APPENDIX I

JELLINEK'S PHASES OF ALCOHOL ADDICTION:

Jellinek developed the idea of four different phases of alcohol addiction - the pre-alcoholic, prodomal, crucial and chronic phases.

**Pre-alcoholic phase:** In the pre-alcoholic phase, the individual's use of alcohol is socially motivated. However, the prospective alcoholic soon experiences psychological relief in the drinking situation. He learns to seek out occasions where drinking will occur. At some point the connections becomes conscious. But the drinking behaviour will not appear different to the outsider. This phase can be extended from several months to two years or more. An increase in tolerance gradually develops.

**Prodromal Phase:** suddenly the pre-alcoholic will enter the prodromal phase. (Prodromal means warning or signaling disease). According to Jellinek, the behaviour that heralds the change is the occurrence of “alcoholic palimpsests”, or blackouts. Blackouts are amnesia-like periods during drinking. The person seems to be functioning normally but later has no memory of what happened. Other behaviours emerge which give evidence that alcohol is no longer “just” a beverage but a “need”. Among these are sneaking extra drinks before or after parties, gulping the first drink or two, and guilt about the drinking behaviour.

**Crucial Phase:** The third phase is the crucial phase. The key symptom that ushers in this phase is loss of control. Now taking a drink sets up a chain reaction. The drinker can no longer control the amount he will have once he takes a drink. But he can no longer the amount he will have once he takes a drink. But he can control whether or not he will have a drink. So it is possible to go on the wagon for a time. With loss of control, the drinker loses his cover-up. His drinking is now clearly different. This requires explanation, so rationalizations begin. Simultaneously, the alcoholic attempts a sequence of strategies to regain control. Common maneuvers attempted are periods of abstinence, changing drinking patterns, geographical escapes, changing jobs. These are
doomed to failure. The alcoholic responds to these failures. He is alternately resentful, remorseful and aggressive. Life has become alcohol centered. Family life and friendships deteriorate. The first alcohol-related hospitalization is likely. Morning drinking may begin to creep in, foreshadowing the next stage.

**Chronic Phase:** In the preceding crucial phase, the drinker may have been somewhat successful in maintaining a job and his docile footing. Now, as drinking begins earlier in the day, intoxication is an almost daily, daylong phenomenon. Benders are more frequent. He may also go to dives and drink with people previously below his social class. Not unexpectedly the alcohol finds himself on the fringes of society. When ethanol is unavailable he'll drink poisonous substitutes. During this phase, marked physical changes occur. Tolerance for alcohol drops sharply. No longer able to hold his liquor, the alcoholic is stuporous after a few drinks. Tremors develop. Many simple tasks are impossible in the sober state. The alcoholic is beset by indefinable fears. Finally, the rationalization system fails. The long-used excuses are revealed as just that, excuses. The alcoholic is spontaneously open to treatment. Often drinking is likely to continue because the alcoholic can imagine no way out of his dilemma.

Jellinek however emphasized that alcoholics are not destined to go through all the four stages before treatment can be successful.