### Circumventing addiction treatment

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What can we learn from the theory of *natural recovery* during the Covid-19 pandemic?

### **ABSTRACT**

This article explores classed presentations of addiction resumption. I discuss the concept and theory of 'natural recovery' and introduce 'lay-sobriety' and the potential they have to inform treatment and future research. Can research from the 1990's help answer contemporary questions relating to a larger group of addicts that are currently gaining from treatment?

### INTRODUCTION

The 2020 Coronavirus pandemic has had a direct effect on alcohol consumption in two main ways, says a report by the Institute of Alcohol Studies (IAS). It found that there has been an increase in non-drinkers and an increase in higher risk drinkers and that this trend applies proportionately to the general population. Remarkably, the report stated that despite the spike in numbers of risky drinkers there has been a decrease in addiction service utilisation which professionals are, for some clients, attributing to accessibility barriers. The assumption that socio-economic factors account for diminished digital and remote service access is generally irreconcilable with this supposition as many households now have Internet access. Consequently, there must be other reasons for the under utility of addiction services across the general population and social strata.

Although data which applies to the present time is not yet available, previous research might be able to direct the enquiry, namely the theory of *natural recovery* in relation to the 1996 study of middle class self-healers by Granfield and Cloud.<sup>2</sup> Simply put, natural recovery is a method adopted by addicts who arrest their addiction without treatment. Their numbers are thought to be many and their characteristics are different to the stereotypical image of the addict which permeates popular culture. It is the methods employed by self-healers which are of interest to better understand recovery in society and the subsequent practice of 'lay-sobriety' to sustain abstention.

For the purpose of this piece I shall refer to and use interchangeably, the terms 'addict', 'problem drinker', 'alcohol use disorder' (AUD) or 'alcoholic' as meaning one and the same. Although this is not technically or theoretically correct, it does aid understanding for readers who are not completely familiar with the intricacies of addiction debates specific to the field. Also, although this work advocates natural recovery, this is not to undermine conventional approaches of addiction treatment.

#### REPRESENTATIONS OF ADDICTION

The derogatory associations and stigma of addiction are believed to inhibit disclosure of an AUD therefore rendering the true extent and experience of addiction quite hidden from view and thorough investigation. Addicts can choose whether to expose themselves, but it is possible to remain hidden unless they become known to authorities

or health services. Those that remain part of the 'hidden population' often have good jobs and a loving family, a nice house, a car ... they holiday every year and visit nice restaurants and function in their daily lives. All the while they can qualify diagnostically as addicts, according to the International Classification of Diseases criteria; although the preferred term for addiction is now referred to as dependence and has been since 1964. This reality sits in opposition to the illusory notion of addicts who are commonly understood as people who have lost everything and hit 'rock bottom' due to addiction.

The so called 'rock bottom' inhabitants are reckoned to represent only a small percentage of the overall amount of problem drinkers; but they define the stereotypes which dominate perceptions of the lived experience of addicts and the established models of addiction treatment. Exposed addicts commonly become 'othered' because of the deviant sub-cultures they occupy in society; they summon judgements of 'badness' or lacking moral fibre. 'Addict' may even conjure images of violence or involvement in crime. Incongruently, the hidden population of addicts, specifically middle class addicts, occupy legitimate social roles and lead typical middle-class lives<sup>4</sup> alongside their addiction. As such, the hidden populace of addicts experience addiction differently, in a way which is difficult to conceive or accurately quantify.<sup>5</sup>

### REJECTION OF TRADITION

Understandably, admitting to a drink problem is not easy to concede. The perception of threat and stigma which stem from damaging stereotypes necessitates an apparent need for secrecy and ultimately can deter help seeking. This fear is confirmed in literature (i.e. Keyes *et al*<sup>6</sup>). As such, accessing formal treatment avenues or discussing issues with a General Practitioner (GP) can be daunting; likewise, attending in-person meetings or treatment centres can be unappealing.

Self-help groups such as Alcoholics Anonymous (AA) may be considered as an option, but the middle classes often reject it for a multitude of critical reasons. Instead, they favour tactics employed to transform situations and behaviour themselves. Severing ties and cultivating alternative social connections through emotionally satisfying hobbies and meaningful activities are evidenced as successful strategies to overcome addiction.<sup>2</sup> Specific reasons for rejection found in the 1996 study by Granfield and Cloud<sup>2</sup> declared self-help unappealing due to differences in world views and resistance to core principles of group programmes. Ideologies are rejected, such as the view that alcoholism is a disease or ideas that one is powerless to addiction are found to be counter-intuitive to self-image. The participants in the above study described themselves as accomplished, effective, strong-willed people who perceive powerlessness as demeaning. The study also found evidence contrary to the belief that one must mix with other addicts to successfully terminate addiction. In fact, some of the respondents thought it was dangerous to spend time with other addicts – a key element of recovery models – and rejected the opinion readily.

