

## **Web-Based Radio Show**

### **Understanding Addictive Behaviors and Substance Abuse**


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Good morning and thank you for joining us today. Today we have a very interesting topic, one that I get lots of requests for. It has to do with our mental health series, and it was one of the topics we did not address originally when we talked about anxiety, depression, and behavior problems. That is the whole subject of addictive behavior and substance abuse. Addictive behavior includes everything from addictions to food, addictions to illegal drugs, to legal drugs, to gambling, etc. So we are talking about the whole panoply of addictive behaviors and substance abuse. Obviously this is a huge topic and we could spend many lectures talking about this, each one deserves its own treatment, but what I want to do as part of our mental health series, is to comment on some common features that all of these challenges have, and also the developmental pathways that contribute to making individuals vulnerable to these sorts of challenges, and based on that, what an approach is that individuals can take and families can take to begin the pathway toward overcoming these types of challenges.

Now first, as we always do, in talking about the challenges, we always try to understand the developmental pathways. Here I want to address common features, although each type of problem will have its own unique profile for every individual, obviously.

Let's begin by talking about the fact that for many addictive behaviors like alcoholism, there has certainly been a lot of research suggesting genetic or familial components and patterns, and for other types of substance abuse as well. This hasn't been nailed down to any mental health disorder or challenge to a specific gene that is universal for all individuals. We have that for many medical illnesses and many neurological illnesses – a gene or a group of genes, but we don't have that for mental health disorders. The best we have been able to do is see that there may be a variety of genetic factors involved in terms of patterns, and different individuals and families may actually have different combinations or different patterns. This is the area of fruitful research that will go on for many years to come and hopefully reveal new insights.




What we do know more about, however, are what we can call constitutional maturational differences, in other words, physical differences that may have genetic, may have intrauterine, may have early experiential origins, some of it may involve exposure of toxic substances in utero, or early in development that affect the physical structure of the nervous system. We know that certain types of familial interactions and stress can affect the structure of the nervous system as well. So we talk about physical differences and there is a variety of physical differences that can affect these. For example, when we were studying years ago, multi-risk families, we found that babies who were born with very good sensory modulation would, within one month, were very sensory over-reactive due to the chaotic environments. That stayed with them for many years to come, just like babies who were born with sensory modulation challenges where intrauterine or genetic factors were contributive.

In terms of constitutional variations, we certainly see that there is a range of patterns operating, and it doesn't seem to be any one particular pattern that is common to all addictive behaviors. Certainly, one group tends to be sensory hyper-responsive, just like with anxiety and depression, we found that the tendency was to sensory modulation challenges on the hyper-responsive side. There, there was a lot of work the individual puts into, particularly as they get older and more vulnerable to addictive behaviors to calm themselves down. Some individuals, as was reported by many colleagues, use substances, sometimes legal, sometimes illegal, sometimes non-prescription, sometimes borrowing from friends, sometimes food or certain types of food as self calming or self regulating. So people who drink a huge amount of coffee or who become nicotine addictive may use it in a self calming way, even substances that tend to seem to make the nervous system more irritable like nicotine or caffeine. It can be used to increase focus or to calm down or problem solve or sequence more. It's paradoxical in some respects.


Other individuals, however, are sensory craving and they find the substances they become addicted to or behaviors or challenges or activities they become addicted to are part of increasing their sensory arousal because they are already sensory active a lot and seek a lot and need a lot. The risk taker is a good example of that, who is sensory seeking, and always taking risks, but they may want to "rev up their nervous system" as one risk taker told me, even more, so he was constantly smoking, drinking coffee, drinking beverages that have a lot of caffeine in it, and then graduated to illegal substances that were mostly on the revving up side.

Some of the individuals are under-reactive and like to be self absorbed and, in their own mind, and they sometimes will elect substances that will increase that state of mind. So there are other illegal substances and quasi-legal ones that increase one's self



absorption; increase one's fantasy; increase one's imagery, and because they have come to enjoy that and they have come to relate to the world that way, they smoke or ingest substances that increase the inner life, increase the self absorption, and increase the removal from outer reality.

