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A Reader's Digest

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A Dynamic
New Approach to
the Alcoholic

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A Dynamic New Approach to the Alcoholic

It isn't true that the victim of this destructive disease has to "hit bottom" before he can right himself. Family or friends *can* intervene earlier—successfully

By JOHN G. HUBBELL

SATURDAY evening, the Clintons asked us to leave their dinner party because of your foul language and your insulting remarks to other guests.

"A week ago last Thursday, you came home drunk. When I tried to help you with your coat, you cursed me and punched me—then picked up that antique vase in the living room and threw it at me. It smashed against the wall.

"You have had three automobile accidents in the past year, so our insurance has been canceled. You were arrested for drunk driving on March 17; we had to pay a \$100 fine."

The woman in her late 30s was reading a list of facts to her husband. Ashen, incredulous, he started to interrupt angrily.

"Please sit down and listen," the woman said, nervous but deter-

mined. "Our marriage is about finished. I don't want it to end, but the children and I have been living in such misery that I can tolerate no more. Our only chance is that you will listen. If you walk out on us now, it's all over." And as the four children sat nearby, the mother resumed, describing each event objectively, in stark detail, never once betraying anger.

Her husband snarled, "So I've had a few too many once in a while—there's pressure on me at work. Is that any reason to turn my kids against me?"

"They are concerned, too, and want to talk to you," his wife said firmly.

Now the 14-year-old son, nearly in tears, produced a formidable list of his own and began: "Dad, the last time we went fishing together, you

had a bottle along and kept drinking. You almost capsized our boat a couple of times, and we nearly collided with other boats. You kept cursing the people in the other boats. Then I thought sure we'd be killed on the ride home in the car. Dad, I don't ever want to be in a car or boat with you again when you've been drinking."

In turn, the two daughters, 11 and 9, read their own lists of sad experiences with their drinking father—failed promises, ruined birthday, unruly behavior before their friends. Even the seven-year-old boy spoke up: "Dad, Mom says you're sick, but if you go to the hospital you can get better. Will you go? Please?"

Tears in his eyes, the man looked at his wife and nodded wordlessly. She had already packed his bag and reserved a hospital room. For one alcoholic, a giant step had been taken on the road to recovery.

Can't Stop. The man's family had been weeks in training for this confrontation. They had been carefully prepared for it by experts at the Johnson Institute, a non-profit foundation in Minneapolis, Minn.

~~The opinion has been that no one can help the suffering alcoholic until he's ready, until he hits bottom.~~ Too often, "hitting bottom" means a family broken up, a career lost, innocent people killed in accidents. Yet, in thousands of cases, Institute counselors have proved that it is unnecessary to wait for the problem drinker to achieve insight into his disease on his own by hitting bot-

~~tom. Instead, they teach the people around him—family, friends, coworkers—how to intervene and get the alcoholic to recognize his problem now and commit himself now to treatment.~~

There is no magic to the process. The victim has been out of touch with himself for a long time, and the key to success is to provide him with ~~actual information about himself in a receivable way~~—in non-hostile, objective fashion. To that end, the would-be interveners are taught basic facts.

~~The alcoholic may learn, but he does not because he is weak-willed, morally lax or entirely unaring about others. He drinks because he can't stop; he is in the throes of a chronic, terminal illness. At whatever the reason he started drinking, alcoholism is no longer a symptom of other problems; it is now the cause.~~ And those other ills—mental, emotional or physiological—will remain untreatable until the primary illness, alcoholism, can be arrested. ~~And it is not arrested only by a total commitment to total abstinence—there is no cure for it.~~

A victim of the disease will go to incredible lengths to protect it, to avoid the help he needs. He minimizes and rationalizes the drinking, hiding it behind a near-impregnable wall of self-delusion. Finally, his friends can no longer be deluded: they decide that he has become a pathological liar. Part of the problem now is that the disease has progressed to the point where his de-

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sense of it is abetted by a memory system gone haywire.

He becomes subject to alcohol-induced blackout—real amnesia, a total memory loss which lasts, typically, for a few minutes or hours at a time, but can last for days. Such episodes can occur even when the victim has not been drinking and seems in complete control of himself.

There is also a psychological blackout. Typically, the victim awakens on a morning-after full of vague but intense anxiety and guilt. He has difficulty recalling specifics, but knows that the night before was a bad one. Immediately, his self-preservation instinct goes to work, switching off all intolerable memories. The psychological blackout is soon complete. It's a new day, a new start, and he will be baffled by any hostility or disgust on the part of his spouse—who does remember.

Removing the Crutches. At the Johnson Institute, families usually learn that their whole approach to the alcoholic has been wrong. In the disease's early stages, they shielded him. After each bout of drunkenness, they reassured him, sympathized, made excuses for him, bailed him out of jams.

