Alcoholics anonymous in the rehabilitation of ten alcoholic patients at Northport Veterans Administration Hospital

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ALCOHOLICS ANONYMOUS IN THE REHABILITATION
OF TEN ALCOHOLIC PATIENTS AT NORTHPORT
VETERANS ADMINISTRATION HOSPITAL

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
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SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
JUNE 1956
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CHAPTER I

INTRODUCTION

Significance of the Study

It has been estimated that there are over one and one-half million people in the United States who are social problems by reason of the excessive use of alcohol. This is a large number of people and they constitute a tremendous social problem. Everyone is familiar with the proverbial alcoholic who spends all his money on liquor, leaving his family without food or clothing, and often physically abusing them as well.¹

Psychological knowledge and experience show that a practice so universal as that of the use of alcohol must exist because it satisfies some deep seated psychological need. This great need, it often appears, is for relief from the tensions which have been induced by anxieties, frustrations and conflicts. Anxiety is such a constant and universal experience of mankind and alcohol for the alcoholic is so effective in alleviating it that its use has become very widespread. A well adjusted person has his anxieties too, but is able to manage them without resorting to measures that tend to further disturb and distort his equi-

librium. His personality is mature, relatively well organized and his tolerance for anxiety, guilt or frustration is adequate. In contrast, if the individual is emotionally dependent and immature and his tensions are extreme or his tolerance for anxiety and frustration is low, he may either develop a neurosis or resort to intoxication and its blotting out of reality as an easy means of relief and of handling his difficulties.¹

Social work rests on various and definite assumptions which stress human betterment. The writer's concern in the area of the rehabilitation of the alcoholic arose out of the desire to help this group through the application of the concepts used in social work. In view of the above, the writer is of the opinion that a study of Alcoholics Anonymous as a rehabilitating factor with the alcoholic patient in this hospital would be worth-while to investigate.

**Purpose of the Study**

The purpose of this study was to determine the role of Alcoholics Anonymous in the rehabilitation of the alcoholic at Northport Veterans Administration Hospital in the combined effort to help the patients obtain greater understanding of their alcoholic problem and to return them to the community as worth-while and productive citizens.

To this end the following questions were asked:

1. What methods are employed and in what areas does Alcoholics Anonymous attempt to meet the needs of the alcoholic patient?

2. How does the function of the external Alcoholic Anonymous member help toward the betterment of the patient-member's welfare?

3. What efforts are being made to further the program of cooperation between Alcoholics Anonymous and the hospital in helping the alcoholic patient?

Method of Procedure

The selection of patients for this study was made only from those patients who were members of Alcoholics Anonymous in the hospital setting from October until the end of February.

From an alphabetical list of the fifteen patients who were members of Alcoholics Anonymous, the first case was selected and every other case thereafter for the total of ten cases used in this study.

The writer decided to use a schedule in compiling data on each of the patients. In addition, material was procured from clinical records, social service records and previous hospital records. The data were supplemented by the writer's attendance at the Alcoholics Anonymous meetings and discussions with the leader of the group. Pertinent
literature, published and unpublished, was used as a background of theory and as a framework of reference for the findings.

Scope and Limitations

This study was based on a group of ten alcoholic veterans at this hospital and how they were able to utilize Alcoholics Anonymous at Northport Veterans Administration Hospital.

The writer attended meetings during the period from October, 1955 to February, 1956. The patients were selected at random irrespective of age, religion, and race from an alphabetical list.
CHAPTER II

THE ALCOHOLIC: PROBLEM, REASON, TREATMENT

Drinking together regardless of what the alcoholic beverage may be symbolizes friendship and goodwill and has a place in our civilization. The drink produces a pleasant sensation which makes us feel emotionally warmer toward each other. This custom, in our society, has a definite place. However, as life becomes more complicated or because it makes more demands, people seem to have a need for more and more alcohol in order to go on living and handling important life activities.

The excessive use of alcohol is an indictment against society and evidences a lack of maturity in the society. Undoubtedly too many individuals need alcohol in order to produce friendliness or a state of mind suitable for social intercourse or for adjusting in work situations, modes of behavior which these individuals are not fundamentally strong enough to maintain without the use of alcohol.

Alcoholism is associated with many types of disturbed personalities and the inebriate cannot be placed in any single category. It is therefore quite a problem in itself to define the question: Who is an alcoholic? There are so many reasons given as to why a person drinks
that it cannot be stated in a concise statement as to who is and who is not an alcoholic.\textsuperscript{1}

Robert V. Seliger discusses the problem as follows: It is obvious that it is only half the picture to say that an alcoholic drinks to narcotize tension, anxiety, restlessness or hostility. Something must cause those states. There must be an underlying conflict of some sort which is discovered through careful, systematic psychiatric study, observation, analysis and therapy.\textsuperscript{2}

Studies of a great many pathological drinkers disclose one of the following "reasons" for their excessive use of alcohol:

1. As an escape from situations of life which the drinker cannot face. (Psychogenic with psychogenic frustrations).

2. As a result of a personality insufficiently adjusted to the normal course of life. (Genogenic plus psychogenic).

3. As a development from controlled, social drinking to pathologic drinking.

4. As a symptom of one of the major mental abnormalities. (Psychoses, commonly known as insanities).


\textsuperscript{2}Robert V. Seliger, \textit{Alcoholics are Sick People} (Baltimore, 1945), p. 18.
5. As an escape from incurable physical pain.

6. As a symptom of an inferior intellectual and/or totally immature emotional make-up. (Genogenic).  

In a review presented by Ayerst Laboratories we are presented with the following discussion: The alcoholic is a sick person: Alcoholism is a sickness that compels the individual to the point where his excessive drinking interferes with some important aspect of his life-job, home life and health.

Unlike the person who drinks, even heavily on occasion, but can stop when he chooses, the alcoholic has lost the power of choice and can no longer control the time, place, or the amount of his drinking.

Though alcoholism is regarded as a disease, the desire for alcohol, in itself, is not the real reason for drinking, as fever is the sign that infection is present in the body, so excessive drinking is usually the symptom of some underlying problem.  

Both viewpoints indicate that it is difficult to single out any outstanding factors which cause the pathological drinker to use liquor. But it invariably becomes evident that he drinks to relieve a certain vague restlessness, set up by the functions in his life resulting from

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1Ibid., pp. 18-24.

2Ibid., p. 24.
internal or external (or both together) maladjustments. Consciously or otherwise, the alcoholic does not like the way things are going. He is dissatisfied, perhaps bored, perhaps disappointed. He wants a change, that is a relief or release from these so-called anxieties, and learns to through or via alcohol. From these psychodynamics, plus habit, the alcoholic psychopathology develops.  

Although the alcoholic may be more or less powerless over alcohol and unable, directly to resist the craving for drink, generally speaking, to do something positive about his drinking, today there is a new hope for the alcoholic because the kind of help and knowledge he needs has become more and more available to him.  

Dr. Harold Lovell, a well known authority on the treatment of alcoholism says there is no such thing as a "hopeless case," for while the true alcoholic can never go back to a moderate drinking pattern any more than the diabetic can disregard dietary cautions, he can learn to live a normal life without alcohol, and in such a way that he no longer has the need or desire for "drink." Dr. Lovell believes that "for every alcoholic there is a medical treatment which can help him to achieve a good recovery." However, for any treatment to be successful, there

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are three essential requirements:

1. The patient must want to be treated.
2. He must be willing to continue treatment.
3. He must want recovery.  

On the physical plane doctors are taking a new interest in alcoholism. General hospitals are beginning to open their doors. Aversion and antabuse treatments have achieved some success, but as yet, there is no such thing as a cure or a magic pill which will enable the alcoholic to learn how to drink in moderation.  

On the mental plane, psychiatry has helped many an alcoholic by teaching him how to live with himself and to accept the fact that the only solution for him is complete abstinence.  

On the moral and spiritual plane, pastoral counselling has been effective in a great many cases. Alcoholism involves problems of human conduct and misconduct. (No one, no matter how well balanced and virtuous, can continue to practice virtue and please God unless God helps him to do it by the gift of His grace. The alcoholic, with his special problems, in particularly, is in need of that grace. The principal means of grace are prayer and the sacraments.)  

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2 John C. Ford, op. cit., p. 104.
3 Ibid., p. 105.
4 Ibid., p. 106.
Alcoholics Anonymous has been very successful in restoring alcoholics to permanent and contented sobriety. Its program is in thorough harmony with Christian theological and ascetical teaching. It offers its members rough and ready emotional re-education, group therapy, sympathetic understanding and companionship, resocialization, practical assistance when the moment of temptation arrives, and introduces them to a new set of non-drinking friends and social activities.  

