

Case Example: Quentin McCarthy (1)

“I can get off it, but I can’t stay off it.” Quentin McCarthy was 43, and he was talking about alcohol. He liked to say that throughout his adult life he had been successful at two things—drinking and selling insurance. Now he was having trouble with both.

Quentin was the second of three sons born to parents who were both attorneys. Both of his brothers had been excellent students. Quentin was bright, but he had been hyperactive and the class clown. In school, he had never been able to focus his attention well enough to excel at anything but physical education.

To please his parents, after high school Quentin tried a semester of junior college. It was worse than high school—the only thing kept him going was guilt. Whereas his older brother was admitted to law school (with honors at entrance) and his younger brother mopped up the prizes at the state science fair, Quentin felt almost joyful when his birthday was that year’s number four pick in the national draft lottery. The following day he enlisted in the Army.

Somewhere in his schooling Quentin had learned to type, so he was assigned to his battalion’s administrative section. Throughout four years in the military, he never fired his weapon in anger. By comparison with some of the older men, his drinking was moderate. Although he had about the usual number of fights, he managed to avoid serious trouble. When he left the service at age 22, he had held onto his sergeant’s stripes through two tours of duty in Vietnam.

After that, life suddenly became serious. Working part-time after hours in the post exchange, Quentin had discovered that he was a natural salesman. So it seemed a logical move to take a job selling life insurance. It also seemed sensible to marry the boss’s daughter. When his father-in-law died suddenly two years later, Quentin became sole proprietor of the agency.

“The business made me and it ruined me,” he said. “I made a lot of money having lunch with people and selling them large policies. I told myself that I had to drink with them in order to make a sale, but I suppose that just rationalization.”

As the time went on, Quentin’s two-martini lunches turned into four-martini lunches. By the time he was 31, he was skipping lunch completely and nipping throughout the afternoon to “keep a glow on.” At the end of the day, he was sometimes surprised to see how much had disappeared from the bottle he kept in his desk drawer.

The past year had brought Quentin two unpleasant surprises. The first came when his doctor informed him that the nagging pain just above his navel was an ulcer; for the sake of his health, he would have to stop drinking. The second, which in a way seemed worse because it injured his pride, occurred one afternoon over lunch. A long-time client of the agency apologetically said that he would be taking his substantial business elsewhere; his wife didn’t feel comfortable that he was “doing business with a lush.” Thinking back, Quentin realized that there had been several other, less blatant instances of customers departing the fold.

The result had been his resolve to quit, or at least to reduce the amount of his drinking. (“Quitting is easy,” he remarked ruefully. “I did it twice in one month.”) At first he promised himself he would not drink before 5 p.m.; that proved impractical, and he later amended it to “around lunchtime.” With the level in his desk drawer bottle receding as fast as ever, Quentin decided he would try Alcoholics Anonymous. “That was worse than useless,” he explained. “The stories I heard from some of those people made me feel like a teetotaler.”

A comment made by his wife, herself no stranger to alcohol, eventually brought him in for evaluation. “You used to drink to have a good time,” she told him. “Now you drink because you need it.”

Source: DSM-IV Made Easy, Pages 70-71

Case Example: Quentin McCarthy (2)

By the time Quentin sought help, he was drinking the equivalent of nearly a pint of hard liquor per day. He declined the offer of a brief hospitalization to detoxify, and instead began an outpatient withdrawal regimen of decreasing doses of a benzodiazepine. He was asked to return in three days.

On Quentin's next visit, he looked gray and unhappy. He signed in at the registration desk with a wobbly scrawl, and his hand shook as he reached out an arm to have his blood pressure and pulse taken. Both of these measures were elevated.

For three days Quentin had drunk no alcohol. Beginning the second morning, he had felt increasingly anxious. It was a sensation that he could only compare to the feelings he had had the first night in Vietnam, when he had awakened to the booming of howitzers. His anxiety grew throughout the day. Although he was exhausted by bedtime, he hardly slept at all. When he arrived four hours early for his clinic appointment, he admitted that he had taken none of the medicine he had been given. "I wanted to do it myself," he explained.

Over the next several days, Quentin's withdrawal symptoms abated. Within two weeks, he no longer needed the medication. However, because he felt strongly tempted to drink when he was having lunch with clients, he requested disulfiram (Antabuse) therapy.

Three months later, Quentin was still taking disulfiram and still hadn't touched alcohol. He attended at least one Alcoholics Anonymous meeting each day. He had rescued his insurance business from the doldrums and had even persuaded two of his old clients to return with their business. However, he admitted that he occasionally felt acute episodes of anger when he wanted a drink.