

On n'a pas annoncé de dommages dus à la vaccination, à l'exception de réactions d'hypersensibilité à la pénicilline. Dans les cas où il y a de l'allergie, il faut recourir aux mêmes mesures de prudence que pour les autres vaccinations.

Les vaccins à virus vivants ont été améliorés; on ne pourrait toutefois pas encore les utiliser pour vacciner des groupes importants d'individus.

Les personnes qui souffrent de troubles chroniques de la respiration devraient être placées ensemble dans des centres, car il est plus difficile de s'occuper de ces cas-là qu'on ne le pense en général.

On a spécialement attiré l'attention sur le fait qu'il faut donner aux paralysés la meilleure position possible et qu'il faut avant tout les traiter au point de vue psychique.

Causes and Treatment of Alcoholism

Some Theoretical Considerations¹

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A. Introduction

Alcoholism is an acute community problem and the practical needs are many. In order to be able to deal intelligently with the problems and needs we should review some of the current scientific thinking with regard to the causes and treatment of alcoholism. How does it develop? What are its social and psychological effects, and what are the pre-requisites of effective treatment?

Unlike individual and popular concern, scientific interest in the field of alcoholism is of quite recent vintage, and the field is still wide open for research. However, enough progress has been made in the scientific investigations so that an increased understanding of the problems of alcoholism is possible.

For the sake of clarity let me say at the outset that I am defining alcoholism as the loss of control by a person over his drinking of alcoholic beverages.

B. Causes

How does a person come to lose control over his drinking? Why does Mr. Jones turn into an alcoholic while Mr. Smith, who also drinks, does not? What causes alcoholism? Is it heredity? Constitution? Is it availability of alcohol? Is it a vulnerable, maladjusted personality? Is it a failure of the parents? Is it just gradual habit formation? Is it cultural and social influences?

1. All of these have been advanced as explanations or descriptions of the development of an alcoholic and most of them with some justification, with the possible exception of heredity. Studies by *Anne Roe* [1] on the chil-

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dren of alcoholic parents raised in foster homes do not show any hereditary patterns of alcoholism. The constitution of the person may well enter into the picture. A man who gets nauseated, sick, or more depressed, or more anxious when drinking is obviously not as good a candidate for developing alcoholism as the person who experiences a feeling of unusual well-being and a «mental lift» as a result of a few drinks. Some investigators such as *R. J. Williams* [2] have tried to explain alcoholism entirely on the basis of metabolic or physiological abnormality. However, most scientific investigators agree that the evidence presented is insufficient to support the claims made for the metabolic theories.

2. It is quite obvious that alcoholism could not exist in a hypothetical society which had never discovered the principles of fermentation. However, even given the availability of alcohol many do not use it and of those who do use it only a small percentage develop alcoholism. Thus availability of alcohol, while a necessary condition to the development of alcoholism, is by far not a sufficient condition or explanation.

3. When it comes to the proposition that the maladjusted pre-alcoholic personality is especially vulnerable to the development of alcoholism, most of the studies point to this as a very important contributing factor—but again it is not a sufficient condition by itself, since many a severely maladjusted person never resorts to alcohol.

Many studies have attempted to find a specific alcoholic personality or set of personalities, but a review of all of these studies leads one to conclude that there is no such thing. From the point of view of psychiatric diagnosis, alcoholics run the gamut of psychiatric classifications from the near normal to the overt psychotic, with a goodly percentage in the neurotic classifications. This finding is of course logical if we regard alcoholism as primarily a symptom rather than as a unified disease entity. Although a typical alcoholic personality is non-existent, research findings seem to emphasize certain personality difficulties as very prominent in alcoholics, though by no means restricted to alcoholics. Perhaps the most prominent of these is low self-esteem. Other very frequently mentioned difficulties, perhaps related to this low self-esteem, are:

- (1) excessive anxiety in personal relationships;
- (2) emotional immaturity, including psychosexual immaturity;
- (3) dependency conflicts and ambivalence toward authority;
- (4) low frustration tolerance and poor ability to handle hostile feelings;
- (5) lack of purpose or well-defined realistic goals.

