

Cover Story: Out in the Open

by Edward W. Desmond

Changing attitudes and new research give fresh hope to alcoholics

Reported by Barbara Dolan/St. Louis, Andrea Dorfman/New York and Melissa Ludtke/Boston

Just before the Betty Ford Center opened in the affluent desert town of Rancho Mirage, Calif., in 1982, neighbors ventured out across their well-manicured lawns to ask to staff a few questions. "Will there be bars on the windows?" they wanted to know. "Will they get out and go drinking in the neighborhood?" The answer in each case was of course no, but the questions reveal a familiar attitude toward alcoholics: many people thought of them as hardly better than criminals or at the very least disturbed and bothersome people. But at the same time the fact that a sanatorium for alcoholics has been started by a former First Lady who openly admitted to a drinking problem signaled that a hopeful change was in the air. Since then, a stream of recovering alcoholics, among them such celebrities as Elizabeth Taylor, Jason Robards and Liza Minnelli, have stepped forward to tell their stories with bracing candor--of being caught in the vortex of alcoholism, of taking the strenuous route to sobriety offered in therapy and of regaining their health and self-respect. The long process of recovering from alcohol abuse, which experts insist never ends, suddenly began to get favorable notices.

Today, in treatment centers nation-wide, patients are getting a message of openness and hope. In his therapy sessions, John Wallace, director of treatment at Edgehill Newport, a center in Newport, R.I., explains that alcoholism is a disease with a genetic basis, and nothing to be ashamed of. "I ask how many had a close alcoholic relative," he says, "and 95% raise their hands. That astonishes them." He describes the latest theories about neurochemical imbalances that make an alcoholic incapable of drinking normally.

"They are really fascinated," he says. "It takes away a lot of their guilt and makes them less defensive."

In ways unimagined ten years ago, the shadow that has obscured the truth about alcohol has begun to lift. There is encouraging news, and it is substantial. "Silence is each day giving way to courage," Otis Bowen, Secretary of Health and Human Services, said recently, "and shame to strength." Evident all around is a busy sense of awakening. Children are learning about the perils of alcohol in school through slogans like "Get Smart, Don't Start--Just Say No." The accumulated scientific findings of the past decade are having a major impact on the public. Recently a Gallup poll found that a great majority of American adults are convinced that alcoholism is indeed an illness rather than a sign of moral backsliding. In that, they have the support of the American Medical Association, which 21 years ago formally declared alcoholism a disease. At that time, only a handful of programs, such as Hazelden in Minnesota, offered treatment for alcoholics. Since then medical centers and treatment programs have proliferated across the country. There are more than 7,000 treatment programs, a 65% increase in the past six years alone. Partly because of the new spotlight on the dangers of alcohol, Americans are beginning to moderate their drinking habits: consumption of alcohol peaked in 1981 and has since declined by 5%. In many social circles today, the big drinker stands out like W. C. Fields at a temperance meeting.

The most exciting developments in the battle against alcoholism are taking place in the nation's laboratories, where scientists and

medical researchers are probing its neurochemical roots and hunting for genes that may influence its development. Next month researchers from six national laboratories will meet in New York City to coordinate their search through human DNA for the genes that may underlie alcoholism. If they are successful, doctors may one day be able to test young people for certain genetic markers, the chromosomal quirks that predispose some individuals to alcoholism, and warn those who are at risk of developing the disease. Says Henri Begleiter, professor of psychiatry at the State University of New York Health Science Center and president of the Research Society on Alcoholism: "Never in the history of alcoholism have we made as much progress as we have in recent years."

For the 18 million Americans with serious drinking problems, life is a runaway roller coaster that, left untended, inevitably leads to disaster. "It ruins everything that matters to you," says New York *Times* reporter Nan Robertson, a recovered alcoholic. "In the end, the bottle is your only friend. Alcoholics would rather do anything than stop drinking." For the vast majority of Americans, the occasional social drink is a harmless affair. For the afflicted, however, the most innocent gathering of family or friends--a wedding at a suburban country club, a casual gathering on an urban sidewalk--can turn into a nightmare of temptation, indulgence and worse. Recalls a youthful recovering alcoholic: "My biggest fear was getting through life without a drink. Today it is that I might pick up that one sucker drink."

