



Experts on comparative literature and addiction specialists in cooperation: A bibliotherapy session in aftercare group therapy for alcohol dependence



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ABSTRACT

This study is a joint project involving alcohol-addiction experts and experts on comparative literature, who selected and defined the literary texts that were employed. The research included long-term alcohol abstinences, members of aftercare supportive-therapy groups ($n = 68$). The research aimed to obtain some basic information about their reading habits, to test their responsiveness to various types of literary text displaying varying attitudes to alcohol consumption and to acquire the information necessary for a more intensive introduction of bibliotherapy into the therapy of alcohol dependence. The literary passages comprised two texts without reference to alcohol dependence ('Der Panther', Siddhartha), two displaying a critical attitude to alcoholism, by describing its negative aspects (John Barleycorn, L'Assommoir), and two without a critical attitude, i.e., with a positive approach to alcoholism (The Pickwick Papers, 'In Taberna Quando Sumus'). The results showed a more positive response from the participants with higher education and established reading habits. The participants manifested a highly negative emotional response to the positive connotation of alcohol in the texts—an unexpected response after their long abstinence. Even short passages from literary works, appropriately and expertly differentiated, served to trigger or reinforce mentalisation-based reflective processes in addiction psychotherapy.

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Introduction

In recent years, addiction experts have made good use of the findings made by neuroscience, which has helped to categorise and explain the domain of their work with greater accuracy. In addition, the treatment of addiction is increasingly informed from evidence-based medicine (Glasner-Edwards & Rawson, 2010). Thus, addiction is conceptualized as a well-defined medical disease, which may be treated as effectively as other chronic, non-contagious diseases, such as diabetes, asthma, or high blood pressure (McLellan, 2002). However, addiction cannot be determined from the medical and neurobiological perspectives alone, because it possesses an experience level of psychological suffering connected with stigma and self-stigma (Schomerusa, Corrigan, &

Klauera, 2011). It often remains unnoticed by the individuals who are going through a period of intense addiction, but it is experienced by their families and the people around them. Addiction triggers philosophical existentialist (self-)inquiries (Uusitalo, Salmela, & Nikkinen, 2013), dilemmas of responsibility, guilt, shame, and wondering about the possibility of change and forgiveness. These are the psychological contents attesting to our human identity.

In order to process these contents of the higher cognitive functions, the brain has to be sufficiently functional at the organic level. What used to be seen as the patients' refusal to face the objective truth of the consequences incurred by their addiction turns out, by virtue of the neurobiological information, to be an organically conditioned cognitive deficit. However, with abstinence and stimulation from the environment, which is the typical course of therapy, such deficits are very often reversible due to cerebral neuroplasticity (Nestler, 2009). This term denotes the (lifelong) capacity of the brain to forge new connections between its cerebral neurons and to change the activities of the existing neurons in order to adapt to environmental influences (Garland & Howard, 2009). Such information changes the medical approach to the

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addicted patient: as it turns out, the latter needs patient, positive stimulation from the environment, which will assist him/her in a different cognitive processing of objective reality. These neurobiological findings have also led to a re-translation of the term 'willpower': an addicted person does not simply have a weak character, rather he/she is incapable of activating the pre-frontal transmissions to inhibit the impulses that manifest themselves as behaviour oriented towards seeking a psychotropic substance (Volkow & Fowler, 2000). In attempting to understand the patient, therapy attempts to balance the 'organic amnesia' with the concept of the remaining 'free will' that is essential to the human identity (Geppert & Bogenschutz, 2009). Far from presenting man as a mere cluster of neurotransmitters, neuroscience is of vital assistance in understanding the perception and behaviour of the addicted person. Alcohol dependence is a mental disorder, characterised (from the psychiatric perspective) by changes in the cerebral neurobiology and by unadapted behaviour (Koob & Le Moal, 2008). Owing to this mental disorder, people who originally do have the potential for empathy and responsibility may display a lack of both during a period of untreated addiction. Moreover, neurobiological knowledge strongly informs the experts' subjective perception of addiction: since the discovery of the neurobiological and genetic substratum of addiction, it has been much easier to transcend a moralising grasp of the disorder. The better the practising therapists are acquainted with addiction neurobiology, the less they consider their clients/patients as being responsible for having formed the addiction—and the more they are seen as being responsible for their own rehabilitation (Steenbergh, Runyan, Daugherty, & Winger, 2012).

The treatment of addiction may be understood as an 'enriched environment', whose stimuli help to steer the changes in one's cerebral neurobiology towards health. The concept of mentalisation links neurobiology to the psyche (Allen, 2006); the capacity for a meta-attitude to one's own and others' mental processes—the ability to (self-)observe and understand emotional and cognitive processes—requires an adequately functioning pre-frontal cortex, which is, however, malfunctioning in the case of alcohol dependence. A group therapy in which we seek to understand our own and others' motives for a given type of behaviour and experience is one of the best exercises for pre-frontal cortex regeneration.

