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Date ____________ 1976
PSYCHOLOGICAL DISTRESS AND ALCOHOL ADDICTION

by

Father Joseph Marmion

A professional paper submitted in partial fulfillment of the requirements for the degree

of

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with concentration in

Counseling

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Chairperson, Examining Committee

Head, Major Department

Graduate Dean

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Bozeman, Montana

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Finally, I would like to acknowledge my boss, Most Reverend Eldon B. Schuster, Bishop of Great Falls, without whose cooperation this study would not have been completed.
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ABSTRACT

The problem of this study was to investigate the existence of psychological distress in people who are alcoholic. No effort was made to find a random sample of the population. Since the study was dealing with Cascade County, an effort was made to contact and interview one hundred and twenty individuals in the Great Falls area who were participants in programs especially designed for alcoholics who were seeking help.

The purpose of the review of literature was to specify what the State of Montana had declared regarding treatment for alcoholics, and to determine what experts had stated in their studies on alcoholism.

A questionnaire was designed to cover specific areas of distress: social, economic, spiritual, and physical. The author conducted the interview in each case and kept an accurate account of the responses.

The conclusions indicate that psychological distress may be a concomitant factor in the illness of alcoholism, and that solutions must be sought in an effort to cope with this problem. Greater cooperation is necessary on the part of professionals and para-professionals if any real progress is to be made.

Recommendations are that further research be made in areas of treatment programs for social classes, ethnic minority people, and female alcoholics. A model is suggested that might be considered as suitable for chemically dependent individuals.
CHAPTER I

INTRODUCTION

Alcohol is a drug which is acceptable and available to society. Professionals refer to it as a substance which "permeates, pleases, and yet plagues most of the world."¹ Recent findings indicate that, (a) the economic cost associated with the misuse of alcohol in the United States is estimated at twenty-five billion dollars a year; (b) the proportion of American youth who drink is on the increase; (c) only a small portion of the diagnosed alcoholic population is receiving the care and services they require; and (d) alcoholism is an illness that can be treated.² In other words, "Alcoholism is the most untreated treatable disease in the United States."

The Alcoholism Planning Project for North-Central Montana indicates that there is a major alcoholism problem in the state which is growing on a per capita basis faster than in most other states. The Project also shows that Cascade County, comprizing 11.78% of the state's population was responsible for 12.4% of the total liquor sales for 1970.³ This information indicates that Cascade County has a problem of alcoholism; that the problem is on the increase; and that more effective approaches concerning the causes and solutions of the problem must be initiated and maintained.
This study will attempt to demonstrate that such factors as frustration, depression, anxiety, feelings of inferiority, etc., may be contributing and concomitant causes to alcoholism. Psychological distress may be generated by adverse personal and situational life space conditions including economic, social, spiritual or physical factors.

Need for the Study

The public is still resistant to accept alcoholism as an addictive disease. Alcoholics need to be reassured that they are the victims of this disease and the circumstances which it creates places them in great jeopardy. The moral stigma is slowly but surely disappearing and the alcoholic must be informed that his illness is no cause for shame. A questionnaire developed by Stanford University Institute on Research, indicates that some people still believe that out-dated cliche that alcoholism simply shows a "lack of will-power." Current research tells us quite the opposite... that the alcoholic is often a sensitive, imaginative, intelligent and energetic person who happens to have genetic or chromosomal dysfunction and cannot, therefore, tolerate alcohol.

There is a great need to study the problem of psychological distress due to the ingestion of alcohol and visa versa, the impulsion to ingest alcohol as a surcease to emotional disturbance. This
project will attempt to contribute to available knowledge by inter-
viewing individual alcoholics regarding possible causes of psycho-
logical distress. The project will identify some of the other persons
affected by the psychological imbalance of the alcoholic; i.e. (a)
family and friends, (b) employers and employees, and (c) people who
may be capable of offering services, e.g. professional and para-pro-
fessionals. The study will indicate some possible programs which
could be therapeutic and preventative. Professionals in the field of
alcoholism agree that present efforts need improvement. Cascade
County has one treatment center which can accommodate twenty resi-
dents. . . this in view of the fact that the Council on Alcoholism
indicates that there are approximately seven thousand alcoholics in
the County alone.5 Even taking into consideration that some indivi-
duals seek treatment elsewhere, it is evident that efforts to assist
persons and help solve the problem of alcoholism have been very
inadequate. This forces those who recognize their own needs to look
desperately for help, but does nothing for those too sick to know
they need help.

Another need for the study stems from the procedural approach
of the alcoholism service development committees. These committees
seem to overlook the multi-factoral nature of the disease.

Alcoholism is a mysterious disease eventuating in both physical
and psychological devastation. Many doctors admit their inability
to treat or even to diagnose the disease. Some partial success has been achieved through the services of professionals and para-professionals who are themselves recovering alcoholics. In fact, current professional literature cites many studies where real positive and permanent results have been shown to occur when the alcoholic is counseled by "one of his own" so to speak. However, the alcoholism service development plans of Cascade County do not seem to provide for this special aspect in their treatment program. Perhaps this innovation needs to be included. Programs that have been successful in rehabilitating the alcoholic, such as (a) Heartview, North Dakota, (b) Hazeldon, Minnesota, and (c) Galen, Montana, all use directors and/or counselors who are recovering alcoholics.

