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RELIGIOUS AFFILIATIONS AND ATTITUDES
OF HOMELESS PROBLEM DRINKERS


A Thesis Presented to the Faculty
of Concordia Seminary, St. Louis,
Department of Practical Theology
in partial fulfillment of the
requirements for the degree of
Master of Sacred Theology

by

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May 1969

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CHAPTER I

HOMELESS PROBLEM DRINKERS--A RELIGIOUS CONCERN

Purpose of this study

Based on particular studies in the field of alcoholism, this thesis specifically examines, evaluates, and interprets information and data concerning the religious affiliations and attitudes of homeless problem drinkers.

Two authorities in the field of alcoholism, David J. Pittman and C. Wayne Gordon, have quoted the estimate that there are probably a half million Skid Row or homeless alcoholics in the United States.¹ Regardless of the exactitude of this statistic, the suffering experienced and caused by homeless problem drinkers provides the Church with large opportunity to exercise for homeless problem drinkers its traditional compassion and healing ministry for the suffering.²

¹David J. Pittman and C. Wayne Gordon, Revolving Door: A Study of the Chronic Police Case Inebriate (Glencoe, Ill.: Free Press, c.1958), p. 2.

²Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic through Religion and Psychology (Revised and enlarged edition; New York: Abingdon Press, c.1968), pp. 79-102.

Scope of this Study

The designation "homeless problem drinkers," chosen for the subjects of this research, indicates the kind of persons under consideration and, in part, the scope of this study.

The term "problem drinkers" intends to be a broad term to include both alcoholics, those who have lost control over their use of ethyl alcohol, and drinkers whose heavy or excessive ingestion of beverage alcohol causes physical, mental, emotional, and social harm to themselves and others, whether or not they are progressing toward the loss of control. This latitude of terminology is important because, as Robert Straus has observed,³ it is not always readily possible to know which homeless problem drinkers are alcoholics.

Scholars in the field of alcoholism do not presently agree on a definition of alcoholism.⁴ However, this investigator will normally use the concept "problem drinking" and related terms and the concept "alcoholism" and related

³Robert Straus, "Alcohol and the Homeless Man," Quarterly Journal of Studies on Alcohol, VII (December 1946), 365.

⁴David J. Pittman and Charles R. Snyder, editors, Society, Culture, and Drinking Patterns (New York: John Wiley and Sons, Inc., c.1962), p. 307.

terms according to definitions in Alcohol Problems: A Report to the Nation by the Cooperative Commission on the Study of Alcoholism. This report defines problem drinking as "a repetitive use of beverage alcohol causing physical, psychological, or social harm to the drinker or to others."⁵

In turn, the report defines alcoholism as

a condition in which an individual has lost control over his alcohol intake in the sense that he is consistently unable to refrain from drinking or to stop drinking before getting intoxicated.⁶

The designation of problem drinkers as "homeless" in this thesis specifies the kind of problem drinkers which are the subject of this study. They are those problem drinkers, almost exclusively male,⁷ who are nearly completely lacking in family ties and who inhabit Skid Row areas.

Both defining homeless men and accenting the relationship between homeless men and Skid Row, Ronald C. VanderKooi writes,

Homeless men may be defined as a population with relatively high mobility, rarely maintaining binding social attachments or having possessions of value, holding the more temporary and least

⁵ Cooperative Commission on the Study of Alcoholism, Alcohol Problems: A Report to the Nation, prepared by Thomas F. A. Plaut (New York: Oxford University Press, c.1967), pp. 37-38.

⁶ Ibid., p. 39.

⁷ Donald J. Bogue, Skid Row in American Cities (Chicago: Community and Family Study Center, University of Chicago, c.1963), p. 8.

rewarding types of employment and living nearly always in skid row areas.⁸

The designation "homeless people who live on Skid Row" makes it possible to include in this study data about the group known as chronic police case inebriates. David J. Pittman and C. Wayne Gordon write, "The 'homeless' man group to a large extent overlaps that of the chronic police case inebriate."⁹ Similarly, James Weber, in a report on the St. Louis Detoxification Center of St. Louis, Missouri, observes that "Typically, the chronic inebriate is a skid-row inhabitant."¹⁰ It is the conclusion of Thomas Plaut that "A large proportion of those arrested for public drunkenness are homeless men, and thus the problem must be seen in the context of Skid Row."¹¹

The scope of the religious aspect of the present study is limited to the religious affiliations and attitudes of homeless problem drinkers. The examination about religion

⁸Ronald C. VanderKooi, "Skid Row and Its Men: An Exploration of Social Structure, Behavior and Attitudes" (Technical Bulletin B-39, Institute for Community Development and Services, Michigan State University, August, 1963, mimeographed), p. 7.

⁹Pittman and Gordon, p. 4.

¹⁰James M. Weber, "The Social Science Institute Final Evaluation Report, The St. Louis Detoxification and Diagnostic Evaluation Center" (mimeographed), chap. 1, p. 10.

¹¹Cooperative Commission Report, p. 112.

is limited primarily to this data because, to a large extent, the information in relevant literature has to do with these facets of religion and seldom indicates a larger spectrum of information.

Overview of this Study

In examining and evaluating the religious affiliations and attitudes of homeless problem drinkers, this study has an initial chapter on Skid Row, the home of the homeless problem drinker. The second chapter is a social-cultural profile, primarily demographic, of the homeless problem drinker. In detail the following chapter focuses on the social-psychological development and status of the homeless problem drinker. The examination of religious affiliations and attitudes follows, as well as an overview of factors possibly fostering negative religious attitudes. The study concludes with an evaluation of religious resources and ways for helping homeless problem drinkers and a summary chapter which includes a statement of the implications of this study and possible matters for further study.

Sources for this Study

In reporting religious affiliations and attitudes of homeless problem drinkers, a category which includes chronic police case inebriates, this examination is based primarily on a survey of relevant studies in the field of alcoholism

with reference to Skid Row and the homeless man; Skid Row and homeless problem drinkers and alcoholics; chronic police case inebriates; and alcoholism, alcoholics, and problem drinkers in general.

A major source for many articles on relevant alcohol and alcoholism studies, reviewed for this thesis, is the Quarterly Journal of Studies on Alcohol, a publication of the Center of Alcohol Studies at Rutgers--The State University, New Brunswick, New Jersey.

For the most part, the bibliography for this study was prepared by the writer at The Center of Alcohol Studies by use of the Classified Abstract Archive of the Alcohol Literature.

As a ready reference, a summary of the findings of this study is found in Chapter X of the thesis.

In the 1967 Task Force Report, Drunkenness David J. Pittman describes Skid Row by saying that

Donald J. Bogus, Skid Row in American Cities (Chicago: Community and Family Study Center, University of Chicago, 1965), p. 8.

Ronald C. VanderKooi, "Skid Row and Its Men: An Exploration of Social Structure, Behavior and Attitudes" (Technical Bulletin 8-39, Institute for Community Development and Services, Michigan State University, August, 1963, mimeographed), p. 7; J. F. Rooney, "Group Processes Among Skid Row Men," Quarterly Journal of Studies on Alcohol, 16(1) (September 1961), 44.

"Public Intoxication and the Alcoholic Offender in American Society," Task Force Report: Drunkenness (Washington: U. S. Government Printing Office, 1967), p. 11.

CHAPTER II

SKID ROW--THE HOME OF HOMELESS PROBLEM DRINKERS

General Description of Skid Row

Skid Row areas are home for a vast number of homeless people who are predominately male.¹ These men are homeless especially in that they are lacking or nearly completely lacking family ties, meaningful and lasting social relationships, possessions of value and regular employment relationships.² Since Skid Row men are no longer as mobile as they once were, a large part of these men are now permanent residents on Skid Row, live their impoverished and homeless lives in missions, cheap hotels, and flophouses, and work when they can as casual laborers.³

In the 1967 Task Force Report: Drunkenness David J. Pittman describes Skid Row by saying that

¹Donald J. Bogue, Skid Row in American Cities (Chicago: Community and Family Study Center, University of Chicago, c.1963), p. 8.

²Ronald C. VanderKooi, "Skid Row and Its Men: An Exploration of Social Structure, Behavior and Attitudes" (Technical Bulletin B-39, Institute for Community Development and Services, Michigan State University, August, 1963, mimeographed), p. 7; J. F. Rooney, "Group Processes Among Skid Row Winos," Quarterly Journal of Studies on Alcohol, XXII (September 1961), 444.

³"Public Intoxication and the Alcoholic Offender in American Society," Task Force Report: Drunkenness (Washington: U. S. Government Printing Office, 1967), p. 11.

Skid row is usually located near the city's central business district in what the urban sociologist calls the "zone of transition." It is an area characterized by severe physical deterioration--most of the commercial establishments and dwellings are sub-standard. Hotels and "flophouses," religious missions, men's service centers and bars are the usual establishments in the area.⁴

In turn, David J. Pittman, in the same publication, explains the origin of Skid Row, as a habitat for homeless people, and the meaning of the term Skid Row.

The term, skid row, appears to have originated in Seattle at the turn of the century. Yessler Street, which sloped to Puget Sound, was greased, and logs were skidded down into the water. Along this "skid road" were many taverns, amusement places, and hotels frequented by the men who came to Seattle during the log-shipping season. Yessler Street has formed the prototype of skid rows which include New York's famed Bowery, Chicago's West Madison Street, St. Louis' Chestnut and Market Streets, and similar areas in Copenhagen, Helsinki, Amsterdam and Paris.⁵

A description of the homeless population of Skid Row is summarily set forth by Earl Rubington in his article, "The Chronic Drunkenness Offender." He points out that the population is heterogeneous.

All large cities have their Skid Row sections, smaller cities, their equivalent. Here the homeless, the outcasts, the derelicts, the drifters all congregate and make for themselves a way of life substantially at variance with dominant social norms. Here the chronic drunkenness offender--a person who is arrested for public intoxication three or more times each year--also

⁴Ibid.

⁵Ibid.

finds a congenial habitat. Skid Row is not, then, a random collection of individuals who all share an individual peculiarity, the craving for alcohol. It is rather, a collection of people with different personalities who are bound up in Skid Row subculture in its different ways.⁶

S. E. Wallace in his book, Skid Row a Way of Life, underscores the fact that Skid Row is a subculture.

The skid row way of life with its prescribed ways of behaving toward members and non-members, with its institutions, socialization, status order, special language, and tradition is a subculture.⁷

It is as a subculture, which embraces many different kinds of people, that Skid Row is the home for homeless problem drinkers.

General Classification of Skid Row Residents

There are at least several different classifications of Skid Row residents. In 1953 Joan K. Jackson and Ralph Conner wrote concerning the social segments of Skid Row. They divided the residents into nonalcoholics and alcoholics and then subdivided these classifications.

Under nonalcoholics Jackson and Conner included:

(a) permanent residents, primarily people with pensions or other income; and (b) transients who may drink heavily and

⁶Earl Rubington, "The Chronic Drunkenness Offender," The Annals of the American Academy of Political and Social Science, CCCXV (January 1958), 66.

⁷S. E. Wallace, Skid Row a Way of Life (New Jersey: Bedminster Press, 1965), p. 141.

provide aid and companionship for alcoholics but who do not become a part of the alcoholics' group.

Included in the Jackson and Conner alcoholic group are: (a) older alcoholics who live a long period in once place and are often on pension and cared for by landlords; (b) "bums," an avoided group of residents who do not adhere to Skid Row standards; (c) "characters" who are erratic and bizarre in their behavior and are avoided by others; (d) "winos," residents who habitually drink wine and are run-down in physical health and appearance and rejected by the "lush group"; (e) "rubby-dubs" who habitually drink non-beverage alcohol and are usually social isolates; and (f) "lushes," the prestige alcoholics who are, in comparison to "winos" and "characters," in better physical and mental health, adhere to the mores of Skid Row society, and maintain social distance from other groups.⁸

In his 1965 book, Skid Row a Way of Life, S. E. Wallace spoke of six primary statuses on Skid Row: the drunk, the alcoholic, the hobo, the beggar, the tour director, and the mission stiff.⁹

Donald J. Bogue in the 1963 book, Skid Row in American Cities, divided the population of Skid Row into six major

⁸Joan K. Jackson and Ralph Conner, "The Skid Road Alcoholic," Quarterly Journal of Studies on Alcohol, XIV (September 1953), 470.

⁹Wallace, p. 199.

classes as follows: (a) elderly or physically disabled men; (b) resident workingmen; (c) migratory workers; (d) "bums" (beggars and panhandlers); (e) criminals and workers in illegal enterprises; and (f) chronic alcoholics.¹⁰

These classifications support the conclusion of Earl Rubington that Skid Row is composed of many different kinds of people, and that they are not all people who crave alcohol.¹¹

Drinking Classification of Skid Row Residents

In their studies Robert Straus and R. G. McCarthy, as joint authors, and Donald J. Bogue classify Skid Row residents according to their drinking habits.

Straus and McCarthy interviewed 444 men on the Bowery in New York City. In an article, published in 1951, they noted four categories with reference to the drinking practices of the 444 men interviewed. They listed the following categories: (a) nondrinkers, residents who had not used alcoholic beverages for at least a year; (b) moderate drinkers who never or rarely show marked overt effects of intoxication; (c) heavy controlled drinkers, those users of beverage alcohol who are able to plan and regulate their drinking according to their plans and resources; and (d)

¹⁰Bogue, p. 48.

¹¹Rubington, CCCXV, 66.

heavy uncontrolled drinkers who drink to the limit at practically every occasion.

In these categories Straus and McCarthy noted the percentages of the 444 men related to each classification. They discovered 11 percent to be nondrinkers, 17 percent to be moderate drinkers, 28 percent to be heavy controlled drinkers, and 43 percent to be heavy uncontrolled drinkers.¹²

Reporting in 1963 on extensive interviews with 613 male Skid Row residents in Chicago, Donald J. Bogue used five categories to report their drinking habits. These categories are: (a) teetotalers, nondrinkers; (b) light drinkers, controlled drinkers; (c) moderate drinkers, incipient or borderline alcoholics; (d) heavy drinkers, chronic alcoholics in the initial stage; (e) alcoholic derelicts, chronic alcoholics in the terminal stage.

Of the 613 residents interviewed, Bogue found 14.8 percent to be teetotalers, 28.4 percent to be light drinkers, 24.4 percent to be moderate drinkers, 19.9 percent to be heavy drinkers, and 12.6 percent to be alcoholic derelicts.¹³

According to their samples, these two studies report that 11 percent to 14.8 percent of the residents of Skid

¹²R. Straus and R. G. McCarthy, "Nonaddictive Pathological Drinking Patterns of Homeless Men," Quarterly Journal of Studies on Alcohol, XII (December 1951), 605.

¹³Bogue, p. 93.

Row do not normally use beverage alcohol. From 17 percent to 28.4 percent might be termed moderate drinkers in Straus and McCarthy terminology. In Bogue's study the moderate drinkers, heavy drinkers and alcoholic derelicts, who total 56.9 percent of the group, apparently are appropriately classified as problem drinkers in the broad terminology of this thesis' title. If some of the 28 percent of heavy controlled drinkers in the Straus and McCarthy sample are problem drinkers, this puts the number of homeless problem drinkers in the study well over the 43 percent represented by the category of heavy uncontrolled drinkers.

Using the Cooperative Commission's definition of alcoholism as a loss of control condition, these studies appear to report that the number of homeless alcoholics is between 32.5 percent and 43 percent of the Skid Row population.

A similar conclusion is to be found in the Philadelphia study of 2,249 Skid Row men which was published in 1966. The authors report that 35 percent of those interviewed were uncontrolled drinkers. Sixteen percent of the men were classified as nondrinkers.¹⁴

These findings emphasize that not all members of the Skid Row community are drinkers or problem drinkers. Only some 50 percent of the population can probably be placed in

¹⁴Leonard Blumberg, and Others, "The Development, Major Goals and Strategies of a Skid Row Program: Philadelphia," Quarterly Journal of Studies on Alcohol, XXVII (June 1966), 257.

the problem drinker classification. Also, as other studies have underscored, not all problem drinkers are alcoholics, that is, uncontrolled drinkers. To signal this, W. J. Petersen and M. A. Maxwell distinguish "drunks" and "winos" as two major drinking groups. J. F. Rooney uses the same two categories. The Bain study, reported by Rooney, in turn speaks of tavern-centered groups and street-drinking groups.¹⁵ It is both of these groups of problem drinkers who are classified as homeless problem drinkers and who are examined in detail in this study.

¹⁵Rooney, pp. 446-47.

In processing the interview information from 613 males of the Chicago Skid Row, Donald J. Hoyle discovered that 50.2 percent were between 20 and 24 years old, 11.3 percent were between 25 and 29 years old, 32.7 percent were between 30 and 39 years old, 17.8 percent were between 40 and 49 years old, and 8.2 percent were 50 years old or older. Over half of the men sampled, representing the general Skid Row population and not just problem drinkers, were between the ages of 20 and 39 years.

Donald J. Hoyle, *Skid Row in American Cities* (Chicago: Community and Family Study Center, University of Chicago, 1962), p. 91.

CHAPTER III

A SOCIAL-CULTURAL PROFILE OF THE HOMELESS PROBLEM DRINKER

Introduction

The alcoholism literature has data which are a resource for a social-cultural profile of homeless problem drinkers. The profile which follows includes information concerning age, sex, nationality, socio-economic background, early family relationships, education, marital status, and occupational status. Religious information is included in subsequent chapters.

Age

In processing the interview information from 613 males of the Chicago Skid Row, Donald J. Bogue discovered that 10.2 percent were between 20 and 34 years old, 11.3 percent were between 35 and 39 years old, 52.7 percent were between 40 and 59 years old, 17.6 percent were between 60 and 69 years old, and 8.2 percent were 70 years old or older. Over half of the men sampled, representing the general Skid Row population and not just problem drinkers, were between the ages of 40 and 59 years.¹

Donald J. Bogue, Skid Row in American Cities (Chicago: Community and Family Study Center, University of Chicago, c.1963), p. 91.

The findings of Richard F. Docter with reference to homeless problem drinkers is similar to the findings of the Bogue sample of the whole Skid Row population. During the summer of 1965 he interviewed 172 male problem drinkers and alcoholics and discovered that 66 percent were between the ages of 40 and 59 years. Twenty-three percent were under 40 years old, and 11 percent were 60 years old and over.² The average homeless problem drinker is apparently a middle-aged man.

Supporting the evidence that the average homeless problem drinker is middle aged is the report of David J. Myerson and Joseph Mayer with reference to 209 hospitalized Skid Row alcoholics. They found the median age to be forty-six.³

In turn, the David J. Pittman and C. Wayne Gordon study of 187 incarcerated male chronic police case inebriates reveals the median age to have been 47.7 years.⁴

²Richard F. Docter, "Drinking Practices of Skid Row Alcoholics," Quarterly Journal of Studies on Alcohol, XXVIII (December 1967), 702.

³David J. Myerson and Joseph Mayer, "The Origins, Treatment, and Destiny of Skid Row Alcoholic Men," Alcoholism-- Behavioral Research, Therapeutic Approaches, edited by Ruth Fox (New York: Springer Publishing Company, Inc., c.1967), p. 308.

⁴David J. Pittman, "Public Intoxication and the Alcoholic Offender in American Society," Task Force Report: Drunkenness (Washington: U. S. Government Printing Office, 1967), p. 11.

Sex

Since David J. Bogue reports that Skid Row inhabitants are primarily male,⁵ it might be assumed that the vast majority of homeless problem drinkers are male. Statistics from the St. Louis Detoxification Center in St. Louis, Missouri, where arrested public intoxicants are detoxified, support this assumption. Of 1,854 admissions between November 8, 1966, and June 30, 1968, only 7 percent were female.⁶

Nationality

The most extensive report of the national backgrounds of homeless problem drinkers found by this researcher is the one provided by Richard F. Docter as a result of his interviews in southern California in 1965 with 172 Skid Row male problem drinkers and alcoholics. He reports the following backgrounds and percentages: Irish, 26 percent; Scotch-English, 21 percent; Mexican, 15 percent; German-Dutch, 10 percent; Negro, 10 percent; Scandinavian, 8 percent;

⁵Bogue, p. 8.

⁶This information is from a sheet of statistical data prepared and mimeographed under the supervision of John Mueller, one-time chief social worker at the St. Louis Detoxification Center, St. Louis, Missouri. The page is entitled, "St. Louis Detoxification and Diagnostic Evaluation Center Patient Profile, 11-18-66--6-30-68."

American Indian, 4 percent; Polish, 3 percent; French-Italian, 2 percent; Oriental, 1 percent.⁷

David J. Pittman and C. Wayne Gordon, in their sample of 187 arrested male inebriates, report similar percentages of English, Irish and Italians. They found a high percentage of Irish and English and a low percentage of Italians. They write,

The most frequent nationality groupings are English and Irish. Irish individuals compose 35 per cent of the sample, but there is an increasing number of Irish with advancing age, especially after 45. Italians, although represented in significant numbers in the general population, compose only 2 per cent of the sample.⁸

Social-Economic Background

David J. Myerson and Joseph Mayer report on the social-economic background of their two sample groups of homeless problem drinkers, which they refer to as alcoholics. In Myerson's study of 101 hospitalized men, he notes that 98 came from lower economic groups while only 3 came from the middle class.⁹ Combining the study group of 101 men with a group of 109 men, also hospitalized for alcoholism, Myerson

⁷Docter, XXVIII, 702.

⁸David J. Pittman and C. Wayne Gordon, Revolving Door: A Study of the Chronic Police Case Inebriate (Glencoe, Ill.: Free Press, c.1958), pp. 56-57.

⁹David J. Myerson, "The 'Skid Row' Problem," The New England Journal of Medicine, CCLIV (June 21, 1956), 1168.

and Mayer report that generally all men came from families with a high degree of poverty.¹⁰

In their study of 187 male chronic police case inebriates, David J. Pittman and C. Wayne Gordon report

chronic police case inebriates are drawn heavily from the lower social class groupings in the society, as is reflected in the educational attainment and occupational classification of their fathers.¹¹

Both the Myerson and Mayer and the Pittman and Gordon studies agree that problem drinkers, for the most part, come from a low social-economic level.

Early Family Relationships

With reference to the 208 hospitalized Skid Row alcoholics in their total study group, David J. Myerson and Joseph Mayer observe that the men came from larger than average families.¹²

Of his study, in New Haven, Connecticut, of 201 homeless men, mostly problem drinkers, and of his joint study with R. G. McCarthy of 444 homeless men on the Bowery, Robert Straus reports that the families of these men give evidence

¹⁰Myerson and Mayer, p. 309.

¹¹Pittman and Gordon, p. 58.

¹²Myerson and Mayer, p. 309.

of early family disorganization. One-half of the men lost one or both of their parents before age twenty.¹³

Reporting on the family backgrounds of 187 incarcerated male intoxicants, David J. Pittman and C. Wayne Gordon report that the structural continuity of the family units was often broken before the inebriate reached his mid-teens. The families were broken by death, divorce, or separation.

Concerning these families Pittman and Gordon state that they failed largely to participate in community activities. The families were not only marked by disintegration but by low regular church attendance and almost complete lack of participation in voluntary church societies and community activities.

Pittman and Gordon report of parent-child relationships that mother-son and father-son relationships deprived the inebriates of those ingredients necessary in meeting basic emotional, social and psychological needs.¹⁴

Education

In Revolving Door David J. Pittman and C. Wayne Gordon observe that 40 percent of the general population do not go beyond grammar school in pursuing education. They discovered that 70 percent of the 187 arrested male inebriates they

¹³Robert Straus and R. G. McCarthy, "Nonaddictive Pathological Drinking Patterns of Homeless Men," Quarterly Journal of Studies on Alcohol, XII (December 1951), 610.

¹⁴Pittman and Gordon, p. 93.

studied did not go beyond grammar school. Seldon Bacon, reporting on 1,223 arrested inebriates, similarly notes that 68 percent did not go beyond grammar school.¹⁵ In turn, investigators from the Emory University Department of Psychiatry, record that of 259 arrested male intoxicants 50 percent did not go beyond the eighth grade in school.¹⁶

The study of 101 homeless problem drinkers by David J. Myerson shows a similar educational status. Myerson reports that 50 percent had at least a grammar school education. He reported a median level of ten years of education.¹⁷

Richard F. Docter reports a somewhat higher educational status for the 172 Skid Row male problem drinkers he interviewed. He discovered that 26 percent had between six and eight years of schooling, 59 percent had between nine and twelve years, and 15 percent had some college education.¹⁸

On the whole, homeless problem drinkers appear to be an educationally deprived group.

