CME

Treating alcoholism through a narrative approach

Case study and rationale

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SUMMARY

A case study illustrates the narrative or story-telling approach to treating alcoholism. We discuss the rationale for this method and describe how it could be useful in family practice for treating people with alcohol problems.

RÉSUMÉ

Une étude de cas illustre l'approche narrative ou sous forme de conte utilisée pour traiter l'alcoolisme. Nous discutons des raisons à l'appui de cette méthode et nous décrivons son utilité potentielle en médecine familiale pour traiter les personnes aux prises avec un problème d'alcool.

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ALCOHOLISM IS INCREASING AT an alarming rate in most Western countries. Epidemiologic studies have shown that about 10% of American working people have problems related to alcohol abuse.[1] In the United Kingdom, 5% of working men and 1% of working women exhibit some form of alcohol-related problem, such as work accidents and low productivity. In Israel too, alcohol abuse has been on the increase.[2,3]

Individual psychotherapy for treating alcoholism usually involves helping alcoholics to understand the need for help and teaching them to accept themselves as having an illness. Psychotherapy aims to identify circumstances in alcoholics' lives or lifestyles that lead to alcohol consumption in the first place, to call attention to the personal meanings of alcohol to the alcoholics, and to bring about permanent change. However, because alcoholics are physically and emotionally dependent on alcohol, psychotherapy has limited success.[4]

The most common forms of psychotherapy involve behavioural modification and self-help groups, such as Alcoholics Anonymous (AA). The self-help approach of AA support groups has been enormously successful worldwide, while behavioural modification (a more manipulative procedure than traditional insight psychotherapy) has had some success. Another approach for treating alcoholism in family practice is the narrative or storytelling approach.

To understand and make sense of the world, people tend to structure the stream of time and events into a story with a beginning, middle, and end. History represents not only the desire for a true and reliable report of events but also a way to understand the present as an outcome of the past. Every individual has a personal and family life story. The story is already an interpretation, based on what indi-

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viduals perceive to be true, even when they have knowingly told different life stories at different stages of their lives.

The storytelling approach differs from conventional psychotherapy in that it involves the construction of subjective narratives rather than of logical arguments. Among the forerunners in this approach are Kleinman,[5] Bruner,[6,7] and White and Epston,[8] who stated that by talking about our lives we become the biographic narrators through whom we "tell of our lives." Our stories selectively include or omit information: omissions are no less important than inclusions. Hunter[9] likened patients to texts to be examined, studied, and understood by physicians. In analyzing narratives, we must understand the levels of explanations found in the tales (personal, family, social, and cultural) and their emotional aspects.[10]

Patients know, a priori, the conventions of presenting their problems to psychotherapists. They usually come prepared for deep disclosure of innermost conflicts and problems. However, they are sometimes less amenable to revealing complicated emotional processes because of the medical context or because deep disclosure of emotions is not part of the doctor-patient contract.[11]

Case study

Ron was a 28-year-old university-educated patient married to a nurse with a 12-year-old son from a previous marriage. Ron had given up his studies and was working as head of a group of labourers. He began drinking 6 to 7 years ago after military service, probably because of army-related problems and the death of his father at about the same time. He displayed all the classic signs of addiction: duration of alcohol consumption, abstinence symptoms, and development of tolerance.

Ron's wife worked shifts; her son came home from school at about 1400 h and Ron returned at about 1800 h. On the way home he usually stopped to buy brandy and secretly consumed some on the way home. After showering and warming up his meal, he ate and drank in front of the television. The meal was followed by more drinking. Relations with his wife's son were strained. The boy wanted attention and needed someone with whom to consult and discuss things, but Ron was usually too intoxicated. The boy frequently begged Ron to stop drinking.

Ron tended to see things in black and white at home and at work. He expected his wife and son to conform to his standards of behaviour and punished any slight deviation. Not being the boy's natural father bothered him, and he imagined his wife and her son plotting against him. He needed to control them to boost his self-esteem as head of the family.

At work, Ron demanded much of his workers. He wanted them to be as serious about their work as he was. However, lately his work productivity had declined. His superiors reported that he was no longer working properly and often claimed not to feel well.

Family rows and work problems led Ron to seek medical help. He wanted his wife to bear his child. However, she had made this conditional on his stopping drinking and insisted that he get medical treatment. Previously, he had tried unsuccessfully to stop on his own and had once even sought psychological help. Ron's wife was initially sceptical; she doubted his ability to quit drinking. Her son was also sceptical. He said that Ron lost his temper frequently and would strike his mother and shout at him; he doubted things would improve when the drinking stopped.

