

# Love of Japan's culture lingers after trip for U.S. Defense Department

By LORRAINE McCLISH

The Japanese brush painting (Sumi-e) class in Farmington Community Center gained one of its members this season as a direct result of a 34-day working trip in Japan.

Helen Ditzhazy learned about Sumi-e for the first time when it was demonstrated in a cultural session for dependents of military personnel overseas; then found she could take lessons on the art in her own backyard.

The Farmington resident and principal of Novi High School is a member of North Central Association of Colleges and Schools, an accreditation body aimed at developing and maintaining high standards for educational institutions.

Simultaneously the association works to improve education programs and the effectiveness of instruction.

The association was chosen by the U.S. Department of Defense to evaluate overseas schools for military dependents. Mrs. Ditzhazy was one of four in the U.S. chosen to evaluate the schools for American students on the Japanese island of Hanchow.

Of her first overseas assignment, she said, "It was a great honor to be asked."

Her work for the association in the U.S.—she has been a chairman for four years—is all volunteer.

Her trip to Japan was paid for by the defense department and her travel was done in military planes. Her leave of absence was an all work, no time for play, go-around of evaluation of high schools and middle schools.

OVERALL, the schools got good marks in programs, facilities, leadership and staff.

The students, though all American, were of uncommonly mixed backgrounds, Mrs. Ditzhazy said. At the junior high level, all are required to take cultural courses of the country at hand.

"Though that is a required course, the large majority of them elect to continue taking these classes all the way through high school, and they start taking the native language as soon as it's offered to them," she said.

The teachers, she termed "another mixed bag (of backgrounds)."

"They are an adventuresome bunch, some of whom have changed schools to difference countries as many times as the students have been transferred."

Mrs. Ditzhazy was sympathetic toward the students in overseas schools because of her own father's profession.

"We moved 21 times in 19 years. When his job was done in one place, we moved to another and we never knew when that was going to be," she said of herself and her brother.

"These children at least know they will be in one place for a minimum of

three years."

She added, "My big thing seemed always to be making new friends. That was much more important to me than school or books."

MRS. DITZHAZY stressed the many field trips given to military dependents as a business-as-usual thing, valuable to orient the student to his or her new environment.

She spoke of homemaking, beauty culture, co-op programs with hospitals, for example, as other innovative but practical courses she found to benefit the student.

Through it all, she found "not a trace, not a hint of racial concern."

"If there was any class distinction at all, it was whether your father was an officer or an enlisted man," she said.

As to any holdover feelings from World War II, there were several subtle incidences.

"I met three older men who I felt were not totally open. There were some hidden feelings there. Nothing overt, but I knew something just was not right," she said.

"But they were all of another generation. There was nothing like that with the younger kids at all."

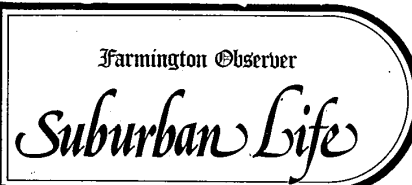
This week the Novi School Board of Education set aside time during their regular monthly meeting to view the slides Mrs. Ditzhazy had taken on her trip.



Helen Ditzhazy shows two of the souvenirs she brought back as mementos from her trip to Japan. The Japanese doll, made from a cork base, was created in a Japanese cultural class for students who are dependents of U.S. military personnel. The colorful wooden horse is a piece of folk art purchased in a section noted for raising and breeding horses. (Staff photo by Harry Mauthe)



Thursday, February 8, 1979



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## Alcoholism Women bear its burden alone

By SHERRY KAHAN

It's a whole different scene the woman alcoholic faces, says a therapist who has had plenty of occasion to view it.

When a man becomes an alcoholic, his wife will remain with him nine times out of 10, said Barbara Andrews, who works with a group called Neighborhood Service Organizations Concord.

But it's the other way around when the glass is in the other hand. Then, said Ms. Andrews, the husband sticks with his wife in only one of 10 cases.