The importance of City-County Health Departments and Regional Mental Health Centers in plans for rehabilitation of the alcoholic is very great indeed, but any program which does not include the recovering professional alcoholic among its personnel must of necessity be inadequate. It is the scientific and professional opinion of many members of the National Council on Alcoholism that provisions must be made in every therapeutic program for the special training and utilization of promising recovering alcoholics. Courses at college and university campuses are now including the study of alcoholism on an interdisciplinary basis.
It is the belief of doctors and workers in the health science fields that alcoholism is a disease and as such demands a multidimensional approach by professionals with special expertise. This includes the recovering alcoholic!

Statement of the Problem

This study is designed to examine the extent to which psychological distress due to addiction to alcohol is a factor to be considered in the treatment and prevention of alcoholism.

Description of Areas Indicating Psychological Distress

This survey deals with psychological factors in a general way, and no attempt will be made to examine each individual case in detail. This study seeks to identify the psychological aspects of several health areas of persons addicted to alcohol and living in or adjacent to Great Falls, Montana.

Social Area

This area of study will attempt to discover the extent to which certain social interactions generate psychological distress in the alcoholic: (a) sense of worthlessness due to loss of friends and/or family; fear of future; (b) conflict of needs: wanting to be a prideful member of society but feeling very lonely and rejected; being made to feel inadequate on the job, and (c) sensitivity to
put-downs, criticism and unfavorable comparisons; feeling bereft of hope and energy; unable to set goals.

Economic Area

This area of study will attempt to discover factors which inhibit productivity and create futility in living: (a) feelings of inferiority due to lack of work skills; inability to utilize creative talents due distrust and lack of opportunities, (b) poor social status because of job loss; inability to "hold down" a job, and (c) sense of hopelessness and helplessness because of lack of job security; pressure of unpaid bills.

Spiritual Area

This area of study will discover whether guilt and forgiveness are psychological factors which each person must deal with on a day-to-day basis: (a) sense of abandonment; sense of betrayal of God's love and guidance, (b) sense of pervasiveness of remorse and guilt; inability to maintain spiritual orientation, and (c) sense of low self esteem; no awareness of personal identity or personal power.

Physical Area

This study area will try to ferret out attitudes which tend to depreciate and down-grade the self concept because of physical handicaps or perceived ill health: (a) feelings of shame and self
effacement due to real or imagined physical inadequacies, (b) worry over bodily health, refusal to admit illness, and (c) self deprecation and/or self destructive behaviors.

**Limitations of the Study**

The sample population of this study consists of one hundred and twenty alcoholic persons, . . . so designated by examination and opinion of several experts, including medical doctors. All sampling will be done in the Great Falls area; alcoholics who live outside of the city and those who attend treatment centers within the city will be considered part of the continuing programs in Great Falls. The number of individuals included in this sample will consist of 2% of the approximated alcoholic population. It will also include both white and Indian samples. This pseudo-selection will happen more by chance than design. The sample will be studied for differences among and between the respondents concerning age, sex, cultural heritage, residential area and social status.

**Definition of Terms**

**Alcoholism:** The following is the definition given by Mark Keller of the Center of Alcohol Studies at Rutgers University, and is accepted by the World Health Organization:

Alcoholism is a chronic disease, or disorder of behavior characterized by the repeated drinking of alcoholic
beverages to the extent that exceeds customary dietary use or ordinary compliance with the social drinking customs of the community, and which interferes with the drinker's health, inter-personal relations, or economic functioning.

Psychic Distress: This is inordinate pressure resulting in extreme anxiety, fear, frustration, depression, feelings of inadequacy, feelings of insecurity, or feelings of guilt. This psychic distress may arise from conflict either on the conscious or the unconscious level.

Alcoholic Program: Any program used by alcoholics for the treatment of alcoholism and/or maintenance of sobriety.

Alcoholic Population: Those people who refer to themselves as being alcoholic, or who definitely qualify to belong in relation to the given definition.

Alcohol Problems: Those problems related to the use of alcohol, but not necessarily relating to the disease of alcoholism.

Adequate Programs: Those programs which are sufficient to meet the needs of all individual alcoholics, so that they can be helped to regain health.

Drug: Any substance foreign to the human body that is taken as a mood changer or as an anesthetic.
Self-Revelation: Disclosing matters about self that are of a very personal nature. This is done either to another individual or to a group of individuals such as in counseling sessions or in group therapy.

Addiction: According to the federal statutes, a drug addict is any person who "habitually uses a habit-forming drug... so as to endanger the public morals, health, safety, or welfare, or who is or has been so far addicted to the use of such habit-forming narcotic drugs as to have lost the power of self-control with reference to his addiction."\(^{10}\)

Treatable: Individuals who can be given help which will enable them to feel better and be able to accept themselves and society in a more meaningful way.

Professionals: Those people who have been trained for a profession, and whose cooperation is necessary in order that adequate community programs can be established.

Mal-function of the Intellect: This refers to the situation where proper reasoning is interfered with.

Prevention of the Disease: This refers to the situation where a person is not yet addicted. However, certain symptoms may indicate
that contraction of the disease is probable. Certain programs may be used to bring these facts to the attention of the individual, and he is thereby able to avoid the use of alcohol before it becomes a problem.
CHAPTER II

SOME PERTINENT LITERATURE

Introduction

Scientific interest in alcoholism had its beginnings at Yale University in the 1930's. Much of the findings have been published in the Quarterly Journal of Studies in Alcohol.

The Federal Government began to support the movement in the 1950's and, through the efforts of Senator Harold Hughes, the National Institute on Alcohol Abuse and Alcoholism came into existence in 1966.