So we have really seen a variety of patterns, no one characterizing all the addictive or substance abuse or addictive behavior. What we have seen is a common feature of addictive behavior, is that once under the influence of the addictive pattern, whether it is a substance or an activity like eating which also involves substances, or an activity like gambling, around that activity, the individual does not show the age expected capacities for social and emotional development, or reflective thinking that we would expect for a person of that age. So as you recall from prior discussions, we progress as human beings up the ladder from attending to the world, to engaging with others, to exchanging signals, to shared social problem solving where we interact and problem solve together, to using ideas creatively, and then using ideas logically. But first we use ideas in an all-or-nothing or polarized way logically, we are vulnerable to regressing into magical thinking, which is just the pre-logical stage before that, or we can progress up to beyond polarized logical thinking to more reality-based logical thinking that considers many reality-based factors in our logic, and then to comparative thinking where we can compare things and assess them on many factors – compare why we might like one actor better than another or one food better than another or why we have one feeling in one situation and one feeling in another situation. Then we progress to gray area thinking where we can see shades of gray. We feel more angry, less angry, little sad, very sad, extremely sad. And then to truly reflective thinking where we can reflect on what we are doing and evaluate what we are doing and judge what we are doing. “Gee, I’m angrier than I think I ordinarily get in this situation; I wonder why.” Or, “I feel irritable today, I wonder why.” Or, “Oh, boy, if I try out that illegal drug, I could become addicted to it. I had better be careful. Therefore, I’d better not, even though my friends are doing it.” Or, “If I keep drinking coffee at the rate I am doing it, I am going to get addicted to it.” Or “If I keep smoking at the rate I’m doing it I am going to get addicted to it and it will affect my health and therefore I had better not.” That ability for self reflection and judgment comes in, ordinarily, around ages 10-14, but then gets further developed as we get older so we can consider the future, consider probabilities, look at ourselves in the context of our own culture or of multiple cultures, and then we further develop it as we take on new life challenges like separating from family, going off for college or work situations, having a family of our own, raising children, etc. So our reflective thinking keeps improving as we take on new challenges.




Now the common feature we have seen around the addictive patterns, even for individuals who may be brilliant professors of philosophy and have good reflective thinking when it comes to comparing two philosophers or looking at literature. When it comes to the feelings around the addictive behavior, it tends to cluster around two lower levels of thinking, one, the polarized logical thinking (all-or-nothing), and with lots of regressions into the pre-logical or fragmented or magical thinking. So the individual around the addiction, whether it is gambling or food, does not use a great deal of gray area thinking. “Gee, if I have a little bit I’m OK, if I have a lot I won’t be OK and here are my feelings – I’m really yearning a great deal for chocolate but the more I have, the more I am going to want...” So we don’t see that kind of gray area thinking around the addictive behaviors. It’s more like, “I’ve got to have the chocolate and I had better have it now or I’ll fall apart.” That’s logical because there is a craving and a desire to have chocolate, you aren’t saying, “I’ll satisfy that by taking a rocket ship to the moon” so it’s logical, but it’s all-or-nothing; it’s polarized. It’s seeing the world not in shades of gray. And it’s certainly not reflective and thinking about the long-term consequences and being able to step away from oneself and form judgments.

And so around the addictive patterns – gambling, eating, gaining access to the substance one wants – one sees lots of polarized thinking; all-or-nothing thinking. One also sees a lot of magical thinking; unrealistic ideas, having this energizing illegal substance will make me powerful; will make me a better thinker; I’ll be more brilliant. Or having this more self-absorbing illegal substance will give me more creative ideas. That’s the reality I want to live in, and people create alternate realities for themselves. So lots of pre-logical or magical thinking may characterize the pattern around the substance.

Also, we see an even earlier stage where the person doesn’t use ideas at all, where there’s just a lot of translation of an impulse or an intent into an impulsive behavior. And so, again, the addictive pattern, whether it’s gambling, losing one’s temper and getting into fights, or using illegal substances, or getting into crime to support illegal use, there is an urge, and not an idea which allows you to think about that urge or even flexibly talk about it with others or fantasize about it and achieve some mastery over it through fantasy; through imagining; through picturing what it would be like to have all the power in the world. Instead, it gets translated into action, and one tries to become powerful maybe by picking a fight or one tries to get the money one needs to get the drugs through impulsive, illegal activities involving crime before one gets into hot water with the law. So we have a lot of impulsive behavior as well.

So we see these three earlier levels: the polarized thinking, the pre-logical and magical thinking, and the impulsive pre-ideational thinking characterizing the addictive




patterns. Sometimes individuals with the addictive patterns may show higher levels of social emotional development and thinking in other areas of their lives; the way they relate to their children, the way they relate to spouses if they are adults, the way they conduct themselves at work if they keep the addictive behavior circumscribed. But there is a tendency, obviously, for some individuals for this to broaden and broaden so it permeates more and more of their lives, and then more and more of their lives gets characterized by these earlier levels of social emotional development and thinking. At some point it is imbedded and being encapsulated or a little abscess in their otherwise healthy psyche, it becomes a pervasive, takeover pattern that characterizes most of their mental live.