According to the state-of-the-art view, addiction is not a uniform disorder: rather, there is a wide heterogeneity in the manifestation of the problems, in the aetiology and in the course of the disorder (Maisto, Connors, & Dearing, 2007). Therefore, it calls for an individuated assessment and plan of treatment. The contemporary treatment of addiction has recourse to both non-pharmacological (psychosocial, psychotherapeutic) and pharmacological interventions, depending on the patient's needs. Most addicted people, however, are treated only at the psychological or behavioural level (through counselling or psychotherapy) (Wessell & Edwards, 2010). Practitioners seem to agree on a three-stage approach to treatment: detoxification, which usually includes medical interventions; the intensive stage of treatment which may or may not include medical interventions; and aftercare, which is less likely to include medical interventions (McGovern & Carroll, 2003). Aftercare plays the crucial role in maintaining the changes achieved during the intensive addiction treatment; this process is sometimes referred to as 'rehabilitation', encouraging the best possible integration into interpersonal relationships without alcohol.

Group therapies are widely used in the treatment of alcohol dependence, from inpatient settings to aftercare recovery. Group therapy is corrective for addictive vulnerability, because it creates a human context for changing the patients' self-regulation problems with affects, self-esteem, relationships and self-care (Khantzian, 2001). If an addicted person belongs to a close-knit reference group, which encourages abstinence and change in interpersonal

relations, as well as in perception in general, a positive outcome is more likely. According to Moos and Moos (2007), these resources are linked to social learning and relationships. Short-term groups for addicted people are less effective than long-term ones (Brook, 2008).

Bibliotherapy is considered to be an effective intervention strategy in the psychological treatment of addiction. Like group therapy, it is cost-effective. According to Apodaca, Miller, Schermer, and Amrhein (2007), bibliotherapy significantly increases both treatment compliance and attendance. Carroll (2008) presents bibliotherapy as an intervention enhancing the effects of medical treatment (here, 'bibliotherapy' refers to psycho-educational literature).

Bibliotherapy in the narrow sense denotes psycho-educational material, i.e., self-help manuals, which is a typical part of the adjunctive interventions in addiction treatment. In the broader sense, however, it is defined as a family of techniques for structuring an interaction between the facilitator (counsellor, therapist) and the participant (client/patient), based on their mutual sharing of impressions from the literature and intended to assist the client in stimulating a constructive personal change (Jacobs & Mosco, 2008). In the case of contemporary media, bibliotherapy subsumes not only texts for reading but audio and visual materials as well. The bibliotherapy process is described as self-recognition in a literary character or action, which may activate the reader's response. The internalisation of the literary story and a cognitive analysis of one's experience may lead to catharsis and to a better insight into one's own mental state, which the individual ideally decides to transcend. Bibliotherapy helps to enhance the individual's ability to understand human behaviour and motivation, to stimulate his/her interest in the world outside the self, and to diminish the emotional pressures; it stimulates the universality factor by showing the readers that they are not the only ones to face such problems; it shows them that there is a wide range of problem solutions rather than a single one; it promotes the readers' social awareness, enabling them to practise the more relaxed discussion of a given problem or to plan constructive ways of problem solving (Campbell & Smith, 2003, Lenkowsky, 1987) (the functions stimulated, then, are empathy and mentalisation). As an aid to recovering from various mental troubles, bibliotherapy was most intensively practised in the 1970s, although the past few years have seen increasing interest in this field (Pehrsson & McMillen, 2005). The limitations of its applicability, on the other hand, come to the fore in people suffering from cognitive difficulties (difficulties with concentration and memory); another significant handicap is poor reading skills (Floyd et al., 2006).

This study is a joint project involving psychiatry/medical experts on addiction treatment and experts on comparative literature, intended to improve the contact of aftercare-period group members with their subjective experience through contacts with works of literature. We addiction therapists lack a professional overview of the messages conveyed by literary works: our potential messages to the patients/clients concerning bibliotherapy are limited to psycho-education or to reflection, i.e., lay rather than professional, on the works which might serve as sources of inspiration as part of the therapy. Membership in an aftercare group is, among other things, sociotherapy—a reestablishment of links with the precious achievements of humankind. Becoming acquainted with literary texts and engaging in the reflection triggered by them is a way of reviving the higher cognitive functions—the transcendent, spiritual aspect of the patients. The concept of mentalisation, popularised in the past 15 years by Fonagy, Gergeley, Jurist, and Target (2002), describes how humans make sense of their social world by imagining the mental states (e.g., beliefs, motives, emotions, desires, and needs) that underpin their own and others' behaviours in interpersonal interactions. Bibliotherapy, in the sense of a targeted reading

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