

Full Length Research Paper

Communication and Addiction

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Abstract

Communication is key to many problem-solving situations especially in relating with and supporting the persons with addiction through their recovery. Learning the skills of effective communication is imperative not only for the caregivers of the person with addiction but for the recovering person with addiction her/himself. This article examined the relationship between communication and addiction. It concluded that the importance of effective communication in the understanding and treatment of addiction as well as in interacting with the person with addiction cannot be overlooked. Also, that, treating addiction will involve the person with addiction learning to communicate effectively and the addiction professionals and family members doing the same.

Introduction

Addiction has been viewed from different perspectives that have offered different explanations such as brain disease, result of moral decadence, lack of will, maladaptive behavior, spiritual possession, and so on. The complexity in the understanding of the nature of addiction also exists in how addiction plays out in the communication patterns between family and friends, and the person suffering with addiction. A person with addiction finds it difficult to communicate intra as well as to have an effective communication inter. We are social beings, and everyone has some sort of desire to engage in social interaction, hence, meaningful conversation or interaction can only exist through utilization of effective communication skills. As important as communication is, one of the problems of a person with addiction to alcohol and drugs is the reduced ability to communicate effectively. The person with addiction may feel withdrawn, isolated or ashamed, leaving members of the family and caring friends also confused, disturbed, and helplessly powerless to reach out or help out their loved one. It might, therefore, become problematic if persons with addiction cannot effectively communicate their physical and emotional needs to their significant others.

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The interaction between communication and addiction is also found with the excessive use of the Internet by many individuals who suffer from Internet Addiction Disorder (IAD). This situation where people communicate with or through technology has made some experts to propose a syndrome called Communication Addiction Disorder (Psych Central, 2018) or Internet communication disorder (ICD) which exists in the growing amount of individuals suffering diminished control over their use of online communication applications; leading to diverse negative consequences in offline life (Wegmann, & Brand, 2016).

The purpose of this study is to examine the relationship between effective communication and addiction. In doing so, the concept of addiction will be examined from neurological perspective, how addiction affects neural communication pathways, and how communication pattern of family and addiction professionals can either be helpful or discouraging in the process of addiction treatment.

What is Addiction?

Addiction is often misunderstood or confused with the use, misuse, or abuse of alcohol and other drugs (AOD). One can be addicted to anything including gambling, shopping, internet, phone, food, sex, spirituality, or any “healthy” activity, such as eating or sex. However, there are certain criteria that must be met before one can be diagnosed as being addicted. The 2013 Diagnostic Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) gave some criteria for addiction to alcohol and drugs which are termed substance use disorders based on decades of research and clinical knowledge. The criteria are:

1. Taking the substance in larger amounts or for longer than you’re meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

However, when it concerns behavioral addiction, it can be said that the person with addiction exhibits:

1. Inability to consistently abstain from a certain behavior.
2. Impairment in behavioral control.
3. Craving, strong urges, or increased “hunger” for the behavior.

4. Diminished recognition of significant problems with one's behaviors and interpersonal relationships; and
5. A dysfunctional Emotional response.

Although, these five characteristics are not "diagnostic criteria" of addiction, they are widely present in most cases of addiction.

Addiction is a serious difficult disorder that touches every aspect of one's life: physical, mental, social, and spiritual. Addiction takeovers the brain functioning, causes 'fake' euphoric feelings, destroys relationship with self, others, and makes one lose the sense of meaning and purpose in life. According to the American Society of Addiction Medicine (ASAM, 2019), "addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors."

