

The Alco-Holocaust

ALCOHOL, PROBLEM DRINKERS AND PSYCHODRAMA

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ABSTRACT

Although often denied or the subject of double standards, alcohol is the main drug of choice and a serious health problem in Australia and Aotearoa New Zealand. Paul Baakman shares insights flowing from his decades of work with the problem drinkers and co-dependents that result. He advocates a non-judgemental, involved and patient approach that focuses on people, relationships and connection. Effective treatment options and approaches are described and discussed, in particular the use of the psychodramatic method. The ideas are applicable to related areas such as legal, illegal or prescribed drug addiction and process addictions enacted by gamblers, workaholics and overeaters.

KEY WORDS

addiction, alcoholism, Alcoholics Anonymous (AA), problem drinking, psychodrama, social atom repair, recovery

THE ALCO-HOLOCAUST

Grandpa would arrive on his motorbike, his hipflask a constant companion. He would reek of booze whilst trying to have fun with us kids. I remember feeling uneasy about his antics. I never really got to know him. He died early as a result of alcoholism. Later my cousin died in a drunk driver car crash. A dear friend died of cirrhosis of the liver. I invite you to take a look at your life and you may see that you too have lost friends or relatives to alcohol. It is so numbingly normal.

Denial and Double Standards: Powerful Cultural Conserves

A substantial slice of our economy depends on wineries, breweries and pubs. Where would these be without the addicts? The alcohol industry, a wolf in sheep's clothing, hooks young people by mixing alcohol with lemonade. Advertisers tap in to youth culture and create zany images that associate alcohol with confidence, mateship, sex and success. The media glamorises alcohol through association with music and sports events, and musicians and sports clubs allow themselves to be bought for 30 pieces of silver. Staggering sums are spent on lobbying and influencing government policy. 'Responsible use' campaigns are a ploy to fool us into believing that alcohol corporations really are good guys who have the public interest at heart. This fig leaf covers the fact that most of their profit comes from those heavily addicted. Without the addicts the alcohol industry would collapse. Dr. Alex Wodak (2009) from St. Vincent's Hospital, Sydney argues that, "Half the alcohol consumed in a community is accounted for by only 10% of drinkers. Without that 10% of drinkers the alcohol beverage industry would go bust. So proclamations by the drinks industry about their strong sense of responsibility should be consumed with at least several kilograms of sodium chloride".

Alcohol is determined by the World Health Organisation (WHO) to be a Group One Carcinogen, which means 'definitely carcinogenic' (WHO, 2010a). The range of cancers and other diseases caused by alcohol is as long as a wine list (WHO, 2010b). At Bristol University in 2007 Professor David Nutt and medical, scientific and legal specialists presented an evidence-based framework for classifying drugs according to their actual harm. They considered three factors, harm to the user, potential for addiction and impact on society. Compared to cannabis at 11, LSD 14 and XTC 18, alcohol scored 4, close to the top after heroin and cocaine.

Double standards and vested business interests hinder an open and rational debate about alcohol consumption in our society. This has formed a frustrating background to my decades of work with problem drinkers. I have built up a considerable head of steam about this issue because I have seen first hand the harm that alcohol can do to people, their social atoms, their relationships and their lives. Until effective public health measures are established, an increasing flow of problem drinkers will require help.

Effective Treatment for Problem Drinking

First step is effective assessment. With tongue-in-cheek it has been said that "An alcoholic is someone who drinks more than their doctor", which points to the risk of workers in this field using their own drinking as a reliable guide to appraisal. A key factor in assessment is for the professional and client to work together to understand the full effect that a person's drinking has on his or her life.

