The following case study was written for, and appeared in, an issue of *Psychotherapy Networker*. The author presented regularly for the Networker's annual symposium for several years. He is now associated with The Evolution of Addiction Treatment Conference in Los Angeles, CA. For more information: www.theevolutionofaddictiontreatment.com.

Case Study: Alcoholism and Relapse

Matt, a veteran of some of the best alcohol and drug dependency treatment programs in the country, was intelligent, likeable and, apparently quite successful. He was also still drunk more days than not. When he first came to see me, Matt was going to Alcoholics Anonymous meetings at least four times per week, had a new sponsor in AA and hadn't had a drink in a month. But, he had been on this trip many times before and, based on his own experience, he was not confident that he could remain sober.

As is my practice in work with substance abuse clients with histories of multiple relapse, I explained to Matt that we would address his addiction and his propensity to relapse as two separate problems. Of course, the two are integrally connected, but people who repeatedly relapse after a reasonably sound recovery has been established need to be encouraged to not only be prepared for temptation, but also to actually anticipate relapse. Relapse recovery (a term I use to designate recovery from a previous pattern of relapse) and later relapse prevention call for clients to become as proactive in diverting potential relapse as they are in the basic practice of everyday recovery.

What specifically is different between the "relapser" and the "non-relapser" will be explored and debated for sometime I suppose. For some, the difference may be brain chemistry. I have certainly treated my share of addicts who needed medical treatment for depression, anxiety or bipolar disorders. These people, once diagnosed and treated, report significant increase in comfort with not using mood-altering drugs or alcohol.

Matt, a veteran of some of the best alcohol and drug dependency treatment programs in the country, was intelligent, likeable and, apparently quite successful. He was also still drunk more days than not. When I asked him if anyone had ever asked him he thought he was an alcoholic, he said, "I don't think so."

Some of the best therapists I have known still tend to miss this point: our job is not to install our thoughts about their condition, but to guide them though their awareness to their own understanding and ultimately to their own recovery decisions.

Others, with repeated relapse problems, may be experiencing difficulties due to Axis II personality disorders, not so easily treated with medication. Still others --- and I count Matt among these --- are trapped in patterns of relapse due to unresolved issues from the past. These clients need to discover and do this "catch-up" work, and most of them need to work a little harder than most to accept full responsibility for their recovery. This, in my opinion, is most easily described to clients as lessons in stepping up to the plate and being the best adults in their own lives.

I am no researcher; these are observations and thoughts from my clinical experience. That experience has taught me to approach addiction recovery therapy with a balance of structure and flexibility. The structure begins with three essential ingredients that define early recovery. They are:

1.) Total abstinence from mood-altering chemicals --- not just the substance(s) of choice
2.) Telling significant others in your life that you have begun recovery (this is intended to increase accountability, among other things)
3.) Regular contact with other recovering addicts (this often, but not always, takes the form of attending AA meetings)

These three essentials are the beginning of a solid foundation for recovery and integrate into a person's life as recovery progresses.

Motivation for addiction recovery almost always begins as the desire to end and/or avoid psychological or physical pain and progresses toward the association of pleasure with sobriety. Chronic relapsers tend to remain stuck in the initial pain-avoidance motivation, which is problematic for many reasons, not the least of which is that chemical use itself serves as a method of pain avoidance.

I find it helpful to make it very clear to relapse clients that treatment will be neither quick nor easy. By giving them the straight facts about the realities of alcoholism treatment--that it will take a long time and that there are no guarantees that it will succeed--I am, first of all, laying the groundwork for trust in the therapist-client relationship. Credibility comes more quickly when the news is not so good-- "It will be a good 2 years before we will know with any certainty that our work here has been successful."

Relapsers have been told again and again that if they just do the basis of recovery they will get better. By telling them the hard truth, I am actually giving them something that feels hopeful. They are validated by this information --- often for the first time.
Second, by being upfront about the difficulties and uncertainties of treatment, I am offering the client a direct challenge that, if he or she takes it, becomes the first step toward long-term or permanent recovery. "If you are not willing to confront the problem of your need for immediate gratification--which pushes you into relapse, over and over, you will be wasting your time, energy and money with me," I said to Matt. "If you are not ready to experience whatever pain you have been avoiding with continued alcohol use, this treatment will fail, too."

