

# BREAKING THE CYCLE: A CASE STUDY OF BRIEF DYNAMIC THERAPY FOR OVERCOMING ALCOHOL DEPENDENCY

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## ABSTRACT

The aim of this study was to assess the impact of online brief dynamic therapy on an individual experiencing relationship difficulty and its effect on reducing alcohol dependence. A 23-year-old male sales executive, with a history of alcohol consumption spanning 8 years and exhibiting excessive anger, sought help. He exhibited a challenging temperament and was diagnosed with Alcohol Use Disorder. Additionally, he struggled with strained interpersonal relationships. Supportive-Expressive Dynamic Psychotherapy, based on Luborsky's model, was administered, focusing on Core Conflictual Relationship Themes (CCRT). Through therapy, the patient recognized the connection between his substance abuse and relationship challenges. This approach facilitated the exploration of underlying relationship dynamics and led to the development of healthier relational patterns with caregivers, resulting in reduced substance-seeking behavior.

**Keywords:** Alcohol Use, Brief Dynamic Therapy, Core Conflictual Relationship Themes

## INTRODUCTION

We are living in a society where we are highly dependent on technology. In the 21<sup>st</sup> century, the impact of technology on human life is unavoidable. Its growth has changed the world from the 20<sup>th</sup> century to now and the pace of growth is a sudden, uncontrolled burst the amount of online information has exponentially increased and now plays a significant role in various fields. The role of online technology has a great impact on mental health (Health, 2022). Where it helps people to be connected and updated, makes things easier, working as a helping hand. With the various media and platforms, communication has been improved with the outside world through mobile and portable

devices facilitating instantaneous and zero-distance communication. In mental health, there is an emergence of interaction between patients and psychotherapists in the online digital world rather than in-person face-to-face consultation (Huang & Zhong, 2020).

Tele-psychotherapy is a mental health service where the provision of psychotherapy using telecommunication technologies. For a session, various combinations are used especially via text, audio, or video methods (Kaplan, 1997). There were many criticisms regarding this service stating that the quality of services will be affected, safety issues, and lack of non-verbal clues (Sousa, A et. Al 2020). Mental health professionals considered

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it as not usual and hard to accept the new concept of delivering services. There was a time, since the epidemic (COVID-19), when the unusual pattern turned into a new pattern. the dilemma has to be kept out and made them to be practical (Singh & Sagar, 2022). Various patients were experiencing the exacerbation of ongoing distress and started having more psychological issues due to the quarantine something never experienced and some people got into faulty coping like engaging in addictive behaviour like excessive use of technology, gaming, excessive time spent on social media, and abusing alcohol.

Alcohol consumption is socially accepted on a global scale, and although our awareness of the harmful consequences of alcohol has grown, there is still a significant issue with excessive alcohol use worldwide. The onset of alcohol use problems typically occurs in late adolescence or young adulthood (Botvin & Griffin, 2007). Alcohol abuse, also known as alcohol misuse is a pattern of drinking alcohol in an increased pattern often. It is a serious problem and interferes with a person's life. Some people abuse alcohol as a part of dealing with their distressful problems. They are trying to block their painful emotions related to their distress to navigate through it without being overwhelmed.

The patient characteristics play a major role in client engagement and the outcome of the therapeutic process. Positive therapeutic engagement involves regular attendance to sessions self-disclosure, emotional catharsis, and willingness to have conversations which are contingent on the patient's psychological mindedness and ability for self-introspection (Barnes, 1953). The brief psychodynamic therapy approach enables the client to examine the unresolved conflicts and symptoms that arise from past dysfunctional relationships and manifest themselves in the need and desire to abuse substances. Practitioners of brief psychodynamic therapy

believe that the constant involvement of the therapist is not needed for long period and the changes can happen through a more rapid process in a short-term period. Supportive-expressive (SE) psychotherapy (Luborsky, 1984) is one brief psychodynamic approach that has been adapted for use with people with substance abuse disorders. There have been many studies of the use of SE therapy for substance abuse disorders, resulting in a significant body of empirical data on its effectiveness in treating these problems. Effective SE therapy depends on the appropriate use of what is termed the core conflictual relationship theme (CCRT), a concept first introduced by Lester Luborsky. The present study aims to assess the impact of online brief psychodynamic therapy on the well-being (measured in terms of the use of ego defense mechanisms) of the patients with alcohol dependence syndrome.