At the family physician's request, the first therapeutic consultation using the narrative approach took place after 72 hours of abstinence. Ron initially wanted an easy solution, a pill to make the ingestion of alcohol fatal. He hoped the fear of death would cure him. He was apathetic, guarded, and reluctant to confide in the physician, especially because he felt psychologically manipulated into coming. The physician recognized that the doctor-patient bond was crucial and that he first had to gain Ron's trust and total cooperation and then had to find a way of motivating Ron to abstain and adhere to treatment.

The new approach was explained to Ron. He was asked to define his goals, which he did as follows: to quit drinking, to improve family relations, to persuade his wife to have another child, and to

improve his work performance. It was suggested that he write a novel with himself as the hero.

Ron chose to write a romantic novel. He carefully projected all his own life experiences onto the hero, defined the sort of person he wished the hero to be, and set out to create ways of achieving this. Ron continued writing the rest of the story, consulting with the physician occasionally. The physician was the architect of the story, but the patient himself the independent builder of the plot. This is important because it downplays the part of the physician. For example, Ron listed a variety of immediate aims; the physician suggested it would be more appropriate to script the hero as progressing slowly and achieving one goal at a time. Gradually, the patient merged his own life into the story. He made the hero stop drinking, improve his work functioning, and try to regain his wife's trust by improving their family life together. Finally, he wanted the hero's wife to bear a child.

There were about 15 therapeutic sessions and, together with follow up, the encounter lasted 1 year. The meetings consisted of presentation of a new chapter setting out specific goals and their attainment or discussion of the previous chapter. Homework was encouraged and, under the physician's guidance, goals were continually being redefined and different solutions proposed and discussed. Thus, Ron was first the author and then the hero. He could dictate the scenario and act it out, yet stand aside and view it objectively.

Soon after implementing the program, the following changes occurred. First, Ron's wife (having been counseled by the physician and seeing the germ of success) began to support him overtly. At the physician's suggestion, Ron began telling her whenever he felt like a drink. He carried around a photograph of her on which she had written that she trusted him to abstain. When he had abstained from drinking for 2 months, she was impressed. This was unprecedented, as he had abstained for no longer than 2 consecutive days only twice before. He was allowed to handle money again (it was previously withheld because it had all been spent on liquor). Relations with the son improved. As advised, he stopped punishing the boy for disobedience. The boy now actively sought his stepfather's company and stopped behaving provocatively.

Second, Ron's work performance improved dramatically. His employers were now considering giving him a promotion and a company car. His attitude to his workers also improved. He was now more flexible and encouraged greater teamwork. Finally, he became more forthcoming about himself and his problems with the physician. He spoke more freely about his relations with his parents, friends, former girlfriends, and childhood memories; he aggrandized himself a lot less than previously. He also continued to play an active part in planning his future and future treatment. At follow up 8 months later, Ron was still abstinent, as ascertained by both the physician's clinical impression (no sign of alcohol intoxication) and the family's reports.

Discussion

Why was the narrative approach appropriate in this case? Alcoholics often find conventional therapy repetitive and irksome. They are usually reluctant to cooperate and comply half-heartedly with therapists' instructions. They seem to respond better to a more short-term, time-limited approach,[12,13] one that is active and creative, such as the storytelling approach, and that requires unorthodox behaviour on both sides and comes closer to art than science. Therapy takes into account the subjective element: the patient's life story. Patients' problems become not merely personal, but can be separated from the person.[8] Patients can become detached from the problem and later slowly make themselves part of the story they are building. Attention is paid to other subjective elements, such as choosing, discussing, and planning the course of therapy. This approach is effective because patients are continually correcting their lives under the physician's guidance rather than being led blindly by the therapist.

The physician's role is passive-active rather than conventionally active. Physicians must constantly resist the urge to intervene actively. They must conceal the extent of their influence and covertly steer patients in the right direction. For example, in another case, a recently arrived

Russian immigrant was also treated for alcoholism. This man enjoyed drinking white wine with a particular type of bread unavailable locally. He eventually managed to find a good substitute for the bread. The physician then asked the patient to try to think of a suitable substitute for the wine. Two visits later the patient announced that mango juice satisfied his craving.

The narrative approach is not always appropriate. In our experience, it is most effective for educated people who can think abstractly and creatively. Despite this limitation, the approach succeeds when people feel the need to take greater control of treatment and want to share their lives and fantasies collaboratively with their physicians. Active involvement gives them a greater stake in their lives. Physicians who listen to patients' stories carefully and begin to understand what is being said can plot paths for the future. Only then can they choose the right moment to intervene actively and objectively, leaving it to patients to use their own imagination and initiative to help them take control of their lives and behave independently.

Further research is needed to evaluate systematically similar cases treated with the narrative approach. Treatment of alcoholics and those with other dependencies, such as drug addiction, should be studied. ■

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