In this chapter the writer has attempted to point up the problem of alcohol as it exists in our society today. Reasons why the individual resorts to the "bottle" are discussed whereby we understand that the inebriate has certain life situations that have become too difficult for him to handle without the support of alcohol. Medicine today looks at this problem with more optimism. Alcoholics Anonymous, which began and grew as a result of the vision of many who saw the need of an organization of help for the alcoholic, has been very successful in its recovery program for alcoholics. This program will be discussed in the next chapter in detail.

At the punch-bowl's brink
Let the thirsty think
What they say in Japan:
First the man takes a drink
Then the drink takes the man! 

1Ibid., p. 106.
2E. R. Sill, An Adage from the Orient.
CHAPTER III

ALCOHOLICS ANONYMOUS

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is an honest desire to stop drinking. Alcoholics Anonymous has no dues or fees. It is not allied with any religious sect or denomination, political organization or institution of any kind. It does not engage in any controversy and neither endorses nor opposes a cause. The primary purpose of the Alcoholics Anonymous is to stay sober and help other alcoholics to achieve sobriety. 1

In the days before the birth of the philosophy of Alcoholics Anonymous, an old friend approached one of the men who later was to become a founder of the Society (both were alcoholics). The friend, once considered a hopeless drunk by nearly everyone including himself, was now sober, healthy and radiant in mind and spirit. He had had an experience that had changed his entire outlook on life. He had even been able to stop drinking. 2

The second man was impressed but he did not immediately stop drinking. A month later he was again hospitalized for drinking. His

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2 Ibid., p. 5.
friend visited him and the two men discussed the approach to sobriety that had helped the first alcoholic. Shortly thereafter, the second man underwent what might be described as a phenomenal experience—he lost the desire to drink and was able to face life realistically.  

This man also learned that "talk" with other alcoholics who were still drinking somehow helped continue sobriety. The helping hand which he extended to these men was not always grasped, but somehow he came away from such meetings more serene in spirit and better able to handle and work through the problems of daily living.

At the end of six months remaining sober, this man, a New Yorker, found himself in Akron, Ohio. A business venture which had looked extremely promising had suddenly failed. The man felt completely depressed over the situation and the temptation to escape from his trouble "the bottle" was overpowering and compelling. But this time, the alcoholic felt the need to share his hardwon sobriety with someone who could understand his suffering. This meant sharing it with another problem drinker, someone like himself who had had, or was still having, trouble with alcohol. The New Yorker began a chain of telephone calls that led ultimately to a doctor whose personal and professional life had become unmanageable because of his habitual use

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1Ibid.
of alcohol. The meeting of these two men, one only sober for a few months, the other very much in the clutches of alcohol, marked the beginning of the fellowship now known as Alcoholics Anonymous.

The doctor, sharing the New Yorker's experience and vision of a life without alcohol, soon gained sobriety himself. Together the two men began to work with others in Akron who still drank without being able to control their drinking. Slow registering failure and frustration along with some success the tiny society of ex-drinkers began to grow. 

Since its founding in 1935, Alcoholics Anonymous has grown to an informed fellowship of approximately 150,000 men and women in the United States. There are local groups in thousands of communities with members in more than forty countries.

These groups range in size from half a dozen to many hundreds of individuals. The oldest members have been sober eight to ten years. Of those sincerely willing to stop drinking, about 50% have done so at once, 25% after a few relapses, and most of the remainder have shown some improvement.

Alcoholics Anonymous has but one purpose, one objective only, to help other alcoholics to recover from their illness.

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1Ibid., p. 6.

2Alcoholics Anonymous, Inc., 44 Questions and Answers About the Program of Recovery from Alcoholism, (New York, 1955), p. 5. 1955 membership 150,000; number of groups (international) over 5,000.

The common problem is alcoholism. The men and women who consider themselves members of Alcoholics Anonymous are, and always will be alcoholics. They have finally recognized that they were no longer able to handle alcoholic beverages in any form, they now abstain completely. The important thing is that they do not try to cope with the problem single-handedly. They bring the problem out into the open with other alcoholics. This sharing of "experience, strength and hope" seems to be the key element that makes it possible for them to live without alcohol and, in most cases, without even wanting to drink.¹

The absence of rules and regulations is one of the unique features of Alcoholics Anonymous as a local group and as a world-wide fellowship. There are no by-laws that say a member has to attend a certain number of meetings within a given period. Membership in Alcoholics Anonymous involves no financial obligation of any kind. The Alcoholics Anonymous program of recovery from alcoholism is available to anyone who has an honest desire to stop drinking whether he or she is "flat broke" or the possessor of millions. Alcoholics Anonymous has no officers or executives who wield power or authority over the fellowship. To provide for the sound growth of Alcoholics Anonymous, early members of the society, together with non-alcoholic friends, established a custodial board--The Alcoholic Foundation, now known as The General

Service Board of Alcoholics. The Board serves as the custodian of Alcoholics Anonymous' traditions and over-all service and it assumes responsibility for the integrity and service standards of Alcoholics Anonymous' General Service Headquarters in New York. Alcoholics Anonymous is not a religious society since it requires no definite religious belief as a condition of membership. However, the Alcoholics Anonymous program of recovery from alcoholism is undeniably based on acceptance of certain spiritual values. The individual member is free to interpret these values as he thinks best, or not to think about them at all, if he so elects. Alcoholics Anonymous has no relation to temperance movements or other causes. Once the alcoholic has become sober and is attempting to follow the Alcoholics Anonymous recovery program, his attitude toward alcohol might be likened to the attitude of a hayfever sufferer toward goldenrod.  

The number of women who are finding help in Alcoholics Anonymous for their drinking problem increases daily. It has been estimated that one out of five or six in an Alcoholics Anonymous group today is a woman. One of the most heartening trends in the growth of Alcoholics Anonymous is the fact that more young men and women are being attracted to the program before their drinking problem results in complete disaster.

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1Ibid., p. 20.

2Ibid., pp. 20-21.
No one "joins" Alcoholics Anonymous in the usual sense of the term. No application for membership has to be filled out. In fact, many groups do not even keep membership records. There are no initiation fees, no dues, no assessments of any kind. Most people become associated with Alcoholics Anonymous by attending the meetings of a particular local group. An open meeting is a group meeting that any member of the community, alcoholic or non-alcoholic, may attend. The only obligation incurred is that of not disclosing the names of the members of the local Alcoholics Anonymous group, or visiting member from other groups. The purpose of the closed meeting is to give members an opportunity to discuss particular phases of their alcoholic problem which can best be understood by other alcoholics.

Since its inception, Alcoholics Anonymous has produced many temporary and even prolonged cures of alcoholic addiction. Organized without psychiatric guidance and with a philosophy largely limited to a socio-religious program, Alcoholics Anonymous has been of great value in re-orienting many addicts to socially efficient lives. This program, heavily weighted with an abounding optimism, has constructively utilized many principles of group psychotherapy. As a rule members of Alcoholics Anonymous are above the average in intelligence, education and social status and their attitude toward the addict is tolerant and constructive. The organization offers the confirmed alcoholic an opportunity to
escape from his former psychosocial isolation, from the feeling that no one really understands or cares about him and that he can trust no one. In Alcoholics Anonymous the addict has a sense of belonging and of allegiance to the group. The member develops a religious fervor and in answering a call to aid another alcoholic at the cost of inconvenience and self-denial his religious devotion is constructively internalized. An inspirational and mass suggestion approach is an important feature. By arousing a deep desire to help others and by creating a sense of responsibility for doing so the organization contributes to the addicts cure. The opportunity to talk about himself in the group meeting affords the alcoholic the chance to satisfy his need for self-expression and for therapeutic catharsis. The program of Alcoholics Anonymous ignores the basic cause of the alcoholic's addiction and focuses directly on the drinking itself. The value of the organization has yet to be determined but thus far it has escaped the dangers of sentimentalism and of misguided enthusiasm. Its methods of thinking are naive but have doubtless contributed to its success.¹

Alcoholics Anonymous is a body of principles, spiritual in nature, which, if practiced as a way of life, can overcome the need to drink and enable the sufferer to become happily and usefully restored to society.

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.

2. Come to believe a power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves and to another human being, the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people whenever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for
12. Having had a spiritual awakening as the results of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs. ¹

The Twelve Traditions apply to the life of the fellowship itself. They outline the means by which Alcoholics Anonymous maintains its unity and relates itself to the world about it, the way it lives and grows.

