


 Project supported by the PHA


Foundation Module: **Adults** and **Family** Members



Day Two



  **Housekeeping**


- Breaks
- Microphones
- Internet connections
- Confidentiality
- Questions/comments





  **Course Objectives: Day Two**

By the end of today, you will be able to:

- Describe the theories surrounding the development of addiction
 - Moral;
- Differentiate between the Disease, Choice, and Trauma/Attachment Models of addiction

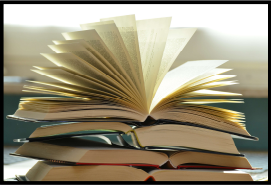


  **Introduction: Theories Surrounding Addiction**

What are the main models and theories about addiction?

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Theoretical Perspectives on Addiction



- There are a broad range of theoretical perspectives that attempt to explain various aspects of the development, maintenance, treatment, and prevention of addictive behaviour
 - Moral Theory
 - Disease Theory
 - Learning and Behavioural Theory
 - Sociocultural Theory

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Theoretical Perspectives on Addiction: Moral Theory

- Moral Theory says that addiction is a choice and the result of a moral weakness
- People experiencing addiction are seen as bad people who do bad things because of their values
- Recovery can be achieved though the use of effective willpower and discipline, and the development of a virtuous way of living
- Highly punitive
 - "War on Drugs" is consistent with Moral Theory

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Theoretical Perspectives on Addiction: Disease Theory

- Disease Theory says that addiction is a consequence of physiological changes that drugs may cause → "an undeniable desire to take more drugs"
 - Views addiction as an incurable disease that needs to be treated so that the desire to use is suppressed
- Individuals aren't blamed for their addictions, just as people with cancer aren't blamed for their illnesses



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Theoretical Perspectives on Addiction: Learning and Behavioural Theory

- Learning and Behavioural Theory says that addiction is learned through observation and vicarious reinforcement with direct experiences
- People learn through observation of others that addictive behaviours can be used to help to
 - Cope with stress, depression, anxiety, anger, etc.
 - Feel more relaxed and sociable
 - Escape from pain (physical and/or emotional)
- People who find relief in a pleasurable behaviour are more likely to engage in that behaviour again

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Theoretical Perspectives on Addiction: Sociocultural Theories

- Sociocultural Theories expand upon Learning and Behavioural Theory by suggesting that the start of addictive behaviours is influenced by factors like:
 - Environmental influences
 - Media and advertising
 - Social circles (peer pressure)
- The use and misuse of substances can be seen as serving four functions in society
 - Facilitating social interaction
 - Providing a release from social obligations
 - Promoting group solidarity
 - Rebellling against society's values

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Theoretical Perspectives on Addiction: Sociocultural Theories



- Encourages us to view addiction as a public health issue
- Emphasis on prevention

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Case Study: Addressing Substance Misuse

- A large group of local people (mix of young people and adults) meet each weekend in an isolated section of the local park and get drunk. There have been a lot of complaints from neighbouring residents and some of the people involved drive cars to and from the park.
- You are a local Community Worker and have been requested to handle this complaint. How would you deal with this situation according to the assumptions of the theories surrounding substance misuse that we have discussed? (Moral, Disease, Learning and Behavioural, Sociocultural)


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3 Disease vs Choice Models of Addiction: Disease Model

Let's take a closer look at the disease model of addiction.

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Addiction: Choice or Compulsion?



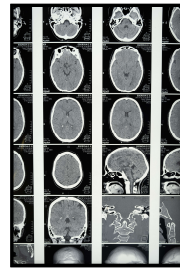
- Traditionally, thinking about addiction has been divided between:
 - Disease model
 - Sees addiction as a disease characterised by compulsive and relapsing drug use over which the individual has little or no control
 - Choice model
 - Sees addiction as a choice characterised by voluntary behaviour under the control of the individual

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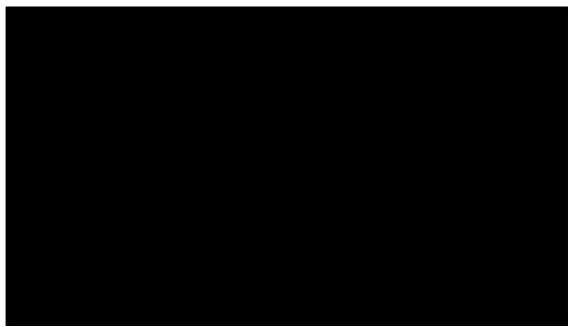
Disease Model: Addiction as a Brain Disease