I approach drug treatment for problem drinkers with a great deal of caution. Since alcohol itself is a depressant, prescribing anti-depressants to a drinker is akin to applying the brakes and accelerator at the same time and therefore counterproductive. Experience has taught me that addiction knows no difference between legal, illegal or prescribed drugs. In most instances drugs are offered as pills and potions to fix emotions. I tend

to recommend the many drug-free, side effect-free and positive options to improve blood chemistry such as getting fit, nature walks, meditation, yoga, tai-chi, new friendships, making changes or finding new meaning in work or personal relationships. Tolle (2008:247) prescribes a spiritual awakening through realising a life purpose. In response to temptation he suggests “Consciously feel that need to physically or mentally ingest a certain substance or the desire to act out some form of compulsive behaviour. Then take a few more conscious breaths”. Pert (1997:300), a researcher in biochemistry, recommends something similar. “What if we stopped and checked in with our feelings to ask ourselves what emotions are present before using an artificial substance to alter our mood? If we can bring that level of awareness to our habitual use of substances, then we have a chance, a possibility, of making another choice”.

Sometimes I help clients to moderate their use. In the harm reduction model, adjustments are made which reduce the damage caused by drinking. This can involve attempts at ‘controlled drinking’, which means keeping an honest tally of drinks, agreeing never to drink and drive, having alcohol-free days and ending binge drinking. In addition a person may leave a destructive relationship, switch to a different career, come to terms with the past or make other life adjustments. For others who present in my consulting room, controlled drinking is no longer a viable option. Complete abstinence is the only realistic course of action. I have observed clients struggling with this notion, many harbouring the hope that they may one day become a social drinker again. I have assisted them to see that denial and bargaining are stages of the grief process that takes place when the active relationship with alcohol is ending.

At the core of all addiction is a need to face up to something in the self and this can be a daunting task. This is where counselling and psychotherapy have proved to be effective treatment options in my work with problem drinkers. These approaches have assisted clients in their struggles to initiate a discussion or volunteer information about matters that may involve deep shame and possible condemnation. However, in using a therapeutic approach, I do not advocate going along with clients’ eagerness to work on underlying issues whilst they continue to use alcohol. To avoid the subject of addiction in the belief that addressing causes will ‘fix’ the drinking problem is to collude with a client’s avoidance system. As active addiction fuels distorted perceptions, psychotherapy can then become a wild goose chase. I might ask a direct question. “What role does alcohol, drugs or gambling play in your life?” I have noticed on many occasions that when drinking is addressed as a primary concern, the underlying problems or psychiatric symptoms which were thought to have led to problem drinking become much more manageable.

I have noticed too that many problem drinkers respond well to Moreno’s action methods. In my consulting room I have several shelves of figurines and objects that are used for scene setting and concretisation. I am cautious about using the psychodramatic technique of doubling when dealing with coping roles such as *poor me* because drinkers often warm up to self-pity to justify their alcohol consumption. I am more inclined to double the progressive elements, the desire for a better life free from addictive compulsions.

The following vignette illustrates my use of psychodramatic techniques such as concretisation and role reversal, in therapeutic work with problem drinkers.

Vignette One: Dave the Keen Biker

Dave, a keen biker in early recovery, has been talking about the multitude of problems he is facing. He says he has social phobia, erectile dysfunction and feels overwhelmed by the complexity of it all.

Dave I can hear the old voice of beer saying, it was all so much easier when you had me. You didn't have problems then, ha-ha.

'Ha-ha' is an expression that sometimes follows a self-defeating statement. With life and death matters such as these, it is vital to never join in with this gallows humour.

Director Get a chair and be that old voice.
Voice of Beer *smiling seductively* . . . You know you want me.

Dave hunches his shoulders and looks burdened.

Director Who in your life will support you when the going gets tough?

Dave My AA sponsor William is always there.

Director Be William now.

William *in a warm tone* . . . Dave me old mate, you make things so complex. Remember social phobia, and erectile problems too, are made worse by alcohol. It's called brewer's droop for a reason.

Dave *turning to Voice of Beer* . . . Sure, I didn't feel so bad then because of your rosy glow, but the problems were still there. In fact with you in my head all the time and every day, I couldn't think clearly. So piss off you bastard. I don't need you. Piss off!

Director Hurray!

There is a more hopeful tone to the rest of the session. We discuss the dynamics of Building Up to Drinking, known as Budding in Alcoholics Anonymous (AA) circles, and the value of having good people in your life.

