witnessed his "party behavior" remember his slurred speech, spilled drinks, and his loud and off-color jokes. Once again, he is unable to recognize the harmful consequences that his drinking is causing himself and others.

Added to this confusion and gross distortion are his psychological defense systems. These systems, which always operate at an unconscious level, take over to handle his increasing distress with himself and his life situations.

Rationalizations and projections, starting out logically and relatively harmlessly, progress out of need to explain what is happening to him, and eventually develop into what are pathologic proportions. In due time he believes what to others who see him is unbelievable. He is deluded—sincerely deluded and out of touch with the reality of his situation. "I don't drink any more than, or any differently from the rest of the people around me!"

The second factor, limiting the effectiveness of many of the efforts of the chaplain to counsel the alcoholic, is the fact that often he finds himself at the outset in a one-to-one situation with the alcoholic who has been sent "to see the chaplain." It makes little difference whether the sender is a commanding officer, spouse, or other person, since usually those persons do not see themselves as directly involved. The chaplain is to "fix" it; it is his job to motivate the alcoholic to seek the appropriate type of continuing care.

In such situations, the chaplain is severely handicapped. He lacks sufficient specific data to evaluate the progression of the illness, as well as the "clout" to insist on remedial care. He must depend on the personal insight and self-diagnosis of the victim, which by definition is, at the very least, unlikely! Or he must rely on his own intuition and skills at moral suasion. Again, at best, the outcome remains dubious!

In addition, because the primary problem of alcoholism cannot be identified, confronted and dealt with, the chaplain is often manipulated into believing that "other problems" are really the source of dysfunction for the individual. This perception of the situation, in turn, leads the chaplain to attempt to help the individual solve those many other problems that are presented by the alcoholic, such as: rocky marriage relationships, poor job performance, deteriorating health, etc. Since these problem areas are all related to or caused by the compulsive and abusive drinking pattern, any success in their reduction lasts only until the next drinking bout. This, of course, results in growing feelings of frustration and then hopelessness for all concerned.

How then can the chaplain be useful? Is there a process he can introduce and guide with some real expectation of a successful result? The answer seems clearly to be affirmative, and it begins with the