about a particular alcoholic.

For the nearest Alcoholism Information Center, look in the telephone book or write: The National Council On Alcoholism, 2 East 103 Street, New York, New York 10029.

Oregon Council on Alcohol Problems (OCAP)

This organization is directed by Andrew G. Hanners. OCAP is to be a part of a cooperative movement to reduce the incidence of alcoholism, other drug dependencies, and other problems related to the two substances.⁷

The goals of the agency are:

1. Cooperate with other groups by being a catalyst to help other groups work together.

⁷"Goals and Projects of OCAP for 1973" (Prepared by OCAP, 1704 N. E. 32nd Avenue, Portland, Oregon, 1973), p. 1.

2. Work for all kinds of cooperative programming.
3. Work for cooperative funding.
4. Work for some kind of merger of like organizations.⁸

Their educational goals are:

1. Help get acceptance that alcohol is the main drug of abuse in America today.

2. Seek to get more information out about what alcoholism is.
3. Show where the alcoholics really are.
4. What constitutes really good mental health.
5. What would make for realistic goals for living, etc.⁹

Their rehabilitation goals are:

1. Help people who have problems regarding alcohol and/or other drugs.

2. Help families of the alcoholic or the drug dependent.¹⁰

The legislative goals are:

1. Reduce drunk driving crashes.
2. Seek legislation regarding alcohol.¹¹

Mr. Hanner's main concern is the prevention of alcoholism.¹² He does this through the goals stated above and by many personal speaking engagements on his part at schools and churches.

Mr. Hanner's goals for schools are:

⁸Ibid. ⁹Ibid., p. 2. ¹⁰Ibid., p. 3. ¹¹Ibid., p. 4.

¹²Statement by Andrew G. Hanners, personal interview, February 16, 1973.

1. Work first at the state level on improving alcohol-drug education in schools.
2. Serve on ad-hoc committees on alcohol and drug education.
3. Get to as many college-university campuses as possible to speak in classes or consult with teachers.
4. Serve as consultant wherever possible to upgrade school programs in alcohol-drug education.
5. Speak to as many parent-teacher groups as possible.
6. Speak in as many schools as time will allow.
7. Help get materials to school people.¹³

His goals for churches are:

1. Meet with denominational and state level conferences and leaders.
2. Confer with heads of denominations about their program on alcohol-drug education.
3. Conduct a minimum of six clergy-training workshops over the state each year.
4. Give out information on alcohol and drugs as related to Christian commitment.
5. Try to help churches be more "accepting" of "bad people"--the alcoholic, the drug dependent--the person who feels alienated, lost, lonely, unable to communicate.
6. Gain more support from churches.¹⁴

¹³"Goals and Projects of OCAP for 1973," p. 2.

¹⁴Ibid., p. 3.

Mr. Hanners will counsel personally with alcoholics, or he will give referral numbers as to where to go for help.

His agency has compiled a list of resources that are available to help the alcoholic. It is with permission that this list appears in Appendix A. If a copy is wanted, it may be obtained from his office. He is currently working on a larger list which will have half again as many names and places. This will be available in the future.

Training Sources

One of the goals of OCAP was to conduct six clergy-training workshops over the state each year. The first of these is in April 1973 and will be led by Michael Giammatteo. It will be held at Lane Community College. Information as to date and location will be available through the Oregon Council On Alcohol Problems.

SWARF whose address and phone number is found in the referral sources in the Appendix also offers free a 3-day training session for clergy. One must register on Tuesday morning and stay through Thursday evening.

Chapter 7

SUMMARY AND CONCLUSION

The problem of alcoholism is a major health problem in the United States. It also is a major factor in accidents, loss of income to business, and in the breakup of families. Alcoholism increases at a rapid rate each year. In spite of the problems it causes to the individual, his family and others, alcoholism receives less attention than the drug problem.

