The Dry Drunk Syndrome: A Toximolecular Interpretation

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Dry Drunk (A.A.) Irritability, depression, or aggressiveness in an alcoholic during a period of abstinence, supposedly accompanied by some signs resembling alcohol intoxication.

(Keller & McCormick, 1968)

How I could feel so bad, both emotionally and physically I just could not understand. After all, I have not touched a drop. Why had this thing happened to me?

(E.D., 1974)

The term "dry drunk" appears to have originated sometime during the evolution of the Fellowship of Alcoholics Anonymous. Like many other notions, the dry drunk became part of the conventional wisdom of A.A. and was applied to a variety of emotional experiences, attitudes, and maladaptive cognitive processes taking place during recovery.

Although the concept of the dry drunk originated in Alcoholics Anonymous, it did not appear in A.A. literature until 1962. According to M.E. (1962), "a dry drunk is an emotional storm." M.E. goes on to provide a graphic account of the barometric flip-flops characterizing a dry drunk:

The emotions of an alcoholic can fluctuate much in the manner of weather fronts... Take a particularly difficult day with a sufficient number of negative events, mix in normal amounts of 20th century stress, give this dose to a fatigued alcoholic and you have a nice dry drunk in the making. Of course, we can help it along by skipping lunch, rushing at a double-time pace all day long and engaging in the doubtful luxury of such emotions as anger and worry.

There is, however, a suggested antidote:

The Twelve Steps, a set of principles that form the cornerstone of the *A.A.* philosophy (Alcoholics Anonymous 1952).

Another A.A. member, M.U., describes an emotional drunk that often occurs during the sobriety of the A.A. neophyte: *My present was so cluttered up with rubbish from the past and phantoms of the future I had no room for the present. I was truly out of control, dealing with self-pity, resentments, and stinking-thinking. I was staggered, in fact, by my imagination instead of alcohol. (M.U. 1964)* The importance of inattention to A.A. principles in the dry drunk process was emphasized by E.D. as follows: / *had forgotten to put the Steps into practice ... because I did not do those things, just said them, I got back all my self*-pity,

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resentments, and doubts. (E.D. 1974) Borrowing from a popular antacid television commercial, S.K. comments: *A dry drunk is the alcoholic blahs ... Intense preoccupation with self and lack of concern with others seems to be the outstanding characteristic of a dry drunk. (S.K. 1975) for* remedial action, S.K. suggests that the proper way to sober up from a dry drunk is for the alcoholic to engage in self-inventories, talking it out, prayer, and working with newer A.A. members.

During the 1950's, professionals became interested in the concept and incorporated it into then-current accounts of the alcoholism recovery process. For example, Wellman (1954a), identified the dry drunk as a composite of "late withdrawal symptoms that includes irritability, depression, insomnia, fatigue, restlessness, a sense of aloneness and distractibility." He also observed that when the dry drunk syndrome is severe it may mimic the physical signs of drunkenness.

Wellman gave due credit to alcoholics for developing a picturesque and descriptive depiction of the effects of late withdrawal. He proposed a gradient of intensity, with the milder form corresponding to "stinking-thinking" at one extreme and the more intense experience of the dry drunk at the other end of the continuum (Wellman 1954a).

In a subsequent paper, Wellman (1954b) made several recommendations for the management of the late withdrawal symptoms of alcohol addiction. He suggested the use of benzedrine sulphate, sodium bromide, and mephenesin to relieve symptoms of depression, confusion, jumpiness, irritability and restlessness. He recommended additional drug management in the form of ten to thirty units *of* insulin to give relief from the thirst for alcohol. And, finally, he advocated prescribing sodium phenobarbital for insomnia and an antacid for symptoms of gastritis. Wellman's drug-oriented management of the late withdrawal syndrome appears to be founded in large part on the assumption that the fatigue experienced during the second six months of abstinence was more likely organic fatigue rather than functional in origin, and he also claims that late withdrawal symptoms were reduced in severity when the patient spent ten hours in bed each night for two weeks (Wellman 1955).