The stakes are high. Alcoholism claims tens of thousands of lives each year, ruins untold numbers of families and costs \$117 billion a year in everything from medical bills to lost workdays. The magnitude of the problem has been overshadowed in recent years by the national preoccupation with the new threat of AIDS and the widespread use of drugs such as heroin, cocaine, marijuana and crack. "Take the deaths from every other abused drug," says Loran Archer, deputy

director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in Washington. "Add them together, and they still don't equal the deaths or the cost to society of alcohol alone."

Alcoholism's toll is frightening. Cirrhosis of the liver kills at least 14,000 alcoholics a year. Drunk drivers were responsible for approximately half the 46,000 driving fatalities in the U.S. in 1986. Alcohol was implicated in up to 70% of the 4,000 drowning deaths last year and in about 30% of the nearly 30,000 suicides. A Department of Justice survey estimates that nearly a third of the nation's 523,000 state-prison inmates drank heavily before committing rapes, burglaries and assaults. As many as 45% of the country's more than 250,000 homeless are alcoholics.

Despite all the advances in knowledge and attitudes, plus the deluge of books, movies and television programs on alcoholism, the cartoon image of the cross-eyed drunk slumped in the gutter or staggering through the front door still lingers in the minds of some Americans. Not long ago many believed, as two researchers put it in the 1950s, that "alcoholism is no more a disease than thieving or lynching." Such attitudes are fading fast, to be sure, but not without leaving a residue of ambivalence. Says LeClair Bissell, 59, a recovered alcoholic and physician: "At the same time we say through our lips that alcoholism is a chronic disease, many of us feel in our guts that it's a moral or self-inflicted problem."

Yet it is a disease, and it can be a ruinously expensive one. A four-week drying-out regimen can cost anywhere from \$4,000 to \$20,000 for in-patient care; today medical insurance covers the tab for 70% of American workers in companies with more than 100 employees. In the early 1970s, the Kemper Group of Long Grove, Ill., was the first national insurance company to include coverage for alcoholism in all its group policies. The firm's hunch: the bill for helping an alcoholic quit today would be cheaper than nursing him through afflictions like cirrhosis of the liver and strokes later in life. The logic of acting sooner

rather than later has spread throughout corporate America. Some 10,000 firms and public agencies, including 70% of the Fortune 500 companies, now have employee-assistance programs to help alcohol and drug abusers pull their lives together and get back to work. "Before this," says William Durkin, employee assistant manager at ARCO, "the normal handling was to tolerate the alcoholic employee until he became intolerable and then to fire him."

Progress in the actual treatment of alcoholism is disappointing. Most facilities still rely on basic therapies worked out in the 1940s. Though some centers advertise grossly exaggerated success rates of 70% after four years, the best estimates are that only 12% to 25% of patients manage to stay on the wagon for three years. Alcoholics Anonymous, the tremendously popular association of an estimated 1 million recovering alcoholics, remains the single biggest source of support for chronic drinkers. But its record is hard to assess because of members' anonymity. Even so, only 15% to 20% of alcoholics get any treatment at all. Says Enoch Gordis, director of the NIAAA: "Something very important is still missing here."

Simultaneously, another shadowy fact of life about alcoholics has been dragged into the light: the severe emotional scars they leave on their spouses and especially on their children. "Years ago the focus fell solely on the alcoholic," says Carol, a mother of four and wife of an alcoholic. "Nobody identified the needs of the family." Indeed, alcohol abuse accounts for more family troubles than any other single factor. A Gallup poll this year found that one in four families reported a problem with liquor at home, the highest reported rate since 1950 and twice the 1974 rate. According to Health Secretary Bowen, alcohol is the culprit in 40% of family-court cases and accounts for between 25% and 50% of violence between spouses and a third of child-molestation incidents.