A Non-Judgemental and Involved Approach

To work effectively with problem drinkers is to warm yourself up to getting involved with them, to gain a sense of the whole person in their past and present social and cultural context. Moreno (1973:26) advocates getting up close and personal. "The psychodramatist has to have, besides telic sensitivities, knowledge of the code of alcoholics and drug addicts, as well as of the prisoners in prison, in order to approach them effectively. Any kind of role-playing on a fictitious level, unrelated to their actual

dynamic problems, will not reach them. They need direct and realistic psychodrama". Crawford (1997:48) emphasises the spiritual aspects of working with alcoholics and also stresses the need to connect strongly. He writes ". . . if we are to get involved with our alcoholic patient using psychodrama, or any other way, we are part of his life for that moment or period of time".

It is all too easy to judge problem drinkers and condemn them as weak. However, addiction knows no class or boundary and no one is immune. I attended some AA meetings when I first became involved in this field as a professional, and learnt the language of recovery. It was instructive to recognise the embryonic addict in myself and accept how we all, at times, avoid facing up to things or seek forgetfulness. I actively work to create acceptance rather than judgment by separating the problem drinker from the problem, as the vignette below illustrates.

Vignette Two: Separating Jack from his Drinking Problem

Counsellor What have you learnt from keeping a tally of your drinks?

Jack *shifting uncomfortably in his seat, looking sideways . . .* Oh no, that's been fine really . . . *then quickly changes topic.*

Counsellor Hang on Jack, that's not the full story, is it?

Jack But don't you trust me?

Counsellor Yes, I trust YOU, but I don't trust your addiction.

Focusing on People, Relationships and Connection

Adams (2008) makes a strong case for a paradigm shift in thinking about addiction. He suggests that we replace a particle perspective with a social perspective, exchanging the term recovery for re-integration. He describes how the strengthening of a relationship with an Addictive Substance or Process (ASP) corresponds with a deterioration in relationships with significant others. Conversely, a deterioration in relationships with significant others can contribute to the strengthening of the relationship with the ASP. Adams' view goes hand-in-hand with the systemic perspective espoused by psychodrama, the notion that roles do not simply belong with an individual but arise in a context of relationships. As a psychodramatist, I work to value and strengthen relationships within the present social atom. In psychodramatic enactments I quickly populate a scene and have relationships enacted, particularly the introduction onto the psychodrama stage of people who support positive change. In daily life my clients will often be faced with a choice of relying on either alcohol or people. I find that including the partner or sober friend right from the beginning makes more of a lasting impact.

Vignette Three: Toward the End of the First Session with Dave

Counsellor For your next session, would you bring along your partner or a friend who will support you in making changes?

Dave But, hey, this is my personal issue, right? Surely it's up to me and my willpower?

Counsellor Certainly this is your responsibility. However, when the going gets tough, you will need all the support you can get. When a crisis occurs you have two choices, use a drink or use people. In other words, drink it out or talk it out. You get an insurance policy before there is a fire. The best time to organise support is well before you might need it.

This conversation alerts Dave to the real challenges ahead as well as his need for human connection. If he has no partner or friends to call on, then an even stronger case can be made for him to attend AA meetings.

Hanging in There

When a problem drinker returns to the same old place with the same old people, there is likely to be the same old result, which means a relapse. AA advocates “If you don’t want to slip, don’t walk in slippery places”. Socialising with other problem drinkers is one of those slippery places. It is important therefore to have realistic expectations when working with problem drinkers, which means not being surprised by a relapse or three! A feeling of having been used and spat-out is very common. As a counsellor, if you are not prepared for this it is better to refer the client on. Supervision, clear boundaries as well as the patience of a saint can all help in maintaining the professional’s morale. Alcohol provides powerful experiences and emotions and can make people feel very alive, confident and vibrant. Therefore it is vital that in working with problem drinkers, counsellors relate strongly and have a good time. This includes recognising and celebrating small progressive changes.

