

Counseling the Alcoholic

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I like the title of the talk assigned me, viz., "Counseling the Alcoholic." I am not a counselor. My experience in working directly with alcoholics came through membership in AA. I have the honor of being the first woman who made it in AA, and as that was 27 years ago this month, I have been around a long time. I have done a great deal of 12th step work. In that sense it could be said that I have counseled alcoholics. I think that is what one does in 12th step work. And I think that is where one learns the two most vital points in reaching and helping the alcoholic. These are what I want to talk to you about.

I ought perhaps to address my remarks primarily to those who have not had the indoctrination, the induction, into the field of counseling the alcoholic that AA members automatically get.

Therefore, the first point I want to make is that, in my opinion, the first requirement for successful counseling of the alcoholic is the correct attitude of the person doing the counseling toward the alcoholic. There are many highly qualified people in the field of counseling with all kinds of degrees and many years of experience, but they can't work with alcoholics. I think that very often they are unaware of the reason why they can't work with alcoholics. As far as they know consciously they are sympathetic. They recognize that these people are ill; in fact, they repeat happily the basic statement of NCA that alcoholism is a disease. But actually they have given only lip service to that concept. Intellectually they have accepted it - intellectually only - and I would remind you as priests - you know this better than I - that human beings do not act on their intellectual beliefs. They act on their feelings; they act on the beliefs that are in their hearts rather than in their heads. And if they do not deeply believe that alcoholism is an illness, that these are sick people, in their hearts, then they are ineffective in dealing with alcoholics.

The sad part about this is that far too many people do not recognize this division within themselves. They are unaware that their disbelief runs deep, sometimes so deep that they can't put their finger on it. It is a conditioning that they probably received before they were six years old (and the psychiatrists tell us that is crucial) that they imbibed almost with their mother's milk, and at their mother's knee, and by osmosis, because of the society in which we all grew up, acquired the old attitudes that alcoholism is purely a sin, that this is a moral question, wholly and completely. You see, nobody in the field of alcoholism denies that there are tremendous moral implications in alcoholism, because of the behavior that it induces and also because of the thinking that develops from continued ingestion of alcohol. In AA we call it stinkin' thinkin'. It can be very far from any of our ideals about morals and virtues and faith. All of these things are true. But this is not what I am talking about.

I am talking about all the old-fashioned concepts with which all of us who are adults grew up, whether we remember them or not: that alcoholics were primarily some kind of moral delinquent, moral leper (excepting that they are trying to get that "leper" out of our thinking, too, and call it by its proper name); that these were people who, if they chose, could be different; that they were deliberately this way, that they had no regard for anyone but themselves. In fact, I have heard wives of alcoholics who said, "Oh, yes, I know he is sick and all that, but why does he do this to me? Why does he behave this way? Doesn't he love me? Doesn't he care about his family?"

Well, of course he does. He is in the grip of something that goes beyond his power to control. He has lost control over drinking, and because of this, he has lost control over his behavior.

Actually, non-alcoholics, if they get drunk, lose control over their behavior. They can behave just as badly as the alcoholic. The main difference is that they don't do it consistently over and over again with increasingly frequency over many years.

Who is an Alcoholic?

We have a definition at NCAA that we use, that we think is a pretty good working definition, and it developed right out of the experiences of AA, as to who is and who isn't an alcoholic.

We say the alcoholic is someone whose drinking causes a continuing problem in any department of his or her life. The assumption is that the person who drinks too much on occasions, if it develops into a problem, will not want the problem and will, therefore, take action about it because of the problem. They either cut down their drinking, or they will cut it out for a while. The alcoholic would like to do the same thing, but the alcoholic is totally unable; it is impossible for the alcoholic to cut down on his or her drinking. This is the nature of alcoholism.

In fact, it is the nature of the test that also grew out of AA's experiences, and which I incorporated in my book. I don't believe any true alcoholic can pass this test: the limiting of drinks to not more than three on any drinking occasion, even if it is daily, over a six-month period. Every alcoholic would love to be able to do this. I have never heard of a real alcoholic who could pass that test.

