

Counseling Alcoholics: A Brain-based Body, Mind, Spirit Approach

This article is for counselors of people who want to learn how diet and lifestyle change can improve the moods and brains of people in recovery. It presents information on natural methods that restore the neurological building blocks of stability and calm, alertness, sense of well being, and comfort. This is just a beginning. Alcoholics are typically so toxic and depleted that professional nutrition monitoring would be the best choice. But it is often not affordable or even available. Where there is no access to such care, there is still a lot that can be done to soothe the symptoms of the "dry drunk" in long term sobriety. Work by researchers and clinicians who run facilities based on these principles is noted. Some place their patients' stable and sober rates at over 70% over a year after treatment. This document focuses on diet and lifestyle changes that willing clients and counselors can use to make long-term sobriety more pleasant and doable.

Call Him Phil

Imagine that a client -- call him Phil -- walks into your office with the following problems: agitation, depression, insomnia, confusion, bouts of violence, an insatiable sweet tooth, and sensitivity to pain. He's been sober for months, but it's a daily struggle. He goes to meetings faithfully, but some days he wonders how long he can hang in. He is earnest. He's made several attempts at sobriety. He knows the next relapse might kill him. He can't stand the discomfort of sobriety.

What can you do for earnest Phil? In addition to doing what you already know helps, you could introduce him to his brain -- not his mind -- his brain, the body part.

In the majority culture of addictions treatment, the brain has taken a back seat to the mind. "Stinkin' thinkin" -- the product of living in the "bad neighborhood" of the brain is a hallmark of alcoholism. Phil's AA friends help him with this part. He needs help not only with the kind of thinking that produces diseased thoughts, but the diseased brain that invites such thinking.

The Brain as a Playing Field

Imagine a playing field in a state of total disrepair. How would that affect the game? Would we expect a team to perform well on an unmaintained, severely damaged ball field? Would they play as well as they would on a well maintained field? Now substitute "brain" for "playing field". If the brain is in a state of total disrepair, how might it affect thoughts? Phil's brain is the playing field on which his thoughts play out, and it has been severely damaged for years.

Following medical detox, an intensely physical process, most of what we do for addicts is cognitive, behavioral, and spiritual. There is not much out there for the body, the severely damaged playing field on which all other experience plays out. The 12 step programs are spiritual fellowships that rely on group processes to support behavior change and reprogram thinking. Other programs for addicts and therapy are also language-based; their restorative effects are mind-based, and sometimes spirit-based. But whose mission is it to restore bodies and brains?

Alcoholism is widely acknowledged to be a problem of the body, mind and spirit. If we operate from that assumption, then we must confer on the body its rightful status as part of the solution. Look what happened to Phil. After intense physical detox and a few days in rehab, all his therapeutic eggs were transferred into the mind and

Counseling Alcoholics: A Brain-based Body, Mind, Spirit Approach

spirit baskets. His body -- including his most addicted body part, his brain -- were dumped.

Consider again his symptoms:

- Agitation
- Depression
- Insomnia
- Confusion
- Bouts of violence
- Insatiable sweet tooth
- Sensitivity to pain

Which of these symptoms do addicts in recovery experience without a body?

Counselors working with people like Phil have a powerful tool and many don't even know it. His laundry list of complaints are biological clues -- or bio clues -- indicating with pointed fingers at specific nutritional deficits that underpin his misery. Phil is nowhere near detoxified after detox; and years of drinking as well as genetic factors have left him with a sad and craving brain. We could call him a relapsing alcoholic and treat him some more with mind and spirit approaches. Or we could regard him as a person with a neurotransmission problem, the most consequential symptom of which is his screaming urge to drink.

Your Treatment Neighbors

Counselors have treatment neighbors in nutrition, nutritional psychology, endocrinology, and orthomolecular medicine, the branch of medicine that treats people by detoxifying whatever does not belong in their bodies and replacing the missing building blocks as required for optimum health. These are just a few of the fields that strongly overlap with counseling when it comes to alcoholics. It is the nature of our health care system, however, that boundaries are formed around disciplines in ways that discourage a free flow of information between neighboring disciplines. Discipline-driven health care has had particularly disastrous consequences for addicts because their problems are complex and usually straddle many fields, fields that don't share information typically. The internet is helping us break through some of the rigid barriers as information retrieval is based on keywords and the alphabet, with no requirement that you know what data base you're in before you start searching. So, for example, you could Google "alcoholism, depression, and amino acids" and come up with articles that straddle the disciplines of addictions counseling and nutrition.