Addiction and Neural Communication

There is a connection between behavior and nervous system. In generating complex patterns of behavior, the nervous systems have evolved extraordinary abilities to process information and evolution has made use of the rich molecular repertoire, versatility, and adaptability of cells (Laughlin & Sejnowski, 2003). Neurons are able receive and deliver signals at up to 10⁵ synapses and able to combine and process synaptic inputs, both linearly and nonlinearly, to implement a rich repertoire of operations that process information (Koch, 1999). So, within the understanding of the brain's electro-chemical communication system, it is understood that information is sent through a vast network of interconnecting neurons. With time, the brain develops a preferred or standard pathway to send signals between neurons. This process is known as neural pathway. These neurons are constantly adapting to changing circumstances like brain damage or altered brain chemical activities through drug use. The ability of the brain to change and adapt to new information is known as brain or neural plasticity while the change that occurs at the synapses, the junctions between neurons that allow them to communicate is called synaptic plasticity (Tyagarajan & Fritschy, 2010); The University of Queensland, 2018).

When someone drinks alcohol or uses drugs or engages in certain behavior like gambling or playing video game, the pleasure or euphoric feeling one experiences is due to the stimulation of the brain chemicals such as dopamine, serotonin or GABA. These chemicals, known as neurotransmitters, through normal neural communication, are responsible for the way we feel. The drugs or behaviors that are addictive either mimic, excite or inhibit the neurotransmitters and so alter the neural communication. In this case, new neural pathways are formed as addiction develops. In other words, addiction chemically altered the brain's communication system (NIDA, N.D.). When one stops drinking alcohol or using drugs, the brain again forms new neural pathways. This shows how communication intra can be affected by altering thought process which informs behavior.

Data analysis

There is a strong connection between addiction and communication as both interact in a two-way traffic relationship. In the first place, those who suffer or experience psychological distress due to communication disorder can find themselves

abusing drugs to alleviate their feelings of anxiety or depression. This is by the way of using alcohol and drugs as coping mechanism to temporarily increase confidence and sociability while potentially minimizing their communication difficulties. People with such communication (emotional) disorders who use addictive drugs to self-medicate suffer two disorders. Self-medication in this case is to escape from emotional pain caused by the communication disorders. In other words, this is a coexistence of both a mental health and a substance use disorder known as co-occurring disorders or dual diagnosis according to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2020).

Just like people with communication disorder, people who abuse or are addicted to alcohol and other drugs or any other behavioral addiction can isolate themselves from others or exhibit communication problems. In other words, drug or behavioral addiction can cause communication disorder. This can be in form of slurring words, comprehension problems, and utterances of nonsensical sentences depending on the types of active drug used. Chronic or heavy use of alcohol and other drugs can make communication difficulties permanent as it may affect brain functioning, creating serious distress that in turn pushes one deeper into addiction. According to Dr. Marvin Seppala as quoted by Bebinger (2020), addiction is a disease of isolation.

Obstacles to Effective Communication in Addiction

In view of these relationship between communication and addiction, one of the focus of addiction treatment is to improve communication skills. People with addictive disorders who are currently in recovery do exhibit low self-esteem (Institute of Behavioral Research, 2019). It is also possible that these individuals have, over time, developed, unhealthy or immature communication skills as a result of things they have done in their addiction, hurting family and friends, maltreating their loved ones, mistreating themselves, engaging in maladaptive behaviors, allowing their health to decline, and so on. These are very difficult things to come to terms with and to accept. While helping them to overcome their low self-esteem, there is also the need to learn effective communication skills, a way of mastering new language. This process can be challenged not only by the feeling of low self-esteem but also by the following as expressed by Staff (2018) as obstacles to positive communication:

Perfectionism – people who are recovering from addiction are usually too hard on themselves or they put pressure on themselves to be perfect. They want to say the right thing every time and create a perfect image of themselves in the minds of others. In doing so, they forget that authentic relationships do not consist in showing off, rather, in honesty and acceptance of self and others.

Shame – Most people with addiction feel a great deal of shame, particularly in early recovery when they begin to face the consequences of their past behavior. If this is not resolved, shame can be paralyzing. Shame directs the person's focus inward, preventing them from listening attentively, being honest with themselves, and from spontaneous and full engagement in conversation.

Dishonesty – Being dishonest is a way people with addiction protect themselves from being disturbed by their loved ones. By lying and manipulating others, they can continue in their compulsive drug use or engage in their compulsive addictive behavior. In recovery, dishonesty becomes the enemy of effective communication, and of recovery itself. Developing genuine intimate relationship requires honesty.

