

Commentary

Creative Exploration of the Complexity of the Prelapse Experience in the Addict: Adding Retrospective Insight

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Introduction

The purpose of this article is to extend my previous work with recovering addicts and incarcerated females, using creative writing as an effective treatment modality. Within both the prison setting and several residential treatment centers for addiction, self-reports of many participants of structured writing group illustrate the effectiveness of this process. Organized around prompted themes, each facilitated group led to the writing and sharing on original and personal reflections followed by commentary and validation from other group members. Collaborative opportunities served to blend individual ideas into very meaningful and well-crafted poems, some of which were then reworked into published music along a recovery theme for the groups focused on addiction and published poetry with appropriate academic themes in respected publications, one of which is the *Journal of Poetry Therapy* [1-4]. Some members of the writing groups have completed and published their own anthologies of recovery poetry and essays.

Expansion of the Process

I have been focusing on three distinct occurrences for the patient who has experienced at least one episode of relapse:

- Prelapse
- Relapse (the decision to use alcohol or other drugs)
- Post-lapse (the thoughts, feelings, and concerns after using)

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In a Prelapse the addict may be triggered by an event, a feeling, or some sensory input, such as being around others who are using drugs or being offered drugs. Some addicts report a strong connection between an activity, such as attending a party, and drug use. This associative pattern becomes laser-locked into the person's mindset. Impulsive actions lead to the person being willing to act on the impulse with little to no consideration of alternative courses of action. Even though the person may have developed healthy coping strategies, these are not always utilized. Instead, the loud voice of the addictive brain screams out for the drug, desiring the coveted endorphin rush. There can be no relief from this pattern without several key commitments: (1) decision to recognize there is a problem, (2) entering a program to seek the help of others and a willingness to listen to advice, and (3) an effective treatment regimen. Whether the addict chooses a short-term in-patient facility, a long-term program, or an outpatient program in addition to regular attendance at self-help meetings, the depth of the program can make a difference in the person's success working towards long-term recovery. Smart recovery and Refuge recovery meetings are attracting many persons seeking long-term recovery.

As an attempt to resolve the immediacy of the addicted brain's demand for relief of emotional and/or physical pain, the re-introduction of the drug of choice (or substitute drug) satisfies the immediate craving and sets the person's recovery back to day zero. In the relapse, the person achieves the sought-after objective and in the post-lapse, the person usually experiences guilt, remorse, shame, and the myriads of potential negative consequences of the relapse (illness, arrest, loss of employment, erosion of family harmony, etc). Exacerbating the dilemma of repeating the pattern of use-recovery-relapse-further use are the compounding life-altering impacts, such as financial ruination, relationship schisms, sexual assaults, hospitalization, or imprisonment.

As an alternative therapeutic approach to the usual lectures on triggers, coping skills, and consequential thinking to name a few, inviting the person to write about the pre-lapse may serve to unlock repressed thoughts, hidden feelings, and unaddressed concerns. In doing so, the retrospective writing may awaken realizations of truer needs than the use of drugs to mask emotional pain. For example, a person suffering from trauma may write about the traumatic event and develop new meaning from the ways they suffered and draw new strength from the process of sharing by writing and, perhaps, reading what they wrote to others.

It is the vulnerability of sharing where great new strength can be found. When a person shares deeply held locked-up pain in a group, what often follows in significant expressions of love and support from others in the group. I have witnessed women hugging a woman who shared her trauma, leading to therapeutic breakthrough as the pain, now shared, becomes the subject matter of healing. The writing does not remove the trauma per se, but the person may develop a new sense of optimism that the past suffering was, in fact, in the past, and that she is a newly fortified, resilient, and very worthy person moving forward in her life.

In a therapeutic setting, a man used letters between himself and his younger brother, who had drowned, to resolve the decades long pattern of horrible nightmares, self-blame, self-loathing, and ensuing drug-use to mask the intolerable pain. Once the writing became a flowing torrent of feelings, the negative consequence of memory evaporated and the man was internally healed of his pain [5]. By helping a suffering person find new ways to guard against relapse, therapy takes on a new dimension. “What we do, though, is process what occurred and find new ways of shoring up their defenses so they’re more aware of the triggers (emotional, physical, relational), stressors, and high-risk environments that led to the slip in the first place” [6].

As a way of promoting the use of creative writing in the field of therapy, I published several academic articles on this topic: Socratic Methodology Applied to Expressive Writing as a Therapeutic Process within Addiction Counseling [7], 100 Prompts for Healing used in the Treatment of Addiction, Kreuter [8], and Long-Term Recovery from Addiction and Underlying Psychological Issues using Expressive Writing as a Potent Tool, [9]. These articles each contained, with permissions, the work of recovering addicts. In a new chapter for *Advances in Psychology Research*, the writing process was applied to persons in the performing arts: Challenges faced by creative and performing artists with addictions: Writing and theatre as non-medicalizing interventions [10]. In another work, the topic of maladaptive schemes was covered, much of which can be detected in the thought-process and poor life choices of the person committing crime and the person suffering from the disease of addiction to chemical substances [11]. The concepts of resilience and loss were covered as well in book [12]. By rounding out academic studies with ground-level encouragement of the suffering person to write their own words, both the therapist/facilitator and group participants could flourish.

Conclusion

Adoption of adjunct treatment modalities, especially those fostering creativity, can breathe new life into staid old approaches, which, based on the terribly poor statistics of relapse and overdose deaths, demand open consideration. When we bring out the voices of the recovering addict, we help them listen to themselves. From here, greater acceptance of responsibility for their own recovery may be possible.

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