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Identifying the Problem

Have you ever known someone who exhibited behaviors that didn't make sense? We always seem to figure, "That's just Billie," don't we? Or, "Suzie must have had a tough childhood," "Robbie must have a mental problem," or "Sometimes Steven acts badly in ways that are out of character with his true self. I just don't understand it; he really needs to learn to control himself."

Even experts often attribute abnormal and erratic conduct to such forces. Such was the case with James, a college student who, as part of a long-term study, was periodically interviewed by mental health professionals over several decades.

During his first interview at the age of 19, James, noted by professionals as being emotionally healthy and stable with good moral character, described his parents as warm and understanding. In a follow-up interview nine years later, shortly after his mother's death, he showed normal signs of deep grief.

At age 36, a married father of four, James went into psychiatric treatment for insomnia, guilt and anxiety. When we learn that he admitted to cheating on his wife, gambling and being deep in debt—a result of "irresponsi-

ble borrowing” – these symptoms aren’t surprising. In fact, considering he had also been dismissed from his position as a university professor, it would be abnormal if he hadn’t experienced deeply negative emotions.

James told therapists that his wife didn’t appreciate him and that his parents, whom he had previously reported as warm, had in fact been cold. The psychiatric staff felt that his main problem was apprehension over family and job concerns, an anxiety that they believed could have originated with the death of his mother. They concluded that he had been emotionally unstable for the past 20 years, even before researchers reported that he appeared solid. *At no point did anyone consider the possibility that alcoholism might explain the behavioral changes and disorders.*

Yet, at age 50, James joined Alcoholics Anonymous. He admitted in an interview two years later that by age 30, while writing his Ph.D. thesis, he was drinking constantly and selling stolen university library books to support his drinking. He reported that he was now ashamed of what he called his “psychopathic” behavior.

The Harvard Medical School’s 1990 “Mental Health Review” recited this case, originally reported by the great alcoholism authority George E. Vaillant, to illustrate “some of the problems in identifying the causes of alcoholism and making judgments about the personality of the alcoholic.”¹ However, what do the causes of alcoholism have to do with this story? How are judgments about his personality relevant? The case instead illustrates that no one identified the possibility of alcoholism despite numerous behavioral indications. The message is that even medical professionals are overlooking a diagnosis of alcoholism in such cases. The “Review” didn’t even identify the right problem.

On the personal side, I was romantically involved with

a beautiful and highly intelligent woman for 2 1/2 years. Like James, she exhibited increasingly bizarre behaviors and suffered from severe emotional problems. The two therapists with whom we counseled for much of that tumultuous period never once suggested the possibility that alcoholism might explain her behaviors or those of her children. Instead, they blamed me for the difficulties in our relationship, even while considering the possibility that she might have a Personality Disorder. I gradually realized that instead, she suffered from alcoholism. Surviving the experience and vowing never to go through anything like it again, I decided I'd better learn something about the subject. I happened upon Alcoholics Anonymous and realized that was a good place to start.

At AA meetings, I heard seemingly good people telling horrifying stories of atrocious behaviors in which they engaged as practicing alcoholics. This led to a very simple question: what was causing what? Did bad conduct or lack of morality cause alcoholism, or did alcoholism cause misbehaviors? As I slowly realized it was the latter, I wondered, *what if I reverse the idea?* If alcoholism caused poor behaviors, when serial misbehaviors were observed, how often might I find alcoholism? Yet, I knew from experience that alcoholics did not always act badly. Therefore, if I found a modicum of misbehaviors, might that be a harbinger of worse? These questions revolutionized my life.

Single and dating again, I began testing the idea that isolated incidents of poor conduct might be a clue to worse behaviors and, therefore, alcoholism. When I observed erratic or inexplicably destructive behaviors, I looked for evidence of addictive use. In two cases, I quickly found it and didn't stick around. One woman belittled the mutual friend who had been responsible for our introduction, a

behavior that will later be shown as symptomatic of alcoholism. At the time, she was enjoying her fifth or sixth drink of the evening. Another began twisting everything I said after she popped Vicodin, which is a prescribed form of synthetic heroin, helpful for pain suppression in the non-addict and getting high for the addict. Mutual friends later confirmed my suspicions of alcohol or other drug addiction in two out of three other women, none of whom exhibited overt signs of heavy use in front of me, but who occasionally acted in uncharacteristically nasty ways. One of them drank a magnum of wine one day while working with a mutual friend and destroyed their business relationship. Another, who occasionally acted nasty, even if somewhat controlled while drinking to excess, was seen drunk several times before 10am. By considering the likely source of occasionally poor behaviors, I was able to protect myself by allowing the option of a quick exit.

