

AN EVENING WITH BETTY FORD
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LBJ LIBRARY

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(:15 Appl)

MIDDLETON: A very cordial welcome to all of you who have come to share in this very important evening of the history of the LBJ Library. A word about how we are going to proceed. You will see that over here in the center of the stage there are two persons. One is our distinguished visitor. You will note that I have not yet used her name because I want to keep you in some suspense as to who she is. The other is Dr. Lewis Gould, eminent historian from the University of Texas, who is going to serve as the Mr. Bones of this act. It is a great honor to have our guest with us. It would be for me a real privilege to introduce her, and for a while I was tempted to seize the prerogative of being Director of the LBJ Library to do just that. However, my better judgment took over and I have asked someone who is far better qualified--has far greater credentials than I to take on that very happy task. So I now ask Liz Carpenter to introduce our guest.

(:09) - Appl

CARPENTER: Thank you, Harry. Friends of the LBJ Library, it has been my joyous bounty to know seven First Ladies, as a reporter, or a friend, or both. The two dearest are in this room. Both are alumni of the best of all training schools: the Congress. Both entered the White House against a backdrop of tragic shadows across our nation. Both lifted the hearts of the American people, reassuring us with their warmth and perception. And even now, beyond the White House, their outreach continues to touch us and influence us. Catalysts to our understanding of national and

personal problems, role models in finding solutions, they have brought sunshine to the environment, compassion for the less privileged, cast their lot behind justice for women, for everyone. Both of these women have given me something I can never give back. So this is a very special night, not only for me but for the LBJ Library, for we have in our midst two of America's most remarkable and most beloved First Ladies. I want to ask Mrs. Johnson and Betty Ford to stand up at this time. (Appl)

Betty Ford is here tonight because she has just written the story of a woman in despair who found a glad awakening. It's a marvelous book. I started reading it and I found myself hanging on her every word. Hear them: "I sat on the green and white couch in the living room, my husband's arm around me, and I cried. I didn't say a word--just listened and cried. We were having an intervention, starring me. My husband, my children, doctors, a couple of friends, had gathered to tell me they were concerned about my failing health and thought I had a problem with alcohol and drugs. I didn't want to hear any of what my family was telling me. My makeup wasn't smeared, I wasn't disheveled. I behaved politely and I never finished off a bottle. So how could I be alcoholic? I wasn't on heroin or cocaine. The medicines I took: the sleeping pills, the pain pills, the relaxer pills, the pills to counteract the side effects of other pills, had been prescribed by doctors. So how could I be a drug addict? I had done everything in my power for my husband and our four kids. I had done everything in my power to help my husband's career. Now I was hearing that I had failed. My family was not saying this.

They were saying I had a disease. They were saying, 'You're sick. We love you and we want to help you.' But what I heard was that I had let them down." In the weeks that followed, Betty Ford discovered she was luckier than most statistics. Nine out of ten women stay with their alcoholic husbands. Nine out of ten men abandon their alcoholic wives. In her recovery and since, Betty has offered her arm around the shoulder for thousands of women who had no other. Call it honest, gutsy, valiant, courageous, Betty Ford has done what few are wise enough, brave enough, and who love enough to do. She faced up to her own frailties, found a lifeline, and has thrown it out to others. And following her public commitment to treatment for alcoholism, the centers and AA groups were filled with people because of Betty Ford. Just as the clinics had been filled after her operation by thousands of women getting checkups for breast cancer, which attacks one out of every ten American women.

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This last July the 19th, I was in that condition. I was to be operated on the next morning, and being me I was in hand-to-hand combat with my doctors. I was still trying to be chairman of the surgery committee and call all the shots. Grabbing at straws, all my old political tactics had been called into play. I had the head of Mayo Clinic on the phone, Scott & White and M.D. Anderson, demanding another alternative. I would have gone to Timbuktu or to Dime Box for an out. But there were no alternatives, so I was angry and worried and scared. The phone rang and there was this calm voice. She knew exactly what was going through my mind. "This is Betty Ford. I suspect you've been getting a lot of advice on what to do. Have faith in your

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edit doctor, Liz. Follow your best instincts. Accept it as a challenge. You've had challenges before. Go for it. And draw on the strength of women like me who've gone before." It's good advice for anyone facing surgery.