### **Case Vignette**

Patient Ak is 23 years old graduate working as a sales executive in pharmaceutical company whose father is a driver who met an accident and mother runs a small business and his sister who is 3 years elder to him works as teacher.

### **Presenting Problems**

Mr. AK's presenting problem was intake of alcohol for last 8 years and excessive anger. He would also have frequent mood swings along with suicidal ideation. His main concern was regarding intake of alcohol and excessive concern. he was irritable and angry on a daily abuse and was violent at family members at least twice in a week.

### **HISTORY**

He was seen by his family members as a child who is hyperactive and disobedient in nature. He was punished by harshly and was not allowed to leave his house for playing with

others and was always asked to study. He would often disobey his parents, for example, use to go to play cricket instead of studying as instructed by them. During 9<sup>th</sup> std on wards his parents used to receive complaints that he would bunk his classes and showing decreased interest in studies and would engage with peers who abuse psychoactive substances. When he was in 10<sup>th</sup> std, he started smoking cigarette and initially it was occasionally and gradually started taking it in a regular pattern and would take 5 to 6 cigarettes per day. When he was in 11<sup>th</sup>, he was introduced to alcohol by his friends and he experienced the good feeling out of it. This was continued and started taking it in a regular pattern. It was noted that he would quickly adapt to the changes in his routine and easily distracted when he was supposed to do work or play games. He would use to have very irregularity in eating times and bowel movements. It is noted that the patient has difficult temperament. After his 12<sup>th</sup> std, he joined for graduation along with 2 years aviation course. He was guaranteed the job by that institute but after completion of the course no batchmates were employed the guaranteed job. He felt that he was cheated. He was also loving a girl for last 5 years. He proposed her 2 years back he was rejected by her and still has contact with that girl. After the rejection his intake of alcohol and smoking cigarettes has been increased.

On his mental status examination, his general appearance was kempt, tidy, looking appropriate to his age, in touch with surroundings, eye contact maintained, attitude: cooperative, relaxed manner of relating, normal psychomotor activity and speech was loud audible, normal reaction time and productivity, relevant and coherent. Cognitive functions were intact. Anxious affect, in thought there was the presence of suicidal ideation and low confidence, with grade IV insight.

## **ASSESSMENT**

**Severity of Alcohol Dependence Questionnaire (SADQ)** (Murphy & Hodgesson, 1983). It is a 20-item questionnaire designed to measure the severity of alcohol dependence. The items 1, 3 and 4 of the ICQ are scored on a 4-point scale ranging from 0 (never or almost never) to 3 (nearly always). Items 2 and 5 are scored in reverse with a score of 0 (nearly always) to a score of 3 (never or almost never). The 20 items of the SADQ are all scored as follows: 0= never or almost never, 1= sometimes, 2= often, 3= nearly always. A score of 31 or more indicates severe alcohol dependence, a score between 15 and 30 indicates moderate dependence and a score of <15 shows no dependence or only mild dependence.

## **The Defense Style Questionnaire (DSQ 40) (Andrews, et al. (1993):**

There are three groups of defense mechanisms such as mature, neurotic, or immature assessed by using 40 questions. The patient was asked to indicate their degree of agreement or disagreement with each statement on a 9-point scale (from 1\_ 'strong disagreement' to 9\_ 'strong agreement'). The original version of the questionnaire is characterized by satisfactory reliability and validity.

## **TREATMENT**

The online brief dynamic therapy will be using the model called Supportive Expressive Therapy (Luborsky (1984). It was used to help patients to understand their maladaptive relationship patterns in the context of a supportive therapeutic environment. Supportive techniques were used to foster and maintain the therapeutic alliance and interpretive techniques were oriented toward self-understanding of the patient's relationship conflicts. It has been studied that SET is helpful to clients with severe substance use

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disorders and cocaine use disorder when someone is willing to discuss and explore their own internal experiences. It is a brief dynamic therapy and a total number of 12 sessions were taken. The therapist followed the instructions of NIMHANS regarding Tele-psychotherapy. Where the Google Meet was used for the sessions (Bhola & Poornima, 2020).

The version of SE therapy used in the study was used and was based on extensive clinical experience in working with substance-dependent individuals. Various SE manuals have been used for treating specific psychiatric disorders: depression (Luborsky, 1993), opiate dependence (Luborsky, 1995) cocaine dependence, cannabinoid dependence (Grenyer), and now this version for Alcohol dependence.