¹⁵Ibid., p. 89.

¹⁶The President's Commission on Law Enforcement and Administration of Justice, "Alcohol Project of the Emory University Department of Psychiatry," Task Force Report: Drunkenness (Washington: U. S. Government Printing Office, 1967), p. 89.

¹⁷Myerson, CCLIV, 1169; Myerson and Mayer, p. 309.

¹⁸Docter, XXVIII, 702.

Marital Status

David J. Myerson and Joseph Mayer report about the marital status of the two groups of homeless problem drinkers which they studied. At the time of their admission to the Long Island Hospital in Boston, the 208 men in both groups were all separated from their original families and from their wives, if they had been married. Of the group of 101 men only 61.6 percent had been married. Only 48.1 percent of the men in the group of 108 had been married.¹⁹

Of the 187 arrested male inebriates whom they studied, David J. Pittman and C. Wayne Gordon found that 41 percent of the men had never married. Of the 59 percent who had been married only 2 percent were living with their spouses before their current incarceration. Thirty-two percent were separated, 19 percent were divorced, and 6 percent were widowed.

Pittman and Gordon compare some of their findings with the Seldon D. Bacon study of 1,223 men arrested for drunkenness, with Robert Straus' study of 201 homeless men, mostly problem drinkers, and with general population data.

While 59 per cent of the men in this sample had at one time married, compared to 47 per cent of Bacon's arrested inebriates and 44 per cent of the homeless men studied by Straus in New Haven, this proportion is far lower than the 80 per cent of clinic patients. The observed frequency of divorces and separations

¹⁹Myerson and Mayer, pp. 310-11.

is far higher at all age levels than in the general population. Only 4 of the 187 men were "married and living with spouse" at the time of study, all under 45 years of age. From a comparison with general population data, the expected frequency of never-married status would be 13 per cent, whereas the observed frequency is 41 per cent; and the expected percentage of marriages terminating in divorce, widowhood or separation is 11, whereas the observed frequency was 96 per cent.²⁰

The high rate of marital unattachment of homeless problem drinkers is corroborated by statistics from the St. Louis Detoxification Center, St. Louis, Missouri. Of 1,854 admissions between 1966 and 1968, 21 percent had never been married, 63 percent were separated, divorced, or widowed, 14 percent were married, and the status of 2 percent was unknown.²¹

Occupational Status

When Richard F. Docter interviewed 172 Skid Row male problem drinkers in 1965, he discovered that 4 percent had professional, farming or managerial experience. Sixteen percent had a clerical and sales background, 37 percent of the men were in the "craftsmen, operative, service" classification, and 43 percent were found to be laborers.²²

Out of 101 homeless problem drinkers, David J. Myerson found that 35 percent were unskilled and 66 percent had a

²⁰Pittman and Gordon, p. 57.

²¹Mueller, "Patient Profile."

²²Docter, XXVIII, 702.

trade but had been unemployed for years or working at marginal jobs.²³

Reviewing the study results of the 187 arrested male inebriates, David J. Pittman and C. Wayne Gordon note 68 percent to be unskilled workers, 22 percent to be skilled, and 3 percent to be professional and allied workers. They compared these statistics to general population data as follows,

In comparison with the general population, the incarcerated inebriates possess a low order of primary skills, 68 per cent being unskilled workers, mainly laborers, 22 per cent skilled workers, and 3 per cent professional and allied workers, compared to 13, 46 and 22 per cent in the respective categories, in the general population.²⁴

The high rate of unskilled homeless problem drinkers is reported by John Mueller in St. Louis Detoxification Center statistics. Of the 1,854 admissions he reported 52 percent of the people to be unskilled, 24 percent of the people to be semi-skilled, and 15 percent to be elderly and disabled. He placed 9 percent under the classification "Other."²⁵

Summary

The typical homeless problem drinker in the United States is male. He is very likely of Irish or English

²³Myerson, CCLIV, 1169.

²⁴Pittman and Gordon, p. 57.

²⁵Mueller, "Patient Profile."

descent and comes from a large lower class family marked by poverty, early disorganization, depriving interpersonal relationships and a lack of participation in community activities. His education has been meager and most likely he has no more than eight grades of education. If he went to high school, he probably was never graduated.

The homeless problem drinker probably left his parental home at an early age, often following conflict with parents or the death of one or both parents. Either he was never married or his marriage was dissolved by separation, divorce, or death. When he is seen in an institution, he is in the middle years of his life, probably between forty-five and forty-eight years old.

...concept which seems to fit nearly all homeless men is that they are under-socialized. . . . Because they have not learned the ways of society, unindividualized persons are inevitable, and acts of "sharing" become difficult, distasteful, and even dangerous to them. They therefore choose a way of life which avoids associations of "sharing."

Robert Straus, "Alcohol and the Homeless Man," Quarterly Journal of Studies on Alcohol, VII (December 1946), 360-404.

David J. Pittman and C. Wayne Gordon, Revolving Doors: A Study of the Chronic Public-Space Inebriate (Glencoe, Ill.: Free Press, c.1958), 78-79.

J. F. Rowley, "Group Processes Among Skid Row Wines," Quarterly Journal of Studies on Alcohol, XXII (September 1961), 36-41.

ibid., XXII, 459.

Straus, VII, 363.

CHAPTER IV

THE SOCIAL-PSYCHOLOGICAL DEVELOPMENT AND STATUS OF HOMELESS PROBLEM DRINKERS

Undersocialization in the Causality of Homeless Problem Drinking

Sociologists such as Robert Straus,¹ David J. Pittman and C. Wayne Gordon, co-authors,² and J. F. Rooney³ speak of undersocialization as a cause factor of the "homeless problem drinker" problem. J. F. Rooney writes, "Undersocialization has been considered the major psychological trait characterizing the Skid Row population."⁴ In turn, Robert Straus says,

A broad sociological concept which seems to fit nearly all homeless men is that they are undersocialized. . . . Because they have not learned the ways of society, undersocialized persons are insecure, and acts of "sharing" become difficult, distasteful, and even dangerous to them. They therefore choose a way of life which avoids associations of "sharing."⁵

¹Robert Straus, "Alcohol and the Homeless Man," Quarterly Journal of Studies on Alcohol, VII (December 1946), 360-404.

²David J. Pittman and C. Wayne Gordon, Revolving Door: A Study of the Chronic Police Case Inebriate (Glencoe, Ill.: Free Press, c.1958), 78-93.

³J. F. Rooney, "Group Processes Among Skid Row Winos," Quarterly Journal of Studies on Alcohol, XXII (September 1961), 444-60.

⁴Ibid., XXII, 459.

⁵Straus, VII, 363.

Howard J. Clinebell, Jr., addresses himself to the same causative dynamic in discussing alcoholism in his book, Understanding and Counseling the Alcoholic,⁶ and in his article, "Philosophical-Religious Factors in Alcoholism,"⁷ but he speaks in terms of "inadequacies of relationships"⁸ rather than "undersocialization."

This study makes use of both concepts as expressing basically the same factor of causality.

The Processes of Socialization, Under-socialization, and Desocialization

Socialization

According to J. F. Rooney, "Socialization is a process by which a person develops facility and confidence, and learns to experience satisfactions from interacting with others."⁹ Robert Straus says,

The concept "socialization" is used to describe the conditioning of the individual to the ways of

⁶Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic through Religion and Psychology (Revised and enlarged edition; New York; Abingdon Press, c.1968), passim.

⁷Howard J. Clinebell, Jr., "Philosophical-Religious Factors in the Etiology and Treatment of Alcoholism," Quarterly Journal of Studies on Alcohol, XXIV (September 1963), 473-88.

⁸Clinebell, "Philosophical Factors," XXIV, 481.

⁹Rooney, XXII, 458.

society, i.e., the behavior which is expected or is desirable, the social taboos and prohibitions--in short, the ways of getting along with other people and sharing experiences.¹⁰

Socialization is a life-long process. "A person is socialized continuously throughout life by participation in meaningful roles."¹¹ The process begins at birth, and, although the most important phases of socialization probably occur in childhood, socialization continues throughout life with each new association and experience.¹²

J. F. Rooney espouses a multidimensional process of socialization. He says that

Socialization is a process by which a person develops facility and confidence, and learns to experience satisfactions from interacting with others. According to this view socialization is a multidimensional process through which a person may develop different skills at varying rates and intensities. Hence, any given individual may be below average, or "undersocialized," in the development of facility in some skills and above average in others--the development of each trait being partially independent.¹³

According to Rooney, the more adequately socialized persons are

¹⁰ Straus, VII, 363.

¹¹ Rooney, XXII, 458.

¹² Straus, VII, 363.

¹³ Rooney, XXII, 458.

those who have been conditioned to participate in a wide variety of roles demanding various types of interpersonal skills involved in a broad range of life experiences.¹⁴

The less adequately socialized persons are "those personalities whose conditioning has been limited to acquiring facility in a smaller number of roles."¹⁵

Howard J. Clinebell, Jr., in his book, Basic Types of Pastoral Counseling, points up the deep need for adequate socialization, or adequate interpersonal relationships, when he writes that the basic personality need of people is "to experience authentic love in a dependable relationship." He goes on to say,

An individual's personality hungers are all met to the degree that he participates in a relationship characterized by mutual "sensitivity and responsiveness to the needs of others." This is what I mean by "authentic love." Having received a dependable supply of such love in his early life, one becomes a loving person who naturally responds to the needs of others and thus fulfills his own need to give as well as receive love.¹⁶

According to Clinebell, in order to be socialized, a person needs to be in relationships in which he experiences love and learns both to give and receive love.

¹⁴Ibid.

¹⁵Ibid.

¹⁶Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (New York: Abingdon Press, c.1966), p. 18.

Undersocialization and Desocialization

A person may be either or both undersocialized and desocialized.

For David J. Pittman and C. Wayne Gordon undersocialization means

that an individual's life history is marked by a lack of participation in primary groups such as the family, play groups and peer groups, these being the sine qua non of personality formation. Participation in the core primary groups serves as the basis on which further social activities will be shaped. An individual who has limited opportunities to develop intimate personal relationships in the primary groups is handicapped in sharing experiences with others; his interpersonal relationships are inept.¹⁷

Desocialization, on the other hand, is the loss of former skills and the ability to perform accustomed roles.¹⁸

A prevailing theory is that both undersocialization and desocialization are involved in the "homeless problem drinker" syndrome.¹⁹

The Role of Undersocialization in the Causality of Homeless Problem Drinking

Robert Straus offers a characterization of undersocialized persons which points to that dynamic of personality which leads a person toward the homeless Skid Row

¹⁷Pittman and Gordon, p. 78.

¹⁸Rooney, XXII, 458.

¹⁹Ibid., XXII, 445-59.

life. He emphasizes the seriousness of a person being deprived of the opportunity for meaningful sharing experiences.

Deficiently socialized persons are usually deprived of the opportunity of sharing experiences with others, of belonging to social groups and participating in social activities. They are deprived, also, of certain important satisfactions, such as affection, prestige, the feeling of security, the rewarding aspects of identifying with others, and the like. The satisfactions of these personal needs usually comes through association with other people. Because they have not learned the ways of society, undersocialized persons are insecure, and acts of "sharing" become difficult, distasteful and even dangerous to them. They therefore choose a way of life which avoids associations of "sharing." Such associations are normally found in the parental home, in the marital family, in schools, in employment situations, in church participation and in community life. These are the very institutional situations in which experiences of homeless men are incomplete and unsatisfying and which are, therefore, the criteria of his undersocialization.²⁰

More specifically, David J. Pittman and C. Wayne Gordon illustrate how undersocialization contributes to the entry into Skid Row living and drinking. They emphasize that a lack of adequate primary group relationships results in inadequate fulfillment of secondary task roles and consequent flight into less demanding relationships. F. J. Rooney summarizes the Pittman and Gordon theory as follows:

Pittman and Gordon further hypothesize that lack of socialization into the primary group roles encountered in childhood results in an inadequate basis for participation in the important secondary task roles occurring in education, occupation and marriage. Inadequate preparation and lack of

²⁰ Straus, VII, 363.

self-confidence frequently result in an "adaptive flight" syndrome by which the individual separates himself from family and employment and seeks dependency upon drinking. Entry into the Skid Row population frequently accompanies the pattern of flight. Complementarily the tavern group is described as a refuge in which the undersocialized person is welcome. "The demands which the other members of the drinking group place upon him are limited, and he is able to handle these with his small competence in interpersonal relationships."²¹

The indication of Pittman and Gordon is that undersocialized persons do not abandon a desire for relationships but seek those relationships which they feel they can handle. They seek social situations in which demands are minimal and which do not require a large amount of competence in the area of interpersonal relationships. This is the point J. F. Rooney underscores and expands with his multidimensional theory of undersocialization. He emphasizes that men inept in normal social relationships do not altogether avoid social contact.

the fact that even the most encultured of Skid Row winos actively seek participation in social relations indicates a considerable degree of interpersonal skill.²²

Enculturation into the Skid Row way of life not only involves undersocialization but also desocialization. Rooney writes, "former skills are lost by disuse or perhaps owing to anxiety associated with the use of a skill."²³

²¹Rooney, XXII, 445-46.

²²Ibid., XXII, 459.

²³Ibid., XXII, 458.

J. F. Rooney gives illustration of the process of desocialization.

That men can lose acquired skills is shown by the fact that the majority of Skid Row men, including the winos, once held responsible employment for which they no longer have the skills or the stability to qualify.²⁴

In his study, "Alcohol and the Homeless Man," Robert Straus stresses that no single factor is sufficient to explain the reason some men become homeless. Men under the same social conditions as those men who become homeless have maintained more normal social relationships. Straus points out that the process to homelessness involves a combination of social and personality factors.

Just as origins of alcoholism are still somewhat obscure, the question of why men join the homeless population cannot be answered easily. It is doubtful that many men break with their home ties and join the ranks of the homeless as a result of any single characteristic or any single event. Instead, the process usually involves a combination of several social factors together with certain personality characteristics of the individual. While the broader social factors are often sufficient to explain why there is a homeless population and why in general men become homeless, a study of individual personality traits and personality problems is necessary in order to determine why any one man has become homeless while many other men under the same social conditions have maintained more normal social relationships.²⁵

²⁴Rooney, XXII, 458.

²⁵Straus, VII, 364.

The Role of Drinking in the Homeless Life
of Undersocialized Persons

Onset of Drinking in the Life of the Homeless Person

In characterizing the life of undersocialized men and the entry of many upon the Skid Row way of life, Robert Straus and R. G. McCarthy speak of the fairly constant use of alcohol as a part of the Skid Row way of life of undersocialized persons.²⁶

Earlier findings of this thesis disclosed that not all members of the Skid Row community are drinkers or problem drinkers. However, approximately 85 percent of Skid Row people do use beverage alcohol, and approximately 50 percent of the Skid Row population can be classed as problem drinkers. Thus, Earl Rubington writes that "It is practically impossible to remain on Skid Row and not drink."²⁷

Just as there is no one or simple answer as to why some people, also homeless people, do not use beverage alcohol and others use it excessively,²⁸ there is no specific answer to the concern as to whether or not men are homeless because they are problem drinkers or are problem drinkers because they are homeless.

²⁶Robert Straus and R. G. McCarthy, "Nonaddictive Pathological Drinking Patterns of Homeless Men," Quarterly Journal of Studies on Alcohol, XII (December 1951), 610.

²⁷Earl Rubington, "The Chronic Drunkenness Offender," The Annals of the American Academy of Political and Social Science, CCCXV (January 1958), 66.

²⁸Straus, VII, 364.

Evaluating 81 homeless problem drinkers out of 201 homeless men, Robert Straus discovered that in the case of two-thirds of these men "Heavy drinking preceded and seemed to be a contributing cause of homelessness." For one-third "heavy drinking followed and seemed to have resulted from the condition of homelessness and other related factors."²⁹

The David J. Myerson study of 101 hospitalized Skid Row problem drinkers shows a higher number of Skid Row inhabitants drinking before entering the Skid Row way of life. Myerson found that ninety-one began drinking in their early twenties. They claimed their drinking problem began early in adolescence. By their early thirties all the men were drinking heavily. In the next ten years all experienced a steady decline and estrangement from their families. Up to the time of estrangement, a wife or mother or someone had provided and protected the inebriate. When the protectors left or died, the life of isolation on Skid Row began.³⁰

Concerning the relationship of homelessness and problem drinking, Howard J. Clinebell, Jr., writes,

It is important to remember that homelessness is in itself a pathosocial condition, that homelessness and alcoholism often arise from the same

²⁹ Ibid., VII, 394.

³⁰ David J. Myerson, "The 'Skid Row' Problem," The New England Journal of Medicine, CCLIV (June 21, 1956), 1169.

causative factors, and that each condition tends to enhance the other. For the person whose ability to relate meaningfully to others has been impaired by early emotional deprivation, alcohol and homelessness are two ways of escaping the pressures of adult interpersonal demands. It is when living closely with others becomes unbearably painful that one retreats into homelessness, a life that demands almost nothing of the person. But homelessness removes not only the responsibilities but also the satisfactions of normal living. A homeless man--drifting and rootless--has almost no motivation for abstaining. The more he becomes divorced from normal life, the more he must resort to the pseudosatisfactions of alcohol. Thus a vicious spiral of homelessness and alcoholism is established.³¹

It is Clinebell's observation that homelessness and problem drinking often come forth from the same set of causative factors and that the two conditions influence each other.

Satisfactions of Drinking for Homeless People

Howard J. Clinebell, Jr., suggests that the use of alcohol, as well as the homeless way of life, is a way of escaping the pressures of adult interpersonal demands for people whose ability to relate meaningfully to others has been impaired by early emotional deprivation.³² In terms of the chronic drunkenness offender, David J. Pittman says that

drinking serves socially handicapped individuals as a means of adapting to life conditions which

³¹Clinebell, Understanding the Alcoholic, p. 81.

³²Ibid.

are otherwise harsh, insecure, unrewarding, and unproductive of the essentials of human dignity.³³

Robert Straus and R. G. McCarthy believe homeless men excessively use alcohol to adjust to loneliness and to escape from feelings of inadequacy.³⁴

Speaking of the excessive use of alcohol by people in general, Howard J. Clinebell, Jr., sees alcohol as providing a pseudosatisfaction of the alcoholic's religious needs. The alcoholic uses alcohol to handle his historical and existential anxiety, feelings such as insignificance, meaninglessness, inadequacy, guilt, loneliness, and the fear of death, in addition to his neurotic anxiety arising out of inadequate trust relationships, especially early in life, and characterized by an exaggerated dependency--autonomy conflict.³⁵

Homeless problem drinkers themselves give reasons for their drinking. Robert Straus and R. G. McCarthy note that those they interviewed

pointed out that drinking allowed them to overlook their lack of material possessions and status and to forget their loneliness, but mostly that it gave

³³David J. Pittman, "Public Intoxication and the Alcoholic Offender in American Society," Task Force Report: Drunkenness (Washington: U. S. Government Printing Office, 1967), p. 13.

³⁴Straus and McCarthy, XII, 444.

³⁵Clinebell, Understanding the Alcoholic, pp. 71-73.

them a feeling of well-being in the midst of poverty and degradation. The men seemed to realize that alcohol provided a form of adjustment for them. For those who suffered with repressed guilt and remorse, drinking also provided temporary relief. When they felt ashamed or were reminded by others that they should be ashamed, they could console themselves with the rationalization that their condition was not due to personal inadequacy but to the unfortunate "habit" of drinking. Among the homeless population, drinking even supplies a certain status.³⁶

There are homeless men who drink alone,³⁷ but drinking in itself among many homeless men provides a social situation which they can handle and which they find both necessary and satisfying. Several investigators have explored the social aspects of drinking among the homeless. Among them are Robert Straus and R. G. McCarthy,³⁸ Joan K. Jackson and Ralph Conner,³⁹ Earl Rubington,⁴⁰ W. J. Petersen and M. A. Maxwell,⁴¹ J. F. Rooney,⁴² Howard M. Bahr and Stephen J.

³⁶ Straus and McCarthy, XII, 608-9.

³⁷ David J. Myerson, "An Approach to the 'Skid Row' Problem in Boston," The New England Journal of Medicine, CCXLIX (October 15, 1953), 646.

³⁸ Straus and McCarthy, XII, passim.

³⁹ Joan K. Jackson and Ralph Conner, "The Skid Road Alcoholic," Quarterly Journal of Studies on Alcohol, XIV (September 1953), 468-86.

⁴⁰ Rubington, CCCV, passim.

⁴¹ W. J. Petersen and M. A. Maxwell, "The Skid Row 'Wino,'" Social Problems, V (1958), 308-16.

⁴² Rooney, XXII, passim.

Langfur,⁴³ and S. E. Wallace in his book on Skid Row.⁴⁴

In his study of Skid Row winos J. F. Rooney concludes that "a bottle gang is formed more for the sake of personal interation than for economic reasons. . . ."45

S. E. Wallace, in *Skid Row a Way of Life*, observes that men on Skid row place strong emphasis on group drinking. He underscores the importance of the drinking group for the homeless man.

The drunk has rejected every single one of society's established values and wholly conformed to the basic values of the skid row subculture. Food, shelter, employment, appearance, health, and all other considerations are subordinated by the drunk to the group's need for alcohol. The group constitutes the drunk's total social world and it in turn bestows upon him any status, acceptance, or security he may possess.⁴⁶

The social aspect of the Skid Row drinking pattern, especially for heavy drinkers, has led Howard M. Bahr and Stephen J. Langfur to conclude that, while heavy drinkers are relatively undersocialized, some kind of early primary

⁴³Howard M. Bahr and Stephen J. Langfur, "Social Attachment and Drinking in Skid-Row Life Histories," Social Problems, XIV (Spring 1967), 464-72.

⁴⁴S. E. Wallace, Skid Row a Way of Life (New Jersey: Bedminster Press, 1965), passim.

⁴⁵Rooney, XXII, 459.

⁴⁶Wallace, p. 182.

relationships have been significant enough to make relationships important. Thus, when these relationships are dissolved, the men select a Skid Row residence in order to establish some interpersonal relationships.⁴⁷

Concerning Skid Row drinking groups, it is the concensus of both Jackson and Conner and Petersen and Maxwell that relationships in these groups are not characterized by intimacy or mutual trust. The relationships are frequently of short duration.⁴⁸

General Personality Characteristics of the Undersocialized Homeless Problem Drinker

Comments concerning the personality characteristics of undersocialized homeless problem drinkers are scattered throughout the literature dealing with homeless problem drinkers.

This presentation is a noting of characteristics mentioned in studies by David J. Pittman and C. Wayne Gordon,⁴⁹ investigators for the Emory University Department of

⁴⁷Bahr and Langfur, XIV, passim.

⁴⁸Jackson and Conner, XIV, 474; Petersen and Maxwell, V, 311.

⁴⁹Pittman and Gordon, passim.

Psychiatry,⁵⁰ Robert Straus,⁵¹ David J. Myerson,⁵² J. F. Rooney,⁵³ and Robert Straus and R. G. McCarthy, co-authors.⁵⁴

Studies by these authors characterize homeless problem drinkers as having great dependency needs and yet as being insecure in interpersonal relationships which they find difficult, distasteful, and dangerous. Problem drinkers are emotionally immature, extremely egocentric, manipulative, and demanding. They have very low tolerance to frustration with attendant anxiety, anger and depression; a poor capacity to accept failure; and sensitivity with a high level of affectivity.

Homeless problem drinkers have been found to lack self-esteem, a sense of security, and self-confidence. They deeply feel loneliness, anxiety, guilt, and remorse. In short, they experience a great deal of psychic pain. Often they prove unreliable and irresponsible.

⁵⁰The President's Commission on Law Enforcement and Administration of Justice, "Alcohol Project of the Emory University Department of Psychiatry," Task Force Report: Drunkenness (Washington: U. S. Government Printing Office, 1967), passim.

⁵¹Straus, VII, passim.

⁵²Myerson, "Skid Row Problem," CCLIV, passim; Myerson, "Skid Row Problem in Boston," CCXLIX, passim.

⁵³Rooney, XXII, passim.

⁵⁴Straus and McCarthy, XII, passim.

