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PSYCHOLOGY AND ALCOHOLISM: CONTRIBUTIONS OF A CASE STUDY IN THE ALCOHOLICS ANONYMOUS GROUP

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ABSTRACT

With a history of 89 years and a presence in 180 countries, the organization Alcoholics Anonymous promises to help alcoholics recover with weekly meetings and a protocol based on 12 fundamental steps. To understand the role of this modality in the process of symptom remission of individuals with Alcohol Use Disorder, in view of knowledge of evidence-based psychology, in the Cognitive-Behavioral Therapy approach, and psychopathology, this article presents a qualitative, exploratory and descriptive research, with the case study method. 12 meetings of an Alcoholics Anonymous group were followed up in March and April 2024, and a literature review was conducted to outline relevant aspects of the alcoholics treatment process and compare evidence-based practices with the processes carried out by the group. The results demonstrate that there is no deepening of the causes of the disorder in Alcoholics Anonymous, as well as subjective and particular aspects, and that inclusion in the group can work as a part of the complete treatment, especially with regard to relapse prevention strategies, but not as comprehensive support.

Keywords: Alcoholics Anonymous. Alcoholism. Cognitive-Behavioral Therapy. Psychology.

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INTRODUCTION

Alcoholics Anonymous (AA) of Brazil is a non-profit, non-profit, private civil association headquartered in the city of São Paulo and with jurisdiction throughout the national territory. Defined as "a Brotherhood of people who share, among themselves, their experiences, strengths and hopes, in order to solve their common problem and help others recover from alcoholism" (AA, 2024), the entity works with support groups managed by former alcohol addicts, in online and face-to-face modalities, throughout the country. Currently, Alcoholics Anonymous is present in 180 countries and the insertion in Brazil completed 76 years in 2023 (AA, 2024). The work in the AA groups is based on 12 steps and 12 traditions, explained in the basic book of action "The Twelve Steps and the Twelve Traditions" (JUNAAB, 2019). The idea of the group is that an alcoholic recovered from the 12 steps passes on his story to those who wish to achieve sobriety and helps in the process of recovery and understanding of the process.

To understand the role of the group in the remission of symptoms in individuals with disorders related to alcohol abuse, it is necessary to outline the understanding of psychology and psychiatry on the subject. Alcoholism is a mental health pathology with a high worldwide prevalence and a high rate of mortality and comorbidities (CORDEIRO et al, 2021). According to PAHO (Pan American Health Organization), alcohol consumption was responsible for 85,000 deaths per year in the period between 2013 and 2015 in the Americas, where per capita consumption is 25% higher than the global average. Most deaths due to alcohol consumption (64.9%) occurred in people under 60 years of age and the main causes of death were liver disease (63.9%) and neuropsychiatric disorders (27.4%) – including alcoholism (PAHO, 2021). A survey entitled "Alcohol and the Health of Brazilians - Overview 2023", carried out by CISA (Alcohol Health Information Center), showed that 45% of Brazilians consume alcoholic beverages at social events and at home. The groups of young people (18 to 24 years old) and young adults (25 to 34 years old) were the ones with the highest use of the substance, declaring weekly consumption. The survey data show that 27% of Brazilians consume alcohol moderately and 17% consume abusively, although more than 75% of those who consume abusively believe they are moderate consumers (ANDRADE, 2023).

Alcohol consumption is considered moderate when there is a maximum intake of two drinks per day, or 14 drinks per week, for men, and one drink per day, or seven drinks per week, for women - considering that each dose represents 14g of pure alcohol (which corresponds in Brazil to 350ml of beer with 5% alcohol, 150 ml of wine with 12% alcohol and 45 ml of distilled beverages, such as vodka, whiskey, cachaça or gin, with 40% alcohol)

(ANDRADE, 2023). Abusive consumption, also called BPE (Episodic Heavy Drinking), is defined by the WHO (World Health Organization) as the consumption of 60g or more of pure alcohol, which is equivalent to four or more drinks, on at least one occasion in the last month (WHO, 2018). In the Vigitel (Surveillance System of Risk and Protective Factors for Chronic Diseases by Telephone Survey) surveys, carried out by the Ministry of Health, abusive consumption is similarly established as the ingestion of five or more doses on a single occasion in the last month for men and four or more doses on a single occasion in the last month for women (BRASIL, 2023).

