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ALCOHOLISM AND SOME MORAL ISSUES

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I. THE PROBLEM OF ALCOHOLISM

THE alcoholic is one individual upon whom both Priest and Psychiatrist may depend to make life interesting, though at times annoying. Not infrequently our work is in vain.

Drunkenness is frequently referred to as a form of gluttony, in which large quantities of alcohol-containing liquids are consumed, solely for the alcoholic effect, without regard to health or safety. At the same time, the alcoholic deprives himself of the use of reason, since alcohol produces a stupor, inhibiting the use of higher faculties. If the alcoholic continues his gluttonous pursuits, knowing their full effects, the moral consequences of his acts are indeed serious.

Tanqueray, in his treatise *De Alcoholis*, written nearly forty years ago, gave a comprehensive review of the alcoholic problem as it existed not only at that time, but as it continues to exist today. He traced the use of alcohol in the early days of the Church through various periods, when alcohol-containing liquors were used, crudely prepared as they were. Then, with the advent of Chemistry and its refinements of distillation, came a great variety of other alcoholic preparations. Tanqueray lays stress on the fact that alcoholism is a vice and a social problem, frequently associated with corrupt politics and always an effective aid to the politician.

His views on the alcoholic seem to coincide well with those of the present time. He regards alcoholism as one of the many forms of over-indulgence found in modern society, which multiplies the wants or the necessities of life by making us conscious of needs without eliminating desire. He is certain that in treatment, the proper time to begin is in childhood, when temperance in proper use of things without abuse can be inaugurated.

There can be no doubt many of these ideas are sound, logical, particularly well founded, and of inestimable practical value. However, to look upon alcoholism as gluttony, without further clarification, is apt to be exceedingly misleading.

II. ALCOHOLISM VS. MENTAL DISORDER

The dividing line between what constitutes a bothersome habit and what a disease, is sometimes exceedingly fine, and the deciding factor is at times not a difference in kind, but of degree. I am referring here to the chronic alcoholic who becomes such, largely through opportunity or social

environment. We have the bartender who drinks occasionally, but regularly, and the social drinker who finds alcoholic indulgence one of the patterns of his daily life. However, the regular use of alcohol does bring about an insidious change in the personality of such a person. He is able to carry on his ordinary work sufficiently well to make a fair appearance, but never reaches a high pitch of energy or efficiency and his history is one of gradual deterioration, moral and intellectual. To his companions he is pleasant, sociable and sympathetic, entering boisterously into his alcoholic enjoyments and shedding a tear readily at the misfortunes of others. At home, on the other hand, he is irritable and careless of his family's welfare. According to MacCurdy, "They are not mad enough to be regarded as dangerous, so they merely ruin their home in an undramatic way."

It is noteworthy to add, this particular type of person is frequently lacking in insight regarding the importance of alcohol as a factor responsible for his difficulty. This is due to the fact that such drinkers are seldom, if ever, drunk. They do not, as a rule, drink enough at a time to cause intoxication. During the day, however, they may drink the equivalent of one or two pints of whiskey. They frequently boast that liquor means nothing to them, they can do with it or they can do without it at any time they wish, and are extremely intolerant when anyone suggests that anything is wrong with them "alcoholically." Their intolerance, as a rule, tends more to aggravate the situation, for while they readily claim they can do without alcohol, they seldom, if ever, deprive themselves of it. This causes, in time, destructive changes in the nervous system and a dementia of the organic type as a natural consequence.

This particular state is one of the three recognized types of alcoholic mental disease, the other two being Delirium Tremens, characterized by a confusion, disorientation, fear reaction and vivid hallucinatory experiences, and "Korsakoff's Psychosis," also a confused state characterized by disorientation, a loss of memory in which the patient has no insight whatsoever, so that he confabulates to fill in the gaps of memory which are lacking. It is also complicated by neuritis of the four extremities.

Together these conditions comprise between 5 and 10 per cent of the admissions to State Hospitals and other Institutions for the insane. Yet, in an analysis of some 89 alcoholic cases, Strecker claimed that 34 were epileptics before they became alcoholic; 17 suffered from manic-depressive insanity; 14, from dementia praecox; 9 were psychoneurotics; and 5 were undifferentiated as to diagnosis. It would seem, therefore, that the role of alcohol has been very much exaggerated in mental disease, and that alcoholism is most commonly a symptom. It may even precipitate a form of insanity entirely unrelated to alcohol, such as general paralysis of the insane, a form of mental disease due to syphilis of the brain.