Martha Graham, who once taught Betty Ford how to dance, and perhaps also how to live, once said,

5:30 "There is a vitality, a life's force, an energy, a quickening, which is translated through you into action. And because there is only one of you in all time, this expression is unique, and if you block it, it will never exist and will be lost. The world will never have it." How lucky we are that Betty Ford danced through our lives and gave us a glad awakening. Betty. (Appl)

FORD: Dr. Gould, that was a real introduction. I've got to thank Liz for that beautiful introduction. Thank you, darling.

GOULD: Yes, it's always hard to follow Liz, anything she says is. . .

edit I remember her comments at your First Ladies Conference in 1984 where she hit afternoons when she talked about the dancing and other things in the Johnson White House that she remembered. And I want you to thank you for having me on that occasion as well.

It was an honor to be there. One of the things Liz mentioned, of course, is the Betty Ford Center, which in the nearly five years of its existence has become an American institution. And I wondered if you might want to start off by just saying what you think makes the Betty Ford Center such a special place for the treatment of the problems that it deals with and what spirit it has tried to bring to this problem.

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FORD: The Betty Ford Center has had a great deal of publicity, and for that we have been fortunate because we have not really solicited any of that publicity. It has attracted a lot of patients, but we have been delighted because we feel that we have a very fine treatment program. One of the unique things about the Betty Ford Center is it's a less institutionalized setting. It's in the desert in a sort of campus setting with gardens and walks through the six buildings that make the composite of the center. Four of those are patient buildings, and we believe in the fact that these units have only 20 patients to each of these buildings, and then even those 20 patients break into smaller groups, only six or seven, that they work through in therapy. I think the uniqueness is perhaps the individualized evaluation team of professional clinicians who make up this evaluation team, and each patient has a doctor, a nurse, a clinical psychologist, a nutritionalist, a recreational physical therapist, their own counselor as well as another assistant counselor who come together and evaluate the extent of the drug use and alcohol use and exactly what kind of a program will be best for this patient. So it's not a matter of everybody getting the same treatment--it's individualized treatment. We also feel that we have really scoured the country for the best clinicians or licensed therapists who provide the treatment. The patients have told me that, even the admissions department that they have, if they remark is, "I knew I was going to like it before I ever got here." We have a very caring, loving group of staff, and that's what I hear patients say as they leave.

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GOULD: In your book, some of the people that play through your discussion of the Center are the Firestones and their role in helping make it possible, and I know you'd want to say something about their part in the Center.

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FORD: Yes, indeed. Very good neighbors of ours, Nicky and Leonard Firestone, and they were very involved in the starting of the Center. I never had known exactly how to raise money until Leonard taught me. And he had been a great fundraiser for a good many years. And it seems as though once he gave me the technique, hardly anyone dared sit next to me at a dinner party, because I carried pledge cards in my evening bag. And they have been a great part--both Leonard Firestone and I speak and work with patients there as recovering people ourselves.

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GOULD: That was one of the most interesting things, that his discussion in your book of his own response to his problem.

FORD: Yes, a whole chapter.

GOULD: In your preface you speak of the joy of recovery and in helping others to get to that point of recovery. Would you want to say something to people about the nature of that joy and what comes to an alcoholic when they experience that?

FORD: Of course one of the greatest joys is to have your own life in

order and have your own health so that in a way you can help
11:00 somebody else. And in helping someone else--you do a lot of that
helping by being just a role model as a recovering person. But
what it has given back to our family has been an enrichment in our
appreciation of each other, an understanding of all of us having
our own imperfections and it's okay, but we love each other with
those little character defects or imperfections. And we don't
feel we have to get on each others' cases. I think one of the
richest things for me is to know that each morning I can get up
and know that today I have to live in the now. And I live in the
now in a sobriety that allows me a balance in my life, which gives
me a great deal of serenity. And that balance allows me not only
the serenity but it allows me the opportunity to make choices and
to be able to be reassured that those choices I'm making on what I
think is best. It allows me to have my emotions, to naturally
feel those emotions, perhaps even more so now. I know much more
so than when I was under medication and the effect of drugs and
alcohol, and to know what to do with those emotions. To either
enjoy them or to be able to not have to react to what other people
say. To be able to act myself but not react to what I hear other
people saying.

GOULD: One of the points that Liz made in her introduction about the
different responses of husbands and wives to living with an
alcoholic, obviously President Ford did not conform to the pattern
of the men who leave their wives, and so he must have brought
something special to that.

