

**ALCOHOLICS**  
*are*  
**SICK PEOPLE**

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"Alcoholism — Our Greatest Unsolved Public Health Problem"

ALCOHOLICS  
ARE SICK PEOPLE

by  
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TO THE WORLD WHICH IS  
GREATLY IN NEED OF HELP



## INTRODUCTION

Alcoholism has been our continuous curse, as well as the curse of other nations, because society has taken no constructive interest in the matter. The temperance approach ending in the Prohibition Amendment was a flat failure because it tried to legislate into society something that society was not ready to accept. There can be no successful legislation concerning mental hygiene until there is a consensus of opinion behind that legislation. And there was not such a consensus behind the Prohibition Amendment. I, myself, was opposed to it and spoke against it because it was psychologically unsound legislation.

The chronic alcoholic is a sick person. Dr. Robert V. Seliger has devoted years of time and study to

these individual patients. I have known him and followed his work for fifteen years, and I have found him sound in his approach to this great problem. He has the right idea. He knows his stuff and he gets results. *The patient must want help*, and seek it with all his heart. No doctor can do this for a patient. *He must want to be helped.*

Society has erred in discussing alcoholism instead of the individual alcoholic. It is the same mistake that society has made in discussing crime instead of the individual delinquent, and in discussing insanity instead of the individually sick person.

Dr. Seliger puts emphasis on the individual alcoholic, not on alcoholism alone. Until society gets this idea—that *every* case of alcohol addiction must be treated as an *individual person*—we shall make no progress in combatting the conditions and tragic consequences produced by alcoholism.

*Esther Loring Richards, M.D.*  
Baltimore, Md., 1945



## FOREWORD

To be sure, alcoholism could not exist without alcohol, but alcoholics are people and it seems ridiculous to blame that substance for what the human organism does with it. In our culture we shall always have alcohol. The task is to teach humanity how to use it intelligently and to avoid its abuse.

A normal person may drink alcoholic beverages; he might even get moderately drunk upon occasions. This would not make him a sick personality. It would not make him an alcoholic.

Alcoholics are made, not by alcohol, but by people who use it. Alcoholism today is an outgrowth of our culture—of what our culture does to some personalities. We tried to ban alcohol by prohibiting its

use and made the problem worse. What we need to recognize is that "alcoholics are sick people," as Dr. Seliger so aptly says. When we realize this we will have taken the first great step towards the eradication of alcoholism.

*Lawrence F. Woolley, M.D.*  
Towson, Md., 1945



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## CHAPTER ONE

### THE PURPOSE OF THIS MONOGRAPH'S THERAPY (TREATMENT).

An alcoholic is a sick person. Alcoholism is a symptom of an illness and not a disease by itself. It is a symptom of deep or deeper underlying personality-emotional reactions of varying degrees and types.

For practical purposes, we feel that a person is an alcoholic when he is "handled by alcohol" to such an extent that it takes him out of one or more of the traffic lanes of life. But with this in mind, one is supposed to be a "social" or moderate drinker if he "handles alcohol" so that it doesn't take him out of one of these traffic lanes.

[ 2 ]

Therefore, one must keep clearly in mind that alcoholism is not a dissipation. This is proved by scientific experience with individuals who had alcoholism as a problem.

Furthermore, it is necessary to keep in mind that all individuals with alcohol problems are not bums or drunkards.

Medically speaking, as we have said, an alcoholic is an ill person—his abnormal drinking results from an underlying emotional conflict, conscious or unconscious(\*). His motivations, habits and reactions are out of balance.

His use of liquor—plus its resulting nervous strains and reactions, and his own nervous pressure—interferes directly or indirectly with one or more of his important life activities. That is, his drinking harms himself, his family, or his standing in his community.

If you have a drinking worry of any sort what-

[ 3 ]

(\*) Indicates definition appears in Glossary and Notes, page 70.



ever, it is possible that *you* are an alcoholic. If you are one, or even if you are just in the stage of becoming one, you should act at once to save *yourself*—for the alcoholic himself is the chief sufferer from his illness.

One of the main purposes of this book is to encourage the abnormal drinker to obtain expert aid before it is too late. Drawing on many years of experience in dealing with alcoholism, the authors hope to make the alcoholic understand three things:

1. That he is fundamentally different from other drinkers.
2. That he should seek aid immediately.
3. That he can now find aid through medical science. (Unless he is already in a hopeless state. The authors do not say that all alcoholics can be cured. But many cases that seemed hopeless to the layman, or to the alcoholic himself, *have* been cured.)

## CHAPTER TWO

### ARE YOU AN ALCOHOLIC?

Before going further, suppose we try to find out whether you are suffering from the illness called alcoholism or whether you are in real danger of becoming an alcoholic.

We have already noted several of the more apparent symptoms of abnormal drinking—that is, the way drinking interferes with the important life activities of the alcoholic. Possibly some of these statements came close to home. In any case, do you dare to take a “screening” examination for alcoholism?



In the next chapter there is a "liquor test" which will help to tell you whether you have reached the danger point in your drinking. The 35 test questions are based directly on the behavior leading up to alcoholism in many hundreds of case histories. Each question deals with a sign that has appeared so consistently in the early records of abnormal drinking that there can be no doubt that it is a danger signal.

Now take the test, carefully. Then have your husband or wife (or a friend) take it for you. If all answers are *No*, you are probably safe—for the present, at least. But every *Yes* answer is a red light, warning you to put on the brakes.