In the same report, Wellman pointed out that many of the problems arising during the period of time that the recovering alcoholic seems most susceptible to onslaughts of a dry drunk stem from marital conflicts and working out new relationships, problems of dominance and authority in the unstable ecology of shifting roles, expectations, and responsibilities.

Concurrently with Wellman's papers, Flaherty, McCuire and Gatski (1955) grew curious about the experiences reported by patients and *A.A.* members as the dry drunk. They constructed a 41-item questionnaire devised to explore the personal perceptions of the dry drunk as it occurs in recovering alcoholics. In effect, the investigators were attempting to define the connotations of the term "dry drunk" as it is used in ordinary language, and as it is perceived by recovering alcoholics presumed to have some familiarity with the concept. Flaherty and his colleagues distributed the questionnaire to 111 members of an A.A. group. There was a great deal of variability in the responses to the questionnaire. Where Wellman found the dry drunk most likely to occur in the second six months of sobriety, Flaherty and his colleagues found, "in nine of our participants, the onset of the dry drunk occurred from 12 to 72 months after cessation of drinking". Thirty-seven of the 52 total respondants had experienced mental and emotional changes recognized as being indicative of a dry drunk.

Alcoholics answering the questionnaire tended to apply a wide variety of meanings to the dry drunk concept: indecision regarding taking a drink or the obsessive desire to drink; depression; malaise similar to hangovers after excessive drinking; mental/emotional confusion; negative thinking; self-pity; craving for an emotional lift. "Nervousness was the most frequently expressed feeling used to sum up the dry drunk experience." Interestingly, three of

the respondants felt that what happens to an alcoholic during a dry drunk is "no different from negative mood swings that are experienced by nonalcoholics" (Flaherty, McGuire&Gatski, 1955).

While 31 of the 52 respondants felt that the dry drunk syndrome could be helped prior to or during the experience, their suggestions for coping with the dry drunk experience were primarily psychological and spiritual, in marked contrast to Wellman's drug oriented therapy: *The means suggested to combat the dry drunk included attendance at A.A. meetings, contacting A.A. members, activity to change one's thoughts, praying, seeking help from a physician or a psychiatrist, resigning oneself to his inability to drink (Flaherty etal,1 955).* there was no suggestion that symptoms should be treated with drugs, nothing to indicate that dramatic changes in thought and mood might be due to metabolic or organic causes.

In summary, these authors concluded that the majority of alcoholics who maintain sobriety over an extended period of time will experience a dry drunk. Another major conclusion was that " 'inner life' is largely responsible for precipitating a dry drunk," an articulation of what has become an exclusively psychodynamic interpretation of the dry drunk syndrome.

Another example of persistent efforts to formally characterize the dry drunk syndrome as a manifestation of deviant psychological processes, rambunctious cognitions, symbolic maladaptations, and so on, may be seen in Jellinek's (1959) brief interpretation of the late withdrawal symptoms as "indications of insufficient adaptation on the symbolic level to an alcohol-free life."

More recently, Solberg writes that the person on a dry drunk is grandiose, judgmental, impulsive, childish, easily bored, distracted and disorganized, and "seems to be constantly dissatisfied with his life."

Solberg's analysis of dry drunk behavior consists of a set of inferences about the underlying psychological causes: lack of personal insight; poor impulse control; self-deception, rationalization and other indicators of psychological interpretations predominate. Tiebout (1962) represents a paradigm example of this type of thinking: *The possibility of a return of his infantile ego must be faced by every alcoholic. If it does return, he may refrain from drinking but he will surely go on a "dry drunk" with all the old feelings and attitudes once more asserting themselves and making sobriety a shambles of discontent and restlessness.* Thus, the dry drunk experience is attributed to psychic misbehavior; the acting out of a severely spoiled, preadolescent ego.