More important, as the ideas developed, I began experimenting with these questions in my professional and business life. As the owner of an income tax preparation and financial planning firm, I need to hire additional employees each January. Using this tool, I began weeding out likely alcoholics. In addition, my wife and I own vacation rental town homes in Mammoth Lakes, California. I take most of the reservations and inadvertently confirmed that if I suspected alcoholism over the telephone, I was usually right. They were the guests who didn't deserve a refund from their cleaning deposit after having parties to which the police were called. I learned to inform such prospective guests that the dates they requested were unavailable.

Most important, as an Enrolled Agent (tax professional) and Certified Financial Planner licensee®, I used this idea with clients experiencing inexplicable financial problems.

If I suspected that one was romantically or professionally involved with a practicing alcoholic or other drug addict, I'd sometimes suggest the possibility. After a series of questions, I'd point to the likely culprit—even if I didn't know the person. The response was invariably something along the lines of, "No way. He's my best friend/spouse/partner/child/parent. I've known him for twenty years. He's too smart to be an alcoholic." Countering that intelligence seems to have nothing to do with addiction, I'd suggest to my client that he* might want to take another look.

In most cases, I'd hear back a day, a month, even six months later. "You were right. How did you know?" I was confirming my theory that one can spot alcohol or other drug addiction solely on observable behaviors and their effect on others. It began to dawn on me that I was on to something with enormous ramifications.

I learned from recovering alcoholics, as well as from clients, that my story and James' are typical. The reason is that psychologists and physicians rarely receive training in this area. Therapists are usually either taught that alcoholism is caused by environmental influences, or believe this despite having learned that it's not. "You drink because your parents abused you," is a common message that many practicing alcoholics hear in therapy. In sobriety, recovering addicts tell us that the therapist was often the biggest enabler, providing all the excuses needed to

* Nor does gender have anything to do with addiction or codependency. Since the English language is lacking in this area, I will alternate in the use of terms signifying male or female, even though both sexes are included. For example, in almost every case, the words "he" and "she" should be thought of as "he or she."

continue drinking.** Most of the time, the therapists don't know about the drinking and, as in the case of James and my own addict, don't even suspect it. The latter may be a worse form of enabling, since they are using therapeutic techniques in a futile attempt to treat symptoms brought about by chemistry.

Until recently, medical schools required no training in the field of drug addiction. Today, they generally require at most only 24 actual classroom hours. By contrast, I have spent thousands of hours interviewing recovering alcohol and other drug addicts and researching the disease. Even psychiatrists – the drug doctors – don't get it. Dr. Martha Morrison, who tells her story in *White Rabbit: A Doctor's Story of Her Addiction and Recovery*, recounts how she was variously misdiagnosed by fellow psychiatrists as Paranoid-Schizophrenic, Obsessive-Compulsive, Bipolar, Manic, Borderline, Narcissistic, Psychotic and Sociopathic.² She was using almost 20 different substances a day from the age of 12 and, incredibly, went unidentified as a practicing addict until having been a licensed psychiatrist for two years. She says that she had none of these Personality Disorders and confirms that she was, quite simply, an addict. No wonder a user of the single drug alcohol, who may be only occasionally obnoxious or unreasonable, or might exhibit symptoms of what appears to be only one of these Disorders, often goes undiagnosed or, worse, misdiagnosed, for decades.

Chemical dependency experts, often referred to as "alcohol and drug abuse counselors," have the greatest

** We will later show that they drank addictively because their biochemistry impels them to do so. This has nothing to do with environment or one's innate psychological makeup, although these affect the form that addiction takes.