Ms. Andrews and Albert Lloyd, another therapist at the center that is located in northwest Detroit and serves suburbs as well as city, talked about the reasons drinking gets out of hand for men and women and also of the forces that drive them to seek help at last.

Lloyd noted that the move by men to seek treatment may come after years of heartrending pleas by loved ones. The impetus is most often a referral from the workplace, and implicit in that is the threat of loss of job.

Women alcoholics, said Ms. Andrews, are most often driven to seek help by their children who may say, "You scare me when you drink."

The counselors at Concord see about 150-160 clients a month in their 15649 Grand River in Detroit. But not all are alcoholics. They could be bent under any number of problems currently weighing heavily on society—drugs, family, marriage and psychological difficulties.

The office is partially supported by the United Fund. However, its main funding comes through the state Office of Substance Abuse.

MS. ANDREWS said there is no question that "women's drinking is different from men's."

"We know that women's drinking is different from men's," she said. "The problem often starts during a period of stress. Men's drinking builds up over a long period of time. They set up a ritual about drinking that women don't have. It is much more of a stigma for a woman to drink."

And the matter of support from spouse is different, depending on which sex is doing the out-of-control drinking.

"When we see men in treatment, their wives are very supportive," continued the therapist. "They seem to love them and are willing to go the route with them. Women with drinking problems don't always get that kind of support."

"We recognize alcoholism in women as a different problem. We try to help them identify their problems. One of the ways we do it is to bring them together as a group."

A profile of a female alcoholic would probably reveal a person with low self-esteem, believing that whatever happened was her fault. She would be subordinating her needs to those of the rest of the family. She would be depressed.

SHE TAKES HER depression complaint to the doctor. He gives her a drug. "Here, take these," he says. "They'll make you feel better."

"Women are far more involved with prescription drugs than men," reported Ms. Andrews. "But the bottom line for successful treatment is to provide an atmosphere where a woman can get in touch with her anger."

What is she so mad about? "The work she has done in raising kids and making a safe place for her husband in a hostile world is not considered valuable and not reimbursed," said Ms. Andrews. "Everyone else in the family comes first. Her husband doesn't involve her in decision-making."

"She doesn't know she is mad. If she admitted it, she might have to do something about it. She's medicating herself against these feelings with alcohol and other drugs, including prescription drugs. Sometimes I say to a woman, 'If I were in your position I'd be very angry.' This could give her the idea she is angry. But it is better if she discovers this in a group where there is lots of support for her."

In the opinion of the therapist, it is important to get a woman thinking about herself, to get her to realize she has choices.

"We try to get her to understand her happiness is her own responsibility, that she has a right to fulfill her potential in ways other than solely as a nurturer, and that being angry with someone doesn't mean separating from

them. We regard her anger as a form of energy that can be put to positive use."

MS. ANDREWS SAID that no one knows for sure what causes alcoholism. Some can go through a period of stress drinking, and when the stress stops, they never go back. Others can't.

"We don't know why it is," she observed. "It may be some kind of genetic predisposition to alcohol. It may be a learned response. We know that from half to two-thirds of the alcoholics have at least one parent who is alcoholic. It may be a combination of both."

What is essential in recovery is to learn other ways of dealing with life than through dependency.

"The process of becoming free of addictive behavior seems to me not to be a lifetime process," said Ms. Andrews, herself a recovering alcoholic. It's a struggle not to be too dependent."

She added that being able to help alcoholics "makes the painfulness of my experience worth something."

Asked for a success story, Ms. Andrews thought for a moment and came up with the successful recovery of a 54-year-old woman whose husband was an abusive alcoholic. But off in an apartment on her own, she began to drink. Later she was so shocked by being arrested by police for drunken driving and spending a night in jail that she came to Concord and joined the women's group.

"She's no longer drinking," said Ms. Andrews. "She's paying attention to her feelings. She's learning to be good to herself."

