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Addiction Medicine & Psychiatry



Seducing a Compulsive Into Recovery

Ray, a 40-year-old executive, was 10 minutes early for his appointment. He looked perfect: dark suit, crisp white shirt, bland necktie and spotless shoes, but his firm handshake was moist. He frowned at my untidy desk. After waiting stiffly for me to sit down first, he came right to the point.

“Doctor, I need more willpower so I can stop drinking.”

“Are you sure you have a drinking problem?” I asked.

“Yes.” Like a computer, he ticked off his symptoms. “I often drink more than I intend to; it makes me irritable and less efficient after lunch; it embarrasses my clients; and some mornings I can’t recall exactly what I did or what I said the previous night.”

A few more clues made the diagnosis obvious: He was an obsessive-compulsive alcoholic with controlled anxiety, covert hostility, driving ambition and gnawing self-doubts. But he also had lots of moral integrity, commitment to his job and a need to be perfect – qualities that made him a valuable employee, up to a point.

For many years, Ray had controlled these conflicting emotions by being punctual, proper, polite, productive – and by using self-medicating amounts of alcohol. But he now needed more and more alcohol to keep this brittle façade from cracking. He explained himself best by making two observations about himself and other people:

- (1) “I can’t stand to have any part of my life out of control.”
- (2) “I drink because other people are so inefficient; they just don’t do things right.”

Like many compulsives, Ray was also a thin-skinned, super-conscientious workaholic. So, I probed gently: “I guess it’s only a question of time before your boss finds out about your drinking?”

Ray shot me a hurt look; he felt slandered. “My drinking has never affected my job” told me sternly. “As for my boss, he already knows because I told him. It wouldn’t have been fair to hide it.”

Paradoxically, the same character traits that made Ray a good employee also made him resistive to therapy. He seemed to be reading my mind. “Doctor, I’m getting desperate. I’ve tried AA, I’ve tried psychotherapy and I’ve talked to our family minister. But it’s not working” he groaned. “It’s all so nonspecific. Is there anything you can do to increase my willpower?”

I sensed that now was the time to close in; this was probably as loose as this guy would get all day. “No,” I said, putting control of the ball back in his court – where I knew he needed it to be. “But there is something you can do: You can take Antabuse. It’s a pill to increase your will. What it does . . .”

His face fell; he saw me as just another screw-up. “I’ve heard about that pill” he interrupted me. “It makes you sick if you drink. I don’t need a chemical crutch . . .”

“Ray, it beats the glass crutch that you’ve been using,” I countered firmly. “Antabuse actually puts you in control. Look at it this way. Every morning when you take that pill, you are in fact saying ‘I am going to will this pill into my gut to stop myself from drinking today.’”

I waited for this to sink in. “You see, that actually puts YOU in charge of your drinking.”

He looked skeptical, but he was listening. The word “control” had gotten his attention. “Ray,” I pressed on “it means that you, in effect, are prescribing the Antabuse; all I as a doctor do is sign the prescription. It’s your willpower that actually administers the pill.”

He was all ears as I pressed on. “With Antabuse, you have to make the ‘drink or not drink’ decision only once a day. The pill prevents impulse drinking which, in disciplined people, like yourself, often result from anger and frustration.”

Now he was really pumping adrenaline. He leaned forward in his chair. “Doctor, those are familiar reasons I drink. Some mornings my wife burns the toast . . . I get stuck in traffic . . . my secretary is out sick . . . Boy, on such days I can hardly wait until lunch to get a drink.” His face lit up. “But with Antabuse in my gut, I wouldn’t be able to drink over all those mistakes. Right?”

“Yes,” I agreed. “Also, Antabuse frees up your brain power so that you can work on other parts of your recovery. As you get further away from your last drink, you learn about changing your lifestyle.”

But he was still bothered by something. “Doctor,” he was almost pleading. “I’m not being treated because I’m weak, am I?”

“No. If anything, you’re too strong. But you’re carrying too big a load. As you learn to live without drinking, the treatment will decrease your need to manage half the world.”

People like Ray can be treated successfully, but they may have to be seduced into recovery: First, a few individual sessions and Antabuse for control; then group therapy, where intellectualization slowly gives way to identification, and the idea of “letting go” becomes more acceptable. Then you add Alcoholics Anonymous meetings – usually in the company of compatible group members – come after a couple of weeks and – a most vital step – selecting the right AA sponsor.

It was time to end to end this first session. I handed him the prescription “I’ll see you next week, Ray. My final word is good luck with the ‘pill for your will.’”

“Let’s be precise, Doctor. It’s your ‘pill power’ for my ‘will power.’”

Ray was out the door before I could reply. Compulsives always like to have the last word.

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