Because addicts also tend to have strong rebellious reflexes, they will fairly predictably hear what I am saying as "Maybe you're not tough enough to do this work." Consequently they will usually respond to the challenge, as Matt did, with a commitment to do whatever it takes. Of course, this is a contract that will need to be renewed repeatedly throughout the process of treatment because the pain to be experienced is usually tougher than anticipated. But to begin with the stated challenge and subsequent commitment creates an excellent reference point that can be utilized throughout the treatment. All successful treatment begins with the client making an internal decision to recover, often after severe inner conflict. But, all too often, as treating professionals try to convince the addict to "get serious" about treatment, the inner struggle of the client becomes externalized as a power struggle between client and clinician. The client's rebellious streak emerges as resistance, and treatment looks more like a debate between the therapist, who "speaks for" recovery, and the client, who explicitly or implicitly resists. At that point, the decision-making process--which should go on in the client's head--has become a power struggle between client and therapist. Progress depends upon the power and skill of the counselor making the case for recovery, rather than upon the free and fully understood inner commitment by the addict.

In my view, the treating professional needs to return this debate to inside the head of the client, where it belongs, by helping him or her internalize both sides--both the argument for

continued drinking and the argument for recovery. In other words, the client has got to confront deeply and personally the division within him or herself between wanting to go on drinking, on the one hand, and knowing that he or she needs to stop, on the other. Only when engaged in a fully conscious inner struggle can the client accept full responsibility for his or her own recovery. Matt had not yet come to the point of recognizing that this struggle was within himself, not between him and the various treatment professionals he had seen.

In order to kindle this kind of inner process, I have learned the art of respectful confrontation--enough to challenge clients, but not enough to engender open rebellion against me. Part of this respectful confrontation takes the form of a kind of mutual honesty pact I put into place early in treatment. "I believe it is very helpful for us to have an agreement to tell the truth as we see it," I said to Matt. "Each of us should tell the other what we think, even if it is not what the other wants to hear. If I think you are full of shit, I want to be able to tell you that. And the same goes for you."

I told him that just because I was the therapist didn't mean he had to agree with me, nor did the fact that he was paying me mean I had to agree with him. The mutually accepted agreement that we both were equals, equally entitled to our own opinions, took the power struggle out of the relationship. This is of course easier said than done. The key is for the therapist to mean what he says, and most importantly, practice stepping back from the booby-trapped power struggle.

Matt tested this idea that we were collaborators by being defensive at times, expecting me to condemn or scold him for his lack of follow through.

"Are you expecting me to be mad at you?" I asked Matt after he had told me about skipping some AA meetings and drinking since our previous session.

Matt thought about my question. "I guess I do expect you to be mad --- you're bound to think that I am wasting your time."

I corrected his assumption. "Working with you has not felt like a waste of time to me."

"I sure feel like a waste of time when I screw up like this," he said.

"I think you are really talking about being frustrated," I explained. "When we do the work in our sessions and you leave here with every intention of staying sober, going to meetings, etc, and then you don't stick with the plan, it is pretty natural to be frustrated. After all you are putting in your valuable time, energy and money to do this work."

It was important to direct Matt's focus to his own frustration and this was an opportunity for me to surprise him with something other than the predictable scolding he had come to expect.

From the beginning, I began working to shift responsibility to Matt for his own recovery. "We need to know what works and what doesn't in all your attempts to deal with your drinking," I said to him. "So what has worked for you?"

"What has worked," Matt responded, "is going to meetings and being honest with my friends in the program, and being honest with Becky [his wife]."

"Okay, what hasn't worked?"

Matt was quiet for a moment, considering the question. When he did speak his answer surprised us both. "It doesn't work when I stop being an alcoholic."

"What do you mean?" I asked him.

"I mean that sometimes in my head, without really thinking about it or consciously deciding anything, I just kind of become a person who doesn't have a problem with alcohol, who can drink without worrying about it."

"How do you do that?" I asked.

Matt said he didn't really know, just that sometimes he would walk into a bar and order a drink, or buy a six-pack at the local deli or say, "yes" to a glass of wine at a party. At those times, he said he didn't really think about what he was doing, but somehow-as he thought about it now-it just seemed that he was like any normal guy who wanted to relax or have a little fun. Matt seemed to be teetering on the edge between knowing and not-knowing the nature of his own condition, almost as if one part of him still believed he wasn't really alcoholic at all. So, in our next session, I asked him: "You've been in several treatment programs. Did any of your counselors ever ask if you thought you were an alcoholic?"

Matt thought for a moment, and said, "I don"t think so."

"Well, I'm not going to make the same mistake," I told him. "Do you think you are an alcoholic?"

He seemed taken back by the question. "I think I have had problems with alcohol, and I know that I should think that I am an alcoholic, but when you ask me that question I cannot honestly give you a simple "yes.""