Diet and Lifestyle

Getting back to Phil: his bio clues suggest two areas in which diet and lifestyle change may make life in his body more comfortable. One is insulin regulation, which is out of whack in most people who reach the late stages of alcoholism (Larson, 1997) and a key causer of dry drunk symptoms (mood swings, anxiety, depression, irritability, poor memory, insomnia, fatigue, to name a few). The other is neurotransmission. Both of these are good subjects for bibliotherapy in counseling; strides can be made with diet and lifestyle changes. Poor blood sugar regulation can often be managed with diet and lifestyle, particularly if the body hasn't crossed over into diabetes. Neurotransmission is more dicey, certain assumptions can be made

Counseling Alcoholics: A Brain-based Body, Mind, Spirit Approach

through self-tests and reading; sometimes the services of a medical nutritionist are required. Either way, helping addicted clients find their way to information on amino acids to stop craving is central to quieting cravings. Amino acids are the building blocks of neurotransmitters. One thing they do is tell the brain when it feels satisfied.

There are several books Phil and his loved ones could read that would help him sort out his depressing brain chemistry and what to do about it. *Food for Recovery* by Joseph Beasley (1994) describes how eating nourishing foods and dealing with underlying allergies can make recovery much easier. *End Your Addiction Now* (Gant & Lewis, 2002) addresses addictions to many substances and helps sufferers design recovery plans using over-the-counter nutritional supplements that provide the building blocks of good mood neurotransmission and digestive repair. In *The Mood Cure*, Julia Ross (2002), offers a self-test to determine your "mood type", which indicates which of the main neurotransmitters you are most likely to need to bolster for nutritional rehab. *Staying Clean and Sober* (Miller & Miller, 2005) is directed primarily at alcoholics. Like the others, it describes how amino acids -- safe, over-the-counter preparations -- rebuild neurotransmission and with it calm, stability, and sense of well being. The Millers' book is the easiest read, and offers chapters on a wide array of natural methods of supporting sobriety from foot reflexology and aromatherapy to brain wave training. Perhaps the most recognized is *Seven Weeks to Sobriety* by Joan Mathews Larson (1997), which offers self-tests that help alcoholics determine which underlying biotype of alcoholism they suffer from. Larson's Health Recovery Center documents 74% clean and sober rates three years after treatment. She combines individual nutritional protocols with rational emotive behavior therapy. Her book provides sufficient information for some motivated and supported alcoholics to restore themselves to well being without a residential program.

Obviously counselors are not in a position to make specific recommendations. For example, there are interactions with certain antidepressants that require medical attention. In such cases, an integrated approach including a nutritionist or medical consultant is called for.

Not Just One Disease

The most important take-home message for counselors is that alcoholism is not just one disease. So it can't be treated like it's just one disease. The clinicians mentioned above treat all alcoholics assuming highly specific, individual biological deficits. In addition, brain-based addiction research is showing that the genetic contribution to alcohol dependence varies greatly among individuals. In general, it has been found that early alcohol dependence relates more to genetics, while late alcohol dependence relates less to genetics.

At the level of biology, the many different disease processes we call by one word, "alcoholism", relate to a range of biological vulnerabilities which combine with all the social and psychological factors that play in. But before the "ism" develops, biological predisposition to problem drinking is several different disease processes that have the common characteristic of problem drinking. What else could explain why some alcoholics get horrible hangovers while others drink heavily for years without even a headache? Why do some alcoholics, particularly women, get drunk on three drinks and others not til ten? If alcoholism were just one biological

Counseling Alcoholics: A Brain-based Body, Mind, Spirit Approach

phenomenon, what would explain why some drinkers become hilarious while others become abusive?

It all has to do with their individual biochemistries. We all interact differently with the ethanol molecule, and two of the most troubling symptom causers are poor blood sugar regulation and deficits of brain chemistry. In Phil's case, alcohol tricks his brain into temporarily perceiving that it already produces enough serotonin, the brain chemical associated with stability, sense of well being, and sound sleep.

