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"Morality and Alcoholism"

Francis P. Furlong, S.J.

A RECENT PUBLICATION should be of great value to priests and to doctors. I refer to *Depth Psychology, Morality and Alcoholism* by John C. Ford, S.J., A.M., L.L.B., S.T.D. (Weston College Press, Weston 93, Mass.: 88 pages. Paper cover. \$1.00 postpaid). In the first part of this monograph Father Ford, Professor of Moral Theology at Weston College and Professor of Ethics at Boston College, deals with the general question of unconscious motivation. In the second part he considers in *particular* the nature of alcoholism and the moral responsibility of the alcoholic.

My remarks will be concerned only with the second part of this work. I am sure that many will want to see the proof that: "Unconscious motivation as described in the Freudian and derived systems is a controversial theory, not yet established, nor agreed upon by psychologists generally . . . But even if it is accepted that unconscious motivation exists and influences notably our conscious human activity, there is no proof that it eliminates or notably impairs the freedom of our everyday deliberate decisions." Still the *particular* problem of alcoholism likely is of greater immediate interest and concern to more medical men in their professional responsibilities.

This brief report cannot do justice to the scholarly work which Father Ford has already compressed into 35 pages. I shall make no effort to indicate sources as given in copious footnotes and a select bibliography. My purpose is but to inform doctors of this publication, and to give them some idea of part of its content, that they may decide to read the monograph itself.

Who Is the Alcoholic?

"*But the alcoholic is the excessive drinker who gets into serious difficulty with his drinking and who generally cannot stop drinking even if he wants to, without outside help.*" The serious difficulty may be about holding his job, or keeping his family together, or keeping his health, or keeping out of the hands of the police, or

avoiding serious moral excess. The outside help without which the average alcoholic cannot stop drinking may be medical, psychiatric, social, religious, or a combination of these.

Number and Kind of Alcoholics?

We are not concerned here with the more than 60,000,000 people in the United States, who are reported to use alcohol as a beverage, at least occasionally, and yet do not become alcoholics. We are concerned with the one to 4,000,000 people in the United States in whom the above definition of an alcoholic is verified. Of these five out of six are men, and five out of six are between 30 and 55 years of age.

Alcoholics may be divided somewhat arbitrarily into two classes—those who begin to drink to “escape,” and those who begin to drink for some other reason. The “escape” drinkers trying to get away from pain of body, or from mental pain and anxiety are frequently labeled “neurotic.” Among them are those whose drinking is symptomatic of a mental illness more or less serious, a severe neurosis, or a psychosis. The second class comprises people relatively well adjusted and to whom the term “neurotic” would certainly not be applied.

The non-escape, non-neurotic drinker at first drinks because he likes it, because drinking is the socially acceptable thing. But continual self-indulgence, this pampering of self, has grave repercussions at times. It may make one more and more careless, thoughtless, demanding, and aggressive. Inevitably such conduct gives rise to serious problems. “Unfortunately,” as Selden Bacon points out, “the individual has learned a simple response to avoid such problems—drinking. Again a vicious circle can be seen.”

This distinction of alcoholics into “escape” or “neurotic” or “primary” addicts, and non-neurotic or secondary addicts is of value when making a prognosis of rehabilitation. Obviously the chances of rehabilitation are much better for an alcoholic of the second class. His problem is solved when he has learned not to drink. An alcoholic of the first class would still have his neurosis to contend with.

Phases of Alcoholism

Dr. Jellinek indicated four phases through which in the course of some 10 or 15 years many if not most alcoholics pass. These phases are used by Father Ford in the attempt to organize schematically a more complete list of the behaviors broadly characteristic of alcoholism. “Frequent excessive drinking (not necessarily passing out or getting drunk, but being good and tight)” is to be found in all the phases.

Those in the *preparatory phase* are at least potential alcoholics. The outstanding behavior here is the *blackout* (pulling a blank). This does not mean loss of consciousness, “but a temporary loss of memory which blanks out past activities which may have been carried on with perfect rationality”. Other characteristic behaviors are: “extra drinks before party; sneaking drinks at party; drink to feel at ease with others; drink to feel at ease with girls, or at a dance”.

