deterioration. Some are able to exercise sufficient self-control over alcohol or other drugs to prevent loss of jobs or family. Because of successful efforts in educating the American people to the realities of alcoholism as a treatable illness, more and more addicted persons are looking for help earlier in the development of their illness.

**CONTROLLED DRINKING?**

I raise the point because of the present furor over the possibilities of “controlled drinking” for the chronic alcoholic, possibilities publicized in a peculiarly spectacular news release from the Rand Corporation in July, 1976. Ironically, Rand researchers discovered what alcoholics and professionals in the field have known for years. Some alcoholics do exercise considerable control over their drinking. Some alcoholics remain “plateau” drinkers throughout their lives. They never lose control in the sense of Keller’s definition of loss of control. Their plateau, however, is a high plateau, a level of intoxication which makes responsible living difficult and perhaps impossible.

Rand discovered, predictably, that some alcoholics (about 25 percent), when returning to alcohol after treatment, are able to reduce and control their consumption over periods of time (in some cases for years and, if “plateau” types, perhaps for life). Typically, however, we know that such “controlled drinkers” will lose control eventually due to tolerance for alcohol, and physical and emotional problems (often simply the aging process).

**A SPIRITUAL ILLNESS**

To complicate this matter further, a large body of researchers in this country today seem committed to proving that alcoholics may be able to return to controlled drinking through various therapeutic programs, usually involving aversion techniques or more probably group therapy dynamics. My personal opinion, widely shared by others in the treatment field, is that the majority of such researchers pursue this goal, at least in part, out of personal aversion toward A.A. and hospital programs dependent upon the A.A. program. I believe professional researchers, especially clinical psychologists, have difficulty coming to terms with the “spiritual dimensions” of the A.A. program, and consequently with the abstinence factor involved in any A.A. method of counsel or treatment.

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