Remember that these questions refer to very serious matters in anybody's life. If you are losing time at your work, you must know that it can be dangerous. You can't honestly minimize loss of ambition. If your reputation is suffering, it is no light matter. The habit of solitary drinking can indicate

a precarious unbalance in your personality: it suggests that you are leaning altogether too much on liquor for support. A person who suffers from the inner shakes unless he continues drinking is a badly handicapped individual. A man who "just has to have a drink" the next morning is certainly misusing alcohol: the craving for the "hair of the dog that bit you" is a serious indication that your over-indulgence has reached the stage where it is likely to grow progressively worse.

If you answer *Yes* to certain of the questions it means that you are using alcohol to find an emotional escape from situations in real life that you find too unpleasant; or your dependence on liquor may mean that you yourself are not adjusted to face the normal course of events. In either case, you are using liquor as a crutch to "get by." And liquor is an outrageously bad crutch; when you put any weight on it, it not only breaks but trips you up,



leaving you worse off than you were before.

Quite possibly, you can name a few individuals who have ignored one or more of the danger signals in the liquor test for years and have apparently come through unscathed. No doubt you also know individuals who consistently ignore red lights at grade crossings.

But suppose you and your wife (or friend) have been able to answer *No* to all the questions. Fine! Continue your drinking if you so desire. On the other hand, if one or more red lights show up, stop drinking at once—at least temporarily—and seek competent advice regarding yourself and your future drinking from a psychiatrist(\*) or good mental hygiene clinic.

## CHAPTER THREE

### THE LIQUOR TEST.\*

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Do you require a drink the next morning?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you prefer to drink alone?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you lose time from work due to drinking?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your drinking harming your family in any way?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you need a drink at a definite time daily?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you get the inner shakes unless you continue drinking? | <input type="checkbox"/> | <input type="checkbox"/> |

\* The above text was written by Dr. Robert V. Seliger for *Your Life Magazine* and appeared in the December, 1939 issue.



- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 7. Has drinking made you irritable?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does it make you careless of your family's welfare?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you become jealous of your husband or wife since drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has drinking changed your personality?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does it cause you body complaints?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does it make you restless?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does it cause you to have difficulty in sleeping?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has it made you more impulsive?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you less self-control since drinking?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has your initiative decreased?                                 | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 17. Has your ambition decreased?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you lack perseverance in pursuing a goal since drinking?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you drink to obtain social ease? (In shy, timid, self-conscious individuals.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you drink for self-encouragement? (In persons with feelings of inferiority.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. To relieve marked feelings of inadequacy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Has your sexual potency suffered since drinking?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you show marked dislikes and hatreds?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Has your jealousy, in general, increased?  | <input type="checkbox"/> | <input type="checkbox"/> |



CHAPTER FOUR

IF YOU ARE AN ALCOHOLIC.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 25. Do you show marked moodiness as a result of drinking?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Has your efficiency decreased?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Has drinking made you more sensitive?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Are you harder to get along with?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you turn to an inferior environment while drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Is drinking endangering your health?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Is it affecting your peace of mind?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Is it making your home life unhappy?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Is it jeopardizing your business?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Is it clouding your reputation?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Is drinking disturbing the harmony of your life?       | <input type="checkbox"/> | <input type="checkbox"/> |

Does this suggestion surprise you? Does it strike you as not only unnecessary but rather drastic? Even if you have a serious drinking worry, or are an outright alcoholic, you may be saying to yourself, "Now just a minute, doctor! I may not be able to handle my liquor but I'm not nuts. It's not going to help me to sit crosslegged on the floor and weave baskets. And, besides, I don't drink because I was scared by a nightmare at the age of four."

This, of course, is a frequent reaction by alcoholics—and others—who know little of the develop-



ments in modern psychiatry. They assume that psychiatric treatment is solely for "crazy people." Unfortunately, the success of the best psychiatric methods in dealing with the problem of alcoholism is too recent to have attracted wide attention. And even those relatively few persons who understand that psychiatry is now grappling effectively with all forms of personality or emotional problems often do not realize its role in helping the alcoholic. As a matter of fact, many physicians themselves are not yet fully acquainted with the medical aspects of abnormal drinking. Many an excellent doctor is himself a controlled drinker and has not learned why there are some who are *unable* to use liquor the way he does.

The psychiatrist, in recent years, has applied himself to finding out why. He has searched for the causes of abnormal drinking and they have given him valuable clues to the cures. In brief, psychiatry

has learned that alcoholism is a symptom of an underlying disorder, just as a person who is "ill with a fever" may be suffering from an underlying physical disease which causes the fever. In many cases, neither the alcoholic nor the fever patient is aware of the cause.

The alcoholic's disorder is not "physical" in the usual sense, of course: it is a maladjustment which is both psychological and biological(\*).

Alcohol comes into the picture as a narcotic(\*), a painkiller. In other words, the underlying disorder causes tension, anxiety, restlessness or hostility, which the abnormal drinker, without realizing it, soon learns to narcotize with alcohol.

There is the tense man who wants a drink because it relaxes him. He has been "all wound up." He thinks a few stiff drinks are just the "nerve tonic he needs." Maybe a lot of people or things have been getting under his skin. He may be torn be-



tween desires and responsibilities. He is pent-up. At the end of the day he has the sensation, perhaps, that his tempo is violently speeded-up, that his nervous system is racing.

Everyone is familiar with the use of alcohol to numb anxieties, whether acutely active or just gnawing in the back of the mind. The worrier tries to escape from himself, to "drown his troubles." He either seeks to forget, temporarily, or to make his mind look at his troubles through a rosy haze.

