

## BACKGROUND NOTES ON ALCHOHOLISM

RUNNING HEAD: Alcoholism

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#### ABSTRACT

Alcoholism is a major disease in North America, affecting both alcoholics and their families. The aetiology of alcoholism includes hereditary, cultural, environmental, and psychological factors. Recovery initially requires surrender of the infantile ego and the formation of a stronger, more adapted one. Treatment involves empathic acceptance and confrontation to penetrate alcoholics' and their families' denial system by means of both group therapy and individual counselling, which includes an educational component. The solution is essentially ethical if not spiritual in the broad sense of the word.

*The helpful formula therefore is spiritus contra spiritum. C. G. Jung*

## BACKGROUND NOTES ON ALCOHOLISM

### Introduction

The subject under investigation, alcoholism, is far too vast to be treated in anything but a cursory and tentative fashion in this short paper. An exchange of letters between Bill W., the co-founder of Alcoholics Anonymous, and C.G. Jung, reproduced in the November 1974 issue of the AA Grapevine, provides a focal point to which I am always referring, either explicitly or implicitly. In Jung's view, the craving for alcohol is a low level spiritual thirst for wholeness. In this regard, he quotes from Psalm 42:1, "As the heart panteth after the water brooks, So panteth my soul after thee, O God," as a parallel to the alcoholics craving for alcohol. Jung also observes that without real religious insight ordinary people need human community, as isolated they cannot resist being destructive. The (active) alcoholic is an emotionally isolated individual without either community or genuine religious insight and experience.

### The Magnitude of the Problem

Kinney and Leaton (1982) report 7% of the total US adult population are problem drinkers. Another 3.3 million problem drinkers are between the age of fourteen and seventeen. The British Columbia Ministry of Health reports that in 1978, 5% of British Columbians over the age of fourteen and 1 out of every 29 people in Canada as a whole are alcoholic. As the Canadian figures are only based on the number of deaths caused by cirrhosis of the liver, the actual rate of alcoholism is in fact significantly higher. It is also noteworthy that there are increasingly more women alcoholics, and that the age that people become alcoholic is decreasing significantly.

According to Kinney and Leaton (1982), 1 in 4 Americans are directly affected by an alcoholic in some way or other on an ongoing basis. Another statistic of concern is that 20% of all referrals to child guidance clinics are children of alcoholics. In addition, 40% of all suicide attempts and 50% of all suicides are related to alcohol. In B. C. alone in 1977, 735 traffic deaths were alcohol-related (British Columbia Ministry of Health). There are many other relevant statistics on alcoholism and alcohol-related diseases or accidents. The point, however, is clearly that alcoholism is a major problem, and as some people contend, it is North America's number one disease, a disease which, if anything, is becoming more endemic.

#### Cultural and Environmental Factors

Alcohol has been an integral part of Western culture since early on. Traditionally, it has been used in three different ways, ritualistically and for both convivial and utilitarian purposes. Libations were made to the Egyptian god Osiris, the Greek god Dionysus and to his Roman counterpart Baccus. The Bible refers liberally to alcohol and often extols its use. For instance, the well-known justification for letting go and having a good time "Let us eat and drink [and be merry], for tomorrow we die" is found in Corinthians 15:32. During the middle ages some of the monasteries contained taverns, while the monks produced many wines and liqueurs. Meanwhile, in the Christian sacrament of the mass, wine is used ritually in Protestantism to represent the blood of Christ and, in the Catholic tradition, actually as the blood of Christ.

North Americans largely use liquor for convivial and utilitarian reasons. Wine and other alcoholic beverages have been used as an aphrodisiac for centuries. Poets praise its ability to induce states of reverie and romance. Contemporary accepted social patterns

involve the seeking of short term happiness, pleasure and escapism, including through alcohol. The utilitarian utilisation of alcohol principally refers to the perception of it being a relaxant and anxiety reducer. In a variety of ways, mass media promotes the use of alcohol and any number of psycho-pharmaceutical drugs for these purposes. Despite the generally relaxed attitude to alcohol, however, there continues to be a certain amount of cultural ambivalence towards its use, reflected in the temperance movement and the prohibition of the early 1920's.

There are also powerful moral and social stigmas directed against the alcoholic. This attitude is beginning to change, however, as increasingly the alcoholic is being viewed not as "evil" or degenerate but as ill and in need of help. Indeed, people may be surprised to learn that the majority of alcoholics live in respectable neighbourhoods (Kinney and Leaton 1982).