But we see all different degrees of this. Some individuals go through many, many years where it just characterizes narrow sectors of their lives. I would say from my clinical experience, however, that the lion's share of individuals who are prone to addictive behavior tend to have trouble maintaining the broad range of age-expected thinking and social and emotional coping capacities at the higher levels of reflective thinking and gray area thinking in many areas of their lives. The addictive behaviors then, being the more striking examples than the ones characterizing the lowest levels of functioning, but other areas are not usually cooking quite in the way we want them to and they could benefit from work that helps them advance in all areas. But again, there are exceptions to that, and there are different degrees of that.


In terms of developmental pathways, what we therefore see is the physical tendencies towards hyper- or hypo-sensory seeking patterns, coupled with family patterns that often don't solidify as well as we would like to, the emotional signaling necessary to use affect signaling rather than action to cope with frustration or challenge. So we see, even at the toddler stage of development, not as much affect signaling and emotional interaction and good, what I would call, jointly-mediated regulation where the caregiver and the child regulate together through signaling each other, and instead the child is more vulnerable to impulsive actions or being a little bit withdrawn, so there is that vulnerability. And then at each subsequent level, using ideas that's not solidified. There certainly may be the capacity for imaginative play and using ideas but it is not as rich and it doesn't cover the full range of emotions and has trouble with feelings of frustration and disappointment being elevated to the level of ideas and we see constrictions in those patterns.

Then when we get to connecting ideas together and logical thinking, the same holds – there are constrictions. When we move up to multi-causal thinking and gray area thinking, and then finally reflective thinking, where you can evaluate yourself and judge



yourself and again, constrictions. This often has to do with the family interactions. The feelings that typically don't get incorporated into the advanced levels of reflective thinking are those to do with loss, disappointment, frustration, and expressions of anger, and often dependency longings. They may go into more vulnerable to using addictive behaviors and illegal substances or substance abuse for, or as a substitute to this more advanced problem solving and reflective thinking capacity.

Therefore, the program for such individuals often needs to involve a number of elements in a comprehensive, orchestrated manner. First, it is important to focus on the physical features involved, and for the person to become better regulated, and also to wean themselves off the addiction itself, because if it is food or substances, there is a physiological addiction, often, that has built up, even to foods that are not addictive by nature like certain illegal substances are. But it can take a couple of weeks before the yearnings or cravings may go away, and if it's illegal substances, it may take longer than that. Also, there tends to be a crossover, so for example, individuals who are prone to using illegal substances that hype up their nervous system, they also tend to eat a lot of foods that hype up the nervous system as well. So getting on a very healthy diet of vegetables, fruits, and organic meat and fish so there aren't any chemicals, artificial preservatives, additives, food coloring, or dyes, and nothing that converts to sugar very quickly that changes mood and changes regulatory patterns. So complex grains rather than very simple sugars and staying away from even fruit juices, but using chewy fruits. And again, organic meats and fish and vegetables to keep it chemically free is often helpful as a beginning. Some people may have specific allergies or sensitivities that makes them vulnerable, like to wheat products, dairy products, or corn that needs to be checked out. So getting on a very regulating nutritional pattern, getting loads of exercise which creates internal regulation, individuals who are both sensory craving and under-reactive and over-reactive benefit enormously from regular exercise programs geared to their particular sensory pattern. And here, building up gradually so that there are daily workouts; ones that are fun and that are regulating and where the key is one feels good and organized afterwards is very, very important and very helpful. It takes awhile to get that going, but that is a good baseline, particularly for older children and adults. Then, once that baseline is established, then working on relationships that have a lot of back-and-forth emotional cueing and support where the systems that were never strong enough in the first place, particularly around feelings of frustration, disappointment, or loss, get established. So lots of emotional cueing and emotional gesturing and signaling around those feeling states I mentioned before – loss, frustration, anger; a lot of exchange of ideas, a lot of logical thinking, and trying to be reflective – to look at the causes and reasons for things, look at feelings from multiple angles, look at the gray area for




feelings, try to become a poet of one's feelings. Do a little game with oneself called "Thinking About Tomorrow" anticipating situations and how you are going to feel and how other people are going to feel and what you routinely do and alternatives and becoming a poet of your feelings, and then trying to develop more judgment and more reflection. Obviously when the individual can't do these things, the family members should be trying to do these things.

Often, many individuals will need a therapist and need to be involved in intensive psychotherapy to work on strengthening these patterns, and the therapist becomes the vehicle or the key individual to orchestrate this program and work with the family as well – either the new family such as the spouse and children or the family of origin, if it is a child, teenager, or adult who is still living at home, but who orchestrates a program within the context of one's social milieu. Often this therapeutic program is important. Sometimes, residential care is needed for the first initial number of months during a detoxification phase or weaning phase and establishing the healthy physical patterns and the beginning of the therapeutic process to elevate the levels of thinking to higher levels.