The study of William and Joan McCord of alcoholics in general centers the personality orientation of the alcoholic in the area of large dependency needs created in early childhood by emotionally erratic, unstable, and alternately loving and rejecting mothers.⁵⁵ Their view is that alcoholics experience a profound dependency conflict--"an uncertainty concerning the satisfaction of heightened dependency desires."⁵⁶

The alcoholic is both overdependent and seeks fulfillment of his dependency desires at the same time that he wishes to be autonomous or independent. But the alcoholic not only suffers from this dependency-autonomy conflict. In turn, he fears to express dependence because of hurtful past relationships and because it is not acceptable in today's society, especially for the male, to express dependency. It is in this situation that the alcoholic, with all his negative feelings about himself--feelings of inadequacy, low self-esteem, rejection, guilt--compensates by assuming characteristics of omnipotence, grandiosity, and defiance and perpetuates these characteristics by the use of alcohol

⁵⁵Clinebell, Understanding the Alcoholic, p. 56; Clinebell, "Philosophical Factors," XXIX, 482; and William McCord and Joan McCord, "A Longitudinal Study of the Personality of Alcoholics," Society, Culture, and Drinking Patterns, edited by David J. Pittman and Charles R. Snyder (New York: John Wiley and Sons, Inc., c.1962), p. 428.

⁵⁶McCord and McCord, p. 428.

which enables him to repress feelings of dependency and/or satisfy them and, at the same time, feel self-contained through the widely regarded masculine behavior of drinking.⁵⁷

General Life-Style of Homeless Problem Drinkers

Homeless problem drinkers, with characteristics of the undersocialized, have a related life-style. From their investigations Robert Straus and David J. Myerson offer a general characterization of the way of life of the homeless problem drinker. Both are quoted here to reflect the kind of life-style which is expressive of undersocialization and its attendant characteristics and also to provide a larger understanding of the homeless problem drinker and a fuller informational background for entering upon a discussion of causes of undersocialization.

Of his description of the homeless man, Robert Straus, together with R. G. McCarthy, later said that it had application also for homeless problem drinkers.⁵⁸ The description is as follows:

Undersocialized homeless men are . . . cut off from the institution of marriage and the family. They have no community which they can call their own. They have nothing which can regularly supply their religious needs. They have no resources for recreation. They possess nothing which can give them

⁵⁷Clinebell, "Philosophical Facotrs," XXIV, passim; McCord and McCord, passim.

⁵⁸Straus and McCarthy, XII, 610.

status. Many no longer know, while others have never known, what it is to hold a steady job, to see the same people each day at work, to receive regular wages. They seldom have any really close friends, and although many of them travel around with "buddies," a buddy of several months is dropped and forgotten overnight while a barroom acquaintance of an hour can easily take his place. The homeless man is essentially a lonely man; he stands or falls by himself. His home is the work camp, the shelter of a religious or charitable organization or, only too often, the park bench the jail. His friends and family are his fellow men of the road. His only tie with religion comes when he "flops" (allows himself to be "converted") at a mission in return for food and a place to sleep. His work is the drudgery of the casual laborer, for which he is invariably exploited and underpaid. His recreation, if it can be called that, comes usually with drinking. Because he is under-socialized the homeless man is not reached by the normal everyday sanctions of society, positive and negative, which tend to hold men in line and prescribe limits for certain types of behavior, and to determine other types of behavior which must be performed. Thus he rarely knows the strong rewarding and punishing effect of approval and disapproval by one's fellow human beings, and he is seldom stimulated to normal patterns of activity.⁵⁹

The description of David J. Myerson has to do with alcoholics in the city of Boston who became hospitalized at Boston Long Island Hospital.

These are homeless men. Whether high-born or low-born, intelligent or stupid, religious or agnostic, they have lost or abandoned all previous personal contacts, and drift alone through the rooming-house sections of Boston, such as the South End, Scollay Square and some part of the west End. Some work at temporary jobs, as dishwashers, short-order cooks, porters or hospital attendants. Others beg, and not a few steal or forge checks. However they obtain money, whether legally or illegally, its primary value to them is the alcohol it buys. Food,

⁵⁹ Straus, VII, 363-64.

clothing, shelter, family responsibilities or debts are all of secondary importance. Indeed, everything in these people's lives is directed toward the consumption of alcohol in any form. Drinking habits vary: they may drink alone or with a group, continually or in vicious, prolonged sprees.⁶⁰

**Causative Factors in the Undersocialization
of Homeless Problem Drinkers**

"Childhood and the Family" is the title of a chapter in the book Revolving Door in which David J. Pittman and C. Wayne Gordon discuss causes of undersocialization in persons, notably chronic police case inebriates. The discussion is based on a study of 187 males who were incarcerated for public intoxication or related charges in the Monroe County Penitentiary of New York State during the year 1953-1954.⁶¹

This study, and like studies of arrested inebriates, has relevance for a consideration of the homeless problem drinker because, as Pittman and Gordon observe,

The "homeless" man group to a large extent overlaps that of the chronic police case inebriate. Although no accurate statistics are available from investigations of homeless men on how many are police court habitués for intoxication, there is every reason to believe that a large proportion of them

⁶⁰ Myerson, "Skid Row Problem in Boston," CCXLIX, 646.

⁶¹ Pittman and Gordon, p. 1.

follow the "Skid Row to jail to Skid Row to jail" pattern.⁶²

The general hypothesis of Pittman and Gordon is that undersocialization is due to deficiencies in the family setting. In support of this proposition they offer five observations as indicating causes.⁶³

The first observation has to do with the structure continuity of families. The structural continuity of the family was discovered frequently to be broken early in the life of the inebriate.

The records show that 23 per cent of the men lost their parents by death before the age of 15. In 16 per cent of the cases the family was broken by divorce or separation, giving a total of 72 men, 93 per cent of the same, whose families were broken before they reached 15 years of age.⁶⁴

Of this brokenness of the family Pittman and Gordon conclude,

In sum, the absence of one or both parents creates a condition in which the problems of socialization are multiplied, especially in the economic sphere and the realm of identification and rate conceptions. These are not insuperable problems in any child's socialization, but they are relevant in the case of the chronic police case inebriates, who were not favored by other conditions in the environment that would reduce the negative consequences of family disintegration.⁶⁵

The evidence of those who made the Emory University study of 638 arrested inebriates parallels the Pittman and Gordon

⁶²Ibid., p. 4.

⁶³Ibid., p. 93.

⁶⁴Ibid., p. 79.

⁶⁵Ibid., p. 81.

observation in regard to the early family disorganization, especially as the result of parental death. On the basis of a study of 259 White males and 222 Negro males, the investigators discovered that

In both groups the early loss of one parent due to their death was a feature appearing recurrently, and this tended to be the one with whom they had a particularly close relationship.⁶⁶

In the second place, Pittman and Gordon observe that, even though they were residentially stable, the families of the inebriates largely failed to participate in community activities.

the inebriates in their original families were not exposed to any extent to the sharing of the extra-familial community activities which are potential sources for the creation of close interpersonal bonds. As a group, they are marked by lack of experience in all types of sharing activities on the formal level of societal organization.⁶⁷

Thirdly, Pittman and Gordon found in the families studied a low level of family integration and adaptability.

the families of the chronic police case inebriates were characterized by traits indicative of a low family order of unity. This is seen in the perception of weak affectional ties between parents, in the indifferent relationships among siblings, in the lack of mutual cooperation or goals in the family, and in the disruptive effect of ordinary tensions on interpersonal relationships.⁶⁸

⁶⁶"Alcohol Project of Emory University," p. 93.

⁶⁷Pittman and Gordon, p. 82.

⁶⁸Ibid., p. 84.

As a fourth point Pittman and Gordon report that mother-son and father-son relationships tended to deprive inebriates in terms of meeting their basic emotional, social, and psychological needs.

In regard to the mother-son relationship Pittman and Gordon observed that the mother was often a figure without affect and disinterested in the child's activities. While the child sought to establish a dependency relationship with the mother, often she did not reciprocate and the child developed a posture of overdependence that remains as an unsolved problem in the adult. In many cases the mother was more than passively rejecting; she was overtly rejecting of her son.⁶⁹

The general thread that runs through the cases is an emotionally impoverished relationship between mother and son, with consequent deprivation of social and psychological gratifications which are usually formed in the primary group of the family.⁷⁰

Studying the father-son relationship, Pittman and Gordon noted that social interaction between fathers and sons was meager. The sons perceived themselves as rejected by their fathers. The fathers provided only limited emotional support in depth and tone and failed as identification models for the building of social roles. The crucial father-son relationship was marked by inadequacy.⁷¹

⁶⁹ Ibid., pp. 86-87.

⁷⁰ Ibid., p. 87.

⁷¹ Ibid., pp. 87-90.

Of parent-child relationships, Pittman and Gordon conclude,

The core of undersocialization find its first expression in the lack of sustaining primary-group relationships with either the father or mother in the early environment of the chronic police case inebriates. From this stems their inability in later development epochs to build the sustaining primary-group relationships through which individuals can alleviate the anxieties that derive from secondary roles, including those related to marriage and occupation.⁷²

The Emory University report accents the dependency quality of the arrested inebriates. The researchers report that many of the inebriates showed great dependency needs because parents wanted them to be dependent in order that the parents could be in control.⁷³ With reference to the White males in the study, the investigators report that

in almost all instances one parent was overly protective, and when it was not the mother she was usually domineering and controlling.⁷⁴

The fifth point that Pittman and Gordon make is that most inebriates of the study only partially achieved a sense of belongingness which is achieved by membership and acceptance in a social group such as the family.⁷⁵ The crucial importance of having a healthy sense of belongingness is spelled out by Pittman and Gordon.

⁷²Ibid., pp. 88-89.

⁷³"Alcohol Project of Emory University," pp. 93-94.

⁷⁴Ibid., p. 93.

⁷⁵Pittman and Gordon, p. 93.

The most important feature of the family as a primary group is in providing the individual with his first sense of social unity and belongingness to a structure of other persons outside himself. In achieving the sense of belongingness, the individual no longer perceives himself as an isolated atom but is able to use the security that results from attachment to a structure larger and outside himself to develop other personal relationships. The lay analyst, Erik Erikson, has established the proposition that the incorporation of trust of significant others in opposition to basic mistrust of others is the primary block on which further socialization proceeds. The creation of trust as a fundamental attribute of the personality is built around the sense of belongingness and security which the child obtains from the primary group of the family.⁷⁶

By way of comparison to the Pittman and Gordon and Emory University studies is the discussion of Howard J. Clinebell, Jr., of etiological factors of alcoholism in general. He writes of undersocialization in terms of the inadequacy of relationships and, stressing the dependency-autonomy conflict of inadequate relationships, makes use of the William and Joan McCord study to point to causes of undersocialization.⁷⁷

In a longitudinal study of 255 boys, which began in 1935 and was reported in 1960, William and Joan McCord discovered that twenty-nine of the boys became alcoholics as adults.⁷⁸ They observed that "Alcoholics were often raised

⁷⁶ Ibid., p. 92.

⁷⁷ Clinebell, Understanding the Alcoholic, p. 56; Clinebell, "Philosophical Factors," XXIV, 481-84.

⁷⁸ McCord and McCord, p. 428.

in conflict-ridden homes by emotionally erratic and unstable mothers.⁷⁹ Of this study by William and Joan McCord, Clinebell specifically writes.

They conclude: "The major force which seemed to lead a person under heavy stress to express his anxiety in alcoholism was the erratic frustration of his dependency desires" (in childhood). They found that a lower percentage of the boys who had experienced overt rejection by their mothers eventually became alcoholics than those whose mothers were alternately loving and rejecting. (The overtly rejected produced a higher percentage of criminal behavior.) One third of the sons of the highly ambivalent mothers had become alcoholic in their thirties.⁸⁰

Clinebell stresses the fact of motherly ambivalence toward sons as a significant causative factor in the creation of relational inadequacy.

Possibilities of Rehabilitating the Homeless Problem Drinker

At the conclusion of their study, "The Skid Road Alcoholic," published in 1953, Joan K. Jackson and Ralph Conner spoke of the Skid Row alcoholic as "not necessarily an irretrievable derelict," and as "subject to help and rehabilitation."⁸¹ Of special significance for rehabilitation, they see the fact "that the Skid Road alcoholic is

⁷⁹ Ibid., p. 428.

⁸⁰ Clinebell, Understanding the Alcoholic, p. 56.

⁸¹ Jackson and Conner, XIV, 486.

still responsive to social controls and has not withdrawn from social interaction."⁸²

In making recommendations at the close of their study of chronic police case inebriates, David J. Pittman and C. Wayne Gordon recognize the possibility of rehabilitating a majority of the group by offering guidelines for rehabilitation.⁸³

The potential of a rehabilitation program is illustrated by the report of David J. Myerson and Joseph Mayer. In 1950 they established a work-oriented halfway house at Boston Long Island Hospital in Boston for homeless alcoholics coming out of hospital primary treatment. In turn, they conducted an extensive ten-year study of one hundred Skid Row alcoholics who entered the halfway house program in 1952.

From the study Myerson and Mayer report that twenty-two men were successfully rehabilitated. For the most part they were able to live a sober life, work steadily, and reestablish a meaningful family relationship. Twenty-four patients were termed partially successful. These twenty-four showed improvement with respect to drinking and working relationships but failed to maintain family relationships and to renounce dependency on community resources. The remaining fifty-four men were classified as failures. They volunteered for the program any number of times but could neither work,

⁸²Ibid., XIV, 480-81.

⁸³Pittman and Gordon, pp. 145-46.

overcome isolation, or attain any degree of sobriety.⁸⁴

Myerson and Mayer disclose that "the successes and partial successes were younger, more highly education, and more occupationally skilled."⁸⁵

Myerson and Mayer offer this description of their half-way house program:

Men who volunteered for the half-way house program worked during the day in the city, spent nights in the ward, and used week-ends to re-establish family relationships if any existed. To help control their drinking, they were required to take disulfiram (Antabuse) daily. They could turn to the professional staff for individual help, but for the most part the program centered about: 1) control of drinking; 2) the value of work as a means of re-establishing themselves in the community and giving them a sense of worth; and 3) acceptance of the men by the staff and the part acceptance played in molding the ward into a structured, partially protected community.⁸⁶

In addition to the Myerson and Mayer report, a report from the St. Louis Detoxification and Diagnostic Evaluation Center in St. Louis, Missouri, offers information concerning the potential of a rehabilitation effort for homeless problem drinkers.

The St. Louis Detoxification Center provides a seven-day detoxification program in a hospital setting for

⁸⁴David J. Myerson and Joseph Mayer, "The Origins, Treatment, and Destiny of Skid Row Alcoholic Men," Alcoholism-Behavioral Research, Therapeutic Approaches, edited by Ruth Fox (New York: Springer Publishing Company, Inc., c.1967), pp. 307-20.

⁸⁵Ibid., p. 316.

⁸⁶Ibid., p. 308.

arrested public intoxicants. Under the direction of James Weber, a follow-up study was conducted of 200 patients. These patients were interviewed at least three months after their discharge from the Center. Patients within the study group had had a severe drinking problem for an average of fifteen years. One-half of them had never had medical treatment for alcoholism prior to their admission into the Center.

On the basis of pooled scores, results of the study show that 50 percent of the patients studied experienced some overall improvement whereas only 8 percent had a lower cumulative score after treatment. Forty-two percent maintained the same score. For all practical purposes, 19 percent of the study group had been abstinent from discharge until the time of the follow-up interview.⁸⁷

This study, which reports improvement in the drinking habits and general well-being of homeless problem drinkers after only seven days of hospitalization for detoxification, apparently supports the conviction of Jackson and Conner and others that homeless problem drinkers can be helped. At the same time, it points to the potential of a more extended and intensive program of rehabilitation.

⁸⁷James M. Weber, "The Social Science Institute Final Evaluation Report, The St. Louis Detoxification and Diagnostic Center," (mimeographed), passim.

In discussing rehabilitative measures, Jackson and Conner conclude that the homeless problem drinker must be helped to acquire new patterns of behavior, new definitions of situations, and new motivations.⁸⁸ They emphasize that homeless problem drinkers are not to be treated in isolation but be incorporated in rewarding groups.

If his Skid Road group is not to exercise drawing power upon him, some other type of rewarding group must incorporate him so that he can take over socially approved motivations and behavior. If the individual is treated in isolation from any group ties it is doubtful that these can be engendered.⁸⁹

Pittman and Gordon recommend that "the program of treatment take into account the realities of status and life circumstances which brought the chronic police case inebriate to his present condition."⁹⁰ They emphasize that a program of treatment "must strike at his dependency needs and recognize his needs for human approval and self-respect."⁹¹ Those who administer the program need to be competent, humanly warm, and interested in the inebriate "as a human worthy of respect."⁹²

⁸⁸Jackson and Conner, XIV, 480.

⁸⁹Ibid.

⁹⁰Pittman and Gordon, p. 145.

⁹¹Ibid., p. 146.

⁹²Ibid.

In conclusion Pittman and Gordon write,

We may eventually find that the rehabilitation of only a majority of this group is a notable achievement. Even so, if the remaining minority are simply maintained according to standards consistent with morality and decency in our time, it will do credit to the community which first makes such a contribution.⁹³

These authors emphasize that all efforts in behalf of problem drinkers, even if they bring about less than complete rehabilitation, are to be considered useful.

Summary

Undersocialization, an inadequacy in the area of human relationships, and desocialization, the loss of skills and relationship abilities, are characteristics of homeless problem drinkers; especially is undersocialization a primary characteristic. Both are probably among the causality factors of the homeless problem drinking syndrome. The theory is that persons who have had inadequate primary group relationships and experiences are inadequately prepared for secondary role tasks and move toward less demanding relationships, such as homeless and perhaps also excessive drinking. Some persons enter upon the Skid Row way of life as heavy drinkers; others become heavy drinkers after their arrival. They evidently drink to relieve inner pain and as a way of fostering relationships with others,

⁹³ Ibid.

which are often superficial and brief, but which evidently offer some comfortable satisfactions.

Characteristically, homeless problem drinkers have large unmet dependency needs and experience a deep and troublesome dependency-autonomy conflict. Filled with anxiety and having a poor self-image, they are emotionally immature and display an egocentric, manipulating, and demanding personality. They have a low frustration tolerance and a poor capacity to accept failure. Their life-style is erratic and, for the most part, unproductive.

The undersocialization of homeless problem drinkers has been traced back to early years and to the parental home. In the lives of homeless problem drinkers there was often early disorganization. To a large degree their families failed to participate in community activities and showed a low level of integration and adaptability. Mother-son and father-son relationships tended to be emotionally depriving. For the most part, inebriates only partially achieved a sense of belongingness and acceptance in early familial years.

Undersocialized homeless problem drinkers may be rehabilitated through a program and processes which take into consideration their social-psychological development and status as significantly a part of both their problem of homelessness and their problem of excessive drinking. This means that such a program needs to take into consideration

the large dependency needs of homeless problem drinkers, especially their difficulty in establishing meaningful relationships, which they both desire and fear. It appears especially important to place them into a rewarding group where they can develop both good self-esteem and more meaningful relationships.

The need for such a program is supported by an examination of the religious affiliations and attitudes of homeless problem drinkers.

The first report presents the results of the 1964-1965 national sampling of Don Cahalan and Ira H. Cislin.¹ The report is presented in Table I and includes in each denominational category, the name of the denomination, the number of affiliates in the total national sample, the percentage of those who drink, the percentage of heavy drinkers, and the percentage of heavy-escape drinkers.

Of this study, Cahalan and Cislin offer the following summary:

¹ Don Cahalan and Ira H. Cislin, "American Drinking Practices: Summary of Findings from a National Probability Sample. I. Extent of Drinking by Population Subgroups," *Quarterly Journal of Studies on Alcohol*, XXIX (March 1968), 122.

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TABLE 1
CHAPTER V

RELIGIOUS AFFILIATIONS OF HOMELESS

PROBLEM DRINKERS

Statistical Data and Observations

Drinking practices of the general population according to religious denominations

For purposes of comparison the study of the religious affiliations of homeless problem drinkers is introduced with reports which offer statistics concerning the drinking practices of the general population in terms of affiliation with various church groupings.

The first report presents the results of the 1964-1965 national sampling of Don Cahalan and Ira H. Cisin.¹ The report is presented in Table 1 and includes in each denominational category, the name of the denomination, the number of affiliates in the total national sample, the percentage of those who drink, the percentage of heavy drinkers, and the percentage of heavy-escape drinkers.

Of this study, Cahalan and Cisin offer the following summary:

¹Don Cahalan and Ira H. Cisin, "American Drinking Practices: Summary of Findings from a National Probability Sample. I. Extent of Drinking by Population Subgroups," Quarterly Journal of Studies on Alcohol, XXIX (March 1968), 142.

TABLE 1
 DRINKING STATISTICS BY RELIGIOUS DENOMINATIONS

Religion	Total Sample	Drinkers	Heavy Drinkers	Heavy Escape Drinkers
	#	%	%	%
Jewish	73	92	11	8
Episcopal	80	91	13	6
Presbyterian	159	75	16	9
Lutheran	207	81	19	7
Methodist, United Church of Christ, Congregationalist, Disciples of Christ, Evangelical, United Brethren, etc.	515	66	15	7
Baptist	521	47	17	10
Other "conservative" Protestant	269	36	8	5
Protestant, no denomination	46	65	29	28
Catholic	764	83	23	11
No religion or no answer	69	79	25	16
Miscellaneous, not tabulated	43			

Table 2 shows a drinking increase of 7 percent in the Jewish population between 1963 and 1965, an increase of 3 percent in the Protestant population, and a decrease of 5 percent in the Catholic population.

From highest to lowest, in terms of the percentage of drinkers, the religious groupings are ranked Jewish first,

Jews and Episcopalians had the highest proportions of drinkers among the religious groups. Consistent with the findings or inferences of other writers, Jews also showed low proportions of heavy and heavy-escape drinkers. Those who belonged to the Protestant denominations which are more conservative in doctrine regarding drinking (e.g. Baptist and Methodists) had the lower proportions of drinkers, while the proportions of heavy and heavy-escape drinkers, among those who drank, were about average.

Catholics had above-average proportions both of drinkers (83%) and (among drinkers) of heavy drinkers. A separate tabulation (not shown in Table 5) of Catholic men showed them to have the highest proportion of heavy drinkers--one-third of those drinking--among men of any of the religious groupings.²

The second report offers only statistics of the percentage of drinkers in the larger categories of Jewish, Catholic, and Protestant. However, the report offers comparable statistics for 1946, 1963, and 1968. Presented in Table 2 below, this report is based on a Table by Mark Keller, presented to the 1968 Rutgers Summer School of Alcohol Studies and entitled, "Selected Population Characteristics in Relation to Drinking and Abstaining."

Table 2 shows a drinking increase of 2 percent in the Jewish population between 1963 and 1968, an increase of 5 percent in the Protestant population, and a decrease of 6 percent in the Catholic population.

From highest to lowest, in terms of the percentage of drinkers, the religious groupings are ranked Jewish first,

²Ibid., XXIX, 142-43.

Catholic second, and Protestant third. The information is similar to the Cahalan and Cisin sample.

TABLE 2

COMPARATIVE DRINKING STATISTICS ACCORDING TO
LARGER RELIGIOUS GROUPINGS

Religious Affiliation	United States		
	1946	1963	1968
Jewish	87	90	92
Catholic	79	89	83
Protestant	59	63	68

Religious affiliations of problem drinkers

Three available studies report the religious backgrounds of problem drinkers, who are not necessarily homeless, and the percentage of drinkers identified with the various religious groups.

Robert Straus reports on the religious affiliations of 1,532 males seen in nine alcoholism outpatient clinics.³ C. W. Wahl reports on 109 alcoholic patients who were admitted to Elgin State Hospital in Elgin, Illinois, from

³ Robert Straus, "A Note on the Religion of Male Alcoholism Clinic Patients," Quarterly Journal of Studies on Alcohol, XII (September 1951), 560-61.

June through December of 1948.⁴ A report by David J. Pittman has to do with a study of 250 patients at the Malcolm Bliss Alcoholism Treatment and Research Center, St. Louis, Missouri, between 1962 and 1964.⁵

The Straus study reveals that 50.5 percent of the study group, or 774 patients, were Catholic; 47.9 percent or 734 were Protestant, and 1.6 percent or 24 were Jewish. The percentage of Catholic and Protestant patients is almost identical. Straus notes that the "datum is consistent with many observations on the low incidence of alcoholism among Jews."⁶

In his study, C. W. Wahl discovered that, out of 109 patients, 44 percent were Roman Catholic, 35 percent were Protestant and 1 percent was Jewish. Twenty percent claimed no religious affiliation.⁷ As in the Straus study, the Catholic and Protestant percentages are similar, and the number of Jewish patients is negligible. This study shows a higher percentage of nonaffiliates than does the Pittman sample which follows.