"You're unsure?" I asked.

" I guess so," Matt said, obviously confused.

Mark was experiencing something that, I believe, lots of alcoholics (and other addicts) feel. While, on one level, he "knew" he was addicted and could not just "choose" to drink or not to drink, on another level, the idea that he wasn't just an ordinary guy seemed genuinely preposterous; it just didn't square with a part of his inner reality.

As Matt and I talked about these different inner realities, I had the sense that we were breaking free of what I have come to think of as "the myth of singularity," the idea that exists in our culture (mostly unspoken) that tells us that strength of character is demonstrated by being single-minded, by thinking of ourselves as one person, with one consciousness and one major idea about ourselves and our reality. This, of course, in reality requires denial, because our consciousness is multiple, not singular, in nature.

We all know this --- even the cartoons I grew up watching featured the little devil on one shoulder and the angel on the other --- but somehow forget. When someone admits to us that conversing with ourselves--going back and forth between entirely different ideas or feelings about ourselves—is how we really think, it is indeed a relief, like taking off a pair of shoes that never fit right. Matt's relapse syndrome was maintained by an unconscious belief in single-mindedness. He had learned to talk, and even to walk, the recovery party line, but the internal conversations he had with himself—about how he was or was not even an alcoholic, whether he wanted to "reform" or not--had been left out of treatment. He had never really dealt with his inner resistance to actually admitting he was alcoholic.

So that is how our work proceeded, by giving voice to those conversations. Matt began referring to his sessions as group therapy. I pulled out some extra chairs and told him that even though it might feel strange, I wanted him to practice moving from chair to chair as he spoke for each of the "group members." To help him feel a bit more at ease I shared with him that when I was in early recovery, a therapist using a similar technique had said to me, "Thom, there is nothing wrong with you that a little more furniture can't solve."

Matt identified three distinct voices--what we called his "Decision Maker," the "Voice of Addiction," and the "Recovery Identity." The role of the Decision Maker was to listen to both Addiction and Recovery and decide what was best for Matt. His Voice of Addiction was convinced that the diagnosis of "alcoholism" was a gross exaggeration. The Recovery Voice had no desire to debate the Voice of Addiction. "We have demonstrated that drinking for us is Russian roulette," Matt said one day in the role of his Recovery Identity. "What more information do we need?" Still, however, the Voice of Addiction was not convinced. With practice, Matt became more and more able to remain in the position of Decision Maker not only in terms of his alcoholism, but also in other areas of his life. Learning to remain in the Decision Maker position is considerably easier with the tangible reference point of assigned seating in consultation room. The question of “Where is that coming from?” takes on important new meaning.

Matt discovered another significant voice participating in the alcoholism that he named the Avoidance Advocate. This voice represented the point of view that nothing good ever comes of conflict --- external or internal. This voice had become quite good friends with the Voice of Addiction. "The Avoidance Advocate seems to move me very quickly into the waiting arms of my addiction," Matt explained. No doubt, Matt’s drinking was extremely helpful in fulfilling the mission of avoidance.

I am fascinated by the process clients go through when they begin recognizing their multiplicity and identifying the members of what I call their "inner committees." The most prominent reaction is relief. We make more sense to ourselves when we can name the characters in our own drama. And the best news of all is that we don't have to get rid of any of them. Instead we can strengthen our Decision Maker and learn to disagree with the recommendations of voices like Addiction and Avoidance. I tell my clients that addiction recovery is confronting straight-on the Voice of Addiction and saying, "I see you, I hear you, and I disagree with you."

Matt learned that he did not have to conquer the Voice of Addiction. He simply had to learn to name it and disagree with it. "Even when I am having trouble disagreeing," Matt said one day, "I can still disobey it." A sign on my wall reads: "Reserve the right to disagree with, and even to disobey, yourself." Credit for the sign goes to Matt.

Once Matt was able to use the metaphor of the committee (multiplicity) in his head, missing pieces began to fall into place. He came to understand that he did not need a unanimous opinion from his committee in order to remain in recovery. By choosing to anchor his identity in the Decision Maker, he was able to let go of the unrealistic expectation of convincing his Addiction Voice that recovery was the way to go. He learned that just as in external relationships with other people, he did not have to change the other voices in order to take care of himself. "What a relief," Matt said in one of our final sessions, "the addiction doesn’t have to change because I have."