- “Addiction is a Brain Disease, and It Matters” (Alan I. Leshner, 1997)
- Leshner put forward the argument that addictive behaviours are a form of brain disease because all forms of drug dependence involve structural and functional changes in a common region (“reward pathways”)
 - Essentially, our brains change in the face of drug dependence



Addiction Is a Brain Disease, and It Matters Alan I. Leshner Science 03 Oct 1997; Vol. 278, Issue 5335, pp. 45-47 DOI: 10.1126/science.278.5335.45

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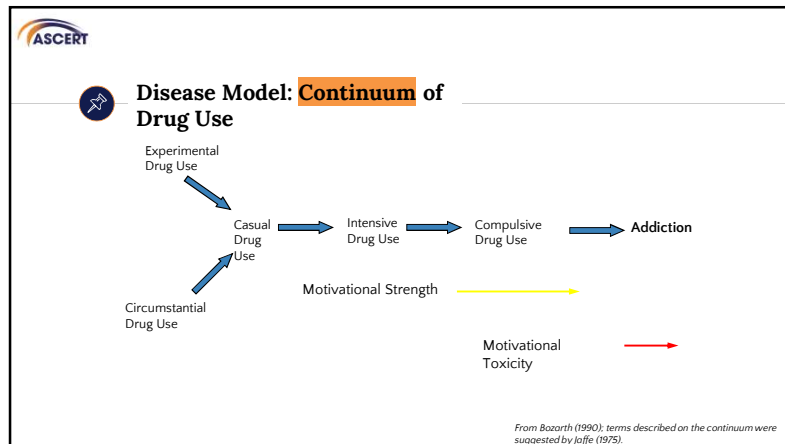


Addiction and the Brain

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Gambling Addiction and the Brain



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- Disease Model: Motivational Toxicity**
- Motivational toxicity explains the disruption of the normal motivational hierarchy
 - Increased motivational efficiency of the drug
 - Decreased motivational effectiveness of natural rewards
 - Produces the intense motivational focusing characteristic of addiction → prioritisation of the drug at the expense of all other things
 - Over-valuing of the misused drug + reduced sensitivity to natural rewards + impaired inhibitory control + disrupted cognitive functioning (Volkow et. al, 2004)



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- Disease Model: AA/NA/GA Views on Addiction**
- Alcoholics Anonymous/Narcotics Anonymous/Gamblers Anonymous operate on the Disease Model
 - Other views
 - Powerlessness over addictions – power greater than self
 - Addictions are lifelong conditions
 - Recovery is a lifelong process – often counted by day
 - No such thing as a social/recreational user
 - Need to make amends and give back to others
 - Fellowship (meetings) is an important way to keep sober

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Disease Model: Criticisms

- Not everyone agrees with the idea of addiction as a disease
- Important to remember that the individual will always have a role in the development of their addictive behaviour, their treatment, and recovery
- Critics of the Disease Model argue that the stigma of labelling addictive behaviours as a disease can lead to individuals feeling like unwilling victims of their condition, for which they rely on others to overcome

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*If we were to suppose that addictive behaviour is a disease in the traditional sense of the word, we would also have to argue that individuals do **not** play any part in their own addictive behaviour. The disease **made** them do it.*

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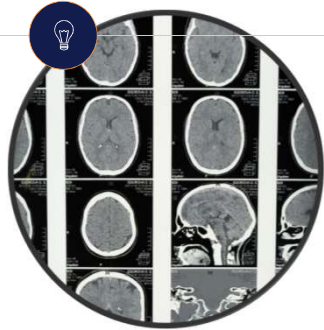
Moss, Antony C.; Dyer, Kyle R. Psychology of Addictive Behaviour (Palgrave Insights in Psychology series) (p. 11). Palgrave Macmillan.

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Disease Model: Criticisms

- Critics say the notions of “disease” and “compulsion” make addiction sound completely non-voluntary, and argue that empirical evidence suggests that people experiencing addiction do have a choice
 - In comparison, diseases like Alzheimer’s are biologically based and non-voluntary, in the sense that they do not develop as the result of decision-making processes
- They also argue that addiction is flexible, adaptable, and involves elements of planning

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What are your thoughts on the Disease Model?