Yet, I do want to emphasize that each alcoholic presents a unique personality, and that these difficulties are not fully explaining what makes an alcoholic. We may go one step further and ask how do vulnerable personalities develop?

4. The failures of the parents of alcoholics in the handling of their children were of particular interest to *Howard Clinebell* [3]. In his study of alcoholic, he found 4 very prominent and detrimental patterns of parental attitudes:

(1) *Irrational authoritarianism* (including overprotection) which makes parental love contingent on obedience by the child.

(2) *Success worship*, which makes love dependent on the child's ability to feed the parental ego by his success.

(3) *Moralism*, when parents unwittingly project puritanical ideas on the child, leading to severe guilt feelings and inhibitions in the areas of sex and normal aggressiveness, and finally

(4) *overt rejection* by the parents.

The disastrous effects of such parental attitudes on self-esteem, on feelings of worthwhileness and on security are obvious.

5. The question of insidious development of alcoholism as a habit which takes over in a seemingly well-adjusted pre-alcoholic person must be considered also. *Selden Bacon* [4] of Yale University holds that this is one of several possible lines along which alcoholism may develop. He postulates two factors in such insidious development: (1) what he calls the «pampering effects» of alcohol in relation to weak spots in a relatively well-adjusted person, and (2) the emergence of problems caused by drinking. Relief of normal tensions, fears, shyness for example by drinking may gradually and slowly lead to a greater and greater reliance on alcohol and a decrease in the use of other personality resources or methods of solving problems. Eventually the habit of resorting to drink can become a driving force, a compulsion unrelated to its original purposes and out of control of the individual. But *Bacon* himself remarks that since multitudes of drinkers with similar experiences drink without becoming alcoholics «underlying psychological weaknesses must be presumed».

We must also recognize that excessive stresses, whether in the nature of great economic strains, physical disease or otherwise, will act as precipitating factors of alcoholism as they will of other emotionally disturbed behavior.

6. Besides the pre-alcoholic personal maladjustment there is another factor which research studies point to as extremely important in the etiology of alcoholism. This is the attitude of the family, and the culture in which a person is raised, toward drinking, and specifically toward the purpose of drinking. The effectiveness of this socio-cultural influence is illustrated by the differential incidence of alcoholism in some of the cultural groups. It has been found that in cultures which use alcohol, but strictly for religious or food purposes (for example in the Jewish or the Italian groups) the incidence of alcoholism is remarkably low. High incidence of alcoholism appears related to the degree to which drinking is regarded as an acceptable means of forgetting one's troubles or otherwise is used to accompany or «solve» emotional situations

such as wakes, christenings, weddings and so forth. Furthermore, there is some evidence that marked disagreement between the parents or authority figures in the attitude toward the use of alcohol is positively related to higher incidence of alcoholism in the children [5]. Another example of the obvious influence of cultural pressures is the lower incidence of alcoholism in women—which is 4 men to 1 woman in the United States. In England, however, the ratio is 2 men to each woman, and in Norway it is 23 : 1.

In summary I think any adequate explanation of the causation of alcoholism must consider it as a complex and multiple process. It is only when several or the majority of these half dozen factors which I have just discussed coincide in one individual that we are likely to find the makings of an alcoholic.