Actually, in my original Primer, I had three months, and there were a handful who managed to pass it. They didn't say how awful it was, and how uncomfortable it was. And in the book I point out that this should be a comfortable process. It should be comfortable to limit your drinks. You may not like it, you may be on many occasions with people who are drinking too much, and you would like to go on, but if you are taking this test, if you are attempting to find out whether you have alcoholism or not, you will be more comfortable not drinking more than your three because you want to pass the test.

In other words, it is a possible thing for a non-alcoholic to do. It is not a possible thing for an alcoholic to do. That is why it is a continuing problem that is caused by drinking.

We also make a point of that last half, "in any department of his or her life." You know AA has had a phrase which has proven very useful in AA, but has been widely misinterpreted outside of AA, and even within, by some people - hitting bottom.

The general picture in the non-alcoholic world in which we live, of alcoholics hitting bottom, is literally that they instantly conceive of somebody who is in the gutter, who has lost everything, lost everything materially, intellectually, morally, has just lost everything - this is hitting bottom.

Well, actually in the very early days of AA, that was about right. Certainly when I went in, and there were just a handful of us, nobody had a dime; we had all lost everything materially. Nobody had much of anything else. A few still had their wives, but most didn't. And only one had her husband, I being that one. The second woman did not have a husband. The third one still had her husband, and this was a miracle - we didn't believe it - because while wives sometimes stick to the alcoholic, husbands rarely do.

Younger People in AA

I firmly believe that with the increasing education about alcoholism, increasing understanding of it, increasing acceptance of it as the illness it is, people are coming for help at earlier and earlier stages of their problems. It is not unusual to go to an AA meeting, particularly in a big city, and find everybody there looking to me like infants. Now, I recognize that is partly because of my own increasing age, for people look younger every year, I find. But it is true that there are a very large number of people in AA, all across the country, who are in their 20's today. This was not true in the beginning. And these people have hit a kind of bottom that is certainly totally unlike this general picture.

I think we have to recognize this in counseling the alcoholic - that this bottom is a purely personal thing. A person may hit bottom because of his own thinking on the subject, because of what he has learned, because of the fact he has recognized what is ahead of him. Just enough has happened to make him see that the pattern fits, and he has read about it, or listened to someone who knows telling him about it. He sees what lies ahead, and he doesn't want to go that road. And nobody would, if he had a choice.

Today he has a choice. There are things he can do. There are places he can go; there are people that he can talk to, and he need not yield to, he is not bound hand and foot to the inevitable progress of alcoholism. He can break the chains. He can become free. It is very satisfying to me, to realize how many young people are preferring to be free once they learn what these chains are like.

Now "bottom" may not have shown on the outside at all. He may not have lost anything. He may never have lost a job. He may not have lost his family or even had the threat of losing his family. He may be materially well off, but inside, as he recognizes his condition, and what it means, and where it will lead, he hits a kind of emotional bottom. He hits bottom where it counts, in the feelings. Alcoholics aren't any different from anybody else.

I like to tell my fellow alcoholics, remind them, we are people just like anyone else. We have the same equipment that other people have. We have a mind, we have an intellect, we have feelings - sometimes

I think that is the one area where we may be a little different - perhaps our feelings are more acute, but I am not certain whether that antedated the ingestion of alcohol or whether alcohol watered those feelings, like watering a garden. And they became more acute and bigger and more visible than other people's.

We have a soul. I firmly believe every human being does, no matter what his actions are, or what terrible things he may have done. We have all the equipment of everybody else. We are people and, therefore, we share a lot of the failings of the human race. I don't think alcoholics are unusually blind to alcoholism. Everybody is blind to alcoholism. They are sharing what everybody else has.