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4 **Disease vs Choice Models of Addiction: Choice Model**

Let's take a closer look at the choice model of addiction.

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Choice Model: Overview



- Gene Heyman's *Addiction: A Disorder of Choice* (2009) argues that addiction is not a chronic, relapsing brain disease, but instead is an example of a typical everyday choice that is both voluntary and self-destructive
- What do you think about this?

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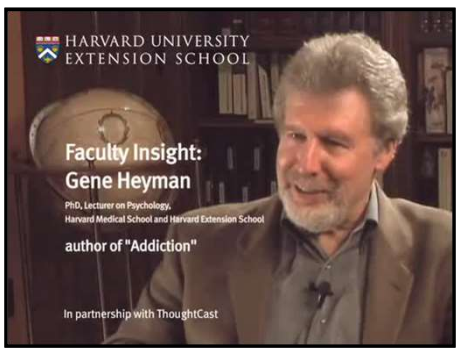
A **choice** is obviously being made by the person to pick up and drink that drink, or light up and smoke that cigarette.

When we suggest that there is some **element** of choice in addictive behaviour, we are **not** trying to suggest that it is nothing more than a choice; instead, try to think about addictive behaviour as being an instance of having a very **difficult** choice to make.

“

Moss, Antony C.; Dyer, Kyle R. *Psychology of Addictive Behaviour* (Palgrave Insights in Psychology series) (p. 11). Palgrave Macmillan.

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Harvard University Extension School

Faculty Insight:
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PhD, Lecturer on Psychology,
Harvard Medical School and Harvard Extension School
author of "Addiction"

In partnership with ThoughtCast

Addiction: Choice Model

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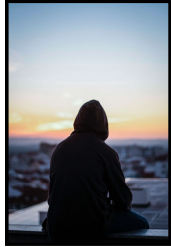
Choice Model: Overview

- The Choice Model (William Glasser) states that:
 - All we do is behave
 - Almost all behaviour is chosen
 - We are driven by our genes to satisfy five basic needs: survival, love and belonging, power, freedom, and fun
 - Most important in practice is love and belonging, as closeness/connectedness with the people we care about is a requisite for satisfying all needs

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Choice Model: Humanistic Explanations

- Choice Model says that:
 - External control (the present psychology of almost all people in the world) is destructive to relationships
 - When used, it will destroy the ability of one or both to find satisfaction in that relationship and will result in a disconnection from each other
 - Being disconnected is the source of almost all human problems (e.g. addiction, violence, crime)
 - Similar to the idea of internal/external locus of control (Rogers)



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Choice Model: Personal Empowerment