The minister has the best solution to the problems of alcoholism and the alcoholic. Religion has given a convincing demonstration of its therapeutic power in the problem of alcoholism. But in order to help, the minister needs to know the nature of alcoholism and what constitutes being an alcoholic.

Alcoholism is a many faceted problem. It involves the spiritual, the physical, the social and the psychological areas of life. However, for the purpose of helping the person with his problem, it is best to consider alcoholism as an illness. After this is taken care of, the other areas of life can be dealt with. It is considered to be an illness by the American Medical Association.

An alcoholic is a person who has lost control of his drinking. Alcoholism affects all areas of his life. The most important thing to know about the alcoholic is his loss of control over alcohol and his dependence upon it.

There are four characteristics of typical alcoholics. They are: (1) He is in pain. This is mental pain caused by guilt. (2) He has an immature response to life. (3) He has an overmastering ego. (4) He is a desocialized person.

There are also four types of alcoholic personalities. (1) The wholesome personality. (2) The neurotic alcoholic. (3) The psychotic personality. (4) The psychopathic personality.

With an understanding of the problem, some characteristics and basic personality types, a person takes a step toward understanding alcoholism.

Alcoholism is progressive in nature. With a few exceptions, the alcoholic will follow the pattern outlined. The symptoms are divided into early, middle, late or advanced symptoms. A further breakdown is made in each stage into the behavioral, psychological and physical manifestations. The early symptoms last about ten years, the middle symptoms two to five years and slide easily into the late symptoms. In some instances, symptoms are the same for each stage but differ in intensity. In the middle stage, new areas are added. The late symptoms are the most intense. This is the stage where the person can no longer function without alcohol and feels helpless and hopeless.

It all began with the first drink. An alcoholic cannot become an alcoholic except when he has tasted alcohol. Alcohol is readily available and it is up to the pastor to know the nature of the problem to help those who are alcoholic and to educate those who are not of the dangers of alcohol.

It is the duty of the pastor to help the alcoholic. Full recovery from alcoholism involves the discovery of a spiritual view of

life and the conviction that life has meaning and value.

The pastor also has many opportunities to come in contact with the alcoholic and his family that others do not have. He should use these to his advantage in finding those in need of help.

The pastor should have read good books on the subject and have them in his library for review. He should also be knowledgeable of the sources of help he can turn to or refer the alcoholic for help.

In order to establish the counseling process and the approach to take, the pastor must take into consideration the way contact was established with the alcoholic. There are good and bad types of initial contact. These can either make or break the pastor's opportunity to help.

Since most alcoholics are helped in a few sessions, the pastor must know the goals of short-term counseling. When direct counseling occurs, the pastor must know the counseling process and how to handle it as it applies to the alcoholic. This involves knowing the things to do and the things to avoid when counseling the alcoholic.

The pastor must know how to use the religious resources available to him. He must remember that the alcoholic may be hostile to the pastor or religion and that the wrong approach could cut off any help the pastor may give. Christianity should be presented as a new way of life and not a theology. The new birth for the alcoholic is freedom where before, under the influence of alcoholism, he has known only bondage.

Alcoholism is a family problem. Excessive drinking on the part of either parent affects every member of the family. The pastor will usually have the opportunity to help the family sooner than he will the

alcoholic. This is because of the greater number of people affected and they are usually more accessible. However, it is still hard because on the average, the family is not usually ready to admit the problem until it has been critical for seven years and will not seek help for another two years.

Just as alcoholism has a progressive nature, there is also a progression in the breakup of the family affected by alcoholism. It is important that the pastor know this progression. He should be able to recognize which stage the family is in when he encounters them. This determines the approach he takes in helping. The pastor must also know his role in helping the family.

There are general rules that should be followed by the pastor who is helping and by the family in living with an alcoholic. They are: (1) Inform yourself. (2) Develop an attitude in keeping with these facts. (3) Never harp on the alcoholic's condition. (4) Never preach or lecture. (5) Don't threaten, unless it is carried out.

