

ADDICTIVE BEHAVIOURS: An Adlerian Perspective^(*)

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The purpose of this paper is to discuss addictive behaviours from an Adlerian point of view. The concepts: Holism, Goals, Social Interest, Creativity, Power, Life Style and Encouragement will be discussed both theoretically and in their practical implications for therapists.

The following is the definition of addictive behaviours from an Adlerian point of view (a definition not confined to substances). Addiction is a *chosen repetitious, developing* behaviour rather than an uncontrolled behaviour. The goal of this behaviour is to *escape* (Linden, 1993). I will try to reframe the definition. Addictive Behaviours are *creative ideas* one chooses in order to *escape existential fears*. The creativity is not static, it is developing with time. There is tremendous *potential* in this *creativity* which is gradually discovered through the therapeutic process.

The definition is different from the one found in books, research articles or clinics. The term "addiction" is usually defined as an "uncontrolled behaviour".

There are various theoretical points of view in the literature of addictions. In most of the theories and research studies, the individual's responsibility for his or her behaviour is ignored; rather the individual's helplessness is emphasised.

For example:

The *psychoanalytic* point of view conceptualises the person's addiction as a sublimation for his or her unfulfilled sexual needs, which started at a very early stage of development.

The *Sociological* point of view emphasises the cultural and economic environment of the family and society. The assumption is that the person has learned the behaviours and was driven towards them by his or her environment.

The *Physiological* point of view focuses on the person's genes and his or her other biochemical body system.

As already mentioned, the purpose of this paper is to present addictive behaviours from an Adlerian point of view.

1. Holism

Addictive behaviours are holistic in nature; therefore they are expressed *physically, psychologically, spiritually*. I will use alcohol in my examples because it is socially accepted. For example: the chemical system is changing as a result of drinking; the alcoholic experiences brain damage (Drake, et al., 1995; Brecher, 1972), he or she thinks that he or she cannot function without alcohol and he or she functions even worse with it (Schmidt, 1995). *The bottle becomes the primary meaning* in his or her life.

Addictive behaviours are never the problem of one individual, it always involves the *entire family system*, at times the entire community (McCabe, 1978; Seixas, 1985).

The family is taking part in the *denying game* of the addicted person in order to maintain the *homeostasis* of the family and to keep the family's *togetherness*. Each family member plays a *role* in the game (Suman & Nagalakshmi, 1995).

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There are also *rules* in this *game*, and it is the therapist's challenge to disclose these roles and rules by working with each family member and with the entire family according to the Adlerian approach (Dreikurs, Corsini & Sonstegard, 1959).

Drinking, the use of drugs or the phenomena of anorexia or bulimia become part of a culture; therefore, it is the concern of the community to deal with these problems. However, the *denying game* that is typical to the family, is also the game of the community. The *goal* of the family or the community is to maintain the homeostasis - to avoid "rocking the boat", and *having to deal with pain*.

2. Goals

All addictive behaviours are *goal - orientated*. The goals are:

- a. To assume feelings of belonging.
- b. To avoid the pain of being rejected.
- c. To avoid the inconvenience of coping with unpleasant situations, or indirectly, with life pressures.

Drinking, for example, is a social habit. People start drinking in order to feel *close* to others, in order to *entertain* others, and to assure their *acceptance* by the others (Adler, 1929). The focus is on being with others! When one has to deal with feelings of anger, pain or fear, the alcohol becomes a simple easy solution, a remedy. Only at an advanced stage the addiction causes the *withdrawal from others*. However, the therapist or the family who deal with the problem drinker have to remember the drinker's primary goal: *to belong!* Rejection will result in the deterioration of the drinking - and usually this is the typical drinker's reality.

The following chapter is the most important in this paper. It suggests a different way of conceptualizing addictive behaviours, and it is one of the most significant outcomes for me after many years of working as a therapist.

3. Creativity

The fact that people are extremely creative results in a very long list of various - at times sophisticated - addictive behaviours. There is a correlation between addictive behaviours and the creative energy one possesses. The more *creative* a person is, the more *frustrated* he or she might become if he or she lacks the *courage* to implement his or her creativity. *Behind every addictive behaviour there is a potential for creative dynamic activities*. It is the therapist's role to facilitate the process of discovery of these potentials. For example: to discuss with the alcoholic, sometimes in a humorous way, all the techniques and manipulations he or she is using in order to cover up and deny the drinking problems. In group activities, it can be used as a "gold mine" for the development of alternative behaviours.