Lack of Boundaries – People with addiction have difficulty establishing healthy boundaries. They may say yes when they mean no; and they often trample on the rights of others. It is not uncommon for people to divulge too much

information too soon and trust others without discernment in early recovery.

Aggression/Passivity – People with addiction can either be passive or aggressive in presenting their case as a form of defense mechanism. They sometimes find it difficult to maintain balance between saying something overly harsh and not saying anything at all. They may be overly passive, bottling up feelings or giving undue weight to other people's needs; overly aggressive, trampling on people's rights and trying to "win" at all costs; or passive-aggressive, conforming or trying to accommodate others on the outside but acting aggressively in subtle ways, for example saying yes but meaning no.

Effective Communication skills in addiction.

It is overtly important that dealing with addiction include improving communication skills to help repair broken or soiled relationships, building of new ones, and maintaining sobriety or staying in recovery process. Some of the communication skills necessary to maintain recovery are:

Assertiveness – This is having the ability to express positive and negative ideas and feelings in an open, honest and direct way. It involves exercising one's right without ignoring or disrespecting the rights and freedom of others. It is standing one's ground without falling on the ground.

Empathy – This is showing the other person that s/he is listened to and that their inner universe - thoughts, emotions, attitudes, values, etc. - is being understood because one can put him/herself in shoes of others to experience how it feels in the abstract sense. In this case, the person recovering from addiction can feel how others feel about them and so respond accordingly.

Self-talk – This is an internal monologue, a person's inner voice which provides a running verbal monologue of thoughts in the state of consciousness, leading to a person's sense of self. Self-talk comes naturally throughout waking hours. This is a powerful tool the person recovering from addiction can use to increasing self-confidence, self-motivation, and productive lifestyle to curb negative emotions.

Listening – It is easier to hear than to listen. Ability to listen to oneself in communication intra, can help to listen to others in communication inter. In fact, it is the key to all effective communication, and without which messages are easily misunderstood. A person with addiction may find it difficult to listen to others for the presumption that they are judgmental thereby ending up being judgmental him/ herself. Learning and exploring this powerful effective communication skill can facilitate appropriate behavioral or attitudinal change which is important in recovery.

Respect – This is showing respect for other people's different opinions, talents, and abilities while effectively asserting one's views. It involves fully listening to the views of others while not becoming adamant to one's view on the same subject matter. A person with addiction can sometimes be opinionated about some people, a situation that can block communication process. Showing respect in this regard gives room to learning and change through due acceptance of people in their own uniqueness.

Reading social cues – Effective communication does not consist in just verbal communication; it also has non-verbal components. Unspoken words which are expressed through body language, facial expressions and tone of voice are

necessary in the true understanding of the information being shared. If one wants to be understood as to understand others, this aspect needs to be taken into consideration by someone in recovery.

Not too personal - Conversation with the person either actively in addiction or in recovery can sometimes be very challenging and in most cases ending up the way it is never intended with a lot of displayed anger on the parts of both parties. Therefore, it is important for the person in recovery to learn to step back and take a look at the bigger picture without taking what is said too personally. Address the issue at hand and not get caught up in the conversational drama.

Communicating with the Person with Addictive Behavior

No-one automatically knows how to talk to someone living with an addiction, according to Hartney (2019). When communicating with the person with addiction, families and friends or loved ones would likely want to say, "We acknowledge your addiction", "Our anger is directed towards your disease not you", "We are willing to support your recovery", "We care about you", "We love you", etc. (Staff, N.D.). Meaning that, as Hartney (2019) noted, it is possible that people who have lived and worked with people with addictions may have discovered effective ways to communicate. The truth is that, communication with the person with addiction is usually difficult because there are confusions created by addiction in the person with the addiction, and in those around them.