At the state level, much legislation has been introduced, and in 1974 the state of Montana, in a bill introduced by Larry Fasbender, recognized: (a) the disease, (b) the magnitude of the problem, and (c) the need for the implementation of detailed proposals. The Legislative Session declared its policy as follows:

It is the policy of the State of Montana to recognize alcoholism as an illness and that alcoholics and intoxicated persons may not be subjected to criminal prosecution because of their consumption of alcoholic beverages but rather should be afforded a continuum of treatment in order that they may lead normal lives as productive members of society.

The State Plan for Alcoholism and Alcohol Abuse

The State Plan proposes that treatment centers shall have qualified staff members such as counselors, psychologists, social
Review of Studies

Most of the studies indicate that there are complex factors involved in the disease of alcoholism. They can't seem to be able to discover any one factor that can explain the reason for the illness.

The American Medical Association holds that: "No single factor, but rather a complicated interplay of physiological, psychological, and social factors lead to the origin and development of alcoholism."13

Also, Milton A. Maxwell, of Rutgers Center of Alcohol Studies says: "The degree to which any factor may play a 'causal' role may vary from individual to individual. So may the combination of factors vary."14

Why one person rather than another is addictively predisposed is not clear. Ernest H. J. Steed says: "Alcoholism is a dependency on alcohol brought about by the conscious or unconscious neglect or impairment of either the physical, mental, social, or spiritual dimensions of the individual. This neglect or impairment in one or more of these four faculties can precede the taking of alcohol and certainly develops after the taking of alcohol."15
These studies claim that there is no single factor that is the cause of alcoholism. However, they all indicate that the disease can be controlled. With regard to this, Florence Powdermaker wrote in the *Quarterly Journal on Alcoholism* as early as 1944 that it was essential that the therapist have no hidden or overtly critical attitudes towards the symptoms. She stressed that the effective therapist should have "sincere appreciation of the patient's capacities and potentialities, and friendliness toward him."16

The literature shows how the Federal Government and the States recognize the need for programs to deal with problem drinking. However, the task of actually setting up such programs is made difficult because of misconceptions people have about alcoholism. Many people agree on the existence of this social illness. What the illness is, how extensive it is, what steps to take in order to deal with it—all are factors they don't seem to understand.

According to a questionnaire developed by Stanford University Institute for the Study of Human Problems, there are a wide variety of ideas, theories and opinions. They can be divided into eight different categories: (a) a specific type of disease, (b) a symptom of an underlying emotional disorder, (c) a symptom of a character disorder, (d) a neurotic behavior, (e) an allergy, (f) a moral disorder, (g) lack of will-power, and (h) a social deviance.17
Studies show that hospital staffs have negative attitudes toward alcoholics. James W. Middleton, Jr., in 1971, explored the feasibility of studying the economic aspects of treating problem drinkers in general hospitals.18

He found that staff attitudes toward treating alcoholics were negative. Most of them gave their opinion that alcoholics should be treated in alcoholic centers, that Alcoholics Anonymous was the proper referral agency for the patients, and that they were more interested in taking care of the more respectable duties.

With regard to the existence of psychological distress in the alcoholic, Dr. Donald H. Peterson in his address to the First North American Conference on the Halfway House Alcoholism Programs, said:

"I want to emphasize one thing to you at this time. It is this 'escape mechanism' that is responsible for the ultimate, addictive predisposition—because the individual, once he learns the feeling of comfort, is at that point 'hooked', and I mean this with all sincerity. Indeed, I am totally convinced that I am not treating 'alcoholic addiction', or 'barbital addiction', or narcotic addiction', or 'feeling addiction', or 'mood addiction', because the addictively predisposed individual does not care what he takes as long as he accomplishes his end.

Gibran, the Lebanese poet, said, 'Comfort enters the house as a guest, then becomes host, and finally masters.' We must remember here that the cycle becomes complete when the escape route becomes part of the problem."19

The Cooperative Commission selected by the government suggests:

"Although the precise role of the various factors has not been determined, it is possible to develop a tentative
model. An individual who (a) responds to alcohol physiologically by experiencing intense relief and relaxation, and who (b) has certain personality characteristics such as depression, anxiety, and frustration, and who (c) is a member of a culture in which there is both pressure to drink and culturally induced guilt and confusion regarding what kind of drinking behavior is appropriate, is more likely to develop trouble than most other people.”

Dr. Albert Ullman has suggested that rates of alcoholism are lowest in cultures where norms and sanctions with regard to alcohol consumption are well established and agreed upon by all, while it is relatively high when conflict, guilt feelings, and uncertainty are present.

A study of Yellowstone County, with a population corresponding to Cascade County, shows that the age group 15-29 years demonstrates a large numerical percentage of higher risk in relation to problem drinking. The 15-19 age subgroup represented the largest percentage of high risk of all age grouping.

The problem involved in evaluating teenage drinking is in regard to determining what percentage of the high risk group is actually alcoholic, or likely to be alcoholic. There is a difference between problems relating to drinking and the disease of alcoholism.

Maddox and McCall, in a study of 2,000 Michigan High School students, found that nearly 92% had drunk or tasted alcohol, but only 23% continued to drink alcoholic beverages occasionally. He reports that young people have various reasons for drinking. Among
young people as among adults, the probability that an individual will be a user varies.

Jay N. Cross says: "Misbehavior by young people, when accompanied by drinking, is always attributed to the alcoholic beverage... but little useful data is available to clarify this allegation."24

Findings of North Central Planning Project

The Alcoholism Planning Project for North Central Montana indicates that:

(a) Montana has a major alcoholism problem which is growing, on a per capita basis, faster than in most other states.

(b) Cascade County comprises 11.78% of the state's population, and 12.47% of the total liquor sales for 1970.

