

Case Study: *When a Man Loves a Woman*

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CNS 765: Addictions Counseling

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April 25, 2024

Introduction

The 1994 fictional movie, *When a Man Loves a Woman*, centers on Alice Green, a school counselor, through several months of addiction. This case study provides a narrative through the intersection of the *disease/medical, psychological, sociocultural* and, ultimately, *biopsychosocial* Models of Addiction. In order to derive a successful treatment plan, it is beneficial to assess Alice's substance use by examining her perspective of her substance use, but also the varying perspectives of the people supporting her through her intended recovery.

Section 1: Conceptualization of Client

Alice Green is an upper-middle class, white, cisgender female heterosexual, approximately 35 years of age. Alice presents with alcohol use disorder, characterized by uncontrolled drinking of and preoccupation with alcohol. Addiction is “*a psychiatric disorder characterized by a pathological and compulsive pattern of drug-seeking and drug-taking behaviors that occupy an extraordinary amount of an individual's time and efforts, leading to significant functional impairments to meet the responsibilities of work, school, or home.*” (APA, 2013). Alcohol, as a central nervous system depressant acting upon the GABA, endorphin, NMDA glutamate and acetylcholine receptors, impairs judgment and coordination and can lead to addiction (Miller et al., 2019, p. 39).

Alice's dependence on alcohol per the *Drinker Inventory of Consequences* (DrInC) spans all five problem areas: physical, social responsibility, intrapersonal, impulse control and interpersonal (Miller et al., 2019, p. 80). Alice consumes alcohol (primarily vodka, but not limited to any specific alcohol) in varying doses and without demonstrating control of her

consumption. Her actions are unpredictable and she displays emotional dysregulation and instability, impaired judgment particularly around caregiving for her two daughters, roughly 5 and 8 years of age, and escalating violence to the degree that it negatively impacts herself and the safety of others around her that often exceeds legal limits (e.g. driving while intoxicated, failing to appear for critical work meetings, and abusive behavior toward children). In the most recent incident, Alice required emergency intervention for an injury while showering after a prolonged period of heavy drinking, leading to black out. This incident occurred while in the solitary caretaking role for her 5-year-old daughter, who was likely traumatized when discovering her mother bleeding profusely amidst shattered glass. People with SUDs, along with family members, often show up in emergency rooms as well as many other settings (Miller et al., 2019, p. 71).

Alice is a voluntary participant in treatment at a residential inpatient rehabilitation facility (30 days). At this stage, Alice is in the Stage IV, Excessive stage of her addiction. Alice drinks excessively for hours at a time, both in social and solitary settings. She actively hides the extent of her usage, thinking she is cleverly masking her drinking by consuming vodka (believing the scent to be undetectable), and wrapping the vodka bottles with newspaper as she sneaks to the street curb as a ruse of taking out the rubbish (Moskowitz et al., 1999). Alice displays full enmeshment with alcohol with her self-identity, calling the drunk Alice, “the fun part of Alice.”

Initially, Alice and Michael, her pilot husband, age 35 (estimated), view her use of alcohol through the lens of the disease model. This is evident when Alice repeatedly promises to “completely abstain” from alcohol as the only viable option. Michael refers to “fixing” Alice, and suggests that after she completes detox “the hardest part is over,” which hints at an oversimplification of the treatment (and the disorder itself). Both daughters cannot yet

developmentally conceptualize anything other than a disease model, “...mommy swallowed the stuff that makes her forget about us.” As the story unfolds, however, Alice shares sentiments that reveal her shift toward a more psychological and sociocultural perspective. For example, Alice shares that she drinks when she feels small, invisible, undermined and/or belittled (by her husband), as a coping mechanism. Alice acknowledges that her father was an alcoholic, labeling him with the disease while contemplating a genetic reason for her substance abuse. For all of these reasons, the hybrid *biopsychosocial model* is well-suited to fully analyze the complex, relational dynamics of Alice’s addiction. This case would also be well-served by an Internal Family Systems (IFS) framework as it offers the biopsychosocial model and an exploration of the parts of Alice that interact with each member of her family. IFS recognizes that extreme behaviors, including addictions, are fueled by psychological burdens caused by the individual’s trauma experiences, attachment wounds, and devaluing experiences (Sweezy & Ziskind, 2016).