When dealing with the wife, the pastor should see that she knows the general rules. He should also see that she does not follow the "home treatment" on the alcoholic. The pastor should show her the positive steps to take and the things to expect as she lives with her husband.

The general rules also apply to the husband of an alcoholic wife. However, he needs to be even more understanding of his wife and her problem than the wife would be of the husband. Alcoholic women know a shame far greater than a man and therefore need far greater love and understanding.

The children, particularly, are affected by an alcoholic parent. The deep running effect on the growing child is confusion.

The children lack either a stable father figure or a stable mother figure to pattern themselves after. Later in life they may have trouble identifying their roles in life.

There are several rules the pastor can follow in helping the children. (1) He needs to instruct them of the nature of the problem. (2) Don't splurge sympathy on them. (3) Don't take over the parental role. (4) Get them acquainted with other children of alcoholic parents.

When the parent finally achieves sobriety, he has not achieved full recovery. The person and the family still need the love and concern of the pastor. He can show them how to help the sober alcoholic and how they can return to a normal life.

The pastor needs to know the best resources of help for the alcoholic and his family. He needs to be familiar with Alcoholics Anonymous, Al-Anon and Alateen since these are generally considered to be the best resources for help. He should also know of other persons or organizations that help alcoholics.

Working with alcoholics and their families is hard work. It is necessary for the pastor to have a basic understanding of the nature of alcoholism and its effects in order to give the best possible help.

Recommendations for Further Study

1. The Alcoholic Woman
2. Further Counseling Techniques
3. Programs for the Total Church in Helping Alcoholics

APPENDIX

APPENDIX A

OREGON COUNCIL ON ALCOHOL PROBLEMS

1704 N. E. 32nd Avenue, Portland, Oregon 97212

282-2539

H E L P L I S T

I. EMERGENCY NUMBERS	Alcoholics Anonymous	223-8569
	Al-Anon	654-3187
	Crisis Unit-U. of O. Med School	228-9181
	District Attorney-Legal Assistance	224-8840
	Suicide Prevention	227-0403
	Volunteers of America	232-6562

II. INDIVIDUALS WHO WILL COUNSEL ALCOHOLICS OR DRUG DEPENDENTS

Dr. William Coburn	Permanente Clinic, Beaverton	646-9661
Dr. Peter DeCourcy	412 N. E. 120th, Portland	253-9536
Michael Giammatteo	509 N. W. 80th St., Vancouver	206-694-0911
Dr. E. Wayne Gourley	2230 Lloyd Center	282-7253
Rev. Milton Hunt	7220 S. E. 39th, Holy Trinity Luth. Church	774-6781
Gill Lulay	Burnside Chapel, 132 N. E. 22nd, Portland	228-0746
Dr. Spence Meighan	Good Samaritan Hospital, Med. Edu. Dept.	229-7137
Dr. Homer Rice	6421 S. E. King Rd., Milwaukie	771-1427
Dr. Charles C. Spray	8888 S. W. Canyon Rd. & Outside In Clinic, 1240 S. W. Salmon	297-2253
Chaplain Ed. Stelle	Portland Police Dept., 222 S. W. Pine	226-7551
Dr. Frank B. Strange (Clinical Psycholgst)	4707 N. E. Tillamook	284-8020

III. SOME SOURCES OF HELP

Alcohol & Drug Section of	Henry Bldg., 309 S.W.	
Oregon Mental Health Division	4th Ave., Portland	229-5430
" " " "	Literature	229-5084
Alcoholic Rehabilitation Ass'n.	1831 S. W. 14th, Portland	228-3930
Alcoholics Anonymous Portland	Dekum Bldg.	
Intergroup	519 S. W. 3rd, Portland	223-8569