⁴C. W. Wahl, "Some Antecedent Factors in the Family Histories of 109 Alcoholics," Quarterly Journal of Studies on Alcohol, XVII (December 1956), 643-54.

⁵David J. Pittman, Alcoholism Treatment and Referral Demonstration Project, Final Report (St. Louis: Social Science Institute, Washington University, December 1967), pp. 151-52.

⁶Straus, XII, 560-61.

⁷Wahl, XVII, 647.

David J. Pittman reports that 28.8 percent of the 250 patients classified themselves as Roman Catholics, while 58.4 percent reported a Protestant affiliation. None of the patients was Jewish. Of the 250, 9.6 percent stated they were not members of an organized religion, and 3.2 percent provided no information.⁸ Of possible significance in this report is the large differences between percentages of Catholics and Protestants and the higher number of Protestants among the patients.

The statistics in these studies are noted below in Table 3 for ready comparison.

TABLE 3
STATISTICS OF THE RELIGIOUS AFFILIATIONS
OF PROBLEM DRINKERS

	Straus	Wahl	Pittman
Number in sample	1,532	109	250
Religious Groups	Percentages		
Catholic	50.5	44	28.8
Protestant	47.9	35	58.4
Jewish	1.6	1	0
Not affiliated	—	20	9.6
No information	—	—	3.2

⁸Pittman, p. 152.

Religious affiliations of homeless men

The Chicago Skid Row population is the subject of studies by Ronald C. VanderKooi and Donald J. Bogue. They both have religious information from men who were interviewed, 71 in the study of VanderKooi and 613 in the study of Bogue. The information offers more denominational detail than those reports which provide only the categories of Catholic, Protestant, and Jewish.⁹

These studies are of some significance in the consideration of the religious affiliations of the homeless problem drinker because 34 percent of VanderKooi's sample spent time "drinking" and "drinking and hanging around."¹⁰ In turn, Bogue considered at least 30 to 35 percent of his respondents to be in the problem drinker category.¹¹

The religious information of the studies is noted and the statistics are compared in Table 4. VanderKooi makes the observation that possibly has relevance for other such religious studies, "In answering their religious preference

⁹Ronald C. VanderKooi, "Skid Row and Its Men: An Exploration of Social Structure, Behavior and Attitudes" (Technical Bulletin B-39, Institute for Community Development and Services, Michigan State University, August 1963, mimeographed), pp. 14-16; and Donald J. Bogue, Skid Row in American Cities (Chicago: Community and Family Study Center, University of Chicago, c.1963), pp. 262-66.

¹⁰VanderKooi, p. 16.

¹¹Bogue, p. 93.

people often simply refer to their earlier religious training."¹²

The small sampling of VanderKooi shows a much larger group of Protestants than Catholics on Skid Row; however, in line with statistics reported previously in this chapter, the larger Bogue sampling shows the two groups to be comparable in size. Of the Protestants, the Baptists, Methodists and Lutherans, in order, have larger representation than other Protestant groups. Again, the involvement of

TABLE 4
STATISTICS OF THE RELIGIOUS AFFILIATIONS
OF HOMELESS MEN

Denomination	Percentages	
	VanderKooi	Bogue
Roman Catholic	18	37.9
Orthodox, Greek or Russian	—	1.4
Protestant (including those listed by denominations)	68	39.2
Lutheran	7	5.5
Methodist	6	8.0
Baptist	11	13.5
Presbyterian	—	3.4
Episcopalian	—	2.6
Fundamentalistic groups	3	—
"Christian"	3	—
Mormon	1	—
Jewish	—	0.7
Other	—	6.2
Not members	10	17.1
No information	—	3.6

¹²VanderKooi, p. 15.

Jews is negligible. In Bogue's study 17.1 percent of the 613 men reported no church membership. This compares with the 20 percent in the Wahl survey.

Religious affiliations of homeless problem drinkers according to major religious groupings

Primarily using the major categories of Catholic, Protestant, and Jewish, four studies report the religious affiliations of homeless problem drinkers and the percentage of drinkers claiming association with the respective groups.

Robert Straus reports on 203 homeless men of whom 179 were problem drinkers.¹³ The report of David J. Pittman and C. Wayne Gordon has to do with 187 male chronic police case inebriates.¹⁴ Richard F. Docter notes religious information for 172 Skid Row male problem drinkers.¹⁵ The religious involvements of 101 hospitalized Skid Row alcoholics is revealed by David J. Myerson and Joseph Mayer.¹⁶

¹³Robert Straus, "Alcohol and the Homeless Man," Quarterly Journal of Studies on Alcohol, VII (December 1946), 384.

¹⁴David J. Pittman and C. Wayne Gordon, Revolving Door: A Study of the Chronic Police Case Inebriate (Glencoe, Ill.: Free Press, c.1958), p. 37.

¹⁵Richard F. Docter, "Drinking Practices of Skid Row Alcoholics," Quarterly Journal of Studies on Alcohol, XXVIII (December 1967), 702.

¹⁶David T. Myerson and Joseph Mayer, "The Origins, Treatment, and Destiny of Skid Row Alcoholic Men," Alcoholism-- Behavioral Research, Therapeutic Approaches, edited by Ruth Fox (New York: Springer Publishing Company, Inc., c.1967), p. 309.

The religious information of the four studies is set forth and compared in Table 5.

TABLE 5

STATISTICS OF THE RELIGIOUS AFFILIATIONS OF
HOMELESS PROBLEM DRINKERS ACCORDING
TO LARGER RELIGIOUS GROUPS

	Straus	Pittman and Gordon	Docter	Myerson and Mayer
Number in sample	203	187	172	101
Religious Groups	Percentages			
Catholic	65	40	39	88.1
Protestant	35	42	56	11.9
Jewish	0	0	0	0
No affiliation	—	18	—	—
Agnostic-Atheist	—	—	3	—
Declined to state	—	—	1	—

None of the persons studied was Jewish. Except for 18 percent in the Pittman and Gordon study and 4 percent in the Docter study, all men evidently reported some religious affiliation, background, or association. The percentage of Catholics and Protestants is almost identical in the Pittman and Gordon study and approximate in the Docter study. Straus and Myerson explain the high percentage of Catholics in their studies by the incidence of a large number of Irish

Catholics in the population of the samplings.¹⁷ There is a high rate of alcoholism among American of Irish descent.¹⁸

Religious affiliations of homeless problem drinkers according to denominations

Information concerning the religious affiliations of homeless problem drinkers and the percentage of these problem drinkers affiliated with specific denominations is reported here from two sources. The first source is the Donald J. Bogue study of 613 Skid Row men in Chicago. He provides a table showing the religious affiliations and affiliation percentages for moderate drinkers (incipient and borderline alcoholics), heavy drinkers (chronic alcoholics, terminal stage) which according to his definitions are apparently problem drinkers as this concept is defined and used in this thesis.¹⁹

The second source is a typewritten page of religious information on 805 patients admitted to the St. Louis Detoxification Center, St. Louis, Missouri, and prepared under the supervision of John Mueller, one-time chief social worker at the Center.

¹⁷ Straus, "Alcohol and the Homeless Man," VII, 384-85; and David J. Myerson, "The 'Skid Row' Problem," The New England Journal of Medicine, CCLIV, (June 21, 1956), 1169.

¹⁸ Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic through Religion and Psychology (Revised and enlarged edition; New York: Abingdon Press, c.1968), p. 68.

¹⁹ Bogue, pp. 92 and 264.

Relevant information from both of these sources is presented and compared in Table 6.

In the Bogue study the percentages of Catholics and Protestants are similar, whereas they are more divergent in the statistics provided by the St. Louis Detoxification Center. Among the 805 Detoxification Center patients there were more than twice the number of Protestants as Catholics, a statistic similar to the finding of David J. Pittman at the Malcolm Bliss Alcoholism Treatment Center in St. Louis.

In turn, as in the case of the Bogue study, the largest number of Protestant drinkers, noting a specific denomination, are Baptists. The percentage among Detoxification Center patients is calculated at 23 percent. There were no Jews in either of the study groups. In the Bogue study 15.9 percent stated no affiliation.

General analysis and interpretation of statistical data

The majority of problem drinkers, homeless men, and homeless problem drinkers claim a general or specific religious background, association, or affiliation. The highest number of nonaffiliates in any sample was 20 percent. In his sample of the Skid Row population, Bogue discovered a total of 17 percent of those interviewed reported no religious affiliation. He observes that this 17 percent was "a much greater proportion of nonaffiliation than among

TABLE 6

**STATISTICS OF THE RELIGIOUS AFFILIATIONS OF
HOMELESS PROBLEM DRINKERS ACCORDING
TO DENOMINATIONS**

	Bogue	Detox Center
Number in sample	613	805
Denomination	Percentages	
Roman Catholic	35.4	24
Orthodox, Greek or Russian	0.9	0
Total Protestant (including those listed by denomination)	42.8	58
Lutheran	6	2
Methodist	9	11
Baptist	14.8	23
Presbyterian	3.2	2
Episcopalian	3.7	0.7
Other	6.1	6
Jewish	0	0
Not members	15.9	—
No information	5	19

the general population."²⁰ He also states that "Chronic alcoholism was just as prevalent among church members as among those who did not belong to a church."²¹

Although in some cases the percentage of Catholic drinkers is somewhat higher than the percentage of Protestants, the percentage of Roman Catholic and Protestant drinkers appears to vary geographically and possibly according to the numbers of each in the general population. As has been noted, the absence or negligible number of Jews among problem drinkers is consistent with the observations of many investigators and researchers.

With special reference to homeless problem drinkers who are Protestant, it appears from the Bogue and St. Louis Detoxification Center reports that the larger number of drinkers claim association with Baptist and Methodist denominations which traditionally espouse an abstinence position. They may reflect the conclusion of Jerome Skolnick, based on a study of several hundred college students, that

abstinence teachings, by associating drinking with intemperance, inadvertently encourage intemperance in those students of abstinence background who disregard the injunction not to drink.²²

²⁰Ibid., p. 262.

²¹Ibid.

²²Jerome Skolnick, "Religious Affiliation and Drinking Behavior," Quarterly Journal of Studies on Alcohol, XIX (September 1958), 470.

To a large extent the conclusion of Robert Straus seems appropriate to the findings of this chapter.

Until additional information that would allow meaningful interpretations becomes available, it is suggested that, with the exception of the Jewish rate, these data on religion are of little cogency.²³

According to Straus, the lack of adequate data precludes meaningful interpretation of the significance of religious affiliations on the problem of alcoholism.

Involvement in Religious Groups

Studies of homeless problem drinkers by Robert Straus and David J. Myerson report something about the involvement of homeless problem drinkers in religious groups.

Robert Straus discovered that "nearly all of the men spoke of their religion in the past tense. They felt they had lost touch with their faith, expressed little interest in church attendance. . . ." ²⁴

The findings of Myerson are similar. He found that, although the patients were brought up in religious homes, they had turned away from religion. ²⁵

With regard to chronic police case inebriates, many of which are homeless problem drinkers, David J. Pittman and

²³ Straus, "Note on Religion," XII, 561.

²⁴ Straus, "Alcohol and the Homeless Man," VII, 385.

²⁵ David J. Myerson, "An Approach to the 'Skid Row' Problem in Boston," The New England Journal of Medicine, CCXLIX (October 1953), 646.

C. Wayne Gordon report on the religious involvement of the inebriates in their parental family setting. They point out that the large majority of the families were not deeply involved in interpersonal relationships and activities in the church organizations, even if the families did attend church services regularly.

In 34 per cent of the cases the men reported that their families did not participate in any religious activities, and in 23 per cent the participation was rare or infrequent. In 41 per cent family attendance at church was regular, but in only 2 per cent of the cases was this attendance combined with any other type of participation, as in guilds, men's clubs and choirs.²⁶

Similar to the Pittman and Gordon report is the Emory University report of arrested inebriates. The investigators observed that most of the people interviewed had some relationship to the church. Early family participation in church services was fairly regular; however, for the most part, participation did not go beyond just attending church. No inebriate indicated deep involvement or understanding of the church. Their present activity ranged from none to irregular, and the current church affiliations, they stated, were, in most instances, the same as their families.²⁷

²⁶Pittman and Gordon, p. 82.

²⁷The President's Commission on Law Enforcement and Administration of Justice, "Alcohol Project of the Emory University Department of Psychiatry," Task Force Report: Drunkenness (Washington: U. S. Government Printing Office, 1967), pp. 94-95.

The Bogue study offers revelant information concerning Skid Row men in general. Even though 80 percent indicated some religious affiliation, only 8 percent were classified as "quite religious." The vast majority were casual toward religion. Of those who attend any kind of church service at all, almost all go to the missions. Forty-six percent claim to go to mission services occasionally. None of the men interviewed claimed regular attendance. The statement of their religious affiliation tended to coincide with the affiliation of parents.²⁸

Also reporting on Skid Row men, Ronald C. VanderKooi has information to give about their religious involvement. Ninety percent of the men in his sample of seventy-one claimed religious affiliation. Forty-seven named a specific religious affiliation. Of this number

46 per cent responded that they attended regularly, six per cent with a qualifying "sometimes," eight per cent "once in a while," and 12 per cent specified attendance at missions. Regular attenders were most often Catholic, and among all faiths there were those who said that they did not feel at home in their churches, not "having the money or proper clothes" for such attendance.²⁹

The David J. Pittman study of persons hospitalized for alcoholism reveals that almost 90 percent quoted a current religious affiliation. However, the study revealed that

²⁸Bogue, pp. 265-66.

²⁹VanderKooi, pp. 15-16.

only 26 percent described themselves as being religiously active, and 6.4 percent spoke of having rejected religion. The remaining 4.4 percent could not be classified.³⁰

The data indicates that problem drinkers, Skid Row men, and homeless problem drinkers, for the most part, claim a religious background, association, or affiliation, usually that of their parents. However, for the most part, they have never been deeply involved in the life of a religious congregation or community and are not currently involved or meaningfully involved. Some express not only a casual or implicitly rejecting attitude toward religious affiliation but also an explicitly rejecting attitude toward religious involvement.

Influence of Religious Affiliations

Robert Straus writes,

Finally, it should be stated that religion, whether Catholicism among the Catholics or Judaism among the Jews, does not appear to be a determinant of either alcoholism or homelessness.³¹

The author of the Emory University report on arrested inebriates claims, "The positive influence of religion ranges from none to very little."³²

³⁰Pittman, pp. 151-52.

³¹Straus, "Alcohol and the Homeless Man," VII, 386.

³²"Alcohol Project of Emory University," p. 95.

David J. Pittman and C. Wayne Gordon, reporting on 187 male chronic police case inebriates, qualify the influencing role of religion in the problem of inebriety. They stress that membership in a particular cultural or national group is more crucial in reference to drinking behavior than religious affiliation, with the exception of the Jews who are both a cultural and religious group.³³ Thus, Pittman and Gordon observe that "intensity of belief and the role of the religious ideas in the total personality of the individual are more crucial than the bare sociological fact" of religious affiliation.³⁴

In reporting his study of the religious backgrounds of fifty alcoholics, Orville S. Walters begins by surveying studies that have underscored the importance of religion as a deterrent to alcohol abuse.

Religion is believed to be an important deterrent to the excessive use of alcohol. Maxwell reported that 44.1 per cent of the nondrinkers in the state of Washington gave religious or moral reasons for their abstinence. Bales explained the relative sobriety of Jews on the basis of counteranxiety produced by religious attitudes. Thorner similarly explained the abstinence seen among those Protestant groups described by Max Weber as "ascetic." Berezin and Roth found in their study of college women that the Protestants who observed moral discipline as a part of the sectarian ascetic pattern (chiefly Methodists and Baptists) showed a high church attendance and a minimum drinking frequency. Straus and Bacon, in their large series of college students, found a

³³Pittman and Gordon, p. 38.

³⁴Ibid., p. 36.

smaller incidence of drinking among active Protestants than among Jews and Catholics with similar interest. There were still fewer drinkers among active Mormons. Over half of the abstainers responding in the Straus and Bacon study gave religion as a major reason for not drinking. Katz noted that the religious aspect of the problem drinker's life was not strongly entrenched, and regarded this as a probable source of weakness.

Even after inebriety has become established, Lemere observed that religion is often a powerful force in achieving abstinence. Tiebout, on the basis of his observations of Alcoholics Anonymous, concluded that the religious element of the program is the essential factor in its success. Lahey found more consistent church attendance among those who succeeded as members of Alcoholics Anonymous than among those who failed.³⁵

From his own study, however, Walters reported a slightly greater prominence of religion in the early homes of problem drinkers when compared with a control group. He pressed for explanation in view of conclusions that religion is a deterrent to problem drinking. Making use of other studies and the results of his own inquiry, he pointed up various factors which evidently have been found to outweigh and counteract religious influences. Social pressures to drink have been found to outweigh religious influence. Personal and familial factors are significant, as well as identification with relatives and the drinking practice of the father.³⁶ His concluding observation is that

³⁵Orville S. Walter, "The Religious Background of Fifty Alcoholics," Quarterly Journal of Studies on Alcohol, XV (September 1957), 405.

³⁶Ibid., XV, 412-15.

alcoholism may develop because of the parental ambivalence in such a home, the anxiety-provoking attitudes toward drinking leading to subsequent excess. Parental disparity was present in the homes of alcoholics in the present study; nearly one-third reported a religious active-inactive mother-father combination.³⁷

Walters and Pittman and Gordon have similar conclusions. Cultural standards and the attendant style of life which surrounds and influences an individual seem to effect his drinking attitudes and behavior more than mere religious affiliation or association. However, if the cultural standards and the style of life, especially of the family, express the values of religious affiliation, and are consistent with those values, that affiliation has influence in people's lives.

The Skolnick study gives some support to this kind of theoretical approach. Jerome H. Skolnick, using questionnaire answers, made a study of religious affiliation and drinking behavior on the basis of the responses of 387 college students who were Episcopalians, Methodists, Jews, and nonaffiliates with an abstinence background.³⁸

From his study Skolnick believes that drinking behavior is rooted in religious group attitudes which influence affiliated or associated people, even if the individuals are only nominally affiliated with the influencing group and

³⁷ Ibid., XV, 415.

³⁸ Skolnick, XIX, 452-70.

regardless of how often they participate.³⁹ An illustration is a conclusion of his study that "The abstinence orientation to drinking seems prone to encourage problem drinking in those who reject the norm of total abstinence."⁴⁰ Skolnick writes,

abstinence teachings, by associating drinking with intemperance, inadvertently encourage intemperance in those students of abstinence background who disregard the injunction not to drink.⁴¹

Skolnick, however, did find a plus factor involved in frequent religious participation for those of an abstinence background who choose to drink. Contrary to expectations, he found that "frequent religious participation even among students who drink, seem to diminish social complications."⁴²

Additional findings of the Skolnick study are related by Howard J. Clinebell, Jr. Parental drinking practices outweigh what parents teach their children. Conflicts in sanctions in the home concerning the use of alcohol seem to encourage incipient alcoholism in young people. Finally, attitudes and practices of parents influence young people more than the teachings of their schools and churches.⁴³

³⁹ Ibid.

⁴⁰ Ibid., XIX, 446.

⁴¹ Ibid., XIX, 470.

⁴² Ibid.

⁴³ Clinebell, p. 303.

Summary

Information in this chapter points to the meager amount of data available with regard to the influence of religious affiliation on the lives of homeless problem drinkers. Nevertheless, some interpretations can be made on the basis of findings relating to the influence of religious affiliations in the general area of problem drinking. Religious affiliation can have wholesome influence in the prevention and treatment of problem drinking. However, religious affiliation and even frequent participation are not sufficient unless the influencing milieu of cultural standards and lifestyle consistently reflect and express the religious values and standards of the religious affiliation so that they are meaningfully significant and influential in people's lives.

In a sense, religious affiliation is not the most significant and determining factor in the homeless drinking problem. The determinant seems to be found in the degree of religious commitment and consistency to that commitment in the life of the individual and the significant persons in his life. The experience of wholesome commitment and consistency apparently is not readily available to people who become problem drinkers, even though most of them claim a religious affiliation, because of the erratic and conflicting qualities of parental, family, and other interpersonal relationships. Nor is this lack of commitment and consistency without influence on the religious attitudes of homeless problem drinkers.

CHAPTER VI

GENERAL RELIGIOUS ATTITUDES OF HOMELESS PROBLEM DRINKERS

In an article entitled, "Ego Religion and Superego Religion in Alcoholics," Percy M. Sessions expresses the conviction that "a large percentage of alcoholics are religiously rebellious or faithless."¹ In turn, David J. Pittman observed that 64 percent of 250 patients at Malcolm Bliss Alcoholism Treatment Center in St. Louis had rejected religion and that another 63.2 percent had said they were religiously inactive.² Perhaps not simply the verbalized rejection but the large amount of professed inactivity in religious organizations among problem drinkers, as discussed in Chapter V, signals a practical rejection of religion, or at least of organized religion, for many. Yet, the fact that a large majority of problem drinkers profess a religious background, association, or affiliation seems to suggest some kind of unwillingness on the part of the majority of problem drinkers to disavow religion at least verbally.

¹Percy M. Sessions, "Ego Religion and Superego Religion in Alcoholics," Quarterly Journal of Studies on Alcohol, XVIII (March 1957), 121.

²David J. Pittman, Alcoholism Treatment and Referral Demonstration Project, Final Report (St. Louis: Social Science Institute, Washington University, December 1967), pp. 151-52.

In commenting on the role of religion in the life of the arrested inebriate, the author of the Emory University report speaks of the inebriates as having "little or no understanding of religion except in the most punitive and concrete terms."³

Concerning the homeless men whom he studied, most of whom were homeless problem drinkers, Robert Straus notes that nearly all

spoke of their religion in the past tense. They felt that they had lost touch with their faith, expressed little interest in church attendance and most of them looked with contempt upon the missions and other religious organizations⁴

David J. Myerson, relating to 101 homeless problem drinkers, likewise found that the men had turned away from religion. He offers their reason as he perceived it.

Just as they have lost contact with their families, so they have turned away from religion, not because they have become nonbelievers but because they consider prayer and confession futile in view of the⁵ repetitious and endless pattern of their drinking.

³The President's Commission on Law Enforcement and Administration of Justice, "Alcohol Project of the Emory University Department of Psychiatry," Task Force Report: Drunkenness (Washington: U. S. Government Printing Office, 1967), p. 94.

⁴Robert Straus, "Alcohol and the Homeless Man," Quarterly Journal of Studies on Alcohol, VII (December 1946), 385.

⁵David J. Myerson, "An Approach to the 'Skid Row' Problem in Boston," The New England Journal of Medicine, CCXLIX (October 15, 1953), 646.

⁶Donald J. Boggs, Skid Row in American Cities (Chicago: Community and Family Study Center, University of Chicago, c.1963), pp. 262-66.

Apparently the most comprehensive, and yet brief and limited, study that relates to the concern of the general religious attitudes of homeless problem drinkers is the Skid Row study done in Chicago by Donald J. Bogue.⁶

Six hundred and thirteen Skid Row men were interviewed also in regard to religious attitudes. Table 7 presents some of the findings of a table prepared by Bogue to overview his religious findings.

TABLE 7
STATISTICS CONCERNING THE RELIGIOUS ATTITUDES
OF HOMELESS PROBLEM DRINKERS

Religious Attitudes	All Homeless Men	Problem Drinkers
	%	%
Does not believe in God	3.2	3.5
Believes in God but does not like churches	4.6	5.0
Believes in God but does not go to mission services	35.2	28.6
Believes in God; goes occasionally to mission services	46.2	53.1
Quite religious; believes in God; does not go to mission services	1.3	0.8
Quite religious; believes in God; goes often to mission services	6.4	5.0
No information	3.4	4.5

⁶ Donald J. Bogue, Skid Row in American Cities (Chicago: Community and Family Study Center, University of Chicago, c.1963), pp. 262-66.

Of the 613 men interviewed, 3.2 percent of the homeless men and 3.5 percent of the homeless problem drinkers said they did not believe in God. The largest number of these were the heavy drinkers and the second largest number were the alcoholic derelicts.