(c) Present programs dealing with Alcohol Abuse and Alcoholism are accorded a low priority.

(d) Existing research, laws, and activities have not been effectively mobilized.

(e) This leads to the inability of local institutions, agencies, and other organizations to recognize their responsibility for meeting alcohol-related problems.

(f) Shortage of professional personnel and increasing demands for services, demonstrates that the ability to care for people with problems resulting from alcohol needs more para-professional persons.
(g) Many private and general hospitals are slow to implement new provisions for care of patients who have alcohol-related problems, and this situation reinforces society's denial that alcoholism is a significant health problem.25

The Situation in Cascade County

The Cascade Council on Alcoholism, in its application for federal and state funding for Providence Resocialization Treatment Center, summarizes its justification as follows:

(a) There is a rising rate of alcoholism in Cascade County.

(b) Additional staff is needed to provide adequate services for individuals.

(c) Methods must be found to make the general public and the different agencies aware of the magnitude of the problem of alcoholism.

(d) There is a need to seek out and identify the alcoholic so that he can be treated. He must be informed and confronted.

(e) There will have to be funding for staff training in special alcohol information and counselor programs on the academic level.

(f) Services need to be made available to families and employers of alcoholic individuals.

(g) Approximately half of the population of Cascade County is affected—directly or indirectly—by the disease of alcoholism.26
The Indian Situation

The Indian population might be regarded as deserving special consideration in research programs, but, because they do experience alcoholic problems, they cannot be excluded from a study which examines an area of which they are a significant part. To treat them otherwise might give the impression that they are not regarded as being part of society. In fact, a study of this nature will hopefully show any differentiating factors between sub-populations that might exist, as well as the extent of those differences.

Local studies show that both Indian and white populations have similar psychological distress factors, that programs based on racial integration are beneficial to both populations, and that socialization rehabilitation requires some involvement with all segments of society. This has been experienced in programs in the Great Falls area, such as at the Providence Resocialization Center and the Alcoholics Anonymous Programs where both whites and Indians participate in the same groups, with quite a noticeable amount of success.

Conclusion

This study is designed to explore some of the problems of alcoholics in Cascade County. It will examine whether the information found in the literature applies to this section of the population;
what areas of personal distress require attention; and how solutions may be initiated.
CHAPTER III

PROCEDURE

The Alcoholic Population

According to the Cascade County Population Census for the year 1968, the urban distribution amounts to approximately seventy-five thousand people. These figures refer mainly to the Great Falls area as it is the only large city in the County. The increase in population since that time is not considered significant for the purpose of this study. What is significant is the fact that the Montana State Plan for Alcoholism and Alcohol Abuse states that the highest risk area for addiction is the age group 15-19 years. The current population census shows that there are approximately fifty-four thousand people fifteen years old and upwards in the Great Falls area. Studies show that one out of nine social drinkers is an alcoholic. The Cascade Council on Alcoholism states that there are seven thousand and more alcoholics in the County.

Sample

This study does not claim to be representative of (a) the alcoholic population of Cascade County or even of (b) that stratum of the population which seeks help for the disease of alcoholism through attendance at specialized programs. What is done is to examine
the needs of some of the persons who participated in some of the programs. The criteria for participants in the survey was that they had sought help for their problem of drinking through special therapy programs of Cascade County, Montana. It was felt that such persons would be worthy of belief since it takes an honest person to admit that he has a drinking problem. The assurance of experiencing and maintaining sobriety depends upon the capacity to be honest with self and with others. Both of these conditions were fulfilled by the participants in this study.

**Design**

This project will establish by interview and questionnaire that there is a stratum of the population of Cascade County, Montana, that appeared to use alcohol to "the exclusion of more appropriate ways, to obtain relief from anxiety". One of the assumptions of the study is that: "Alcohol is chiefly taken for its pharmacological reactions which are those of a depressant. The use of alcohol can, therefore, bring temporary relief from anxiety and psychological distress produced by the stress and strain of everyday living."

**Method of Contact**

A suitable and convenient way to contact persons addicted to alcohol is through programs which specifically serve this type of
clientele. Generally, members of these groups are concerned about getting well and have acquired an openness and honesty concerning their problem with alcohol. Those alcoholics who have not yet acknowledged their need for assistance would not be trustworthy respondents. Therefore, the sample of this project is necessarily selective since it is restricted to alcoholics seeking help. The author will become acquainted with programs established for rehabilitation of the alcoholic and interview one hundred and twenty participants. A prepared questionnaire will be used by the interviewer to record the statements verbatim of the sample population. The questionnaire will include areas which will elicit aspects of psychological distress. It is assumed that alcoholics will react in a meaningful way to these questions.

**Data and Instrumentation**

The data will be collected by personal interview because of:

(a) the nature of the information required; (b) the relationship which exists between the author of this study and the respondents; (c) the knowledgeability of the author and his background of research in this field; (d) the necessity of clarifying exactly what information is required; and (e) the purpose of collecting accurate information.
The Interview

The interview will consist of the following questions:

1. Do you consider yourself to be an alcoholic?
2. Why do you consider yourself to be an alcoholic?
3. Can you recall when you began to use alcohol frequently?
4. Did you feel that you actually needed alcohol?
5. Was alcohol used as a means of escape from something?
6. Was there a feeling of psychological distress before using alcohol? After using alcohol?
7. Would you consider that the psychological distress experienced by you was: normal ________ more intense than normal ________ extreme ________ other ________
8. What were the areas or sources of this distress?
   physical ________
economic ________
social ________
spiritual ________

