

CHAPTER 12

Alcohol Dependence

Dr. Lawton received a phone call from Grace Patterson. Her husband, Michael, had a history of heavy drinking, and it had escalated recently. Dr. Lawton suggested that she talk to Michael about her concerns. He emphasized that she should pick a time when Michael had not been drinking. She should tell him that she had spoken to a psychologist who had agreed to see Michael for an evaluation. After the evaluation, the psychologist would give them some advice about what they might do.

Grace called again several weeks later. She had spoken to Michael, and he refused to entertain the possibility of coming in for an evaluation. Grace had no idea what to do next, so Dr. Lawton scheduled an appointment to see her alone. They discussed ways Grace could change how she interacted with Michael that might motivate him to enter treatment. She was instructed to explain calmly to him the negative consequences of his drinking and to express how concerned she was about it. Grace and Dr. Lawton identified several recent incidents and rehearsed how she could respond. For example, several weeks ago Michael and Grace had dinner plans with another couple, but by late afternoon Michael was too drunk to go out. Grace had to call the other couple and make an excuse about canceling the dinner. That evening they had a huge argument about his drinking. Whenever Michael was really drunk, it was impossible to have a reasoned conversation with him, especially about his drinking. In the future, Grace was to wait until the next morning and then express her concerns about the drinking and how this pattern might cause them to lose some good friends. The problem was ruining their marriage.

A month later, Grace called Dr. Lawton to say that there had been no change in Michael's drinking. She described several occasions in which she had explained to Michael that his drinking was having destructive effects on their lives. Although Grace was discouraged, Dr. Lawton persuaded her to continue the plan. Three weeks later, Grace called to make an appointment for both her and Michael to come in for an evaluation. She told Dr. Lawton that she and Michael had had a terrible fight the previous evening; Michael had raised his hand to hit her but held back at the last second. This incident apparently alarmed Michael as much as it frightened Grace, and it led him to finally agree to see Dr. Lawton.

Dr. Lawton greeted Michael and Grace in the waiting room and invited them into his office. One primary goal of the initial session was to avoid scaring Michael out of therapy. Dr. Lawton explained that he understood his reluctance to come in. He told him that the purpose of this session was to gather information about his drinking habits and any problems that alcohol might be causing. Toward the end of the session, if Michael wanted to, they could discuss treatment options.

Michael was drinking heavily on a daily basis, beginning after work and continuing into the evening. On weekends he typically started to drink around noon and was quite intoxicated by dinner time. He recognized that his drinking was out of control and that it was indeed having adverse effects on both him and his wife. They had begun arguing frequently. On several occasions, Michael had broken dinnerware and punched holes in walls. The couple now saw friends infrequently. Michael's high blood pressure had been worsened by the alcohol. Toward the end of the session, when the issue of treatment was raised, Michael indicated that he knew he should cut back on his drinking but that he did not really want to stop entirely. He knew that abstinence was usually the goal of alcohol treatment programs like Alcoholics Anonymous (AA), and he did not want to become totally abstinent. At this point, Dr. Lawton pointed out that some treatments are focused on making changes that lead to moderate drinking. Michael seemed interested in this possibility. The session ended with Michael agreeing to consider entering treatment. A week later, he called and scheduled another appointment.

Social History

Michael's childhood was rather uneventful. His father was an electrical engineer and his mother worked part time in a local library once Michael and his older brother, James, were in school. Michael's mother and father were very light drinkers—an occasional beer or glass of wine. Michael recalled that his older brother was closer to their father than Michael. James shared his father's interest in electronic projects, and the two of them often worked together. Michael, in contrast, had little interest and even less aptitude for electronics. He was more interested in reading, particularly history.

Michael made excellent grades in both elementary and high school. In high school he was also on the wrestling team. He began drinking in high school, typically at house parties on weekends. He recalled that he found drinking relaxing and that it reduced the anxiety he sometimes felt in social situations. He remembered that his anxieties were greatest when around women; he often felt tongue-tied and was unable to sustain conversations.

He graduated from high school and went to a small college where he majored in history and education. His goal was to become a high school history teacher. His drinking increased somewhat in college, both in amount and frequency. His drinking was no longer confined to weekends, and he typically drank six or more beers at a sitting. As he had said about his drinking in high school, he reported that he drank mostly to relax. He maintained a decent GPA but recalled that his anxieties around women persisted. He met Grace at college in an art history class. They were immediately attracted to each other. Grace's social and conversational skills put Michael at ease, and they began seeing each other regularly. They married at the end of college.

Michael took a job teaching high school history, and Grace found work at a jewelry store. They lived in an apartment for two years, saving toward the down payment on a house. Because he aspired to become head of the history

department or perhaps get into administration, Michael enrolled in an evening M.A. program at a local university. Michael recalled that these were very happy times. He and Grace were deeply in love.