About 93 percent of the homeless men and homeless problem drinkers said they believed in God and were sympathetic to religious organizations in general. However, even though they said they believed in God, 4.6 percent of the homeless men and 5 percent of the homeless problem drinkers said they do not like churches.

According to Bogue, 7.7 percent of the homeless men and 5 percent of the homeless problem drinkers are to be classified as "quite religious," however, not even all of them go to mission services.

Bogue found that the majority of men exhibited a casual attitude toward religion. He observed that of those who attend church services only a few Catholics, and a fewer number of Protestants, go to churches off Skid Row. Others attend mission services, if and when they attend services.

Although they claim to believe in God, 36.5 percent of the homeless men and 29.4 percent of the homeless problem drinkers do not attend mission services. As believers in God, 46.2 percent of the homeless men and 53.1 percent of the homeless problem drinkers occasionally attend mission services, and 6.4 percent of the homeless men and 5 percent

of the homeless problem drinkers go often to mission services.⁷

Bogue believes that religious attendance is somewhat greater than his statistics show. He bases this assumption on the information that "the total recorded attendance each day at all mission services combined, in the dead of winter, was equal to 6-9 percent of the Skid Row population."⁸

With reference to heavy drinkers, Bogue makes the observation that many do not believe in God. Yet, an above-average share of those who indicated a positive attitude toward religion were heavy drinkers or alcoholic derelicts. Bogue theorizes,

This finding suggests that a man who has spent all of his money for alcohol may go to a mission to get a free meal, as well as worship.⁹

Just as large numbers of homeless problem drinkers indicate a religious affiliation or background but do not participate actively or meaningfully in religious activities, so it seems that homeless problem drinkers, with few exceptions, profess belief in God but never or seldom get meaningfully involved in religious worship or other activities. This divergence between belief and practice also appears to

⁷Ibid.

⁸Ibid., p. 266.

⁹Ibid.,

hold true for all Skid Row men whether they are abstainers or drinkers of varying degree.

Bogue's study apparently corroborates the finding of Straus that, for the most part, homeless problem drinkers have lost touch with their faith and have little interest in church attendance, and the conclusion of Myerson that Skid Row problem drinkers have turned from religion. Myerson suggests that some may feel that their drinking behavior is inconsistent with an attempt to practice religion and/or that religion cannot be of help to them because of their deep involvement in the Skid Row alcoholic way of life.¹⁰ Involved also may be their attitudes toward the religion offered them by Skid Row missions, which, according to the literature, some of them attend from time to time.

¹⁰Myerson, CCXLIX, 646.

¹Edward J. Clinebell, Jr., *Understanding and Counseling the Alcoholic through Religion and Psychology* (Revised and enlarged edition; New York: Abingdon Press, c.1968), pp. 93-96.

²*Ibid.*, p. 83.

³*Ibid.*, pp. 96-100.

⁴*Ibid.*, p. 94.

⁵*Ibid.*, p. 79.

CHAPTER VII

ATTITUDES OF HOMELESS PROBLEM DRINKERS TOWARD SKID ROW MISSIONS

The Approach to the Subject

In addition to the multitude of Salvation Army Skid Row missions and service centers,¹ there are some two hundred rescue missions throughout the country.² Although there are some differences between the approach of the Salvation Army and rescue missions,³ the terms mission or missions as used in this presentation normally refer both to Salvation Army and rescue mission approaches. The two are identified in that the programs, clientele, philosophies, and dynamics of both are similar.⁴ Both seek to help alcoholics with a religious approach which Howard J. Clinebell, Jr., terms the evangelistic-authoritarian approach.⁵

¹Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic through Religion and Psychology (Revised and enlarged edition; New York: Abingdon Press, c.1968), pp. 93-96.

²Ibid., p. 83.

³Ibid., pp. 86-100.

⁴Ibid., p. 94.

⁵Ibid., p. 79.

The Mission Approach to Homeless Problem Drinkers

The mission approach to homeless problem drinkers revolves around religious services and a physical and social rehabilitation program. The gospel meeting is the heart and center of the program. The purpose of the rescue mission operation is to enable the homeless problem drinker, who is beyond remorse and despair, to have a deeply emotional conversion experience, involving feelings of guilt, despair, hope, surrender, acceptance and renewal, which will transform the life of the homeless problem drinker. The whole approach intends to touch human lives with the creative power of God. It recognizes the deep dependency needs of the problem drinker.⁶

For the most part, missions have a specific way of approach to involve men in a conversion experience. Normally, in order to receive food and shelter a man must attend a religious meeting. The convert may expect to become involved in a residential program of rehabilitation which may ultimately mean residence in a halfway, or transitional, house off Skid Row.⁷

⁶Ibid., pp. 79-103.

⁷Ibid., pp. 79-103.

Results of the Mission Approach

The observation of Howard J. Clinebell, Jr., is that the percentage of mission conversions is probably quite low.⁸ However, Clinebell points out that, even though a high percentage of converts are never assimilated into a normal way of living, the mission approach

does help some alcoholics to long-term sobriety and reassimilation into society. The healing power of God is mediated through this approach to some degree. Even if a conversion involves the substitution of a compulsive religion for compulsive drinking, there is a real gain for society.⁹

An Evaluation of the Mission Approach

Homeless problem drinkers are a very difficult group to help. The task is difficult because these individuals have "used up their 'bottoms' without finding help. We are dealing here with the psychology of the realm beyond remorse and despair."¹⁰ Also, the task is exceedingly difficult and delicate because of the dependency problem of homeless problem drinkers. They experience a deep dependency-independency conflict that causes them to react radically and erratically, both passively and aggressively, toward

⁸Ibid., p. 92.

⁹Ibid., p. 83.

¹⁰Ibid., p. 86.

authority and authority symbols. It is difficult to handle constructively this dependency problem of the homeless problem drinker.¹¹

The mission approach is helpful and meaningful for many homeless problem drinkers. Missions offer homeless men both physical and spiritual help.

At the very least they offer a bowl of soup, opportunity for delousing, and a warm place to sleep in winter. Beyond this, they hold promise¹² of release, salvation, and a blissful hereafter.

Howard J. Clinebell, Jr., points to some weaknesses of the approach which are to be considered in the endeavor to create ever more effective religious approaches. A partial listing of possible weaknesses is as follows:¹³

- a. Provision of food and shelter only for those who attend the religious meeting.
- b. A lack of understanding of alcoholism as an illness and a complex illness which needs the help of many disciplines and resources.
- c. The moralistic assumption that homeless problem drinkers are what they are because they are morally weak and have sinfully decided to use alcohol excessively, that they are completely responsible for their condition, and that by a right decision of will they can change.
- d. A head-on attack of a moralistic approach against the alcoholics' defenses, an attack which usually results in increased rigidity.

¹¹Ibid., p. 102.

¹²Ibid., p. 83.

¹³Ibid., pp. 79-102.

- e. An emotional approach, primarily involving a large amount of manipulation, which may result in later resentment and hostility on the part of the homeless problem drinker.
- f. The substitution of compulsive religion for compulsive drinking.
- g. Emphasis on dependency upon authority, which in the case of even benevolent authority may ultimately call forth anger and rejection since alcoholics both need and resent authority.
- h. Evangelistic aggressiveness which may, in some instances, be a product of disguised hostility on the part of religionists.
- i. An emphasis on "saving more souls."

In his chapter, "How Religion Has Been Used to Help Homeless Alcoholics," Clinebell expresses the conviction that the Salvation Army approach is more effective than the rescue mission approach. He speaks of the Salvation Army approach as the more enlightened approach with a more adequate conception and understanding of alcoholism and a willingness to utilize "the resources of all available agencies and therapies."¹⁴

The Clinebell observations may be stated as follows. The rescue mission approach is a straight evangelistic approach to alcoholism. The strength of the approach lies in its combination of physical and spiritual help. Its weaknesses include its misunderstanding of the nature of alcoholism and of homelessness; its use of fear, emotionalism,

¹⁴Ibid., pp. 101-2.

and authoritarianism, and its failure to make use of medical and psychiatric resources.

The Salvation Army approach is a modification of the straight evangelistic approach. A part of the leadership recognizes alcoholism as an illness and makes use of medical and psychiatric adjuncts. The weaknesses of the Salvation Army include its authoritarian structure, its emotionalism, its negative conception of man, and its lack of outright acceptance of alcoholism as an illness.¹⁵

Donald J. Bogue offers a sociologist's evaluation of the Skid Row mission approach.

Many experts in this field have serious doubts that present mission programs can ever have more than a very limited appeal, and they feel that this appeal will diminish as the educational level of even the Skid Row population rises. The doctrine that every Skid Row man is a lost soul and one of society's most grievous sinners (as proven by his present low state), and that a religious conversion will alter everything (the test of the sincerity of his conversion being that he does manage to change), does not agree with the findings of this report or with the working of the mission programs in practice. Some mission workers who are objective enough to evaluate their own programs admit that many of the "sinners" are just victims of hard luck and that it is the society rather than the individual who should repent.¹⁶

¹⁵ Ibid., pp. 79-102.

¹⁶ Donald J. Bogue, Skid Row in American Cities (Chicago: Community and Family Study Center, University of Chicago, c.1963), p. 422.

Bogue is skeptical about the mission approach, especially the missions' interpretation of and solution to the plight of the Skid Row man.

In spite of suggested weaknesses of the Skid Row mission approach, Howard J. Clinebell, Jr., proposes that much can be learned from a study of missions for a religious approach to homeless alcoholics. At the conclusion of his chapter, "How Religion Has Been Used to Help Homeless Alcoholics," Clinebell lists eight points as follows:¹⁷

- a. Homeless alcoholics, who are low-bottom, can be helped by religious means.
- b. A successful religious approach must convey a feeling of acceptance.
- c. Therapy is essential for the "whole man."
- d. Continuing support of a fellowship group of like-people is important.
- e. Religious and group satisfactions are to replace the satisfactions of alcohol.
- f. Recovering alcoholics are helped by helping others who have the drinking illness.
- g. Alcoholics have an advantage in helping other problem drinkers.
- h. Homelessness as well as alcoholism is in need of treatment.

Attitudes of Homeless Problem Drinkers Toward Missions

Seven written resources available and used for the evaluation of attitudes of homeless problem drinkers toward

¹⁷Clinebell, p. 101.

missions, all involving studies of Skid Row and Skid Row problem drinkers, suggest that the attitudes are primarily negative. At least, the authors have chosen to dwell at length on a discussion of negative attitudes.¹⁸

Skid Row people are characterized as having "little respect for the majority of Skid Road missions"¹⁹ and as looking "with contempt" upon missions.²⁰

According to the Skid Row subculture, it may be necessary and all right for men to attend mission meetings and services when they are desperate for help or badly in need of diversion. But it is socially unacceptable to make attendance a regular habit, to take an active part in the services, or to take up regular lodging in a mission.²¹

Skid Row mission operations make it possible for men to attend the various missions for food and clothing.²² For

¹⁸Nels Anderson, The Hobo (Chicago: University of Chicago Press, c.1923), pp. 251-62; Clinebell, pp. 79-102; Joak K. Jackson and Ralph Conner, "The Skid Road Alcoholic," Quarterly Journal of Studies on Alcohol, XIV (September 1953), 468-86; W. J. Petersen and M. A. Maxwell, "The Skid Row 'Wino,'" Social Problems, V (1958), 308-16; Stanley Rosenman, "The Skid Row Alcoholic and the Negative Ego Image," Quarterly Journal of Studies on Alcohol, XVI (September 1955), 447-73; Robert Straus, "Alcohol and the Homeless Man," Quarterly Journal of Studies on Alcohol, VII (December 1946), 360-404; and S. E. Wallace, Skid Row a Way of Life (New Jersey: Bedminster Press, 1965), 48-67.

¹⁹Petersen and Maxwell, V, 313.

²⁰Clinebell, p. 86.

²¹Wallace, p. 62.

²²Rosenman, XVI, 456.

many "the mission comes to be regarded as an agency which exploits the residents of Skid Road and the outside society."²³ While some missions may be exempted from this image of exploitation, many are looked upon as "rackets."²⁴ Skid Row men feel exploited because they have to go through religious routines to receive needed food and clothing.²⁵ In turn, they often feel that members of the mission staffs care little for them and use them for their own personal needs.²⁶ Perhaps, they feel, staff members want to exploit their labor²⁷ or chalk them up as another "saved soul."²⁸ Often the men feel that staff members express toward them a great deal of hidden hostility.²⁹

Because they frequently feel that the missions are out to exploit them, homeless men do not hesitate to exploit the missions, especially in time of an emergency or when it is otherwise socially acceptable. Some are willing to go through the religious routines and even "flop" (allow themselves to be "converted") at a mission in return for food

²³Jackson and Conner, XIV, 476.

²⁴Ibid.

²⁵Clinebell, p. 90.

²⁶Rosenman, XVI, 456.

²⁷Ibid.

²⁸Clinebell, p. 91.

²⁹Wallace, p. 57.

and a place to sleep.³⁰ Others are not willing. Jackson and Conner write,

the alcoholic has no qualms about exploiting the mission if he can, although the majority consider it not worth the effort, as it entails too many "ear bangings" (sermons) and "nose dives" (prayers).³¹

However, even when some Skid Row men get involved with missions, they sometimes later feel intense hostility for doing so. They can use, and maybe even value, the mission and, at the same time, feel hostile toward it because they both need and resent dependency.³² They especially dislike being dependent on those they feel are indifferent toward them. Stanley Rosenman writes,

The situation of complete dependence on indifferent others, and the ensuing impotent and fear-tingled hatred, duplicates the unmastered traumatic infantile situation.³³

"Mission stiffs" are the most looked down upon and isolated members of the Skid Row society.³⁴

A "mission stiff" is variously but similarly defined. He is a person who depends upon the mission,³⁵ who makes it

³⁰ Straus, VII, 364.

³¹ Jackson and Conner, XIV, 476.

³² Clinebell, p. 92.

³³ Rosenman, XVI, 457.

³⁴ Petersen and Maxwell, V, 313; Wallace, p. 62.

³⁵ Wallace, p. 199.

a practice to exploit missions,³⁶ who hangs around missions all the time,³⁷ who lives for years by exploiting one mission after another,³⁸ or who takes up regular lodging in a mission.³⁹

Concerning "mission stiff" S. E. Wallace writes,

There is one final genuine skid row status and those who hold it are traditionally held in disrepute. These are the mission stiff and relievers, one depending upon the mission, the other upon the public agency. The fact that these men are looked down upon points once more to the in-group nature of the skid row community, which considers them collaborators with the hostile world. In listening to the preacher damning the souls of the skid rower, in accepting even though momentarily the outsider's view of the skid rower, in submitting to religious conversion, and in accepting assistance which is therefore based on betrayal, the mission still threatens the boundries of the group and consequently brings havoc down upon his head.⁴⁰

The observation of Wallace is that Skid Row people who are "mission stiff" become social outcasts on Skid Row and isolate themselves from other members of the Skid Row community.

Summary

Salvation Army centers on Skid Row and Skid Row missions give physical and spiritual help to many homeless problem

³⁶Jackson and Conner, XIV, 476.

³⁷Petersen and Maxwell, V, 313.

³⁸Clinebell, p. 92.

³⁹Wallace, p. 62.

⁴⁰Ibid., p. 199.

drinkers. Such centers and missions use an evangelistic-authoritarian approach. The approach revolves around religious services and a physical and social rehabilitation program which has the gospel meeting as its center. Normally, in order to receive food and shelter men are expected to attend religious meetings.

To a large extent mission operations are characterized by an authoritarian, moralistic, and highly emotional approach which frequently lacks an adequate conception of alcoholism as an illness and fails to make use of helping resources in such fields as medicine and psychiatry. However, mission operations, in helping some alcoholics, do demonstrate that homeless problem drinkers can be helped by religious means. The most helpful kind of approach is characterized as conveying a feeling of acceptance, providing help for the total person, and offering religious satisfactions, group support, and opportunity for helping others.

It seems that homeless problem drinkers often have conflicting and ambivalent attitudes toward Skid Row missions. There is evidence that they both value and feel hostility toward missions.⁴¹ Negative feelings apparently sometimes stem from the opinion of Skid Row men that mission staff members want to exploit them for personal reasons. In turn, Skid Row men may use, even exploit, missions, especially

⁴¹Clinebell, p. 92.

in time of emergency, but even so frequently feel hostile toward those from whom they receive help. Members of the Skid Row populace who depend on missions are looked upon as social outcasts in the Skid Row subculture.

Data examined and evaluated in this thesis indicate that, among other factors, Skid Row missions tend to foster negative religious attitudes in homeless problem drinkers.

Attitudes in homeless problem drinkers which are discussed in Chapters V, VI, and VII of this thesis. Among these are early human relations which are elaborated on in Chapters III and IV.

Homeless problem drinkers, apparently like many problem drinkers and alcoholics, suffer from a severe dependency-autonomy conflict.¹ This means that problem drinkers are overdependent persons who, at the same time, want very much to be independent and who can readily resent and reject authority in an attempt to satisfy dependency needs.² The person has serious difficulty having trusting, meaningful, and satisfying relations with others which are characterized

¹Howard J. Clinchell, Jr., Understanding and Counseling the Alcoholic through Religion and Psychology (Revised and enlarged; New York: Abingdon Press, c.1958), p. 93; and Howard J. Clinchell, Jr., "Philosophical-Religious Factors in the Etiology and Treatment of Alcoholism," Quarterly Journal of Studies on Alcohol, XXIV (September 1963), 481.

²Clinchell, Understanding the Alcoholic, p. 92.

CHAPTER VIII

FACTORS FOSTERING NEGATIVE RELIGIOUS ATTITUDES IN HOMELESS PROBLEM DRINKERS

Early Human Relationships

Several factors may foster the negative religious attitudes in homeless problem drinkers which are discussed in Chapters V, VI, and VII of this thesis. Among these are early human relations which are elaborated on in Chapters III and IV.

Homeless problem drinkers, apparently like many problem drinkers and alcoholics, suffer from a severe dependency-autonomy conflict.¹ This means that problem drinkers are overdependent persons who, at the same time, want very much to be independent and who can readily resent and reject authority in an attempt to satisfy dependency needs.² The person has serious difficulty having trusting, meaningful, and satisfying relations with others which are characterized

¹Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic through Religion and Psychology (Revised and enlarged; New York; Abingdon Press, c.1968), p. 92; and Howard J. Clinebell, Jr., "Philosophical-Religious Factors in the Etiology and Treatment of Alcoholism," Quarterly Journal of Studies on Alcohol, XXIV (September 1963), 481.

²Clinebell, Understanding the Alcoholic, p. 92.

by a healthy kind of dependency, independency, and interdependency.³

One point of view is that the dependency-autonomy conflict has its origin in a basic disturbance of the mother-infant relationship in the first year of life. According to Erik Erikson, the person in conflict did not develop basic trust which is a necessary foundation for all relationships of trust with people and God. Rather, he developed a basic mistrust. Since the mother-child relationship involved a short supply of love-milk-security, the deprivation caused terrible fears of dying mixed with feelings of rage toward the depriving object. In compensation for his feelings of fear, rejection, mistrust, and low self-esteem, the person narcissistically turns in upon himself and assumes characteristics of omnipotence and grandiosity which foster unsatisfactory interpersonal relationships marked by the dependency-autonomy conflict.⁴

From this base, Howard J. Clinebell, Jr., observes that the religious life of the overdependent person reflects his narcissism and his dependency-autonomy conflict.

People shape their personal religion in terms of their inner needs. The alcoholic provides a vivid illustration of this general principle. His religious life tends to reflect his narcissism and his dependence-autonomy conflict. He often expects

³Clinebell, "Philosophical Factors," XXIV, passim.

⁴Ibid.

God to take care of him in infantile, magical ways. He tries to use God as an overprotective grandmother whose main function is to extricate him from alcoholic scrapes scot free. He makes impossible demands, expects a special set of rules-of-the-game, and then feels rejected when God does not "come through" according to his demands. His religion both reflects and enhances his narcissistic self-worship and his dependency conflict. Rather than allaying anxiety it increases it because it operates in the same manner as his neurosis. The underlying meaning of much alcoholic atheism seems to be, "All right, if you won't take care of me like a child, I'll show you! I'll destroy you by the magic of thought--by not believing in you!"⁵

The dependency-autonomy conflict evidently makes it very difficult, if not almost impossible, for persons to understand or meaningfully trust God. The person in conflict makes himself his own god. Clinebell writes,

during active alcoholism, as the person is cut off from a nurturing relationship with God, he is forced into a kind of idolatrous position in which he is his own god. His grandiosity and feeling of being above needing others are a part of his defense against deeper feelings of isolation, vulnerability, and fear of closeness.⁶

Evidently rooted deeply within the personality of the homeless problem drinker, the dependency-autonomy conflict explains, at least partially according to this view, why some men have turned from God and religion and missions, and why others have ambivalent and conflicting attitudes. Furthermore, as observed in Chapter IV, this condition is evidently perpetuated and enlarged by conflicting and ambivalent

⁵ Ibid., XXIV, 48.

⁶ Clinebell, Understanding the Alcoholic, p. 249.

religious attitudes on the part of parents and their general confusion about the process of relating religion to life.

When, however, by way of surrender, the problem drinker, finding himself in the midst of crisis, despairs of his self-centered and alcoholic way of life and takes the desperate leap toward trustful relationships, he begins to develop a trust relationship with God. This relationship in turn enhances interpersonal relationships which, in turn, enhance the relationship with God.

Clinebell speaks of the process in terms of Alcoholics Anonymous.

"Basic trust" is the foundation of the ability to trust God. The person who is psychologically damaged at the infantile level is also spiritually damaged. The surrender experience gives this person another opportunity, a second chance, to establish a trusting relationship with God. This relationship to a "Higher Power" is facilitated by the A.A. group which symbolizes and communicates God's giving love. As the relationship to God grows, it reinforces the alcoholics ability to trust persons, and to become a giving person himself. By staying in a dependent relationship with a Higher Power, he is helped to resist the temptation to return to narcissistic self-idolatry.⁷

According to Clinebell, Alcoholics Anonymous provides an example of the kind of group relationships that help problem drinkers develop a trust relationship with God and other people. His point is that accepting relationships, which

⁷ Harry M. Tiebout, "Alcoholics Anonymous--An Experiment in Nature (with Discussion by Howard J. Clinebell, Jr., and Charles W. Stewart)," Pastoral Psychology, XIII (April 1962), 60.

symbolize and communicate God's love, enable the problem drinker to experience a growing trust relationship with God and additional persons.

Aspects of the Alcoholism Illness

A second factor which possibly fosters negative religious attitudes in the homeless problem drinker may be the use of beverage alcohol as an attempt to satisfy religious needs.

The problem drinker not only relates to God in infantile ways and may put Him aside, he also seeks to solve his needs, including dependency needs, by means of alcohol as a substitute for a realistic and meaningful relationship with God. Finding some kind of solution for his religious needs in alcohol, the individual cuts himself off from God and puts up a barrier between himself and meaningful religion. It is a major thesis of Howard J. Clinebell, Jr., "that alcohol provides a pseudosatisfaction for the alcoholic's religious needs The alcoholic thus seeks to satisfy his religious needs by nonreligious means."⁸

When Clinebell speaks of the alcoholic as attempting to satisfy his religious needs, he refers to needs coming forth from man's existential anxiety and complicated by historical

⁸Clinebell, Understanding the Alcoholic, pp. 71-73; and Clinebell, "Philosophical Factors," XXIV, passim.

and neurotic anxiety. For Clinebell, existential anxiety is anxiety about the very facts of existence which includes feelings such as inadequacy, guilt, loneliness, and fear of death. Historical anxiety involves feelings of impotence and meaninglessness in the experience of rapid and convulsive world change and instability. Neurotic anxiety results from conflicting and unacceptable inner feelings and drives. In summary Clinebell lists man's basic religious needs as follows:⁹

- a. The need for an experience of the transcendent and the numinous.
- b. The need for a sense of meaning, purpose and value in one's existence.
- c. The need for a feeling of basic trust and relatedness to life.
- d. The need for an "object of devotion."
- e. The need to share a common philosophy of life and object of devotion with a group of one's fellows.

For the problem drinker, according to Clinebell, alcohol becomes functionally interchangeable for religion.¹⁰ The problem drinker substitutes alcohol for religion. Clinebell writes,

Alcoholism is a tragic response to areas of tragedy in our culture. The insecurity and emotional malnutrition bred by an anxious, puritanical, competitive society has resulted in many damaged orphans of the spirit. These are people who, because of

⁹Clinebell, Understanding the Alcoholic, pp. 254-55.