III. ALCOHOLISM AS A SYMPTOM IN MENTAL DISEASE

The importance of alcoholism in the field of mental disease is not so much that alcohol causes mental disorders as that alcoholism is a constant symptom occurring in many types of insanity. Therefore, the alcoholic problem must be constantly evaluated throughout the entire field of psychiatry whenever it arises. Alcoholism occurs as a symptom in nearly 40 per cent of all types of mental disease. Yet, as we have stated before, alcoholic mental disease *per se* occurs in a very much smaller percentage. Something else seems to be necessary, therefore, to account for the psychopathological patterns which arise, and are ascribed to alcohol besides the alcohol itself. It is the neuropathic tendency which decides whether a person will become insane, and not the amount of alcohol. Moreover, the intolerance to the exciting effects of small quantities of alcohol may be considered a fairly certain sign of impaired equilibrium, and therefore alcohol acts as a poison to all those who lack the highest control.

It might be worthwhile to review some of the conditions in which alcoholism may be found as a symptom. The manic depressive psychosis is one of many mental disorders which frequently express themselves in an alcoholic symptomatology.

This form of mental disease, as the name implies, is an alternating state characterized by the manic phase or mania, and a depressed phase sometimes known as melancholia.

It occurs, for the most part, in persons of an objective or extroverted personality make up. Their interests are chiefly in outside things and they derive keen pleasure in the various activities in which they are interested. Such persons are frequently the "life of the party" and in general are very well liked.

There are several variations of both manic and the depressive phases, but it is chiefly in the milder phases of each that alcoholism plays a noticeable role and frequently causes the individual to be classed as an alcoholic, whereas, in reality he is mentally sick. It is also in these phases of the disorder that alternations in mood may occur, so that the patient may be somewhat excited and unstable in the overactive phase, to be followed by the retardation and inactivity of the depressive phase. Alcohol may color one or the other extreme, or both, so that whatever form of aberration the patient manifests, may be readily blamed on alcohol.

In the hypo-manic, or mildly excited state, the patient has a keen realization of his position and environment and does not exhibit such extreme disorder of conduct as to bring him into conflict with his fellows. For a time, he is merely considered a live wire, is witty, has ideas, is aggressive, is a social success. However, as time goes on, he becomes domineering and meddlesome; he has too many schemes, none of which

are fulfilled; he is intolerant of criticism and loses his sense of moral values and may indulge to excess, both sexually and alcoholically. If he uses alcohol to begin with, there is likely to be a progressive increase in the use of alcohol as the disease progresses. Some observers will thus be inclined to blame all overactivity and general excitement on alcohol.

In the depressive phase, we see the opposite phenomenon taking place. We have the same type of individual who may also justly be considered as a "live wire" in his own particular way. For some reason, he cannot understand, he begins to feel below par, and things which he formerly did with ease, become difficult. There are vague feelings of discomfort and weakness, as well as an inability to sleep or gain any benefit from regular hours of rest. He may recognize this disorder as a medical problem and seek the advice of his physician, with or without result, usually the latter. Frequently, the whole situation appears from nowhere, and when it does not clear up in a reasonable period of time, he may become discouraged and try to drown his troubles in alcohol. Not infrequently his entire illness is blamed on laziness and shiftlessness resulting from alcoholism. Incidentally, the depressed person will frequently commit suicide when his melancholia appears endless. It is in such cases as these that alcohol is said to be the cause of suicide, but actually suicide terminates a depressed state with alcoholism as a symptom.