Perhaps the drinker is driven by only a vague restlessness, an inability to be composed, mentally and physically. His thought processes while sober make him bored and uneasy. He can't settle down to doing anything and he seeks to escape from himself in an alcohol-induced activity.

Then there is the feeling of hostility as a cause of alcoholism. The drinker, consciously or unconsciously, rebels against people or circumstances.

Many times he does not realize that he is feeling resentful. At other times the apparent hostility is sufficiently recognized for him to head for a bar with some such thought as, "To hell with it all—I'm going to get drunk."



## CHAPTER FIVE

### WHAT REALLY DRIVES YOU TO DRINK?

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.

Studies of a great many pathological drinkers(\*) disclose one or more of the following "reasons" for their excessive use of alcohol:

[ 18 ]

## 1

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

Sometimes these situations take the form of what people call "troubles." The drinker's money worries may have him down. He may hate his job and feel discouraged about his future. Perhaps he has lost the good opinion of his friends. His home life may be full of bitterness, nagging or sadness. Maybe he has been unhappy in love, or someone's death has left him feeling alone. These are a few of the outstandingly difficult situations. But lesser factors in his environment can also pile up on him and hit a tender spot in his make-up. Perhaps his life is humdrum and none of his early dreams came true. Hundreds of factors in his individual world can cause either unrealized strains or conscious unhappiness, or both.

[ 19 ]



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

In this instance, the drinker has been unable to adjust himself to the more or less average difficulties of living. Perhaps he is constantly handicapped by excessive shyness, or is so sensitive that he is forever being made miserable. Maybe he cannot satisfy his sexual desires, or is troubled and worried by his unusual desires. Possibly he suffers from very strong feelings of envy and inferiority. And so on. Such failures to adjust harmoniously to life are frequently caused or aggravated by an abnormal set of influences in early life.

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

In this development the habit of drinking becomes a dominating force in the life of the drinker, often by a process imperceptible to him. The drinker learns to prefer alcoholic unreality to sober reality. Because of this, he becomes the victim of an addiction. His use of alcohol—formerly controlled—gets gradually out of control, partly because his drinking creates difficult problems which he tries to meet with still more drinking. Factors which may contribute to his addiction include a fundamental restlessness or discontent, an inability to “snap back” from alcoholic bouts as he grows older, and a drinking environment which sets a pace which he can no longer “take.”



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

Some alcoholics suffer from a major type of mental illness, but every form of mental illness has been found among alcoholics. In other words, the alcoholism is a symptom of their illness and not a cause, and they would need psychiatric care even if they had never touched a drop.

*As an escape from incurable physical pain.*

This alcoholic, of course, drinks to narcotize the pain, and also to narcotize the results of his fears relative to the future.



*As a symptom of an inferior intellectual and/or totally immature emotional makeup. (Geno-  
genic.)*

This person's emotional and intellectual immaturity or inferiority is so marked that he is a handicapped individual, even without the complication of alcoholism. He may drink because he likes alcohol, knows he cannot handle it but simply cannot care. He does not suffer from the recognized major mental disorders, and is likely to be called merely weak or irresponsible, whereas he is a "poor egg." His behavior usually demonstrates extreme carelessness of obligation and lack of ability to be reliable or take responsibility, and as a result he is continually in jams of one sort or another.

These reasons for drinking are found again and again in cases of alcoholism. Sometimes a psychiatrist can readily recognize two or more of these factors at work in one individual.

At other times, it is true, 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 frictions in his life resulting from internal, external (or both) adjustments. Consciously or otherwise, he does not like the way things are going. He (or his ego) is dissatisfied, perhaps bored, perhaps disappointed. He (or it) wants a change, that is, a relief or release from these so-called anxieties and their resulting behavior, and learns to get it through or via alcohol. So, from these psychodynamics, plus habit, the alcoholic psychopathology develops.

Some people have interpreted the production of



the anxieties, etc., which need to be narcotized, in terms of an intense urge to self-destruction; of overt or latent homo-sexuality (from a medical/psychological understanding of the unconscious), or of early psychic trauma (wound or injury).

To get back to *your* problem. You have taken the liquor test. Assume that it has revealed danger signals in your drinking habits. It may be that you will temporarily have to watch your step, or you may already be an individual with a permanent alcohol problem.

It is almost impossible for you to decide where you stand. Because of the subjective situation, excessive drinkers are usually unable to see what is happening or has happened to them. This fact is proved by plenty of evidence, in scientific studies and in everyday life. We have discussed some of the psychodynamics, or underlying "causes," of alcoholism. Perhaps through this discussion you have become

aware that this problem is by no means unusual; that it is a very serious one; that psychiatry today is not exclusively occupied with the mentally sick or insane, and that psychiatry is not a fad.

The psychiatrist is not a mystic. He doesn't go into semi-trances with you. He doesn't use a Rube Goldberg apparatus to measure your inner soul. Nor does he give your problem a long, obscure name, and consider that the cure.

The psychiatrist uses common sense in a scientific, helpful way. He is able to be helpful because of:

- (1) his long experience with a wide variety of human problems in which there are varying types and degrees of mental and emotional illness;
- (2) his training and his understanding of personality make-ups and their emotional reactions in interpersonal relationships;
- (3) his ability properly to evaluate conscious and unconscious motivations and, in turn, objectively to utilize these significant tools and fac-



tors. The psychiatrist uses these tools and factors either in causing the cessation or curtailing the production of the anxieties, or in developing a change in attitude so that the individual can be able to flow in the traffic lanes with maximum efficiency and also (through this and re-educative measures) not need, or have to resort to, the use of the (for him) narcotic—alcohol (\*).