The focus and the thought of the loved ones are that they can make the person with addiction stop drinking, using drugs or stop gambling. But honestly, family and friends cannot "make" their loved ones stop drinking alcohol or use drugs or stop addictive behaviors. This is not, however, to say that no one can play a critical or significant role in addiction recovery, because family and friends do. The problem is that, in the process of making the person with addiction stop using or engaging in addictive behavior, many end up enabling them to continue in their addictive behavior, while the person with addiction continue to play the game of denial and lying. Worst still, the parent, spouse or children of the person with addiction may become co-dependent in the attempt of rescuing their loved one from addiction. The co-dependent in turn becomes 'addicted', not to destructive substance, but to destructive pattern of relating to other people (Li, 2006; Egunjobi, 2015).

To facilitate effective communication with the person with addictive behavior, certain factors are imperative. These are:

Time - What has time got to do with communication, one may ask. There is the right time and wrong time in communication, most especially in engaging in conversation with the person with addiction. Family members or concern friends should be mindful of this. Communicating or engaging in conversation with a person with addiction especially those with substance related addiction, is not to be done when the person is intoxicated. Communication cannot be effective at this time as the person with alcohol or drug addiction may not be in the right state of mind due to inappropriate neural communication which makes one susceptible to misunderstanding, misrepresentation, misconception, misinterpretation, and some sort of temporal insanity. The most suitable time to communicate meaningfully and effectively with someone in addiction is when the person is sober or detox from alcohol and drugs or inactive from gambling or playing video game or using the internet.

Respect - communication is effective when there is respect for the person one is communicating with. It is not impossible for family members and friends to have lost respect of the person with addiction and so tend to shout, force, or feel in

control of the life the person with addiction. This can really be a blockage to effective communication. Respecting and acceptance of the person with addiction help a long way. The person of the person with addiction has to be separated from drug or behavior of addiction. For addiction itself is a disease, a bug, and a possession. Remember, if you cannot respect me, I cannot have conversation with you, is the attitude of many people with addiction.

Assertiveness - There is the tendency that observing the power flow in communication which exists between the father and the son or husband and wife for example, can lead to aggression (over-assertiveness) or passivity (non-assertiveness) thereby daunting communication process. Family members and friends need to be assertive by being able to stand up for their rights in the relationship and also respecting the rights of the person with addiction in calm and positive ways, without being either aggressive, or passively accepting 'wrong' behavior (SkillsYouNeed, 2017). The family members need to get their points across without upsetting the person with addiction or becoming upset themselves. They need to take into consideration their own and other people's rights, wishes, wants, needs and desires. To be passive or nonassertive in responding to the demands or needs of the person with addiction means being in compliance with his/her wishes or undermining his/her rights and self-confidence. Being aggressive due to frustration is undermining the rights and self-esteem of the person with addiction.

Compassion - Communicating compassion or showing compassion is also known as Compassionate communication or nonviolent communication. This helps family members to remain empathetic with each other, even in situations fraught with anger or frustration as it teaches people to speak to others without blaming and to hear personal criticisms without withering (Dickinson, 2019). This also involves focusing on the other person with addiction, listen attentively, not rushing to respond, speaking well of him/her, not taking his/her responses or behavior too personal, and avoiding assumptions. Communicating compassion and offering compassionate response to the person with addiction on a deeper, more human level, address the deeper needs and greater chances of getting those needs for addiction treatment, self-care, or recovery met.

In addition to the above, the Recovery Center of America (2019) proposed 5 communication tools for alcohol addiction recovery, especially in relation to the stages that family members need to observe to communicate with the person with addiction. These I summarize as the 5-Ls which are specifically useful to communicate the necessity of treatment and recovery:

