"couple of beers" a day (the classic litany among alcoholics), the typical alcoholic in conversation with a pastoral counselor will reveal the following in an initial counseling session:

— He drinks in a recognizable pattern to relieve tension (after work, before bed, etc.)
— He experiences some preoccupation or guilt feelings over his pattern of drinking.
— His wife or family members have told him he drinks too much or that something is wrong.
— He drinks more ("gulps") than normal drinkers, or he "sneaks" drinks at home or during parties when others are not looking. (Sometimes he boasts that he can hold his liquor better than others.) The drinker, in other words, reveals tolerance for his drug.
— He experiences some blackouts or memory losses when awakening after heavy drinking. Typically, the alcoholic admits to this experience hesitantly when questioned in an empathic manner. (For example, the counselor may say, "Many alcoholics and problem drinkers experience loss of memory when awakening after a heavy night of drinking. I can remember having an experience like that myself when I was in college. Do you sometimes have similar experiences?")
— He experiences difficulties with friends and certainly with family members because of his drinking. (Again, the honest answer usually follows a judicious question: "Has your wife ever complained about your drinking?" The word "complained" allows the alcoholic to focus on his wife's behavior while exposing his own. Later you can tell him that typical wives do not complain about their husband's normal drinking patterns.)

Always keep the focus in counseling on the client's drinking. You may ask: "Has your supervisor or superior officer cautioned you about your drinking?" Again, allow the client to complain about his supervisor or superior officer. Nonetheless, you have to keep the focus on alcohol. In the process of talking about his supervisor or superior officer, the alcoholic will inevitably talk about his drinking problems on the job.

Having accumulated the above data, you are in a position to make a diagnosis, at the very least, of chronic alcoholism in the middle or loss of control phase. As counselor you are then in a position, if you have established an empathic relationship with the client, to suggest a diagnostic test of the type supplied by A.A. (prepared by Johns Hopkins University Hospital).

If the client has taken a diagnostic test, the counselor may simply tell him that the evidence which the alcoholic himself has supplied suggests overwhelmingly that he is chronically alcoholic and needs special help for recovery. Since the alcoholic has lost control of his