Yalom (2008:131) writes “. . . self-disclosure plays a crucial part in the establishment of intimacy” and beautifully describes the value of connection through sharing. Addiction distorts thinking processes, and many problem drinkers at first balk at the idea of taking part in AA. The Twelve Steps of AA programme, developed with the help of Carl Jung, provides a structured pathway to social atom repair. The companionship offered by AA can be of immense value, as it provides an accepting and supportive worldwide network of people who ‘have been there’. With an emphasis on self-honesty and acceptance, sharing and mutual support, participation in AA can help in re-building a life. In many cities all over the world there are support groups that exist to provide a supportive network for those struggling with addiction: Alcoholics Anonymous (AA) for problem drinkers, Narcotics Anonymous (NA) for drug-addicts, and Al-Anon for partners.

The Blame Game: Working with Partners

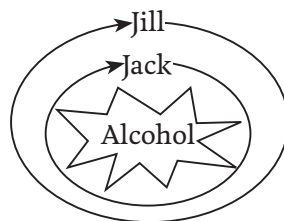
Partners or spouses often unwittingly play a part in the continuation of the addiction by self-blaming or taking undue responsibility. They tip out the bottle, clean up the mess, phone in sick for the partner with a hang-over, put them to bed, make excuses, provide money, buy alcohol or join in the drinking. The term co-alcoholic is used to describe those caught up in this process of enabling the alcoholic. Whereas the alcoholic’s life

revolves around drinking, the co-alcoholic's life revolves around the alcoholic and their drinking. Partners have their own issues to deal with, such as chronic stress caused by poor communication, resentment, tension, arguments, violence and general uncertainty. There may be financial, sexual, legal and health problems as well as the children and their reactions to deal with. Problem drinkers may lie in order to cover their tracks and it is not uncommon for a partner to feel hurt and shamed, betrayed and angry.

Not uncommonly, the habit of being centered on the other is part of a role repertoire developed in childhood. Some stay stuck in their distress by hanging on to the role of *blaming victim*. It can be quite a challenge for a counsellor to shift the focus of the conversation from "What's happening with the problem drinker?" to "What's actually happening with you and how can you work towards a fulfilling life for yourself?" Even if the problem drinker drops out of treatment, the work can still continue with the partner who is motivated for change. If the problem drinker does stop abusing alcohol, another set of challenges emerges. Matters of trust, responsibility, power and control, sex and money can finally be addressed without alcohol clouding the issues. This re-jigging of roles makes for a very different relationship. Paradoxically, it is at this point that a spouse or partner may leave the relationship saying "I liked him better when he was drinking".

Vignette Four: Jack and Jill

Jack and Jill are a couple in their thirties. Jack drinks, which symbolises to him independence. Ironically, he does this by creating a dependency. The more his partner Jill pressures him to stop drinking, the more he resists. They are stuck in a repetitive battle, attacking each other.



As depicted in the diagram above, Jack's life revolves around drinking. Jill's life revolves around Jack and his drinking, the co-dependent's story. Both are in the grip of a compulsion. Either one has the power to review what is central in their life. I work with whoever is motivated for change.

Jill Why don't you just stop drinking? You would if you loved me and the children!
 Jack Why don't you just stop nagging me? You're driving me to drink!
 Counsellor to Jill There must be a powerful reason why Jack's drinking is such a concern to you.
 Jill *tearful* . . . Yes, I just don't want to end up a poor widow with young children, like my mother. The way he is drinking might well kill him, and then what?

- Counsellor It's clear that you feel powerless over Jack's drinking and I think that's true. The only person who has that power is Jack himself. *Jack nods . . .*
What if you were to fully accept this? I mean REALLY accept it, and then see what is within your own power?
- Jill I suppose I could start by no longer cleaning up his mess and refusing to ring in sick when he has a hangover. Also, I can make sure I keep good contact with my own friends rather than joining him and his drinking buddies.
- Jack Hey, aren't you going a bit far?
- Jill Well Jack, I can't stop your drinking. And you can't stop me being concerned about the future when you risk your health the way you do. I will do what I need to do.

The repetitive blame game is coming to an end. In this session both Jack and Jill are respected as individuals who can make their own decisions. Jill stops pressuring Jack to change, and it becomes difficult for Jack to then project the responsibility for his drinking onto Jill. As he is left to experience the consequences of his drinking, there is a chance that Jack will take an initiative to change. Independent of whether he drinks or not, Jill is no longer stuck and is starting to practice what is called loving detachment. This is a key development.