It is interesting to note that in the figures quoted before, among the 89 cases of alcoholic mental disease, 34 of them had been classified originally as epileptic. Epilepsy, as we know it, is a disorder with a loss of consciousness and involuntary motor activity of varying degree. The epileptic has a peculiar personality, which is recognized partially even before the onset of convulsive attacks. He is egocentric and sensitive. His egocentricity at first leads to shallow profession of interest in others and may lead to a selfish kind of religious devotion, so that he is described as being considerate but not kind, religious without zeal, and will work for praise but not for love. Since this is unsatisfactory solace, he gradually turns away from reality altogether and focuses more and more attention upon himself. With his loss of interest in the environment, the epileptic develops an apathetic and depressed attitude toward life, which he tries to cope with through the use of alcohol. This, as a rule, however, does not accomplish the purpose in the long run, but merely tends to release what inhibitions he has over his convulsive tendencies, thus allowing attacks to occur, and contributing to the eventual mental deterioration which sometimes occurs among epileptics. There are many so-called cases of "alcoholic epilepsy" where convulsions follow prolonged excessive drinking. Alcohol has been considered the causative factor in such instances. Present day views, however, tend to discount this because an epileptic tendency, either latent or overt, is recognized which requires some stimulus to precipitate the convulsion. Alcohol may serve this pur-

pose, but some minor accident or toxic state may do the same. The epileptic personality, in the first place, may resort to alcohol with the mistaken idea that it will enable him to contend more effectively with life. Instead, the alcohol removes what restraint nature has given him over his convulsive tendencies and the full fledged epileptic syndrome takes form.

In all these conditions, it is obvious that alcohol has a far reaching influence on mind, nerves and personality and it is difficult to reckon its damage in terms of insanity production alone. It is probable that alcohol is responsible for much mischief in schizophrenia, and the manic depressive disorders, but it must be conceded that two factors are responsible for the alcoholic mental states, the predisposition of the personality make-up towards insanity, and the added toxicity of alcohol.

Alcohol is chemically and therapeutically a narcotic, not a stimulant. The fact that a small dose of alcohol is a restorative in fatigue is not proof that the drug is a stimulant. Such false relief of fatigue is affected by the removal of the inhibitory effects of those sensory nerve tracts which convey feelings of fatigue to or from the brain.

IV. ALCOHOLIC PATTERNS

Regardless of the mental picture shown in the individual alcoholic, it is interesting to review the actual purposes alcoholics may have in their drinking.

Alcohol may narcotize conflict and this is best accomplished by inhibiting fear, or the consciousness of it. When mildly intoxicated, people who are ordinarily afraid to assert themselves are able to behave quite "normally" in social groups. They can do their work and face difficulties with ease. Alcohol produces in them a sort of reckless daring, which takes the place of innate moral stamina or strength of character.

Some people drink for no other reason than to facilitate their social life, thus using alcohol as a defense technique against social inadequacy and feelings of inferiority. In social or business circles these people feel timid, bashful and backward, but braced up with a few drinks, they feel as "good as anybody else" or, to express it in their own way, "a damn sight better."

Others drink to overcome fear and these people are given a sort of toxic courage which makes them bold in the face of life's situations. Alcohol becomes a chemical substitute for effective decision and will power. Such drinkers can look the world straight in the face only when they are drunk.

Some people feel as though they are entitled to happiness and take alcohol to secure a sense of well being, and since they have obtained this feeling from alcohol, continue the practice. This group makes up a goodly

part of the usual Saturday night celebrants, who look forward through seven days of drudgery to the week end.

There are always those who try to dodge the issues of life by drowning their troubles. This group consists largely of neurasthenics and hysterics who seek to use alcohol as an escape and rid themselves of difficulties, disappointments, anxiety, depression and sorrow. Many of them are periodic drinkers or dipsomaniacs. They are, for the most part, intelligent people, so far as intellectual accomplishments are concerned, and very frequently have a mental age indicating capacity for great things. However, their personalities are one-sided; what they gain in acquiring the intelligence of a genius, they sacrifice in terms of emotional immaturity. They are fundamentally adolescent or infantile in their outlook and when they try to deal with a complicated situation which their superior intelligence should enable them to cope with their emotional inadequacy "lets them down"—they "blow up."