The work we had done to this point would help Mark defend himself from drinking, but it would not address the underlying emotional dynamics that fueled his drinking in the first place. His progress so far would be hollow if all it got him was the ability to live as a "dry" drunk-better able to withstand temptation, but always in thrall to it and thus always on the edge of relapse. I made this point with Matt with a simple metaphor: "If you and I were going to work on the engine of my car, what is the first thing we need to do?" I asked him.

"Open the hood," Matt said.

"Exactly," I continued, "and that is just what you and I have accomplished so far." We have

opened your hood. By giving you some defenses against drinking when the going gets tough, we have securely propped up the hood up. Now, we need to look into the engine, to see why you need to drink at all."

Each time he had relapsed, Matt had decided -- albeit unconsciously --- that alcoholism was preferable to something frightening beneath the surface of his conscious mind that threatened to break through into full, terrible awareness. Often, what sabotages the stability of recovery is the client's underlying belief, "I cannot handle difficult emotions, or turmoil, or even uncertainty." As a result, as soon as unpleasant emotions surface, the alcoholic feels driven by a kind of panic to drink.

Credibility and trust already developed in the relationship with the client pays off here. This is, of course, true for every client, but especially important when it comes to talking someone through a predictably rough passage. Light-weight cheerleading wouldn't do here. Matt needed to know that I believe in him and he needed to believe that I knew what I was talking about. "You can do this," I told Matt, "I'm sure of it." Quoting Moe from the Three Stooges, I added, "Follow me; I'll be right behind you."

With the success of the first step of addiction therapy comes the fight of a lifetime. Alcoholics Anonymous calls it learning to live life on life's terms; some might call it the soul's journey; I call it stepping up to the plate; Matt called it the shit hitting the fan.

Matt had plenty of unresolved material from his childhood. He had grown up in a home with an alcoholic mother and a father who was a "poster boy for avoidance," according to Matt. The message from his dad was that he couldn't handle anything with an emotional charge, that emotion was to be avoided at all cost. Matt's Avoidance Advocate handed him over to his Addiction, just as Matt's dad had turned him over to his mom's erratic behavior and alcoholism.

Twice during our work Matt began to drink again. While this is obviously never a good thing, he learned something significant each time. The first relapse, triggered by the Christmas holiday, became a doorway to some very deep pain for Matt. "Christmas was always very confusing for me," Matt said as we performed our post-mortem on his relapse. "I was always very excited, but ended up very disappointed."

When I asked him to tell me about the disappointment, Matt visibly transformed into what seemed like a child of ten or eleven. The emotion seemed to literally fill up his chest as he struggled to hold it back. We had hit a "gusher" as they say in the oil business.

It was difficult for Matt to speak as he let the tears out. At one point he paused between sobs and said, "Disappointed. I said disappointed, right?"

"Yes," I said.

"Well there is the understatement of the year," Matt said with a slight smile. In fact, he had been crushed and broken-hearted, year after year, as the holiday when families were supposed to be together and happy always degenerated into a miserable mess.

The second relapse occurred later in our work. Much had been accomplished in exploring his family-of-origin pain, and he no longer had to concentrate on "not drinking." Mad had been doing well for a little more than a year. He began to let his attendance at support meetings slip and cancelled some therapy sessions because of business travel. He had become overconfident. Matt's second relapse almost cost him his marriage with Becky. In fact, it was her participation at this time that helped Matt clarify what was important to him. In brief, after a year

clean and sober, this relapse scared the hell out of Matt. Contrast can be a very helpful thing.

Matt worked hard. He got back to AA meetings, attended therapy sessions without fail and he and Becky participated in a retreat for couples in recovery. Matt began to develop a new confidence that was not based on denial, and did not lean toward over-confidence. He began to think that he just might be able to do what had once seemed impossible for him: live a sober and happy life.

I often use the metaphor of dishes piled in the sink, long neglected, with food dried on the plates to describe the emotional backlog of work we have to do when we choose the difficult roads less traveled. This is the image I offered to Matt when considering the backlog of emotional work he was doing, suggesting that there would always be more dishes to wash.

"It's a dirty job .." Matt said.

I finished the sentence for him, ".. and only you can do it."

There is no clear line of demarcation to tell us when the work with a client has moved into the important stage of learning how to maintain the gains that have been made. After Matt had traversed some predictable situations for relapse with increasing stability, he began to consider the possibility of being able to live comfortably without alcohol.

"There are two key points to remember," I told Matt in one of our final sessions. "First, isolation will kill you, and second, always err toward caution."

I no longer see Matt in therapy, but I occasionally hear from him. He recently invited me to help celebrate his 14th year of sobriety. He is firmly in recovery from his alcoholism and his relapse syndrome, although I know that he takes neither for granted.

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