Alcoholism is a mental disorder classified as "Alcohol Use Disorder" in the DSM-5-TR (APA, 2023) and as "Alcohol Dependence" in the ICD-11 (WHO, 2022). In the DSM-5-TR (APA, 2023), the classification of the disorder establishes criteria that define whether it is a mild disorder, characterized by the presence of two to three symptoms; moderate, with the presence of four to five symptoms; or severe, with the presence of six or more symptoms. There is a clinical difference between the consumption criteria for women and men, established due to metabolic differences between genders, and a list of 11 criteria for determining the clinical diagnosis of the disorder. In addition, the DSM-5-TR (2023) establishes criteria for early remission, when after previous diagnosis there is a period of at least three months without symptoms; and sustained remission, when after a previous diagnosis there is a period of at least 12 months without symptoms, with a specifier to signal if the individual is in a controlled environment, where access to alcohol is restricted. The DSM-5-TR (2023) defines Alcohol Use Disorder as "a set of behavioral and physical symptoms, such as withdrawal, tolerance, and desire" (APA, p.769). Alcohol withdrawal is characterized by "symptoms that develop approximately 4 to 12 hours after reducing intake after prolonged and heavy alcohol intake" (APA, 2023, p.770). Because it is an unpleasant and intense reaction, individuals can continue to consume alcohol even with the adverse consequences in order to avoid or relieve withdrawal symptoms. The desire for alcohol, on the other hand, is described as "a strong desire to drink that makes it difficult to think about anything else and that often results in the initiation of drinking" (APA, 2023, p.770).

Individuals with alcohol use disorder tend to maintain alcohol consumption even if they are aware of the risks of constant use, such as significant physical, psychological, social, or interpersonal problems (APA, 2023). Because it is often associated with other similar disorders, such as Substance Abuse (cannabis, cocaine, heroin, amphetamine, sedative, hypnotics, anxiolytics, among others), the manual indicates that the use of alcohol can be a resource used to "alleviate the unwanted effects of these other substances or to replace them when they are not available" (APA, 2023, p. 770). In addition, the explanation

contemplates that conduct problems, anxiety, insomnia, and depression constantly comprise excessive alcohol use and in some cases precede it (APA, 2023). In the item on development and course of the disorder, the DSM-5-TR points out that alcohol use disorder "is often mistakenly perceived as an intractable condition, perhaps based on the fact that individuals presenting for treatment often have a history of many years of serious alcohol-related problems" (APA, 2023, p.772).

Because it is a complex and multifactorial pathology, national treatment guidelines are currently based on several fronts based on the profile of the person with the disorder, considering socioeconomic status, territory, severity of symptoms, and comorbidities. Among the recommended treatments, the harm reduction strategy is indicated to increase quality of life and establish self-care behavior in abusive alcohol users (BRASIL, 2004; 2007), as well as brief motivational therapy, behavioral therapy with a 12-step approach against alcoholism, cognitive-behavioral therapy, and family multidimensional therapy (AMB, 2012). In more severe cases, hospitalization for detoxification and management of withdrawal symptoms with medication is proposed as an alternative for structured follow-up with a focus on relapse prevention and the patient's general health (HEATHER; STOCKWELL, 2004). In the field of evidence-based psychology, the gold standard method of treatment is Cognitive-Behavioral Therapy - which includes family therapy, training in social skills and relapse prevention strategies; and Behavior Analysis with contingency management (CG) treatment with Moderate Drinking program – based on behavioral self-control training principles (SOCIETY OF CLINICAL PSYCHOLOGY, 2024). Within this scenario, the question that follows is: what would be the true effectiveness of AA in the treatment of Alcohol Use Disorder?

METHODOLOGY

For the production of this study, a qualitative research was carried out, of an exploratory and descriptive nature, with the case study method, which offers a relationship between theory and practice through the understanding of a phenomenon from the adherence of the evidence of the case with the theory proposed beforehand (CESAR, 2005). The qualitative approach, with the case study type of research, was chosen because it provides an in-depth analysis of an object, in this case the Alcoholics Anonymous group, with a detailed examination of a particular situation, which would be the understanding of the role of the group in the context of alcoholism (GODOY, 1995). In this case, the investigation in an integrated perspective was decisive to capture the complexity and richness of information necessary to analyze the intended context. The theoretical

contribution was based on literature review research, which promotes the meeting of similar research and provides a historical perspective on the subject (DORSA, 2020). The research was divided into three stages, as shown below.

In the 1st Stage, 12 meetings of an online group of Alcoholics Anonymous were observed in the months of March and April 2024. To have an overview of the group's dynamics, the meetings were attended at different times and with different themes (there is a monthly schedule made available by the group with the themes worked on in the meetings at each time). For each meeting followed, two students were responsible for recording the meeting, in order to compare the reported content for greater data accuracy. To maintain the confidentiality of the participants, the names were replaced by letters in alphabetical order (A; B; C; D.; And; F; and so on) in the recorded reports. Those responsible for the Alcoholics Anonymous group were notified in advance of the presence of psychology students as observers in the meetings and, when requested, the students themselves identified themselves in the meetings for all participants.