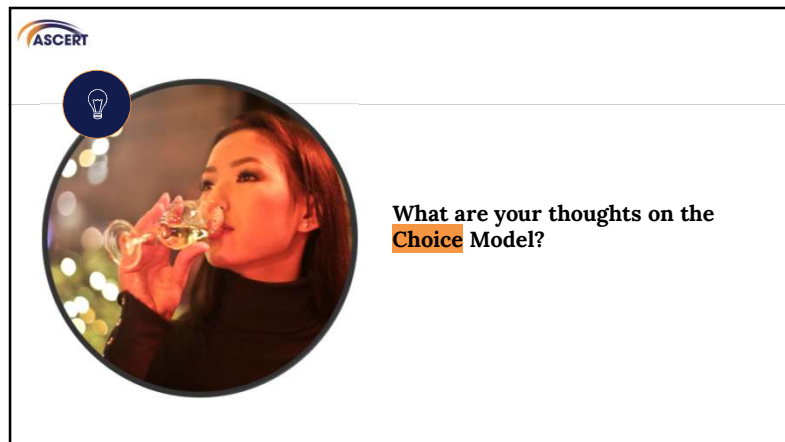
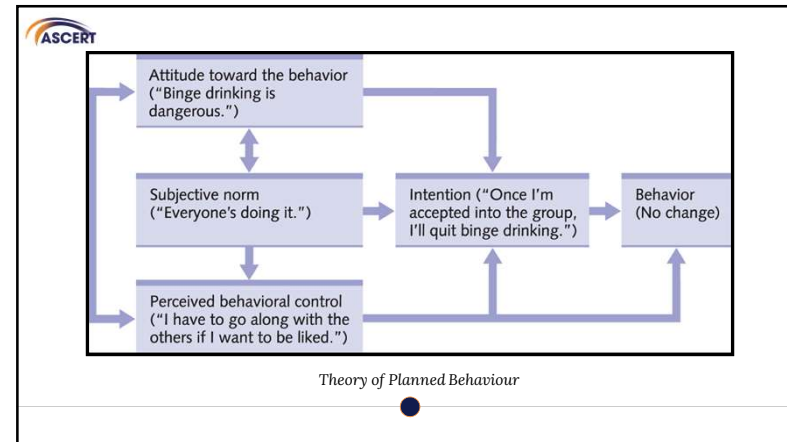
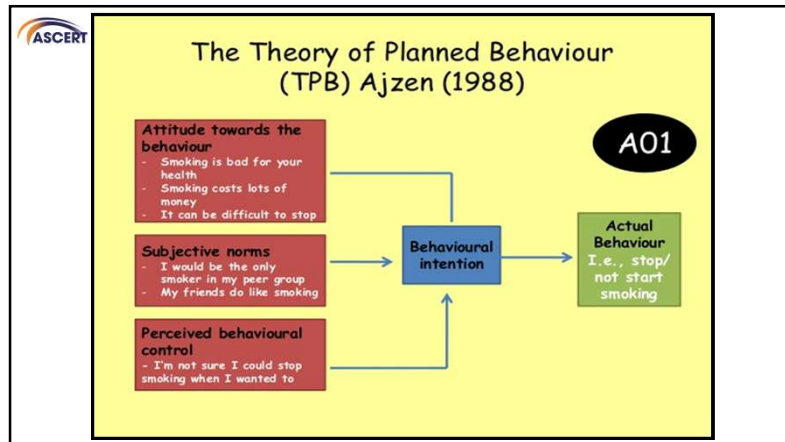
- People will often justify their actions as being due to some external event
 - Example – a drunk driver who explains away his behaviour by saying that his wife made him angry
 - According to the Choice Model, the reason why this man got in his car while under the influence is that he chooses to do so
- In a world where people make choices mostly due to external motivations, they will not have much freedom
- Choice Model suggests a different world where people have much more power to control their lives and can use it

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Rational Choice Theory of Addictive Behaviour (Becker and Murphy, 1988)

- Based on economic models of behaviour and proposes that addictive behaviours are rational to the extent that they are directed towards maximising benefits for the individuals who engage in them
 - “Benefit” = achieving one’s own goals in the most efficient manner possible
 - Doesn’t matter if the goals are necessarily good for the individual’s long-term health, etc.
 - If the goal is to experience as much pleasure today as you can (without regard for consequences), then it’s reasonable that you might experiment with mind-altering drugs

Moss, Antony C.; Dyer, Kyle R. Psychology of Addictive Behaviour (Palgrave Insights in Psychology series) (p. 76). Palgrave Macmillan



A Newer Approach: Attachment + Trauma Model of Addiction

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How might trauma and attachment influence addiction?

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Connection and Addiction

Chasing the Scream by Johann Hari, 2015

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Attachment and Addiction: Overview

- “Is addiction a search for a secure base?”
- “Does addiction provide the soothing and safety which are the features of an internalised secure base, and from which the person can then emerge and engage in exploration?”
- What can we learn about addiction from attachment work?




Cill, Richard. Addictions From an Attachment Perspective: Do Broken Bonds and Early Trauma Lead to Addictive Behaviours? (The John Bowlby Memorial Conference Monograph Series) (Kindle Location 122). Karnac Books

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Attachment and Addiction: Overview

- Attachment Theory’s basic premise is that, from the beginning of life, babies have a primary need to establish an emotional bond with a caregiving adult
- Attachment is seen as a source of human motivation as fundamental as those of food and sex



Cill, Richard. Addictions From an Attachment Perspective: Do Broken Bonds and Early Trauma Lead to Addictive Behaviours? (The John Bowlby Memorial Conference Monograph Series) (Kindle Locations 253–256). Karnac Books

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Attachment behaviour is any form of behaviour that results in a person attaining or maintaining proximity to some other preferred and differentiated individual.

While especially evident during early childhood, attachment behaviour is held to characterise human beings from the cradle to the grave.