#### Definition of Alcoholism

Kinney and Leaton (1982) give a definition of alcoholism that is simple and to the point: "Alcoholism is a disease in which the person's use of alcohol, [the main ingredient of which is generally ethanol], continues despite the problem it causes in any area of life." Bressette emphasises that alcoholism is a chronic, progressive disease. Once one has the disease one has it for life, and it can only get worse without management and active collaboration on the part of the alcoholic.

Johnson (as reported in Kinney and Leaton, 1982) graphically illustrates the four stages an individual goes through in developing a dependency on alcohol, the characteristics of which are found in Exhibit 4. He emphasises the "learning" nature of the addiction and that

individuals are attracted to alcohol due to its mood-altering nature. Jellinek (as reported in Kinney and Leaton, 1982) also identifies four different phases of alcohol addiction, the characteristics of which are indicated in Exhibit 1. According to him, an individual can normally be considered to be an alcoholic when the third or crucial phase is reached. It is important to note, however, that Jellinek insists that one is not necessarily destined to go through all four stages before treatment can be successful.

The advantage of visualising alcoholism as developing in stages with definite symptoms is that it makes it easier to spot before becoming further entrenched and more difficult to arrest. Jellinek also identifies different kinds of alcoholism, the characteristics of which are noted in Exhibit 2. The different categories are differentiated by such factors as psychological dependence, control, physical problems, physical dependence and drinking episodes. Recognising that different kinds of alcoholism exist adds further insight and dimension to one's understanding.

### The Effects of Alcohol

Alcohol works as a depressant, affecting the frontal lobe of the brain, the parietal and occipital lobes and the cerebellum and medulla, as well as the central nervous system. It has the well-known effect of putting one in a progressively relaxed state of mind and then releasing social inhibitions. It can eventually seriously distort one's judgement and muscular co-ordination. Excessive alcohol also eventually affects memory perception and may put the individual into a coma. Blackouts, or amnesia-like periods, are also common experiences of excessive drinking.

Forney and Hughes (1968) suggest that people use alcohol because of its euphoria inducing properties, and that it is perceived as being a sedative, inducing sleep. It also promises social success and comes in many seductive flavours and aromas. Alcohol is also popular with overweight people as an orexigenic and in limited quantities it can promote digestion. Despite these, and other perceived advantages, alcohol actually functions in a detrimental way. Excessive use of alcohol, for instance, actually impedes digestion. Although the use of alcohol induces a feeling of warmth, there is, in fact, a loss of body heat. In modest amounts and for a short period of time alcohol can act as a sedative but, with greater amounts and over time, there is increased motor activity and a feeling of edginess. Finally, the chronic use of alcohol has several adverse physical effects, some of which are indicated in Exhibit 3.

#### Effects of Alcoholism on the Family

Alcoholism is often called the “family problem.” Kinney and Leaton (1982) indicate that there are several identifiable stages a family goes through in trying to cope with the problem of alcoholism, the characteristics of which are to be found in Exhibit 5. Along with Wegscheider (1981), they offer further insight into the family pattern by identifying the different roles adopted by family members to cope with the alcoholic-centred life, the characteristics of which are outlined in Exhibit 5. In particular it should be noted that there are two extreme situations: (1) that alcoholics become a boarder in their own home and (2) that family life becomes totally centred around alcoholics with all their defence systems and illusory grasp of reality.

In one way or another, the whole family is implicated. Wegscheider (1981) insists that a central challenge to the counsellor is to enter into the family system yet not be caught by it.

An essential part of the cure for alcoholics involves the eventual readjustment of family roles to a more normal pattern.

### Hereditary and Genetic Determinants

Current thinking suggests that genetic factors play a significant role in alcoholism. Shields, (as reported in Cadoret, 1976), gives some evidence for a genetic factor in his twin studies. Cadoret (1976) suggests that there are reasons to predict that alcoholism is associated with many genetically deformed traits. Kinney and Leaton (1982) indicate that the children of alcoholics develop the disease in an approximately 4 to 1 ratio to those without alcoholic biological parents. Thus, alcoholics may have a constitutional vulnerability to alcoholism and cases of early onset may be hereditary.

Despite the compelling nature of the logic, caution needs to be exercised in coming to this conclusion, however. The reason is that it is difficult to isolate environmental factors, which are an important variable in the development of alcoholism. Indeed, Breggin (1991) observes that there is little hard evidence to support the argument for a physical cause to alcoholism.