Remember, they were brought up the same way; they were also brought up under the myths and misconceptions and misapprehensions that we all had about alcoholism a quarter of a century ago. This is perhaps one reason why it is becoming easier to reach young people. They didn't grow up in that same atmosphere. Things had already begun to change somewhat.

The Skid Row Derelict

For instance, the stereotyped picture of the alcoholic that we who are adults, middle aged if you like, grew up with was that of the skid row bum.

Now, the National Council on Alcoholism is very much interested in the skid row derelict, but we have deliberately stayed away from getting too deeply involved in this area of alcoholism because we were so determined to break this stereotyped picture that this was the alcoholic, that there wasn't anything else. You see, it is easy for people to accept this, because if that is the alcoholic, it can't be me, or my wife, or my children, or my family, or my friends, because we are not skid row bums.

It lets people off. It is a lovely way to get involved and yet to exclude being involved in those who are close to you, in your own parishes if you are a pastor, in your own colleges, in your own group of friends.

Actually the skid row problem is a severe one in this country, and yet it represents only a tiny percentage of our total alcoholic population.

Over the last several years many of us have sat down together and worried about the matter of statistics for the field of alcoholism. And let's be honest, we don't have any. We just don't have any statistics that are really valid. We only have estimates, but all of us felt that it could not be the same number as had been arrived at for the year 1956. And that figure of 5 million was based on 1956 statistics, using the Jellinek formula to arrive at an estimate of the number of alcoholics.

We all recognized that 10 years later, for one thing, the population had increased enormously. This meant that the number of drinkers had increased, because the proportion of Americans who drink has been going up. Since 1956 it has risen perceptibly, and this meant that since there were more drinkers,

there were undoubtedly more people with alcoholism. And so we worked out a formula and we arrived at a figure for 1965 of 6½ million alcoholics. And I may say, that it is possible to arrive at that figure for 1965 in quite a large variety of ways. We tried a good many of them, and always came out with roughly the same answer. And so, it was decided that the National Council and its affiliates would adopt that figure. We also circulated the statement to all of the state programs on alcoholism. And they were delighted to have it, because they had been feeling just as uncomfortable as we had about using the same figure for ten years in the face of what everyone knew to be a difference in the number of people, and the number of drinkers, and, therefore, the number of alcoholics.

To return to this attitude business, I think it is crucial, if you are going to reach the alcoholic. I have often said that alcoholics are like children and dogs. They feel what you feel. They don't hear what you say. You can approach an alcoholic with an absolutely correct textbook speech. Everything you say will be exactly right, right down the line, but what the alcoholic is listening for is how you feel toward him. Is there a hint of hostility, a hint of contempt? Remember, most alcoholics have had considerable rejection in their lives, considerable misunderstanding around them. They feel rejected. Usually by the time they get to you who are counseling them, they feel rejected indeed. They are looking for more rejection in you, and you can't conceal it if it is there somewhere. You may not know it yourself, but the alcoholics will know it. They will pick it up every time, and they just won't be back. You will have lost them. This may set them back years, because if they have arrived at the point of going to see anyone, particularly their pastor, this is a big step forward. It can be a tremendously important thing that they should make such an effort, that they should make such a contact, that they should go to somebody, even though they may be bringing you a lot of lies.

The Alcoholic and Sanity

Here again I think we need a little correction of some of our thinking on this. In the first place, I don't think the alcoholic tells lies for anybody else. I think the alcoholic tells lies for his own sake. I think that deep in the heart of the person who has lost control over drinking, however early it is, there is a real terror that he has lost his mind, that he is truly insane. And I don't mean in the temporary sense that occurs with deep intoxication, which all of us who are alcoholics know all too well. No, I think here they are so terrified that they have really lost their minds that they try to explain to themselves why this keeps happening. They will go to incredible lengths to make an explanation.

I think that the lies are more of an explanation. I don't like the word "rationalization" because that implies a willful and deliberate thing, and I don't really believe that it is often that. It is a frantic effort to reassure themselves.