Alcoholism Counseling & Recovery Program - O.E.O. Funded	728 S. E. 11th Ave., Portland 97214	233-6541
Clark County Council on Alcoholism	207 Central Bldg. 1206½ Main, Vancouver, Wn.	206- 696-1631
Damasch Hospital	Wilsonville, Oregon 97070	638-4161 or 638-3821
Oregon Alcoholism and Health Association	1634 N. E. 25	288-6528
Outside-In Socio Medical Aid Sta.	1240 S. W. Salmon St. Portland	223-4121
Crash Crisis Unit	"	223-4121
Program for Gay Alcoholics	Vancouver Portland	206-694-8180 234-1577
Program for Native American Indians	3829 S. E. 64th Portland	774-0927
Raleigh Hills Hospital	6050 S. W. Old Schools Ferry Rd.	292-6671
SWARF Center	P. O. Box 1749 - 4th Plain at O Vancouver, Wn.	206- 696-1659
Volunteers of America	538 S. E. Ash	232-6532

KEMPER INSURANCE LITERATURE - 4750 N. Sheridan Rd., Chicago, Ill. 60640- has excellent free booklets. Some titles are "Guide for the Family of the Alcoholic, "What to do About the Employee with a Drinking Problem," "Management Guide on Alcoholism."

IV. RESIDENT REHABILITATION HOUSES

<u>Alcoholic Rehabilitation Ass'n</u>	Sheltered home environment for men and women needing encouragement or rehabilitation. Residence houses for alcoholics after hospitalization or therapy.
<u>Men's Houses</u>	
1831 S. W. 14th Ave. 228-3930	
2712 S. E. Salmon St. 233-7623	
<u>Women's Houses</u>	
807 S. E. 28th Ave. 236-5807	
2727 S. E. Alder St. 234-4039	

Alcoholism Counseling & RecoveryProgram Harmony Houses, Inc.

- #1 - Men's - 3012 N. Kirby
288-8687
- #2 - Men's - 1925 S. E. Taylor
232-3448
- #3 - Women's - 3406 N. Michigan
288-2331

HOUSES IN EUGENE, ORE.

- Carlton House, 388 7th W., 344-3831
Eugene - 97401
- Harriet House, 788 W. 7th,
Eugene - 97401

House of Retrievers - operated by 228-3893

First Immanuel Lutheran Church
616 N. W. 19th, Portland

Blanchet Farm

- Rt. 1, Box 110, Carlton, Ore. 852-7270
97111

Burnside Hotel

- 208 N. W. Couch, Portland 223-6918
Sponsored by Hub-Cap, Downtown
Chapel Catholic Church,
Blanchet House. For Men. Non-
denom.

Portland Rescue Mission

- 111 West Burnside 227-0421
Temporary care. Food,
clothing, lodging. For men.

Salvation Army

- 1. Harbor Light Center 223-2043
134 W. Burnside A spiritual recovery program
for alcoholics. Room, board,
employment service and
counseling. Any man needing a
place to stay who has an alco-
holic problem.
- 2. Social Service Center 235-4192
139 S. E. Union Room, board, employment service,
counseling, recreation, edu-
cation, & spiritual guidance.
No fee

Volunteers of America

- Social Services 235-8655
538 S. E. Ash 232-6562 - day or night.

Ballington Emergency Home
138 S. E. 8th

232-5444
For unattached women. Preliminary interview by a social worker.

Mothers & Children's Home
726 S. E. Ash

232-6562
Emergency shelter for mothers and children for a period of 3-5 days. \$3.35 per person per day.

V. COUNSELING AND THERAPY

Al-Anon Family Groups
614 Dekum Bldg., 519 S.W.
3rd Avenue - 654-3187

Wives, husbands, relatives and friends of persons with drinking problems.

No dues. Phone for schedule of meetings.

Alateen Group Meetings
223-8569

Fellowship of children who face alcoholic problems in the home.

No dues - Any teenager, 12-20.

Alcoholics Anonymous
614 Dekum Bldg., 519 S.W.
3rd Avenue - 223-8569

Fellowship of alcoholic men and women who meet in groups to help others. Neighborhood and professional groups.

No fees. Phone for schedule of meeting.