There appears to be the possibility of personality differences, but mostly Granfield and Cloud<sup>2</sup> remark on

the importance of social contexts as helpful or hindering to recovery processes. The authors identify structural resources – that of the family, education, employment, economic stability, for example - which support leaving heavy use and addiction behind without intervention. The authors extend on the various models of 'capital' (i.e. Bourdieu<sup>7</sup>) and propose 'recovery capital' to conceptualise this phenomena; that of the presence and protectiveness of the aforementioned social resources which significantly and positively influence the chance of natural recovery. Individuals whom possess recovery capital resources are thought to lack the element of 'hopelessness' possessed by addicts who end up in treatment (Waldorf, 1991, cited by Granville, 2 p. 54). The findings suggest that having more to lose in terms of valuable resources, guards against increasing the severity of addiction and reduces the need for in-patient treatment, a view sustained in a study by Storbjörk and Room<sup>8</sup> which looked at the similarities and differences of in-treatment addiction patients.

Other reasons offered by those who rejected treatment were that meetings and treatment are simply inaccessible for financial reasons or time constraints, and for others they felt treatment was unnecessary for themselves. The concept of choice is a prominent but unmentioned feature of the study outcomes and reasons supplied by the participants. Thematically, there is an idea that individuals can help themselves become un-addicted and remain unexposed contained within the concept of natural recovery. That people can leave addiction and an addict identity behind them and move on is however challenging to traditional beliefs.

### NATURAL RECOVERY IN A CONTEMPORARY CONTEXT

Interest in natural recovery was gaining popularity in the 1990's and researchers during this time estimated that up to 90% of problem drinkers suspended use without treatment.2 The proportion and features of addicts in treatment may therefore be uncharacteristic of addicts in society more generally. The in-treatment group tends to be marginalised and disadvantaged across multiple spheres of the social realm8 but this is incompatible with the reality of most addicts if data is correct, especially regarding the current decrease in service access. As such there may be many people who can benefit from natural recovery as a feasible option were it promoted more readily. Natural recovery, although fairly unrecognised as a formal option, is a personal, self-guided practice of sobriety. It provides the basis for a novel paradigm of getting and staying sober by oneself which I refer to as 'lay-sobriety'. Both natural recovery and lay-sobriety sit in opposition to conceptualisations of traditional addiction treatment and recovery models which opine that addiction cannot be overcome alone, but many addicts may, and apparently do, find this method appealing.

Research is developing in this area, but no doubt the use of the Internet, which seems to lend itself perfectly to supporting 'lay-sobriety' and natural recovery processes, is an avenue which I predict will gain prominence as abstention practices in society become more established. The current lived experience of addicts cannot yet be properly examined but no doubt the Internet is being

used as a tool to help or guide people on their journey out of addiction. The IAS survey data<sup>1</sup> certainly highlights a hidden society of problematic drinkers which will no doubt be of interest for some time as the new normal continues and drinking habits shift in current and post-lockdown conditions. The Internet is also a popular avenue for addicts to consult with questions they have. To put this into context there are 233 million hits on Google to help the enquirer answer the question "Am I an Alcoholic?"

Self-monitoring trends have kick-started a rise of apps and Internet sites to help people manage their addictions, as well as the movements for 'dry' months which benefit online community interaction and support. There is an array of choice which caters to individual preference, such as religion or gender. There are also many different types of sobriety lifestyles i.e. 'California sober' (a version of sobriety which allows getting high on drugs but not alcohol) or 'straight edge' (which bars a multitude of different drugs) to explore which might prove to circumvent the need for treatment or broaden possibilities for people who reject current options. No doubt it will be interesting to see what developments occur in this area as contemporary technology advances.

#### CONCLUSION

Although there is research which shows that generalisations can be made about addiction to an extent, the same cannot be said of treatment. The choice of treatment options seems too limited. Such a narrow approach is exclusionary and does not account for the diverse needs which span across the addiction continuum. What is important is that different treatment options can be explored and integrated into current models. This is to recognise and cater for the diverse presentations of addicts, rather than offering a marginalising and narrow treatment pathway which is unappealing to a substantial core group of addicts.