1. Our common welfare should come first; personal recovery depends upon Alcoholics Anonymous' unity.

2. For our group purpose there is but one ultimate authority--a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

3. The only requirement for Alcoholics Anonymous membership is a desire to stop drinking.

4. Each group should be autonomous except in matters affecting other groups or Alcoholics Anonymous as a whole.

5. Each group has but one primary purpose--to carry its message to the alcoholic who still suffers.

¹Twelve Steps and Twelve Traditions, (New York, 1953), pp. 5-9.
6. An Alcoholics Anonymous group ought never endorse finance, or lend the Alcoholics Anonymous name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

7. Every Alcoholics Anonymous group ought to be fully self-supporting, declining outside contributions.

8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

9. Alcoholics Anonymous as such, ought never be organized; but we may create service boards or committees directly responsible to those we serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the name Alcoholics Anonymous ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.

12. Anonymity is the spiritual foundation of our
traditions, ever reminding us to place principles before personalities.¹

In the following chapter an attempt will be made to trace the origin of Alcoholics Anonymous in the hospital and to describe the application of the philosophy of Alcoholics Anonymous in relation to the patient member.

¹Ibid., pp. 9-13.
CHAPTER IV

THE ALCOHOLICS ANONYMOUS PROGRAM AT VETERANS ADMINISTRATION HOSPITAL NORTHPORT

The purpose of this chapter is to describe the functioning of the Alcoholics Anonymous Program at the Hospital. The actual structure of the meeting is presented to give a picture in which the patients and outside members participated.

At each meeting the writer was approached by several patient members. They had been informed that the writer was attending the meeting for the purpose of doing research. Since the patients knew the writer was a social worker, they came to the writer with their problems during the informal period of the meeting.

By interviewing outside members the writer presents the thinking of the organization as to the part they feel it plays in the rehabilitation of the patient member. From the medical point of view the writer was able to get some idea as to how this program is a part of the hospital program.

Veterans Administration Hospital, Northport is established specifically for the care and treatment of those veterans suffering from a neuropsychiatric illness. This facility accommodates approxi-
mately 2,500 patients who are admitted on a voluntary basis or on court certification. The larger portion of these veterans come from the metropolitan New York area and Nassau and Suffolk counties. Most of the patients are continued treatment cases, however, there are some 200 on acute and intensive service at any time.

The patient is exposed to maximum comforts as he receives treatment. Each ward is provided with a convenient lounge and sun porch. Those patients who are able are encouraged to enjoy the benefits of the physical medicine and Rehabilitation Department. Such benefits include Manual Arts, Educational Therapy (where a patient may study for a high school equivalency diploma), Occupational Therapy and Physical and Corrective Therapy. There is also available to the patient a golf course, swimming pool, ball field, gymnasium, canteen, a well-equipped library, regular moving pictures and religious services. In addition to the aforementioned activities, there are a great many voluntary services carried on by interested community groups.

Treatment in the hospital is planned and administered as a result of involving the cooperation of all departments under the direction of the medical staff. Somatic therapies are offered. There is individual and group psychotherapy carried on by the doctors, members of the Social Service Department and the Psychology Department. The services of Vocational Counselling are utilized extensively.
Among the several voluntary services in the hospital there is a chapter of Alcoholics Anonymous. On November 12, 1944, the organization had its first official group meeting in this hospital. The meeting was a result of two patients' interest in becoming members of Alcoholics Anonymous.

The writer has been interested in the rehabilitation of the alcoholic patient for quite some time. When the writer learned of the establishment of an Alcoholics Anonymous group in the hospital her keen interest stimulated her to attend these meetings in order to be informed of the role this group assumed in regard to the alcoholic patient. These weekly open meetings were held every Friday night at Veterans Administration Hospital, Northport from eight thirty o'clock to ten o'clock.

The meetings are always started by the leader, who is assigned to the hospital from the Central Committee of the New York Alcoholics Anonymous. He begins the meetings revealing that he is an alcoholic, after which he selects briefly a few lines from some of the Alcoholics Anonymous literature. The chairman then assumes the role of interlocutor as he introduces the guest group for the evening. The leader of the guest group identifies himself as an alcoholic and continues by giving a "testimonial" of his history of excessive drinking. There are usually two other guest speakers in addition to the leader of the group. The
latter, after having completed his talk, introduces the next speakers who follow a similar pattern in delivering their speeches as did the first speaker. This portion of the meeting is closed by a unison recital of the Lord's Prayer.

The second part of the meeting is to foster relations which the outside members hope will carry over to and beyond the time when a patient is able to return to his community. If this is possible the patient has the opportunity to contact someone familiar to him should he need help, information or should he attend outside meetings. It is at this time the patient who had questions he desired answered approached the speaker whom he felt could best help him. As these patients sipped hot coffee and ate cookies, several small groups formed and an informal, but serious, discussion followed.

The writer discussed with several outside alcoholics anonymous members attempts to treat the alcoholic patient on the part of their organization. It was the consensus of opinion that this group does not treat the person having in mind those attempts of medicine or religion, but a form of treatment is given to the alcoholic based upon the telling of their own experiences with drinking and a way of life without drink is encouraged. One of the basic tools in this program is the power of example. The patient hears a person, who has the same difficult as himself, reveal his sickness and how he is being helped to arrest this terrible disease. The speaker gives of himself as he makes an effort to
encourage the patient; no matter how hopeless he may think his case may be, to seek help. In the hospital setting, Alcoholics Anonymous comes to the patient for the purpose of helping the patient who admits he needs and wants help. Nine speakers of the ten the writer talked with agreed that Alcoholics Anonymous meets the alcoholic with one thought in mind— to help. Through fellowship, love, encouragement, reassurance and understanding this group attempts to meet some of the needs of the patient.

Several of the visiting members were return speakers. They voiced the opinion that the group of patients in this hospital appeared to be the most improved hospital group in regard to attention span, positive response to the speakers and their ability to become involved sociably with the members during the coffee hour.

The patient members are provided with all the current alcoholics anonymous literature. When possible, the leader of the hospital group makes the necessary arrangements with the hospital to take the patient member to closed meetings in the hospital vicinity.

The writer was able to elicit several points of view from the visiting guest speakers and the leader of the hospital group concerning the matter of greater liaison between Alcoholics Anonymous and the hospital. In each instance the outside member agreed that liaison of sort would make for a stronger, more successful, and more integrated and consistent program for the patient member.
Although the speakers all agreed that having greater liaison between Alcoholics Anonymous and the hospital did not mean taking an active part in the meetings because the liaison person might not necessarily be an alcoholic, they did see possibilities for much help in the following areas:

The co-ordinator (s) could serve in the capacity of clarifying hospital policy to both the outside and patient alcoholics who are members of Alcoholics Anonymous.

The co-ordinator (s) could work with the relatives of the patient in an attempt to help them assume a more understanding role as the patient returns to his home or is making an effort to accept hospitalization.

The co-ordinator (s) can talk with the patient who attended meetings regularly, but suddenly stopped, with a view to finding his difficulty.

The co-ordinator can facilitate a closer follow up of patient members in the community by serving as a link between them and the outside members.

The co-ordinator (s) can offer help to those patients who request help with personal problems at an appointed time outside of the meetings.

During the informal period of the meeting or coffee hour, the co-ordinator can be of value by encouraging social intercourse of patients and speakers.

The co-ordinator (s) provides the hospital staff with any information in regard to the patient's welfare as he is affected by the group.
It was necessary for the co-ordinator(s) to have a knowledge of the purpose of Alcoholics Anonymous in order to be able to prepare and interpret more meaningfully to those patients desirous of membership, so he, too, will realize the reason for his attendance at these meetings.

The writer discussed the alcoholic patient and the Alcoholics Anonymous organization in this hospital with several members of the medical staff and the administrative head. The hospital is comprised of one to two per cent patients who have a primary or secondary diagnosis of alcoholism remaining in the hospital and fifteen per cent of new admissions. Various forms of therapeutic treatment for these patients include group and individual therapy, insulin, chemotherapy, thorozine, milieutherapy, physical medicine, vocational counselling service and social work service. A program that best meets the need of the patient is administered. It was agreed that there is very little, if any, rehabilitative value in custodial care only for the alcoholic patient. It was pointed out that there is no such thing as pure custodial care in this hospital. Each patient receives some type of treatment either through his assigned detail, social and recreational life, or his daily contact with the nurse, aide, etc., who is responsible to him.

However, a few patients evaluated themselves and procured a new outlook on life by remaining away from alcohol for a prolonged period.

The patient diagnosed as alcoholic may request permission, providing his condition warrants, to attend the Alcoholics Anonymous meet-
ings. In some instances the program is suggested to the patient by the doctor. One doctor had found that many patients who have accepted their difficulty with alcohol will also accept the Alcoholics Anonymous program. The patient attends these meetings as he desires to do so, himself.

The doctors were of the opinion that it was a good idea for Alcoholics Anonymous to carry out its program the best way the members see fit. However, some member of the staff should be available as a consultant in regard to the patients' problems and outside environment. Another opinion was that Alcoholics Anonymous is a voluntary group and any form of liaison should be on a voluntary basis.