Though awareness of alcoholism's destructiveness is growing, the sheer number of alcoholics shows no sign of abating. Young

people are especially vulnerable. Bowen states that nearly 5 million adolescents, or three in every ten, have drinking problems. Several studies show that children are beginning to drink earlier than ever before, and a *Weekly Reader* study earlier this year reported that 36% of fourth-graders were pressured by peers to drink. "Kids are making decisions about alcohol and drugs when they are 12 to 14, whereas in the preceding generation they made those decisions at ages 16 to 18," says Lee Dogoloff, executive director of the American Council for Drug Education. "The younger a person starts drinking, the more likely he is to develop problems later in life."

Who, exactly, is an alcoholic? The question is a tricky one: symptoms are not always clear cut, and even doctors do not agree on a definition of the disease. The extreme cases are obvious. A person in the grip of alcoholism blacks out from drinking too much, suffers memory loss, and wakes up trembling with craving for another drink. But most cases show fewer dramatic symptoms. Also, the behavior of alcoholics fluctuates wildly. Some drink heavily every day, while others can stop for brief periods, only to go off on binges. This past year the American Psychiatric Association settled on three basic criteria to define and diagnose alcoholism: physiological symptoms, such as hand tremors and blackouts; psychological difficulties, which include an obsessive desire to drink; and behavioral problems that disrupt social or work life.

The search for alcoholism's general underpinnings began in earnest in the early 1970s with a simple question: Why does the disease seem to run in families? Dr. Donald Goodwin, chairman of the psychiatry department at the University of Kansas School of Medicine, set about seeking an answer by studying 133 Danish men who were all adopted as small children and raised by nonalcoholics. Goodwin divided his subjects into two categories: those with nonalcoholic biological parents and those with at least one alcoholic parent. Then he interviewed each of the

adopted men in depth and examined health records to see which of them developed alcoholism in adulthood. If the disease had a genetic basis, Goodwin reasoned, then the children who had an alcoholic biological parent would wind up with drinking problems more often than the others.

His findings were startling. The sons of alcoholics turned up with drinking problems four times as often as the sons of nonalcoholics. That result helped put to rest the popular assumption that alcoholics took up drinking simply because they learned it at home or turned to it because of abuse suffered at the hands of an alcoholic parent. The study, however, did not rule out environmental factors. Indeed, scientists now estimate that fully 30% of alcoholics have no family history of the disease. But Goodwin showed that some inherited attribute was involved. "What we learned from the adoption studies," says Dr. C. Robert Cloninger, a professor of psychiatry at Washington University in St. Louis, "is not that nature was important or nurture was important but that both are important."

But it was still far from clear how hereditary and environmental factors combine to create an alcoholic. In the early 1980s, Cloninger joined a team of Swedish investigators led by Michael Bohman, a psychiatrist at the University of Umea, to study an even larger group of adoptees. Since Sweden's extensive welfare system keeps thorough records on each citizen, Bohman was able to compile detailed sketches of 1,775 adopted men and women, more than a third of whom has an alcoholic biological parent. As Cloninger studied the health, insurance, work and police records of his subjects, two distinct categories seemed to emerge--and with them new evidence that alcoholism may have more than one form.

Cloninger's first group of alcoholics, about 25% of the total, tended to drink heavily before the age of 25, had bad work and police records and met with little success in treatment programs. Drinking was a habit they seemed to pick up on their own, with little encouragement from friends or other

influences. When Cloninger checked how often alcoholism appeared in the sons of men who fit this description, he found it surfaced nine times as often as in the general population. This variation of the disease, Cloninger concludes, is heavily influenced by heredity. Because it appears primarily in men, he calls this form "male limited" alcoholism.

The second type included both men and women and made up about 75% of the study's alcoholics. They started chronic drinking usually well after the age of 25, rarely had trouble with the law, and often successfully kicked the habit. Their children were only twice as likely to have trouble with alcohol compared with the general population. Cloninger labeled this category of alcoholism "milieu limited," indicating a genetic predisposition to the disease that is triggered by extended heavy drinking.

Cloninger's work added key pieces to the puzzle of alcoholism by suggesting traits that certain types of alcoholics have in common. For example, Cloninger found that his male-limited alcoholics tended to be aggressive, even violent types. He hypothesizes that the nervous system underlying such behavior may react to alcohol in a way that quickly leads to dependence. "It's not proved," says Cloninger. "It's testable." Says Boris Tabakoff of the NIAAA: "For those of us looking for biological markers, Dr. Cloninger's work gives us a road map we can follow to link genetic traits to behavior."

