

JELLINEK PHASES: THE PROGRESSIVE SYMPTOMS OF ALCOHOLISM

The behavioral characteristics of the alcoholic are **progressive** as is the person's tolerance to alcohol and as is the course of the disease itself. An inventory of some of these characteristics follows. They are not necessarily in precise chronological order and some may never be experienced by an individual alcoholic. But most of them are experienced and, in total are mileposts along the way.

PRE-ALCOHOLIC PHASE:

In the pre-alcoholic phase, the individual's use of alcohol is socially motivated. However, the prospective alcoholic soon experiences psychological relief in the drinking situation. Possibly his or her tensions are greater than other people's, or possibly the individual has no other way of handling tensions that arise. It does not matter. Either way, the individual learns to seek out occasions at which drinking will occur. At some point the connection is perceived. Drinking then becomes the standard means of handling stress. But the drinking behavior will not look different to the outsider. This phase can extend from several months to 2 years or more. An increase in tolerance gradually develops.

PRODROMAL PHASE:

The road to alcoholism begins when the drinking is no longer social but becomes a means of psychological escape from tensions, problems and inhibitions. Although the eventual problem drinker is still in reasonable control, their habits begin to fall into a definite pattern:

1. **Gross Drinking Behavior:** They begin to drink more heavily and more often than their friends. "Getting wasted" becomes a habit. When drunk, they may develop a "big shot" complex, recklessly spending money, boasting of real and imagined accomplishments, etc.
2. **Blackouts:** A "blackout," temporary loss of memory, is not to be confused with "passing out," or loss of consciousness. The drinker suffering from a blackout cannot remember things they said, things they did, places they visited while carousing the night before - or for longer periods. Even a social drinker can have a blackout. With prospective alcoholics, the blackouts are more frequent and develop into a pattern.
3. **Gulping and Sneaking Drinks:** Anxious to maintain a euphoric level, they begin to pass off drinks at parties and instead slyly gulp down extra ones when they think nobody is looking. They may also "fortify" themselves before going to a party to insure their euphoria. They feel guilty about this behavior and skittishly avoid talking about drinks or drinking.

4. **Chronic Hangovers:** As they grow more and more reliant on alcohol as a shock absorber to daily living, "morning after" hangovers become more frequent and increasingly painful.

CRUCIAL PHASE:

Until now, the problem drinker has been imbibing heavily but not always conspicuously. More important they have been able to stop drinking when they so choose. Beyond this point, they develop the symptoms of addiction with increased rapidity.

5. **Loss of Control:** This is the most common symptom that a drinker's psychological habit has become a physical addiction. They still may refuse to accept a drink; but once they take a drink they cannot stop. A single drink is likely to trigger a chain reaction that will continue without a break into a state of complete intoxication.
6. **The Alibi System:** Their loss of control induces feelings of guilt and shame. So they concoct an elaborate system of "reasons" or excuses for their drinking - "The pressure on my job is too hard to take," or "My wife is constantly yelling at me," or "I'm a little shaky, a drink will calm my nerves." They hope these excuses or rationalizations will justify their behavior in the eyes of their family or associates. In reality, the alibis are mostly made to reassure or bolster the drinker into thinking that their behavior is acceptable.
7. **Eye-Openers:** They need a drink in the morning "to start the day right." Their "morning" may start at any hour of the day or night. So an eye-opener is, in fact, a drink to ease their jangled nerves, hangover, or feelings of remorse after any period of going without a drink; as an example: while they were sleeping. They cannot face the upcoming hours without alcohol.
8. **Changing the Pattern:** By now, the drinker is under pressure from their family, friends, and/or employer. They try to break the hold that alcohol has on them. At first, they may try changing the kind of drink; from beer to whiskey or from wine to beer. That does no good. Then they may set up their own rules as to when they will drink and what they will drink: only three martinis on weekends and, of course, holidays. They may even "go on the wagon" for a period of time. But one sip of alcohol and the chain reaction starts all over again.
9. **Anti-Social Behavior:** They prefer drinking alone or only with other alcoholics, regardless of the other person's social level. The drinker believes that only these other people can understand them. They brood over imagined wrongs inflicted by others outside this pale, and think that people are staring at them or talking about them. They are highly critical of others and may become violent or destructive.

10. **Loss of Friends, Family or Job:** Their continuing anti-social behavior causes their friends to avoid them. The aversion is now mutual. The members of their family may become so helplessly implicated that their spouse leaves them ("to bring him to his senses"). The same situation develops between their employer and fellow workers. And so, they lose their job.
11. **Seeking Medical Aid:** Physical and mental erosion caused by uncontrolled drinking leads them to make the rounds of hospitals, doctors, psychiatrists, etc. But because they will not admit the extent of their drinking, they seldom receive any lasting benefit. Even when they do halfway "level" with the doctors, they fail to cooperate in following their doctor's instructions and the result is the same.

CHRONIC PHASE:

Until they have reached this point, the alcoholic has had a choice: to drink or not to drink -- the *first* drink. Once they took the first drink, they then lost all control. But in the last stages of alcoholism, they have no choice: they must drink.