13:08

FORD: He did bring a great deal, and he went to a program of treatment while I was at Long Beach Naval Hospital, just as some of the children did, too. That was before family treatment which, of course, we require as part of treatment at the Betty Ford Center. He learned that he had been an enabler and my family all had tried to--in their own denial--say that there was nothing wrong. And yet inside they knew they were hurting and there was anger. In our own recovery he has found out that perhaps I'm not as placid as I used to be and I'm not as easily pacified or I now stand up, I have my own individual self esteem which I am very grateful for. And he appreciates that. He said I might be a little more difficult to live with, but it's much more fun! (laughter)

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GOULD: You used the word "enabler" and you talk in the book about how family members and even doctors can be enablers for alcoholics. Do you want to say a little more about that phenomenon.

FORD: I think there's a great stigma still associated with the word alcoholism or alcoholic, or drugs or drug addict, and because of that stigma people don't want to be a part of it. Perhaps it's because they aren't accepting it for the disease that we know it is, chronic and progressive and one of our primary diseases, but that enabling makes people tend to. . . . Well, denial is the primary symptom, and the denial is there because they don't want to feel the guilt. They have these anxieties and they have the feeling of anger and resentment about the whole thing, but it's

15:16 much easier to put it aside. And denial is what Dr. Anderson says is the enabler's ability to rationalize the action of the alcohol. And my husband, you know, he was very uncomfortable seeing me get up every morning and take a handful of pills and go to bed at night with a handful of pills, and also drinking in the evening. And he just said, "But she's seeing doctors regularly and I know the doctors are taking care of her." And that was sort of his way of hiding his own anxiety.

GOULD: And some of the doctors were even, you call them enablers too.

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FORD: Doctors, and this is one of the most important things that we have to do and we're working so hard, is making it understood in medical school that alcoholism is a treatable disease. And Dr. Pursh(?), when I was at the Naval facility, referred to it as the 4-2-1 disease because medical schools, in the four years of medical school only spend a couple of hours on alcoholism and addiction, which is our number one public health problem. Alcoholism is the third leading cause of death in this country, following cancer and heart disease. Unless we recognize it for the disease that it is, doctors tend to think if they confront their patients with alcoholism, the denial will be there in the patient and the patient will leave and go to another physician. It's uncomfortable; they don't feel equipped to treat it. Clergy would rather just put it aside, it's an uncomfortable thing.

GOULD: How do we change those attitudes, other than your work and the

things you've been saying, but what can we do as a society?

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FORD: Well, I think that's one of the reasons, when I finally found my own health and my own sobriety, I realized how many people there were out there that were like me who didn't understand alcoholism, and who really were asking for help. People who I received mail and telegrams from and all kinds of responses and phone calls, and I realized there was a great need to speak out. I saw the stigma associated with it and particularly with women, it's a double stigma as far as women are concerned. And I thought if I, by talking publicly about my own recovery and my family, have been very open about it, that if I can erase some of that stigma associated with alcoholism, that that would be helpful. I believe that the only way we're going to erase that stigma is through education, such as programs like this, so people will know alcoholism is treatable. And when I speak of alcoholism, I'm talking about drug addiction. Alcohol is a drug, the only difference is it's a legal drug and it's socially very acceptable. When I first got sober I came in contact with a book called the FEMALE FIX by a woman named Muriel Sing(?), and she referred to the female fix as legal drugs such as alcohol and prescription drugs, and that had been my case, and I felt I had to speak about it.

19:04

GOULD: Well, let's talk a little bit more about the question of the different ways that men and women with alcoholism are perceived, because you say in the book that the key to recovery is emotional

support, and yet men and women get different kinds and degrees of emotional support.

FORD: We find just in the last, I would say about ten years since '76, 19'30 when some research was done on blood alcohol in men and women, that there is a very different physical makeup between men's water and fat percentages and women's composite of water and fat. And since the male body is made up of more water in percentage to fat than the female, and alcohol is more water soluble, it affects women more quickly. And although women start drinking at a later age, their disease telescopes; it happens more rapidly because of that--what they think is that physical makeup. Women come to treatment with much lower self esteem because of that double standard. A man may be having an alcohol or drug problem, but that is somewhat acceptable. And as you see that the wife is not as prone to leave the marriage--she's more apt to stay with him, whether that's because he is the economic support in the marriage and the father of her children, but because of that, they have more of a support system when they come to treatment. Women, on the other hand, are less apt to have that support system in family, and their self esteem having hit the bottom of the pit, they have much more anger, much more anxiety, much more shame and guilt. And one of the most important things is to raise a woman's feeling that she isn't a bad person and she didn't do that with intention. And that's where the disease factor comes in. And if we can make her accept that disease factor and realize that it happened because of that makeup. They have more physical

problems, they have more damage within their bodies as well. They are really more desperate than a man.