If researchers could develop medical tests that identify biochemical signposts indicating a predisposition to alcoholism, they could warn potential alcoholics before trouble started. SUNY's Begleiter found just such a potential marker in the brain. By using an electroencephalograph to measure the brain waves of nondrinking sons of alcoholic fathers, Begleiter discovered that a particular brain wave called the P₃ showed a dampened response. In each instance the sons' brain waves closely duplicated those of their fathers, while other subjects with no family history of alcoholism showed strong P₃ waves. In

addition, Dr. Marc Schuckit, a researcher at the San Diego Veterans Administration, has found that after several drinks some men whose fathers are alcoholics show fewer changes in the levels of two hormones, prolactin and cortisol, than men whose fathers are nonalcoholics. Eventually, such findings may provide important clues in the search for the genes involved in alcoholism.

Scientists acknowledge that work on the effects of alcohol on individual brain cells is still in its infancy. Part of the problem is that ethanol, the active ingredient in alcoholic drinks, easily penetrates the membranes of all cells and disrupts their normal function. Unlike other psychoactive drugs, ethanol does not target specific parts of nerve cells, or neurons, but seems to enter cell membranes and sabotage the nervous system indiscriminately.

Steven Paul, chief of the clinical neuroscience branch at the National Institute of Mental Health, is studying how ethanol affects certain cells in the brain to induce sedative effects. He is looking at a group of receptors, sites on the membranes of brain cells, that link with a molecule called gamma-aminobutyric acid (GABA), a neurotransmitter that moves across the synapses between neurons. GABA homes in on a complex known as the GABA-benzodiazepine receptor. If there are a sufficient number of GABA molecules present in certain areas of the brain, anxiety diminishes. Tranquilizers such as Valium and Librium work by attaching themselves to the receptor and increasing GABA's effectiveness.

Paul believes ethanol also reduces anxiety by acting on those GABA-sensitive neurons. Altering the amount of GABA in the brain could theoretically neutralize the effects of intoxication. To that end, Paul is currently experimenting with a drug, Ro15-4513, that blocks ethanol's ability to activate the GABA receptor, thus sharply reducing alcohol's sedative effects in rats. Although the drug is toxic to humans, variants could one day be useful in treatment. Other scientists are

studying a new class of drugs that seem to block the alcoholic's craving for a drink. These compounds boost the amount of another neurotransmitter, serotonin, in the brain, thus encouraging a sense of well-being--and bolstering abstinence.

Ethanol has a harmful effect on nearly every organ in the body. Chronic heavy drinking increases the risk of myocardial disease and high blood pressure. Alcohol eats away at the stomach and intestines, causing bleeding in some drinkers. Alcoholic males may experience shrunken testes, reduced testosterone levels, and even impotence. Sustained drinking sometimes disrupts women's menstrual cycles and can render them infertile. Among expectant mothers, drinking can produce birth defects and is a major cause of mental retardation in American children. Even the immune system's efficiency is reduced by alcohol. Studies are under way to determine whether heavy drinking might cause AIDS to surface more quickly in infected carriers.

But alcohol takes the worst toll on the liver, where most of the ethanol in the bloodstream is broken down. Because alcohol is so high in calories (there are 110 calories per jigger of 90-proof liquor), the liver metabolizes it instead of important nutrients, a phenomenon that can lead to severe malnutrition. The high caloric content of ethanol also causes fat to build up in the liver, one of the earliest stages of alcoholic liver disease. This is frequently followed by scarring of the liver tissue, which interferes with the organ's task of filtering toxins from the blood. The slow poisoning leads to other complications, including cirrhosis, an often fatal degeneration of the liver that affects at least 10% of all alcoholics and is especially hard on women. "They die of cirrhosis earlier than men, even though they consume less alcohol," says Judith Gavalier, an epidemiologist at the University of Pittsburgh Medical School.