Section 2: Screening and Assessments

Referring to the Alcohol Use Disorders Identification Test-Concise (AUDIT-C), Alice meets the extreme “positive” scale with a score of 10 (derived). For women, a score of 3 or more is considered positive. The AUDIT-C suggests that Alice’s drinking is affecting her health and safety (World Health Organization, 2001).

Referencing the DSM-V criteria for Substance Use Disorder (SUD), Alice needs only to meet two criteria (out of 11) as evidence of a SUD. Six or more criteria indicate a severe substance use disorder, which signals an addiction to that substance. Alice meets the severe scale of SUD (McNeely, 2020):

Criteria	Alice
Using more of a substance than intended or using it for longer than you're meant to.	Alice drinks and cannot stop. She repeatedly fails to appear for work and parenting-related obligations.
Trying to cut down or stop using the substance but being unable to.	Alice cannot control her consumption.
Experiencing intense cravings or urges to use the substance.	Alice has intense cravings and urges.
Needing more of the substance to get the desired effect — also called tolerance.	Alice drinks for hours day and night, exceeding several drinks per day.
Developing withdrawal symptoms when not using the substance.	Alice has full physiological symptoms in detox and when not using such as sweating, vomiting, and tremors, when she stops drinking.
Spending more time getting and using drugs and recovering from substance use.	Alice is preoccupied with using, abstaining, relapsing and acquiring.
Neglecting responsibilities at home, work or school because of substance use.	Alice fails to meet multiple obligations at home and work.
Continuing to use even when it causes relationship problems.	Alice's use of alcohol persists even after admitting it is problematic.
Giving up important or desirable social and recreational activities due to substance use.	Alice avoids certain situations and must give up her daily life when she goes to rehab.
Using substances in risky settings that put you in danger.	Alice drinks, drives and places herself in multiple risky settings, including locking herself out of her home.
Continuing to use despite the substance causing problems to your physical and mental health.	Alice continues drinking after injuring herself and others both physically and mentally.

Through the lens of the biopsychosocial model of addiction, additional factors are relevant to her addiction: Alice's drinking began in high school and has continued throughout her life. Drinking is a socially acceptable behavior, especially in youth. She has tried to quit drinking on her own several times, but has been unsuccessful. Her husband, for example, encourages her

use of alcohol when traveling and celebrating. She has also attended Alcoholics Anonymous (AA) meetings in the past, but has not maintained sobriety. This can be partially because of the existence of co-occurring disorders, anxiety disorder and depressive disorder, and/or Alice's SUD is likely contributing to her anxiety and depression. It's difficult to unravel. She may also be experiencing withdrawal symptoms consistent with post-acute withdrawal such as fatigue, difficulty concentrating, and emotional dysregulation (Miller et al., 2019, p. 106-107). Alice's co-occurring disorders can make it more difficult for her to recover from her substance use disorder. She may be more likely to relapse, and she may also experience more severe withdrawal symptoms. Co-occurring disorders can also make it more difficult for Alice to engage in and benefit from treatment.

Section 3: Modes of Treatment

Upon discharge from the rehabilitation center, a competent counselor would help Alice develop an aftercare plan to help her to maintain her sobriety. Considering the severity of her SUD, Alice should be referred for treatment for both her substance use disorder and her co-occurring disorders. Treatment should include a combination of individual and/or group therapy, couples therapy and family. Alice should also be encouraged to attend mutual help support groups. As a couple, Michael and Alice can explore issues around how his behavior might catalyze her feelings of inadequacy or inferiority, which then leads to her use of alcohol.

Alice should also have a plan for how to handle triggers and cravings as part of an overall Contingency Management (COM) plan. She should also have a list of people she can call for support if she is feeling overwhelmed. The length of treatment will vary depending on Alice's individual needs. However, most people with severe substance use disorders require many

months (or even years) of ongoing treatment. It is important to remember that when patients first stop using drugs, they can experience various physical and emotional symptoms, including restlessness or sleeplessness, as well as depression, anxiety, and other mental health conditions.