He was drinking regularly now, a couple of scotches before dinner on weekdays and the usual scotches plus wine with dinner on the weekends. Grace joined her husband in a scotch before dinner, but only one. Michael remembered that when he and Grace went out for dinner with friends, he would wolf down two drinks before dinner while everyone else had only one. And when they were at a party, Michael would generally drink considerably more than anyone else. He claimed he needed the alcohol to feel at ease in social situations.

This drinking pattern continued for several years. During this time, Michael received his M.A., and he and Grace had a child, Ethan. The couple bought a small house, and life continued smoothly for the most part. Four years later, the position of head of the history department opened, and Michael applied for the post. When he didn't get the position, he was both crushed and very angry. His drinking began to increase. He would secretly freshen up his scotch when Grace was out of the room, so he was probably having three or four instead of his usual two. After a while Grace noticed that they were buying liquor more often than usual and began to suspect that Michael was drinking heavily. When she confronted him, Michael angrily denied it and changed his drinking pattern.

Now he began drinking on the way home from work. He would stop at a liquor store, buy a half pint of brandy, and drink it on the way home. He was careful to vary the liquor stores he stopped at and took back routes home to reduce the chance of being stopped by a police officer. Before getting home, he put the empty bottle in the trunk of his car, freshened his breath, and was ready to greet Grace and start in on the scotch. He began to fall asleep, possibly passing out, regularly after dinner. His after-work drinking led him to give up his afternoon racquetball games, and he no longer was able to engage in any activities after dinner. He started forgetting appointments he had made. For example, friends might call to invite Michael and Grace to a movie or dinner, but the next day Michael had no memory of the call. The number of calls from friends began to decrease. During this period, Grace was becoming increasingly upset. She was having less and less interaction with Michael, and she was coming to believe that Michael must be drinking secretly.

After several months, Grace became fairly certain that Michael must be drinking outside the home. One day she checked his trunk and found a dozen brandy bottles. Beside herself with anger and anxiety, she confronted Michael, and an ugly argument ensued—the first of many. Michael became even more secretive about his drinking, now throwing the empties away before arriving home, but his drinking did not decrease. He realized his drinking was out of control and made several attempts to cut back. Unfortunately, his resolve typically lasted only a day or two.

Treatment

During the first session, Dr. Lawton and Michael discussed treatment options in more detail. Michael was adamant that he wanted to cut down rather than aim for

abstinence. Dr. Lawton told him that while he thought abstinence was a better goal, he was willing to help Michael reduce his consumption. Dr. Lawton indicated that in order to regain control of drinking, a month of abstinence would be necessary. While Michael showed signs of increased tolerance for alcohol, he had not experienced withdrawal symptoms; therefore, quitting "cold turkey" appeared to be a safe procedure. Michael reluctantly agreed to this period of abstinence. They also discussed the positive and negative consequences of Michael's drinking. Somewhat surprisingly, Michael was hard pressed to come up with much in the way of positives. He said that alcohol had allowed him to cope with stress in the past, but now it had just become a habit, a way of filling time. Their discussion of negative consequences produced a long list—marital problems, loss of friends, giving up activities, and the fact that his high blood pressure was undoubtedly worsened by alcohol. Dr. Lawton also provided normative information about the amounts people typically drank. Michael was surprised at how much he deviated from the average.

Both Grace and Michael were present for the next session. They discussed ways for Michael to cope with abstinence. Dr. Lawton pointed out that urges to drink would pass with time, especially if Michael could engage in some alternative activities. Michael was taught to think past the urge and to focus on the longer-term consequences of heavy drinking. In therapy sessions, he practiced how to imagine longer-term consequences of getting drunk, such as being arrested for driving while intoxicated, ruining his marriage, and losing friends. Together they planned a number of activities to engage Michael in the hours after work. Michael decided to help out with the wrestling team at school and also return to playing racquetball. If neither of these activities was possible on a given day, Michael was to stay later at work and grade papers or revise lectures. If he was having difficulty controlling his urges, he was to call Grace. Michael agreed to have Grace remove all alcohol from their home, and the couple came up with a list of activities that they could engage in to fill the time that Michael would have typically spent drunk or "asleep." Essentially these involved social activities like going to the movies with friends, renting a film to watch at home, playing bridge, and going out for dinner.

Over the next several weeks, Michael met with Dr. Lawton twice a week, with Grace present at some of the sessions. Michael was able to maintain abstinence and followed through on the plan to become involved in alternative activities. He reported that he experienced cravings, mostly after work and in the evening, but that they were not too severe. The cravings were nothing like those he had experienced when he had quit smoking several years previously. He described them as rather vague hunger, "like when you're sort of hungry but don't know what you really want." During these sessions, Michael was also taught deep muscle relaxation as a way to cope with the negative emotions that he experienced with the urge to drink.

Once the abstinence period was over, alcohol was reintroduced to the home. Michael agreed to have no more than two drinks per day, which had to be carefully measured in contrast to his earlier practice of just filling a highball glass with scotch. He also agreed to drink only in Grace's company. Drinks were now to be sipped, and a 20-minute waiting period had to elapse between drinks. Michael reported that he was enjoying the activities in which he was now engaging, especially the racquetball and renewing old friendships.