¹⁰Ibid., p. 154.

their fears and inner conflicts, are cut off from trustful, fulfilling fellowship with other human beings. Alcohol has had something to offer these, the weary, the anxious, the lonely, the spiritual wanderers. It offers the illusion of unity with one's fellows, temporary deadening of anxiety, and the quieting of inner conflict. Its relief is temporary and illusory, but available to many who have found no other. A fluid which for a time can banish disappointment, frustration, and feelings of inadequacy, which can give feelings of self-confidence and the illusion of strength has tremendous appeal, an appeal which those who seek a better way must take into account.¹¹

Concerning the alcoholic solution Clinebell goes on to write,

When a person uses alcohol as a persistent substitute for all that a religious orientation can give him, his alcoholic solution, sooner or later, is bound to crumble in a heap around his head.¹²

The alcoholic solution to man's needs, according to Clinebell, is temporary and ultimately compounds suffering. It is bound to crumble sooner or later.

The Role of Missions

The possible role of Skid Row missions in fostering negative religious attitudes is reflected in the examination in Chapter VII with reference to "An Evaluation of the Mission Approach" and "Attitudes of Homeless Problem Drinkers."

Ways in which missions foster negative attitudes are probably rooted both in their philosophy and in their

¹¹Ibid., p. 155.

¹²Ibid., p. 158.

manner of operating their programs and ways of relating to the men.

Philosophical factors likely fostering negative attitudes are listed in detail in Chapter VII as weaknesses of the mission approach. To a large extent the approach is authoritarian, moralistic, and highly emotional. Frequently it lacks a satisfactory understanding of alcoholism as a disease and fails to make use of a multidisciplinary approach with concern for all aspects of the drinker's being.¹³

Because of the negative feelings of many Skid Row men toward members of mission staffs, there are likely relational factors that produce negative religious attitudes. Skid Row men often feel misunderstood and rudely treated by members of mission staffs and exploited to fulfill the personal needs of staff members. The following conversation recorded by S. E. Wallace perhaps points to some of the feelings of Skid Row men toward staff members and reflects how they feel they have been treated by staff.

"Ain't it the truth?" agrees Nick. "It's Jesus this and Jesus that, but on your way, bum, tomorrow. Listen, I'm going to tell you something. Listen you never saw a fat guy eating at Sally's (The Salvation Army) and you never saw a skinny guy playing the drum. How do those Christers (mission personnel) get so fat if it ain't off our lean shanks . . ."

"Why do they always have to yell at us?" asks Fred, as he spreads a clean tarpaulin taken out of a

¹³Ibid., pp. 79-102.

clean knapsack on the floor over clean newspapers. "It doesn't take any guts to yell at us. Why doesn't he say something to the big boys, the bankers and things?"

"He says plenty to the big boys." Happy Joe looks dark and serious as he inspects a crack in the upper of his shoe.

"He does not." Stolid Fred for once is inclined to argue.

"He says plenty," Joe repeats unconcernedly. "He says, 'gimmie' and when they give, he says 'thanks.'"¹⁴

To further indicate how staff members sometime relate to Skid Row men, Wallace relates a personal experience at a mission service.

At a session attended by the author, the preacher admonished a noisy drunk--"If you don't start behaving like a Christian, I'll throw you out, in Jesus' name, Amen, the Lord be praised."¹⁵

A sampling of a sermon is also offered by Wallace.

"My heart, listen you won't believe it, my heart is breaking because of my own lethargy, it is burning and breaking because of my own lethargy, sinner, friend, where are you going tonight when God's holy word comes to fulfillment? Where are you hiding? God knows wherever you are, you are heard tonight. God is speaking, not me, God is talking through me, and listen as the days are ending up. When I heard the first time that Eisenhower has sent the Army or the Navy, whatever it is to the Lebanon, then I think of my people, Egypt, Nasser, what God is going to do with him, he is getting smart . . . The Churches become vague in their own imagination, what a terrible condition."

¹⁴S. E. Wallace, Skid Row a Way of Life (New Jersey: Bedminster Press, 1965), p. 56.

¹⁵Ibid., p. 59.

(From a man in the audience) "I think you are wrong."

"Keep quiet brother, I am preaching. If you knew that some of the Lutheran Churches have an image?
 . . ."¹⁶

Wallace feels that this sermon segment reflects negative qualities of mission services that foster negative religious feelings within homeless problem drinkers.

Factors in General Religious Practice

Since, as indicated in Chapter IV, the majority of homeless problem drinkers claim to have a religious affiliation and/or a religious background, it may be that there are some negative factors in general religious practice that have played a role in fostering negative religious attitudes in homeless problem drinkers.

The possibility of such negative factors in general religious practice is pointed to by Eugene A. Verdery in his article, "The Clergy and Alcoholism."

Too often our quick condemnation of the alcoholic has outdistanced our efforts to understand; our enthusiasm for righteousness has blinded us to the person who lives behind the bottle, and our literalistic interpretation of a man's actions has prevented our recognition of an individual aspiring for fulfillment in life. All too frequently we clergymen, like so many others in our society, have sought to deal with symptoms and have lost sight of the man.¹⁷

¹⁶ Ibid., p. 53.

¹⁷ Eugene A. Verdery, "The Clergy and Alcoholism," Alcoholism--Behavior Research, Therapeutic Approaches,

David J. Pittman and Muriel W. Sterne report on interviews with professional people, including clergymen, on attitudes toward alcoholism. In comparing six occupational groups, they discovered career administrators and religious specialists to be the most moralistic.¹⁸

In a paper, "The Alcoholic and the Parish Minister," Thomas J. Shipp writes that ministers often make the alcoholic feel that he is a no good sinner and an outcast.¹⁹

Concerning minister's attitudes toward alcoholism, Howard J. Clinebell, Jr., discovered a wide range of understandings and feelings. On the basis of 146 questionnaires returned to him by ministers who attended the first seven years of the Yale Summer School of Alcohol Studies, he found the following attitudes prevailing:²⁰

- a. Alcoholism is a sin and not a sickness from start to finish.
- b. Alcoholism begins as a personal sin and ends as a sickness.

edited by Ruth Fox (New York: Springer Publishing Company, Inc.), p. 272.

¹⁸David J. Pittman and Muriel W. Sterne, National Clearinghouse For Mental Health Information Report on Alcoholism: Community Agency Attitudes and Their Impact of Treatment Services (U. S. Department of Health, Education, and Welfare, Public Health Service, Bethesda, Maryland; National Institute of Mental Health, n.d.), p. 48.

¹⁹Thomas J. Shipp, "The Alcoholic and the Parish Minister," (A Paper for the International Congress on Alcohol and Alcoholism in Washington, D. C., September 15-20, 1968), p. 2.

²⁰Clinebell, Understanding the Alcoholic, pp. 168-70.

- c. Alcoholism is a sickness which involves the sin of abuse.
- d. Alcoholism is a sickness which is caused by a combination of factors involving both sin and sickness.
- e. Alcoholism involves sin in the sense that it has destructive consequences.
- f. Alcoholism is a social sin.
- g. Alcoholism involves original sin.

Clinebell considers the first four of these understandings as judgmental.²¹

Clinebell asked the same 146 ministers to list the advantages and limitations of ministers in dealing with alcoholics. They mentioned the ministers' tendency to moralize and to "preach at" rather than to "counsel with," the alcoholic.²² In turn, they probably reflected some religious practice in stating what they felt the hindering attitudes of alcoholics might be toward ministers.

In the first category were the alcoholic's fear that a minister will censure him, the alcoholic's suspicion of the minister as a professional "do-gooder," the alcoholic's resentment of religion, and the difficulty of establishing rapport because the alcoholic may feel that the minister (not being an alcoholic) never quite understands him. One respondent wrote, "Most folks figure the minister has a set attitude toward alcoholics and will therefore not give him much opportunity except in hopeless cases."²³

²¹Ibid., p. 169.

²²Ibid., p. 182.

²³Ibid.

It appears, according to James Weber, that it is a mark of the Protestant Ethic to look upon the excessive user of alcohol as evil and sinful. Part of the reason seems to be found in the assumption that

an individual is and should be completely responsible for his actions and destiny. Any state of loss of control, particularly a self-imposed one, which may lead to dependency, can have no moral justification.²⁴

C. Reidenbach writes that religion has often aggravated the problem of alcoholism by deepening the guilt feelings of alcoholics. "Under the guilt feeling the alcoholic has come to feel lost and desperate."²⁵

Reporting on the family background of alcoholis,

C. W. Wahl has this to say about a negative role of religion,

There are some reasons for believing that organized religions may sometimes unwittingly inculcate in individuals ideas and concepts which may adversely affect healthy personality development. Among these may be the overemphasis of such concepts as the innate wickedness of man, the jealousy and punitive nature of the Divinity, the extreme contingency and futility in human life, or the depravity of certain ubiquitous physical acts such as masturbation. They may strongly enjoin against normal mental processes such as hostile and sexual thoughts, or equate in gravity thoughts and deeds, or encourage the use of repression rather than suppression in the handling of unacceptable thoughts or impulses. The possibility that the use of these methods of handling them and the irrationally derogative concepts of self which this may foster are encouraged by some religious systems more than others, makes it desirable to investigate this problem.²⁶

²⁴James M. Weber, "The Social Science Institute Final Evaluation Report, The St. Louis Detoxification Center and Diagnostic Center" (mimeographed, n.d.), p. 6.

²⁵C. Reidenbach, "The Pastor and the Alcoholic," Pastoral Psychology, IX (1958), 9.

²⁶C. W. Wahl, "Some Antecedent Factors in the Family

Wahl's emphasis is that religion has often unwittingly affected healthy personality development adversely.

Summary

There is evidence to believe that there are factors which foster negative religious attitudes in homeless problem drinkers. These factors are found in early human relationships, in the very nature of the alcoholism illness, in the philosophy and practice of Skid Row missions, and in the general practice of religion.

Often the early human relationships of homeless problem drinkers have deprived them of satisfactory trust relationships with both people and God. Rather than being able to trust God's answers to human need, they have sought to meet their deep human needs by the excessive use of alcohol.

There seem to be ingredients in some theological tenets and behavioral and relational patterns, functioning in both Skid Row missions and general religious practice, that foster feelings of rejection and worthlessness in homeless problem drinkers. Moralistic and rejecting religious attitudes reinforce the stance without God or against God on the part of homeless problem drinkers.

The negative religious attitudes of homeless problem drinkers indicate a need for meaningful religious resources and ways of helping homeless problem drinkers.

Histories of 109 Alcoholics," Quarterly Journal of Studies on Alcohol, XVII (December 1956), 646.

CHAPTER IX

RELIGIOUS RESOURCES AND WAYS FOR HELPING

HOMELESS PROBLEM DRINKERS

A General Religious Approach

"Possibilities of Rehabilitating the Homeless Problem Drinker" is the subject examined in Chapter IV of this thesis. The findings tend to support the verdict of Thomas B. Richards that "the largest group of Skid Row alcoholics consists of those for whom rehabilitation is a realistic possibility."¹

The goal of the rehabilitation process is to help the homeless problem drinker to develop a new way of life-- a productive life with meaningful and satisfying interpersonal relationships without the use of beverage alcohol-- to replace his alcohol-centered way of life.² The process includes helping the person to accept his drinking as a sickness for which he needs help, to obtain medical treatment, to interrupt the addictive cycle and to keep it interrupted by not taking the first drink, and to achieve a reorientation to life without alcohol.³ Accepting human

¹Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic through Religion and Psychology (Revised and enlarged edition; New York; Abingdon Press, c.1968), p. 82.

²Ibid., pp. 188, 245.

³Ibid., p. 91.

relationships with the homeless problem drinker that assure him of hope and help are important because he has often already "hit bottom" without finding help.⁴

It is the conviction of Howard J. Clinebell, Jr., that, since alcoholism is an attempt to satisfy spiritual needs, an effective religious approach has advantages over a non-religious approach.⁵ However, he adds that if a religious approach is to be effective, it must be effective in making available the creative power of God.⁶

That religion has genuine answers to spiritual problems is espoused and underscored by Clinebell.

religion has genuine answers to the spiritual problems to which alcohol gives pseudo-answers. Sound religion gives one a feeling of unity, of self-forgiveness, of acceptance, and of the larger life. When religion has not had its spiritual vitality squeezed out, it can satisfy man's need for Dionysian experience. In a lasting and genuine way it can help men accept or overcome their anxiety about their own finitude. Religious faith, in fact, provides the only satisfying answer to ultimate anxiety.

When a person uses alcohol as a persistent substitute for all that a religious orientation can give him, his alcoholic solution, sooner or later, is bound to crumble in a heap around his head. It is then that religious resources, mediated through a religious group, can often bring healing.

⁴Ibid., p. 86.

⁵Ibid., p. 159.

⁶Ibid., p. 90.

⁷Ibid., p. 158.

Emphasis is made that religious resources are mediated through the religious group. In fact, Clinebell states that it is to the extent that a religious group can mediate the experience of acceptance that it is effective in helping alcoholics.⁸

In a very specific way Clinebell states the advantages of the religious approach. A religious approach provides:⁹

- a. A sense of superhuman help.
- b. A feeling of being accepted by life.
- c. A means of handling ultimate anxiety.
- d. A meaningful philosophy of life.
- e. A group approach in which there is a unifying commitment.

Clinebell emphasizes that the religious approach must convey the fundamental feeling of acceptance, which he says is the experience of "salvation by grace through faith."¹⁰ As previously noted, this experience is mediated through the religious group.¹¹ In the interest of help for the homeless man Clinebell stresses the need for a multidisciplinary approach; religious and group satisfactions; mutual group relationships of problem drinkers working together on

⁸Ibid.

⁹Ibid., pp. 159-60.

¹⁰Ibid., p. 101.

¹¹Ibid., p. 158.

the drinking problem; and the use of recovering problem drinkers in helping other alcoholics. He cautions that homelessness, as well as alcoholism, must be treated and that the approach must seek to handle the dependency problem in a constructive way.¹²

For the sickness of homeless problem drinkers a religious fellowship is to offer help by communicating the accepting love of God. Within a group of people who incarnate, symbolize, and communicate the love of God, the problem drinker is able to begin to experience God's love and to develop a trust relationship with God. This relationship, in turn, reinforces his ability to trust people, and new life relationships are begun.¹³ The problem drinker is being helped to a new way of life to replace his alcohol centered way of life. "By the crowd they are hurt, by the crowd they are healed."¹⁴

Writing in 1946, M. Werner, in an article entitled, "Die religiöse Gegenwartskrisis als Fürsorgeproblem," pointed to the essential importance of a relationship-centered approach in helping nihilistic alcoholics, that is, those who have lost relation to God and have despaired with

¹²Ibid., pp. 101-2.

¹³Ibid., p. 253.

¹⁴Eugene A. Verdery, "The Clergy and Alcoholism," Alcoholism--Behavior Research, Therapeutic Approaches, edited by Ruth Fox (New York: Springer Publishing Company, Inc.), p. 276.

respect to a sense of existence. Werner emphasized that one should not try to explain to the nihilistic alcoholic his sin, guilt, or mistaken ideas about God; this will lead only to negative results. The therapist should learn to be silent, and at first, at least, be sympathetic and brotherly. His fundamental attitude should be that of love. Through loving care he might be able to lead the nihilist to see a meaning to his existence, and then help him to overcome his religious protest. The nihilist must feel that the therapist understands his religious protest and does not condemn it. He also can help the patient understand that overcoming this protest is the last step toward recovery. At this point guilt and anxiety will arise, and it will be a dangerous point since these feelings are apt to throw the patient into the old vicious circle of denial and new guilt. Thus it must be made clear to him that endless probing and emersion in guilt, anxiety, and inferiority feelings are dangerous.¹⁵

A Gospel-Centered Religious Approach

The designation of this section as dealing with a Gospel-centered approach for helping homeless problem drinkers indicates that the exploration of this section goes beyond a general religious approach to something

¹⁵M. Werner, "Die religiöse Gegenwartskrisis als Fürsorgeproblem," Fürsorger, XIV (1946), 33-45.

more specific. The specific approach is termed "Gospel-centered" to identify it with the content of evangelical, biblical theology. Such theology for this writer is represented by the Lutheran Confessional Writings of The Book of Concord, but is by no means limited to that source.

Basic to this consideration is the finding of this thesis that the illness of homeless problem drinkers involves inadequacies of relationships in its causality and that these are the relationships with God, self, others, and world which were disrupted when man sought to live life apart from God.¹⁶

To this point Howard J. Clinebell, Jr., addresses himself in his book, Mental Health Through Christian Community. He writes that mental health in general depends on perceiving damaged relationships with God, others, self, and life as causative of mental illness and then working toward the healing of these relationships.¹⁷ By way of a summary of his conviction about relationships, Clinebell writes that

¹⁶Clinebell, pp. 154-63; Howard J. Clinebell, Jr., "Philosophical-Religious Factors in the Etiology and Treatment of Alcoholism," Quarterly Journal of Studies on Alcohol, XXIV (September 1963), 473-87; and "The Healing Mission of the Church," Findings of the Coonor Conference, March 7-18, 1967 (A mimeographed report of a Lutheran Conference on healing held in Coonor, South India), p. 2.

¹⁷Howard J. Clinebell, Jr., Mental Health Through Christian Community (New York: Abingdon Press, c.1965), p. 18.

"To the extent that a person is able to love God and neighbor, he is mentally healthy."¹⁸

This exploration assumes not only that homeless problem drinkers suffer from damaged relationships which are the subject of theological concern. It assumes also the related observations which were examined in the first section of this chapter and indicate that religion has healing for damaged relationships. These observations are as follows:

- a. Since alcoholism is an attempt to satisfy spiritual needs, an effective religious approach has advantages over a non-religious approach.
- b. Religion has genuine answers to spiritual problems to which alcohol gives false answers.
- c. The heart of the religious answer is found in the experience of acceptance in personal relationships with God, self, others, and the world order.
- d. The experience of acceptance is mediated through the religious group.¹⁹

It is a particular ingredient added to these assumptions that moves the present exploration of religious helping resources into the realm of a Gospel-centered approach.

Informed by Article IV of the Augsburg Confession, the addition is the inclusion of the word "Christian" into the second observation above, which causes it to read, "The Christian religion has genuine answers to spiritual problems

¹⁸ Ibid., p. 19.

¹⁹ Clinebell, Understanding the Alcoholic, pp. 154-63.

to which alcohol gives false answers." This ingredient is given expression in Article IV of the Augsburg Confession in this way:

It is also taught among us that we cannot obtain forgiveness of sin and righteousness before God by our own merits, works, or satisfactions, but that we receive forgiveness of sin and become righteous before God by grace, for Christ's sake, through faith, when we believe that Christ suffered for us and that for his sake our sin is forgiven and righteousness and eternal life are given to us. For God will regard and reckon this faith as righteousness, as Paul says in Romans 3:21-26 and 4:5.²⁰

That the Gospel-centered approach moves beyond the approach of Howard J. Clinebell, Jr., which is expressed in this chapter as a general religious approach, is indicated by the fact that Clinebell sometimes identifies Alcoholics Anonymous as a religious resource. For example, in discussing "Surrender and Recovery," he refers to Alcoholics Anonymous, with its emphasis on God as subjectively understood, as a religious resource which communicates the love of God.²¹

Specifically Gospel-centered factors of the Christian message are inherent in the statement of Article IV of the Augsburg Confession. The Article makes clear that the Christian message offers absolute assurance of God's

²⁰The Book of Concord; The Confessions of the Evangelical Lutheran Church, translated and edited by Theodore G. Tappert (St. Louis; Concordia Publishing House, c.1959 by Muhlenberg Press), p. 30.

²¹Clinebell, Understanding the Alcoholic, p. 253.

acceptance through the person and work of Jesus Christ. Moreover, the Article emphasizes that God's acceptance of people for Christ's sake is objective reality about the nature and availability of God's acceptance. In other words, it stresses that the reality about the availability of God's accepting love is that it is available to people through the life, death, and resurrection of Jesus Christ and that people are accepted by God when they believe that their sin is forgiven for Christ's sake. Thus, according to evangelical, biblical theology, the objective reality about God's acceptance is that it is bound up with the person and work of Jesus Christ and a faith relationship with Him.

That persons may come to accept and experience God's acceptance, or forgiveness, in Jesus Christ is the primary objective of the Christian religion. This is the thrust of Articles IV and V of the Augsburg Confession²² and of Article IV of the Apology of the Augsburg Confession.²³ Together, these sources emphasize that the acceptance experience is essential for life and that it radically transforms and enriches life. As an example, in Article IV of the Apology of the Augsburg Confession on "Justification," the author opens by saying that he is writing about the main doctrine of Christianity.²⁴ He then goes on to elaborate

²²Book of Concord, pp. 30-31.

²³Ibid., pp. 107-68.

²⁴Ibid., p. 107.

on the meaning of the acceptance experience, of which he speaks in the terms of forgiveness of sins and justification.

In the last chapter of Luke (24:27) Christ commands that penitence and forgiveness of sins should be preached in his name. The Gospel declares that all men are under sin and are worthy of eternal wrath and death. For Christ's sake it offers forgiveness of sins and justification, which are received by faith. By its accusations, the preaching of penitence terrifies our consciences with real and serious fears. For these, our hearts must again receive consolation. This happens if they believe Christ's promise that for his sake we have the forgiveness of sins. Amid such fears this faith brings peace of mind, consoles us, receives the forgiveness of sins, justifies and quickens us. For this consolation is a new and spiritual life.²⁵

In an article which reports findings of the Lutheran Coonoor Conference on healing, the writer expounds on the acceptance experience, and its life-changing ramifications, by using the concept of peace "as the realization that being known, we are still loved."²⁶

When Christ said "My peace I give unto you" He conferred a total whole peace Apprehended, it is a peace from His totality to my totality. It operates in my thinking, my feeling, my body chemistry, and it influences the character of my relationship with my brother.

Though this peace is never fully realized in our relationship with each other, and marks of imperfection do remain, a part of the glory of the Redemption is that we are acceptable even in our imperfection. "While we were yet sinners, Christ died for the ungodly."²⁷

²⁵ Book of Concord, p. 115.

²⁶ Findings of the Coonoor Conference, p. 7.

²⁷ Ibid.

As already indicated, the new relationship with God, based on the personal acceptance, experience, and assurance of God's love and acceptance in Christ, heals other damaged relationships. Howard J. Clinebell, Jr., writes,

It is when one feels accepted by God that one can "accept himself as being accepted," to use Tillich's phrase. When one has accepted himself, one is able to accept and feel accepted by others. It is through this feeling of divine acceptance that one's ultimate anxieties are allayed.²⁸

The very particular resource which God gives for the healing of life and its relationships is the ability of the accepted person to love. Richard R. Caemmerer speaks of the gift in this way:

God is in the business of raising fruit in men, their actions revolving about the great core of love (cf. John 15:1-17). St. Paul goes so far as to describe the entire behavior of God's man as love (Rom. 13:8). Love in the Christian sense is not to be confused with the sentiment of comradely affection or the reflex of sexual desire. Rather is it the determination of God's man and the act of his will to give himself for the man in need regardless of his claim on the loving individual.²⁹

In addition to enabling people toward essential interpersonal relationships, God actually places them into a particular relationship situation with one another. Into this relationship situation, called Church, the people of God are summoned to experience the healthy life of meaningful

²⁸Clinebell, Understanding the Alcoholic, p. 158.

²⁹Richard R. Caemmerer, Preaching for the Church (St. Louis: Concordia Publishing House, c.1959), p. 18.

interpersonal relationships and, by relationships, to maintain and foster the healing of relationships. Martin H. Scharlemann writes, "for a man to be whole he must live in fellowship with other men and women."³⁰ He also writes,

In terms of healing and of men burdened by their isolation the creation and existence of the church as a community of God's redeemed people can be very meaningful indeed. For it is here that God continues to act in providing a way of meeting man's need for a sense of belonging.

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the members both heal and receive healing by such tasks as carrying each other's burdens and interceding for each other at the throne of grace.³¹

In his book, Preaching for the Church, Richard R. Caemmerer details the mutual care aspect of church fellowship in a section entitled, "The Meaning of the Church." He writes,

In the scheme of Jesus and the apostles, however, the church is a group of people who are bound to Christ by faith and who by love are mutually responsible for maintaining that faith in one another. . . .