The chemical craving type is another interesting variety of the alcoholic. These people are similar to drug addicts of any kind. As a rule, they are not regular drinkers to begin with, but as a result of disease, injury or other conditions, they find a certain amount of symptomatic relief from alcohol much as the drug addict does. As times goes on, the drug becomes an essential element of their diet, as it displaces other elements normally present in the organism. This fact can be more accurately illustrated in the case of the bromide addict where a definite chemical factor can be shown. The bromide addict gradually shows a change in his blood chemistry. Bromide, as we know, is a derivative of bromine, one of the Halogen group of chemicals bromine, iodine, fluorine and chlorine. Of these, chlorine is the most important, being present in the body in the form of sodium chloride. Iodides are also of importance, but not for the purpose of this particular discussion. Sodium chloride is necessary to maintain the normal acid-base balance of the body, and when bromide is taken in any appreciable quantity it causes a loss of chloride from the circulating blood. Added to this, the fact that bromide is also toxic at a certain level where bromide gains the ascendancy over chloride in the circulating blood, signs of bromide delirium appear. Treatment would be simple if we had but to remove the bromide, but this does not suffice, because there is then a distinct loss in the acid factors of the acid-base balance, so large quantities of salt must be given to restore the blood again to its proper level. In the case of the alcoholic, whose system has been so deranged that alcohol has become a necessary ingredient of his chemical structure, there is nothing to do except to give the patient a certain amount of alcohol from time to time to keep him comfortable. This is not good practice, however, because it fosters a condition which will eventually result in destruction. Withdrawal of alcohol under these circumstances involves the same withdrawal symptoms seen in any drug

addict, which are extremely painful and require competent medical supervision.

An alcoholic charm has been described, which results in the drinking habits of a few people. For one reason or another, they find that alcohol has some peculiar fascination for them. They are usually feebly inhibited people and become alcohol-conditioned. I believe, myself, that in such patients alcoholism is the expression of a compulsive mental tendency that centers about alcohol, and they do not feel at ease without it. Asked for an explanation of their alcoholic ventures, they will, as a rule, be unable to give any adequate reason.

We have mentioned in detail the so-called demented drinkers who express their insanity, mania, depression, schizophrenia, paresis, epilepsy in alcoholism. In these cases alcoholism is not a cause in any discoverable way. The psychosis is at the bottom of the drinking, though alcohol symptoms may for a considerable period befog the picture and cloud the clinical manifestations of the underlying psychotic disorder.

V. "NORMAL" USAGE OF ALCOHOL

At this point, I do not want to leave the impression that everyone who drinks in an alcoholic. We have the normal drinker, the ordinary citizen who uses alcohol occasionally and carefully. We see him taking a highball to make his social occasion complete, or a glass of beer when friends visit him, as a social gesture or sign of congeniality. Whether he is of the upper strata where cocktails are fashionable, or one of the common people, to whom a pitcher of beer from the neighborhood pub is in good taste, we always find him completely under control, never beyond the "mellow" stage and of course never in any difficulty because of its use. Used in this manner, alcohol can be considered an aid to sociability and will fulfill the desirable functions which Strecker sets forth for it, "a social lubricant." Practically everyone starts out as a social drinker, because no person with average intelligence wants to become a drunkard. It is only when the act of drinking exceeds the function of sociability that the drinker treads on dangerous grounds and abnormalities make their appearance. The normal individual does not, as a rule, exceed normal limitations in anything. He may exceed himself at times, but these excesses are appreciated, truly evaluated, add to experience, and from this he profits, so that there is always a tendency toward a temperate way of life. In times of stress, strain or disaster, he may resort to more than normal quantities and may even go so far as to require help to shoulder his difficulties, but as his difficulties or tragedies clear themselves, and he looks at life again in his usual perspective, he will evaluate his alcoholic usage accordingly and regain his level of temperance. A pledge will help him, but it will be a pledge well kept and if it should be broken, it will not be abused and still serves the purpose of restoring him to temperance.

The pathological drinker, on the other hand, we would like to again point out is a person who is immature, either from an innate lack of emotional or moral fibre, or through lack of proper training and usage of those things necessary for the building of character. In either case, we have a person whose character is not normal, but rather amoral, because morality has not been and is not now a dominant factor in the individual's life.

VI. PERSONALITY FACTORS IN ALCOHOLISM

In view of the foregoing, several important facts must be borne in mind in evaluating the conduct of the alcoholic. The first of these is that the problem is one of emotional immaturity. In treatment the patient may require complete emotional re-education in order to achieve an adult emotional level. This is the task which requires the guidance of a trained psychiatrist, who in turn can be greatly helped by the priest. The latter should recognize the mental and moral implications of the situation, so that each, the physician and the priest, can work in his own province with a true sense of feeling and respect for the work of the other.