If you elect to consult a psychiatrist he will determine whether you are a social or a pathological drinker. As we have seen, this is a distinction of the utmost importance. To put bluntly one aspect of this distinction: If you have become a pathological drinker, you must never drink again. Even if you were a moderate, controlled drinker for many years, you cannot recapture that ability. You have changed. You have become "psychobiologically" allergic to liquor, and for you it has the effect of a pernicious drug(\*). When you use alcohol, you become

"drugged by drink." *Drinking in moderation is an absolute impossibility for an alcoholic.*

But, you may say, if some objective adviser would give an idea of how much you dare drink, you would stick to your limit. In the first place, there is no way for the alcoholic to know in advance just how a specific amount of liquor will affect him. And, secondly, he would not consistently stick to his limit, even if it were possible to fix one that was satisfactory from all points of view. The capacity for handling alcohol not only varies greatly with different individuals but with the *same individual at different times*. Therefore, the first drink is the one too many, and that one too many causes him to lose all control of his drinking.

If the psychiatrist tells you that medically you are an alcoholic, that goes for beer and wine, as well as whiskey and other hard liquor. Liquor is liquor, in any form. Many an alcoholic has gone on the rocks



because he insisted that he could drink beer, even if he thought he was convinced he couldn't handle hard liquor.

Perhaps you tell yourself that you are "not the sort" of person who could be really ruined by liquor. Don't believe it. Liquor is no respecter of persons, once they have become pathological drinkers. Don't think it is "manly" to be able to hold your liquor. Don't imagine that you can "beat liquor" or exhibit your will-power by taking just a couple of drinks now and then. For you, it just won't work. Sooner or later—and probably sooner—it will again be a case of having one too many. And then you will be off again.

There are a few alcoholics whose minds have been forced to accept the fact that they cannot handle liquor at all. But most of them are rather shocked when they are told that they must avoid alcohol for life. Their reaction is usually something like this:

[ 30 ]

"I know I've had some trouble with liquor, but Great Scott, I'm not that bad off. With a little help and time I can learn to drink moderately again."

The patient's reaction is entirely human but it is entirely incorrect. All serious students of alcoholism agree that it is hopeless for the abnormal drinker to aim at moderation. *Complete abstinence is his only salvation.*

Indisputable evidence shows that if your drinking habits are genuinely bad they will get worse. One of the tragedies of the general misunderstanding of alcoholism is that drinkers permit themselves, or are permitted, to get into real jams before they know what is happening to them. A great many do not seek help until it is too late to change their habits or prevent deterioration of their brain cells or avoid other disasters to their bodies and nervous systems. Alcoholism, like numerous illnesses, must be taken in time or the sufferer becomes too far gone for help.

[ 31 ]



Perhaps, however, you are the type of drinker who has already become overly depressed about his condition. You have seen with some horror the changes in your behavior or mental processes. You have begun to doubt whether you are "worth saving." You think you have become a sort of bum, that alcohol has brought out your true colors and that they are ugly ones.

Don't leap at any such conclusions. Such reactions are often found in alcoholics. It is simply not true to say that alcohol always shows a person's real character. This fallacy is recognized in such common expressions as "under the influence" and "he wasn't himself." And don't take refuge in some such generalization as "it is not unintelligent to be discontented." It is unintelligent to seek contentment in alcohol.

## CHAPTER SIX

### ALCOHOLISM DOESN'T MAKE SENSE.

Right now, no doubt, you are appalled at the possibility that you may be advised to stop drinking. Life without liquor would be very dreary, you tell yourself. No matter what alcohol has done to you, you still want it and probably feel that somehow you can eventually control it.

There are several things to be said on that subject that may prove helpful, but the primary fact is this: If you *are* an alcoholic you have no choice but to stop drinking permanently. It's that or nothing. For you may be sure that if you don't stop, all your



hopes and desires will come to exactly nothing. It isn't an open question that permits you to weigh pros and cons. It is useless to tell yourself that "you must think it over." An alcoholic can't afford to continue to experiment with liquor any more than a diabetic can afford to experiment with sugar.

If this seems a bitter pill to you at the moment, it can't be helped. But if the pill cannot be sugar-coated, it can be made far less bitter than you expect. One of the reasons you want alcohol, or think you "need" it to "keep going," is because of the state you are now in: like other drugs, alcohol makes ever-increasing and insistent demands on its addicts. Moreover, if you seek expert medical care, you will receive help in proportion to your need. A good psychiatrist is a doctor who will give you certain treatments, tests and even medications(\*); an adviser who is thoroughly familiar with the sort of problems you have and the emotions you are subject

to, and also a friend (anchor) with whom you can talk easily (ventilate) about the things that are on your mind. You will be astonished at how well he does understand you. And don't think that he isn't used to dealing with complex personalities and highly organized, "thoroughbred nervous systems."

Whatever your philosophy of life, alcoholism doesn't make sense. It is possible that you appear to be deliberately and admittedly a pleasure seeker, with no thought for anyone else, no desire to benefit your community or society, no interest even in doing a good job at something for its own sake. The motivations behind this are the business of the psychiatrist. It is, further, his business to point out that abnormal drinking brings the drinker infinitely more misery than pleasure. The pleasures of the senses become dulled, because liquor is essentially a depressant(\*) and is being misused when used as a narcotic. The depressant process is true of mental and



emotional enjoyment and one finds that periods of artificial exhilaration become briefer and briefer, and the mood of the drinker often changes abruptly to anger or morbid(\*) depression. Even in the relatively brief periods of pleasurable intoxication, the realities that the drinker is trying to escape tend to intrude themselves ever more sharply into his consciousness.