Alcohol and Drug Section - - - Outpatient.

Oregon Alcoholism Treatment Clinic
Henry Bldg. - 309 S. W. 4th
Avenue - 229-5430

Information and referral for alcoholics and their families. Counseling and therapy. Groups for spouses.

Phone or call in person for an appointment with a social worker. No fee at present.

Alcoholism Counseling and Recovery Program O.E.O. Funded
728 S. E. 11th, 97214
233-6541

Counseling.
Harmony Houses, Inc. - Halfway Houses.

Phone for information.

Catholic Family Services
519 S. W. 3rd Avenue - 400
Dekum Bldg. - 228-6531

Accepts those with an immediate problem of alcoholism in relation to family counseling.

Clark County Council on
Alcoholism

207 Central Bldg., 1206½
Main St. Vancouver, Wn.
206-696-1631

No restrictions.
Sliding fee scale.

Counseling to problem drinkers,
their families, friends, and
employers. Referral.

Family Counseling Service
2281 N. W. Everett 228-7238

Family counseling, social case-
work, Homemaker service,
referral.

No restrictions. Sliding scale.

Interfaith Counseling Center
833 S. W. 11th
223-6698

Personality evaluations, psycho-
therapy, marriage counseling and
group therapy. Fees.

Phone, or by referral of physi-
cian, clergy, attorney,
psychologist.

Lutheran Family Service
718 W. Burnside
228-7613

Family counseling and referral
service. Based on ability to
pay.

Application by phone or letter.

Office of Probation and
Parole
Bureau of Police, 222 S.W.
Pine - 226-7551

Counseling for those on pro-
bation or parole, or for their
families.

Oregon Council on Alcohol
1704 N. E. 32nd Avenue
282-2539

Counseling, education, and
referral services. No fee for
alcoholics or their families.

Phone or come in for assistance.

Portland Police Department
Chaplain Ed Steele, 222 S.W.
Pine - 226-7551

Counseling

Rehabilitation Institute of
Oregon - 2010 N.W. Kearney
226-3774

Psychological and vocational
counseling and guidance.

Salvation Army
Harbor Light Center
134 W. Burnside - 223-2043

Spiritual instruction classes,
group therapy, personal counsel-
ing, vocational guidance and
training.

Tri-County Council on
Alcoholism
7220 S.E. 39th Avenue
774-6781

William Temple House
615 N. W. 20th - 226-3021

Counseling on all problems.
Rehabilitation.

VI. PRIVATE COUNSELING OFFICES THAT CHARGE A FEE

Boothe Counseling Agency
807 Oregon Bank Bldg.
319 S. W. Washington.
10 to 6 - 222-5440
after 8 p.m. - 252-4668

Marriage, Family, Business,
Finance, Job, Social. Emphasis on
the individual.

Friends Counseling Service
8120 S. E. Thiessen Road
Milwaukie - 655-1077

Individual counseling or group
therapy.

Fee - ability to pay. Referral
from ministers.

Friesen Counseling Services
12195 S. W. Canyon Road
Off. 4C - Beaverton
643-2735 or 643-3445

Marriage and Pre-marriage.
Personal and Emotional, Vocational,
Family Counseling.

VII. HOSPITALS AND CLINICS THAT WILL TREAT ALCOHOLICS

City of Roses Hospital
1329 S.E. Harney, 234-5353

QUITE OFTEN ENTRY INTO A HOSPITAL
CAN BEST BE GAINED BY A DOCTOR'S
REFERRAL.

Damasch State Hospital
Wilsonville, 97070 P. O.
Box 38 - 638-4161 or
638-3821

Patients admitted through screen-
ing clinic. It appears that this
hospital will accept only alco-
holics who are acutely ill. Will
accept residents of Multnomah,
Clackamas, and Wash. Counties.

Good Samaritan Hospital
1015 N.W. 22nd Avenue
229-7711

Will take persons intoxicated or
in severe withdrawal.