An open and honest answer to these questions may be expected to the extent that participants can be honest in evaluating their own problems from self-awareness; this is supported by the fact that members attend the therapy sessions of their own free choice. They believe that their rate of recovery and their maintainence of sobriety depends on the degree to which each can enter into the spirit of
honest self-revelation. Members of programs dealing with alcohol rehabilitation become familiar with this kind of personal revelation which becomes a catharsis for them. It is understood that anonymity is to be completely respected.
CHAPTER IV

RESULTS

Alcoholism as a Problem

All of the respondents agreed that they considered themselves to be alcoholic. The reasons for this self-diagnosis were that: (a) each seemed to be powerless over the craving for alcohol, (b) each life had become unmanageable because of alcohol, (c) drinking habits had interfered with job stability, and last but not least, (d) marriage and home life were severely impaired and distorted. They were convinced that: (a) they needed professional help in order to be able to overcome the problem, (b) they were forced to seek help from programs which specifically offered assistance to alcoholics, and (c) they believed that they could not continue to ingest alcohol and lead a healthy and responsible life. Eighty-five men and thirty-five women were included in the survey; this included both the Indian and the white population.

Beginning of Problem

All participants in the sample were definite about their need for alcohol; it had come to supersede all other personal or social needs. Alcohol was used as a means of escape from psychological distress. However, as alcohol assumed the compulsion of addiction,
drinking led to many more complex difficulties and so the vicious circle began! Continued drinking always led to more jeopardus behavior. Eventually alcohol became the only means available to trying to cope with the stresses and strains of living.

**Extent of Distress**

Each individual person included in this survey regarded his own distress factor as being either extreme or more intense than "average" or "normal". This unique characteristic of each individual became more apparent as the interview progressed. What was a source of distress, psychologically speaking, for one person seemed not so significant to another. The personal feelings of each person were respected whether the interviewer was soliciting responses from individuals or from members of a group. In this way, each person was afforded unconditional positive regard; this acceptance of individuals and group members has proved to be an important factor in therapy.

**TABLE 1**

**SELF PERCEPTION OF DEGREE OF PSYCHOLOGICAL DISTRESS**

<table>
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<th>Normal</th>
<th>More Intense</th>
<th>Extreme</th>
<th>Total</th>
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<tr>
<td>0</td>
<td>24</td>
<td>96</td>
<td>120</td>
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Table one at the bottom of the previous page expresses a value judgement concerning the individual's perception of the degree of psychological distress which he experienced. Each respondent said that the psychological distress in their lives became so great that to ease the unbearable feelings of guilt, failure, futility, aloneness, hopelessness, etc., they had no recourse but to "drown out" these obsessive thoughts with alcoholic oblivion.

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<tr>
<th></th>
<th>Spiritual</th>
<th>Economic</th>
<th>Physical</th>
<th>Social</th>
<th>Total</th>
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<td>6</td>
<td>61</td>
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<tr>
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<td>4</td>
<td>2</td>
<td>29</td>
<td>35</td>
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</table>

The above table indicates the four areas in which psychological distress was evident. The areas of greater distress for both men and women were economic and social. But even the threat of economic loss was not as psychologically devastating as the sense of alienation and aloneness which the true alcoholic experiences. Seventy-one percent of the men and 82% of the women indicated that the deterioration of social relationships before, during, and after their drinking bouts caused them acute psychic pain and distress. Few could find words to tell about or explore this feeling of utter failure and rejection!
The large number who recalled great emotional or psychological distress in the area of social living gives cause for poignant concern. The alcoholic wants nothing more than to be accepted by his family, peers and social milieu—to be counted among those persons who are needed and wanted in society. Basically the alcoholic is a sad person inside. This may be the reason for some of his acting-out behavior. It is an imperative, therefore, that any attempt to rehabilitate the alcoholic must include information and experiences which can bring about change of attitude and behavior—from isolation to a feeling of self worth and "being at home" in the human race!

The physical area did not seem to generate much distress. Perhaps this was due to the fact that the alcoholic, traditionally, pays little attention to how he is feeling and concentrates on the expectant feeling accompanying alcohol ingestion.

Similarly, the spiritual area did not appear to be important. In discussing this aspect, the respondents said that until the illness of alcoholism had progressed considerably, the spiritual life was ignored, forgotten, or repressed. But as the disease became chronic, it was the spiritual factor which dominated the thinking or waking life of the alcoholic. In any rehabilitation program the spiritual area should be stressed since it alone can bring real meaning, hope, and inner strength and healing to the disoriented heart!
Table three indicates a significant difference (29 to 1) between white men and white women in relation to the economic area. No doubt this may be accounted for by the fact that fewer women work who are or who have been alcoholic. Another factor may be that many of the men were in executive jobs or were in business for themselves. Management is always exposed to much more social and personal pressure. Wage earners, both men and women, were concerned whether they were in the right kind of job and what the chances were for promotion. Many experienced severe frustration because they felt their capabilities were not recognized. All workers at every level reported having difficulty relating to other persons, whether at work or on social occasions. Some changed jobs frequently in order to escape the boredom, frustration or sense of inferiority.
Table four indicates that the area of maximum threat for Indians was the social area. All of the Indian population that was surveyed reported having great difficulty in relating to the larger society. Numerous reasons were given for this sad state of alienation, the most important being the in-bred feeling of not being worthy or accountable. This feeling is, without doubt, due to the years of segregation and demeanment which Indian reservations perpetuate.