The thinking was that this group was of use in rehabilitation programs of approximately 25 percent of the patients in this hospital.

Mr. C. has been the leader of the hospital chapter in the hospital since April 1954. The present membership is approximately fifteen members. Mr. C. sums up the program as he comments, rain or shine or holiday we have an open meeting every Friday night. We have guest speakers who admit they are alcoholics by telling their drinking career and how it has been arrested through the Alcoholics Anonymous program in the hope that their stories might parallel some one listening who is having trouble.
CHAPTER V

ATTITUDES OF PATIENTS IN RELATION TO THE ALCOHOLICS ANONYMOUS PROGRAM

This chapter will be concerned with a study of the social history of ten patients who carry a primary or secondary diagnosis of alcoholism, the patients' orientation to the organization, the degree of participation, and the attitude upon membership after discharge will be pointed up.

Mr. A., 39 years old, married veteran was first admitted to this hospital September 14, 1951. He carries a diagnosis of schizophrenic reaction, mixed type.

The patient's mother feels that the onset of the patient's illness occurred in 1948 after he married. She based this statement on the fact that there was constant marital discord. However, the history reveals that the patient had difficulty with alcohol during his Army career, 1940-1945. He was given a Certificate of Disability in 1945 for a neuropsychiatric disorder, psychoneurosis, anxiety reaction.

The patient was the first child of two children and as both parents were employed much of his attention and early training was provided by the grandmother. He was over-protected and when beginning school found difficulty in adjusting to others. He always felt that he did not belong to the group and this contributed to his lack of interest in school. In future adjustments in military service, he joined the group in drinking and this initiated a means of being accepted. In his subse-
quent readjustment to civilian life he resorted to alcohol to attain a feeling of social acceptance by drinking in bars.

The patient met his wife in 1948. She was a divorcee, six years his senior and mother of two children, a boy 14 and a girl 17. They established a common-law relationship, and were married in 1949 when the wife became pregnant. The wife mentions that the patient drinks excessively, lacked ambition and seemed worried, prior to their marriage. The wife requested the patient to discontinue his excessive alcoholic indulgences. He agreed and their marriage progressed well. The wife did most of the planning for the family and guided her husband as if he were a child. Six months after their marriage, the patient’s mother decided to let the patient and his family occupy her home in Freeport. It seemed after the settling in Freeport everything disintegrated. The mother wanted to control the relationship, the wife was nagging and spending beyond the income and both mother and wife were making unrealistic demands upon the patient that he could not meet.

The wife decided to file for a separation as the mother continued to interfere. The patient, in the meantime left his family and was living with his maternal uncle. He continued to drink, became aggressive and very depressed.

On August 27, 1951 the patient was out drinking and turned in the fire alarm. Patient was not aware of this act. He stood there until the police came and apprehended him. While in court the judge learned of the patient's medical discharge and suggested he be seen by a psychiatrist. The mother agreed and patient was brought to Veterans Administration Hospital Northport. The patient remained in this hospital a little over three months. During this period he made a favorable adjustment and was approved for Maximum Hospital Benefits* discharge.

*Maximum Hospital Benefits will be referred to hereafter as M. H. B.
On June 20, 1955 the patient, while in a drunken state, became argumentative, aggressive and supposedly exposed himself in front of his eleven year old niece. He was hospitalized in Pilgrim State Hospital. On admission to this hospital at preliminary staff the patient presented a good appearance.

The patient first heard about Alcoholics Anonymous in 1951 after his first hospitalization in Veterans Administration Hospital** Northport. He was encouraged to attend the meetings by a friend who knew of his problem. The patient attended the meetings for about two years but did not think much of the program because he did not believe the speakers were always telling the truth in regard to their problem. However, since his second admission to the hospital the program seems to have more meaning for him. The speakers seem more sincere in their desire to help. He has also come to accept the fact that he does have difficulty with alcohol in maintaining sobriety while drinking.

The patient commented that if a speaker would point out what motivated him to drink it would be more meaningful to the patient. Nearly all alcoholics drink to excess because of some problem which became so big that they could not handle it, therefore, they turn to drink. The patient also suggested that the program could take the form of a social function, whereby the patient member can learn that it is possible to be accepted without "the bottle."

Through religion and Alcoholics Anonymous, the patient stated,

**Veterans Administration Hospital will be referred to hereafter as V. A. H.
he had been helped a great deal with his problem.

Through hospitalization and Alcoholics Anonymous the patient has come to live more of an organized life--sufficient diet and rest, a flexible program which includes work and play. However, the patient is of the opinion that the alcoholic patients should be on a ward together. Many alcoholics, when sober, are able to relate within the realm of reality whereas other patients are extremely regressed.

The patient says he will continue to attend Alcoholics Anonymous meetings, even after he is discharged from the hospital.

This patient was functioning within the bright normal range of intelligence, but the psychological evaluation points to a severe disturbance in his total personality. The patient can function quite adequately within the hospital environment, but in his home environment the same pressures which caused him to break down before would probably lead to a recurrence of the psychosis.

Since the patient joined Alcoholics Anonymous, his attendance has been regular. He seems to be sensitive and ready to accept an understanding relationship with the group.

Mr. B. a 38 year old white Catholic World War II Veteran was admitted to this hospital on September 23, 1954. Diagnosed psychosis due to alcoholism.

This patient was the seventh of ten children. Two children are deceased and of the remaining, there are three girls and five boys. The mother related that she can recall nothing about the veteran's early years that
was exceptional. Because there were so many children she finds it difficult to remember small details about the development of each child. The patient entered parochial school in his fifth or sixth year, and while his grades were not outstanding, he passed satisfactorily and was graduated. He did not attend high school but after graduation went to work as a delivery boy. He also worked in his father's grocery store for a time and then spent a term with the Civilian Conservation Corps. After this experience the eldest brother financed the patient and another brother in setting up their own grocery store, but this venture proved unsuccessful, and about this time the patient entered the Army.

The history material reveals that the patient was not close to any particular sibling; all the children related well, with the usual number of arguments. The patient took part in family parties and never exhibited deviate behavior. His attitude toward sports differed from that of his brothers. He did not particularly care for this kind of activity, but preferred movies and "loafing" to baseball. In fact, it seems that the patient was the less outgoing of any of his brothers. However, it was also said that he got along well with other young people and took part in many group activities, parties and the like.

The family feels that the patient's difficulty stemmed from his marriage. He married a neighborhood girl in 1942 while in service. It was reported that the marriage was a happy one in the early years. The patient worked fairly steadily as an elevator operator, gardner, and porter. His income was said to have been adequate to care for his family. For some unknown reason the good relationship between the patient and his wife changed. It is felt that the wife's family and parents were somewhat responsible since they interfered considerably in their daughter's marriage. In 1948 the patient lost his job because of excessive drinking. He was hospitalized during June of 1950 for assaulting his wife and children. The patient had three convalescent leaves, all broken by drinking. On April 18, 1952 patient was discharged.
in custody of his wife, and taken to domestic relations court for threatening her life. On September 23, 1954 the patient was admitted to this hospital. He was diagnosed psychoses alcoholic, chronic, paranoid type.

The patient first heard about Alcoholics Anonymous in 1950 in New York City. He said he realized that his drinking was becoming habitual. He asked a friend how he could best be helped with his problem. His friend suggested that he attend one of the Alcoholics Anonymous meetings. The patient attended his first meeting in 1950 and was very much attracted to this program. Most of all he was made to feel accepted and as he listened he was made to feel that he could be helped with his problem, as he listened to the members tell their stories, he began to feel that he could be helped. The patient attended meetings regularly (three to four times a month) but they did not seem to allay his desire to drink as there was a great deal of family discord that he had to contend with.

The patient became a member of Alcoholics Anonymous several weeks after he was admitted to this hospital. Through this program he has been able to see that alcohol for him has been a crutch in order to manage his affairs.

In the patient's opinion Alcoholics Anonymous was functioning at its best in a hospital setting.

Alcoholics Anonymous helped the patient to accept himself as one who has a drinking problem even though he realizes there are problems that motivated him to drink.
However, the patient feels that the understanding approach of the social worker and doctor helped him most in gaining some insight in relation to his family and community.

The patient plans to become an Alcoholics Anonymous member when he is discharged from the hospital. Other addicts may be able to benefit from his experiences.

This patient's attendance at the meetings was a regular one. At each meeting he made contact with the worker at which time he would offer suggestions concerning the program. He often complained that he lacked much understanding in regard to his problem.

On one occasion when the speakers were detained this patient volunteered to disclose his drinking history to the group in the hope that they might gain something from it.

Mr. D., 32 year old single, Catholic white veteran, was admitted directly to this hospital from his home on November 9, 1951.