Obviously if they can get other people to believe it, this bolsters their own belief that they are all right, that this terrible thing is not happening to them, that it isn't that bad.

I also think that on certain occasions they tell lies because other people expect them to, and I believe most people do expect this.

We had our annual meeting in New York last week, and a research project was reported on. It was a follow-up study of alcoholics from the State Hospital in Maryland. They wanted to know, among other things, whether the histories the alcoholics gave of themselves when they came in - they weren't all voluntary; some were committed - bore any relation to the truth. And they found to their amazement that the alcoholics were highly reliable, that in most cases what they told about themselves and their past and what had happened to them, was right; they had told the truth.

I think we can get hung up on this lying bit, and I think, furthermore, that it affects the attitude of the person who is trying to help. And if it affects the attitude of the person who is trying to help, it affects the attitude of the person who is to be helped. This is another thing that we are apt to forget, and that I think is crucial in counseling. You know that most of us spend 90% of our time reacting to other people. Oh, we do a certain amount of initiation, a certain amount of acting which is entirely our own and bears no relation to other people, but a great deal of our time we are reacting to other people. Stop and think about it, and you will see what I mean. This is also true of the alcoholic, who after all is a human, remember. He is a member of the human race, even if he doesn't think he is, and even if some people in the human race don't think that he is or don't think he ought to be anyway. And he will react to everything that you say and do.

Your job, when you are counseling, is to see that his reactions are positive and constructive, that you do not frighten him to death, that you do not talk down to him from the mountaintop. And I think it is particularly hard for the clergyman. Remember that in everybody's mind, and certainly in our country, which is supposed to be a Godly country (we do have "In God we Trust" on all our coins, you know; it is a motto of these United States), the clergyman is somebody up there. The clergyman is the man of God; the clergyman is special; the clergyman is holy; the clergyman is good. And here is this individual who usually feels less than the dirt beneath anybody's feet. Filled with self-misgiving, self-hate, self-fear, he is going to the symbol of good and God. He expects to be talked down to from the mountaintop. He expects this person really to feel too good to want him around and, all too often, that is just what the clergyman feels.

Understanding is Important

Now the alcoholic is waiting for this; so even the tiniest tinge of preaching down from a mountain top to this poor little man down in the abyss is magnified in that individual's reactions into a real barrier that he cannot overcome. He can't give, he can't talk, he can't feel free, he can't let himself be helped.

I am not saying, although I do think this plays a part, that it is necessary to be an alcoholic to have the right attitude towards another alcoholic, but it sure helps. The person who has been through it knows perfectly well he is not up on a mountain top, and can reassure the alcoholic pretty quickly that he was right down in that abyss too. And he knows just what it feels like, and he got just as dirty, and he can do it in a way that is believed, believed here in the heart, not just up here in the head.

I do not believe that only alcoholics can do this, because I have known professional people who could do it equally well. I myself am the product of one. I don't know whether this Conference ever heard Dr. Harry Tiebout speak. If you didn't, I am sorry, because he died two weeks ago, and I think he is one of the greatest losses to this field since Dr. E.M. Jellinek left us.

Dr. Tiebout happened to be my psychiatrist. He is the man who forced me into AA. He is the man who understood AA before I did, and brought me to a recognition and an understanding and an acceptance of it. And here was a man whom I had been looking down my nose at for a good year while I was under treatment, because he didn't like to drink. I didn't see how he could expect to talk to me.

In fact, I told him once that I just thought he was an old spoilsport. He didn't like it, so he didn't want anybody else to enjoy it. This man had a real understanding of the alcoholic. He could talk to the alcoholic in terms the alcoholic could hear and could accept. And he was not alone. There are many people across the country, and many of them are the clergy of many denominations.

Although I must say in my travels, which are extensive, and my knowledge of what is going on in many communities around the country, it is frequently a Catholic priest who is the one who is the warm wise counselor for many alcoholics in that area, and not necessarily, by any means, an alcoholic priest.