Your Brain is Made of the Food You Eat

The neurotransmitter serotonin is our primary defense against both anxiety and depression. If you don't have enough, you operate under a "dark cloud", as Ross describes it. Like every other part of your body, your brain is made out of the foods you eat. In order to produce serotonin, the brain has to have the right ingredients from your diet, in this case, the amino acid tryptophan. In addition to having the right ingredients to work with, the brain needs good operating conditions to produce good mood chemistry. The natural production of serotonin is inhibited by caffeine, alcohol, and aspartame, among others. Getting insufficient sunlight disrupts serotonin production and so can eating a low calorie diet.

Ross provides a simple road map for determining which untreated neurotransmitter depletion the addict is most likely suffering, based on the medications or substances he or she gravitates to. Very briefly, serotonin may be thought of as "natural prozac", an SSRI or serotonin re-uptake inhibitor. When the brain doesn't produce, transport or take up enough, symptoms like Phil's results. Diet and lifestyle change to stabilize people with this problem will include moderate exercise in natural daylight, committing to rituals that increase the chances of getting a good night's sleep, a diet that avoids refined carbohydrates (which trick the brain into feeling like there's enough serotonin and set you up for a crash), and supplements that provide the building blocks and conditions for better mood chemistry, including some form of tryptophan. This is the challenge facing Phil, and he is going to need help setting up the new rituals and monitoring his progress. There are several other mood types.

The brains of people who can't do without their Xanax or Valium are likely speaking the language of a deficit of GABA, our natural sedative. Those looking to alcohol or other drugs to quiet down their wired, overwhelmed feelings require very specific building blocks to restore them to a natural state of composure. As is so often the case with addiction, what they crave is exactly the opposite of what they need. In the case of the GABA deficient, frazzled person, a diet eliminating quick blasts of carbohydrate is fundamental to restoring sanity. Eating high quality protein and high quality fat like olive oil is crucial to avoid stressful dips in energy. Just being sure to get enough food may be an issue. Reducing and managing life stress is key as adrenal glands – the producers of the hormones that help us deal with stress – are often exhausted. Reducing exposure to pollutants and "endocrine disruptors" in the diet and environment may be required. And if the frazzle is actually due in part to GABA deficiency, supplementing with it can make one much more stress hardy. Two other amino acids, taurine and glycine, are also soothing when restored to optimal amounts. Counselors may not be able to make specific recommendations, but the evidence for the effects of these nutrients is substantial and calls for further reading. The above-named books all give information on safe, comparatively inexpensive supplements available over the counter.

Counseling Alcoholics: A Brain-based Body, Mind, Spirit Approach

People who self-medicate with alcohol for physical or emotional pain may have brains that need a boost in enkephalins and endorphins, the body's natural pain killers. There are several ways an alcohol drinker may end up with a problem related to short supply of these powerful natural painkillers. The contributors include genetic vulnerability (low supply to begin with), stress that has drained your supply, prolonged illness, prolonged suffering from emotional trauma, and, of course, a diet high in toxins and junk carbohydrates and low in nutritional building blocks of good mood. For the sensitive, pain-plagued person, some combination of supplements for the nutritional deficits plus a diet rich in protein, high quality fats, and nutrient-dense fruits and vegetables will be required. It should also be noted that men's bodies just make more, so there's a sex factor as well. As in the previous examples, there is a lot of room for the counselor who incorporates a diet and lifestyle approach to help people self-medicating for pain.

The last of Ross's mood cure customers is the person who feels flat and lethargic, somehow incomplete. This person may be struggling with deficits around the natural stimulants, catecholamines: adrenaline, dopamine, and norepinephrine. For these folks, versatile alcohol acts like an upper. Poor focus and inability to concentrate, ADD, feeling too flat to react to things others would find alarming, feeling frazzled from stress, all of these are the brain's way of saying the "cats" are pooped. For these folks, avoidance of caffeine is critical; caffeine gives a short burst of compensation at the expense of creating a greater problem over time. Supplementing building block nutrients and taking stressful foods out of the diet (junk carbs) will help normalize. Support for the thyroid and adrenal glands may require a combination of medical intervention and diet and lifestyle change. Managing the stress that contributed to exhaustion of the glands would be a primary target for counseling as stress itself can be addicting for the powerful dopamine release it initiates.