### Psychological Factors

#### Psychological Factors I

Tiebout (1973) argues for treating alcoholism as the primary disease. He further argues that although in some cases deeper psychological insight may be called for, without the individual first stopping the drinking no further progress can be made. Despite this, there does seem to be some evidence to suggest that there is a typical psychological or personality alcoholic type. Tarter and Sugerman (1976) contend that the psychological test



known as the MacAndrew MMPI Alcohol Scales is quite effective in identifying alcoholism prior to addiction, although environmental, cultural and hereditary factors need to be considered as well.

Different schools of psychology define the deep-seated causes that predispose one to become an alcoholic in different way, each shedding a little light on this complex issue. An examination of Exhibit 6 indicates that there is a certain amount of commonality or complementarity to each of the theories, although the explanations may vary. Here, it may be well to be reminded that the essence of the problem is the alcoholics' emotional isolation, their lack of genuine community and spiritual poverty.

#### Psychological Factors II: The Ego and Surrender

Glasser (1970) argues that alcoholics have a generalised ego weakness involving a major portion of the ego, common to all character neurotics. Tiebout (1973) describes this ego as defiant, grandiose, impatient of delay and inflated. He contends that for alcoholics to genuinely start on the road to recovery they must hit "rock bottom," surrender the infantile ego and go through a conversion process or a complete turn around in their way of life. In this regard, true surrender is not compliance or submission, which, Tiebout (1973) argues, are obstacles to surrender. Bressette contends that the change that must occur involves 1) stopping the drinking, 2) becoming less self-deceptive and 3) letting go of such mental states as self pity, depression, anger, fear and loneliness while gaining true self-esteem. In short, a total change or conversion in lifestyle is required involving a transformation of an immature ego to a more mature one.

The act of surrender requires the humbleness the infantile ego lacks. It is a genuine ethical if not spiritual gesture and marks the turning point in the life of alcoholics. No longer actively alcoholic, they become arrested alcoholics, fully cognisant of the chronic nature of the disease.

### Treatment and Recovery

Kinney and Leaton (1982) offer the following formula for a complete treatment program: "Individual counselling + education + family therapy + family education + medical care + AA + Al Anon + vocational training + activities therapy + spiritual counselling + Antabuse." [Antabuse is a drug that has the effect of diminishing alcoholics' craving for impulsive drinking. In some cases, there are serious side effects, so it must be administered with care.]

Alcoholics safeguard their self-image, not through real accomplishment but through denial, that is the establishment of an elaborate defence system (Anderson, 1981). The characteristics of the most common forms of denial are indicated in Exhibit 6, and go far beyond the simple denial that alcohol is a problem. The most crucial aspect of any treatment is to penetrate the alcoholics' defence system. The first step is to create a non-judgemental, empathic atmosphere. The second is confrontation by way of presenting facts on the nature of the illness, along with evidence to convince alcoholics that alcohol and other drugs produce more pain than pleasure for them. Confrontation comes not only from the therapist, but from fellow alcoholics during group therapy sessions. In fact, it could come from a family member or friend as well.

Both individual counselling and group therapy are important. In individual sessions, the individual's unique concerns and their progress can be discussed. Group therapy allows for dialogue with fellow alcoholics "all in the same boat" and the instillation of hope, especially from those nearing the end of the treatment programme. Moreover, alcoholics begin to learn about the interdependence of people and discernment in relationship. Kinney and Leaton (1982) also recommend therapy for the family of alcoholics and education on such topics as awareness of the role different members of the family play in the alcoholic situation, enabling, effective problem solving and the need for acceptance of each family member. There is also a need to sort out a new balance in the family on the return home of the recovered alcoholic.

#### Alcoholics Anonymous (AA)

Kinney and Leaton (1982) point out that the chances of recovery are significantly increased if alcoholics become a member of AA. There are many reasons why A.A. works and a perusal of the Twelve Steps [Exhibit 9] and the Twelve Traditions [Exhibits 10] should convince any reasonable person of their value. It is worthwhile noting that both the Steps and Traditions grew out of experience and are not just theoretical concepts. The programme is based on the recognition of the ethical or spiritual nature of the required conversion and the need for a loving, accepting community of people.

As Nouwen (1979) shows, a ministry of wounded healers is very effective. All arrested alcoholics having lived through their own hell and then healed become themselves a wounded healer. Alcoholics Anonymous is a community of such individuals, each by their very presence helping others on their journey through life.