So, I do believe that this attitude is possible. And I personally think it should be possible for a Christian, for a man of God, who should have learned something about humility, about caring for others, his flock, and all mankind in his flock. So I feel very strongly that the clergy are a tremendously important group in dealing with alcoholism, because I think, very often, the family will go first to their pastor when there is trouble at home. It may not be the alcoholic himself or herself who goes first, but if the situation is handled right, and if the family can learn a little about what alcoholism is, and about this business of the alcoholic reacting to behavior, the thinking and words of others, then the situation can be changed to the point where the alcoholic himself or herself will go.

And this is when it becomes crucial how the counselor, be he clergyman or not, handles the situation. The matter of attitude is absolutely basic. If you don't have this, then it doesn't matter how many techniques you use, they aren't going to work. You have not been able to establish contact; you have not been able to communicate; you have not been able to establish rapport, and until those are established, it doesn't matter what else you do.

Let me tell you one thing that I think was a great contribution. A good many years ago at one of the refresher courses at Yale, I was spending a lot of time with Father Ray Kennedy. He was also there at the refresher course, and he was very much excited. "You know," he said, "I have discovered something that I think may be my major contribution to the field of alcoholism. And I want to tell you about it."

It seems that in Syracuse there was a very wealthy Catholic family where the wife and mother was an alcoholic, a pretty bad one. There was plenty of money there, and there was a great deal of recognition of the stigma, because this was a socially prominent family. So she was constantly being shipped away to high priced sanitariums, or high priced doctors somewhere else; she would come back and be all right for a while, and then she would go back to drinking.

She would never admit that drinking was her problem. She was always very nervous, having a nervous breakdown, or something else. In other words, she was doing this so-called lying that is so much talked about in alcoholics. Eventually, the husband and father went to Father Kennedy and he said, "You know, she has tremendous respect for you." He was a professor in LeMoyne College there and a man of considerable stature. "Would you come and talk to her."

So Father Kennedy went over to talk to this woman. And she launched into her usual series of denials that she had a problem with drinking, saying that that wasn't it, it was a lot of other things, and he got a little exasperated since he was getting nowhere fast. Then he said, "Why do you have so much difficulty in admitting that you have alcoholism?"

She said, "What did you say?"

He said, "Why do you have so much difficulty admitting that you have alcoholism?"

"I have alcoholism?" she said. "Why didn't somebody tell me?"

Father Kennedy is a Jesuit, as you all know, and they are pretty astute in the convolutions of the human mind, and he recognized something immediately. If you say to somebody you are an alcoholic, you are pointing the finger of blame, saying, "You did it." If you say to somebody, "You have alcoholism," this could have come up from behind and grabbed them when they weren't looking. They didn't necessarily do it to themselves.

And he felt that where you could remove that kind of guilt, you open the door to constructive help.

That is precisely what happened with this woman. She got well. She joined AA and recovered. And he said, "I believe this may be my contribution. I would like to suggest that the National Council, in speaking and writing, adopt this way of talking. Instead of saying there are so many alcoholics, say there are so many people with alcoholism, or so many Americans with alcoholism. Instead of saying someone is becoming an alcoholic, say someone is developing alcoholism. You say it is a disease, why don't you begin using the same terminology you use about other diseases?"

You don't automatically say one is a cardiac. You say one has heart disease. And this is true of all illnesses.

We have attempted to do this in the 10 years or so since Father Kennedy made this suggestion, and I believe that it has had an impact. I believe that it has enabled a lot of people to get to AA. As he said, "It lets them save face in their own minds." And I know perfectly well that one of the barriers to successful helping of the alcoholic is the load of guilt that the alcoholic is carrying.

This is even truer with some groups than others. It has been my experience, and I have talked with a lot of you, that the priest who develops alcoholism has a bigger load of guilt than anyone else. And it often can be an effective barrier against help.