The key is to continue the program after the residential or inpatient component. Frequently, the individuals do great, who were prone to addiction and addictive behaviors, during the residential phase there was a lot of support and lots of nurturance, lots of help, and lots of structure, and lots of limit setting, but then once they were out on their own, they relapse. That is often because there hasn't been an adequate post residential or hospital plan with enough structure and limits. Limits are very, very important, and enough of these other elements in it. So it often has to be very comprehensive, very intensive, strong limits – measuring urine and blood to monitor the individual – assuming the individual will regress in their thinking level to impulsive or illogical thought patterns or polarized thinking, when the yearnings get strong again, when they encounter those same feelings even if they are over the physiologic addiction.

So we need lots of structure in terms of the therapy, lots of limit setting, lots of checks and balances, lots of family involvement, and these have to be very intensive, and successes and failures have to be expected. Don't expect the first residential treatment program or the first treatment program to always work. Expect ups and downs. But the long pattern should be one of gradual movement towards progress. There is no substitute for creating environments which support the more mature and reflective ways of thinking and also constantly set firm limits and recognize the vulnerability the individual has, and it will be a lifelong vulnerability. Also to keep up the healthy behavior, exercise, and diet, and nutritional components that create a firm physical foundation for progress.



It is interesting that people have speculated that the first sign, sometimes, of regression is changing one's physical patterns – the exercise, diet, and nutrition – and there can be lots of overlap, like alcohol made from grains, individuals sometimes are allergic to grains and get back on grains like breads and wheat products will make them yearn for alcohol more. So if that is part of one's pattern, staying away from the grains is very, very important. So one has to know their own physical pattern, be working often with a team of individuals as well as a psychotherapist. One has to be prepared to use residential care periodically, to head off a major regression before the individual gets into hot water or loses progress.

A case illustration may be useful. Robert was a 32 year old male who was prone to being sensory-seeking and a risk taker, he liked to gamble and he was also into skydiving. He began experimenting with his friends while running around, womanizing quite a bit, with illegal substances that tended to stimulate the nervous system. This tended to give him a sense of power and tended to allow him to stay up all night and tended to lead him to a feeling of well-being. He often mixed this with alcohol as well and already was prone to being impulsive and somewhat polarized thinking prior to getting more and more involved in these substances, and he kept increasing his risk taking and his substance abuse taking until he finally got into hot water with the law and was also becoming more and more illogical in his thought patterns. His family and friends finally brought him to a hospital where he received good care and was able to get off the illegal substances and get settled down to his use of medication in the hospital, mostly tranquilizers to calm him down and then a combination of tranquilizers and mood stabilizers and also some anti-depressants because he got very depressed once he began coming down. But he was released quickly without a very good after care pattern – there was a therapist assigned to him for follow-up but he stopped coming after three weeks. He did OK for about three or four months, and then regressed and went through this pattern again. He had three hospitalizations, all repeating the same pattern until finally it was recognized by the family and by a new therapist who evaluated him, that he really needed longer term residential care for at least 3-5 months to begin the therapeutic process much more fully and not be so vulnerable, and he needed a much more intensive after care program having all the elements that I just mentioned to you. That was implemented, and ten years later, I'm happy to say that Robert is doing well, but it took three hospitalizations and finally a longer one with literally a daily therapy program afterward beginning with day treatment and then daily therapy sessions, and now he still goes three times a week and still has his urine and blood checked periodically for illegal substances, but he has the support of family, he was able to get married and now has a few children, and is functioning well, but he realizes he has a chronic long term



vulnerability. Still to this day, he talks about craving those old days when he felt so powerful and he felt those “highs” when he felt he could do no wrong, but he recognizes that that led him off a precipice to which he doesn’t want to return.

So there’s no substitute for a comprehensive program that addresses all the levels of addictive behavior. Whether it seems minor where the therapeutic intervention may be less intensive and comprehensive like addictions to foods or occasional gambling binges where one loses more money than one wants to, or whether it’s major league where there is physiologic addiction added in because of illegal substances or even legal substances that one gets addicted to, which requires a more comprehensive program because then there is a double whammy – a primary addiction plus the secondary addiction from the substance itself where you need a much more comprehensive program.

But the elements are to address all the levels in the developmental pathway and ultimately help the individual become a reflective thinker in all areas of life including what formerly was the addictive patterns and that means being able to evaluate oneself and take corrective action on one’s own. That’s the signal that one is progressing well, and even then therapy should continue to monitor, maintain, and reinforce that.

That is the comments on addictive behavior, and as you can see, it’s not a simple subject. There are many different versions and varieties but there are some common features that were worth commenting on and that should be part of individuals thinking when there are addictive behaviors and substance abuse patterns involved. Thank you for joining us today and we will speak to you again next time.