Some respondents felt that an important factor was the prejudice that still exists towards the native American. Even Indians who served in the armed forces or who worked in hospitals or cafes felt uncomfortable because of the white men's cruel remarks and often hostile attitude. Women felt that the inferior education on reservations in no way prepared them for the competitive outside work market. Some Indians who had attended public schools and colleges felt inferior because the majority of students were white, teachers were white, and all ignored the Indian! As with all minority group members, Indians
relate better to instructors or bosses who belong to their own ethnic group. It is still an "inspiration" to minority members to have one of their own "make good"!. Contrary to the stereotype, Indians are proud people—brave people who still cherish the unheard-of feats of courage and integrity which their leaders showed before it was taken from them!

**TABLE 5**

**AREAS OF DISTRESS FOR 15-29 AGE GROUP**

<table>
<thead>
<tr>
<th></th>
<th>Spiritual</th>
<th>Economic</th>
<th>Physical</th>
<th>Social</th>
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Table five indicates that the age level 15-29 years represents about 6% of the total population of the study. Though the sample of this age bracket is small, it again accentuates the fact that human relations are the most crucial area of psychological distress. People become human by contact with other caring and supporting persons. It should be a matter for study and action by each county to review programs to determine if the area of social enrichment is receiving adequate emphasis. Better yet, are socialization activities predominant in programs of prevention?
TABLE 6

AREAS OF DISTRESS FOR 30-UPWARD AGE GROUP

<table>
<thead>
<tr>
<th></th>
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<th>Economic</th>
<th>Physical</th>
<th>Social</th>
<th>Total</th>
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</tbody>
</table>

This table shows the numerical incidences of psychological stress for the thirty-year-olds and upwards age groups. This consists of approximately 93% of the total population, 66% men and 27% women. Once again, interpersonal relationships are a prime source of psychological or emotional trouble.

Many causes can be given by the alcoholic for his insurmountable feeling of not being accepted, not experiencing a sense of belonging, and the absence of a certain necessary sense of contributing to the good of others. The alcoholic, as an intelligent, creative, and sensitive person, seems to have many unmet dependency needs. Eventually this state resolves itself into self hatred and at times self-destructive behavior. All too often the alcoholic is capable of presenting an outwardly convincing picture of being normal and highly capable. Actually he is a "sick but slick" person who desperately needs the understanding and support of family and friends. Perhaps here is where the real test of a philosophy of the "human" person can come
into play. As a human person, the alcoholic can always be accepted and respected despite his jeopardus behavior. The person "is good"—his behavior "is bad".
CHAPTER V

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

Summary

The purpose of this study was to determine the existence of psychological distress in persons suffering from alcoholism, and to indicate the areas where this distress is most evident. The project examined only approximately 2% of the alcoholic population, and the samples used are not supposed to be representative of the total population.

The individuals interviewed were quite clear about the existence of psychological distress, and the basic conclusion reached by all was that their life had become unmanageable. They could not cope with the problem of alcoholism without some assistance. The need for professional help and programs which specifically offer assistance to alcoholics was clearly evident in all cases. However, each individual needed special attention because what was a source of distress for one person seemed not so significant to another.

These findings indicate that specially trained professionals and para-professionals are needed to cope with the problem of alcoholism. Yet, in-state professional program training, in relation to alcoholism, is at a very primitive stage. Physicians, psychiatrists, social workers, and nurses have received little adequate instruction or
clinical experience in this area. There even seems to be a continued reluctance on the part of most helping agencies to provide adequate care and treatment for problem drinkers and their families. Many public welfare departments discriminate against alcoholics. This is seen in the way alcoholism is viewed differently than other disabilities. If a man were incapacitated for other reasons, he would be declared eligible for Disability Assistance. Yet, very few states have such provisions, which indicates that many barriers still exist to the provision and maintenance of proper care, treatment, and rehabilitation services for alcoholics.

While it is held that special treatment is necessary for the alcoholic to be able to quit drinking and start on the road to sobriety, it must be noted that 90% of recovery takes place in the community and outside of the treatment center. Too often it is seen that those who take the initial step and "dry out" continue to fall back into the clutches of alcohol. It is obviously necessary to examine the area that seems to offer most difficulty—the community in which the alcoholic must continue to recover and which provides either positive or negative motivation.

It is apparent that a great many people are not knowledgeable when it comes to an understanding of alcoholism. Some even feel that all an alcoholic has to do is to quit drinking. However, the fact that so many victims have tried this and failed must be conclusive
evidence that something more is required. The best counselors seem to insist that continued attention to psychological, emotional, spiritual, physical, and economic needs is of vital importance. They believe that there is more need for individual counseling, family counseling, and groups, such as Alcoholics Anonymous, in our communities.

The problem of alcohol abuse, alcohol addiction and alcoholism is no longer moot. Recognition of the gravity of the situation to the point of a national epidemic will have to come from society. An informed community is necessary for a variety of reasons. Community effort is necessary (a) for any kind of prevention program to be successful, (b) to facilitate detoxification and treatment programs, (c) to insure that every effort is made to provide the proper atmosphere for the recovering patient. This will include reinforcement from the individual's personal community. The attitudes and values of the community will have a tremendous bearing on the recovery process. The beginning of recovery, after the initial desire, will be built on the client's assets, not those of anyone else including the counselor. However, the patient's frame of reference will surely involve the community. Dr. Weinberg stresses that "the most effective counseling strategy for alcoholics is to reinforce behavior consistent with their conventional values... unless this is selfdefeating."
How to get people interested in the problem of alcohol abuse might very well be a big factor to consider. The writer believes that there is much cause for concern in this area. Alcohol as a drug is the first of the sedatives, long since woven into the fabric of our society as a legal, social drug. Even prohibition failed to stamp out the use of alcohol, and it was proven to be a part of our society and our culture by an act of repeal. The use of this drug dates to before Christianity. Yet, the "disease concept" of alcoholism only began to gain moderate acceptance four decades ago. In the last decade, emphasis has been directed to the disease as a "primary, progressively pathological constitutional reaction to alcohol ingestion."35

Another point the author wishes to make is that discussion, relating to the problem of alcohol abuse, might be ignored by society's suspicion. There is no clear idea as to what constitutes the use or abuse of alcohol. Because alcohol consumption is so much a part of society's recreational and social life, anything that might threaten to interfere with this custom or that might savor of prohibition, would be regarded with disdain.