I think that anything that we can do to lift the load of guilt, since it is a barrier to recovery, we should do, and I think that much can be done in the counseling session to lift it.

The Alcoholic Suffers

We don't have to say that everything you did while you were drunk is just dandy. It wasn't. And the alcoholic knows that really better than anyone else.

The alcoholic has suffered - and this is something that many people don't realize - more intensely from remorse and shame than anybody on the outside can ever imagine. We don't need to hammer them over the head with guilt. They can create more than outsiders ever dreamed of. Their burden of guilt is greater than any outsider will ever realize, and it is our job, if we are counseling, if we are trying to help, to remove any possible barriers to recovery.

The second thing that I want to talk about today is something that was brought to my attention a good many years ago, when I had a young man working for me whose name was Denis McGenty. I don't have to tell you he was a Catholic. And he was quite a guy. He was a member of AA, and he was a real artist with the words. He was a spellbinder. Denis was a sociologist. But his drinking had interfered and he never got his Ph.D. And he began talking about it, and thinking about it while he was working for me. One day he was discussing various subjects that he might take for his doctoral dissertation, and he said, "You know, I have got a wild idea that I would really like to try. I think most alcoholics are saints manqué. They are people who have all the qualities and qualifications for becoming saintly and somehow it gets misdirected. And it is one reason that they get caught in this toil, this vicious circle that they go around and around in. I believe that most alcoholics of whatever denomination have been seeking God in their own way through their drinking. In fact, though they have taken the path that is leading them away from Him, that isn't what they had in mind."

And, indeed, it is sometimes true that an episode of drunkenness can be a startling experience just like an experience with LSD, which can even resemble a spiritual experience.

As a matter of fact, many years ago, and this was after Denis and I had been discussing this idea, I read an issue of a magazine that a friend in California sent to me called "Vedanta." In it was an article by Aldous Huxley entitled "Transcending Down." He talked about mankind's efforts over the thousands of years to find outside means for transcending, for achieving a spiritual experience, for achieving a higher consciousness. We know of many tribes in many parts of the world that use various drugs for this purpose. And some have used alcohol for this purpose.

It is not impossible that the excessive use of alcohol has some kind of relationship to this deep-seated search for God, for a feeling of God, not just an intellectual acceptance of God.

Now I am saying this on purpose because I believe there is something true in this, and I want you all to realize something that most of you probably know. The alcoholic is frequently characterized as a dependent person, an individual who must have something to lean on. You have heard reference made

to the glass crutch. That is one of the best descriptions of alcohol as something to lean on, a glass crutch that can shatter, that has no real strength, that is fragile. Alcoholics are using it as a crutch; they are leaning on it. And very often when they go to someone for help, they become extremely dependent on that individual for at least a period of time.

I heard a psychiatric social worker, who was a really good one and very effective with alcoholics, describe it when somebody complained to her at a professional meeting that she let her patients stay dependent too long. "We certainly do. We take their hands when they come in. We hold their hands, and when we let go, we let go finger by finger."

Give the Alcoholic Time

It takes time for the alcoholic to be independent again, to learn not to be dependent on anything that comes his way on which he or she can lean.

Now this dependence, this leaning toward dependence, if you like, (and I am not certain that it is confined to alcoholics, I think this is true perhaps of mankind) can be used constructively. The goal of therapy in my opinion, and it certainly is the goal in AA and it would be your goal as priests, is to make these people that come to you God-dependent. When the alcoholic comes to AA, the God business, as you frequently hear it referred to in AA meetings, is not crammed down his or her throat, at least not usually. Sometimes it is and in some places it is not. But very often the resistance is so great that it is again a hurdle to recovery which the alcoholic might not be able to get over. So the newcomer is asked merely to keep an open mind about spiritual matters, about God; to listen, to stay sober, to do such things as he can within the AA program. And if he keeps an open mind, we know full well that he will become God-dependent, because that is what AA is.