The patient was born on May 20, 1923 in Brooklyn, New York. His health and physical development were good during childhood. He was a poor student in school. After graduation from elementary school he went to high school for a year and then quit as he wanted to enter the Civilian Conservation Corps***. After spending about a half year in the C. C. C., he secured employment in a newspaper firm as a messenger.

Patient has two younger siblings, a brother 16 and a sister 10. In general he got along all right with his

***Civilian Conservation Corps will be referred to hereafter as C. C. C.
siblings but at times he seemed somewhat irritable and always wanted to have his own way in everything. When the other children would be listening to the radio, patient would turn it off and put on his phonograph so loud that it would be annoying to the other family members. When the patient's mother modulated the volume he verbally abused her. Once she lost her temper and threw her pocketbook at him. When patient was younger he often stayed in the bathroom a long time so that his father would finally have to knock and get him out. Ever since his return from the Army patient has brought up many incidents including these.

Ever since patient returned from the Army in 1945 his attitude towards his parents has seemed different. He accuses his mother of being an irritable person and seems to show much more antagonism towards her than toward his father. He accused his parents of having always prevented him from making social and vocational programs but only now he feels able to openly accuse them. He charged that they would not let him do things, such as going out and drinking. The father said the patient would come home after having done any drinking and would become very abusive and insulting calling his mother many vulgar names telling her she was a no good mother.

Because of his condition patient was admitted to VA H. Northport December 19, 1947.

The patient never heard about Alcoholics Anonymous before his hospitalization. The patient denied that he has an alcoholic problem. He attends the meetings for the purpose of getting away from the ward. The patient likes the social hour after the meetings.

Alcoholics Anonymous has not been helpful to him because he realizes that he has problems beneath that of alcohol. Being able to rest and have time to think about himself in a different light, with the
help of the doctors and social worker, has helped him to better handle and understand his problem which leads to excessive use of alcohol.

The patient said there were times when he heard parts of the speakers stories (their problems) that had meaning for him.

He thinks it is good that he has been orientated to the program should he ever need it.

This patient attended every meeting until the latter part of January. Since that time it seems that he had terminated his membership.

During the discussion hour the patient was usually quiet unless approached directly. Frequently he appeared to be withdrawn and sad. When encouraged to talk the patient was ambivalent and evasive.

Mr. E. a 46 year old, single Army veteran of World Ward II was admitted to this hospital on October 15, 1953. He has been described as showing acute excited periods and assaultiveness as well as responding to hallucinations since 1947. In the past he was known to be very unproductive, a feeding problem, evasive, suspicious, hostile, and assaultive. Over-indulgence in alcoholic beverages has been noted since his discharge from service. His present diagnosis is schizophrenic reaction, chronic, undifferentiated type.

Background history reveals that one sister was hospitalized for a few months, approximately 11 years ago. The patient himself was born February, 1911. He was described as essentially normal during his childhood. He completed one year of high school and supposedly did well and was known as a good social mixer. The reasons for leaving high school are not known and they are probably a contributing factor to
his present condition because it was soon afterwards
that he moved around somewhat without purpose and
was known to have had innumerable jobs of a menial
nature.

The patient heard about Alcoholics Anonymous through an uncle
who had been a ten-year member. However, the patient did not
attend his first meeting until he was hospitalized. He was impressed
that this organization was a good one. As he continued to attend these
meetings, he began to parallel his own problem with some of the
speakers and gained encouragement as he continued to attend meetings.

The patient said through Alcoholics Anonymous he was able to
feel accepted and that there was a chance for him to be helped with his
problem. He has come to believe that "you just cannot take that first
drink."

The patient commented that the doctors should encourage those
patients with alcoholic difficulty to attend these meetings. This meeting
should be just as much a part of the hospital program as the assigned
detail or somatic therapy. The patient suggested that more personnel
attend the meetings or at least have a liaison person present at all
meetings for the purpose of better understanding, discussing and
clarifying problems and questions.

The patient stated that he could best be helped through Alcoholics
Anonymous and by working at his favorite hobby, woodwork--then he is
very happy and does not even think of alcohol.
It is the patient's intention to become an Alcoholics Anonymous member upon hospital discharge or maintain membership.

The patient attended every meeting since joining the group in January. He assumed an active role in the discussion period and was able to establish beginning relationships with many of the guest speakers.

The patient approached the writer with many personal problems and urged some assistance.

Second admission of a fifty-two year old, Protestant, divorced, white, World War II Veteran was recorded on September 9, 1953. Mr. E. was born May 28, 1904 in New York City. Birth and early development were normal. Usual childhood diseases without sequels. He began school at the age of six and finished the eighth grade. This was followed by a year of commercial high school which he terminated at the age of sixteen without certificate. He had no record of delinquency. He had various jobs, thirty or more. The longest was for eight years with the New York Police Department from which he was discharged after a police trial on a charge of drunkenness while on duty. He married at the age of twenty-four. His wife died of tuberculosis after three years of marriage.

She previously separated from him because of his over-indulgence in alcohol. After the loss of his job as a patrolman the patient took odd jobs mainly as a roof repair man. He was hospitalized on December 6, 1941 because of auditory hallucinations, confusion following over-indulgence in alcohol. On January 18, 1942 he was placed on convalescent care and on October 9, 1942 was discharged from convalescent care because of induction into the Army. He continued to drink excessively while in the Army. He was hospitalized in Panama and was transferred to the States where he was hospitalized up until his time of Army discharge on December 18, 1944. He had five sentences and confinements during his Army service.
Diagnosis in service was psychosis, alcoholic, chronic paranoid type. On December 8, 1944 the patient was transferred to V.A.H., Northport. He adjusted well and was finally discharged on April 1, 1945. He did not do any regular work after leaving the hospital and continued to over-indulge in alcohol. He was again hospitalized after breaking his left hip on ice in a drunken state on December 29, 1950. In 1951 the patient was hospitalized in a state hospital and was transferred to V.A.H., Northport for his second admission on September 9, 1953.

The patient admitted that he over-indulged in alcoholic intake and once in a New York bar in 1949 he heard about Alcoholics Anonymous. He was encouraged to attend the meetings by a member of the organization. However, the patient did not attend his first meeting until 1949. His impression was that "anyone who would get up and divulge his personal story to other people was simple." He continued to go to these meetings for a while, for at the meetings he was at least sober. He also enjoyed the sociable and accepting atmosphere after the meetings (coffee hour).

The patient continued to go to the meetings because he realized the stories must be true for a person to be able to get up before an audience and be so revealing. The patient said many of the stories "hit home." He began to think that he could be helped and gained much faith in himself and the program.

The patient commented that he was further helped with his problem when he began to attend church more regularly. He also realized he was no longer a young man and drinking to excess certainly would not prolong
his life. The patient was told by his physician that if he continued to drink, he would encounter severe brain damage.

The patient suggested that medical staff refer and encourage the patients to attend Alcoholics Anonymous. The patient would probably listen to someone in authority rather than other patients.

Through Alcoholics Anonymous and Occupational Therapy the patient thinks that he has been helped most with his alcoholic problem. Through occupational therapy he is able to concentrate on an interesting activity rather than himself.

The patient said he will definitely become a member of Alcoholics Anonymous when he is discharged from the hospital.

Beneath the patient's surface adjustment there are indications of a weak and marked dependent ego structure. He relies on others for direction and support, waiting like a "marionette" to be told what to do. He is afraid both of misinterpreting reality and of displeasing authority if he relies on his own judgment. His good intellectual capacities help him in his cautious efforts to understand what is expected and to conform. The patient himself apparently is not entirely comfortable with his current adjustment. Depressive anxiety and concern with impulse control appear throughout his records, associated with feelings of helplessness and inadequacy. The implications are that the patient needs the guidance and therapeutic support of some external reality symbols in order to maintain his control. Without such support there
appears to be a strong possibility that he would resort to drinking, largely as a means of escaping the overwhelming demands of reality.

This patient was a regular attending member. During the period of his membership the patient was reluctant to join the discussions during the informal portion of the meeting. With some encouragement on the part of the leader, the patient is now able to benefit more fully from the group meetings.

Mr. K. a 58 year old, World War I, Catholic, Caucasian, veteran was admitted to this hospital on October 5, 1944.

He began to go to school at the age of six. He graduated from the eighth grade of St. Johns the Evangelist, New York City at fourteen years of age. For two years he studied academic subjects at night. For three years he was a plumber's helper after-which he became a plumber and worked for contractors for two years.

On July 21, 1917 the patient enlisted in the Army in New York City. He was given an honorable discharge on April 1, 1919.

On September 1, 1923 the patient married a woman a year younger than himself. His wife stated although his drinking extended over a number of years it was not excessive until the past two or three years (1941-1944).