This year studies at the Harvard Medical School and the National Cancer Institute reported that even women who drink

moderately may have a 30% to 50% greater chance than nondrinkers of developing breast cancer. Heavy drinking among men and women alike has been linked to cancer of the liver, lung, pancreas, colon and rectum. In October a team led by Dr. Charles Lieber, a leading alcoholism researcher at the Bronx Veterans Administration Medical Center in New York City, reported that it had isolated a possible link between alcohol and cancer in humans. The culprit appears to be a member of the family of enzymes called cytochrome P-450s. In the presence of alcohol, the cytochrome can turn certain chemicals in the body into carcinogens.

Despite the medical recognition of alcoholism as a disease 21 years ago, there is still uncertainty over its legal status as an illness. Michael Deaver, the former aide to President Reagan who is on trial for lying to a grand jury about his lobbying activities, is arguing that he was not responsible because he is an alcoholic and his drinking at the time impaired his memory of events and facts. In the past the so-called alcoholism defense generally has not been very successful, but it has worked on occasion in perjury cases.

Next month the Supreme Court will hear a case that is likely to hinge on the Justices' decision as to whether alcoholism is a disease. Two former soldiers, now recovered alcoholics, are seeking to overturn a 56-year-old Veterans Administration policy that classifies alcoholism as "willful misconduct" rather than a sickness. The VA's definition prevents alcoholics from receiving benefit extensions awarded to veterans with illnesses. In seeking to make their case, the plaintiffs' lawyers are expected to bring up the new evidence that alcoholism may have a genetic basis. Says Kirk Johnson, general counsel for the A.M.A., which filed an amicus brief in the case: "We want a medical judgement, not a ruling based on fear, misunderstanding and prejudice."

For alcoholics, the only way to stop the havoc alcohol causes is, of course, to quit drinking. That is easier said than done. The main barrier to ending the torment is the

alcoholic's characteristic, and usually adamant, denial that any problem exists. Mary, 61, who has not taken a drink for 14 years, remembers blacking out and waking up with her hands trembling so badly that she could not hold a cup of coffee. "I had reasons for all those things happening to me," she says, "and none of them had to do with my drinking."

How, then, to break the psychological impasse? One way is to follow a strategy called intervention, which was pioneered in the early 1960s by Vernon Johnson, an Episcopal priest in a Minneapolis suburb. In intervention, family members, friends and co-workers directly confront the alcoholic to shatter his carefully nurtured self-delusions. Beforehand they meet with a specially trained counselor (the fee: \$500 to \$750) to rehearse. In the actual confrontation, the alcoholic is presented with a tough but sympathetic portrayal of the mess he is in and is urged to accept prearranged admission to a treatment center, often the same day. Says Carol Remboldt, publications director at Johnson's institute in Minnesota: "Intervention allows a tiny aperture to be poked in the wall of an alcoholic."

The process can be painful. A 31-year-old daughter read her alcoholic parents a letter in which she described how she had seen her mother change "from the best friend I ever had" to an unhappy and unreliable woman. "The good parts of your character," she said, "are being stolen away by alcohol. Don't let that bottle overtake your life." Indeed, children often provide the most persuasive statements. One alcoholic's resistance crumbled when his son said, "Daddy, when you read me the funnies on Sunday morning, you smell." Peggi, a former schoolteacher and recovered alcoholic, remembers the day seven years ago when she was faced down by her husband, sister and three sons. "It was awful," she recalls. "But it was crucial for me to see how my drinking affected their lives."

As Poet Robert Bly, the son of an alcoholic, puts it in a book called *Family Secrets*, edited by Rachel V. (Harper & Row, 1987): "Every child

of an alcoholic receives the knowledge that the bottle is more important to the parent than he or she is." To mend the damage from those year-in, year-out traumas, hundreds of thousands of Americans have turned to Al-Anon and other family-therapy organizations. An offshoot of A.A. that was formed in 1951 for relatives and friends of alcoholics, Al-Anon has more than doubled in size since 1975 and now boasts some 26,000 regional groups. But the real corner is the children-of-alcoholics movement, aimed at the nearly 30 million offspring of chronic drinkers in the U.S. Made up of a variety of organizations, the movement took off four years ago with the best-selling book *Adult Children of Alcoholics*, a guide to the dilemmas C.O.A.s face, by Janet Geringer Woititz, a human-relations counselor in Verona, N.J.