12. **Benders:** They get blindly and helplessly drunk for days at a time, hopelessly searching for that feeling of alcoholic euphoria they once appreciated. They utterly disregard everything - family, job, food, even shelter. These periodic flights into oblivion might be called "drinking to escape the problems caused by drinking."
13. **Tremors:** In the past, their hands may have trembled a bit on "mornings after." But now they get "the shakes" when they are forced to abstain, a serious nervous condition which racks their whole body. When combined with hallucinations, they are known as the D.T.'s (delirium tremens), and are often fatal if medical help is not close at hand. During and immediately after an attack, they will swear off alcohol forever. They nevertheless come back for more of the same.
14. **Protecting the Supply:** Having an immediate supply of alcohol available becomes the most important thing in their life - to avoid the shakes, if nothing else. They will spend their last cent and, if necessary, will sell the coat off their back to get it. Then they hide their bottles so there will always be a drink close at hand when they need it - which can be any hour of the day or night.
15. **Unreasonable Resentments:** The alcoholic shows hostility toward others. This can be a conscious effort to protect their precious supply of alcohol, be it a half-pint on the hip or a dozen bottles secreted about the home. It can also be the outward evidence of an unconscious desire for self punishment.
16. **Nameless Fears and Anxieties:** They become constantly fearful of things they cannot pin down or describe in words. It is a feeling of impending doom or destruction. This adds to their nervousness and further

- underscores the compulsion to drink. These fears frequently crop up in the form of hallucinations, both auditory and visual.
17. **Collapse of the Alibi System:** They finally realize that they can no longer make excuses nor put the blame on others. They have to admit that the fanciful "reasons" they have been fabricating to justify their drinking are preposterous to others and are now ridiculous even to them. This may have occurred to them several times during the course of their alcoholic career, but this time it is final. They have to admit that they are licked; that their drinking is totally out of control and is beyond their ability to control it.
 18. **Surrender Process:** Now, if ever, the alcoholic must give up the idea of ever drinking again and be willing to seek and accept help. If at this point the alcoholic is unable to surrender, all the sign posts point to custodial care or death. If they have not already suffered extensive and irreversible brain damage, there is a strong likelihood that some form of alcoholic psychosis will develop. The amnesia and confabulation of Korsakoff's syndrome and the convulsions and comas of Wernicke's disease are possibilities. Death may come in advanced cases of cirrhosis of the liver, pancreatitis, or hemorrhaging varices of the esophagus. Or they may arrange their own suicide. After all, the suicide rate among alcoholics is three times the normal rate of self-extermination.

Types of alcoholism: Jellinek's species

The pattern described above refers to the stages of alcohol addiction. Jellinek continued his study of alcoholism, focusing on alcohol problems in other countries. The differences he found could not be accounted for simply by the phases of alcohol addiction. They seemed to be differences of kind rather than simply of degree of addiction. This led to his formulation of species, or categories, of alcoholism. Each of these types lie named after a Greek letter.

Alpha alcoholism. This type represents a purely psychological dependence on alcohol. There is neither loss of control nor an inability to abstain. What is evident is the reliance on alcohol to whether any or all discomforts or problems in life, which may lead to interpersonal, family or work problems. A progression is not inevitable. Jellinek noted that other writers may call this species *problem drinking*.

Beta alcoholism. This is present when classical problems such as cirrhosis or gastritis develop from alcohol use but the individual is not psychologically or physically dependent. *Beta* alcoholism is likely to occur in persons from cultures where there is widespread heavy drinking and inadequate diet.

Gamma alcoholism. This variant is marked by a change in tolerance, physiological changes leading to withdrawal symptoms, and a loss of control. In this species there is a progression from psychological to physical dependence. It is the most devastating species in terms of physical health

and social disruption. This is the species Jellinek originally studied. It progresses in the four phase's discussed - pre-alcoholic, prodromal, crucial, and chronic phase. The gamma alcoholic appeared to be the most prominent type in the United States. This species was the type most common among the members of AA that Jellinek studied. Characteristics of this species alone are often seen as synonymous with alcoholism.

Delta alcoholism. Delta alcoholism is very similar to the gamma variety of alcoholism. There is psychological and physical dependence, but there is no loss of control. Therefore on any particular occasion the drinker can control the amount consumed. The individual, however, cannot go on the wagon for even a day without suffering withdrawal.

Epsilon alcoholism. While not studied in depth, this type appeared to be significantly different from the others. Jellinek called this periodic alcoholism, a type marked by binge drinking. Though not elaborating, he felt this was a species by itself, not to be confused with relapses of gamma alcoholics.

Having described these various species in *The Disease Concept of Alcoholism*, Jellinek concluded that possibly not all of the species identified are properly categorized as diseases. There was no question in his mind that gamma and delta varieties, each involving physiological changes and a progression of symptoms, were diseases. He speculated that maybe *alpha* and *epsilon* varieties are, however, symptoms of other disorders. By more adequately classifying and categorizing the phenomena of alcoholism, he brought scientific order to a field that formerly had been dominated by beliefs.