In the 2nd Stage, the literary search for the theoretical contribution of the work began. The focus chosen for this study was alcoholism through the prism of psychopathology, the impact of the pathology in Brazil and treatment based on Cognitive-Behavioral Therapy. To understand alcohol use disorder from the perspective of psychopathology, updated disease manuals, such as the DSM-5-TR and ICD-11, were consulted, in which the diagnostic criteria and specificities of the disorder were analyzed. In search of data on the influence of alcohol abuse in the Brazilian scenario, the WHO (World Health Organization), PAHO (Pan American Health Organization) and CISA (Health and Alcohol Information Center) were selected as sources, using credibility criteria. Finally, in order to understand the action of Cognitive-Behavioral Therapy in the treatment of alcoholism, we searched for scientific articles dating from the last ten years with the descriptors DeCs and MeSh, with the terms "alcoholism"; "alcohol use disorder", "cognitive-behavioral therapy", "*alcoholism*" and "*cognitive behavorial therapy*", on the Scielo platform, and reference books on Cognitive-Behavioral Therapy focused on the proposed theme.

The 3rd Stage comprised the results and discussion of the research, in which the information obtained from the observations carried out was analyzed in order to connect them with principles of Cognitive-Behavioral Therapy for the treatment of alcohol abuse, in order to obtain a comparison of what is done by AA and what is recommended by psychology.

RESULTS AND DISCUSSION

The role of the Cognitive-Behavioral Therapy (CBT) psychologist in the rehabilitation of people with Alcohol Use Disorder involves conducting the psychodiagnosis process and providing psychotherapeutic treatment, both in individual and group sessions, with the aim of identifying and addressing aspects related to cognitive, behavioral and personality functions (BECK, 2013). According to Pires (2017), treatment seeks to understand the subjective causes related to substance use, facilitates knowledge about the path taken in the course of the user's life, in addition to working on conflicts, emotions and the way of relating to them. Comparatively, based on the observations made, the work carried out in AA does not cover the causes interconnected with alcohol consumption and disregards particular aspects of each dependent, in order to apply a pre-established formula to all members of the group. At the meeting on March 16, a participant of the AA group, which we will call A here, commented in her sharing about the causes and consequences of alcoholism and relationship difficulties caused by alcohol abuse.

She said: "Drinking is an emotional illness that has translated into alcoholism and has been around for as long as I can remember. The group helps me overcome my problems, but asking for forgiveness doesn't make me go back to being 'white as snow'. I believe in and love the 'Higher Power' very much, but it doesn't solve my life for me. I need to want to change and move towards that" (SIC). Psychology aims to contribute to the resocialization and rehabilitation process of patients, helping them to understand the conflicts and emotions that trigger substance use. This involves analyzing the individual characteristics of the addict, the context in which they live and the particularities of the addiction, recognizing the uniqueness of each person and the different reasons that lead them to dependence (SILVA, 2019). In the report of participant B, also at the meeting on March 16, feelings and motivations were at the center of the speech and demonstrate that there may be a need to deepen these issues: "Sadness and fatigue help me to stay on track. Sadness because it makes me try to understand the reason and tiredness helps me to stand firm. I miss the places and the time when I drank, but I know that the disease always comes back" (SIC). In another meeting, on April 4, participant C reported difficulties in dealing with her emotions: "I thought I was ugly, wrong, all full of complexes. To disguise this, I drank and was grandiose. My emotions are a seesaw, I have to police my thoughts and my actions. I never relapsed, but I had crises, I lied, I manipulated, I have to take care of myself a lot because if I don't change my bad habits I won't be sober" (SIC).

In AA meetings, participants share their reports, called "sharing", but do not receive specific guidance on the management of symptoms presented or on other aspects of