1. **Learn** - The first step in communicating effectively and helping a loved one to recover from addiction is learn all you can about addiction from series of sources such as books, reputable articles and websites that provide information about specific or different types of addiction. Focus should be on the nature of the causes, effects, and treatment modalities.
2. **Listen** - One think that is very difficult is listening to the person with addiction. Listening involves hearing what the person with has to say as s/ he explains the use of alcohol or her or his experience of addiction. Asking helpful questions to clarify and show proper understanding will be helpful as well as the willingness to support the person with addiction. For example, a concerned loved one may ask, "Is there anything I can do to make it easier for you to access treatment?" or "When our friends and family show up with alcohol, should I tell them to get rid of it?"
3. **List** - From the learned and understood nature of addiction and understanding how this is affecting the person with addiction after listening, it becomes necessary to self-assess oneself to formulate how one will respond to

the situation and identify one's expectations. This is done by writing a list of the addictive behaviors that one considers damaging to self, relationships, and the family. These behaviors may include for example, lying, manipulation, neglecting responsibilities, and demonstrating negative emotions. The expectations for behavioral change such as: do you expect your loved one to see an addiction counselor? Or meet with an addiction recovery center support group, are noted. The consequences that will be enacted if the person with addiction does not cooperate with the expectations are also listed.

4. **Leave** - This is the time to leave your guilt of feeling responsible for the addiction problem. You are not responsible for the decisions that your loved one has made, or for the behaviors over which they no longer have control. Also, leave situations that tempt you to join and participate in the addiction. Meaning that you also don't engage in addictive behaviors even if it is with moderation. Don't enable addiction by supporting the person with addiction financially to perpetual in her or his addiction.
5. **Love** - Love conquers all and it consists in acceptance, concern, and support. The person with addiction needs to be reassured of love and commitment to supporting her or him through addiction treatment and long-term recovery. For example, provide transportation or transport fare, attend meetings with them if acceptable, and participate in therapy, as part of your commitment to love and support.

Communication in Addiction Treatment

Communication is very vital to problem-solving situations especially when trying to solve the problem of addiction in individuals. As expressed by Choices Recovery (2018), when people stop communicating with other people due to their addiction, it becomes particularly challenging to effectively understand and express the causes of their addiction. It can also be challenging to try to get addiction help from medical or mental health professionals, or even have healthy relationships with family members and friends. These make recovery plans nearly impossible. Communicating effectively in recovery is a necessary part of the process. And the process starts from addiction specialists or mental health professionals in addiction treatment communicating genuineness, compassion, empathy, and unconditional regards to the persons with addiction.

Beginning from screening stage, to intake and, of course, assessment, the addiction counselor need to relate with the person with addiction in such a way that therapeutic communication is involved; and to the extent that the whole process enhances communication and provider patient relationship, with client-centered interviewing producing the relevant biopsychosocial reality of each client at each visit (Smith, 2002; Egunjobi, 2016). In this case, the needs of the persons with addiction such as their interests, concerns, questions, ideas, and requests, are met.

The addiction counselor as a teacher and coach, develops a positive relationship with the person with addiction in order to promote behavioral change. This means that by promoting respect, dignity, and self-worth in the person with addiction, who already avoids confrontational communication (Elkins, 2018), the addiction counselor is able to create learning environment for the person with addiction communicate respect, dignity, and self-worth to her/himself and others.

It is imperative for the addiction counselors to exhibit and teach people in recovery from addiction strategies and skills for improving communication and the living environment. This tasks also extends to creating an environment to teach the concerned family members and friends or their caregivers problem-solving skills, communication techniques and other tools for promoting recovery of their loved ones (Elkins, 2018).

Conclusion

Addiction affects every aspect of person's personal and relational life. Getting in touch with oneself and others become very challenging. Understanding addiction from the integrated biopsychosocial-spiritual factors and exploring the same factors in dealing with the persons with addiction within the family setting and in treatment or recovery during the intake and assessment will lead to considerable effective communication leading to appropriate treatment plans and intervention which focus on the holistic treatment of the total person (Egunjobi, 2016)

The importance of effective communication in the understanding and treatment of addiction as well as in interacting with the person with addiction cannot be overlooked. In fact, addiction can be explained from the understanding of effective communication as addiction can be caused and can impact on intra and inter communication. It may not be wrong to define addiction as inadequacies caused by alcohol and drugs in neural communication (communication intra) resulting in defective and ineffective communication inter patterns through isolation, manipulation, and denial. Treating addiction will involve learning to communicate effectively and the addiction professionals and family members doing the same.

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