WHEN NOT COUNSELING alcoholics, Ms. Andrews does considerable work as Concord's industrial service coordinator. The fact that there is such a job indicates the growing concern in industry about people's problems and the need to solve them.

It is through these on-the-scene employee assistance programs that many men and women in factories and businesses find their way to Concord and other treatment centers.

One of the biggest problems Albert Lloyd has with his clientele is dealing with the denial of their addiction. He works mainly with male alcoholics.

"They feel they can stop," he said. "They don't admit they are out of control. Others do admit it, but say 'Cure me.' But they want us to do it by teaching them to drink within permissible bounds. But there is no such thing as social drinking for a person who is a designated alcoholic."

"We all have different coping mechanisms. Some learn to cope well. Others can't. Those who don't have good coping skills use alcohol as a hand-said for their hurts. It is hard to get them to lay down the bottle after all the support it has given them."

## Its salvage rate escalating

By SHERRY KAHAN

Benevolent coercion is a new method of treating alcoholics. And it often works, said Dr. Russell Smith, medical director of Brighton Hospital which treats alcoholics.

A problem drinker is asked a question. "Would you rather get treatment or spend 90 days in jail?" Or he might be given the choice of treatment or the loss of his job.

Smith says identifying problem drinkers early has also helped the prospects of treatment. The combination of early intervention and coercive motivation has caused "the salvage rate of alcoholics to escalate appreciably," said the physician. "It is very encouraging."

Smith was one of several experts participating in a recent Madonna College workshop on alcoholism.

The event underlined the college's intention to integrate this subject into its curriculum. Eventually every Madonna graduate will be exposed to the problem in one course or another.

IN HIS REMARKS, Dr. Smith generally presented a gloomy picture of the drinking scene. However, he found some encouragement in the fact the treatment situation had slightly improved because drinkers now feel less guilty about their habit. Guilt once caused them to deny they had a problem.

"There is more drinking, but less denial," the speaker pointed out. "So the treatment is easier and earlier. This is one of the big changes of the last 10 years. Some used to drink themselves to death rather than admit they



"There is more drinking but less denial, so treatment is easier and earlier," said Dr. Russell Smith at Madonna College. (Staff photo)

were alcoholics."

There is no age barrier to becoming an alcoholic, he said. "For more than 20 years I have treated infants whose pulses were beating a mile a minute, who were having convulsions and hitting their heads on their cribs. If newborn babies can have DTs, anyone can."

He told of a young boy who at the age of nine was invited to join his alcoholic mother in drinking. At the age of 10 his drinking so interfered with his schooling that he dropped out. At 12 he was hospitalized for alcoholism.

"From three to five per cent of high school graduates can be diagnosed as alcoholics," he noted, adding a prediction that "the age of drinking is going to drop to mind boggling levels." Hospitals are already crowded with 21- and 22-year-old drinkers, he added.

ALCOHOLISM IS NOT a mental health problem, Smith maintains. He introduced statistics revealing that about 10 per cent of schizophrenics and manic depressives are alcoholics.

General information on the subject was also part of his talk. His audience of Madonna faculty and staff and area treatment professionals imbibed the facts that in 1970 the bill for booze in North America was estimated at \$12.7 billion, while \$13.4 billion was paid out for tranquilizers and \$30.1 billion for illegal street drugs.

"The country obviously believes in better living through chemistry in its recreation," quipped Dr. Smith.

Blue Cross has defined alcoholism as a voluntary illness. But he disagrees with this evaluation because children cannot choose their parents. Is alcoholism hereditary then?

"Not like blue eyes," he said. "But, like diabetes, it can be carried over many generations."

"Alcoholism precipitates violence in our society," he observed. "It is a barometer of pleasure. Most people assess a good time by the amount of liquor they drink. It is a big problem for the recovering alcoholic to learn to have fun in a different way."



An alcoholic wife finds that in most cases her husband splits and leaves her to face her problem alone.