### **PROCESS OF THERAPY**

In Initial two sessions, apart from the initial diagnostic interview and drug history, the SADQ and DSQ was administered. In the initial level of objective measures indicated that the patient scored 25 (SADQ) indicating a moderate level of alcohol dependence, for DSQ-40, a score of 8.5 for mature defenses, 10 for immature defenses, and 12 for Neurotic defense.

The main target of these sessions was to make CCRT formulation and prepare the patient for quitting the substance. Expressive techniques were mainly used to understand the patient and help him to have a better outcome. The main four phases of expressive techniques are as follows; Listening (the ability to listen to everything the patient says including verbal and nonverbal) understanding (the ability to begin to see the association between the main symptoms and the central relationship issues), responding (the act of communicating to the patient some of what you have understood from listening) and listening again (Luborsky L, 1985).

By using supportive techniques, the patient was able to convey through words and started having a sense of understanding and acceptance of his issues and communicated a realistically hopeful attitude that goals are likely to be achieved.

After the fifth session of the psychotherapy, the patient quit alcohol use. In the next session, and patient reported that he has sleep difficulties and feelings of restlessness. And he was asked to consult a psychiatrist for the same. The medication was given to the patient and started reporting an improvement of sleep quality and restlessness. The psychiatrist had prescribed him a tablet of diazepam (oral) along with and tablet of clonazepam. While on medication, he started feeling better and was able to feel free from the withdrawal features.

### **Sessions (6 to 10)**

Initial 5 session, it was focused on his substance intake. During this time, it was come to know about his underlying conflicts. Fenichel (1945) focused how drug use is an attempt to get not only sexual satisfaction but also for 'security' and 'maintenance of self-esteem'. Fenichel also discussed about the drug use is an attempt to fulfil wishes and desires. In the absence of mature ways of meeting these needs, the addict regresses to more infantile 'passive-narcissistic' way of achieving gratification.

The patient was successful in ceasing his alcohol use with the aid SET and medications. The major difficulty that this patient had faced from stopping alcohol use occurred in the area of interpersonal relationship. After some days of quitting, he had stated that:

It was a tough time with alcohol use and I feel more relieved and able to go to work without taking alcohol. I am able to face the situations with some difficulties, but that's okay, I can deal it. The relief of ceasing alcohol from my life is felt a lot.

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During this abstinence phase, the patient started feeling the awareness of the sense of wasted time passing in for last few years like unhappy relationships, unsuccessful in finding own career path, dependence on his parents financially and inconsistent lifestyles.

The patients main concern was related to the relationship issues he had gone through. The pattern of the CCRT themes were;

My father and Mother used to go for work and I was asked not to go out of the house and if I go without their permission I would be punished. I always want to be with my friends but my father used to stop me from going outside and would complain that "you have broken our trust towards you and you always disobey what we ask you to do".

The girl I love is, still I keep in touch with her, she would always call me to do her works, without resisting that I go to help her. Now she is going to get married and she says that I am one of her best friends. When rejected my proposal, I was not able to deal with anything and felt like ending myself and this time I started engaging substance seeking behaviour with friends and for last 6 months I am doing it alone.

The CCRT pattern is:

Wish = to be close, to get attention

Response of other = are distant, don't have time

Response of self = Feel unloved, alone, rejected and I withdraw

The CCRT summary formulation is, *"I always want to be close to people whom I love, but others don't find time for me, so I feel alone and withdrawn"*

The central issues of the therapy were a sense of others not having time and his withdrawal from all form of relationships. And the patient also started asking how much time the therapist was prepared to give and the end of sessions were always difficult for the patient. This became an main issue for the therapist to maintain a good therapeutic

framework. During this time, he also started realizing that he was avoiding interpersonal relationship because of his expectation that others will not find time for him. Towards the end of the therapy his cessation of use concurred with him reaching out to others more, especially his family members.

Yeah, I am able to see the pattern of relationship I'm having with my family. My mother says that she is feeling good to see my progress and I am also feeling the same, and recently I have started talking to my father more.

While in 9<sup>th</sup> session, it was addressed about the patient's dependence in therapist and termination in three sessions. The patient was anxious to deal with that as how will he manage without therapy and whether he will go back to the old pattern of living again. He was also introduced about the booster session and the patient felt quite relieved.