At a typical C.O.A. meeting, participants sit in a circle and offer reflections on their own experiences, from a paralyzing fear of intimacy to acute conditions like bulimia, a disorder marked by episodes of excessive eating. At the heart of their pain and confusion is a childhood fraught with anxiety. "When we were kids and our parents were drunk, it was our problem," a 21-year-old daughter of an alcoholic told *Time's* Scott Brown. "Somehow it seemed that we should be super people and make our family healthy." Reliving painful childhood experiences among sympathetic listeners enables the C.O.A.s to feel emotions they had suppressed. Recalls Rokelle Lerner, a pioneer in the movement: "I had to learn to re-parent myself, to comfort the little girl inside."

For both family members and chronic drinkers, the greatest frustration is the absence of a surefire treatment for alcoholism. The truth is that success rates often depend more on the individual makeup of the alcoholic than on the treatment. Alcoholics fitting Cloninger's male-limited type are less likely to remain sober after treatment, along with those with unstable work and family backgrounds. "The best predictor of patient outcome is the patient," says Thomas Seessel, executive director of the National Council on

Alcoholism. "Those who are steadily employed, married and in the upper middle class are more likely to succeed. They have more to lose." In response to allegations that some centers have exaggerated how well their patients do after treatment, Congress has ordered the NIAAA to investigate treatment programs.

Today about 95% of in-patient treatment centers in the U.S. use a 28-day drying-out program developed in 1949 at Hazelden. For the first few days, staff help patients through the tremors and anxiety of withdrawal. From that point on, the emphasis is on counseling. The aims: dispel the alcoholic's self-delusions about drinking, drive home an understanding of alcohol's destructive properties, and make it clear that the only reasonable course is to stop drinking--permanently. Some centers use Antabuse, a drug that induces vomiting and other symptoms if the patient has a drink. Schick Shadel, a program with hospitals in California, Texas and Washington, employs aversion therapy to condition alcoholics to recoil at the smell, taste and even sight of a drink. Most programs, however, rely on A.A. or other counseling programs to help reinforce the message of abstinence.

"Everyone knows how to get sober," says Michael Baar, an Albany, Calif., psychologist. "The problem is keeping them in that state." Relapse prevention is the latest attempt to help reduce the number of recovering alcoholics who fall of the wagon. Terence Gorski, president of the Center for Applied Sciences in Hazel Crest, Ill., has studied thousands of relapse cases and found that on their way to recovery, alcoholics go through specific stages, each with its dangerous temptation to return to drinking. Early on, it may be hard to cope with withdrawal. Later, the patient may falter in developing a normal family and social life. Finally, there is a period of complacency, when the recovering alcoholic no longer fears drinking as he once did. At each point, says Gorski, "the person is out of control before he actually starts to drink." His solution:

counselors who meet regularly with recovering alcoholics to help them identify and face problems before they get out of hand. Says Gorski: "It is compatible with A.A. and self-help groups. The only difference is that we go beyond what A.A. has to offer."

Will there ever be a simple cure for alcoholism? Probably not. Even so, the next decade or so holds dramatic promise for advances in understanding and effectively treating the disease. Researchers hope eventually to sort out alcoholics according to the neurochemical bases of their addiction and treat them accordingly. "We are still trying to map out these neurochemical systems," says Edgell Newport's Wallace. "If we succeed, then it is likely that we will be able to design treatments." A.A. and other groups may always be necessary to help alcoholics assess the psychological and emotional damage of chronic drinking, but there is hope that medicine may make the course to sobriety less perilous.