If you are the sort who takes a certain pride in his work, and derives satisfaction from a job well done, it is obvious that alcoholism is making you botch your job—either outright, or compared to what you could do. If you get most of your happiness out of giving pleasure to your family or others, there is surely no need to mention again how liquor is defeating your purposes. It may be added, however, that not only can your drinking inflict unhappiness, shame and perhaps poverty on those who are dear to you, but it can cause them to suffer definite

forms of mental illness.

If you are religious; if you are ambitious; if you want wealth; if you would like to pull your own weight in the social order—you can't tell yourself that liquor hasn't helped to wreck your plans again and again.

Some pathological drinkers apparently develop a more or less unconscious urge toward self-destruction. The most sensational form of this urge is found in the person who frankly says he is "drinking himself to death." Obviously he is in dire need of medical treatment. Equally obviously, he has chosen a prolonged and painful method of suicide. No matter how much one part of his maladjusted, masochistic(\*) nervous system may "enjoy" the process of self-torture, other parts of his being suffer the most intense misery.

In other words, alcoholism is not an efficient constructive or destructive agent in following one's in-



instinctual or other drives, or attaining through one's drives certain goals in life. The alcoholic is kidding no one, including himself, if he says, "I may be going to the dogs but I'm having one hell of a good time doing it." One might say, he's having a hell of a time, period.

## CHAPTER SEVEN

### TAKING THE MENTAL HURDLES.

Perhaps you yourself are willing to admit the last statement. You are ready to take the long view of things and face up to the realities. Yet you still have certain notions about alcohol that you haven't been able to fit into the picture of yourself as a non-drinker.

Alcoholics fall back on the widespread myth that drinking is an essential part of "gracious living," that one can't be civilized though sober. This is an idea that has been widely propagated (but also reduced to absurdity) in advertisements, fiction and



movies. One suspects that the majority of the more sincere spreaders of this gospel are rather naive. It is like saying that smoking a pipe is always essential to gracious living. A lot of gracious people drink and so do a lot of ungracious people. But a lot of both kinds don't.

Tangled up with this idea that drinking is somehow smart is the usual connotation of the phrase about "carrying your liquor like a gentleman." It is apparent that the phrase also connotes that gentlemen don't drink enough to become ungentlemanly—and if they can't drink without ceasing to be gentlemen, they don't drink at all.

Likewise, the alcoholic usually has memories of occasions when liquor seemed to sharpen his wits, polish his manners and infuse him with *savoir faire*. To believe that any such thing ever happened is to believe a half-truth. Liquor does not sharpen wits; it dulls them. Often, it does make a drinker more

talkative. It may make him say things he would not think worth saying if he were sober. It may put him in the frame of mind to think of clever or amusing things but it handicaps him to a greater or less degree in expressing himself. His mood becomes brighter at the expense of dulling his mind. The effect of his wit or cleverness is usually in direct ratio to the alcoholic consumption of his listeners, and it nearly always sounds a little thin when repeated the next day. Many a man has said, "It sounded funny then," or, "Well, it seemed a good idea at the time."

It would be foolish, of course, to deny that social drinkers find alcohol an aid to conversation and vivacity. But the important element here is the social drinking. For the pathological drinker, the periods of amiability and repartee grow shorter and shorter. He quickly becomes maudlin, tiresome, incoherent, ugly or downright idiotic.



This is no argument against social drinking, naturally. It does provide enjoyment and stimulate amusing interchanges. But the authors insist, in the interests of truth, that the best epigrams and the wisest statements are conceived without benefit of alcohol in the vast majority of cases.

In addition to various exaggerated and romantic notions about liquor's role in "civilization," the alcoholic who realizes that he should stop drinking forces himself beset by insidious reactions in his day-to-day life. He sees his friends continuing to drink, many of them without apparent harm to themselves, and he finds it hard to assimilate the fact that he himself *can't* drink. His "set" drinks; there is a lot of drinking in his community; the whole world seems to drink. He is assailed by the feeling that it is the normal way of life. He overlooks the hundreds of millions of people in the world who don't drink, the millions who only think they can drink (and thereby

create a serious social problem), and the large numbers who drink rarely or who have tired of drinking at all.

The tumult of those who do drink undoubtedly obscures the non-drinkers. If percentages were available it would probably be found that the generations now living are not the hardest-drinking crowd that ever inhabited the earth(\*), but due to the pressures and strains of modern living, with its streamlined tempo and criss-crossed social values, the *results* are apparently becoming more and more malign.

Other mental hazards faced by the alcoholic include the attitude of both relatives and friends who simply do not understand the situation. There is, for instance, the person whom the alcoholic loves and respects but who tells him, "Oh, a drink or two won't do you any harm." There also is the annoying, and sometimes dangerous, type of person who is overflowing full of good advice, all of it bad.



The varieties of stupid suggestions are bounded only by the limits to human ingenuity.

The nosy people will want to know what it's all about when the alcoholic stops drinking. These he may deal with as he thinks best in each individual case, as long as he himself keeps always firmly in his mind the goal of *permanent* abstinence. Perhaps the best general policy is to tell them flatly (if a little vaguely, when indicated) that he has decided that he would be better off without liquor. And there is the joshing friend who may call him a "reformed drunk." This remark hardly calls for more than a laugh or a wisecrack from the "retired drinker."