### Other Issues

Given the limited scope of this paper, it is not possible to discuss other issues essential to the understanding of alcoholism and its treatment. They include, for example, poly-drug use, alcoholism and native Canadians, sub-cultures and their relationship with alcohol, the special needs of women alcoholics, AA's sponsor programme, the professional as counsellor and the arrested alcoholic as counsellor, Al-Anon, Al-A-teen, and so on.

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Alcoholism is a major problem in North America. Some of the "causes" attributed to alcohol are heredity, culture, environment and psychological disposition. Both the individual and the family are seriously affected in many ways. Recovery initially requires surrender of the infantile ego and the formation of a mature, more adapted ego. Treatment through individual and group therapy includes both empathic acceptance and confrontation to penetrate alcoholics' and their families' denial system, along with education of both the individual and the family. In essence, the solution is ethical, if not spiritual and concerns individuals themselves and their relationship to both their family and their community.

God grant me the serenity  
To accept the things I cannot change  
Courage to change the things  
I can, and Wisdom  
To know the difference

## EXHIBIT 1

### Jellinek's Disease Formulation of Alcoholism

1. Pre-Alcoholic Phase
  - socially motivated drinking
  - becomes standard means of handling stress
  - lasts for several months to two years
  - tolerance gradually develops
2. Prodromal Phase
  - sudden change, signalling disease
  - heralded by blackouts
  - other evidence alcohol is a need
  - heavy consumption
  - efforts made to look okay
3. Crucial Phase
  - whether or not to drink still under individual's control
  - loss of control once first drink is taken
  - rationalisation re drinking begins
  - life becomes alcohol-centred
  - family life and friendships deteriorate
  - perhaps drinking in the mornings
- 4 Chronic Phase
  - intoxicated daily, day long
  - more frequent benders
  - if ethanol not available, drinks poisonous substitute
  - on fringes of society
  - tolerance drops
  - tremors
  - indefinable fuzziness
  - rationalisation system fails

## EXHIBIT 2

### Jellinek's Five Kinds of Alcoholism

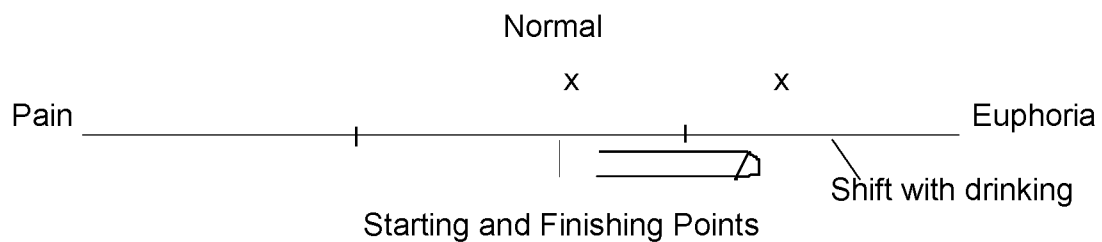
- **Alpha alcoholism.** A purely psychological dependence on alcohol. There is neither loss of control nor an inability to abstain. What is evident is the reliance on alcohol to weather any, or all, discomfort or problems in life. The use may lead to interpersonal, family or work problems. A progression is not inevitable. Jellinek notes that other writers may term this as problem drinking.
- **Beta alcoholism.** Present when the various physical problems resulting from alcohol use develop, such as cirrhosis or gastritis, but the individual is not psychologically or physically dependent. This species is likely to occur in persons from cultures where there is widespread heavy drinking and inadequate diet.
- **Gamma alcoholism.** Marked by a change in tolerance, physiological changes leading to withdrawal symptoms, and a loss of control. In this species there is a progression from psychological to physical dependence. It is the most devastating species in terms of physical health and social disruption. This is the species Jellinek originally studied. It progresses in four phases: pre-alcoholic, prodromal, crucial and chronic. The gamma alcoholic appears to be the most prominent type in the United States and Canada. This species is the most common among the members of AA. Characteristics of this species alone are often seen a synonymous with alcoholism.
- **Delta alcoholism.** Very similar to the gamma variety. There is psychological and physical dependence, but there is no loss of control. On any particular occasion the drinker can control intake but cannot go on the wagon for even a day without suffering withdrawal.
- **Epsilon alcoholism.** Not studied in depth, but appears to be significantly different from the others. Jellinek calls this periodic alcoholism, marked by binge drinking. Though not elaborating, he felt this was a species by itself, not to be confused with slips by gamma alcoholics.