By end of the therapy, he started feeling more settled with himself and his relationship and work. An unexpected feature of quitting the substance is his friends who use psychoactive substances and would project all his feelings to them.

After termination, the patient had attended two booster session and it was found that he is able to manage his own. He is regular to his work and interpersonal relationships are being improved. He also stated that the craving he gets due to the peer pressure from the work place but he is able to deal with it by focusing on the work and involving with others who are not using alcohol. It is also reported of his establishment of independence from the family home and development of mature relationships.

### DISCUSSION

Supportive Expressive therapy differs from the other brief dynamic therapies by its focus on the CCRT. It is helping the patient to relate his symptoms to his CCRT. The patient was

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able to associate the link between his substance abuse and relationship problems. The index patient showed an improvement in the score of SADQ and DSQ-40. In SADQ, the patient scored 9 indicating no dependency. In DSQ-40, A score of a scores of 10 for mature defenses, 9.5 for immature defenses and 10 for Neurotic defenses.

The patient is able to function well in all areas, interested and involved in wide range of activities, socially effective and leading a satisfied life. The patient was able to deal the problem effectively without jumping to any maladaptive coping styles.

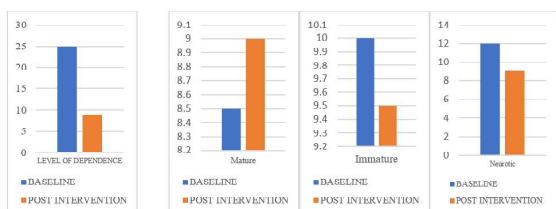


Figure 1: Changes in Level of Dependence

Figure 2: Changes in defence mechanism (mature, Immature and Neurotic)

In Freud's general theory of symptoms formation (Freud,1959), the substance use is seen as an unsatisfactory attempt to relieve the uncomfortable experiences resulting from problems in getting needs and wishes met. In treating the substance dependence, the focus increasingly turns to underlying feelings of the uncomfortable experiences arising from maladaptive interpersonal ways of relating. Change is brought about through mastering (understanding and controlling) the relationship conflicts and problems with a focus on the role of substance use within these interpersonal patterns.

The patient was helped to identify about core relationship patterns and how they relate to substance abuse. The patient had the negative expectation of other's attitudes towards him. It was also seen that there is significant improvement in his interpersonal relationship with his family members. Initially he was not involved in family matters

especially decision making, he would use to feel that he is not involved by his family members in those process and he used to feel left out. After identifying that it was his negative expectations from others, he started he started.

In successful therapy, a supportive relationship is developed naturally between the patient and therapist. A supportive relationship plays an important role in all psychotherapy. It is meant to create a helpful working relationship that is mutually focused on helping the patient to strengthen their competence and esteem and achieve their goal. This support has helped the index patient to grip on reality. Expressive techniques are focused on understanding the patient and helping the to change. It also helped the patient feels safe enough to express what they are thinking and feeling.

The index patient had developed a dependence to the therapist. It is seen that in case of drug dependent patients, the patient becomes attached to the therapist. Dependency can be seen in many ways. Dependency may be developmentally immature in the way that an infant is dependent on its parents for substance and protection. The patient who quits substance expects that the therapist will take the place of the substance and keep them happy and free from psychic conflict. It is crucial phase to deal with this in therapeutic work. With this patients, the supportive techniques were helpful to maintain this dependency (keep the patient engaged in treatment ) while the expressive techniques could be used to open up the patient experiencing and mastering the problems of forming mature relations(ie challenging the basis of their immature dependency). Maintaining a focus on the goals of treatment and mentioning the time limited nature treatment often can also help to curtail an excessive transference of dependency onto the therapist.

## CONCLUSION

It has been found that online brief dynamic therapy (Supportive expressive therapy) was very useful for helping the patient to understand the pattern of relationship the patient holds and its impact on substance seeking behaviour. CCRT is the main pattern of relationships, especially that are seen as conflictual and it is derived from the interaction the patient has with the therapist. The length of the therapy is time-limited. In Supportive phase, where the therapist provides whenever the patient is needed and when the approach is expressive, the therapist provides help by understanding and clarifying the difficulties through interpretation (Luborsky, 1984).

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