It is needless to worry about what others will think if *you* stop drinking. You will not be transformed into a prude or a bore, and you will probably learn sooner or later that many people felt that you drank too much, and that they approve and admire your quitting.

One especially virulent fallacy is that you have a hereditary weakness for alcohol. Dismiss this notion from your mind—and don't use it as an alibi for continued drinking. *No one is born an alcoholic. It is probable that a person can inherit an inability to handle alcohol and, because of his physical and constitutional make-up, he never has any business using alcohol. But there is nothing in his heredity that forces him to use it. Psychologically, imitation and identification give many individuals a feeling of this pseudo-inheritance.*



## CHAPTER EIGHT

### LIFE WITHOUT LIQUOR.

Some of these human relationships and fallacies that we have been mentioning may seem formidable hurdles to you at the moment. But you will be surprised at how quickly they become insignificant if you stop drinking.

IF you stop drinking. . . . Do you *want* to stop? Are you completely sincere in your desire to stop once and for all?

Put it another way. Do you finally realize that you have no choice *but* to stop? Are you convinced that you would rather quit drinking than go on the way you are?

Perhaps you feel that quitting is an almost impossible task, and that you are "not up to it." But reflect for a moment on the fact that present-day medicine, for the first time in history, can understand and help many alcoholics.

The alcoholic is similar to other sick people in that he very often doesn't know that he is ill and even when he does, he frequently postpones doing something about it. But there is this difference: the vast majority of alcoholics haven't the faintest idea where to go for help, or even any realization that, in many cases, they *can* be helped.

What is *your* present situation? Things are going from bad to worse, but you can't seem to halt the process. People have plenty to say about your drinking, but they are hardly understanding or helpful. Perhaps your friends or your relatives entreat you to "reform." Perhaps they plead with you to go slow and drink sensibly. Perhaps, in sorrow or in



anger, they call you a weakling or a drunkard. You hear that you are dissipated, that you are going to pieces. Sometimes you feel that it is true. You grow angry and depressed. You decide to have two or three stiff drinks to forget your troubles, clear your mind and think things over. And you are off again.

When you drink too much you sometimes tell yourself alibis. You say the liquor "hit you" that particular evening because you were tired, or upset, or not feeling well, or a vague something-or-other was on your mind. You decide to slow down. But you don't.

We will assume that this situation has finally become intolerable, that you earnestly desire to be cured *and that you now have no mental reservations*. Unlike the alcoholics of all past generations, you can go to a doctor for understanding and help. In the past, alcoholics were considered doomed—barring a miracle. An insignificant percentage managed "to

take the pledge" and keep it, perhaps with the aid of a temperance society, or as a result of strong religious or family influences. Even in many of these cases, however, the former alcoholic—although luckily ridding himself of the harmful effects of liquor—*still suffered from the underlying disorder which originally caused him to drink abnormally*.

Medicine itself found alcoholism one of its most baffling problems. For centuries it adopted a hands-off, fatalistic attitude toward the problem of abnormal drinking. This feeling of "once an alcoholic, always an alcoholic" persists, understandably, in a great many circles today.

But medicine finally began to grapple seriously with the problem of alcoholism because it became increasingly apparent that it had some connection with mental and emotional disorders. Early experiments involved much trial and error. One method that was tried, and found wanting, was the attempt to



taper off the alcoholics, often in an effort to transform them into moderate drinkers. When a medical pioneer named Forel, late in the 19th century, began to treat alcoholics without alcohol, he was laughed at by people who said his patients would die like flies.

Many early methods of combatting alcoholism involved mass treatment, or "alcohol drink cures." These were based on the mistaken theory that all types of patients could be treated alike. There was also the program of brief periods of desaturation for the drinker, which merely meant keeping the alcoholic away from liquor long enough to sober him up and quiet some of his jitters, and then turning him loose for another bout with liquor. (Unfortunately, these methods still have not altogether died out.)

Even American psychiatry, with few exceptions, long looked upon alcoholism with more or less hopelessness. It is only in the last few years that a growing number of psychiatrists have realized that a

carefully selected number of patients can be guided to total abstinence by dispassionate and individualized treatment.

Any alcoholic who is not too far gone can now take advantage of this new development in medical knowledge. The benefits of abstinence will surprise the alcoholic who achieves it. Odd as it may sound to the abnormal drinker in his present state, there is a good deal to be said for the normal life, devoid of the artificial elements created by a misused narcotic. The abstainer is neither a martyr nor a hero.

In a sense, the swift disappearance of the typical alcoholic miseries is one of the earliest and most striking benefits of abstinence. Their absence feels good—in the same way that it feels good when a prolonged pain ceases suddenly. No more dread of hangovers. No more alcoholic depressions and remorse. An end to the nervous horrors, the jitters, the headaches, the nausea, the butterflies in your stomach.



Perhaps you have gradually come to take all of these miseries for granted. They seem to you almost usual to the course of life. The fact that some people do not suffer from them may seem as remote and impersonal to you as the aromas in a Persian marketplace. Fellow humans who have good nerves, energy and ambition strike you as a little obnoxious. And anyone who stays in pretty consistently good spirits seems disgustingly healthy and even a bit of a bore.

You have simply forgotten what the world looks like when not seen through an alcoholic fog. Abstinence is not a panacea for all human ills but it means that you can again really enjoy food, get restful, untroubled sleep, and wake up without hating the fact that you have become conscious again. It nearly always means better health, more energy, renewed ambition, happier relationships with those around you. You can expect your work to improve and, other things being equal, your earnings to increase.