As the disease progressed, however, they began confronting him privately in increasingly emotional scenes—accusing, moralizing. They thus betrayed a lack of understanding of the alcoholic's overpowering compulsion to drink. Sensing this, he felt angry, hopeless, and sank deeper into his alcoholic quagmire.

He projects his self-loathing onto those dearest to him, most often his spouse. In his confused state, he actually believes that, but for them, he would be all right.

Given such background knowledge, the concerned people are now made ready to intervene. ~~But for~~ ~~they have been nagging,~~ ~~blackout.~~ This deprives him of a major rationalization for his drinking, and of the punishment he feels he deserves, and which frees him to sin again.

~~He must be left on his own~~ ~~to deal with the consequences of his drinking, even problems with the law.~~ Thus, the alcoholic's disease becomes more exposed to him, more vulnerable to intervention.

Group Effort. The intervention team should consist of two or more people who are close to the victim and have witnessed his bizarre, drunken behavior. (Successful intervention *can* be accomplished by one person, Johnson counselors say, but it's less advisable.) Children need not be excluded; usually they are well aware of the problem, and educating them to an understanding of the disease can actually strengthen relationships between them and the victim. Esteemed friends can be helpful; so can co-workers and employers.

Each intervener prepares a written list of particulars about the alcoholic's behavior. Events must be described in unsparing detail, with dates and places named. It has been found that reading aloud from a list

sustains objectivity and curbs destructive emotion. When the interveners are deemed ready, a confrontation date is set. It's best if the alcoholic is taken by surprise on a bad morning-after, when his defenses are low. But he must be completely sober, so that he is in touch with the event and conscious of the loving concern of those confronting him.

Resentful, defensive, accusatory, he often tries to play interveners off against one another. But if the team sticks to its plan, eight times out of ten it is successful in achieving its goal:

By 1966, Johnson had achieved such success with his intervention counseling that a group of civic leaders established the Johnson Institute. Today, in workshops and seminars at the Institute and across the country, Johnson counselors are training some 2000 professionals every year—physicians, nurses, psychologists, educators, clergymen—to put the alcoholic in touch with himself. Individuals keep coming to the Institute, 100—some 4000 last year.

Sometimes a victim strongly resists entering treatment but pledges abstinence and volunteers to join Alcoholics Anonymous. Interveners are taught to couple agreement with a firm condition: if the victim has a single drink, he will enter treatment immediately.

If a confrontation fails, interveners are advised simply to try again later.

Lifelong Fight. The Johnson Institute is headed by Vernon E. Johnson, an Episcopalian priest who in 1962 found himself recovering from alcoholism. Studying the disease, with church support, he haunted hospital alcoholic wards and inter-

viewed thousands of alcoholics. Meanwhile, another study of alcoholics in a Minnesota state hospital showed that among those who had entered voluntarily (i.e., pressured by mounting crises) and those who had been committed, recoveries were about equal in number. Conclusion: the alcoholic need not reach some unspeakable bottom in order to start recovering.

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Getting a victim to recognize that he is an alcoholic is only the first step. When Johnson began his counseling, no general hospital yet offered the extended, total treatment for the disease of alcoholism that he envisioned. Then, in 1968, he was approached by Dr. George Mann, of St. Mary's Hospital in Minneapolis. Together they started a pioneering 16-bed unit (now about to be expanded from 70 to 112 beds) at St.

Mary's, staffed with Johnson Institute counselors. So successful were their results that seven other Twin Cities hospitals—and 25 institutions from Maine to California—have now established units similar to St. Mary's.

During this time he gets supportive drugs, and other medical problems are pinpointed for follow-up.

(It is summarized in a film, *I'll Quit Tomorrow*, based on Johnson's book.) There are blunt, daily encounter sessions with other patients and counselors. It's tough going, a month of anger, frustration and moments of hopelessness. But the knowledge thus thrust upon him will be the victim's most potent weapon in his lifelong fight to stay sober.

Through the two years and beyond, A.A. groups continue to meet weekly at the hospital—with Alanon meetings as well for the spouse, Alateen meet-

ings for the teen-age children.

How effective is all this? A recent survey of former St. Mary's patients showed that 79 percent maintained total abstinence for at least a year following discharge. Even after four years, 51 percent had not had a single drink. And of those who did report a drinking experience, 81.5 percent needed no additional therapy: apparently, they fell off the wagon but scrambled right back on. Interestingly, 91.5 percent reported "significant improvement" in the quality of their lives, including better family relationships and improved employment situations.

For information on intervention counseling available in your area, check with the local National Council on Alcoholism affiliate, or Alcoholics Anonymous group, listed in your telephone book. Or write to: Johnson Institute, Dept. 100, 7325 Wayzata Blvd., Minneapolis, Minn. 55426.

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