C. Social adjustments of the alcoholic

Having looked at how an alcoholic comes into being, I would like to consider somewhat more briefly the adjustment of the person in our society, once he becomes an alcoholic. While in the majority of American groups drinking is accepted and in some groups thought desirable, the alcoholic is not accepted in any of the usual groups. When drinking gets out of control, criticism is quick whether it is in the form of amusement, condemnation or pity. Thus when drinking has reached the stage where it more or less invariably ends in drunkenness and often prolonged sprees, the social effects tend to become disastrous. Former friends and the family tend to reprove, reject and eventually overtly expel the person. The former places of social belonging are closed. Of course there are a number of alcoholics especially among the Skid Row alcoholics who give no evidence of ever having experienced close belongingness, but the majority of alcoholics have a great deal to lose—and they frequently *do* lose their families, their jobs, their friends and other group memberships, ending up either quite alone or with the impermanent drinking companionship of other alcoholics which fails to provide any real satisfaction. The Skid Row associations of individuals are perhaps the most advanced and clearest case of this type of banding together in a group whose norms accept the individual's alcoholism and general desocialization and which will furnish temporary mutual support. It is only fair to emphasize that alcoholics are by no means all completely desocialized human beings—the Skid Row type is estimated to make up no more than 10% to 15% of the total alcoholics in the United States. Many alcoholics engage in a quite desperate struggle with their alcoholism.

D. Treatment

How can the alcoholic be helped in this struggle? How can the process be reversed and the damage of alcoholism be repaired?

Leaving out of consideration the treatment of acute intoxication by medical means, the actual «rehabilitation» involves tremendous difficulties. Alcoholics are said to be among the patients which are the most difficult to treat or counsel. Yet the many thousands of recovered alcoholics in this country are living proof that it can be done.

Do we have any idea who among the alcoholics can be helped? For the majority of alcoholics who are still functioning to some extent in the community the chances are good, once they realize the urgency of the need to change. However, as the adjustment becomes progressively poorer, there may be increasing hopelessness, apathy on the part of the alcoholic and, while we have no final data on this question, somewhere there seems to be a point of no return. Among the chronic drunkenness offenders seen at the Court a substantial number seem to have reached this point, taking no active interest in change, apparently satisfied with a very marginal day-to-day existence when in the community and seeking the refuge of the Workhouse when this living becomes too tough or the weather too cold. A study carried out by the D.C. Alcoholic Clinic [6] suggests that no more than 12% of the chronic Alcoholic Court offenders can benefit from treatment attempts out in the community, or from only short-term inpatient treatment. We must face the fact that while perhaps another 30% or 40% of them might profit from long term treatment in suitable facilities, there is apt to be a residual needing more or less permanent institutional care.

But what about the group which can be helped? Just as there is no one way in which all alcoholics develop, there is no one way, no panacea, for the treatment of all alcoholics. Let us look at the problem of putting a halt to alcoholism in an individual. Logically the process should involve the elimination or counteraction of as many of the causative factors as possible. In practice some of these are much harder to eliminate than others. Making liquor unavailable is not a way of mastering the problem, and the alcoholic may only be driven to a more antisocial, law evading behavior. The physiological constitution of the individual we seem unable to change. The remaking of the whole cultural web of attitudes toward drinking is a very worthy undertaking but an extremely slow and difficult process that will not benefit today's alcoholic individuals.

The immediate social pressures and attitudes of family and friends with regard to alcoholism are somewhat easier to modify and Al-Anon affiliates of A.A. groups¹, as well as family counseling or family groups in Clinics do attempt to influence the alcoholic's recovery in that way.

However, the personality difficulties of the alcoholic himself still appear to be crucial in the causation and crucial in the treatment of alcoholism. It

¹ Alcoholics Anonymous are societies of former alcoholic addicts who are helping one another in cultural and social activities, and in staying sober.

is the major point of attack of A. A., Alcoholism Clinics and some of the religious groups working with alcoholics. Change in the personality adjustment, change in the thinking and feeling of a person, almost invariably depends on a changed interaction, a changed experience with other people. Treatment attempts must provide this different type of experience. It is most often a warm and accepting human relationship which fosters the alcoholic's desire to change and stimulates him to find more satisfactory solutions to life's problems than drinking. Sincere motivation to change and to seek help is always the first, the most important and probably the most difficult step in the eventual recovery. It is the big stumbling block of the resigned Skid Row alcoholic or chronic alcoholic court offender.