A not unimportant item for most people is the saving of the money that alcoholism costs.

One of the most fundamental satisfactions in convalescing from alcoholism is the rapid acquisition of new interests in life. If you are like most alcoholics, your old interests have been gradually slipping away and you are no longer really keen about much of anything. You have lost most of your zest for intellectual pleasures as well as for the normal forms of entertainment and relaxation. This zest will come back to you, if your mind has not already been ruined by alcohol. Perhaps you do not believe this prediction? If you don't, it is rather eloquent of the state that you are in, and you will have to accept it on faith—supported by the fact that the world contains a great many people who are intensely interested in a great many things.

Another satisfaction, minor but definite, is the fact that sobriety gives you a slight edge in some



ways over even the social drinker. It would be silly to over-emphasize this advantage, and the authors are certainly not campaigning against social drinking. The social drinker gets a lot of fun and often numerous benefits from his drinking, and whatever relatively slight penalty he has to pay for the results he considers an excellent investment. Nevertheless, it is only truthful to point out that social drinking has some disadvantages and the alcoholic who has become an abstainer would be more than human if he did not take some satisfaction in them.

Even social drinkers sometimes drink too much, waste time, lose sleep and spend more than their budget for entertainment can stand. Occasionally they say indiscreet things and make otherwise unfortunate remarks. There are times when they try to mix drinking with business dealings or important personal matters and find that the consequences are unhappy—because alcohol has dulled their percep-

tions or altered their moods.

Even so, the authors are more than willing to admit that these are minor and normal hazards to an entirely justifiable indulgence. It is solely with the alcoholic that they are concerned. And, in the hope of helping the alcoholic, they repeat:

You are suffering from an illness. That illness can now be treated with reasonable hope of success in a great many instances. If you delay seeking treatment, you are taking a terrible risk.

Prolonged alcoholism can ruin your mind, destroy your health and cause violent and alarming reactions; debase your character, and cause definite mental aberrations that may be either temporary or permanent. The results can include complete physical breakdowns and behavior involving serious crime.

*Even if you sincerely desire to stop drinking, but attempt to do so without medical assistance, the chances are that you will be unable to continue to*



*abstain. The underlying disorder that made you an alcoholic in the first place will probably drive you to drink again. In the common-sense re-education of the abnormal drinker, under psychiatric guidance, abstinence is a big step forward. But it is only the first step of a reorganization of yourself that will be the most important thing in your life.*

## CHAPTER NINE

### COMMON-SENSE RE-EDUCATIONAL GUIDES FOR THE ABNORMAL DRINKER.

Robert V. Seliger, M.D.



1.

He must be convinced *from his own experience* that his reaction to alcohol is so abnormal that any indulgence for him constitutes a totally undesirable and impossible way of life.

2.

He must be completely sincere in his desire to stop drinking once and for all.

3.

He must recognize that the problem of drinking for him is not merely a problem of dissipation, but of a dangerous psychopathological reaction to a (for him) pernicious drug.

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4.

He must clearly understand that once a man has passed from normal to abnormal drinking, he can *never* learn to control drinking again.

5.

He must come to understand that he has been trying to substitute alcoholic phantasy for real achievement in life, and that his effort has been hopeless and absurd.

6.

He must recognize that giving up alcohol is his own personal problem, which *primarily* concerns himself alone.

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7.

He must be convinced that at all times and under all conditions alcohol produces for him, not happiness, but unhappiness.

8.

He must come to understand that the motive behind his drinking has been some form of self-expression, some desire to gratify an immature craving for attention, or to escape from unpleasant reality in order to get rid of disagreeable states of mind.

9.

He must understand that alcoholic ancestry is an *excuse*, not a reason for abnormal drinking.

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10.

He must realize that any reasonably intelligent and sincere person, who is willing to make a sustained effort for a sufficient period of time, is capable of learning to live without alcohol.

11.

He must fully resolve to tell the truth and the whole truth, without waiting to be asked, to the person who is trying to help him—and must be equally honest with himself.

12.

He must avoid the small glass of wine—i.e., the *apparently* harmless lapse—with even more determination than the obvious slug of gin.

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13.

He must never be so foolish as to try to persuade himself that he can drink *beer*.

14.

He must never be so childish as to offer temporary boredom as an excuse to himself for taking a drink.

15.

He must disabuse his mind of any illusions about alcohol sharpening and polishing his wit and intellect.

16.

He must learn to be tolerant of other people's mistakes, poor judgment and bad manners, without becoming emotionally disturbed.

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17.

He must learn to disregard the dumb advice and often dumber questions of relatives and friends, without becoming disturbed emotionally.

18.

He must recognize alcoholic daydreaming—about past "good times," favorite bars, etc.—as a dangerous pastime, to be inhibited by thinking about his reasons for *not* drinking.

19.

He must learn to withstand *success* as well as failure, since pleasant emotions as well as unpleasant ones can serve as "good" excuses for taking a drink.

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20.

He must learn to be especially on guard during periods of changes in his life that involve some emotion or nervous fatigue.

21.

He must try to acquire a mature sense of values and learn to be controlled by his judgment instead of his emotions.

22.

He must realize that in giving up drinking he should not regard himself as a hero or martyr, entitled to make unreasonable demands that his family give in to his every whim and wish.

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23.

He must beware of unconsciously projecting himself into the role of some character in a movie, book or play who handles liquor "like a gentleman," and of persuading himself that he can—and will—do like-wise with equal impunity.