Medical and scientific promise, however, should not eclipse the importance of public policy efforts to curb heavy drinking among adults--and stop it altogether among youngsters and adolescents. Education is one approach. The Government's "Be Smart" campaign, aimed at eight-to-twelve-year-olds, has had some success. Mothers Against Drunk Driving has been a primary factor in the fight that has raised drinking ages from 18 to 21 in 34 states plus the District of Columbia since 1982. Despite strong opposition from the alcohol industry, which lobbies vigorously against higher excise taxes for alcohol and warning labels on beer, wine and liquor bottles, groups like MADD and the National Council on Alcoholism continue to push initiatives that will further discourage consumption of alcohol.

In his speech two weeks ago, Health Secretary Bowen complained that brewers and beer distributors spend \$15 million to \$20 million a year marketing their products on college campuses, encouraging heavy drinking and "contributing to poor grades, excessive vandalism, many injuries, and not so

infrequently, death." Bowen asked Education Secretary William Bennett to encourage university presidents to restrict alcohol promotions on campus. Spuds MacKenzie, the canine star of Anheuser-Busch's advertising campaign for Bud Light beer, is also in the doghouse. This fall the National Association of State Alcohol and Drug Abuse Directors filed complaints with several federal agencies charging that the campaign encouraged kids to drink.

For those who know what British Novelist Malcolm Lowry described as the alcoholic's "fine balance between the shakes of too little and the abyss of too much," sobriety cannot come too soon. That is the challenge for medical researchers. But just as much energy should go into the job of preventing the disease. That means not only finding genetic markers to warn those susceptible but also changing attitudes in a society that still glorifies drinking. As Bowen remarked recently, "To do anything less than all this would be a disservice to ourselves, our society and to the many future generations whose lives and livelihoods are at stake." For millions of American alcoholics, there is no time to lose.

Diary of a Drunk

What is it like to suffer from alcoholism?

The writer of the following article, who spent 28 days in a treatment center in the Northeastern U.S., offers his reflections:

Dying of alcoholism normally takes years. But before a final, prolonged bout of uncontrolled drinking caused my physical collapse and led to treatment, there was no doubt I was well on my way. My appearance was shocking. I was about 20 lbs. underweight and malnourished, the result of giving up almost all forms of food except coffee, sugar and, of course, alcohol. I was in the early stage of delirium tremens, the DTs. I sometimes heard faint ringing noises in my ears and suffered unexpected waves of vertigo. I felt near constant pressure in my lower back and sides from the punishment my liver and kidneys were taking. My personality was also seriously diseased. I was nervous, reclusive, by turns

extravagantly arrogant and cringingly apologetic. I tried to cover my extremes of mood with brittle cheerfulness, even though I was desperately afraid. If you asked me how I was feeling, I usually lied, "Just fine."

I now see "just fine" as a key phrase that encompassed my diseased physical and mental condition. At the nadir, my addiction to a chemical that was killing me was nearly complete. I knew that something was very wrong with me. I even knew I was an alcoholic, but I had long since come to believe there was nothing I could do about it. I had decided that it was perfectly appropriate--just fine--that I should die. In fact, I honestly hoped that I would, sparing further grief for many people I loved. Dying, I thought, was the best thing I could ever do for them. The idea of living without alcohol could not occur to me. I preferred the idea that I was a hopeless case.

No one finds alcoholism more mysterious than the suffering alcoholic, and I was no exception. I had no idea why I was an alcoholic at all, though I should have: my father was one. But from his illness I had gained only a morbid fear of the substance, which lasted until I reached college. I would never touch the stuff. That prolonged abstinence while my adolescent peers experimented with liquor only made what happened to me more mystifying. I thought I could take alcohol or leave it.

Why did I ever start to drink at all? The short answer is that initially it made me feel better. Alcohol numbed my self-awareness, the same trick that it performs for nonalcoholic drinkers at cocktail parties. The difference is that normal drinkers dull their self-consciousness only slightly, the better to socialize. I very quickly tried to send all my thoughts and feelings about myself to oblivion. Psychologically, I was undoubtedly depressed when I began to overcome my well-founded but ill-understood fears about alcohol: my father died when I was a sophomore. For whatever reasons, I spent the better part of two decades trying to stay emotionally and physically numb.