The moderate drinking pattern seemed well established in about a month, so the frequency of sessions was reduced. Over the next months, Michael and Dr. Lawton continued to discuss Michael's efforts to cope with urges. They also began to discuss the possibility of relapse. Dr. Lawton distinguished between a *lapse*—drinking too much on a single day—and *relapse*—returning completely to his old pattern. Dr. Lawton pointed out that while lapses would likely occur, a lapse would not mean that all of Michael's progress had been lost. They also discussed the need for continuing treatment and attending meetings of a local group of recovering alcohol abusers. The group was somewhat similar to AA but with fewer religious overtones and less emphasis on abstinence as the only solution to alcohol abuse. Michael agreed to attend meetings and treatment was ended.

Followup

Three years later, Dr. Lawton received another call from Grace, who told him that Michael had returned to heavy drinking. She and Michael had discussed returning to treatment, but he was reluctant, saying that it clearly hadn't worked the first time. Dr. Lawton suggested that she try to get Michael to call him. Michael called several days later and reiterated his belief that treatment had failed. He said that he had started drinking heavily when he had again been passed over for a promotion and then had just slipped back into his old pattern. Dr. Lawton pointed out that maintaining moderate drinking for several years was not really a failure. He told Michael that he believed that treatment could again help but that they would need to attend more carefully to maintaining treatment gains this time. Sensing his continuing reluctance to return to treatment, Dr. Lawton told him that because his drinking had only been out of control for a short time, a period of abstinence would not be necessary this time. Michael agreed to come for a session with Grace.

Grace was the first to speak. Tearfully, she explained that Michael was drinking heavily again. Michael sat quietly, head down, as Grace related recent events. She indicated that she wasn't sure she could get through another prolonged episode of the problems that always seemed to occur when Michael was drinking. She was considering divorce. Michael didn't disagree with anything Grace said. He wanted to try treatment again and would make an effort to stay sober.

Treatment was similar to before, but there was no period of abstinence. Michael was quickly able to reestablish a pattern of moderate drinking. In addition, a good deal of time was spent discussing Michael's reaction about being passed over for promotion. Michael's view of this event was that it was a catastrophe and proved how worthless he was. Dr. Lawton worked with Michael to try to get him to see it as unfortunate but not a complete disaster. During these meetings Michael told Dr. Lawton that after therapy had terminated he had not followed through with the suggestion to attend group meetings. As with the first therapy, the last sessions were spent discussing maintenance of the gains that had been achieved. Michael insisted that he would attend group meetings this time, and Dr. Lawton agreed to continue to see him once a month. Michael was also told to call Dr. Lawton and schedule a meeting if he drank heavily for more than two days in a row.

Michael continued to see Dr. Lawton for the next six months. Although he had a couple of lapses, for the most part he maintained moderate drinking and attended group meetings regularly. But then he began to cancel appointments and missed several without calling. At the end of a year, Dr. Lawton closed the case.

Two years later, Grace called to say the old pattern had returned. This time Michael was unwilling even to call Dr. Lawton. Grace was filing for divorce. She felt depressed and wanted to schedule some therapy sessions. These sessions dealt mostly with her feelings about Michael. Grace did not seem to be clinically depressed, but she was indeed experiencing considerable distress. Michael continued to drink heavily, and Grace finally ordered him out of the house. Shortly thereafter, Michael had a major heart attack and died. Therapy with Grace continued for several months, focusing on her distress and guilt over Michael's death.

Discussion

According to *DSM-IV-TR* (APA, 2000), the maladaptive use of various substances falls into two categories: substance dependence and substance abuse. Alcohol dependence is diagnosed if the person meets three of the following criteria:

- Withdrawal symptoms (negative psychological and physical effects) appear if the person stops drinking.
- Tolerance develops. The person needs to drink more and more alcohol to produce the desired effect.
- The person uses more alcohol than intended or uses it for a longer time than intended.
- The person wants to reduce alcohol consumption and may have unsuccessfully tried to cut down or stop.
- Much time is spent trying to obtain alcohol or recover from its effects.
- Alcohol use continues despite psychological or physical problems caused by it.
- Participation in many activities (work, recreation, social) is reduced because of the drug.

Alcohol dependence can be diagnosed as being accompanied with physiological dependence if either tolerance or withdrawal is present. Physiological dependence is what many people mean when they use the term addiction.

Alcohol abuse, a less serious disorder, is diagnosed if one of the following is present:

- Failure to fulfill major obligations due to recurrent drinking. For example, absences from work.
- Repeated exposure to physical dangers while drinking, such as driving while intoxicated (DWI).
- Legal problems due to drinking, such as disorderly conduct or DWI.
- Continued drinking despite persistent social problems, such as arguments with spouse.