24.

He must learn the importance of eating—since the best preventive for that tired nervous feeling which so often leads to taking a drink is *food*—and must carry chocolate bars or other candy with him at all times to eat between meals and whenever he gets restless, jittery or tired.

25.

He must learn how to relax naturally, both mentally and physically, without the use of the narcotic action of alcohol.

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26.

He must learn to avoid needless hurry and resultant fatigue by concentrating on what he is doing rather than on what he is going to do next.

27.

He must not neglect care of his physical health, which is an important part of his rehabilitation.

28.

He must carefully follow a daily self-imposed schedule which, conscientiously carried out, aids in organizing a disciplined personality, developing new habits for old and bringing out a new rhythm of living.

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29.

He must never relax his determination or become careless, lazy, indifferent or cocky in his efforts to eliminate his desire for alcohol.

30.

He must not be discouraged by a feeling of discontent during the early stages of sobriety, but must turn this feeling into incentive to action which will legitimately satisfy his desire for self-expression.

31.

He must not drop his guard at any time, but especially not during the early period of his reorganization, when premature feelings of victory and elation often occur.

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32.

He must understand that, besides abstinence, his real goal is a contented and efficient life.

33.

He must appreciate the seriousness of his re-education, and regard it as the most important thing in his life.

34.

He must realize that most people seeking psychological help for abnormal drinking are above average in intellectual endowment, and that, while drinking means failure, abstinence is likely to mean success.

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35.

He must never feel that any of these commandments are in any way inconsequential, or secondary to business, play, or whatnot; and must conscientiously observe every one of them, day in and day out.

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GLOSSARY AND NOTES.

1. **ALLERGY** = A susceptibility in an individual to a substance that is usually harmless to others.
2. **BIOLOGICAL** = Pertaining to the functions of living organisms or the science which treats of them. In psychology the emphasis is on mental processes and in biology on physical processes. The term "psychobiological" indicates the interaction of these processes.
3. **DEPRESSANT** = That which lessens functional activity or depresses vital force; a sedative.

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4. **HOMOSEXUALITY** = Interest in, or love for, persons of one's own sex. Medically speaking, it is "pathological" only when it replaces love for a person of the opposite sex. It is a "perversion" only when it involves sensual gratification. If it is *overt*, it has reached one of these stages. If it is *latent*, it may or may not ever reach a "pathological," or "perverted," stage. When a person is called a "latent homosexual," it is usually because the strong influence of a member of the opposite sex has resulted in the person's acquiring mental or emotional characteristics of the opposite sex. Thus a man strongly influenced by his mother may be handicapped by a so-called feminine sensitivity and lack of aggressiveness — handicaps that may cause sensations of shyness, inferiority and envy.

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5. *MASOCHISM* = Strictly, a condition in which a person derives sexual pleasure from being physically hurt or subdued. The term is now applied to the enjoyment of any type of physical or mental pain.

6. *MORBID* = Caused by or denoting a diseased condition of body or mind; especially, taking an excessive interest in matters of a gruesome or unwholesome nature.

7. *NARCOTIC* = Strictly, an agent which produces profound sleep or stupor. It is used medicinally to give relief from physical or mental anguish.

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8. *NEUROSIS* = A nervous disorder in an apparently well person. Symptoms include fears, obsessions, anxieties, mental and physical weaknesses, feelings of inadequacy or exhaustion, twitching muscles.

9. *PATHOLOGICAL* = Diseased or abnormal, in the sense used here.

10. *PERNICIOUS DRUG* = A substance used for its effects on the bodily functions or nervous system but which, because of its nature or misuse, is harmful and habit-forming. Examples are cocaine, morphine, opium. The alcoholic uses liquor as a narcotic. Strictly speaking, a "drug" is a substance used medicinally. Liquor's medicinal value for anybody is much exaggerated, but for the alcoholic it is definitely "bad medicine."

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11. **PSYCHIATRY** = "Mind healing," in the literal sense and original usage. But the science of psychiatry, a branch of medicine, is no longer limited to treating the major mental illnesses; it is now very largely concerned with treating all forms of emotional difficulties and allied personality problems.

12. **PSYCHOLOGICAL** = Pertaining to mental activities, or to the science of the human mind.

13. **PSYCHOSIS** = A mental disorder; any prolonged form of mental derangement in which the normal personality of the individual is completely lost and he is unable to understand or respond normally to his environment. Symptoms include elations, depressions, stupors and systematized delusions.

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14. **UNCONSCIOUS** = Not known or felt to exist. "The unconscious" consists of many forces and urges, which the individual is usually not aware of and cannot remember, but which affect his conscious mental processes and his behavior.

(P. 28) The psychiatrist's treatment (although individual) in general involves: careful selection of patients; a history and examination of the patient, with special tests when indicated; determination of the psychodynamics and psychopathology of the patient, followed by psychotherapy and re-education. The re-education follows common-sense lines, involving certain views, attitudes and insights, including the development of a proper attitude to alcohol and life situations, and a new habit formation which breaks down indirectly the old habit associations.

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(P. 34) Medication for the alcoholic patient may include for a time the use of sedatives under careful medical control, an increase in sugar intake, heavy doses of Vitamin B<sub>1</sub>, as well as various other agents for acute conditions.

(P. 43) There are many forces in our present culture in America which have contributed to making alcoholism a major health problem. The personality addicted, or ready to be addicted, to alcohol is molded by *group and individual insecurity in nearly all spheres of life, plus speed, plus quantity and quality of mobility of living.*

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