In the fall of 1942 the patient fell on the street and lost consciousness and spent the day in the hospital. For several months he complained of dizziness when he worked in high places. His memory became poor. On August 17, 1944 patient was hospitalized. When in the hospital he was tense and suspicious. He expressed ideas of infidelity and delusions of persecutions against
his wife. He was emotionally unstable, restless and impulsive. He was given a diagnosis of alcoholic psychosis paranoid trends. On October 5, 1944, he was admitted to this hospital.

The patient heard of Alcoholics Anonymous about 1936 in a bar. A friend was discussing the organization and the patient became inquisitive, so he went to a meeting.

He was very much impressed by the speakers. He thought this gathering was an excellent idea. There was a common bond and an understanding which all alcoholics need. Since that time the patient has attended meetings on the average of once a month.

The patient mentioned that since he has been affiliated with this group he has benefited most as a result of helping other people. He was the person responsible for clearing with the necessary people the coffee and cake for the coffee hour after the meeting.

The patient thinks more patients would attend the meeting if the patients were helped to better understand that the program was in all sincerity an effort to help and not for the patients to return to the wards to ridicule one another for participation in the program.

In the patient's opinion Alcoholics Anonymous can help him most with his problem because he feels wanted and understood by the members of this group.

Through occupational therapy the patient is kept occupied as he makes his own decisions around whatever he is desirous of creating or
building. He is able to express himself and his creative ability is encouraged and appreciated. The atmosphere is one of acceptance and recognition. Patient expressed real interest in maintaining membership in Alcoholics Anonymous upon discharge from the hospital.

This patient attended approximately one half of the meetings. However, his interest in the organization was apparent as he encouraged other patients to join the group. He discussed on many occasions ideas which could improve the meetings with the leader.

This patient had sustained meaningful relationships with other members who knew him from his participation and work in the outside meetings.

Mr. K. is a 32 year old, white, single male veteran admitted to this hospital on September 24, 1954.

The patient is next to the youngest of five siblings, four of whom are boys and one girl; no mental or nervous disorders in the family as far as is known. The patient was born in East Hempstead, Long Island on October 18, 1923; birth and early development were normal. At the age of seven, he started to school, completed two and a half years of high school. He quit to go to work at Republic Aircraft. It is stated in his personal history that he was quiet, friendly and never serious with any girl at that time. On January 13, 1943 he enlisted in the United States Army. The onset of his psychosis is indefinite. The patient's mother stated that no mental symptoms were noticed until the patient returned from service. He was discharged from Mason General Hospital where he was hospitalized for five weeks prior to his separation from the service. Following his discharge from service, he was a heavy drinker, got into frequent fights with his brother, and was considered to be generally unstable. He hung
around many bars and got into fights. The patient was hospitalized October 1950 on emergency certification. He admitted readily having heard voices especially when drinking. He admitted to excessive use of alcohol and stated that he often had delirium tremens. From 1950 to 1954 the patient was hospitalized several times. In 1951 he was on trial visit. He made an increasingly better adjustment during trial visit. He lived with and supported his mother and was employed part-time in a plastic factory. He was discharged from the hospital on June 25, 1952 with diagnosis of schizophrenic reaction, hebephrenic type. He joined the Merchant Marine and made several trips to Europe. However, mentally he became worse, showing belligerency and was forced to leave the job. He became violent, delusional, and abusive. The patient was hospitalized September 24, 1954, and was transferred to this hospital.

The patient heard about Alcoholics Anonymous when he was first hospitalized in this hospital in 1954. The speakers seem to give similar incidences to his own problem and this gave him much encouragement and insight.

The patient is now able to realize there are other ways of handling one's problems other than through alcohol. He is of the school that as one grows older one should obtain a set of values which make life for him more bearable. Through Alcoholics Anonymous he has been helped to obtain his values and has learned that alcohol is only false encouragement.

The patient says Alcoholics Anonymous lacks nothing and has helped him more than he had ever hoped to be helped. This program proves that a normal way of life is possible. He states the reason this
program has helped with such excellent results is because the outside
members have an understanding of their common problems.

The patient felt that the total hospital program has helped in his
situation.

He intends to continue being a member of Alcoholics Anonymous.

This patient's intellectual profile as well as emotional and
behavioral characteristics during testing closely resembled that of a
schizophrenic reaction paranoid type. His intellectual functioning is
average, showing impairment from bright normal capacity due in part
to psychotic mechanisms of grandiosity and suspiciousness. Arbitrary
manipulation of his precepts, marked impulsivity, and psychotic
intellectualization contribute to his impairment also. He shows strong
antipathy toward women whom, he feels, are capable of manipulating
him. Paranoid projections that he is taken advantage of appear related
to his feelings that he lacks adequate control of himself as well as his
self-image confusion. He exhibits limited, superficial insight into his
failure to control himself and attempts to make up for this by rapid
dodging back and forth with regard to the things he says and does. He
strives very hard to "mask" his hostility and inadequacy.

This patient attended approximately one half of the meetings.
During the discussion period the patient usually approached one of the
speakers or the writer in order to discuss personal problems. The
patient was always grateful for any clarification which he felt was directed toward his welfare.

Mr. L., a 56 year old, married, Catholic, white World War II, service-connected veteran was admitted to this hospital on March 15, 1955. He was born in Connecticut, November 9, 1919, the third sibling. At the age of 18 months, he had meningitis. As a child, he had temper tantrums and was difficult to control.

The patient's history disclosed that he was a truant during his early school years and was placed in a Catholic Protectory on several occasions. He ran away from home often and was usually away for periods from three to six days. He finished the sixth grade at the age of 16. He often got into difficulty through his association with boys, who, like himself, were juvenile delinquents. At the age of 17 he was sent to Elmira for 18 months for stealing a car.

He was inducted into the Army August 5, 1942 and received approximately 10 court martials while in service. He was discharged October 19, 1945 at the age of 19. He re-enlisted December 6, 1945, hospitalized at Fort Jay January 4, 1946 in an alcoholic state, threatening and assaulting members of his family. He was discharged from service June 8, 1946, diagnosis psychosis with psychopathic personality.

The patient is married and has two children. The wife was described by him as being unfaithful and suit has been filed for divorce. At the present time one child is staying with patient's mother in New York City and another in a Catholic Sisters' Home.

The patient was admitted to King's Park State Hospital June 19, 1946. He was disturbed, intoxicated. He was placed on convalescent care November 8, 1946, but returned November 26, 1946 because of intoxication. During his stay at King's Park State Hospital, he eloped ten times, and on
each occasion was returned to the hospital. He was transferred to V.A.H., Northport, March 15, 1955. On admission he was quiet, cooperative, and in good contact. He stated that he had decided to cooperate with the hospital authorities and not elope.

On May 27, 1955 gate passes in own custody were approved but were discontinued on June 16, 1955 because his sister reported by phone that the patient did not do well when home, was intoxicated and abusive.

On July 3, 1955 he failed to report for supper and at curfew time was placed on elopement status from which he returned on September 30, 1955. He stated that he went to New Jersey on a chicken farm. Patient denied drinking. On December 6, 1955 he appeared before Medical Rehabilitation Board and was approved for member-employee. He left his job the next day and went to New York where he became intoxicated. He was returned to the hospital December 18, 1955. His subsequent stay in the hospital was uneventful. He cooperated and worked well. On February 17, 1956 he was approved for discharge having attained Maximum Hospital Benefits.

The patient heard about Alcoholics Anonymous approximately fifteen years ago. He was in a New York beer garden, when three Alcoholics Anonymous members approached him about his drinking and urged him to attend the meetings. The patient was not interested and felt it was useless to attend the meetings.

The patient attended his first meeting several years later when he was hospitalized and encouraged to attend by the doctors. After going to three or four meetings the patient discontinued his membership. He said the speakers' stories sounded like "fairy tales" as compared to his own story.
The patient said when he was first hospitalized he had a "chip" on his shoulder. Through the social worker and the doctor he was helped to see himself not as a "drunken, no-good bum." He was made to feel that he was human and had a place in the society. The patient stated that it was up to the patient to convince medical staff of his ability to function in the outside world. However, it seems the Alcoholics Anonymous does not understand that a person drinks to excess because of his discontent.

The patient suggested that Alcoholics Anonymous work with Social Service as Social Service has an awareness and understanding of the patient in relation to himself, community and family. Alcoholics Anonymous stimulates guilt in the patient for it does not seem to realize that the alcoholic has a great need to drink.

Another suggestion from the patient was that the patient member should be able to share in a discussion of his own problem because he is the one with the problem.

The patient does not feel that he is able to say he will not drink when he is discharged but hopes he will eventually be able to abstain from alcohol.

The patient described Social Service as the "Angels of Mercy." Social Service helped him most with his problem.