In practice this mutual concern and provision takes place as the members of the church "admonish" one another in times of need. This means that they speak not merely warning and rebuke but the forgiveness of sins from God (Matt. 18:1-20). Hence each Christian exercises a never-ending care toward each other one (Gal. 6:1-10). It involves concern for both the physical and the spiritual need at one and the same time, and the member of the church seeks

³⁰ Martin H. Scharlemann, Healing and Redemption (St. Louis: Concordia Publishing House, c.1965), p. 60.

³¹ Ibid., pp. 61-64.

to omit neither. (Matt. 25:35-40; Acts 2:44,45; 2 Cor. 8:1-7)³²

According to the Findings of the Coonoor Conference, the life of the Christian congregation is to be shaped to allow and enable mutual concern and care among the people of the Church.

The congregation can become a community only when its members, through the healing power of Christ, become one with Him and therefore one with each other. The congregation, however imperfect, then realizes itself to be the Church, the Body of Christ, and healing takes place. Until this identification of the congregation with Christ and His healing power is accepted, or acknowledged, healing will be seen primarily in terms of crisis and will remain the domain of the professional.³³

This exploration seems to indicate that the Christian religion, providing both the Christian message and the Christian community, is by its very essence a helping resource for homeless problem drinkers whose illness involves inadequacies of relationships. The Christian religion makes available the acceptance of God in Jesus Christ with its power for restoring relationships and the Christian community with its power to sustain and foster relationships.

Since the homeless problem drinker has difficulty establishing trust relationships, especially a trust relationship with God,³⁴ the Christian fellowship can offer a

³²Caemmerer, pp. 191-92.

³³Findings of the Coonoor Conference, p. 6.

³⁴Clinebell, "Philosophical Factors," XXIV, 481.

particular kind of help which Howard J. Clinebell, Jr., considers to be essential. He emphasizes that it is the helping task of the religious group to mediate the experience of being accepted.³⁵ A group does this by symbolizing, incarnating, and communicating the acceptance of God.³⁶ By living and communicating the acceptance of God in concrete interpersonal relationships, people of the Church foster in homeless problem drinkers both relationship with God and other people.³⁷ Clinebell writes,

Many recovering and recovered alcoholics find help in the supportive relationships of a person-centered church. The spiritually feeding experiences--worship, religious festivals, communion, fellowship groups, service opportunities--help gratify dependency needs, renew basic trust, and strengthen the alcoholic's sense of meaning and purpose in life.³⁸

The Findings of the Coonoor Conference on healing stress that people experience God's healing through relationships. The author writes, "We experience God's healing and His peace when we see and understand that God knows us through the instruments of brothers who are His agents and His incarnational presence."³⁹

³⁵ Clinebell, Understanding the Alcoholic, p. 158.

³⁶ Clinebell, "Philosophical Factors," XXIV, 486.

³⁷ Ibid.

³⁸ Clinebell, Understanding the Alcoholic, p. 255.

³⁹ Findings of the Coonoor Conference, p. 7.

That Christian healing takes place in relationships, that the speaking of the Christian Gospel takes place within the context of relationships, and that Christian proclamation is both relationships and words within relationships is underscored by a section of the Coonoor report entitled, "The Ministry of Healing." This section does this by offering as example the ministry of Jesus Christ.

Christ Himself is the proclamation (Luke 11:30,32). His words are proclamation, His acts are proclamation (Matt. 11:20; 12:28), and above all, His Cross and empty tomb are proclamation. This unitary proclamation of Himself, His words, and His deeds, is His ministry to men for which His Father sent Him into the world.

His "sentness," His mission, reveals, expresses, and brings about the purpose of His Father for men, to save the world through Him (John 3:16,17). This is the basic determinant of His proclamation, of His ministry. When we speak of proclamation, as it has just been defined, we are speaking of the communication, the application to men of the content and meaning of God's purpose. When we speak of ministry, we are speaking more generally of the whole setting, the way and manner, the self-revealing, self-giving attitude, the relationship to men in which He did His proclaiming and thus carried out His Father's mission. He served by proclaiming. He proclaimed by serving, up to the zenith point of giving His life as a ransom for many. This was His mission.⁴⁰

By virtue of its particular resources the Christian community can assist the problem drinker toward the Christian solution for damaged relationships. However, in order to be open to help, the problem drinker needs to surrender

⁴⁰ Findings of the Coonoor Conference, p. 23.

by despairing of his egocentric alcoholic solution to personal needs,⁴¹ and by taking "a desperate leap toward trustful relationships to fill the void left by the now-empty pattern of distance from people and self-centeredness."⁴²

In an article titled, "Alcoholism--Its Nature and Treatment," Harry M. Tiebout, a psychiatrist, noted that for an alcoholic to surrender he needs to be in a feeling relationship with a significant other person and to be under pressure through crisis.⁴³

To facilitate the surrender process, the Christian fellowship can make use of its singular resources. By providing accepting relationships, Christians can help stimulate the hope of the hopeless homeless problem drinker and encourage him to take the leap toward trustful relationships. In turn, by demonstrating a meaningful way of life to the problem drinker, Christian people are in a position to help him toward a reality-oriented way of looking at life and, at the same time, possibly expose the tragedy of his egocentric loneliness.⁴⁴

In essence, this exploration of the resources of evangelical Christianity indicates that the people of God, who

⁴¹Clinebell, Understanding the Alcoholic, pp. 86, 252.

⁴²Ibid., p. 252.

⁴³Harry M. Tiebout, "Alcoholism--Its Nature and Treatment," Medical Clinics of North America, XXXII (1948), 687-93.

⁴⁴Clinebell, Understanding the Alcoholic, p. 254.

make up the new relationships of the Christian fellowship, are able to offer God's own help to homeless problem drinkers. With these people who suffer from inadequate and damaged relationships, Christian people are able to share God's healing for relationships, which centers in and stems from the availability of His forgiving acceptance in the life, death, and resurrection of Jesus Christ. With a view to the problem drinker's difficulty in relating with trust to people, and also to God, the way people of the Christian fellowship can help them is by being involved with them in relationships which actualize God's love and healing power in human lives.

In terms of Article IV of the Augsburg Confession and the Apology of the Augsburg Confession, Christian relationships offer a singular kind of helpfulness in that the relationships communicate the Christian Gospel which offers absolute assurance of God's acceptance through the person and work of Jesus Christ, which is a resource for new life, and also objective reality about the nature and availability of God's love and acceptance.⁴⁵ It is these relationships that are to serve as the matrix out of which is born trust in God and sturdier relationships with people.

Since the task of the Christian religious group is to treat homelessness, as well as problem drinking, with

⁴⁵ Book of Concord, pp. 30, 115.

relationships of concern and acceptance that concretely express and actually communicate God's love and acceptance, the establishment and use of halfway houses, as transitional and supportive residences for homeless problem drinkers, has unique possibilities, especially as a way of constructively meeting the dependency needs of homeless problem drinkers.

Concerning halfway houses, Clinebell writes,

The development of "halfway Houses" for homeless alcoholics, in various parts of the country, is another bright spot in a generally dark picture. Such facilities provide a temporary residence, halfway between life on Skid Row and the demands of living as a part of a family in a normal community. Having a bridge of this sort helps some men make it across a gigantic social chasm. Halfway houses are sponsored by a variety of agencies including Councils on Alcoholism, churches, municipalities, and groups of AA members. The most effective houses are small (not more than twenty-five clients), have simple rules, maintain an atmosphere of homelike informality, and employ staff counselors who are recovered alcoholics, often former Skid Row-ers.⁴⁶

This researcher has prepared "A Proposal for a Christian Alcoholism Center to Provide Halfway House Facilities (a Transitional and Supportive Residence) for Male Alcoholics and a Place of Ministry and Training in Alcoholism for Pastors and People of God." This proposal is attached to this thesis as an Appendix to offer more detailed information concerning halfway house philosophy and potential with reference to bringing religious help to homeless problem drinkers.

⁴⁶Ibid., pp. 261-62.

CHAPTER X

SUMMARY AND IMPLICATIONS OF THIS STUDY OF THE RELIGIOUS AFFILIATIONS AND ATTITUDES OF HOMELESS PROBLEM DRINKERS

Summary of this Study

This thesis examines and evaluates the religious affiliations and attitudes of homeless problem drinkers, including alcoholics.

Skid Row areas of American cities are generally the home of homeless problem drinkers where they make up approximately 50 percent of the population.

The typical homeless problem drinker in the United States is male. He is very likely of Irish or English descent and comes from a large lower class family marked by poverty, early disorganization, depriving interpersonal relationships, and a lack of participation in community activities. His education has been meager and most likely he has had no more than eight grades of education. If he went to high school, he probably never graduated. The homeless problem drinker probably left his parental home at an early age, often following conflict with parents or the death of one or both parents. Either he was never married or his marriage was dissolved by separation, divorce, or death. When he is seen in an institution, he is in the

middle years of his life, probably between forty-five and forty-eight years old.

Undersocialization, an inadequacy in the area of human relationships, and desocialization, the loss of skills and relational abilities, are characteristics of homeless problem drinkers; especially is undersocialization a primary characteristic. Both are probably among the causality factors of the homeless problem drinking syndrome. The theory is that persons who have had inadequate primary group relationships and experiences are inadequately prepared for secondary role tasks and move toward less demanding relationships, such as homelessness, and perhaps also toward excessive drinking. Some persons enter upon the Skid Row way of life as heavy drinkers; others become heavy drinkers after their arrival. They evidently drink to relieve inner pain and as a way of fostering relationships with others, which are often superficial and brief but offer some comfortable satisfactions. Characteristically, homeless problem drinkers have large dependency needs and experience a deep dependency-autonomy conflict. Filled with anxiety and having a poor self-image, they are emotionally immature and display an egocentric, manipulating and demanding personality. They have a low frustration tolerance and a poor capacity to accept failure. Their life-style is erratic and, for the most part, unproductive.

The undersocialization of homeless problem drinkers has been traced back to early years and the parental home.

In the lives of homeless problem drinkers there was often early family disorganization. To a large degree their families failed to participate in community activities and showed a low level of integration and adaptability. Mother-son and father-son relationships tended to be emotionally depriving. For the most part, inebriates only partially achieved a sense of belongingness and acceptance in early familial years.

Undersocialized homeless problem drinkers may be rehabilitated through a program and processes which take into consideration their large dependency needs, especially their difficulty in establishing meaningful relationships, which they both desire and fear. It appears especially important to place them into a rewarding group where they can develop both good self-esteem and more meaningful and satisfying relationships.

Although the proportion of religious nonaffiliation among homeless problem drinkers has been found to be somewhat greater than that among the general population, the majority of homeless problem drinkers claim a general or specific religious affiliation. The percentages of Roman Catholics and Protestants among the population of homeless problem drinkers are generally quite similar, at least in terms of affiliations of the general population of a locale. There are either no Jews or exceedingly few Jews among Skid Row men. Among Protestants there seems to be evidence that

a larger number of problem drinkers come from denominations which traditionally espouse abstinence.

Even though homeless problem drinkers generally claim some sort of religious affiliation, they have, for the most part, never been deeply involved, and are not currently involved, in the life of a religious community. However, religious affiliation in itself does not seem to be the primary and most significant determining factor in the homeless drinking problem. The determinant seems to be found in the degree of religious commitment, and consistency to that commitment, in the life of the individual and the significant persons in his life. However, a milieu of such commitment and consistency does not appear to have been available to people who become homeless problem drinkers.

With few exceptions homeless problem drinkers profess belief in God, but they never or seldom get meaningfully involved in religious worship or other religious activities. For the most part, they have lost touch with their faith and have little interest in church attendance; they have turned from religion.

Skid Row missions, including Salvation Army centers, seek to help homeless problem drinkers with an evangelistic-authoritarian religious approach. The approach involves religious services and a physical and social rehabilitation program. The gospel meeting is at the heart and center of the program. The program seeks to change lives through

the process of a highly emotional conversion experience. For this reason, men are expected to participate in religious meetings in order to receive food and shelter. While the Skid Row missions have helped many, the program of missions demonstrates many ineffective results and complications because of a moralistic and authoritarian approach to the problem of homeless problem drinking.

Because of the moralistic and authoritarian approach of missions, and possible attendant behavioral and relational approaches on the part of mission staff members, the majority of Skid Row men, while they may value to some degree and use mission resources, look with contempt upon the missions, use them only in emergency situations, and look upon men who depend on missions as social outcasts.

Factors possibly fostering negative religious attitudes in homeless problem drinkers are early human relationships, aspects of the alcoholism illness, the role of missions, and factors in general religious practice. Often early inadequate human relationships of homeless problem drinkers have deprived them of satisfactory trust relationships with both people and God by creating in them a troublesome dependency-autonomy conflict. Rather than being able to trust God's answers to human need, they have sought to meet their deep human needs by the excessive use of alcohol and thereby have closed themselves off from God and the religious solution. Also, rejecting moralistic and authoritarian aspects of some theological tenets and

behavioral and relational patterns on the part of some religionists, both in Skid Row missions and general religious practice, seem to foster negative religious feelings. They foster feelings of rejection and worthlessness in homeless problem drinkers and reinforce the stance they have without or against God.

Homeless problem drinkers can be rehabilitated. The goal of the rehabilitation process is to help homeless problem drinkers to develop a new way of life--a productive life with meaningful and satisfying interpersonal relationships without the use of beverage alcohol--to replace their alcohol-centered way of life. Among other resources, for their recovery homeless problem drinkers especially need to experience meaningful relationships with people who are accepting of them and involved with them in the tasks of mutual care, concern, and helpfulness.

It is the conviction of Howard J. Clinebell, Jr., that alcoholism is an attempt to satisfy spiritual needs, which are basically relationship needs, and therefore that an effective religious approach, with resources mediated through the religious group, has advantages over a non-religious approach. According to evangelical, biblical theology, as represented in IV of the Augsburg Confession, the Christian community has singular kind of helping relationships to offer. The Christian help is viewed as singular, or unique, in that the Christian fellowship

believes that the Gospel message, by which it exists and which it expresses, offers absolute assurance of God's acceptance through the person and work of Jesus Christ, which is resource for a new life, and also objective reality about the nature and availability of God's love and acceptance. Thus, for the sickness of homeless problem drinkers, the Christian community is able to offer help in terms of a message of God's sure acceptance in Christ within a fellowship of mutual acceptance and concern and also a way of life characterized by the ability to give and receive love.

Within such a group of people who give concrete expression to the love of God and actualize it in human lives through relationships, the problem drinker is able to begin to experience God's love and to develop a trust relationship with God. This relationship, in turn, reinforces his ability to trust people, and new life relationships are begun. The homeless problem drinker is helped to a new way of life to replace his alcohol-centered way of life. It is within this frame of reference that halfway houses are considered to be uniquely useful in the rehabilitation process, especially as a way of constructively meeting the dependency needs of homeless problem drinkers by way of group support.

Implications of this Study

This concluding section of the thesis, which indicates implications of this study, is primarily a statement of the

personal observations of this researcher after an examination and evaluation of the data explored for this thesis. At this point, the researcher indicates implications primarily in terms of his stance as a Christian and an exponent of evangelical, biblical theology.

As this study has indicated, homeless problem drinkers have apparently experienced inadequate relationships in their lives. As a result, it is theorized, they have difficulty in establishing trust relationships with people and also a trust relationship with God. Because of the inadequacy of relationships both with people and God, a large number of persons who become problem drinkers evidently find some kind of solution for their relationship needs, which are also religious needs, in the use of beverage alcohol.

The indication of this study is that for their recovery homeless problem drinkers need to experience meaningful relationships with people who will be accepting and involved with them in the human task of mutually helping one another to meet life's responsibilities and problems. The theory is that by such relationships homeless problem drinkers come to develop a trust relationship with God, as well as more meaningful and satisfying relationships with people. These new relationships are believed both to help create and foster a new way of life for problem drinkers, a productive way of life without beverage alcohol.

There is evidence in the alcoholism literature that people in various walks of life are seeking to establish vital interpersonal relationships for the help of homeless problem drinkers, also by being a part of the relationship-world of problem drinkers. Reports indicate that, through the endeavors of their rehabilitation programs and processes, these people are providing meaningful help to homeless problem drinkers.

However, on the basis of the examination and evaluation of the data in this thesis, it is the conviction of this writer, as an exponent of evangelical, biblical theology, that relationships provided by a specifically Christian fellowship can offer a singular kind of help to homeless problem drinkers, especially in terms of the assurance of God's love and objective reality about the nature of that love and its availability. According to Article IV of the Augsburg Confession, which is an expression of evangelical, biblical theology, forgiveness of sins, or acceptance by God, is received by people only when they believe that Christ suffered for them and that for His sake their sin is forgiven. On the other hand, those people, who put their trust in Jesus Christ, can be sure of their acceptance by God, and, according to Article IV of the Apology of the Augsburg Confession, they have a resource for a new life.

For this writer the application of the Christian Gospel to the rehabilitation process for the homeless problem

drinker implies that relationships of Christians, which concretely express and communicate the Christian Gospel, have something singular to offer for the total healing of problem drinkers which is not included in other interpersonal relationships. This does not mean to minimize other relationships or to imply that relationships other than Christian relationships are not significantly helpful. This researcher views all mutually accepting and helping interpersonal relationships as beneficial and as communicating the healing power of God into human lives. However, as an exponent of evangelical, biblical theology, this writer looks upon these relationships as only partially bringing God's help to homeless problem drinkers. According to evangelical Christianity, God has more to give and that additional resource is found in the Christian Gospel of the Christian community, in its assurance, objective reality, and attendant resources for a new life. Christian relationships may not appear empirically to differ from other relationships, but it is the Christian conviction that they are different in that they exist because of the Gospel message of God's love in Jesus Christ and express and communicate that love.

Since this study has indicated that homeless problem drinkers have difficulty trusting God and that meaningful trust relationships with people are especially needed in fostering the problem drinker's ability to trust God, this

factor implies for this writer that it is important for Christians normally to think in terms of speaking the Christian Gospel to homeless problem drinkers primarily within the context of strong relationships of trust. Such relationships not only are a part of the Gospel proclamation, but they also facilitate receptiveness of the message among those who share it. More specifically, Christian relationships are a concrete expression of the Christian Gospel of God's love; they are a vital part of the process among humans by which God's love is actualized in human lives; they are the context in which the Gospel message is spoken; and they facilitate receptivity of the spoken message on the part of those within the relationship. To this writer, applicable implications of the examination and evaluation of data in this thesis are that Christian healing takes place in Christian relationships, that the speaking of the Christian Gospel takes place within the context of trust relationships, and that Christian proclamation inseparably involves relationships, actions, and words.

In terms of the already suggested implications of this study, the basic implication for the Christian community, from the writer's point of view, is that Christian people are to involve themselves in mutually helpful relationships with homeless problem drinkers and seek to discover the most effective and helpful ways of doing so.

With reference to such Christian involvement, this writer suggests, on the basis of a survey of relevant

literature, that more study needs to be given to ways in which Christians can relate meaningfully and helpfully to homeless problem drinkers, both inside and outside of treatment institutions. In this regard, further study is needed concerning the role and potential of halfway houses in the rehabilitation process, especially for Christian ministry to homeless problem drinkers.

Related to these concerns is the need for research to provide additional information concerning a larger spectrum of the religious experiences, understandings, and attitudes of homeless problem drinkers. A larger perception of their experiences, understandings, and attitudes would likely prove helpful in enabling an increasingly effective Christian ministry. At the present time, the literature indicates that religious data are incomplete and inconclusive.

In addition to acquiring a larger body of information concerning the religious experiences, understandings, and attitudes of homeless problem drinkers, the Christian community needs to participate with other researchers in learning how best to meet the dependency needs of homeless problem drinkers. These needs pose difficulty for those seeking to help problem drinkers. They may present a particular difficulty for the Christian community because of its authority status and symbols.

In conclusion, it appears to this writer that the larger area for continued study is the whole concept that

spiritual factors are basically involved in the alcoholism illness. The hypothesis that alcohol is a pseudo-religious answer for man's basic religious needs requires further exploration and application, especially for the Christian community.

APPENDIX

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A PROPOSAL FOR A CHRISTIAN ALCOHOLISM CENTER TO PROVIDE HALFWAY HOUSE FACILITIES (A TRANSITIONAL AND SUPPORTIVE RESIDENCE) FOR MALE ALCOHOLICS AND A PLACE OF MINISTRY AND TRAINING IN ALCOHOLISM FOR PASTORS AND PEOPLE OF GOD

This presentation is a proposal for a Christian Alcoholism Center in St. Louis to provide:

1. A transitional supportive residence for male alcoholics leaving St. Louis area detoxification and primary treatment centers, especially, the St. Louis Detoxification Center, and providing on-going supportive care for rehabilitation in order to re-enter normal community life as sober, productive and more healthily independent and interdependent persons.
2. A place where pastors and people of God, especially of the St. Louis Lutheran Community, might minister to alcoholics not normally reached, or reachable, by the daily ministry of God's people and through such service become better equipped to minister to alcoholics and their families in congregation and community.

While this proposal is addressed primarily to the Lutheran Mission Association of Metropolitan St. Louis to encourage the LMA to initiate and support the proposed Alcoholism Center, the proposal is, at the same time, addressed to other groups and individuals who might assist in whatever way they are able to make the Center a reality. This sort of undertaking needs the supportive participation of many interested and dedicated people and various groups of Church and community. It is hoped that many will respond supportively to this proposal.

This proposal is by no means complete in terms of timing and details. Some details are offered to stimulate thought and discussion. But this proposal is intended primarily to be basic in setting forth needs, possible programming, and something of a philosophy for establishing the Center. It will be the task of interested people who come forward

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in response to this presentation to join hands in working out the details of planning, programming, and financing. This is not the work of one or several people. A variety of interested persons are needed who will give themselves to make this dream a reality.

BACKGROUND RESOURCES

Notable written resources for this proposal are the proceedings of the 1966-67 conferences of the Association of Halfway House Alcoholism Programs of North America, Inc.; the Task Force Report; Drunkenness of the Task Force on Drunkenness of the President's Commission on Law Enforcement and Administration of Justice; Alcohol Problems; A Report to the Nation by the Cooperative Commission on the Study of Alcoholism; Dr. Howard J. Clinebell, Jr's., book Understanding and Counseling the Alcoholic; and personal notes from the 1968 Rutgers Summer School of Alcohol Studies Course, "Institutional Programs for the Homeless Alcoholic," taught by the Reverend H. Leonard Boche, president of the Association of Halfway House Alcoholism Programs of North America, Inc.

TOWARD FULFILLMENT OF A MINISTRY

In looking toward a Christian Alcoholism Center, I see merge into one program, a partial fulfillment of two tasks to which the Lutheran Mission Association has committed itself by establishing a new ministry for alcoholics and calling me to serve as coordinator of that ministry. The first of the tasks, reflected by my position as Protestant Chaplain at the St. Louis Detoxification Center, is Christian ministry to alcoholics in need of institutional help, especially those problem drinkers or alcoholics who might be variously termed homeless alcoholics, Skid Row (Road) Alcoholics, public intoxicants, and/or chronic police-case inebriates. The second task is to assist, in an enabling and equipping way, pastors and people of God in the St. Louis Lutheran community to minister accepting and loving Christian help to problem drinkers and alcoholics in Lutheran congregations and in communities served by those congregations.

A Christian Alcoholism Center will serve both of these goals in a partial and yet essential way. First of all, the Center will provide the transitional and supportive residential care which is needed by men who are leaving

institutions of detoxification and primary treatment, especially the St. Louis Detoxification Center, and who want and need temporary ongoing help and care in a transitional and supportive residence of family-like character and environment. Secondly, the Center will be a place where pastors and people of God can enter into mutually meaningful and helpful relationships. By ministering relationships with residents of the Center, the pastors and people will acquire, in an essential-for-good-learning experiential way, new understandings, sensitivities and modes of relationship that will enable them toward more significant and effective ministry in congregation and community for problem drinkers, alcoholics, and all sorts and conditions of people.

It may be hoped that the Center will become a place of mutual care and concern for residents who return to normal community life and may want to come back to the Center on some kind of regular basis, perhaps also with family members, for various events and gatherings, including worship around Word and Sacrament for those who are not yet ready to be related or re-related to a residential parish.