Emergency Outpatient Care
229-7260

Gresham General Hospital
5th and Beech, Gresham
665-8101

Any person in withdrawal who is
psychiatrically manageable.

Holladay Park Hospital
220 N. E. Multnomah St.
233-4567

Specialized psychiatric facility.
Will take intoxicated if very ill.

Multnomah County Hospital
3171 S. W. Sam Jackson
Park Rd. - 228-9181

Will take city and county
indigents.

Multnomah County Division of
Public Health
12240 N. E. Glisan
254-7301

Out-patient. Family Counseling,
psychological and psychiatric
evaluations, for residents of
Multnomah County.

Sliding scale of fees.

Oregon Alcoholism Treatment
Clinic Henry Bldg.
309 S. W. 4th Avenue
229-5430

Outpatient. Any resident of Oregon
with an immediate problem in the
field of alcoholism. An app't is
first made to see a social worker.
No fee at present.

Referral by any public or private
agency or self-referral; by family
or physician. Phone or visit
clinic.

Portland Adventist Hospital
S. E. Belmont & 60th Avenue
235-8871

QUITE OFTEN ENTRY TO A HOSPITAL CAN
BEST BE GAINED BY A DOCTOR'S
REFERRAL

Portland Emergency Hospital
Portland Police Bureau
222 S. W. Pine Street
226-7551

Portland-Mult. County Bureau
of Health
Division of Public Health
Nursing - 122 S. W. 4th Ave.
227-8411, ext. 141

Outpatient. Counseling and refer-
rals prior to or after hospitali-
zation.

Portland Bureau of Health
Division of the Tuberculous
Alcoholic - 3181 S. W. Sam
Jackson Park Rd.
228-9181, ext. 363

Outpatient.
Will take city and county
indigents.

Physicians & Surgeons Hospital
1927 N.W. Lovejoy St.
224-6500

Accepts those acutely ill with
intoxication or in severe alco-
holic withdrawal.

Portland Medical Sanitarium
2566 N. W. Marshall
226-1476

Accepts those in withdrawal.

Raleigh Hills Hospital
6050 S. W. Old Scholls
Ferry Rd. (toward Beaverton)
292-6671

Any person whose problem is in the field of alcoholism. Fee based on care and physical condition and sobriety when admitted. Fee covers entire treatment.

Referral or self-referral.

SWARF CENTER
Fourth Plain at O.
P. O. Box 1749
Vancouver, Wn. 98663
206-696-1659

Offers 21 day minimum program utilizing education, therapy and counseling - group and personal. Goal is to help persons to understand the disease, to be motivated to sobriety. Non-profit institution. Fee based on actual cost. Some scholarship help available.

St. Vincent Hospital
9205 S. W. Barnes Rd.
297-4411

Intoxicated if acutely ill or in severe withdrawal.

University of Oregon Medical School
3181 S. W. Sam Jackson Park Rd.
- 228-9181

Outpatient. Psychiatric clinic for Oregon residents. Residents of Portland metro area may apply without referral for appointment.

Crisis Unit - University of Oregon Medical School - 3181 S. W. Sam Jackson Park Rd. (Jackson Park Bus - 5th & Alder) 228-9181

Emergency care for the alcoholic or drug addict. Take patients up to four days.

Veterans Administration Hospital - S. W. Veterans Hospital Rd. 222-9221

Administration - 426 S. W. Stark - 226-3361

Woodland Park Hospital
10300 N. E. Hancock
255-1313

Intoxicated if acutely ill or in severe alcohol withdrawal.

VIII. HEALTH SERVICES

Mental Health Ass'n of Oregon
718 W. Burnside

228-6571

<u>City-County Medical Service</u>	254-7301
<u>Department</u>	
12240 N. E. Glisan	
downtown office-1021 S.W. 4th	227-8411
<u>County Public Welfare</u>	229-6783
<u>Commission</u>	
508 S. W. Mill	
<u>County Tuberculosis Survey</u>	227-8411
<u>Center</u>	
104 S. W. 5th Avenue	
<u>County Veterans Assistance</u>	227-8411
429 S. W. 4th Avenue	
<u>Oregon Medical Association</u>	226-1555
2164 S. W. Park Pl.	Call for recommendation of private Dr.