If the *issue* was the lack of courage to implement the creative potentials, developing courage is one of the primary goals of therapy of the family members (Dreikurs & Soltz, 1964).

4. Social Interest

The need to contribute to the immediate group enhances feeling of worth and results in sensing the *meaning of life* (Adler, 1929; Dreikurs, 1969; Frankl, 1969). Very often the addiction develops in order to contribute to the "wrong" group when one feels rejected from the "right" group. Rejection from the "right" group results in feelings of *meaningless* in the family, *poor social contacts* and *working habits, no interest in studies*. Feelings of *loneliness* and *worthlessness* may result in addictive behaviours (Sullivan et. al., 1995) and in a *continuous search for the meaning of life* in the wrong direction. When there is no meaning in social, family and vocational circles, "inferiority results in striving to strengthen self rather than the others" (Dreikurs-Ferguson, ICASSI 1996, England).

5. Striving for Power

Frustration, sense of inferiority and feeling of worthlessness need to be balanced with *power*. Alcohol, drugs, fighting, anorexia, bulimia, etc. create feelings of *power*. One needs extreme proof of one's abilities when feeling weak.

- "When I drink I have the *courage* to do what I have never done before", says the problem drinker.
- "When I use drugs I feel happy and relieved of my fears and therefore better than others", says the drug addict.
- "When I do not eat - I am overpowering my appetite!", says the anorexic girl.
- "When I eat as much as I want and then throw it up, I win twice.
One: I do not have to set limits to my eating habits and I can enjoy everything all the time. *Second*: after I get rid of it, I stay slim and trim!", says the bulimic girl. What an invention - no wonder that so many young girls are using this creative method. However, because the feeling of powerfulness is fake, the addiction which causes this feeling, develops with time.

Addictions are dynamic behaviours, they never stay at one stage, they develop continuously. Therefore, in a more advanced stage of the addiction, the goal is to *over-power the addiction*. For example, the typical alcoholic's "game" is to prove that he or she is stronger than the alcohol he or she consumes, therefore, he or she does not stop until the alcohol takes over, and the alcoholic hits rock-bottom. After that, there is a good reason to start the game all over again. Although I brought an example from the alcoholic's experience, it is true of every addiction. *This is the paradoxical cycle of the addiction* because at the more advanced stages, the addiction is physical/chemical and psychological, and the power struggle is within the person: can I or can't I win my addiction?

The question is:

Why are some individuals developing addictive behaviours and others are not? All people strive for *belonging*, for having *meaningful relationships*, for feeling needed and worthy individuals. In spite of the common general goal, some cope with these needs through *escaping* and others cope with the difficulties they are faced with. Who are those who choose to escape life pressures?

In order to understand the individual's addictive behaviour from an Adlerian point of view, one must understand the *person's life style*, which means to become aware of the *person's family constellation*:

- the individual's perception of self and the world.
- the individual's *expectation* of self and of life.

As I mentioned earlier, the primary goal of life is to assure the feelings of belonging. In order to achieve this goal, each family member chooses to play a *specific unique role* in the family, the role which enables the person to feel accepted and to receive appropriate attention. When this role does not serve the *goal of belonging* in later stages of life, some people might start to search for an escape.

In a recent workshop I conducted in Greece (June, 1996), we summarized a list of factors which can serve as predictors for the development of addictive behaviours. The factors/predictors were derived from Early Recollections:

1. High unrealistic expectations from self and others.
2. Unresolved traumatic experiences at any stage in life, not necessarily in early childhood
3. Lack of boundaries which is typical to *non-democratic* families and to the *pampered child*.
4. Addictive behaviours of parents or siblings.

5. Feelings of rejection by parents. In each of the above factors/patterns of thoughts, there is an escape from coping with real life tensions.