The patient does not intend to become a member of Alcoholics Anonymous when discharged from the hospital.
This patient attended four meetings. In the group discussion he rarely spoke and made no attempt to become involved. He remained withdrawn, occasionally commenting on the uselessness of the Alcoholics Anonymous organization for him since he was no longer troubled with alcohol.

Mr. P. a 39 year old single, Negro veteran of World War II has been hospitalized at Northport since September 1, 1950. The diagnosis is encephalatrophy, traumatic, due to a fractured skull and manifested by psychotic reaction, deteriorated type. He carries an additional diagnosis of epilepsy secondary traumatic and inadequate personality, manifested by poor judgment, chronic alcoholism and social incompatibility.

The patient is an only child born July 26, 1917. He began school before he was six. He attended a parochial school in Virginia. He seemed very eager to go to school and went to and fro at this early age without accompaniment of adults. According to the mother the patient was always very smart in school, got along well with his teachers and classmates, and was a very active child, participating in many activities and belonging to many clubs. The patient graduated from elementary school and then went to Textile High School in New York City. He liked music while in high school and seemed to derive a great deal of enjoyment from singing and dancing. He also played the clarinet. Patient was a very likeable child and had many friends of both sexes. He completed three years of high school. The mother feels he wanted to seek employment and this was the reason he stopped school. His work history is vague. He held several jobs as a cook in various restaurants and as an entertainer in a number of night clubs.

In 1939 the patient was arrested for attempted robbery. He was shot during the arrest and sentenced from three to seven years in prison at Sing-Sing. He served 32 months and was paroled. He had one love affair which ended abruptly when he became involved
in the robbery. This experience seemed upsetting to him and as a result he has not been able to form any serious relationship with any other girl.

In January 1944 the patient was drafted into the military service. While overseas he was in a jeep accident and incurred a head injury. The mother stated that the patient has not been the same since returning from service. When he first came home from service he was nervous and walked up and down in the house most of the time. He did not sleep well and drank a great deal. On occasions he became loud and boisterous and seemed to be quite happy. Drinking alcohol became a daily habit with him and, as his drinking progressed, his mother showed a great deal of concern and finally decided that the patient needed hospitalization.

The patient heard about Alcoholics Anonymous in 1941 from a friend who was a member of the organization. He did not attend his first meeting until he was hospitalized at V. A. H., Northport. His impressions have been that the organization is a "phoney." People are not going to get up before a group of people and be truthful about an undesirable past life.

This patient felt that Alcoholics Anonymous had not helped him because he does not intend to stop drinking.

The patient suggested that the group occasionally have some type of social gathering or entertainment. He further suggested that the meetings start earlier in the evening, preferably on an evening other than Friday since so many patients go home on weekends. The last suggestion the patient offered was that the guest speakers make an earnest attempt to get to the meetings on time.
The patient felt that the music department has helped him a great deal in his treatment. Through music he is able to express himself freely.

The patient conceded that he will join Alcoholics Anonymous after hospital discharge because it may eventually help him.

In the intellectual area, though no gross deterioration was found, it is apparent that the patient is not functioning on an optimum level; which would be somewhat higher than the average level (I.Q. 104) which he achieved. Projective techniques point to a constricted, immature individual who adjusts on a more primitive egocentric level. The self concept of this patient seems to be a rather inadequate one, and he considers himself rather weak and timid. Some of his basic difficulties indicated are sexual confusion, possible castration fears, as well as masturbatory guilt feelings. These in turn leave him in a somewhat confused and indecisive state, attempting to maintain a superficial facade of adjustment with available defense mechanisms. In the area of interpersonal relationships, he feels incapable of handling emotional involvement and represses completely any responsibility. Underlying hostility was disclosed in this individual; this is strongly repressed and can evidently achieve externalization only until the additional aid of alcohol has its effects.

This patient attended nearly all of the meetings. During the meetings the patient's behavior for the most part was not desirable,
he talked to the person sitting next to him during the speaker's delivery, made embarrassing remarks to other patients and during the discussion period he would become loud and boisterous. However, the patient had a positive relationship with the leader and was able to discuss future planning, hospitalization and general problems with him.

Mr. P. was born August 18, 1916 in Altoona, Pennsylvania. The mother, age sixty-four, is living and well. The father died in September of 1954. The patient is the third of four siblings. One brother had a medical discharge from the military service for nervousness. The family is described as having been very poor, and the mother had to take in male boarders to help supplement the family income. The patient started school at the age of six and quit in his senior year to join the United States Navy. He was sent to school and he became a machinist mate and then after eight and a half years he became chief which rank he held for nine months. He was at Pearl Harbor during the bombing by the Japanese. He got along very well in the Navy until he threatened and questioned the authority of a Chief, Master at Arms, while under the influence of intoxicating beverages. The men had come aboard intoxicated from authorized liberty and he felt that they would be due to undue disciplinary action if the Chief, Master at Arms, reported them. He went into the latter's cabin and threatened to shoot it out with him round for round if he did report them. After his demotion he began to drink more and more. He would return to his ship in an intoxicated, violent and unmanageable condition. He was uncontrollable, hostile, loud and verbose. He was discharged on November 13, 1944 with the diagnosis of psycho neurosis, mixed type. The patient returned to his home where he was given the job of a policeman which he held for several months. He returned to California where he worked in the Navy Yard for four and a half years. In 1949 he was
drinking very heavily and getting into many brawls. The patient was arrested many times and served three months in jail for disturbing the peace. He was hospitalized several times in 1949 in Oakland V. A. H. For the next two years he worked on a ship in the Great Lakes and was arrested several times. He spent a year in jail from 1953 to 1954. About the middle of 1953 he suffered a fractured back and was hospitalized. He was released for his father's funeral and returned to Altoona, Pennsylvania. From there he came to New York City. He lived in the Sloane House in downtown New York. He was robbed by five Negro fellows and a few days later he returned to the scene of the crime and started a disturbance with some people in the neighborhood. While in New York he attempted to commit suicide twice by stepping in front of cars. He became nervous, jittery and thought that people were out to get him. He went to the V. A. H. in Manhattan. The patient showed very little improvement and he was transferred to V. A. H. Northport on August 4, 1955.

The patient heard about Alcoholics Anonymous in 1945 while he was in jail. He had been arrested for disorderly conduct. The patient said he was intoxicated.

He attended his first Alcoholics Anonymous meeting at Northport. He was encouraged by another patient to attend. The patient was favorably impressed by the organization from the very first meeting he attended. He was greatly impressed by the similarity of his drinking history with that of many of the speakers. The patient began to feel different about his alcoholic problem as he listened to the speakers, as they revealed their stories which divulged a disorganized past life. For the first time the patient was able to see himself as one with a problem who needed understanding and help.
The patient said he thought he could stop drinking by controlling the amount of alcohol. Hence he gave up his job so he would have no money to purchase drinks. He tried going to Skid Row to show himself what he would be like in a few years if he continued to drink. The patient finally decided to "go to sea." During his naval career he drank more than ever.

The patient thought or felt that in a hospital setting you cannot solicit members because many patients do not admit their difficulty with alcohol and a patient must have the desire to want to be helped otherwise just going to the meetings will do very little good. The patient suggested that the speakers relating their stories is the most impressive thing.

The patient feels that the best help he can receive is his regular attendance at Alcoholics Anonymous meetings. He believes that this program has helped him most while hospitalized.

It is the patient's intention to join an Alcoholics Anonymous Chapter when he leaves the hospital.

This patient can function in many areas on a bright normal level. He appears responsive to close, thorough supervision and may make a good extra-mural adjustment in a male supervised setting where demands are concrete and narrow in scope.

This patient was present at all meetings until his hospital discharge in January. He presented a very promising picture as he participated
in the informal portion of the meetings. On two occasions the patient elicited help from the writer concerning hospital policy.
CHAPTER VI

SUMMARY AND FINDINGS

The role of Alcoholics Anonymous in the rehabilitation of the alcoholic patient at Northport Veterans Administration Hospital is an effort to help the patients obtain greater understanding of their alcoholic problem and to return them to the community as worthwhile productive citizens.

Simultaneously with our advancing and dynamic society, alcoholism has progressed to the rank where it presents a tremendous social problem. The writer has attempted to point up the problem of alcohol as it exists in our society today. Reasons why the individuals utilize alcohol to excess were discussed. The writer presented the nature of the problem, its implications and current trends in the treatment and prevention of alcoholism.

Alcoholics Anonymous is an organization which was founded as a result of the vision of many who saw the need of help for the alcoholic. The writer highlights the functioning of the Alcoholics Anonymous Program at the Veterans Administration Hospital, Northport.

