

# Introduction to Substance Abuse

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# The psychology of addiction

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# The Psychology of Addiction

Let's spend some time on the psychology of addiction. We'll review these concepts:

1. Progression of the disease
2. The concept of Recovery
3. Denial and other defense mechanisms
4. Relapse (chemical and behavioral)
5. Co-dependency

# Progression of Addiction

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We've already discussed how addiction is a progressive disorder (getting worse over time). As such, we can identify certain characteristics of “early stage” and “late stage” addiction.

However, it's important to keep in mind that some people progress quickly to more serious problems, while others follow a long progression.

# Progression of Addiction (cont.)

**EARLY STAGES:** A person uses drugs of abuse to achieve a feeling of euphoria or to relieve stress. Using is escapist, sociable, and fun.

However, the person begins to need more and more. The fun begins to go out of the situation as the person realizes she cannot feel normal without her drug. The person begins to feel guilty and ashamed, and increasingly uses **denial**.

There may be the first damaging consequences (problems at work, in the family, etc). <sup>(16)</sup>

# Progression of Addiction (cont.)

**LATE STAGES:** Using drugs feels more like a necessity of survival than a form of recreation. The problems often begin to mount, and the person becomes increasingly unable to function.

The addict loses interest in anything besides using. If the addict has been able to hide her using, this becomes more and more difficult as the addiction progresses.

Typically, the later stages of addiction are characterized by increasing physical problems and illness. For example, an alcoholic may experience liver failure or hepatitis.

# Spotlight: High & Low Bottoms

In 12-step programs people talk about “high bottoms” and “low bottoms.” These terms remind us that some people fall faster and harder than others. A person’s “bottom” is the point at which they seek help or walk away from the drugs of abuse.

A person with a **high bottom** walks away from it with only minor damage. The first this person gets reprimanded at work for coming in late, he cleans up his act and stops excessive use.

A person with a **low bottom** has to fall further down before dealing with the problem. Such a person may have to get very ill, or lose his family, or even become homeless before taking action.

# Defense Mechanisms

**Defense Mechanisms** are psychological strategies for dealing with stress. These strategies are used by the mind (often unconsciously) to keep us from being overwhelmed with stress.

**Defense mechanisms are normal and necessary.** We can't worry about everything at once, or we couldn't function! There has to be some "filter" for keeping things from becoming too intense or too painful.

However, sometimes defense mechanisms become so rigid that we lose our flexibility, and we find it hard to change...even when change would be good. <sup>(17)</sup>



# Defense Mechanisms (continued)

All defense mechanisms distort reality to some extent, because they “tailor” reality to feel a little more comfortable. The question becomes, just how much distortion is safe?

In addiction, defense mechanisms often distort reality to a dangerous extent. It gets harder to cover up the truth when the consequences start to pile up...broken families, legal charges, ruined careers.

Also, the defense mechanisms in addiction can harm the addict's loved ones...some of them start to wonder if they are the crazy ones, because the addict is so adamant that they have no problems.

# Defense Mechanisms (continued)

Let's look at a list of some of the defense mechanisms that are commonly used to promote addictive behavior.

- ✓ Denial
- ✓ Rationalization
- ✓ Isolating
- ✓ Blaming
- ✓ Minimizing

# Defense Mechanisms (continued)

**Denial** is an example of a defense mechanism that is often seen with addiction. The defense of denial is to **deny the truth**.

Denial is useful to an addict because it serves to cover up the extent of the problem, and allow the using to continue.

Remember that in addiction, people become “biologically programmed” to need their drug at all costs. Denial is a powerful way of “keeping the pressure off” so the addict can continue to use.

# Other Defense Mechanisms

**Rationalization** is another example of a defense mechanism that is often seen with addiction. The purpose is to make the irrational sound rational through the uses of justification and excuses. Many addicts have a ready supply of rationalizations to use on themselves and others, such as:

- “I’m not hurting anybody.”
- “I can stop anytime I want (I just don’t want to yet).”
- “I had a hard day today. I deserve a drink.”
- “It relaxes me.”

# Other Defense Mechanisms

**Isolating** is a behavior that also serves to protect the addiction. Although drug use may start out as a social behavior, addiction ends up driving a wedge between the addict and others. Efforts to hide and maintain the addiction distances them from loved ones, and the company of non-addicts becomes too intrusive and painful.

As a result, some addicts end up shooting themselves up in dark rooms, or drinking alone, far from others. Others sink into a drug “subculture,” in which there are no true friendships, but only alliances of convenience in the continuing drive for self-gratification.

# Other Defense Mechanisms

**Blaming.** It can be very convenient to point the finger at someone else, when we want to avoid notice! Blaming takes the heat off by putting it on someone else. Naturally, this is painful and frustrating for others, and self-defeating to the addict.

- “If my husband had fixed that tail-light, I wouldn’t have gotten this DUI.”
- “If you lived here, you’d drink too.”
- “If my wife/husband treated me right, I wouldn’t have to do this.”

# Other Defense Mechanisms

**Minimizing** involves “watering down” the problem by acting cavalier about the consequences, or dismissive of the wreckage caused by addiction.

- “All my DUIs are five years apart.”
- “I never drink before noon, I can’t be an alcoholic.”
- “At least I don’t use as much as X.”
- “I may miss some work, but I still get more work done than all those other slobs.”

# Relapse

The disease model of addiction, discussed above, encourages us to think of “relapses” in addictive behavior. A relapse is a return to a previously abusive level of using or drinking.

The very idea of “relapse” suggests the idea of the disease model, because it describes addiction as a chronic condition that never goes away, but can only lay dormant.

Relapse is a very important concept in treatment, because many treatment models focus upon relapse prevention as a key intervention for reducing addictive behaviors.



# Kinds of Relapse

It's useful to anticipate relapse before it becomes a reality. The addict in recovery wants to stop relapse in its tracks before taking the first drink (or smoke, or injection), not after.

For this reason, we conceptualize two types of relapse: behavioral relapse (also called dry relapse, or “dry drunk”) and chemical relapse.

Let's look closer at these two concepts...

# Kinds of Relapse (continued)

**Behavioral relapse** describes a time of eminent danger of relapse. The addict may start having old thoughts of using, or going back to places where she used, or suffering from some of the emotional pains that caused her to use in the first place.

In 12-step programs, they talk about **people, places, and things** you associate with using...and can trigger using again.

# Kinds of Relapse (continued)

**Chemical relapse** describes a time of actual using the drug. Usually when you hear a person say “I relapsed last month,” they mean a chemical relapse in which they actually used. But as we have seen, the actual using part can be seen as the end of a process that was building up towards using.

**Relapse prevention** is all about making sure behavioral relapse doesn't become chemical relapse.

# Codependence

**Codependence** describes loved ones of an addict who act as enablers of that addict. **Enabling** means that the loved one “enables,” or facilitates, the addiction. Types of enabling behavior include:

- ✓ Making excuses for the addict (“I’ll call your boss to tell him you’re sick again today”)
- ✓ Giving the addict a long string of “one more last chances”
- ✓ Bailing them out of jail (again)
- ✓ Loaning them money (again)

# Codependence (continued)

A word of caution about codependency and enabling. Enabling an addict does not make addiction the codependent person's fault.

In fact, enabling behaviors usually begin with well-meaning intentions, and may be borne out of love or concern.

But at some point, protecting the addict might mean protecting the addiction. Unfortunately, many addicts are all-too-willing to enlist the help of others in protecting them from the consequences of their actions.

Remember: Often, negative consequence are what helps the addict to achieve recovery! The loving thing to do may be letting them happen.