The fear to change the familiar roles may result in the *primary addictive behaviour*, the addiction to one's "assigned roles" and "rules" in life. Therefore, in the Adlerian Parent Education groups, there is an emphasis on the need to encourage children to play different roles (Lott & Intner, 1996). The "good", "obedient" child can be naughty and vice versa. For 11 years Achi Yotam and myself conducted a class on adolescent behaviour for teachers and counsellors at an Israeli college. The title of the class was "Adolescence - the age of differences among people and change in people". If teachers, counsellors and parents accept the fact that it is okay for students to change their "assigned roles", the student will also accept it.

Encouragement

Adler (1956), Dreikurs & Soltz (1964) and Achi Yotam in the above mentioned class emphasised the importance of the courage to be imperfect in order to improve one's functioning in life. The fear of being imperfect may produce the fear of admitting to being afraid.

In order to have this courage, one needs *encouragement*. Being exposed to continuous negative remarks, criticism or over-protectedness, eliminates this courage (Nichols B., ICASSI 1996).

In order to encourage, one has to be aware of the other's life style. What might be considered encouragement by one, might be perceived differently by another (Dinkmeyer & Carlson, 1973).

The literature review over the last 8 - 10 years of various effective therapeutic programmes with addictions disclosed the implications of the Adlerian theoretical main concepts. I will only mention the references to those research studies.

The Implication for Therapy

Holistic in Nature

1. Cognitive:

Information about the *nature* of the disease.

Information about the *substance*.

Information about the *family constellation* (Barber, 1990)

2. Physical

Gradual steps in helping the person to feel physically better.

Proper diet.

Exercises.

Relaxation, various methods.

(Dreikurs, 1969)

3. Psychotherapy

a) Analysis of life style, disclosure of the *hidden goals* (Adler, 1956).

b) First stage of intervention: to find alternative *positive addictions* in order to continue the *rituals*.
Referrals to group work for support and feelings of universality: A.A., N.A.A., etc. (Miller, 1995).

c) Second stage of intervention: the focus is on *changing the "tools"* to reach the goals.

d) Referrals to *group work* in order to experience belonging, support from people who are not necessarily addicted and for "normal" life concerns such as employment, finance, etc. (Cox, Hendrickson & Blount, 1995).

References

- e) The *spouse* and the *entire family* are included, individually and together (Suman, 1995). The family plays an effective role in the onset of the addiction, and its members will play an essential role in the process of rehabilitation.
- It is a very *long process*, there are no short-cuts. It is essential to emphasise this fact because part of addictive behaviours is the search for short-cuts - and we are there to *promote CHANGE*, especially the change of an attitude as therapists to cure and to do it quickly. This is the therapist's addiction to know it all. Very often the patient will enter therapy after the above-mentioned stage 1 only after several years, and it will always be at the individual's personal pace.
- The percentage of addicts who recover completely is very small. Therefore, it is important to invest energy and time in prevention. When I talk about prevention, I do not mean that we have to invest more money in programmes which are alcohol- or drug-related. I want to emphasise the importance of *listening*, of *encouraging* and *focusing* on children's strengths rather than on children's mistakes. So children will not be motivated to take revenge both by destroying self or even worse by destroying others as emphasised so well in Bettner & Lew (1996) vital four C's: to be *connected*, to feel *capable*, the belief that one *counts* and to have the *courage* to implement these abilities.
- "Society is moving towards democracy, because it is the only way for the individual's contribution", Eva Dreikurs-Ferguson said during her presentation of the Adlerian concepts at ICASSI (1966). Therefore, it is important to work on the mental health of the individual to develop his or her courage to actualise the potentials of his or her contribution to society. These are the correct preventative programmes.

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Alcohol^o

(the partner's perspective)

My loved one fell in love with alcohol.
As *he* became blind, *I* was watching him fall.
He thought this affair raised him up to a HIGH,
Some high! - So low, I was watching him die.

How could he leave me just for alcohol?

He says it's my fault, oh...i feel so *small!*
So I'll try harder and maybe he'll SEE...
But his blindness stayed, and then I lost ME.

Sinking in the sea I call alcohol,

Together we *plunged* into a dark well.
The wall around us was thick, hard, and cold,
Gone was the joy of "to have and to hold".

How do we escape from this alcohol?

Do I dare break the rule, "Don't talk. Don't tell?"
The answer is YES!! It's the only way.
To find peace again in a brand new day.

Susan Zimmerman

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