During this recovery period, Alice would also benefit from a community reinforcement approach (CRA). Throughout Alice's life, alcohol has been a reward. Michael, not realizing the risk involved in relapse, suggests that they return to Mexico "to celebrate," which clearly hints at consuming margaritas. It is vital to introduce new forms of positive reinforcement, while assessing a functional analysis of all of the reasons *why* she drank. By unraveling triggers and consequences of using, Alice can gain additional opportunities to design a better outcome (Miller at al., 2019, p. 209-213).

A comprehensive recovery plan can include tools that reach every aspect of the biopsychosocial model: attendance at support group meetings, continued individual and/or group therapy, medication, if prescribed, lifestyle changes, such as exercise, healthy eating, and stress management, and a mutually designed relapse prevention plan. This plan addresses each dimension of her addiction.

Section 4: Counseling approaches and strategies

In addition, Alice and her family would benefit from couple and family counseling that actively models the Motivational Interviewing (MI) techniques to integrate her experience as a sober mother with her family. This is because each individual member needs support so they can fully heal from past experiences, and hearing their perspectives can strengthen her resolve to maintain recovery (Miller at al., 2019, p. 171). If, for example, Alice heard directly from her youngest daughter how terrifying it was to discover her seemingly lifeless body in the shower,

the counselor can frame that experience within the MI process by asking Alice how she plans to make changes so that it never happens again. MI is appropriate for Alice because it can help her explore her ambivalence about recovery, yet make a commitment to change. MI can also help to address her feelings of guilt and shame, which may be barriers to recovery.

In any case, the Developmental Model of Recovery is appropriate for the client because it provides a structured framework for understanding the recovery process and can help the client to identify areas of growth and challenges. The model also emphasizes the importance of environmental factors and social support in recovery. This multidimensional approach is consistent with the biopsychosocial model of addiction. As stated previously, establishing a recovery plan through early recovery and ongoing recovery can help Alice (1) identify her current stage of recovery and identify areas of strength and weakness; (2) develop coping mechanisms for dealing with triggers and cravings; and (3) encourage Alice to build a strong support network. As one example, during rehab, Alice befriends several people who praise her openly in front of her husband (when he comes to visit). This is an opportunity for Alice and Michael to explore feelings around why she needs voices of support without triggering his feelings of insecurity triggered from her attachment to these new personas. This might be structured as a role play/dialog scenario.

Several Relapse Prevention (RP) strategies apply to Alice's case. For example, Alice might identify high-risk situations. In a session with Alice, she would be asked to identify situations or triggers that might lead her to relapse. We could then develop strategies for coping with these situations. A second strategy would be to develop coping mechanisms. In a session, Alice could brainstorm ways to develop healthy coping mechanisms for dealing with stress,

anxiety, and other triggers that could lead to relapse. Lastly, Alice could shape a Relapse Prevention Plan. As her counselor, I would collaborate with Alice to create a personalized plan that outlines specific strategies for avoiding relapse and managing setbacks if they occur (Brunswick et al., 2002).

Alice's treatment goal is to find a replacement for alcohol that brings her identity as a fun, exciting and happy person into alignment with healthier ways to celebrate life's successes, as well as cope with life's setbacks. This might include specific goals such as:

- Achieving and maintaining sobriety;
- Developing healthy coping mechanisms for dealing with triggers and cravings;
- Building a strong support network, and perhaps expanding her social network toward new friends who also value sobriety;
- Improving relationships with family and friends;
- Regaining a sense of purpose and meaning in life.

Progress could be measured by:

- Abstinence from alcohol;
- Improved coping skills;
- Increased social support;
- Improved relationships;
- Increased sense of purpose, happiness and meaning in life.

Conclusion

Alice's current stage of early recovery is still a long way from her destination. However, thankfully there are many evidence-based tools that counselors can apply to help her reach her goals. With a supportive family and social support, Alice can find a realistic path through sustained recovery.

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