Alcoholics in the *basic phase* (addiction coming on) present as their outstanding behavior *loss of control after a few drinks*. Other characteristic behaviors are: “extravagant behavior (phone calls, treating, taxis); reproached by family and friends; rationalizing excessive drinking (alibis, kidding self, lies, excuses); drunken driving; humiliate wife or husband in presence of others; neglect of sacraments; more efficient after one or two drinks; solitary drinking.”

In the *early chronic phase* (addiction begins) the *morning drink* is characteristic. Noteworthy behaviors are: “Need more liquor to get same effect; anti-social acts (aggressiveness, fights in taverns, arrests); frequent missing of Mass; walk out on friends (think friends stuffed shirts, snobs, etc.); friends walk out on the drinkers; refuse to talk about drinking, resent any mention of it; walk out on job unreasonably; loss of jobs; seek medical advice, and/or psychiatric advice; persistent sleeplessness; neglect of food while drinking; hospitalization because of drinking; indifferent to kind of beverage alcohol; go on wagon (e.g., for Lent, for months, for a year, for life); take the pledge; change pattern of drinking (e.g., only beer, only wine, etc.); pills (barbiturates); neglect of family; self-pity (everyone down on you, etc.); benders; what’s-the-use attitude”.

Finally the *late chronic phase* (addiction complete) is marked by *little or no control* (often called a "hopeless drunk"). Other characteristic behaviors are: "Get drunk on less liquor; persistent remorse; drinking any kind of alcohol (shaving lotion, vanilla extract, etc.); protecting supply; tremors (continued after the binge and hangover); diminishing sex potency; fears (vague, indeterminate of retribution, etc.); raging resentments, entirely unreasonable; geographic escape; convulsions (rum fits); delirium tremens; hallucinations; bankruptcy of alibis and rationalizations; suicidal attempts; commitment (involuntary) to various institutions; skid row; insanity; death".

What Is Alcoholism?

"I do not believe it is accurate to say that alcoholism is just a disease. Nor do I consider it accurate to say it is just a moral problem. It is both. I believe it is many things and a complex problem. In some cases the physiological factors seem to predominate, in many more the psychological, and in others the moral and spiritual. But in most alcoholics all three elements are found. And the best formula I have found for answering the question: is alcoholism a disease? is this: alcoholism is a triple disease; of the body, of the mind, and of the soul."

If alcoholism is not a disease why are literally hundreds upon hundreds of articles continually being written on the subject by members of the medical profession? There is a good reason for believing that there is a physiological basis for the alcoholism of many alcoholics, that there is a bodily pathology which contributes to their condition.

Alcoholism is also a disease of the mind in that the drinking itself is to a greater or lesser degree *compulsive*. This means that at times the alcoholic cannot help drinking, or at least his freedom not to drink is notably diminished. Father Ford then explains that "at times" since irresistible impulses need not be such in all circumstances. In a summary such as this, however, one cannot touch every point.

Alcoholism is also a sickness of soul. It is sin. The average alcoholic goes through a process of gradual moral deterioration

for which he is in varying degrees responsible. Among the proofs that alcoholism is sickness of soul Father Ford appeals to the admittedly successful 12-step program of Alcoholics Anonymous. "And these steps are nothing but a program of moral and spiritual regeneration, a program of self-discipline and asceticism . . . It is my contention that if this medicine of the soul is the thing that has been more effective than anything else in curing the sickness of alcoholism, then alcoholism must be, in part at least, a sickness of the soul."

Drinking and Drunkenness

Drinking is not a sin, and the use of alcoholic beverage is not wrong in itself.

Complete drunkenness, that is to the point where one no longer has the use of reason, is gravely sinful. The sin is not one of gluttony, but rather, since the deprivation of the use of reason is comparable to mutilation, it might well be classed as a sin against the fifth commandment. With regard to that mutilation of memory which we designate by the term "blackout" Father Ford's opinion is that even though reason is otherwise substantially unimpaired: "such conduct is *per se* mortal, because it is a notable and unjustifiable violation of the integrity of man's higher faculties. Obviously it will generally be mortally sinful for extrinsic reasons, too, e. g. damage done while in that condition."

One should not so insist on the grave sinfulness of complete drunkenness as to create the false impression that incomplete drunkenness, the lesser degrees of inebriation, is not often objectively mortally sinful.