suffering related to the disease. Listening to the group, which includes the participant organizing the meeting each day, is passive. Silva (2019) points out that psychological treatment is not limited to combating the pathology, but seeks, based on the identification of causes and associated behaviors, to facilitate social reintegration and promote a healthy relationship between the patient and his family. This process also occurs in the understanding of the patient's responsibilities within the conflicting relationships in which he or she may be inserted, so that there is no process of "outsourcing" blame (ZAITTER; LEMOS, 2012). In this regard, participant D shared, at the meeting on March 23, a report that expresses the intention of not taking responsibility for his actions: "Alcoholism is like a windstorm, it starts little by little and becomes more aggressive, when you see it, the wreckage remains, then you realize that the initial problem is not you, it is not the gale itself, but what comes before it, and thus what came before me" (SIC). At the meeting on April 4, participant E also spoke about the responsibility for his actions being attributed in its entirety to alcohol use: "Alcohol made me a bad person, made me lose two marriages, stay away from my children. Alcohol is a disgrace" (SIC). In this sense, the 12 steps of AA themselves express the idea of removing the blame from individuals for their choices and attitudes, placing it on external factors such as alcohol or subjective factors such as "character defects" and "imperfections", with statements such as: "we admitted that we were powerless in the face of alcohol" (SIC), "we came to believe that a Power greater than ourselves could return us to sanity" (SIC), "we were fully ready to let God remove all these defects of character" (SIC), and "we humbly begged Him to deliver us from our imperfections" (SIC) (AA, 2024).

Cognitive-Behavioral Therapy (CBT) is often described as a brief therapeutic approach, focused on the patient's current problems, with the objective of modifying patterns of thought and behavior considered dysfunctional (KNAPP; BECK, 2008). One of the pillars of this approach is individualized understanding, which includes specific beliefs and behavioral patterns of the patient, from which the therapist works to promote changes in order to generate sustainable emotional and behavioral transformations (BECK, 2013). According to Zanelatto and Laranjeira (2013), CBT treatment for addiction to psychoactive substances, which includes alcohol, is divided into three phases: initial, intermediate, and final. In the initial phase, the process involves a complete psychopathological evaluation of the patient, including to look for possible comorbidities; the search for detoxification strategies; the analysis of the reasons behind consumer behavior; and psychoeducation, which is a systematized and structured psychological intervention that aims to expand the patient's knowledge about the pathology that affects him. In the intermediate phase,

cognitive restructuring occurs, in which the therapist teaches the patient to recognize thoughts that promote abstinence and those that can lead to a relapse. To this end, techniques such as the Thought Register are used, which also allows distorted thoughts to be replaced by more adaptive responses; the Socratic Questioning; the planning of lifestyle changes, which includes the organization of the daily routine; and the Goal Plan. The final phase comprises an expansion of focus beyond cognitive restructuring and behavioral techniques, with the implementation of new approaches to assist alcohol dependents, such as Social Skills Training and social and family support strategies.

Relapse prevention in CBT encompasses two major poles: self-efficacy, which comprises the readjustment of the individual's perception of his or her difficulty in organizing and establishing rules for alcohol consumption, and environmental control, which seeks to minimize contexts favorable to the use of the substance (RANGÉ; MARLATT, 2008). AA acts in a certain way to support relapse prevention by inserting the presence in the support group in the participant's weekly routine and by establishing the motto "24 more hours", which encourages abstinence with a focus on each day in isolation - which can be considered a realistic planning goal. However, there is no deepening in objective strategies that act in the maintenance of sobriety and the most used resource in this sense, both in the AA literature and in the meetings, is the encouragement of faith. The use of the term "Higher Power" and the very name of "God" was present in all the meetings observed, always in order to answer questions posed by the participants who were looking for some way to continue without using alcohol. An example of this was from the report of participant F, in a meeting on March 16, who said: "It's my second day in the group and I arrive here very hurt internally and externally. We are all the same. I've gone long periods without drinking, but I always come back. I need a lot of help, I don't know how to talk about sobriety" (SIC). After this speech, the group's coordinator, G, replied: "The 'Higher Power' is the one that helps the most not to drink" (SIC). After this answer, several other participants opened the microphone to agree with him.

Regarding the faith present in the philosophy of AA, some participants expressed discomfort with the need to accept this point of view. In a meeting on April 19, participant H said: "I have no religion and I have difficulty accepting the 'Higher Power', but I see this a lot here in the group" (SIC). In response to him, participant I said: "if you see spirituality in the group, it is because there is spirituality in you" (SIC). At the meeting on March 12, participant J also gave her opinion on the use of the "Higher Power" as a resource: "Not everything needs to be thought of the same within faith and spirituality, that's how I think. You don't have to believe in everything, I don't believe it myself" (SIC). All AA meetings

accompanied in this project began with the "prayer of serenity", also called by them as "prayer of serenity" which is recited by the person responsible for leading the group that day, followed by a short moment of silence. The prayer says: "Grant us, Lord, the Serenity necessary to accept the things we cannot change, Courage to change those we can, and Wisdom to distinguish one from the other" (AA, 2024). In several situations, AA participants exalted this prayer and reinforced the importance of the group's role in spirituality. At the April 6 meeting, participant K commented, "The serenity prayer helps a lot, because our group is a spiritual group. I follow the formula you give me and that's what saved me" (SIC). In this same meeting, coordinator L said: "The program works and I feel great joy to be in the meetings. The program promises a happy and free life and the 'Higher Power' allows me to always be away from the first sip, just like any participant" (SIC).