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GOULD: You say that society tends to regard alcoholism as a kind of macho disease, too, that somehow it is more acceptable of men-- that appearance in men is more tolerated than when it appears in women.

FORD: I think that's true. I think men, you know, if they appear to be under the weather, in their cups, or whatever you want to call it, people are more acceptable and don't look quite so much askance--they may laugh at them. But you never see anyone laugh at a woman who's drunk. It's just not acceptable.

GOULD: What--I guess we're going to come to questions from the audience in a few minutes, but looking at this problem in its totality and in the perspective that you now have about it, what do you think--you've mentioned education, but what are the other things that we as a society need to do to come to grips with the third leading cause of death in the United States.

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FORD: Dr. Gould, I always like to think of the importance of role models. And it's wonderful to see on our television screens the "say no to drugs," or the sports figures or the figures from television and movies and so forth giving these statements about "no." On the other hand, the best role models that I think young people can have, and this is where it's got to start, is in their

23:38 own home. And I think when they have parents who are drinking and driving, that's a very bad role model for the young people because they're going to go out and say, "If my parents can do that, there's no reason why we can't do it." They don't feel that they should be treated any different than their parents are able to.

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And I always am pleased with an audience such as this because I can address that. I think we often think of getting help at school or getting help from the government in a program that is going to direct our children how to live and what to do. But the best people in the world that can be the people to guide those children are the parents. Granted that today we do have a lot of families that are broken and homes where there are both parents working. So hopefully the schools are going to provide as well, programs. I know they are in our community there in California. And the schools themselves are instigating programs where they learn about alcohol, but they learn about alcohol as a drug just as the other drugs that are available to them. And the main thing is they learn how it can damage their body and how it can damage their minds. Because it is physically damaging and it can be fatal. We know that today. But the greatest part of it is that it's a very treatable disease, and the sooner that you treat it the better. Role modeling, and one thing I wanted to talk about a little bit was the intervention that I had, which is an example. And it was one of the reasons that I did write the book, A GLAD AWAKENING, because so many people did not understand what intervention included, how you came about in an intervention and how you put it together. And I thought our family was a perfect

25:54 example. So in writing the book and doing a whole chapter on intervention and having my family participate in exactly what they said and how they came to me, and in a way loved me away from my disease. I hate to use the word "confront." I like to think of them intervening in the progression that my disease was in. Because the alcoholism is a progressive disease, and it would only get worse.

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GOULD: In your book you are also, I think it's fair to say, impatient, with those people who say that somehow it either can be controlled drinking, or that that answer is no answer as in your opinion.

FORD: We have never in all the research--and there have been some experiments with controlled drinking--there has never been a successful one. In fact, the people who went through that research on controlled drinking for an alcoholic, that is, found that those people went back to their drinking and many of them died because of it, because it was so out of control. We have patients who come to the Betty Ford Center and admit that they have come to learn how to drink and get a suntan. And I know one of our alumni when he spoke before one of our alumni reunions, he said, "I came to the Betty Ford Center to learn how to drink and get a suntan, and I only got one, I only accomplished one thing." And he was two years sober then, so we know that he didn't learn how to drink.

GOULD: He got a good tan. Let me ask just one First Ladies question.

You are now ten years past the time when you were the First Lady. Looking back in the perspective of a decade and in this very interesting and important life that you had, what do you think now were the accomplishments and achievements that you made during the time when your husband was President?

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FORD: Well, I like to think that there was progress made as far as women's rights were concerned. Much to our disappointment, we did not accomplish getting the Equal Rights Amendment as part of our Constitution. But there is no question, and Dr. Gould, I am sure you would agree with that, that we made great strides in the advancement. . . . (applause) I hope some day that perhaps there will be an amendment to the Constitution, and I hope that for my own grandchildren, and we have five granddaughters, so it would be very important in our family, that will recognize it in a formal way. However, if that doesn't happen, I know we're going to continue to work at it. I also think there was a great--not because of me but because of circumstances--awakening of the fact that cancer became something other than a word that was whispered behind closed doors. And that came about due to my mastectomy, and it was not my husband or me that caused that to become newsworthy, it was due to the circumstances, that my husband had been sworn into office, and he had agreed, and we as a family felt that we had to be very forthright and up front and honest about everything, and we agreed to be open about my mastectomy, and it saved a lot of lives. I like to think of our term in the White House--and I refer to it as "our term" because Gerry always refers

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to it that way, he always, as a good husband, includes me. And I think that he was a great sobering and balancing factor in the presidency at that time.