VII. THE NECESSITY FOR INSIGHT TO EFFECT RELIEF

No person can be cured of abnormal drinking unless he wants to be cured, and this means that he must look forward to an alcohol free existence. He must really and truly be sincerely and whole-heartedly desirous of getting well, not because he is afraid of losing his job or because he has been terrified at the consequences. I can recall the experience of a friend of mine who drank excessively. A friend of his used to "take charge" of him whenever he went on a "spree," about once every three months. During the course of several years, this man became quite proficient in this particular function, although he was never known to drink at all. Eventually came the time when the situation was reversed and the friend went on a violent drinking spree, which caused his death. My friend was obviously shaken by this sudden tragic state of affairs, and told me personally how upset he was; that he realized drinking of this kind was a terrible thing and freely cited his own shortcomings, but they had never appeared to him in the same light before. He freely gave his reasons for not wanting to drink in the past, but no reasons why he would never drink again. I felt that if ever a man had had the fear of fatal consequences brought home to him any more vividly, this was he. I really believed him when he said, "I will never take another drink as long as I live." I think it did delay his next spree for some time, but he again returned to his old habits.

The person who drinks must give it up and give it up completely for all time. He is allergic to alcohol like someone else might be sensitive to food, and like many allergic patients, the response is complete and

entirely independent of the amount of the dose of the allergic substance. Besides, his behavior in the past has demonstrated that he cannot tolerate alcohol and there can never be a time again when he can drink with impunity.

Numerous cures and patented drugs to put into food and drink have been advertised and advocated in the hope that the person who indulges will either get away from or lose the taste for alcohol. So far as the cures are concerned, they, as a rule, do nothing more than take the alcoholic away from his liquor for a while, sober him up and perhaps help his general physical state through regulated diet, hours of sleep, etc. They do not, however, last long enough to do more than this and the alcoholic is not helped. So far as his emotional immaturity is concerned, the chief function they serve at these times seems to be to enable him to walk instead of stagger to the closest saloon. When we have reason to believe that the alcoholism is symptomatic of some underlying nervous or mental disease, this illness must be properly evaluated and treated thereby eliminating insofar as possible such a cause for alcoholism.

VIII. THE EFFECT OF MUTUAL ASSISTANCE

The extent of the alcoholic problem is one which is far-reaching and exceeds the scope of both priest and physician for the simple reason that both priest and physician come into contact with this problem only at definite intervals when the alcoholic is in the throes of a spree or when he is in difficulty. It is impossible to keep such people under constant supervision all the time unless we have them isolated in a hospital or other institution where all activities can be controlled and they can be properly re-educated to life without alcohol. Such a scheme while it might be very effective is nevertheless impractical under ordinary circumstances.

To aid, however, in securing the benefits of mutual assistance an organization has come into existence within recent years known as "Alcoholics Anonymous." It is made up of people who have been drinkers in the past yet who have been able to recognize their difficulties and have sought earnestly a way and means of conquering this particular scourge of their life.

It has been my experience that this organization has been helpful in dealing with many of these situations especially since there are so many loose ends to the care and treatment of this problem that neither priest nor physician can be in instantaneous touch with the patient at all times. It is during these periods that members of "Alcoholics Anonymous" are able to do one another a great service and when the earliest signs of return of alcoholic indulgence are apparent they are able to help the individual get over or around the obstacle of the moment. Failing in this, they invariably request additional care or help of a professional nature.

The mere sight of someone else who has been in the same difficulties as himself will frequently give the alcoholic encouragement to better himself and to get away from the stigma he feels has been placed upon him by society in general. The alcoholic suffers by comparison whether that comparison be with the doctor who is taking care of him or the priest who is trying to encourage him for the better. Much help, therefore, can be derived from the example of a fellow alcoholic.

CONCLUSION

Finally again, I would like to re-emphasize the position of the physician and the priest in this problem. The first thing necessary for him is to understand the present day concepts of mental illness among which alcoholism is a definite entity. This can be done in a number of ways, by reading or consultation with a psychiatrist about the matter. Better yet, by availing himself of the opportunities presented to him in universities or medical schools where psychiatry is taught, by attending classes and lectures so that a reasonable insight is obtained into the problems. It is not intended that the priest should interest himself in psychiatry to treat mental patients any more than anyone would advocate that the doctor be a moral Theologian, but in this particular problem, it is important that the priest have an understanding of the treatment of the psychiatric problems involved.