Topics related to psychology came up a few times in separate meetings. Participants reported going to therapy and stated that their psychologists encouraged them to join AA. Participant M, in a meeting on April 20, reported: "I kept relapsing, I stopped drinking for a while and then came back with everything. My psychologist said that if I didn't enter AA she would stop seeing me, that's how I came" (SIC). Participant N, in the same meeting, quoted: "I also came because my psychologist indicated it to help me stay sober, it was the best thing I did" (SIC). At the meeting on March 12, participant O was present as a "guest godmother" (an alcoholic who has been recovering for a longer time in the group who could help those who were starting out). She said that she works as a clinical psychologist and that it took her a long time to admit her problem with alcohol: "Even though I was in the health area, I refused to recognize that I had a drinking problem. After I admitted and decided to accept AA's help, my life changed completely. AA works" (SIC). She also spoke about the AA leaflet for health professionals, which would be a way to bring the group's philosophy closer to people who work with individuals who have alcohol use disorders: "We need health personnel to know and indicate our group, this is very important" (SIC). On April 12, another participant of the group who works as a psychologist was invited to guide the participants in the meeting. The theme worked on this day was "resentment" and psychologist P said: "Bill says in the book that resentment kills alcoholics more than anything else. He is a weight that imprisons us." She followed her account with some information about emotional dependence and codependency, which, according to her, would be problems that "all alcoholics have" (SIC).

The main positive points observed in the monitored meetings are related to the safe space for participants to share feelings and experiences, with empathetic and non-judgmental listening to other members; and the sense of community and belonging,

developed from the insertion in a support group with individuals who experience similar situations. The guarantee of confidentiality in the meetings favors the emotional security of the members of the group, who can choose in the meetings, for example, whether they want to open the camera, share their real names, and participate with speeches or only as listeners. The ease of entering meetings, without the need for prior registration and payment of any amount, also contributes to adherence, as well as the diversified times and days of meetings offered. The feeling of community, also called the psychological sense of community, provides various benefits from the idea of being part of a network of relationships of mutual support, which is always available, and on which one can depend in some way (SARASON, 1974). Among the benefits, satisfaction and quality of life, well-being, self-confidence, greater problem-solving capacity and the strengthening of community networks and social support stand out. "This demonstrates the importance of articulations between people and groups united in favor of a common goal, expanding the possibilities of personal and local development and coping with daily adversities" (NEPOMUCENO, et al, 2017, p.75).

FINAL CONSIDERATIONS

The study presented here offers a detailed analysis of the role of Alcoholics Anonymous (AA) in the treatment of Alcohol Use Disorder. Qualitative research, conducted through observation of AA meetings and literature review, reveals that while AA provides essential community support and encourages abstinence through sharing and a belief system centered on a "Higher Power," it may not sufficiently address the individual particularities of alcohol dependents. The AA methodology is based on a standardized format and the idea of an external force for problem solving, which can limit participants' understanding and personal responsibility for their actions and emotions.

Reports from AA meetings show that while the group provides a safe environment for people to express their feelings and experiences, it often does not provide specific solutions to the problems discussed or comprehensive plans to prevent relapse, other than spiritual support. As a result, the AA approach offers emotional support and a sense of community, which makes it a complementary approach to clinical treatment. However, it may not be sufficient as a one-size-fits-all treatment for all alcohol dependents. While AA contributes to maintaining sobriety through the creation of a supportive routine and the motto "24 more hours," the lack of concrete behavioral and cognitive intervention strategies may limit the effectiveness of the program for some individuals. Therefore, combining the emotional and social support offered by AA with evidence-based therapeutic approaches, such as

Cognitive Behavioral Therapy (CBT), can potentially provide a more complete and effective treatment for alcohol use disorder.

In addition, the inclusion of CBT elements and strategies within the AA meetings could enhance the results and contribute to the quality of life of the participants. Social skills training, cognitive restructuring, and psychoeducation about alcohol use disorder could be incorporated into the group sessions, offering practical tools and coping strategies for participants. Thus, while maintaining its principles of community and spiritual support, AA can benefit from a more integrated approach while adopting evidence-based practices to address the complexity of alcoholism. It is important to emphasize that it is important that more studies be carried out on the subject, in order to understand the role of AA in the treatment of disorders caused by alcohol use.

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