The main reasons why people seem to avoid treatment seem to relate to the fact that people are taught that they must be capable of taking care of their own problems, and that they do not need the assistance of others. There is a certain stigma attached to those who seek social help. Studies show that even among professionals
there is a tendency to avoid association with alcoholics. The main reasons given for this is that alcoholics are hopeless or are not worth the trouble and that professionals prefer to be dealing with more worthwhile projects. In other words, they feel that alcoholics are too crummy and weak-willed to be afforded much time.

The many studies done on alcoholism have proven that many of our fondest preconceptions and beliefs about alcoholics are totally false. Studies have shown that some common traits can be found among the patients: low frustration tolerance, self-punishing behavior, low self-esteem, inability to endure anxiety and tension, dependency, poor insight, hostility and rebellion, problems in the sexual area, sensitiveness, depression, and many others. These can to generally characterized as "coping skills".

With such reported disturbances in the psyche, it is apparent that each individual will need different therapy, i.e. training to improve coping skills. What kind of therapy and training is required for each individual cannot really be decided upon until sobriety has been attained and a personality assessment undertaken. To analyze patients' while they are still drinking is usually a waste of time. Psychiatrists can analyze the sober patient, provided they recognize and treat the addiction itself.

Fox enumerates various types of treatment that have had varying degrees of success with patients after they have become sober. Some
of these are Alcoholics Anonymous, Antabuse, Psychoanalysis, Group Therapy, Psychodrama, Lysergic Acid Diethylamide, Aversion Treatment, Hypnosis, Treatment of Families, and Clergy.36

The aim of therapy of the alcoholic is not only total and complete sobriety for life but a better functioning in all areas of his life—overall increased ability to cope without resorting to abusive behavior. An attempt is made to free the alcoholic from a fixed and destructive role and to help develop a greater awareness of self, a greater flexibility and adaptability, and a greater sense of his own potential. When therapy is successful, or when coping ability is increased, there is a growing away from the egocentricity of addiction to a social sense and an ability to cope with whatever problems life may present without resorting to alcoholic oblivion. It is important to remember these facts because so many recovering alcoholics are apparently satisfied with the fact that they are "dry". They fail to understand the full meaning of quality sobriety—the learning effort that is required. Another social factor that demands attention is that which deals with companionship and recreation, i.e., mutual support or life in a supportive environment. Great importance surely must be given to this factor, apparently vital in the recovery of the alcoholic. When one's booze and companions are taken away, there had better be something to take their place or newly won sobriety might be in jeopardy. Man is a social being and needs company.
But this is the great North American society and it is extremely difficult to find friends who do not drink. Many potential friends or companions drink very heavily. Very few people would dream of going on a fishing trip, a hunting trip, racing, or whatever without making provision for a good supply of alcohol. So the pressures are great, possibilities are reduced, and certain measures must be taken so that a relapse will not be the result.

Dr. Milam maintains that: all other problems can be traced back to the physical disease of alcoholism. He says: "You have to let the gross pathology subside and then see what the person really is." He also stresses the importance of Alcoholics Anonymous with its disciplined lifestyle. The author maintains that there is an addictive physical disease, meaning that the alcoholic must not drink again, and that concommitant factors such as psychological, social, spiritual, and economic factors must also be contended with. Therapy is a tremendous help to alcoholics in coping with these pressures, but cannot be successful if the individual must return to non-supportive environment.

Alcoholics Anonymous has proven to be a wonderful way of life for millions of alcoholics as well as the most successful treatment program in existence. The central feature of Alcoholics Anonymous is provision and ongoing maintenance of an extended mutual support system. Alcoholic Anonymous builds the companionship that is
necessary. Some alcoholics use other groups, i.e. the Cursillo Movement, Pentecostalism, etc. Of course this depends on the needs and orientations of the individual, but it seems that not many members of these groups can share the real problems of the alcoholic. However, some have maintained sobriety and found suitable fellowship in this way.

Conclusions

Alcoholism is the number one health and social problem in the United States and as such deserves a concerted public effort towards its prevention and alleviation. Until very recently, little understanding or concern was accorded the deplorable plight of millions of Americans, but with continued medical and psychosocial research and study, an imposing backlog of reference books, pamphlets, magazines, etc., are now available. Much misinformation, as well as "labels" and spurious philosophies, can be put to rest. A growing number of scientific and professional studies have definitely proven that alcoholism is a disease. The alcoholic, a victim of a chemophysical conditioning, must be helped to understand this. The general public must be led to acquire this truth and to henceforth desist from moralizing or stereotyping.

In a less scientific way but with esoteric clarity, this survey indicates that psychological distress due to alcohol addiction invades
the human personality and distorts the ability to reason, to judge, to choose. What a waste of human talent, since each person happens only once in all the history of mankind!