The belief of addiction as an insurmountable condition which necessitates treatment is at odds with the notion of natural recovery but it seems that most, or at least many, people could/are recovering naturally. In the context of Covid-19 it could be that at this moment addicts may be exploring different avenues to manage their condition, such as the Internet, with success, prompted by the thwarting of meetings and service provision by social distancing and lockdown regulations. Or, the IAS study results<sup>1</sup> could be interpreted as an indication that people are remaining in active addiction until a later point, right now undesirous of help. There may be a possibility that the chances of natural recovery have dwindled in response to the unprecedented effects on recovery capital resources and the protection they are thought to provide. Or, optimistically, more people might be recovering naturally than ever before.

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# "Death, of course, is not a failure. Death is normal. Death may be the enemy, but it is also the natural order of things"

Atul Gawande: Being mortal, illness, medicine and what matters in the end.

Profile Books, 2015

## A REVIEW BY GUILHERME MOVIO, 3rd YEAR MEDICAL STUDENT

Atul Gawande addresses the concepts of death, mortality and quality of life with grace, experience and personal insight in 'Being Mortal'. Reading this book for the first time as a 17-year-old school student, these were concepts out of my remit and I remember feeling incredibly naïve to the ideas proposed. Now, midway through my medical studies and in a world-wide pandemic, I decided to revisit Gawande's writing. Consequently 'Being Mortal' has humbled me even further as a future healthcare professional.

Gawande's book delves into topics that as a society we are uncomfortable discussing. By biologically explaining the process of ageing and death he explores both the societal and medical challenges around this precarious process. Gawande considers cultural views to ageing and what matters at the end of our lives, whilst simultaneously sharing his own difficulties in understanding the significance of thinking less about prolongation and more on the quality of someone's life.

The ability of staving off death through modern medicine has revolutionised ageing, but Gawande disputes that although medicine ensures we are living longer — we may not be producing the appropriate healthcare professionals to provide essential holistic care. He highlights that in recent years geriatrics has become an unpopular medical speciality, with training posts in the United States of America (USA) having been reduced by up to a quarter. To compensate this, and to meet the needs of the ageing population the upsurge of nurse-led care homes has become noticeable. He portrays care homes negatively, by discussing how residents have poor autonomy and are often pharmacologically drugged into submission by psychotropic medication. Gawande generalises these institutions as "resolving societal problems such as bed spaces but not making life worth living".

He contrasts attitudes in the USA and his home country India – where ageing is seen as a privilege, and where the elderly, who he describes as "the guardians of tradition, knowledge and history" are protected and

looked after closely by family. In western society, he argues that elderly family members are seen as a chore – with both the elderly and the younger generation being limited in their freedom because of ageing.

Crucial points are made about how we can provide our elderly population with a greater quality of life. Reflecting on Abraham Maslow's "theory of human motivation", Gawande depicts the importance of giving those at the end of their lives the autonomy to self-actualise. Allowing people to live for something improves outcomes, as demonstrated by a psychological experiment conducted by Judith Rodin and Ellen Langer, where residents at a care home were given responsibilities over something incredibly simple, plants. Other examples of maintaining independence were shown in another care home by giving residents a chance to look after animals. Gawande reminds readers that "all we ask is to remain the writers of our own stories" and that people must have a purpose.

Although medicine provides patients with evergrowing pushes, Gawande considers at what point must we stop. We strive to do everything we can as medical professionals but often we push terminally sick patients through rigorous and undignifying medical treatments. Studies show that when patients at the end of their lives are aided to accept their diagnosis and move forward with appropriate palliative care interventions, they live longer and more comfortable lives.

A golden mean between a "paternalistic" and an "informative" doctor-patient relationship must be found when dealing with patients, especially at the end of their lives. Ezekiel and Linda Emanuel presented a third type of relationship, an "interpretive" one. This is where the doctor understands the patients' needs and through shared decision-making assists in making the best decision based on context. This was something Gawande encompassed within his own practice. Doctors should be productive with their discussions with patients by exploring their needs and tailoring medical options to such.

By sharing his own personal experiences of his family's suffering through his father's cancer, Gawande emphasises that sometimes doing less is more. Through difficult conversations and acceptance, his father was able to pass peacefully with his family by his side as opposed to a heavily medicalised, futile end. 'Being Mortal' resonates with anyone who has felt the reality of suffering and mortality and seeks to teach its readers to think about what truly matters in the end.