Adult Children of Alcoholics

Adult children of alcoholics (ACOA) have been robbed of an ordinary childhood. When the care-taking relationship between parent and child is reversed and the child has had to care for their alcoholic parent/s, the result is a parentified child. The ACOA will often present as caring, competent and helpful. As adults they are often attracted to a series of partnerships with problem drinkers and addicts because in these relationships they feel at home. They know, from early experience, what to expect and what to do. In therapy, they need to grieve their lost childhood, learn to maintain appropriate boundaries and develop self-care and assertiveness.

Working in Groups

I have found the experiential psychodrama group to be a successful vehicle for social atom repair with problem drinkers who have progressed beyond early recovery. Overstimulation or re-traumatisation is avoided because this pulls the protagonist back to the ingrained, fragmenting response to strong feelings that constitutes the addictive behaviour. For safety reasons, I do not recommend experiential groups to those who are in active addiction or the early stages of recovery. Alcohol can function as an apparently reliable substitute for relationships with people who are not always reliable. In a psychodrama, I often direct the protagonist to give the addiction a name as if it represents a real person. This assists the problem drinker to externalise the difficulty and gain a perspective. Once

concretised and personified, the addiction can be thanked for always being there, for consolation and for fun times, cursed for the damage, disruptions and betrayal, and farewelled or whatever other action occurs to the protagonist.

Vignette Five: Hilary

Hilary is a problem drinker from Greece. She has been sober for 18 months. She is self-employed and reports money problems. She works like a Trojan but undercharges. She feels worthless and is becoming dangerously exhausted. Here is an exchange between herself as *Trojan Worker* and *The Siren Chardonnay*.

- Trojan Worker When I'm tired I think of how long it has been since I had a break, and how nice it would be to get some relief and relax.
- Siren Chardonnay *offering a promise of relief* . . . Well, I'm here anytime you want me. You can handle me. You have grown so much lately. You are so much stronger now. Surely you have changed enough . . .
- Trojan Worker *agreeing* . . . What the hell! I don't care. What's the point? Life's short, might as well enjoy myself. I deserve a break . . . *laughs* . . . hmmm, a nice glass of creepy, oops I mean creamy, smooth wine is just what I need.

Hilary made a Freudian slip when she said creepy instead of creamy. This suggests that unconsciously she picks up on the slippery seductiveness of addiction. I stand with her and together we witness the unfolding scene. I remind her of the purpose of her drama.

- Hilary *as herself, addressing Trojan Worker in a matter of fact tone* . . . I know that . . . *pauses* . . . that your life is so much better now than it was with booze. But life WILL be shorter if you drink again. And anyway you don't enjoy yourself, well, at least not for long, when you drink.
- Director That is all true. Yet, is this rational reality check enough for Trojan Worker to feel that you are connecting with her?
- Hilary Oh, you're not going to get me to hug her and get all sappy are you, ha-ha.
- Director Is it really that sappy to embrace that scrawny slave, and let her know that she does matter to you?

Hilary follows through and has a moving encounter with *Trojan Worker*. She finishes 'walking on a cloud' and is receptive to the subsequent sharing from the group.

Psychodrama helps in completing unfinished business, which often includes working with grief and guilt, anger and forgiveness. Faisandier (1997) puts forward The Sobriety Shop, a variation on psychodrama's magic shop, in which participants can trade personal qualities and become conscious of what they really want, as well as pay the price involved. A sociodrama of a typical alcoholic family can be a valuable educational event.

Role training can be used to assist addicted clients to learn to resist impulsivity and gain freedom.

Conclusion

My work with problem drinkers feels like an uphill battle sometimes. It is not for the faint-hearted. Society is in a state of denial, and vested interests protect the status quo. Below the bubbles on the surface, problem drinkers and the people in their lives are often isolated. Psychodrama is ideally placed to assist because of its focus on relationships and social atom repair. Success does take place and this is immensely rewarding.

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