Even in those early days, signs might have pointed an expert on alcoholism toward my growing problem. One hint was my immediate tendency to drink to unconsciousness. At parties, I would often fall asleep in mid-hullabaloo on the couch. That drew plenty of jokes at the time. Only much later did I recognize that I had been passing out. Another signal was an initial, abnormally high tolerance for alcohol, at least until the passing-out stage. I thought I could hold my liquor pretty well. Now I think it means that my body was being less dutiful than most in handling overdoses of a hazardous chemical. (Years later, when only a couple of drinks would overload my toxified liver, causing slurring of words and other drunken symptoms, I finally joined the company of those who "can't hold a drink.")

Exactly when did I become addicted to alcohol? I don't know that either. The addiction was preceded by a delusion: I thought I drank to socialize. Maybe I did. My alcoholism took years to develop into a chronic affliction, and during much of that time I went to bars after work, one of the guys. The delusion was gradually reinforced by gravitation. I mingled more and more with other persistent drinkers who took longer and longer to call for their bar tabs. Most of us were actually alcoholics in varying stages of development. The nonalcoholics had long ago selected themselves out. Those of us who remained agreed that we were "normal." Unhappy, but normal.

Alcoholic perception is like that, in a hundred insidious and distorting ways. All of them are aimed at protecting a drunkard's notion that he is possessed of free will. My drinking buddies and I agreed that we did not have a drinking problem. Everything in our increasingly narrow world, though, was a problem that required drinking: the wife, the kids, the boss, the government. In dingy watering holes from which everyone with a healthy life to lead had gone home, we conspired to overlook the obvious, that our bodily cells were addicted, and our minds were

along for the ride.

Inexorably, the need for alcohol grew, while the lies wore thin. As my alcoholism accelerated, I abandoned most drinking partners and joined the ranks of solitary toppers bellied up to countless bars. I lost any sense at all of what would happen after I started drinking; I became completely unpredictable. Sometimes I would go home after a couple of drinks (there was usually more booze there). More often, I would join the lineup of other alcoholics at the bar telephone stalls, fumbling with worn-out excuses about unexpected visitors and urgent business meetings. Sometimes I would simply hole up in my office with a bottle after everyone else had gone home. There simply wasn't anything else in my life. Most frightening of all, I began to suffer alcoholic blackouts during drinking episodes. I would swim back into consciousness with no recollection of where I had been or what I had done. Once, I came to late at night on a downtown city street with my suit trousers slashed down one side by a razor.

Bizarre incidents like that left me petrified but unable to stop drinking. None of the growing physical pangs of alcoholism--the retching, nervous spasms, sweaty and sleepless nights, dehydration--matched the moments of hammering panic I felt every morning for months on end, as I tried to remember exactly what I had done the night before. At one point, terrified that I might kill someone with my car, I gave up driving, but never alcohol. Along with the fear came sudden rages--at my wife, at my friends, at anyone who tried to stop me from drinking. My homelife became a nightmare.

Creeping paranoia set in.

No one wanted me to stop drinking more than I did. What I could not say was that I did not know how to do it. Every day, the inability inspired waves of remorse and self-loathing. But in my fearfulness, I stayed willfully ignorant of alcoholism. I would walk out of the room if a television commercial mentioned the subject. I was convinced that getting sober was merely a matter of personal willpower--and that, through some unfixable flaws of character, I lacked the power. I never wanted to be reminded of what was, to my mind, a moral affliction. Who would?

I still consider the fact that I did not die a miracle, meaning that some kind of providence intervened. For me, it took the form of a friendly superior at work who confronted me. I finally broke down and admitted that I needed help. That simple admission, so long in coming, brought an enormous release. Suddenly, alcoholism was no longer something I had to endure in private. Somehow, in that encounter, a powerful psychosis dissolved.

Years later, after hundreds of Alcoholics Anonymous meetings and many hours of intensive counseling, I am happy to acknowledge that I have a serious, progressive ailment, with no cure. Alcohol is no longer a terrifying, destructive force in my life. It is just another chemical, fine for you, perhaps, but deadly for me. I avoid it, but without a sense of panic or fear. Friends say I am a completely different person now. Only, sometimes, I remember the feelings of hopelessness and shame from those terrible years, and I still have to struggle to hold back the tears.