Attribution is an attempt to provide satisfying or acceptable explanations for behavior (Jones, Kanouse, Kelley, Nisbett, Valins, Weiner 1971). Mahoney, a self-styled "thinking behaviorist" who has the temerity to examine "biological relevancies" noted the implications of the attribution process: *The fact that we assign causes to our actions is perhaps less than earthshaking; its clinical relevance lies in the nature of those causal attributions. For example, if we infer that our migraine headache and dizziness are due to an imminent psychotic break rather than the accidental inhalation of insecticides on the way home from work, our subsequent behavior may vary dramatically... If our obesity, smoking or depression are seen as caused by heredity, addiction, or disease, we may be much less likely to instigate an active self-improvement enterprise (Mahoney, 1979).* Mahoney's observations have a good deal of experimental support, particularly from the studies of Schacter and Singer, who summarized their findings in a review of cognitive, social and physiological determinants of emotional states: *Given a state of physiological arousal for which an individual has no immediate explanation, he will "label" this state and describe his feelings in terms of the cognitions available to him. (Schacter and Singer, 1962).*

With the term "dry drunk" and **its** presumed psychodynamic accoutrements, the sober alcoholic who is suffering emotional and physical discomfort has

acceptable labels for these experiences in terms *of* cognitions derived from A.A. and intrapsychic psychological theories. However, these labels, when considered in purely psychological terms, may actually hinder individuals from dealing with their symptoms as effectively as they might because an exclusively psychological and psychodynamic interpretation distracts from the biochemical substrata of behavior, almost as if the emotionally intoxicated organism consisted of a set of independent psychological processes existing at a truly symbolic level, yet able to exert action on bodily functions in much the same mysterious fashion as Descartes' incorporeal mental substance interacted with the pineal gland.

Although Wellman (1955) and M.E. (1962) made brief mention of possible organic factors and contributing behaviors such as skipping lunch, functioning under high pressure and other stresses, these observations were never fully expanded.

Let us compare the commonly reported symptoms of the dry drunk with the symptoms that are known to be caused by such biochemical problems as food allergy and hypoglycemia:

Dry Drunk	**Hypoglycemia & Allergy**
Irritability	**Irritability**
Depression	**Depression**
Aggressiveness	**Aggressiveness**
Insomnia	**Insomnia**
Fatigue	**Fatigue**
Restlessness	**Restlessness**
Confusion	**Confusion**
Desire to Drink	**Desire to Drink**
Nervousness	**Nervousness**

The similarity is obvious but has largely been ignored. It was not until 1968, that two Canadian psychiatrists foreshadowed a more comprehensive approach to the dry drunk syndrome: *Some alcoholics had long noted that although dry, they remained unhappy, tense, depressed or in many ways "neurotic." Some would remain dry for a while and then, out of sheer desperation, return to drink. It made sense that many of this group might be suffering from a biochemical malfunction instead of from ordinary varieties of neurosis, as was previously supposed (Hoffer and Osmond,1968).*

Hoffer and Osmond reported that use of nicotinic acid alleviated many of the distressing symptoms of the dry drunk syndrome. They recommended that attention also be given to a treatment regimen which included a diet devoid of junk foods and, in appropriate instances, nutritional supplements.

In view of what is known about the relationship of nutritional and diet-related factors to behavioral functioning (Worden and Rosellini 1978; 1979), it seems appropriate to offer a toximolecular interpretation of the dry drunk syndrome. The term "toximolecular medicine" was coined by Rimland (1977) to indicate "the process of attempting to cure disease by administering sublethal doses of toxic substances."

Rimland proposed the term as a deliberate satirical contrast to the Orthomolecular model (Pauling 1968). However, the term toximolecular seems useful in a more serious context.