Of course, there is no guarantee that a problem drinker has just one of these deficits. Neurotransmitters operate in cascades of many interdependent effects, not one-for-one transactions. Helping alcoholics with their biological vulnerabilities is a highly individual matter and calls for well-matched, individual solutions. Still, "drug of choice" speaks volumes about what is going on in the brain and which nutrients are needed to restore order.

Kenneth Blum is the researcher who established that people with the flat, "blahs" type of depression (often cocaine lovers) have derailed dopamine pathways. He found that about one third of us carry a gene that disrupts our "reward cascade", the neurotransmission process which, when it's working, leaves us upbeat, level and happy and, when it's not working, leaves us depressed and vulnerable to addiction and often ADD. Blums' books *Alcohol and the Addicted Brain* and *Overload, Attention Deficit Disorder and the Addictive Brain*, are recommended reading for counselors who desire to incorporate an understanding of the role of brain chemistry.

Addicts – especially those with some sort of attention deficit – are well advised to think of their addictions as a way of self-medicating for poor pleasure wiring. In *Delivered from Distraction*, Hallowell and Ratey remark that the best choice for an alternate source of pleasure is making satisfying human connections, as in fostering relationships or joining groups where you feel valued and understood.

Addiction begins in the brain. Addiction ends in the brain. This is not meant to minimize the roles of social and emotional factors, but simply to note that if an

Counseling Alcoholics: A Brain-based Body, Mind, Spirit Approach

addict has a brain, that is where the whole problem is playing out. Here is where counselors can play a crucial role: helping addicts find their way to more healthy sources of pleasure while their biological homework retools their brains for more comfortable living. Whether a person seeks heroine, gambling, alcohol, or sugar or turns to sunlight, exercise, friendship, or healthy food, the brain chemicals of pleasure are just the same.

The Simple Part

Unlike the nutritional biochemistry of supplement protocols, the diet part is simple. Readers may have noted already that craving refined carbohydrates is a recurring refrain among brains starving for balance. There are several reasons. Not only does sugar arrive like the cavalry with emergency supplies to a starving, craving brain, but the insulin response that soon follows sweeps other amino acids out of the way, allowing mood-elevating serotonin into the brain in a greater concentration. If sweets are your drug of choice, you may be self-medicating for low blood sugar or neurotransmitter deficits.

The solution is incredibly simple. It requires no understanding of scientific principles to implement. It requires only that alcoholics return to a whole foods diet, excluding refined carbohydrates. There is only one rule: Eat single, whole, fresh ingredients in a reasonable balance of animal or vegetable protein, high fiber carbohydrates (fruits and vegetables) and high quality fat like olive oil. Simple, but not easy in our fast food culture, a culture that is a set up for relapse.

A serious challenge to the diet and lifestyle approach, of course, is that hardly anybody cooks anymore, and we've lost family tables as a cultural norm. Regardless of whether it's convenient or not, there is no way of getting around the modern health scourges without a return to basic cooking and eating at family tables, the latter of which is documented to reduce risk of alcohol use to begin with. Research by The National Center on Addiction and Substance Abuse (2006) at Columbia University consistently finds that the more often children eat dinner with their families, the less likely they are to smoke, drink, or use drugs.

Family dinner isn't cute. It's not a Suzie Homemaker solution to a dead serious problem. Nutritious family meals strike at the three-fold heart of the problem providing building blocks for the body and brain; a forum for role modeling, life lessons, and good habits of mind; and human connection and healing rituals for the spirit.

The Author's Personal Experience

Having found no other route out of this problem, I've started cooking with my clients, the alcoholics, the young women with eating disorders and cutting, the partial care clients with an assortment of addictions and mental health diagnoses, and the staff members who are attracted by the smells. My inclinations have been validated by recent shifts in priority and funding toward wellness and recovery perspectives ordered by our State division of mental health services. Even just using makeshift kitchens of electric frying pans and bathroom sinks, we have been developing recipes that meet most of the criteria for preparing mood-elevating, sobriety-supporting foods with single, whole and fresh ingredients. Most of them are one-pot meals like soups, stews, or chilis requiring varying levels of ability, time, and equipment. (See Serenity Soup recipes under Food on the home page.)