### EXHIBIT 3

#### Johnson's Alcohol Learning Model

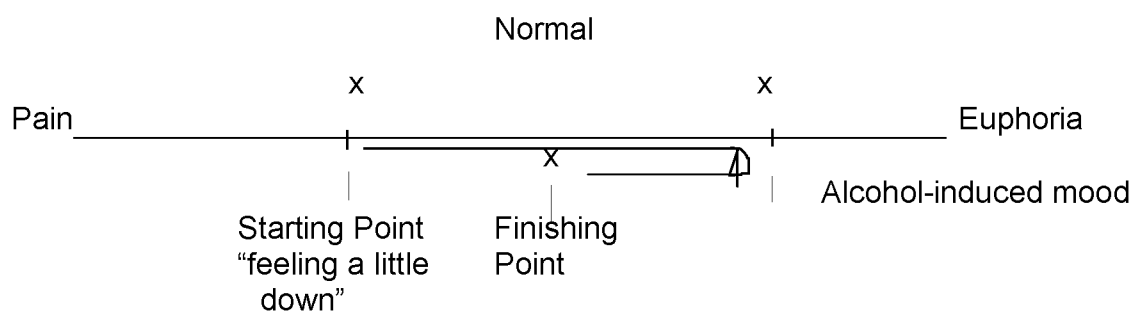
##### Phase 1 - Learning the Mood Swing

- one learns mood shifts from normal to euphoric
- once alcohol effects wear off, individual is back to normal



##### Phase 2 - Seeking the Mood Swing

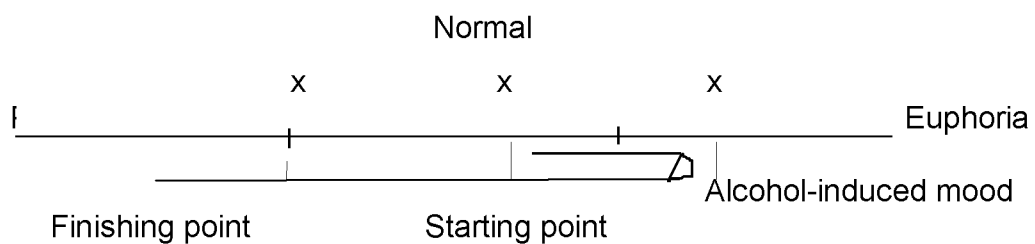
- drinking has particular purpose
- expectation alcohol helps in a situation
- one seeks alcohol-induced mood
- still no problem





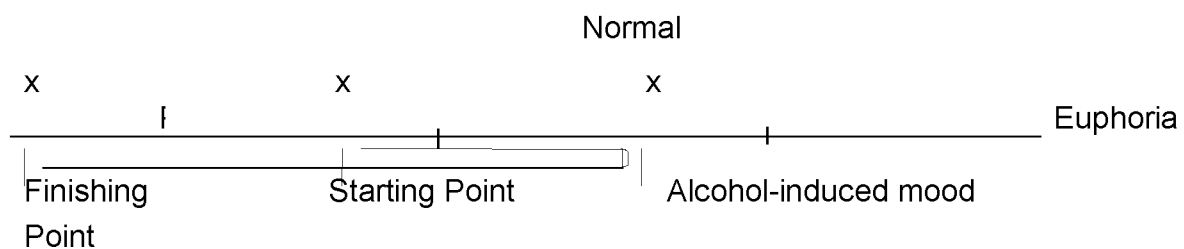
### Phase 3 - Harmful Dependence

- sudden boomerang effect
- negative consequences, embarrassments, emotional costs, etc,
- drinking behaviour inconsistent with values and self-image
- rationalisations, projecting blame
- shrinking self-esteem
- finishing point falls below normal state
- drinking structured into life



### Phase 4 - Drinking to Have Normal Feeling

- state dependent learning, repertoire of behaviour and coping mechanisms, social skills; information learned during drinking and only available then
- blackouts
- repression and distortion of reality
- alcoholic only remembers good times and/or sense of relief associated with drinking
- finishing point painful



## EXHIBIT 4

### Typical Stages in The Life Of Alcoholics And Their Family

	<u>Stage</u>	<u>Characteristics</u>
1.	Protection of alcoholic	Excuses, etc., on alcoholic's drinking and behaviour
2.	Denial of problem	Explain away alcoholic's drinking
3.	Attempts made to eliminate problem	Pressure on alcoholic to quit, cut down, hide from outside
4.	Disorganisation and chaos	Family situation from crisis to crisis
5.	Efforts to escape	Separation/divorce
6.	Reorganisation in spite of problem	Spouse take over to foster family life
7.	Family reorganisation	Both partners realign roles, new adjustments