Total abstinence is not something Protestant or Jansenistic. Catholic total abstinence societies, approved by the Church, judge not the drinking habits of others, but promote voluntary abstinence for a supernatural motive as one of the finest practical means of exercising Christian self-denial. "But there is no antidote like self-denial to the self-indulgence which degenerates into addiction."

Responsibility of the Alcoholic

Is the alcoholic responsible for his present pathological condition? There are primary addicts, as we have seen, whose condition

is *not* the result of long over-indulgence. They are not any more responsible for their alcoholism than a neurotic is for his neurosis. Many other alcoholics, however, the secondary addicts, *are* responsible to the extent that they foresaw addiction as the end-result or probable end-result of their avoidable excess. "But subjectively, it seems to me, not many alcoholics are mortally guilty as far as the addiction itself is concerned. Very few foresee addiction. Very few believe that they will ever become drunks. There is nothing more insidious and blinding than alcoholic excess."

Objective Morality of Compulsive Drinking

What is the objective morality of compulsive drinking after addiction? Drunkenness remains a mortal sin, and since for an alcoholic even one drink almost inevitably leads to drunkenness and other serious sins, there is here a serious obligation not to drink at all. At this point the author prudently stresses the reason why "it is generally unwise and improper to tell the alcoholic that for him one drink means mortal sin". With regard to other sins an important fact to keep in mind is that alcoholics while drinking frequently continue to have the use of reason, and hence are responsible agents, though their general confusion of mind is an attenuating circumstance. Things done by alcoholics when they do not have the use of reason, are not imputable to them unless such things were at least in some vague way foreseen by them.

Subjective Morality of Compulsive Drinking

To what extent is the alcoholic really and subjectively guilty when he does something that objectively is contrary to the moral order? Three considerations lead Father Ford to assert that "the responsibility of the average alcoholic for his drinking is notably diminished, that our judgment of his sins of drinking should incline towards leniency, and that there are many cases where he is not mortally guilty for becoming drunk." A compulsive drinker is pathological, abnormal, sick. Secondly he is suffering from a psycho-neurosis or something much akin to it, and theologians and psychiatrists are agreed in attributing to the neurotic a diminished amount of responsibility. Thirdly, the usual impediments of human

acts such as ignorance, concupiscence, habit, bear upon the alcoholic in an exaggerated way where his drinking is concerned.

After a discussion of "habit", "addiction", "compulsion", the conclusion is reached that one must always have recourse to the conscience of the individual alcoholic to discover in some way whether he has sinned grievously or not. "*His responsibility for his drinking is generally diminished to a considerable extent, and sometimes eliminated, but each alcoholic, each drinking episode, and even each act of drinking must be judged separately.*" In the end we must leave it to a merciful God to judge these matters.

A point which I consider of greatest importance is:

"Although the alcoholic may be powerless over alcohol, and unable at times directly to resist the craving for drink, yet it is within his power generally speaking, to do something about his drinking. He is therefore responsible for taking the necessary means to get over his addiction. Some need psychiatric help; many need medical help; almost all need spiritual help. But the same elements of confusion, ignorance, hopelessness and despair may modify considerably the subjective responsibility in this matter, too. But today there is new hope for the alcoholic, because the kind of help he needs is more and more easily available to him."

Conclusion

In his general concluding observations Father Ford points to the present-day earnest and even frantic quest for peace of mind and peace of soul. Peace, though, follows victory, and victory must be fought for and won. That fight for victory and peace is Christian asceticism, Christian self-knowledge and Christian self-discipline. There is an interior spiritual conflict that goes on within us.

"The average person finds the law of his members rebelling against the law of his conscience. He finds the indulgence of the law of his members leading him, unless checked, inexorably into the thralldom of the law of sin. The poor alcoholic and many another mental sufferer experiences within himself an exaggerated version of that same interior conflict. And they do not solve the conflict, until they surrender themselves to the law of the Spirit of Life, which is the grace of God, through Jesus Christ, Our Lord."

The purpose of the preceding paragraphs, may I recall, was but to present briefly some of Father Ford's thought. In the condensation not a little is lost. Again I should like to recommend highly the reading of the monograph itself. I am sure that the information it gives will help medical men to fulfill even better their obligations to individuals and to society in this serious problem of alcoholism.