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Bowlby, 1979, p. 129

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Attachment and Addiction: Infant Attachment

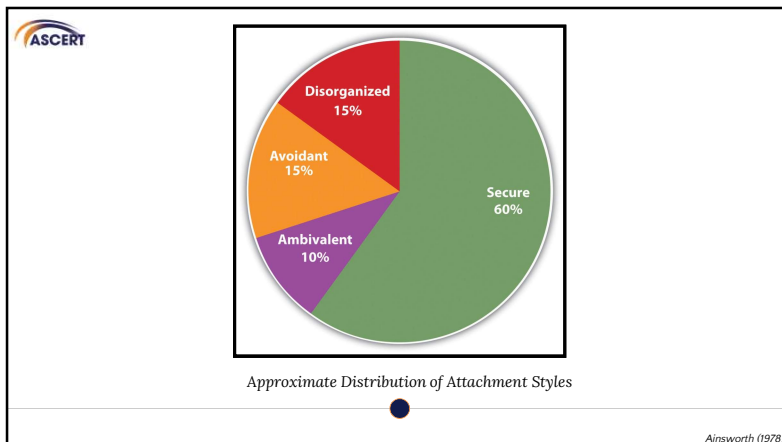
- Mary Ainsworth, an American psychologist, established the interconnectedness between attachment behaviour, caregiving in the adult, and exploration in the child
 - While the child's need to explore, and the need for proximity might seem contradictory, they are in fact complementary
 - Parental provision of secure base to which the child can return after exploration → development of self-reliance and autonomy
 - Ainsworth developed the Strange Situation Test for studying individual differences in the attachment patterns of young children

Gill, Richard. Addictions From an Attachment Perspective: Do Broken Bonds and Early Trauma Lead to Addictive Behaviours? (The John Bowlby Memorial Conference Monograph Series) (Kindle Locations 260-262). Karnac Books. Kindle Edition.

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Attachment and Addiction: Characteristics of Secure Attachment


As Children	As Adults
<ul style="list-style-type: none"> Able to separate from parent Seek comfort from parents when frightened Return of parents is met with positive emotions Prefers parents to strangers 	<ul style="list-style-type: none"> Have trusting, lasting relationships Tend to have good self-esteem Comfortable sharing feelings with friends and partners Seek out social support



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Attachment and Addiction: Early Traumas

- Attachment issues, as Bowlby (1973) indicates, persist from infancy through adult life
 - Secure → can engage and interact with others with a sense of comfort and confidence
 - Disrupted, compromised, traumatic, neglectful early attachments → possible relational retreat, isolation, and attachment to inanimate dependencies of addictive substances and behaviours



Gill, Richard. Addictions From an Attachment Perspective: Do Broken Bonds and Early Trauma Lead to Addictive Behaviours? (The John Bowlby Memorial Conference Monograph Series) (Kindle Locations 939-942). Karnac Books. Kindle Edition.

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Alcohol is used within the family as an affect regulation strategy, a means to self-soothe and comfort, in response to a **deficit** in the person's early attachment relationship.

They have not learned to **trust** that others can meet those needs, but to trust that alcohol can, no matter how **short-term** the solution may be.

So the person with an addiction's primary relationship is with **alcohol**, and her task is to help make them feel safe enough to begin to take emotional risks so as to begin to trust that others in the family can be **responsive** to them.


“

Gill, Richard. Addictions From an Attachment Perspective: Do Broken Bonds and Early Trauma Lead to Addictive Behaviours? (The John Bowlby Memorial Conference Monograph Series) (Kindle Locations 156-160). Karnac Books. Kindle Edition.

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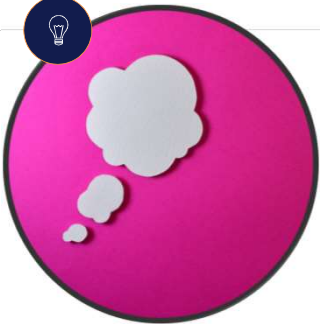
Attachment and Addiction: Self-Medication

- People with addictions suffer because they struggle with emotional regulation, self-care, and relationships → self-medication
 - Example: feelings of poor self-cohesion and fragmentation can be relieved by the calming action of opiates or sedatives




Gill, Richard. Addictions From an Attachment Perspective: Do Broken Bonds and Early Trauma Lead to Addictive Behaviours? (The John Bowlby Memorial Conference Monograph Series) (Kindle Locations 846-848). Karnac Books. Kindle Edition.

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What are your thoughts on the **all models and theories discussed today?**

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Thanks!

Any **questions?**

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