Ina Maria Hinnenthal and Mauro Cibin on Allaman Allamani’s “Failure and Transformation in the Relationship: Between Patient and Therapist

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COMMENTARY

Ina Maria Hinnenthal and Mauro Cibin on Allaman Allamani’s “Failure and Transformation in the Relationship: Between Patient and Therapist”

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The concept of spirituality as a deciding factor for recovery from alcohol dependency has been the subject of a lot of criticism until recent times. Psychiatrists and psychotherapists after Jung mostly decided that the therapeutic treatment of addiction disorders was not possible in a scientific way. And rather happily they left the field of treating “them” mainly to the self-help groups such as Alcoholics Anonymous (AA) or to others considered to be “less specific” professional helpers such as social workers. The medical specialists did not know what to do.

Spiritual awakenings, or the feelings of rebirth, sounded like “church” or “religion” and did not seem to be a serious medical or scientific approach. The scission of view between mind and body did not help either to overcome the scission between the biological-driven treatment of addiction and effective emotional help for recovery. It was only during the “1990s” with its new equipments and neurobiological scientific findings [positron emission tomography (PET), functional magnetic resonance tomography (MRT), research on receptors, etc.] was it possible to use new models for understanding the brain’s structure. This enabled scientific explanations, the importance of cognitive and emotive reorganization, or better integration of both cerebral hemispheres for obtaining stable recovery in the addiction syndromes.

The first models of psychic trauma, as described by Horowitz (1976), used in the description of phases correlated with a traumatic life event showed that after a first moment of “scream,” the person easily enters into a sort of frozen emotional state. It was, as if, the right side, the more emotionally functioning brain hemisphere entered into a sort of anesthetic state and the brain’s main hemisphere, the left one, remains, halving the brain’s potential. That phase can endure for years, even for decades. And then a moment arises in which, as it were, there is a reemerging of the posttraumatic material that must be elaborated. This actively creates a new sense to those past events and to the entire life opening a way to a psychological recovery from the posttraumatic pain. It is during this phase of reintegration that the work of AA is inestimably precious and could never be completely concluded. It remains as an ongoing recovering process during the person’s whole lifetime.

But during this phase of posited “freezing,” the person most generally does not know that his or her emotional state is provoked by the traumatic event and it is often that a second, much less important event, which serves to unlock the posttraumatic material and the associated pain. That correlates with the first neuroscientific finding of Raut et al. (1996) that found in PET examinations that people who were invited to tell their traumatic material lit up activity in the brain’s right hemisphere and switched off their left hemisphere, particularly the Broca center that is the center of the expressive language. Being much easier than turning to the “freezing” response or remaining with the feeling of the original traumatic induced pain, without any viable help, the alcohol-consumption-related addiction easily enables a refreezing of the emotions. This must be considered as a failed attempt of control.

A typical biographical pattern could be experiencing a loss by sudden death. For example, the father who had an accident at the age of 12, who has not suffered its associated pain until his wife leaves him—future alcoholic at the age of 42—perhaps when his own son is 12 years old. In that moment, the person, often, is unaware that the actual pain is too big for a 42-year-old man left by his wife and that this phenomenon is only explainable by his own finally screaming traumatized child. The father can work through his own grief by using, emotionally, the right hemisphere of the brain as a channel of contact to the original feelings. He can integrate the emotional memory from “then” with a newly elaborated story, which again gives the feeling of “sense” in a narrative with a beginning, middle, and end. This process enables the person to feel “reborn,” to feel as if for decades he or she would have slept and now, at last, “lives” awakened. Methods for accessing to the brain’s right hemisphere and to make contact
with the otherwise not expressible pain are, for example, symbolic working, music therapy, dance therapy, art therapy, “rebirth.” yoga, eye movement desensitization and reprocessing (EMDR), psychodrama, Feldenkrais, and others. The body, with its muscular and vegetative part, the symbolic associations, and the holistic impressions are more associated with the emotional right hemisphere than with the left one where the Broca center is situated and which controls the expressive language and rationality. Methods that mainly use words simply do not reach that part of the brain where the problem is imprisoned.

Cloninger (1987) and Cloninger, Bohmann, and Sigvardsson (1981) described this type of alcoholism as Type I, a sort of alcoholism that arises later in one’s life, being correlated with single life events. It is easier to treat and it has a better prognosis.

Villa Soranzo, near Venice (www.cocaina-alcol.org), Italy, a residential program for recovery from alcohol and/or cocaine disorder, was one of the first projects to systematically introduce integrating the self-help approach of AA, and the emotional and cognitive therapeutic methods to the modern addiction interventions such as the prevention of relapse as described by Marlatt and Donovan (2005) (Cibin et al., 2001, 2010; Cibin & Hinnenthal, 2011; Cibin, Hinnenthal, & Lugato, 2009; Cibin, Jester, Leonardi, Lugato, & Pananastatos, 2010; Hinnenthal et al., 2006; Hinnenthal & Cibin, 2011; Hinnenthal, Laki, & Ardissone, 2008).

But even for the type of alcoholism described by Cloninger as Type II (posited to occur earlier in one’s life, being more correlated with genetic factors and consensualized to being more difficult to treat), the new neuroscientific discoveries have been very important.

The new concepts of neuroplasticity, which works slowly on life experience creating new connections and patterns of emotional control (or dyscontrol) on old experiences, showed why this form of alcoholism is so much more difficult to treat. Here the interaction between biological vulnerability and a history of frequent early traumatic life events is associated with a sort of chronic emotional instability and a feeling of the need to be alert. The misuse of alcohol and other addicting and dependency-creating substances is a sort of failed attempt to control the uncontrolled emotions. Authors such as Linehan, Bohus, and Lynch (2007) showed that this way of emotional functioning cannot be cured anymore in terms of its origins. The person, however, can learn to avoid harm by being abstinent from the use of alcohol and substance abuse. The main formula is “we cannot control feelings but if we trust that it is worthwhile to do we can control actions.”

The exact words of Jung answering to Rowland’s question, if a recovery from alcoholism, a true recovery, was possible, were “Yes, there is. Exceptions to cases such as yours have been occurring since early times. Here and there, once in a while, alcoholics have had what are called vital spiritual experiences. To me these are phenomena. They appear to be in the nature of huge emotional displacements and rearrangements. Ideas, emotions, and attitudes which were once the guiding forces of the lives of these men are suddenly cast to one side, and a completely new set of conceptions and motives begin to dominate them. In fact, I have been trying to produce some such emotional rearrangement within you. With many individuals the methods which I employed are successful, but I have never been successful with an alcoholic of your description.”

Jung was right. Alcoholism is not curable only by using words and “spoken” psychotherapy. But in the meanwhile his words have gained a completely new meaning for us and are no longer a contradiction to contemporary neuroscientific knowledge or to more eclectic psychotherapeutic approaches.

Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

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REFERENCES