As an example, a toximolecular interpretation of the dry drunk would make use of the frequent observations that recovering alcoholics continue to abuse their bodies in a number of ways by using extraordinarily large amounts of tobacco, caffeine-containing beverages, and sugar. Meals are usually made up of "junk" foods that are high in refined carbohydrates, fats, and salt; low in high quality protein; and devoid of fresh fruits and vegetables and whole grains. This type of diet can lead to blood sugar instability in susceptible individuals and, indeed, it is claimed upwards of 95 percent of alcoholics suffer from low blood sugar (Meiers 1973).

The symptoms of low blood sugar (hypo-glycemia) are similar to the symptoms reported by individuals who claim to be suffering from a dry drunk. The hapless sober alcoholic, reeling in emotional and

physical discomfort, attempts to compensate by smoking cigarettes excessively and drinking enormous amounts of coffee, usually liberally laced with sugar. Pockets and purses may be stashed with candy bars for use when a "quick lift" is needed.

Both nicotine and caffeine cause an outpouring of adrenalin, which raises blood sugar levels temporarily, as does sugar. As the blood sugar level rises, the discomfort decreases. Unfortunately, the relief is shortlived. Glucose levels may plunge rapidly, again bringing on the unwanted symptoms. At this time, the alcoholic usually reaches for another cigarette and a cup of coffee. This seems to be a perfect example of the process of attempting to cure the symptoms of the dry drunk "by administering sublethal doses of toxic substances." (It was reported that during the Denver Alcoholics Anonymous Convention held in 1976, plumbers had to be called in to rig up a special large boiler to make coffee and also to fix up wall-to-wall spigots to provide access for the heavy demand).

As we have noted previously (Worden and Rosellini 1978; 1979), alcohol and drug counselors tend to concentrate their diagnostic and treatment efforts on psychosocial analyses to the exclusion of other factors playing a vital role in attaining, maintaining, and enhancing sobriety. However, this tendency is not restricted to the helpers. Clients, too, have been weaned on psychological explanations for all mental and emotional mood swings. This propensity for psychologizing the determinants of behavior is readily apparent from the following example in a court-mandated client:

David, a *tall, obese alcoholic who had a history of on-again-off-again sobriety, had a counseling appointment shortly after Christmas. During the session, he became very emotional about the holiday season, saying that he barely was able to hold on and that he might not make it through the holidays. He was confused, tremulous, and shortly began to sob. Further inquiry disclosed that the previous night his girlfriend had visited him, bringing sweets for the sweet, in the form of two pounds of divinity fudge. David nibbled at the fudge until it was gone. The following day, no doubt experiencing the after effects of pronounced blood sugar fluctuations, David interpreted his emotional state as a dry drunk brought on by the "time of year", enduring and regularly recurring existential problems, and psychogenic malaise.*

David found it easy to ignore the fact that he had been diagnosed as having blood sugar levels so unstable that he was both diabetic and hypoglycemic and that sugar was clearly contra-indicated for his condition.

Another example of symptom misattribution occurred with Pamela: *A secretary, and an alcoholic with five years of continuous sobriety, Pamela began to feel extremely upset shortly after arriving at work on a Monday morning. Within one half hour, she was quite depressed, experienced symptoms of depersonalization, and began to have hallucinations. She became physically weak and weepy, and her gait was unstable. She became so disoriented that she was taken to the emergency room of a local hospital by a coworker. She was administered Benadryl and her symptoms subsided. When she returned to the office, the symptoms recurred within a matter of minutes.* Pamela, a long-time member of A.A., interpreted her experiences as being symptomatic of a dry drunk. Further investigation disclosed that the office space she had been working in had been painted the previous weekend. Although the paint was dry, the fumes were still quite noticeable. The paint distributor telephoned the manufacturer in California and discovered that the paint base contained a chemical known to elicit allergic responses frequently. When Pamela was allowed to work in a different office until the fumes completely dissipated, she suffered no further symptoms.