EXHIBIT 5  
Some Possible Physical Effects of  
Chronic Use of Alcohol

- shortened life expectancy 10 - 12 years
- impotence
- raspy croaking voice
- sharp drop in tolerance
- for males, feminization, development of breasts decrease of beard and pubic hair
- decrease in serum testosterone levels
- sperm damage
- sterility
- for females, adverse effects on reproductive physiology
- miscarriage
- infertility
- give birth to child with fetal alcohol syndrome
- pregnancy complications

## EXHIBIT 6

### Roles Adopted by Children of Alcoholics to Adapt to Situation [according to Wegscheider]

	<u>Role</u>	<u>Characteristics</u>
1.	The responsible one, the family hero	Usually the oldest or only child taking over chores, etc
2.	The adjuster, the lost child	Follows directions and easily accommodates to whatever comes along
3.	The placator, the family mascot	Manages emotional side of life. Ever attuned to concerns of others, including sympathy for both alcoholic and non-alcoholic
4.	The scapegoat	Acting out, in trouble in school and with authorities. Angry, defiant, possible drug or alcohol abuse.

## EXHIBIT 7

### Psychological Causes of Alcoholism

#### Attributed by Different Schools of Psychology

<u>School of Psychology</u>	<u>Age of "casual knot"</u>	<u>Attributed "cause"</u>
Freudian	0-1	Oral fixation. Alcoholics have not matured emotionally beyond childhood leaving them anxious, vulnerable, impatient, demanding and easily frustrated
	5 - 6	Oedipal complex and latent homosexuality. Alcohol is route to discover one's sense of masculinity in a socially accepted fashion
Cognitive Behavioural [William and Joan Macord]	childhood	Denial of need for love in childhood. Alcoholic has distorted self-image due to an intensive need for love and a strong desire to repress this need
Games Alcoholics Play [Claude Steiner]	childhood	Learned to "don't think" as child in order to survive in families where there is clear disparity between what is going on and what parents say is going on. Gives distorted self-image in view of reality
Reality Therapy [William Glasser]		Failure to be loved and to love, and to feel worthwhile lead to pain. One possible solution is alcohol which can lead to addiction
Adlerian	0-5	Feelings of dependence and inferiority, along with pessimism

## EXHIBIT 8

### The Psychopathology of Denial in Alcoholism

Simple denial: Maintaining that something is not so that is in fact so, e.g., insisting that alcohol is not a problem. The alcoholic's dishonesty is also a form of denial.

Denial [Automatic]: Denial, in its various forms, is not usually a matter of deliberate lying or wilful deception.

Denial [Progressive]: The denial system becomes more pervasive and entrenched as the illness of alcoholism continues to progress.

Minimising: Admitting, to some degree, a problem with alcohol [and/or drugs.] but in such a way that it appears to be much less serious than is actually the case.

Blaming [projection]: Denying responsibility for certain behaviour and maintaining that the responsibility lies with someone or something else.

Rationalising: offering alibis, excuses, justifications and other explanations for behaviour.

Intellectualising: Avoiding emotional and personal awareness of the problem of alcoholism by dealing with it on a level of generalisation, intellectual analysis or theorising.

Diversion: Changing a subject to avoid a topic that is threatening e.g., personal alcohol or [and/or drug usage] and related behaviour.

Hostility: Becoming angry and irritable when reference is made to alcohol usage and related behaviour.

EXHIBIT 9  
Reproduced from AA Grapevine

The  
TWELVE  
STEPS

1. We admitted we were powerless over alcohol - that our lives have become unmanageable.
2. Came to believe that 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 *understand 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 wherever 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 understand him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

## EXHIBIT 10

Reproduced from AA Grapevine

# The TWELVE TRADITIONS

1. Our common welfare should come first; personal recovery depends upon AA unity.
2. For our group purpose there is but one ultimate authority – for 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 AA membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or AA as a whole.
5. Each group has but one primary purpose - to carry its message to the alcoholic who still suffers.
6. An AA group ought never endorse, finance or lend the AA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every AA group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever non-professional, but our service centres may employ special workers.
9. AA, as such, ought never be organised, but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinions on outside issues. Hence the AA name 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 all our Traditions, ever reminding us to place principles before personalities.



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