AA is a way of becoming God-dependent. Successful AA's are God-dependent.

If the clergyman who is counseling alcoholics can't see that this is indeed part of his business and can't borrow some of the techniques that have brought the active alcoholic into sober God-dependence, then he isn't a very good clergyman.

I do agree that not every one, merely because his collar is turned around, is automatically a good counselor for alcoholism, any more than a psychiatrist, because he has a degree in psychiatry is a good therapist for alcoholics. Some are, some aren't. Not every member of AA is equally good at 12th step work. Some people come into AA and they try awfully hard, but that is just not their work; it makes them unhappy and uncomfortable, and they don't do a good job. You often find them doing other things in AA, being active around the clubhouse, making talks, functioning as a member of AA, yet not spending too much time on 12th step work, because they learned they did not have the touch, they didn't have the real ability. They have all done it, they had to do it to find out, but I don't think people should persist in an area where they don't take to it naturally, and where they are notably ineffective. And I think this

is just as true of the clergyman as it is of the AA member, or of psychiatrist, or social worker, or psychologist, or anyone else.

The Role of the Clergy

Just as some people are natural born leaders, some are natural born helpers; they seem to know instinctively what to do and what to say. They seem to have such right attitudes, they automatically establish a rapport without even thinking about it. They are just made that way. Not everybody is, unfortunately. Now, for the clergyman who is not a 100% successful therapist in this field, or counselor, he must learn how to refer and where to refer. He must accept his role in the team as, you might say, the front runner, the case finder.

I have often spoken of the clergy as our front line troops. They are leading the rest; they are out in front of the army, because they are more likely to turn up hidden cases and, furthermore, to get a hearing, to be able to talk to those hidden cases, than any other single group. Every survey that has ever been made indicates that more people go first to their clergyman when there is trouble than to any other group and in the field of alcoholism, it is easy to see why. Remember that as a nation, as a people, we look upon alcoholism as a 100% moral problem, and have done so for generations. Now moral problems are the business of the clergy. It was only after they had failed that we turned to the law and said, all right, let the law take its course. He is a sinner, and he won't do anything about it. You can't save him. We will let the law take its course.

I think the clergy has a tremendous role to play as case finders and referral agents to AA, or to a doctor, or to a clinic, or to an Alcoholism Information Center. This last is really the bridge; the Alcoholism Information Center was devised as a bridge between the alcoholics who are out there unready or unwilling to commit themselves by going directly to AA or to a doctor or to a clergyman. But they will go somewhere that has got information on it, because they are not committing themselves; they can go in and ask for information; they always ask for information for a friend, you know, and they get quite a lot of information. The people in the information centers are well enough trained so that they know this, and almost always they get the admission out of this individual, "Well, I am the friend," before he leaves. Sometimes it may take two or three visits, but if this person has brought himself to go there once, and he has been properly handled, he will come back.

The information center is not a treatment center; it is a referral center. And many clergymen use their local information centers very heavily. They go there to inform themselves also, because this is the place where one can go to find out everything that is currently known about alcoholism and what resources exist in a community, what doctors are knowledgeable, so that when an alcoholic is sent to them they don't say, "Oh, you are no alcoholic. Take just two," or some such silly thing, as far too many doctors are still doing.

This information is available to you, if you have a Council on Alcoholism, and it operates an information center. It is available to you just as to any other citizen, except that the information center is twice as

glad to see a clergyman come in, because we recognize their value to us. We know that often they are getting in where nobody else can get in. We know that often they know who the alcoholics are, or where they are, better than anybody else. And if they will themselves become fully informed, they will be able to do an outstanding job.

ScholarWorks at WMU. Counseling the Alcoholic and Drug Abuser. tmp.1523976335.pdf.zfx8K. Master's Theses. The alcoholic attempts to overcome these feelings of isolation and helplessness by excessive concern for power and status. These findings have some important implications for therapy. The closed, stereotypical thinking must be dealt with before learning and behavior change can take place.