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GOULD: Yes, I think you and President Ford will have an honored place in American history for what you accomplished in those troubled years. With an audience of this size, I suppose. . . .

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[FORD: I'll pour for you. You go ahead.]

edit GOULD: That's the most distinguished glass of water I've ever received. Have a brief stage wait here. *edit* Well, I was going to say, statistically, in an audience of this size, there probably are people in the audience who have friends or family or relatives who are alcoholics. And if you could give them a message or tell them something practical that they could do in the next day or so to try to come to grips with that problem, what would you tell them?

FORD: Well, first I would preface my remark with the fact that we all have to realize that alcoholism is an equal opportunity disease. It affects people from all walks of life, every race, creed or color, and it's also--today we know--a family disease, because for every alcoholic there are four or five other people who are impacted by the disease and what it does to the person and how he is acting and what is the result. For someone who has alcoholism in their family and are concerned about a person, an individual, I

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think one of the first things that they've got to learn to do is not be an enabler. In other words, not cover up, not make the excuses, not make the telephone calls as to why so-and-so won't be in to school or in to work because they have a cold or a toothache or some other reason, but let the honest truth come out, and let that person fend for themselves. I would suggest that they go to family therapy such as an Al-Anon group. Al-Anon is a group that is for families and concerned others who have an alcoholic friend or family member. And there they can pretty much learn that they can't continue to live as they are doing and provide the cover or provide the--so many people will provide not only that emotional cover and excuse, but they will provide monies, and even go out and earn an income to provide for that person to continue in their disease. Those things have to stop. If it's a case of going into an intervention such as my family did, I would suggest you go to a professional intervention counselor, which you might find within a hospital where they know about alcoholism.

GOULD: The Library has put up some microphones in the aisle. Would you like to take one or two questions? Would that be fine?

FORD: I'd be happy to.

GOULD: So I think there are microphones there if anybody would like to ask a question of Mrs. Ford. Now's your chance.

FORD: Oh, please, have a question.

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Q: Mrs. Ford, I'd like to make a statement. I was very, very honored October the third, 1982, to be included in the dedication. And I'll never forget that day, when President Ford said what he said, and I'm so glad that it's on television tape and movies, because occasionally we see it over and over again. It was probably one of the most emotional moments that I've ever been through in my life, and I deeply appreciate everything you're doing. I hope you'll continue to come back to Texas as often as you are, and know that carrying the message means a great deal. And it's being carried now into Russia. I'll be over there on the fourth of June, and your book will be presented to one of the most prominent doctors there, and it's one thing he asked for. Thanks again, we all love you.

(Appel)

FORD: Thank you so much. Thank you Mr. Kemp(?). You might be interested to know that we at the Betty Ford Center as well as those at Hazelton, which is a treatment center, one of the--we refer to it as the granddaddy of them all--in Minnesota, and Dartmouth College, are in an exchange with the Russian hierarchy and the people who are working in the alcoholism field over there. We just last Friday had three of their people visiting. They stopped in Washington, they went to Cleveland where they spent a day learning about the beginnings of Alcoholics Anonymous, which is the birthplace of Alcoholics Anonymous, I guess really New York, but most of the family of Dr. Bob and Dr. Bill and so forth, and that's established there in Cleveland. They are impressed

36:00 with Alcoholics Anonymous, which is one of the best treatment programs that there is, and that's one that doesn't really cost any money. All you have to do is go in with a desire to stop drinking. They came to us in the desert in Palm Springs and then they were going to Hazelton. So next September we send 15 people back over there, and they are very impressed with the treatment programs here in this country as compared to theirs, which are quite different. I hope somebody now has thought of a question.

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GOULD: I was going to ask, do you think you'll be going to Russia one of these days?

FORD: I hope so, yes. I promised that I would go over there. I'm not quite sure. . . .

GOULD: The Russians are in for a treat.

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Q: I have a question. Some of us saw the TV show, "The Betty Ford Story," and I wanted to know if you had anything to do with that and what you thought of the television show and if it was true.

