DRINKING AND MORE DRINKING

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Introduction

An established view of alcoholism is that it is a discrete disease - an all-or-nothing condition. This view has led many who work with alcoholics to seek their total abstinence from drinking activities. Social psychologists and sociologists have offered a different and more plausible view of heavy drinkers who get labelled as alcoholics. They suggest that alcoholism is in fact a collection of disabilities - that the term 'alcoholism' should be used as a generic term for a variety of difficulties experienced by those who drink (in their own view) to excess. An individual drinker may experience none, one, two or many such difficuties. This then leads to the view that helping alcoholics should involve not only the attempt to significantly reduce drinking but also the attempt to help them resolve the one or more difficulties they also experience. There's not much point in reducing a person's alcohol intake by 100% if the person is left with the difficulties which encouraged drinking in the first place.

Psychologists working with alcoholics have problems in sorting out their thoughts about them. Typically, the problem the psychologist has is in understanding the difficulties which the person faces when they have reduced or eliminated their drinking and in understanding the link between these difficulties and the person's drinking behaviour.

Notes

1. Apter,M. and Smith,K.C.P. (1976): Negativism in Adolescence. The Counsellor, 23/24, pp.25-30.

2. Walter,A.J. (1978): Sent Away: A Study of Young Offenders in Care. Hampshire: Saxon House.

To help me think about this I examined, using the framework of reversal theory, the differences between two groups - one labelled alcoholic by the fact that they were receiving treatment in a 'Half Way House', the other a group of social drinkers. I used some questionnaire techniques and some discursive techniques to look at the differences between them.

Two interesting findings emerged. First, the alcoholics who were almost dried out were significantly more serious-minded than the social drinkers. They were far more concerned with goals relating to themselves and regarded these as far more essential than did the social drinkers.

The second finding - and this is of particular interest to those involved in helping alcoholics - concerned the extent to which former alcoholics were able to plan ahead in order to achieve the goals which they felt to be important. Whilst they have a strong goal, the former alcoholics didn't seem too hot on the skills to achieve their goals.

This idea, derived from my thinking and studying these two groups from within the framework of reversal theory, suggests that far more attention should be given to practical and social skills in our work with alcoholics. They are strongly motivated to achieve, yet seem to lack the wherewithal to fulfil themselves. Perhaps some educational activities and coping skills training work would be useful.

This article seemed to raise some interesting points and we showed it to a friend who has for some time been dealing with just this problem. The following is his response.

I gave up drinking heavily (a bottle of Scotch per day) 28 days ago. This is my second attempt. The first time I spent two weeks in a mental hospital: an experience which I do not recommend. To be mixing with mentally disturbed people during a drying out process is awful.

My condition before stopping varied considerably but on three or four days a week I woke feeling feverish and bathed in sweat: on arising I would feel nauseous and vomit a frothy substance. Also I would shiver and my hands would shake so badly I often could not even pour out the drink I needed and, when I did, I

spilt half of it on the way to my mouth. My moment of truth came when, needing a drink very badly, I went to sign a cheque at the shop and found I could not even sign my name: dammit, it took ten minutes and looked nothing like my normal one.

While I agree 100% with the basic premise of Ms. Kenealy, I completely reject the last sentence of her first paragraph . There is ample evidence that heavy drinking damages the liver and is acontributory factor in many illnesses. The symptoms described above are hardly helpful to a good self-image and a cause of alarm and pity to others. Furthermore it allows others with a malicious streak to take advantage of a bad memory and the fact that one can be labelled drunk when one is rational and coherent. Being classed as an alcoholic is I imagine a bit like being a black some years ago.

To the extent that I became so dependent on drink that I needed a quarter bottle before I could function in any way, to give it up did seem a sensible point of departure in an improvement programme. The project, in my case, was not all that difficult though I had a drug to aid me. Heavy drinking has a variety of effects on different individuals.

Two things among many improvements I would like: it is vitally important that administrative staff be sensitive to the mixture of fear and anger which follow the thought of giving up a prop that has become habitual. And it is obviously desirable for some suitable therapy to be provided after de-toxification.

The benefits of stoppping heaving drinking are almost immediate and can be seen by others as well as oneself. The value of reversal therapy seems dubious without an intensive programme, which might well be too costly. A day at a time, and a step at a time, seem more hopeful approaches.