

## **ADDICTION OVERVIEW**

Addiction (from Latin, meaning, "sentenced to servitude") is the uncontrollable craving for a pleasurable activity or a habitual relieving sensation. The sustained use of a drug or unhealthy relief mechanism develops a physiological or emotional dependence. Addiction is also described as a "quick fix" which gradually makes the situation worse over the long run. Originally the term was used in connection with heroin and the opiates, then expanded to include alcohol and other drugs, and finally broadened to cover all kinds of physical or emotional dependence. (This article deals collectively with the many specific addictions; this issue may be further pursued under related topics such as Drugs, Alcoholism, Eating Disorders, etc.)

Throughout history societies have used hallucinogens, pleasurable stimulants, and anesthetics. The Bible speaks of wine making glad the heart and of strong drink being given to those who were old and in pain; it also warns against the dangers of excessive or habitual drinking of strong drink.

Anyone who has been prescribed strong medication to relieve continued pain knows how easily the body can develop dependency—and the strange struggle to wean oneself from such relief. Addiction quickly moves from a pleasurable to an insistent need for relief. Furthermore, beyond physical addiction are the related emotional pleasures and need for relief. It is very difficult for the addict, or the person who tries to help him or her, to separate the physical and emotional pleasures and needs, highs, and lows.

The most common destructive addictions in our society are cigarette smoking, alcohol, drugs, and gambling. Overeating, excessive use of coffee, sugar and chocolate, constant need for exposure to TV and noise, overwork, compulsive sexual activity, and the need to wield power and buy things can be added to the list.

Addictions are costly to any society. Russian men at the end of the twentieth century have robbed their nation of a decade of productivity, dying early primarily from over consumption of alcohol. It is estimated that the U.S. loses billions of dollars annually in recognized and hidden costs such as crime, rehabilitation, property damage, and lost labor. In most industrialized nations, efficiency is diminished and business contracts may be lost due to human error caused by chemical dependency. Drug testing is a major social issue in sports, business, and the military. In any setting, addiction, combined with its related emotional problems, undermines families and communities.

Adolescence is characterized by a desire to experiment, to test limits, to attract attention, to be extreme, and to act in a "sophisticated" fashion. Because of rapid and extreme mood swings—and a sense that one is immortal—teenagers are vulnerable to the dangers of abusing chemical substances. Further, teens also need to feel that they are part of a group. Many group lifestyles today include abuse of alcohol, drugs, cigarettes, and sexual activity. In addition, the media widely and subtly promote chemical and sexual dependency. It is important that adults do not confuse youthful

chemical abuse with addiction. Most young people who abuse alcohol or drugs are not yet addicted. On the other hand, someone who only drinks evenings or someone who uses drugs only on weekends could be addicted to such behavior.

Systems thinking further explains the dynamics of addiction. Peter Senge sees addictions as an archetype called, "Shifting the Burden." When a person finds an underlying issue of his life too difficult (either because it is so confusing or painful) to address, he may shift the burden of that problem to an easier solution:

Some people 'shift the burden' of their problem to other solutions—well intentioned, easy fixes which seem extremely efficient. Unfortunately, the easier "solutions" only ameliorate the symptoms; they leave the underlying problem unaltered. The underlying problem grows worse, unnoticed because the symptoms apparently clear up, and the system loses whatever abilities it had to solve the underlying problem. (Senge, P.M. [1990]. *The fifth discipline*. New York: Doubleday/Currency, p. 104)

Senge and other authors ([1994]. *The fifth discipline fieldbook*. New York: Doubleday/Currency, pp. 135-140) give an interesting example in the story of Helen Keller. Raising this deaf, dumb, and blind child, Helen's parents would rush to meet her every need. She learned from infancy that it was easier to shift the burden of her disabilities to her parents. As a classic therapist, her teacher, Anne Sullivan, refused to let the child's handicaps prevent her from becoming self-reliant. Helen Keller went on to graduate from Radcliffe College and become an author as well as a spokesperson and role model for many of the nation's handicapped.

Helen Keller's two choices—between being protected from harm and distress, and learning to live on her own—illustrate a pervasive dynamic which we call "Shifting the Burden." The well-intentioned actions of Keller's parents shifted the burden of responsibility for her welfare to themselves.

Systems Thinking describes the dynamics of addiction in two balancing loops. The upper loop represents the quick fix: imagine a circle with the word "stress" at the bottom and "quick-fix" (alcohol, etc.) at the top. The lower loop, which diagrams the real issue has the same word "stress" as its top and the phrase "underlying problem" at its bottom. The upper loop moves counter-clockwise from stress to the quick fix. The lower loop moves clockwise from stress to through corrective actions to the underlying problem. Use of the quick fix (in the upper loop) seems to relieve the symptoms. But the more quick fixes are employed in the upper loop, the more two unintended consequences are produced. It is inevitable that stress will be increased which will continue the need for the upper loop's quick fix but another outside and parallel loop delays or confuses the movement from stress to solution of the underlying problem (in the lower loop). This side effect also begins to establish the addiction loop which further enables the problem solving process. An understanding of the dynamics of addiction in this systematic way will allow for the reinforcement of healthy long-term solutions.

Systems thinking also (or especially) considers addiction in our organizational lives. Anne Wilson Schaef and Diane Fassel have written a book which gives great insight into dysfunctional organizations ([1988]. *The addictive organization: Why we overwork, cover up, pick up the pieces, please the boss & perpetuate sick organizations*. New York: Harper and Row).

Another way of considering addiction is the medical model:

(Addictive) behaviors are sometimes also labeled 'diseases,' connoting a need for treatment and treatment programs. Disease-model programs operate broadly, claiming to assist victims in regaining control of their lives. The most popular are so-called TWELVE STEP PROGRAMS modeled on a system popularized by ALCOHOLICS ANONYMOUS. Although adherents espouse the benefits of such techniques, critics demur that many twelve-step programs are less effective than claimed and can even constitute harmful addiction in themselves. (Roth, J.K. (ed.). (1997). *Encyclopedia of social issues*, 1, pp. 22-23. New York/London/Toronto: Marshall Cavendish.)

The fact is that so many people have been helped and brought back to healthy lives by twelve step programs; it seems foolish to quibble over theory. What seems true generally is many addicts continue on to self-destruction, while others come to a strong realization that one's life cannot go on following such negative patterns.

### **QUESTIONS FOR REFLECTION AND DISCUSSION**

1. What experience have you had with an addictive person or organization. Do the ideas presented here help explain what is going on?
2. With what do you disagree or strongly agree in the article above?
3. What about addiction would you like to know about or discuss in a group?

### **IMPLICATIONS**

1. Recent studies show that chemical dependency can be predicted, and possibly prevented, from studying the negative and pessimistic personality traits present in early childhood. Thus, parents, school personnel, and counselors can work together to take precautionary strategies during preteen years.
2. Because teenagers are influenced by parents, peers, the media, celebrity heroes, and other significant adults, these "significant others" must form a coalition to use various strategies to prevent addiction. Treatment of the young addict demands a powerful counter-force of therapists and peers who have overcome such addictions themselves.
3. The addictive personality builds manipulative coping mechanisms and subtle defenses that are very difficult to modify. Consequently, when working with such personalities, the helper can easily become the victim. Tough love is needed: the

addict must face reality and the consequences of irresponsible behaviors. In both general and specific ways, youth leaders must perceive and respond to the feelings of irresponsibility and pessimism that are the roots of addiction. Group cohesion must be built to provide support and confrontation. Those working with youth must become knowledgeable of symptoms, chemical substances, programs for rehabilitation, and informational sources.

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