Even when the alcoholic is sincerely motivated to change, he may find it difficult to accept help. He must believe in or be convinced of the sincerity and the competence of the individuals who help him. Moreover, fearfulness, or extreme shyness in groups or, on the other hand, inability to be comfortable in discussing one's troubles with one other person in a rather close face-to-face relationship, may present almost insurmountable barriers in certain treatment attempts. It is also very important that the alcoholic be able to understand and accept the goals and standards set by the person or group which attempts to help him, if he is to do more than just pay lip-service.

As I have already indicated, different groups are working on trying to help alcoholics and all are to some degree successful. Some alcoholics are able to utilize A. A. but not a psychiatrically oriented clinic. Some can accept Clinic treatment but not A. A. Some use both, some are unable to profit from either. It is rather obvious that the more serious and the more deep-seated the personality difficulty which is part of the alcoholism, the more necessary it is for the treatment to involve professional help. The decision whether it will be more helpful to delve into past experiences or to leave them buried requires considerable psychiatric knowledge. The person with a background of parental irrational authoritarianism may need encouragement and praise of independence and self-assertion, while the child of the success-worshiper, who is self-centeredly but futilely striving for success, may need the exact opposite: encouragement of greater reliance on others, cooperative efforts etc. Knowing what to do and how to do it in such cases takes considerable skill and training, and I might add considerable time.

However, in any case I think treatment of alcoholics must involve help in setting up realistic goals which can be achieved, help in finding new ways of gaining satisfaction and achieving status, help in the use of their free time and energies, help in dealing more effectively with the problems of living that come up, help in building up self-esteem and a feeling of worthwhileness.

Résumé

L'alcoolisme est un problème sérieux aux Etats Unis. L'auteur pense que le développement de l'alcoolisme est toujours un procédé complexe et multiple: plusieurs facteurs s'y trouvent toujours présent en même temps. Les facteurs les plus importants sont les réactions physiologiques de l'individu, l'accessibilité des boissons alcooliques, les problèmes de la personnalité qui antécèdent le développement de l'alcoolisme, la manière dont l'alcool renforce les faiblesses de la personnalité, et les attitudes de la famille et de la société envers l'usage de l'alcool pour oublier les soucis ou pour soulager les tensions émotives.

La réhabilitation de l'alcoolique présente des difficultés très grandes. Le désir de changer est la première condition nécessaire et absolue. Souvent l'attitude de la famille doit être modifiée. Mais ordinairement le problème crucial est celui de l'altération de la personnalité de l'alcoolique, et cette altération est le résultat d'expériences différentes avec une ou plusieurs personnes nouvelles. Les rapports thérapeutiques aident à stimuler et effectuer des modifications des attitudes mentales, des réactions émotives, et de la manière de vivre, qui sont nécessaires pour le rétablissement de l'alcoolique.

Zusammenfassung

Die Heilung und Rehabilitation des Alkoholkranken steht vor außerordentlichen Schwierigkeiten. Die erste Voraussetzung für eine erfolgreiche Behandlung besteht darin, in dem Patienten den Wunsch zu erwecken, seine Lebensweise zu ändern. Häufig ist es auch notwendig, daß die Familie des Patienten ihre Haltung verändert. Aber ganz allgemein kommt es auf die Veränderung der Persönlichkeit des Alkoholikers an, die für den Erfolg der Behandlung ausschlaggebend ist. Solche Veränderung läßt sich am besten dadurch erreichen, daß der Patient neue, konstruktive Erfahrungen in der Beziehung zu einer oder mehreren Personen macht. Wenn es gelingt, ein positives, warmes, unterstützendes, therapeutisches Verhältnis zum Patienten herzustellen, verhilft man ihm zu einer Veränderung in seiner geistigen Grundhaltung, in seinen seelischen Reaktionen und in seiner Lebensweise, die es ihm ermöglicht, den Trieb des Alkoholismus zu überwinden.

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