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FORD: Yes, "The Betty Ford Story" was actually taken from the first book I wrote when I left the White House, and it was more about people, places and things, and it was called THE TIMES OF MY LIFE. That was in '78. And when it came out, it was about that time, much to the embarrassment of the publishers, that I went into treatment at Long Beach. So we, not with much enthusiasm on my

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part, added a chapter, which was rather limited, on Long Beach, which was my treatment. Eight years later I felt it was time to write another book and cover the last eight years, which was the sequel to the first book, and they sort of combined both of them. They elaborated on Long Beach, but they have some of the White House years. And, of course, when you go from a book to a television movie, there is a great deal of dramatization, what we refer to as the "legalized dramatization," I think there's a . . .

GOULD: (inaudible)

FORD: Yes. And so in order to sort of build it up a little bit, they elaborated. But basically the thing we were interested in was the intervention, and the intervention was beautifully done, and I was so pleased with Genna Rolands(?) and the wonderful role she played.

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Q: Do general hospitals now admit people for treatment of alcoholism, or do they have to be admitted for something else surreptitiously?

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FORD: No, most insurance covers treatment for alcoholism, and most patients that come to the Betty Ford Center, a high percentage of their cost is paid by insurance. I think that's a question about doctors hesitating many years ago to put alcoholism on a patient's chart. It wasn't so much the insurance, I don't think, as it was the person having that and the stigma of it. Today many states,

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edit and I know Texas was one of the first ones that would not allow insurance to be written in this state unless they covered alcoholism, and that was a great step forward. Does that answer your question?

edit GOULD: Let me just--Mrs. Ford wouldn't want to put in a plug, but the title of her book is BETTY A GLAD AWAKENING with Chris Chase, and its published. . . .

FORD: Doubleday.

GOULD: Doubleday. She knows. And it's available at every bookstore. There's another question.

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Q: More and more there seem to be similarities, extreme similarities, between different sorts of addicitons, gambling addictions, food addictions, alcohol/drug addictions, workaholism. Would you address multiple addictions, please.

FORD: Well, I'd like to address multiple addictions just from the standpoint of a woman. Eighty percent, I would say, of the patients that we have have dual addiction. And by that I mean they are not only alcoholic but they are also using one or more perscription drugs such as sleeping pills or muscle relaxers or tranquilizers, pain medication, many of those things. We also have the dual addiction of alcohol and cocaine. Most cocaine users also use alcohol because from the high of cocaine, instead

of the abrupt drop, alcohol will taper them off and allow them to let down more easily. When I refer to Alcoholics Anonymous, which is AA, there is also Narcotics Anonymous, NA; there is also CA, Cocaine Anonymous; there is OA, which is Overeaters Anonymous; and there are a good many others. I know there is also I believe a new organization that's quite small but that has started out that involves rape anonymous and sexual abuse anonymous. These groups provide a forum for people to meet with other people who have experienced similar problems, and they say if you go to these groups and listen and don't even participate for a while you'll soon hear your own story and it makes you able to identify.

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GOULD: We have a question from a University of Texas student on this other side here.

Q: I've noticed ^{edit} (from) recent statistics that the number of female alcoholics is on the increase compared to men. Are there any programs targeted specifically for women alcoholics that you know of?

FORD: There is a great need for more programs targeted to women specifically, and this is happening in some cases. We happen to have one building that is completely women, for women alcoholics, because we feel that they do much better in treatment with other women. In a co-education treatment pattern, I think they tend to take on that same role that women have usually assumed because it is pretty much expected of them to be the nurturer and the

caretaker, and when they're with men in treatment they tend to hang back, let the men speak up, and they manage to stay in their own denial a great deal longer. Whereas, when they are interacting with other women, they are not allowed to hang back that way, because other women will come right forth and be very honest and confront them with it. But there are more treatment centers coming for women and I think that's very beneficial. Most needed are treatment centers for women with children. Some women are unable to leave their children, and we really need outpatient programs where women can be taken care of and their children also.

GOULD: Thank you very much.

Replace - Applause - MIDDLETON: Mrs. Ford, thank you for an informative, stimulating and important . . . (inaudible above applause). And Lew, thank you. You do a nice Mr. Bones. We would like to ask you all to join us for an assembly upstairs. We think that the weather is cooperating and we are going to meet on the plaza on the north end of the Library. For those of you who are energetic, you will find steps out the back. For those of you who need elevator service, there are elevators through this door. I look forward to seeing you up there. You will find Mrs. Ford's book, autographed, available for sale along your route. Thanks for being with us.

44:10