PERSONAL REFLECTIONS: RESPONSE TO BATESON REVISITED
THE MIND, FAMILIES, AND AA

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On my first reading of this paper I was aware of struggling to grasp the various ideas presented. Interestingly, it was once I had read the whole paper that I gained a little more clarity on the various themes being presented, although my head remains a little lost within symmetrical systems and the impact of positive and negative feedback loops on 'alcoholic' thinking and behavior.

I found it hard to be constantly faced with the term alcoholic. Treatment centers in the UK that are not Alcoholics Anonymous (AA)-based rarely use this term. I find that it limits my perception of the person. I want to acknowledge their personhood with the rich potential that they hold. Hence I prefer to talk of 'a person with an alcohol problem.'

Without doubt, families, AA, groups of any kind, are complex systems made up of interacting individuals with built in feedback circuits that inform thinking and behavior. Both the individuals and the relationships between them contribute to the creation of the overall system. Patterns of thinking and behavior are established as norms, and individuals generate a sense of self in response to how they experience their participation within these 'norms'. Feedback loops are established and in this paper the author address two particular systems: the family and Alcoholics Anonymous. Interestingly, for some while I have viewed AA as providing for many people the supportive and caring environment that many did not experience in childhood. However, I would suggest that in terms of the person-centered approach the positive regard offered within AA has a conditional element, the attendee is expected to remain 'clean and sober.' There are powerful 'conditions of worth' being offered which whilst this may help the person achieve sobriety, can introduce powerful negative thinking about alcohol use which may exacerbate relapse experience.

A person with an alcohol problem will place strain on the family system as the author suggests, causing changes of routine that can also have major conditioning influences on the children. Velleman (1993) has written about the drinking parents’ problematic impact of uncertainty and unpredictability on children.
The author describes the role of ‘difference’ within family systems. He suggests that in the family affected by alcohol use this difference between ‘alcoholic’ and spouse leads to ‘a progressive distortion of personalities’ with increased conflict and eventual system breakdown. He highlights the decision of responsibility as an example of this. In my own book (Bryant-Jefferies, 2001) I have offered diagrammatic models to represent the skewing of family responsibilities as a result of problematic drinking. The spouse takes on more responsibility, or it may be an older child, often cultivating within themselves a particular ‘configuration of self’ (Mearns 1999) that allows them to derive satisfaction from their added burden of responsibility in order to psychologically survive. In my experience, spouses willing to take on extra responsibility in such situation had already developed such a configuration within their self-structure as a result of their own early-life experiencing.

Of course, the choice to drink might also be the result of feelings of helplessness where a partner is not taking responsibility or overly dominating a household, the family system already being ‘dysfunctional’ before the drinking begins. Alcohol use is not necessarily always the cause of family stress, it can also be a best effort response to survive or to cope.

Often the drinker does experience discomfort, either the result of the alcohol use, or it is discomfort driving the need to drink, anaesthetize. The author suggests that ‘therapists seek to push clients in the direction of their symptoms’. From a client-centered perspective I would suggest that the clients incongruence and the discomfort/anxiety this brings (either triggering the alcohol use or the effect of it) is brought more fully into the client’s awareness through the offering of the core conditions of empathy, unconditional positive regard and the congruence of the therapist. It is not the intention to push a client towards their discomfort, but it happens through the process of entering a person-centered therapeutic relationship. In my experience, this becomes an interesting phase. Will the client drink more to anaesthetize further, or feel psychologically motivated to face the roots of the incongruence. The warmth and acceptance of the therapist help make the latter possible.

So yes, families and AA do feed back messages to the drinker, but I am wary of generalizations. Such messages, I suggest, will be interpreted and responded to by each individual according to their own meanings. When I work with a person with an alcohol problem I do not want my head full of assumptions about how the typical ‘alcoholic’ behaves, I want to encounter the person before me in therapeutic relationship, to understand what they are experiencing and want to share with me. I want to honor their choices as the best they could make at the time, and explore with them where they are now and what next step they may wish to take. I want to listen, to attend to them with warm acceptance. I want to offer a consistent, non-judgmental presence, providing a relational experience in which there is the possibility that a new ‘configuration of self’ will emerge within the self-structure, or an old one will be discovered, that derives satisfaction from being open to feelings and thoughts, however painful they may be. I want to help my client gain fuller congruent experiencing, without the need for alcohol either as an anesthetic or as their only way to access psychological content.
REFERENCES


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