Counseling Alcoholics: A Brain-based Body, Mind, Spirit Approach

If we accept that alcoholism is a problem of the body, mind, and spirit, then we have to stop pretending that finding the right mind and spirit solution will lead to a culture of sobriety. If the body is part of the problem, it must be part of the solution. And not just meds, food. Medications, though often necessary, stop working as soon as you stop taking them. They don't heal the brain or train it to use its building blocks, they just manipulate symptoms for as long as you take them. We're talking about the long term sobriety solutions of changed habits of mind and body that provide the building blocks to correct genetic and acquired brain imbalances, and a steady diet of whole foods that restore cells to stability.

Blum, Ross, Miller, Beasley, Gant and Larson, to name a few, have found that many addicts need supplementation for life to in order to compensate for genetic and acquired neurotransmitters deficits. Others manage to correct them and move on to maintaining themselves on healthy diets emphasizing adequate protein, the source of amino acids, and nutrient dense carbohydrates for fuel.

Suppers for Sobriety

The group Suppers for Sobriety is conceptualized as a support group that addresses the problem on all three planes. It's no replacement for treatment or therapy but a low cost means of getting change into the recovering person's daily routines.

For the body: a diet of whole, sobriety supporting foods, stress management techniques, "walking" meetings, and group support for making diet and lifestyle changes.

For the mind: information about the three-fold nature of addiction, targeted reading of case histories, new habits of the mind and body that support a comfortable sober lifestyle, and exposure to the literature of many neighboring disciplines.

For the spirit: restoration of the family table and the rituals that go with it, and a chance to experience the primary spiritual act: caring for the temple of the soul.

Beyond alcoholism

Conventional treatment requires narrow focus and diagnosis; holistic approaches don't. Rather, the diet and lifestyle approach often leads to greater wellness and recovery whether or not there is perfect proof supporting a particular diagnosis. This holds true for preventing and treating any of the many health scourges that relate to diet and lifestyle, notably, diabetes, obesity, alcoholism depression and anxiety, heart disease, some cancers, and so forth. Which of these does not include all three, body, mind and spirit of the sufferer? Any that include all three can be bettered with a threefold approach to healing that includes diet and lifestyle – sometimes including medicine -- in its understanding of the body.

Conclusion

A shift toward a wellness and recovery perspective is already upon us. We can see the shift in the federal and State mandates for wellness policies in health programs and school lunch programs in the public schools. We can see the shift in State mental health services priorities. Even the federal government has come to the conclusion that diet and lifestyle change are critical to health and mental health.

Counseling Alcoholics: A Brain-based Body, Mind, Spirit Approach

Counselors who get on board with the trend will be helping their clients heal at the level at which their problems exist in the natural reality: the body – including the brain, the mind, and the spirit of their clients.

Readings

Beasley, J. & Knightly, S. (1994). Food for recovery: The complete nutritional companion for recovering from alcoholism, drug addiction, and eating disorders. New York, NY: Crown Publishing Group

Blum, K. (1991). Alcohol and the addictive brain. New York, NY: MacMillan

Blum, K. (1997). Overload: Attention deficit disorder and the addictive brain.

Kansas City, MO: Andrews and McMeel

Gant, G. & Lewis, G. (2002). End your addiction now: The proven nutritional supplement program that can set you free. New York, NY: Warner Books, Inc.

Hallowell, E. & Ratey, J. (2004). Delivered from Distraction. New York, NY: Random House Publishing Group

Larson, J. (1987). Alcoholism treatment with biochemical restoration as a major component. International Journal of Biosocial Research, 9(1), 92-106

Larson, J. (1997). Seven Weeks to Sobriety. New York, NY: The Ballantine Publishing Group

Miller, M. & Miller D (2005). Staying Clean and Sober. Woodland Pub

Ross, J. (2002). The mood cure. New York, NY: Penguin Putnam, Inc.

The National Center on Addiction and Substance Abuse at Columbia University:

<http://www.casafamilyday.org/>