1. There is no definite information as to just how persons really recover from alcoholism. Even the wisest counselors and therapists have no specific treatment but a multi-dimensional morality. But, everyone agrees that once the drug has been removed, there must be something real and authentic put in its place. A supportive, positively motivating environment must provide some sense of personal meaning, some sense of personal worth and some personal purpose in living! Above all, there must be lots and lots of hope!

2. Very little can be done in the way of setting up adequate programs for alcoholics and their families until such time as the public gives its full support and until sufficient funding is made available. There is no doubt that funds can be found if the true extent of the problem can be demonstrated. An article from the Seattle Post-Intelligencer, May 13, 1976, shows that the amount of taxes on a fifth of distilled spirits amounts to $3.49 as it reaches the shelf of the customer. The federal and state governments that maintain this monopoly on addiction can well afford to kick back more then enough money to provide for the abundant care which the alcoholic and all those affected by the consumption of booze badly need.
3. This study has shown that possible solutions will require the good-will and skills of many people—professionals, para-professionals, and people of influence. Much training is needed so that more people can understand how complicated, and far-reaching the problem of alcoholism is. Courses are needed in Montana's colleges and universities, taught by knowledgeable people, so that Montana's students will receive proper information instead of the mess of misinformation they have been receiving.

It appears that what we have at the moment is a lack of recognition of root problems as well as a poor effort to solve our problems. The situation will remain so unless our concerned people are given a voice. Wonderful work has been accomplished by individuals such as Senator Harold Hughes, Senator Lawrence Fasbender in Montana, anonymous members of such groups as Alcoholics Anonymous, and many members of large companies in the country.

Recommendations

As a result of this study it is recommended:

1. Separate treatment facilities for social classes be established. Cascade County seems to avoid, or overlook, possible difficulties that have arisen in other states regarding appropriate treatment facilities. In particular, attention must be given to the distinction that must be made between patients who are supported by
means of Public Assistance and those who can afford to pay their own expenses or who could be covered by insurance companies. Other states have made this distinction with much success, and it seems that the same policy would be suitable in Montana.

There is also a possibility that middle class people are more concerned with private treatment centers or out-patient programs than lower class people. We know that the disease is the same, at least physically, but perhaps the paying customer will manifest a greater sense of pride. Public Assistance patients will be less concerned about anonymity; they will also probably require different kinds of treatment and perhaps be helped more with regard to rehabilitation and training for future jobs.

2. More research into the best methods for treating members of ethnic minority members is needed. Some will be better served by members of their own ethnic groups; others might respond better to whites, especially if they have been raised by whites or if they seek to break through the race barrier.

3. The female alcoholic deserves very special attention. Women alcoholics are extremely effected by social sanctions and deserve special treatment. More research is necessary to discover what possible kinds of treatment facilities are most suitable to women, and how individuals are possibly different.
4. A model developed along this line would be helpful for dependency prone persons:

A. Pre-requisites of program:

1. Treatment should differ along continuum—from minimal to maximal intervention.

2. Treatment modality provides for sequential steps—no fragmentation or non-siquitur approaches.

3. Any and all services should be adequate to meet the needs of individual persons—use differential diagnosis for differential treatment. Professional screening.

4. Motivational counseling which seeks out dependency prone persons and encourages...persuades...coerces (if necessary). Client needs "fit" to specific treatment modality.

5. Detoxification as pre-requisite for any type of assistance.

B. Operation profile; background data on resident or out-reach person:

1. Completion of questionnaire adapted to agency or center.

2. Personal perception of problem—the client's world; what behavior put client in jeopardy.

3. Situations and circumstances of drinking—what were some symptomatic behaviors?

4. Patterns of drinking; sub-populations.

5. Motivational level—previous attempts at adjustment; awareness of personal and social needs.

C. Multi-variate treatment modalities:

1. Information:

   a. drug usage
Information (con't.)

b. dependency addiction

2. Educational:
   a. community resources
   b. volunteer services
   c. alternates to drinking

3. Psychotherapeutic:
   a. one-to-one and/or group
   b. ego therapy; self fulfillment; self affiliation
   c. testing—Taylor-Johnson Temperament, California Psychological Inventory, Works Value Inventory, etc.
   d. transactional analysis
   e. transcendental meditation
   f. assertion training
   g. encounter—light to heavy
   h. team—group involvement; primary and secondary socialization

4. Holding Programs:
   a. day care
   b. after care
   c. half-way houses for couples, families, single persons
   d. cottage plan
   e. Alcoholics Anonymous
5. Reality adjustment:
   a. immediate goals
   b. long range goals
   c. social milieu: family, parish; community—see that these give support and not seduce recovery.

D. Criteria for treatment outcomes:

1. Abstinence is the ONLY real criteria.

2. Change must be built-in core of therapy:
   a. change in attitudes towards self
   b. change in interpersonal relationships
   c. change in physical health habits
   d. change in vocational functioning—no dependency-prone person is dysfunctional in all areas!

3. Specific need-changes are geared to specific treatment modality.

E. Prevention: Is anyone preventing???

1. Education at all levels:
   a. institutions
   b. state
   c. business
   d. schools
   e. community
   f. families
2. Consultation: Professionals and para-professional specifically trained.
   
a. philosophers
b. social workers
c. psychologists
d. group workers
e. psycho-metric technicians
f. communication experts
g. teachers
h. tutors

3. Community Organization: Any program of primary prevention must be practical, realistic, and related to the social structure in which it operates. Its goals must be seen to have a reasonable chance of success so those for whom the message is intended will be receptive and not dismiss it as irrelevant or unrealistic.

   F. Scorn alcohol not alcoholism!!
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