The actual structure of the meeting is presented to give the picture of patients and outside member participation.
During the first portion of the meeting the outside members (usually three) who are scheduled to speak had total responsibility for the meeting. The hospital members did not participate in this part of the program. They listened to the speakers tell their unique alcoholic experiences.

During the second portion of the meeting the atmosphere is a relaxed one in which the members enjoy refreshments and informal discussion groups automatically form. It was during this time that the writer was able to make contact with the guest members and discuss what part they felt they played in the rehabilitation of the patient members.

By interviewing ten patients the writer was able to point up each patient's orientation to the organization and his attitude toward maintaining membership after discharge was pointed out.

The figures used in the following conclusions were obtained from the case presentation in chapter five.

The common problem is alcoholism. The men and women who come to the hospital as guest speakers consider themselves members of Alcoholics Anonymous and are and always will be alcoholics. Taking in the consideration of the needs of the patient which are met through their attendance of the Alcoholics Anonymous meetings the important thing is that they do not attempt to resolve the problem alone but instead they identify with the problems which the speakers and other patients have with alcohol. Seven of the ten patients demonstrated that they had
gained a sense of belonging and acceptance through the mutual approach to the problem of alcoholism. Through group support confidence was gained that a way was possible to improve their situations.

As a result of confinement only one patient mentioned this as a need for outside contact. However, four patients used this as an opportunity to meet and talk with some of the members whom the patients would meet in the outside chapters and to establish new relationship upon a more personal basis.

Eight of the ten patients had some knowledge of Alcoholics Anonymous before hospitalization and three had attended the meetings. Seven attended meetings for the first time after hospitalization and seven indicated intention to maintain membership after hospital discharge.

In three cases the patients felt that Alcoholics Anonymous had helped them the most with their problems. In two cases it was felt that Alcoholics Anonymous, Physical Medicine and Rehabilitation Department contributed much to their progress. These patients felt accepted by the group and have been able to accept the problem of alcoholism. When working at their favorite hobbies in Occupational Therapy they are so occupied that time does not permit them to think of alcohol.

In one case the patient was of the opinion that he had been helped most with his problem through Alcoholics Anonymous, hospital program and religion. He had learned to live a more organized life. Another patient made progress as a result of occupational therapy. He is kept
occupied with his interest and he feels that he is respected as he makes his own decisions around whatever he is desirous of creating or building. He is able to express himself and his creative ability is encouraged and appreciated. The atmosphere is one of acceptance. One patient stated that he had been helped most with his problem as a result of an awareness and understanding of his problem by the work of the social worker. One patient was able to gain a better understanding and was helped with his problem by the doctor and social worker. The tenth patient felt that the music department aided him a great deal in his treatment, a free way of expression.

Each of the ten patients was of the opinion that he was receiving help with his situation. Six of the ten patients attribute aid to Alcoholics Anonymous as the primary source of their progress and the remaining were of the opinion that they had benefited more help from other hospital resources.

The writer had no assigned role in the group. She explained to the members that her reason for attending the meetings was in regard to a research project. The writer further explained that she was not working with the group in the capacity as a delegated social worker. Nevertheless, the writer found herself assuming the role of the social worker on many occasions.

Although the role of the writer in promoting this program was slight, nine of the patients made some requests for the writer's help with personal
problems which could not be resolved by Alcoholics Anonymous. These problems included family discord, marital disharmony, and job placement. The writer attempted to handle such instances tactfully without becoming too involved since her position at that time was not geared in the direction of Social Service. The writer's relationship with the patient, in most cases, was carried on a supportive level at the meetings which took place during the second half of the meeting. The writer encouraged informal discussion between the outside members and the patient. On two occasions help was given in aiding the patient to make contacts with the visiting members in regard to future employment. Also problems of immediate importance were discussed. The guest members who came to the hospital were prompt in giving suggestions and helping where the future hospital chapter would benefit. In each instance the outside member agreed that liaison of some type between the hospital and Alcoholics Anonymous group would insure a stronger, more successful and more integrated and consistent program for the patient member.

The writer and outside member together with the patient member arrived at several conclusions, and felt the hospital chapter might be improved by considering:

1. The patient member should be able to share more in the discussion of his own problem and asked more questions whereby other patients will benefit.
2. Meetings should be held earlier in the evening and, if possible, on an evening other than the weekend since many patients have weekend passes.

3. The patient should be prepared by hospital staff prior to attending the meetings the type of program or some preparation be made whereby he will have some understanding of the purpose and function of the organization.

4. Alcoholics Anonymous and Social Service should work as a team to make the treatment program more consistent, and appropriately aware of the needs of the patient.

5. The program might take the form of a social function occasionally whereby the patient member can learn that it is possible to be accepted without partaking of alcoholic beverages.

The aforementioned suggestions made by the patients are presented to emphasize the type of material which can be considered in the light of enriching the meaningfulness of the meeting for the patient member.

The writer concludes that the patients were continuously seeking and receiving some help as was observed in their repeated attendance at the meetings and from their participation in the latter portion of the meetings.

It can be said at this point that having a liaison relationship between
the hospital staff and the hospital chapter of Alcoholics Anonymous meeting would provide a better overall knowledge of working with alcoholics. It is obvious from the material presented that there is an indication that Alcoholics Anonymous has rehabilitative aspects in its program as seen in operation at the Veterans Administration Hospital, Northport.

Finally, the writer is glad to follow the request that certain recommendation be suggested as a result of this study.

1. It is thought that a social worker should be assigned to work with Alcoholics Anonymous at Veterans Administration Hospital, Northport, in order to establish a relationship with both the patients and outside members.

2. This worker should be aware of those patients who are new admissions to the hospital who carry either a primary or secondary diagnosis of alcoholism, in order that he can extend an invitation to them to attend the meeting at which time the worker can explain the purpose of the program.

3. The worker should respect and recognize the principles of Alcoholics Anonymous and should not ever attempt to change them to his way of thinking.

4. The worker should set up a definite schedule of time
other than during the meeting period at which time he could discuss with the patient those things requested by the patient.

In the event that the above plan is workable and put into operation the writer would like to suggest that two years after this plan has been in effect that a study be made to evaluate the effectiveness of the combined team of Alcoholics Anonymous and the social worker in rehabilitating the committed alcoholic patient.
INTERVIEW SCHEDULE FOR PERSONNEL

I. Alcoholism in General:
   A. Approximately what percent of patients in this hospital
      alcoholism as a severe problem?
   B. What are some of the forms of treatment utilized to help
      the alcoholic in this hospital? What form seems to give
      best results?
   C. Is there any rehabilitation value in custodial care only
      for alcoholics?

II. Alcoholics Anonymous
   A. What are the criteria for referring a patient to Alcoholics
      Anonymous in this hospital?
   B. Should some staff member act as liaison between Alcoholics
      Anonymous and the hospital?
   C. In your opinion is Alcoholics Anonymous useful in the
      rehabilitation program of the alcoholic in this hospital?
INTERVIEW SCHEDULE FOR SPONSORS OF ALCOHOLICS ANONYMOUS

I. The Alcoholics Anonymous Program
   A. Does Alcoholics Anonymous try to treat the alcoholic?
   B. What methods are employed and in what area does Alcoholics Anonymous attempt to meet the needs of the alcoholic?

II. The Alcoholics Anonymous in this hospital
   A. How does Alcoholics Anonymous help the patient members?
   B. Do you think greater liaison between Alcoholics Anonymous and the hospital is indicated? Why? How?
   C. When did you begin to sponsor this group?
   D. How long have you sponsored this group?
   E. Approximately what is the regular membership?
   F. What are some of your impressions of the group since you began to work with it?
   G. Discuss the purpose of Alcoholics Anonymous in this hospital.
   H. Discuss the history of the Alcoholics Anonymous group in this hospital since you have been sponsor.
   I. What do you feel will make for a better Alcoholics Anonymous chapter or do you feel that it is all right as it stands?
INTERVIEW SCHEDULE FOR PATIENT

I. The patient in relation to Alcoholics Anonymous

A. How and when was the first time you heard about Alcoholics Anonymous?

B. When did you attend your first Alcoholics Anonymous meeting? What were your impressions about the group?

C. How frequently and for what length of time did you attend Alcoholics Anonymous before hospitalization?

II. Alcoholics Anonymous in this hospital

A. Has Alcoholics Anonymous at Northport Veterans Administration Hospital been of help to you in any way in regard to your alcoholic problem? If so, in what way?

B. What other means of handling your problem have been employed here?

C. What suggestions do you have for the Alcoholics Anonymous program in this hospital?

D. Do you feel this program can be improved in this hospital? How?

E. How do you feel you can best be helped with your alcoholic problem?

F. What part of the hospital treatment program has helped you most?

G. Do you intend to become a member of Alcoholics Anonymous when you are discharged from this hospital?
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