

CHART OF PHASES AND SYMPTOMS OF ALCOHOLISM (1946)
FROM A QUESTIONNAIRE OF 120 QUESTIONS SENT TO 2,000 RECOVERED MEMBERS OF AA
BY DR. E.M. JELLINEK

First Phase:

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| Symptom | 1) First blank period or amnesia (blackout) |
| | 2) Sneaking drinks |
| | 3) Preoccupation with drinking |
| | 4) Gulping drinks |
| | 5) Becoming evasive about drinking |
| | 6) Second blank period or amnesia (blackout) |

Second (or Crucial) Phase:

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| Symptom | 7) Loss of control of drinking |
| | 8) Manufacturing of alibis |
| | 9) Extravagant and grandiose behavior |
| | 10) Aggressive behavior |
| | 11) Persistent remorse |
| | 12) Periods of total abstinence ("going on the water wagon") |
| | 13) Tries changing patterns of drinking |
| | 14) Begins dropping friends |
| | 15) Leaves or loses jobs |
| | 16) Becomes MORE preoccupied with alcohol |
| | 17) Loses outside interests |
| | 18) Indulges in orgies of self-pity |
| | 19) Impulse to escape from environment (actual or contemplated) |
| | 20) Experiences unreasonable resentments |
| | 21) Protects his supply of alcohol (hides bottles) |
| | 22) Malnutrition (the alcoholic neglects to take food) |
| | 23) Hospitalization |
| | 24) Decrease or loss of sexual desire |
| | 25) Alcoholic jealousy |
| | 26) The morning drink (needs a "bracer" to start the day with) |

The Final (or Chronic) Phase:

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| Symptom | 27) First prolonged intoxication - called a "bender" |
| | 28) Ethical deterioration |
| | 29) Impairment of thinking |
| | 30) Drinking with social inferiors |
| | 31) Debasement of taste - if necessary drinks methylated spirit, bay rum or surgical spirit in toilet reparations |
| | 32) Loss of tolerance for alcohol |
| | 33) Vague indefinable fears |
| | 34) Persistent tremors |
| | 35) Cannot perform simple muscular tasks without alcohol |
| | 36) Drinking becomes obsessive |
| | 37) Vague religious desires develop |
| | 38) Alibis and rationalizations fail, and the patient admits defeat |

AA Big Book, "To Wives", pages 108-110:

The problem with which you struggle usually falls within one of four categories:

One (a hard drinker, not an alcoholic): Your husband may be only a heavy drinker. His drinking may be constant or it may be heavy only on certain occasions. Perhaps he spends too much money for liquor. It may be slowing him up mentally and physically, but he does not see it. Sometimes he is a source of embarrassment to you and his friends. He is positive he can handle his liquor, that it does him no harm, that drinking is necessary in his business. He would probably be insulted if he were called an alcoholic. This world is full of people like him. Some will moderate or stop altogether, and some will not. Of those who keep on, a good number will become true alcoholics after a while.

Two (a high-bottom alcoholic): Your husband is showing lack of control, for he is unable to stay on the water wagon even when he wants to. He often gets entirely out of hand when drinking. He admits this is true, but is positive that he will do better. He has begun to try, with or without your cooperation, various means of moderating or staying dry. Maybe he is beginning to lose his friends. His business may suffer somewhat. He is worried at times, and is becoming aware that he cannot drink like other people. He sometimes drinks in the morning and through the day also, to hold his nervousness in check. He is remorseful after serious drinking bouts and tells you he wants to stop. But when he gets over the spree, he begins to think once more how he can drink moderately next time. We think this person is in danger. These are the earmarks of a real alcoholic. Perhaps he can still tend to business fairly well. He has by no means ruined everything. As we say among ourselves, "He wants to want to stop."

Three (a medium-bottom alcoholic): This husband has gone much further than husband number two. Though once like number two he became worse. His friends have slipped away, his home is a near-wreck and he cannot hold a position. Maybe the doctor has been called in, and the weary round of sanitariums and hospitals has begun. He admits he cannot drink like other people, but does not see why. He clings to the notion that he will yet find a way to do so. He may have come to the point where he desperately wants to stop but cannot. His case presents additional questions which we shall try to answer for you. You can be quite hopeful of a situation like this.

Four (a low-bottom alcoholic): You may have a husband of whom you completely despair. He has been placed in one institution after another. He is violent, or appears definitely insane when drunk. Sometimes he drinks on the way home from the hospital. Perhaps he has had delirium tremens. Doctors may shake their heads and advise you to have him committed. Maybe you have already been obliged to put him away. This picture may not be as dark as it looks. Many of our husbands were just as far gone. Yet they got well.