It is clear that in Pamela's case the attribution of the dry drunk syndrome provided her with a satisfying and acceptable label for her experience. Although satisfying and acceptable, the

label was nonfunctional; that is, by attributing the experience to a dry drunk, Pamela was convinced that her experiences were due to some personal failing, some unresolved psychological problem that could be rectified by taking a "personal inventory" and behaving in a more mature fashion. In fact, when Pamela discussed this problem with some of her A.A. friends, they were convinced that she had either been drinking or taking some kind of drug. This reaction fits our observation that the attribution of the dry drunk syndrome to a set of unusual and unpleasant experiences does not ineluctably provide clearcut ways of coping with that behavior. Where misattributions prevail, one's coping responses become fortuitous, akin to the superstitious behavior of Skinner's pigeons (1959). Consequently, it becomes questionable whether the attribution of the dry drunk syndrome—the label and the attendant cognitions—represent any advance over demons, gremlins, or fairies.

David and Pamela, like many other people, have been acculturated in what Gross (1978) terms the "psychological society." The idea that one's moods and emotional discomforts may be directly related to dietary practices, nutritional deficiencies, excess caffeine and nicotine, or environmental allergies—this idea is somehow too simple. It is banal, prosaic, not complicated enough, and lacks the catchy, anthropomorphic antics of the inner, psychodynamic goings-on of an immature ego.

Alcoholics Anonymous teaches not only the label "dry drunk," but also gives an explanatory framework, with a set of assumptions about the psychological processes leading to a dry drunk. The Twelve Steps of A.A. provides the struggling alcoholic with a framework for restructuring destructive attitudes and a coping method to keep galloping emotions under a tight rein, while offering no solutions to prevent or stop the emotional and physical stampede of a dry drunk. The type of explanation offered for the dry drunk syndrome often dictates special recommendations to prevent or relieve the symptoms. For example, it is one thing to suggest that a recovering alcoholic should be less resentful, grandiose, and immature; and entirely another thing to point out that certain lifestyle behaviors cause biochemical changes in the body that can result in disabling physical and emotional symptoms. The admonishment to become less resentful does not prescribe a course of action, but serves as a functional equivalent to "shape up" or "get your head together."

It should not be inferred from the above discussion that the A.A. strategies for coping with the dry drunk are wrong, misguided, or utterly ineffective. In fact, the strategies are often useful, as seen from the testimony of A.A. members who have weathered the emotional storms. The analysis of dry drunk presented in this paper does not displace A.A. strategies, but instead, supplements them with a more inclusive explanatory framework, one based on an Orthomolecular conception of behavioral functioning. We suggest that the use of the *A.A.* program, (or other cognitive restructuring techniques), combined with attention to nutrition, control of blood sugar instability, diminished smoking and caffeine intake, and exploration of environmental and food allergies can not only bring a dry drunk under control, but can prevent the occurrence of the phenomenon. *

Summary

As psychologist/philosopher William James wrote: *There is nothing improbable in the supposition that an analysis of the world may yield a number of formulae, all consistent with the facts ... A Beethoven string-quartet is truly, as someone has said, a scraping of horses' tails on cats' bowels, and may be exhaustively described in such terms, but the application of this description ■ in no way precludes the simultaneous applicability of an entirely different description. (James 1948).* To claim that the dry drunk stems only from unmanageable bad attitudes, resentment, self-centeredness, and other dysfunctional

psychological processes is to make a very small tail wag a mastiff.

A toximolecular interpretation of the dry drunk syndrome does not exclusively concentrate on psychological man, but leads to a closer scrutiny of the total behavioral functioning of the recovering alcoholic. This, in turn, provides the counselor and the client with additional tools to smooth out the unpredictable roller-coaster of recovery.

**This is not intended to imply that the factors we have detailed are the only ones-they are simply important means to consider re the dry drunk. There is a growing trend toward health promotion-the notion of "wellness", and health care practitioners are increasingly becoming aware of the role of life-style in preventing or minimizing health problems. Ardell (1977) provides an excellent review of "wellness" centered around five major wellness dimensions:*

* *Self-responsibility*
* *Nutritional awareness*
* *Physical exercise*
* *Stress management*
* *Environmental awareness*

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