ALCOHOLISM POSES A FORMIDABLE HUMAN NEED

In answer to the question, "Is alcoholism really an illness?" the Manual on Alcoholism of the American Medical Association 1967 has this to say,

There is still debate over this question, but the preponderance of evidence points to the conclusion that alcoholism is an illness. The American Medical Association and the World Health Organization, as well as many other professional groups, have come to regard it as a specific disease entity.¹

Some authorities continue to consider alcoholism as essentially a manifestation of underlying psychopathology. Certainly it can be seen at times as primarily a complication to other conditions, both physical and mental. It has also been described as basically a symptom, which increases and eventually attains such magnitude as to become an illness.

For all practical purposes, however, and in view of evidence presently available, it seems most logically classified as a highly complex illness, and it will² be regarded and referred to as such in this manual.

Continuing a discussion of the causes of alcoholism, the Manual says,

it may help a great deal in understanding and appreciating the illness and associated problems to note that most authorities now agree there is no single cause, but rather a complicated interplay of physiological, psychological and sociological factors which leads to the origin and development of alcoholism.³

The recently (1967) published book, Alcohol Problems: A Report to the Nation by the Cooperative Commission on the Study of Alcoholism, defines alcoholism as a condition in which an individual has lost control over his alcohol intake in the sense that he is consistently unable to refrain from drinking or to stop before getting intoxicated.⁴

This report to the nation views alcoholism not only as a social, behavioral and ethical problem but also as a health problem.

In his book, Understanding and Counseling the Alcoholic Through Religion and Psychology, Dr. Howard J. Clinebell, Jr. defines an alcoholic as "Anyone whose drinking interferes frequently or continuously with any of his important life adjustments and interpersonal relationships."⁵

Using this definition, Dr. Clinebell quotes the alcoholism statistics of Mark Keller of the Rutgers Center of Alcoholic Studies that there are approximately five million alcoholics in the United States.

The Rutgers Center put the 1965 estimates at 4,200,000 male alcoholics and 800,000 female alcoholics. Of every one hundred males who drink, nine and one-half are alcoholics. For every one hundred adults in the United States, 4.2 are alcoholics.⁶

Of special interest in his book, Dr. Clinebell notes that "Psychiatrist Karl Menninger has stated that the alcoholics in the United States constitute our largest single mental health problem."⁷ Clinebell adds the observation that twenty million persons are involved in the alcoholism web of suffering and that "two million employed alcoholics cost industry a billion dollars annually in absenteeism, high accident rates, and inefficiency."⁸

In discussing alcoholism statistics, it needs to be noted that less than ten percent of the alcoholics in the United States are of the Skid Row (Road) type. The booklet,

Alcohol and Alcoholism, from the National Institute of Mental Health has this comment to the point,

It is obvious that most excessive drinkers are not Skid Row derelicts. More than 70% of them reside in respectable neighborhoods, live with their husbands and wives, try to send their children to college, belong to the country club, attend church, pay taxes, and continue to perform more or less effectively as bank presidents, housewives, farmers, salesmen, machinists, stenographers, teachers, clergymen and physicians.⁹

Toward the close of 1967 the Greater St. Louis Council on Alcoholism estimated that there are at least 75,000 alcoholics in Metropolitan St. Louis. Since an average of at least four other lives are directly affected by every alcoholic, alcoholism in St. Louis touches the lives of some 375,000 persons, or about 18% of the population.

RESIDENTIAL AFTERCARE URGENTLY NEEDED

In St. Louis there are three state sponsored institutions providing help for alcoholics. The St. Louis Detoxification Center provides seven days of care for public intoxicants. A three week program is provided by the Malcolm Bliss Mental Health Center. A course of treatment at St. Louis State Hospital is six to eight weeks.

In addition to detoxification and short-term primary institutional treatment many alcoholics need longer supportive care in a continuum of rehabilitation. They need for a period of time, the supportive environment of a Halfway House serving as a transitional residence.

A number of recent studies relating to alcohol problems have emphasized the need for after-care resident facilities for alcoholics leaving institutional treatment.

Concerning "Aftercare Programs," The Task Force Report: Drunkenness has this paragraph,

There is little reason to believe that the chronic offender will change a life pattern of drinking after a few days of sobriety and care at a public health unit. The detoxification unit should therefore be supplemented by a network of coordinated "aftercare" facilities. Such a program might well begin with a mobilization of existing community resources, Alcoholics Anonymous programs, locally

based missions, hospitals, mental health agencies, outpatient centers, employment counseling, and other social service programs should be coordinated and used by the staff of the detoxification center for referral purposes. It is recognized among authorities that homeless alcoholics cannot be treated without supportive residential housing, which can be used as a base from which to reintegrate them into society. Therefore, the network of aftercare facilities should be expanded to include halfway houses, community shelters, and other forms of public housing.¹⁰

Thus, the Commission made this one of its four recommendations with respect to drunkenness, "Communities should coordinate and extend aftercare resources, including supportive residential housing."

The President's Commission on Crime in the District of Columbia even more forcibly stated the necessity of supportive care for the rehabilitation of chronic alcoholics,

. . . chronic alcoholics require community-oriented treatment so that they can gradually adjust to urban living. Confining them in a rural institution and then depositing them back into a city without extensive aftercare support is likely to cripple the rehabilitative process. The indigent, homeless derelict requires room and board in an outpatient residential facility if there is to be any real chance for his rehabilitation.¹¹

Also, recently the Cooperative Commission on the Study of Alcoholism underscored the importance of Halfway Houses as follows:

Partial hospitalization, recovery homes (or halfway houses), and residential home placements are key elements in a total community program of care and assistance for problem drinkers. The development of this type of intermediate service is still in a rudimentary state, but its utility has been demonstrated. Such facilities often serve as alternatives to hospitalization and in other instances they can function as necessary bridges between total institutional care and independent living in the community. Although such facilities may be physically separate from other helping programs, it is essential that they be closely tied to inpatient and outpatient services. Since some of the smaller recovery homes may have little or no professional staff of their own, arrangements should be made to

provide treatment and rehabilitation services. Because of the relative novelty of intermediate facilities, especially half-way houses and recovery homes, experimentation with various models, and administrative arrangements should be encouraged.¹²

Since the metropolis of St. Louis has only one halfway house for male alcoholics--one which is reportedly segregated--the need for additional halfway houses, and especially for the one requested by this proposal, as a part of a Christian Alcoholism Center, is singularly urgent. The house is urgently needed to provide residential supportive care for those alcoholics who need this kind of care for rehabilitation and in order to fulfill the purpose of the costly detoxification and primary treatment services provided in St. Louis. Especially imperative is the need for aftercare for men leaving the brief seven day detoxification program of the St. Louis Detoxification Center which treated 1,100 patients during 1967.

There is presently the possibility that a second male halfway house in St. Louis will be established by an initial three-month grant of the Human Development Corporation of St. Louis. Recently, during the first part of September, I served on a committee to draft the proposal. Hopefully, the house will be established in October, 1968. The establishment of this house, however, will in no way minimize the need for the aftercare facility of this proposal and certainly not the need for a Christian Alcoholism Center for both Christian aftercare of alcoholics and in-service training for Lutheran pastors and people of God.

The good results to be expected from an effective supportive after care residence are reflected by the encouraging results, recently disclosed, of the seven day program of the St. Louis Detoxification Center. Interviews of 200 patients, at least three months after discharge, revealed that fully 19 percent of the study group had been for all practical purposes abstinent from discharge until the time of the follow-up interview. Furthermore, results showed that 50 percent of the patients studied had experienced some overall improvement.

To conclude this section a quote is appropriate from the Rev. H. Leonard Boche, President of the Association of Halfway House Alcoholism Programs of North America. Concerning the importance and benefits of the halfway house, he writes,

The halfway house makes its main contribution in providing a substitute family for the person in the course of his treatment and is not a substitute for the primary treatment of alcoholism. The

transitional facilities provide a group experience where the individual can learn how to live without the help of chemical crutches. It is a transference of dependency from chemical means to interpersonal relationships that are characteristic of the family setting. Many individuals who find their ways into the cycles of addiction have never learned how to live so the process of socializing is very difficult for the person in his mid-thirties, forties, and fifties. This can be most effectively accomplished within the living situation in which there is a common identity.

The dynamics of the halfway house are in the community of mutual support which is generated by people who have similar afflictions, who join together not out of their strengths, but out of their weaknesses and contribute to each others' recovery by providing support, identification, and hope.¹³

CHRISTIAN AFTERCARE IMPERATIVE

The Christian message and the Christian community have a unique and singular contribution to make to the recovery of alcoholics. This singular contribution underscores the need for the Lutheran Mission Association to support Christian residential aftercare for alcoholics.

Dr. Howard Clinebell points to the religious significance of alcoholism in the major thesis of his book on alcoholics. He writes,

the thesis stated above, that alcohol provides a pseudosatisfaction for the alcoholic's religious needs, is so fundamental to an understanding of both alcoholism and any religious approach to it, that it will be discussed at some length in Chapter 6. Suffice it to say here that alcohol seems to have the capacity to allay temporarily the alcoholics existential anxiety. It gives him feelings of transcending his finitude, of participating in the larger life. The fact that alcohol is related dynamically in its effects to mystical elation was pointed out by William James in his Grifford Lectures. The alcoholic thus seeks to satisfy his religious needs by non-religious means. The tragedy of this is that by so doing he only magnifies his religious needs in the long run.¹⁴

Dr. Clinebell goes on to say, "it is when his alcoholic solution collapses that the alcoholic turns to religious solutions."¹⁵

Later in his book, in the chapter, "The Psychodynamics of a Religious Approach to Alcoholism," Dr. Clinebell writes:

thus, religion has genuine answers to the spiritual problems to which alcohol gives pseudo-answers. Sound religion gives one a feeling of unity, of self-forgiveness, of acceptance, and of the larger life. When religion has not had its spiritual vitality squeezed out, it can satisfy man's need for Dionysian experience. In a lasting and genuine way it can help men accept or overcome their anxiety about their own finitude. Religious faith, in fact, provides the only satisfying answer to ultimate anxiety.¹⁶

In the "summary" of the chapter Clinebell lists the following five advantages of an effective religious approach over a nonreligious approach. A religious solution can provide the alcoholic with:

1. A sense of superhuman help;
2. A feeling of being accepted by life;
3. A means of handling his ultimate anxiety (anxiety about death, meaningless, and finitude);
4. Help to discover a purpose for living by establishing his personality on the foundation of a meaningful philosophy of life;
5. A group approach to alcoholism with a unifying commitment to a group-transcending value.¹⁷

Alcoholics Anonymous attests to the need and value for a religious component in treating alcoholics. In his 1946 article, "Psychological Factors Operating in Alcoholics Anonymous," Psychiatrist H. M. Tiebout observed that there is an X factor in A. A. which he identifies as the religious component, spiritual development, belief in God. The doctor writes that the success of A. A. can be understood only in the light of the religious practices it encourages and the consequent spiritual awakening.¹⁸

While A. A. has the plus factor of a "spiritual component," which closely resembles the Christian "order of salvation," and provides an essential and Christian-like philosophy and fellowship of mutual acceptance, the Christian message and fellowship have even more to offer--both in terms of fulfilling need and objective reality. The Christian message offers assurance of acceptance in Jesus Christ, assurance which provides a firm foundation for dealing with ultimate

anxiety, for self-acceptance, and for acceptance of others in the Christian community. This "more" of the Christian message is spelled out in Article IV of the Augsburg Confession--

It is also taught among us that we cannot obtain forgiveness of sin and righteousness before God by our own merits, works, or satisfactions, but that we receive forgiveness of sin and become righteous before God by grace, for Christ's sake, through faith, when we believe that Christ suffered for us and that for his sake our sin is forgiven and righteousness and eternal life are given to us.¹⁹

AN AFTERCARE RESIDENCE FOR ALCOHOLICS--A CHRISTIAN TASK

To put the Christian gospel with all its power and the Christian fellowship with its mutual care concept to work for the recovery of alcoholics is obviously the task of the church, not the world.

In his book, Understanding and Counseling the Alcoholic, Dr. Clinebell encourages the involvement of the people of God in working for the recovery of alcoholics and urges us to experimentation.

A church should be engaged in some one experimental approach by which it seeks to develop (1) ways of bringing a unique service to the helping of alcoholics and their families, and/or (2) new ways of reaching and motivating hidden alcoholics to accept help. Just what project a particular congregation should choose to do depends on the unmet needs of its community and the resources of the members who are available to help.²⁰

In the following quote Dr. Clinebell highlights the importance of halfway houses and mentions churches as sponsoring groups.

The development of halfway houses for homeless alcoholics, in various parts of the country, is another bright spot in a generally dark picture. Such facilities provide temporary residence, halfway between life on Skid Row and the demands of living as a part of a family in a normal community. Having a bridge of this sort helps some men make it across a gigantic social chasm. Halfway houses are sponsored by a variety of agencies including Councils on Alcoholism, churches, municipalities, and groups of A. A. members.²¹

Dr. Clinebell encourages churches to get involved in sponsoring halfway houses. He does this by offering examples for motivation.

On the West coast a halfway house for alcoholic men is sponsored cooperatively by several churches of one denomination. A church of another denomination, in the same area, is developing plans for a halfway house for alcoholic women. In such projects, it is important to train a group of laymen within the church for the various roles which they may fill.²²

IMPORTANCE OF SERVING-LEARNING OPPORTUNITIES FOR PASTORS AND PEOPLE

The task of the Gospel and of the Christian community, which proclaims and lives the gospel is to help people grow toward their full potential as persons, constructive relationships, and productive living. This help is to take place in relationships characterized by warmth, genuineness, acceptance, caring and trust. In the case of the alcoholic, our special task is to help the alcoholic to reintegrate his life without alcohol, the only way of recovery.

The task of pastors and people of God is apparent. Alcoholics are plagued by low self-esteem and feelings of isolation, guilt and anxiety. Pastors need to be effective in carrying out counseling relationships with alcoholics and their families. People of God are to be the community of people in relationship to help the alcoholic on the road to recovery.

The Christian Alcoholism Center would offer interested pastors and people of God singular opportunity to minister to alcoholics, especially those not normally reached by the ministry of a residential congregation of Christians.

The Center kind of ministry would equip pastors and people of God, through their ministering experiences to have new understandings, sensitivities and skills to minister to alcoholics and their families in congregations and parish community. In-service experience would renew people to be church as a congregation, and not only to alcoholics but to all sorts and conditions of men. Thoughts of Dr. Howard Clinebell at a 1967 Mission Conference on Alcoholism point to the nature of alcoholism that gives an understanding of alcoholism and its treatment this wider significance. Dr. Clinebell spoke of alcoholism as a disease of body, mind and spirit. He emphasized that alcoholism is the best kind

of example of the totality of human ills, and he spoke of alcoholism as a window into the whole human predicament. The alcoholism problem, he observed, is everyone's problems lumped together and exaggerated.

Basic to this entire concern is the theology of the Mission Affirmations of The Lutheran Church--Missouri Synod, especially the Affirmation here quoted in full,

"The Church Is Christ's Mission to the Whole Man"

WHEREAS, the Scriptures teach us that God's love reaches out to the whole man, for God the Father lovingly creates and preserves man; the Son redeemed him in body, soul, and mind; the Holy Spirit brings him to faith and moves him to use body, soul and mind in God's great mission; and

WHEREAS, Our Lord became a man and ministered to the needs of the whole man, forgiving sins, healing the sick, feeding the hungry and even providing wine for a marriage feast; and

WHEREAS, Our Lord at His return will solemnly report whether or not we fed, clothed, and visited Him in the least of His hungry, naked and forsaken brethren; therefore be it

Resolved, That we affirm that the Church is God's mission to the whole man. Wherever a Christian as God's witness encounters the man to whom God sends him, he meets someone whose body, soul and mind are related in one totality. Therefore, Christians, individually and corporately, prayerfully seek to serve the needs of the total man. Christians bring the Good News of the living Christ to dying men. They bring men instructions in all useful knowledge. They help and befriend their neighbor on our small planet in every bodily need. They help their neighbor to improve and protect his property and business by bringing him economic help and enabling him to earn his daily bread in dignity and self-respect. Christians minister to the needs of the whole man not because they have forgotten the witness of the Gospel, but because they remember it. They know that the demonstration of their faith in Christ adds power to its proclamation.

Nor should we forget that this kind of concern for the whole person is reflected in the stance of St. Louis Lutheranism through the Metro Mission Movement, whose goals are implemented by this kind of proposal.

THE SUPPORTIVE RESIDENTIAL FACILITY OF THE CENTER

Purpose

As already indicated, the kind of residential facility proposed by this presentation is a supportive transitional residence for male alcoholics who have received detoxification and primary treatment, primarily at state-sponsored alcoholism treatment centers in metropolitan St. Louis. The house is to provide an essential phase in the continuum of care these people need for rehabilitation to life in the normal community. The special goal of the program is to help the alcoholic achieve sober living, for total abstinence from the intake of ethyl alcohol is only way of recovery for the alcoholic.

Residents

Not only will admissions from primary treatment centers place the house meaningfully in the continuum of care, but enable the house to benefit from the evaluations and recommendations of professional workers in institutions in admitting residents. It is assumed that only those men will enter the house who have a primary diagnosis of alcoholism and who sincerely wish to work on their drinking problem together with others and with others become rehabilitated for sober, healthy, happy and productive living. Normally, they will come into the house upon the recommendation of an alcoholism center staff member.

As a residence for male alcoholics from the city treatment centers, the halfway house is to be interracial facility. Generally, male alcoholics only to age fifty will be admitted in order that the house may function in an optimum way as a rehabilitation program.

In keeping with a suggestion by Dr. Howard Clinebell, the house should not have more than twenty-five residents. It should have simple rules and an atmosphere of home-like informality.

House Life

It is to be underscored that residents are to work toward employment before or as soon as they enter the halfway house. They are expected, as soon as possible after admission and as a part of healthful and productive living, to work in meaningful employment and to begin to pay a monthly amount for room and board to be set by the house

administrators. Rich and large benefits for all residents will accrue from their shared life. Additional therapeutic ingredients envisioned for the residents include attendance at house and community Alcoholics Anonymous meetings and participation in house sharing groups, especially supportive group therapy sessions. Residents will benefit from sharing in the function of the household and the maintenance of the house. Every effort is to be made in terms of surroundings and relationships to keep the environment friendly and family-like. The accepting and supporting relationship-associations of sensitive and concerned pastors and people of God will prove enriching for the residents who, often unhealthily dependent and rejected, need to learn to experience healthy dependency relationships with caring and accepting people. It is in this kind of a relationship that people grow in their trust relationship with God-in-Christ.

To the degree advisable and/or necessary in terms of house resources and resident's needs, residents will be encouraged and assisted to use community facilities for help in vocational, medical, dental and legal needs.

A committee of volunteer professional persons, house staff members and residents will need to be created to evaluate with concern, and at specific intervals, the progress of each resident. This committee will want to encourage each resident toward continuing sobriety and re-entry into normal community life and assist in making other arrangements for those who are unable to benefit from the program of the house. In turn, this committee will be concerned for those residents who temporarily lose their sobriety or otherwise lapse in their role of helping the house to fulfill its therapeutic function according to the accepted standards and understandings of the house.

Administration

To administer the affairs of the Center, it will be necessary to establish a Board of Directors. Perhaps there should be two boards, an advisory board and a working board. The Coordinator of Ministry for Alcoholics of The Lutheran Mission Association shall serve on all such boards and be the primary liaison person between boards and the Center Staff. The Coordinator will be the Program Director of the Center.

Staff

Details concerning employed staff members will need to be worked out in terms of house needs and function. However, the following minimal staff arrangement is noted as a sample.

The Center

1. The Director shall administer the business affairs of the house as he works on a five day a week basis. He shall supervise routine affairs of the Center, coordinate the program and make routine decisions concerning admissions and discipline. Other tasks may be delegated to him by the Directors of the house. He shall work in close relationship with the Coordinator of Ministry for Alcoholics of The Lutheran Mission Association. Possible salary: equal to a public welfare case worker with experience, a case work supervisor without a degree, or a state alcoholism counselor.
2. The Resident Supervisor, ideally a recovering alcoholic, shall be an assistant to the Center Director in administering the affairs of the house and shall work five days a week in such a way as to be relief for the Center Director two days a week. A volunteer relief person or persons shall relieve the Resident Supervisor two days a week. The Resident Supervisor shall relate meaningfully to the residents by providing friendship and counsel and by assisting them to obtain help for vocational, medical, dental and other problems. Salary: \$125.00 to \$350.00 per month plus room and board or \$400.00 to \$425.00 per month.
3. The Cook-Housekeeper, preferably a house resident, shall plan and make provision for three meals a day (a substantial breakfast, a light lunch, and a main meal in the evening) for seven days a week. He shall prepare the meals, with resident assistance, five days a week. Meals on two days a week shall be prepared by residents, perhaps with volunteer assistance. The housekeeping shall be primarily a matter of assigning and overseeing the assigned cleaning and other housekeeping tasks of residents, with the assistance of the Resident Supervisor. Salary: \$225.00 plus room and board.
4. Evening and Night Residents and Supervisors shall supervise the house during the evening and throughout the night to assure twenty-four hour care for the residents. The supervisors will be provided with room and board as remuneration for their services.

Many other services desired and required for the effective programming of a supportive residence can and, in all probability, will be provided by volunteers, both professional and non-professional. Such people can provide consulting

medical services, problem solving assistance, caring relationships, social and recreational activities, small group leadership, arts and crafts instruction, etc.

As already indicated, the hope is that the Center will become a unique place for people to experience deeply meaningful person-to-person relationships and develop new sensitivities and self-understandings for more abundant and helpful Christian living.

Financing the Center

A major task is finding financing for a Christian Alcoholism Center. Church, community and personal resources need to be explored. New legislation for the treatment of alcoholics is coming out of Washington. Attention needs to be given to Vocational Rehabilitation resources and the Laird Amendment to the Vocational Rehabilitation Act which provides matching funds for the expansion of alcoholism treatment programs.

While experience shows that a supportive aftercare residence for alcoholics cannot be self-supporting, a male halfway house can expect to become 50 percent self-supporting.

A Budget

A budget is an item to be tailor made after the details of the Center and its program have been worked through. However, the following is a "sample budget" which may be helpful for stimulating thought. It was prepared for presentation of another halfway house proposal requesting funds for the establishment of a house and its initial operation for three months. The proposal was drafted by community people and myself for presentation to the Human Development Corporation of St. Louis.

The following budget is set up on a monthly basis and is proposed for the initial three months of the Halfway House operation. It provides only for initial essentials to initiate the program until additional funds are forthcoming from payments of residents and community and private resources to expand the program.

The Sample Budget: HOUSE

Rent	\$ 150.00
Insurance	25.00
Gas	75.00
Electric	35.00
Water	10.00

Pay Phone	\$ 20.00
Telephone	50.00
Misc. (Deposits, etc.)	35.00
License	5.00
Maintenance	45.00
MINIMAL FURNISHINGS*	333.00
(Examples; furniture, dishes, linens)	
FOOD	1,350.00
(\$3.00 per day for 15 residents)	
OFFICE EQUIPMENT AND SUPPLIES	180.00
RECREATION	75.00
SALARIES	
Resident Manager	500.00
House Attendant	415.00
Cook-Housekeeper	225.00
(Salary, plus room and board)	
Monthly Total	\$ 3,528.00
Total for three Months	\$10,584.00

*adequate furnishings of the house for 15 residents will depend on donations from various sources. The budget allocation is for furnishings not expected or obtained as gifts.

Getting Started

In closing I present the nine steps for starting a halfway house as they were outlined by the Reverend H. Leonard Boche at the 1968 Rutgers Summer School of Alcohol Studies.

1. Gather a group of interested persons.
2. Incorporate. Probable cost - \$50.00
3. Do a study and collect necessary information and data to justify the need of a facility.
4. Develop a philosophy and program.
5. Create a basic financial plan.

6. Recruit staff and get them involved in training experiences.
7. Select physical plant.
8. Remodel and furnish the physical plant.
9. Open the door and begin accepting residents.

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⁴ Howard J. Clinebell, *Confronting the Alcoholic through the Church* (New York: Abingdon Press, c. 1968), p. 17.

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¹⁰ Association of Halfway House Alcoholism Programs of North America, Inc., *Proceedings of the Second Annual Conference* (St. Paul, Minnesota, 1966).

¹¹ Cooperative Commission, p. 31.

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¹³ Clinebell, p. 72.

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²Ibid.

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¹⁹The Book of Concord: The Confessions of The Evangelical Lutheran Church, translated and edited by Theodore G. Tappert (St. Louis: Concordia Publishing House, c.1959 by Muhlenberg Press), p. 30.

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