IX. WORKING WITH YOUTH IN THE DRUG CULTURE

<u>Contact Center</u>	226-2507
633 S. W. Montgomery Street	
<u>FATE</u>	254-9524
Fight Addiction Through Education	
<u>Hotline East</u>	252-0278
S. E. 139th Avenue & Mill Street	
<u>Switchboard</u>	233-3618
215 S. E. 9th	
<u>Teenagers Against Drug Abuse</u>	286-3148
7313 N. Leavitt	
<u>Maranatha Youth Center</u>	288-4035
4310 N. E. 13th Avenue	
<u>House of Joy</u>	281-7892
	Residential center operated by
	<u>Marantha Youth Center</u>
<u>Outside-In Socio-Medical</u>	223-4121
<u>Aid Station</u>	
1240 S. W. Salmon Street	
<u>Shiloh Houses</u>	
1717 N.W. Hoyt, Portland-97209	227-0749
603 Benson St., Medford-97501	

938 Jefferson Street-Eugene
97402
745 Bellevue S.E., Salem
97201

X. SOCIAL CENTERS

Alano Club

909 N.W. 24th Avenue
223-9084

Membership club of AA. A place to meet and talk with other AA members over coffee. Meals served. Group meetings. For AA members with minimum 30 days sobriety.

Friendly House

2617 N. W. Savier
228-4391

Provides a place or an opportunity for people to get together and work together. Develops programs and services to assist people in utilizing appropriate resources to resolve common problems and to meet human needs. Fees according to service and ability.

Jewish Community Center

1636 S. W. 13th Avenue
223-7241

An individual leisure-time, group work service to all age groups from pre-school (age 3) through the older adult program. An open membership for greater Portland. Fee based on age group.

Linnton Community Center

10614 N. W. St. Helens Rd.
286-1344

Social-recreation experience for the entire family. Any person living in Portland, particularly in the N.W. area.

Salvation Army Men's Social Service Center

139 S. E. Union Avenue
235-4192

Devoted to restoring the unfortunate to useful places in society through work therapy, room and board and the application of practical Christianity. Recreation and counseling. No fees.

Tenth Street Club

830 S. W. 10th - (Upstairs)
227-8212

AA Social and Meeting. Call 223-8569 for a full listing of AA groups.

The Volunteers of America Community & Mission Prog.

538 S. E. Ash Street
235-8655

Offers spiritual and recreational activities to men, women, and children of the community not touched by or who do not fit into the usual church and social programs. No fees.

XI. ORGANIZATIONS

Alcoholics Victorious
28 S. Sangamon Street
Chicago, Illinois 60607

Chit-Chat
Box 418
Robesonia, Pa. 19551

Nat'l Coordg. Council on
Drug Abuse Education &
Information
P. O. Box 19400
Washington, D. C. 20036

North America Ass'n. of Alcoholism
Prgm.
1130 17th St. N.W.
Washington, D. C. 20036

Oregon Alcoholism and Health Ass'n.
P. O. Box 8902
Portland, Oregon 97208

Oregon Council on Drug Problems
Box 3092 P. O.
Portland, Oregon 97208

Pioneer Total Abstinence Society of
the Sacred Heart of Jesus (Jesuit)
East 330 Boone Avenue
Spokane, Wn. 99202

Recovery Inc.
116 S. Michigan Avenue
Chicago, Illinois 60603

Tri-County Council on Alcoholism
7720 S. E. 39th Avenue
Portland, Oregon 97202
774-6781

STATE FILM LIBRARY - Audio Visual Instruction, 133 Coliseum,
Corvallis, Oregon 97330 Phone: 754-2911

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