

Addiction: The Bio/Psycho/Socio/Spiritual/ Experiential Model

Developed by Jeff Georgi

Addiction to alcohol, tobacco, and other drugs is a disease. Addiction remains the number one health problem in the United States and is the primary threat to the stability of our families and, therefore, our children. Despite the public confusion, addiction (medically referenced as a substance use disorder) is neither a moral weakness nor a failure of will power. Rather, addiction is a chronic disease that parallels other chronic illnesses such as asthma, and diabetes II, Hepatitis C and many forms of heart disease and cancer. Just as all other chronic diseases, addiction is a complex illness that finds expression through the interplay of biological vulnerability, psychological liability, social context, spiritual bankruptcy, and life experience. Simply put, no one chooses asthma or diabetes II; this is also true for addiction. Addiction is not a choice. However, the more we understand about this disease, the clearer it has become that addiction is a disease that actually *attacks choice* through changing the brain. It literally undermines the parts of the brain that helps individuals look into the future, honor their loved ones, build careers, complete their education, or even care for their children. By hijacking the emotional and survival circuits of the brain, people in addiction continue to use substances not because they want to but because their body tells them they have to. Challenging conventional wisdom, what medical science has proven is that addictive behavior is not driven by pleasure but rather by biologic necessity.

Much like other chronic illness, it is now clear that most of the individuals who become addicted have either a biological predisposition (vulnerability) or they are introduced to an addictive substance at such an early age that their brain becomes primed for addiction in adulthood. Despite the evidence of these biological vulnerabilities, it is erroneous to conclude that addiction to alcohol, nicotine, or other drugs is purely biologically determined. Just as with so many other illnesses, addiction has a psychological component. Being careful not to blame the family, it is true most children grow up without receiving the essential mirroring or "good enough" parenting

necessary to develop internalized self-confidence and a capacity to self sooth. Parents are likely doing the best they can, but, unfortunately, parents often cannot give their children what they did not receive when they were children. Even if parents heal from the struggles of their own childhoods, life pressures can simply get in the way, disrupting their ability to give their child(ren) the time and energy they need.

Additionally, our culture's extended family structures are in flux. Single women and single men find themselves trying to care for multiple children without the support of uncles, aunts, and grandparents. While it may be tempting to see this “social break down” through a socio-economic lens, even parents with economic stability may not be able to give their children what they need emotionally. The decay of the extended family is not limited to any economic group. In addition to our societies’ failure to support children and families, “good enough” parenting can fail because the parent struggles with depression or some other illness that invades the parental child relationship. For whatever reason, a parent child relationship may not be strong enough to create the attachment that leads toward the building of a relational template that allows the child to develop meaningful relationships in the future. With such a failure in attachment, a child enters early adolescence desperately looking for someone or something to make them whole. Because they do not experience themselves as complete during early childhood, they feel the shame of not believing they are good enough. Drugs of addiction can, at least momentarily, erase these failures of attachment and tragically become the "love object" so desperately missing in the young person's life.

At its very foundation addiction is a relational/family disease. Its psychological roots are anchored within the pain of the family and in turn causes the family tremendous stress as the disease takes over the life of a loved one. Once again, this is no different than any other chronic disease. If a child's life is threatened by asthma, the illness dominates the focus of the family and tears at its very fabric. The disease not only steals energy away from the parents caring for their child, but also diverts attention that could be otherwise shared with additional children in the home. Conversely, in the life of the addicted, their drug of addiction so dominates their life that they are unable to be present for the families they love. Despite their promises, often honestly given, they

simply cannot stop using no matter how badly they may wish to do so. Broken promises lead to lies, which often lead to broken dreams and broken futures.

Giving further energy to these biological and psychological variables is the social context in which addiction occurs. In our current culture, emotional or physical pain at any level is perceived as unacceptable. Mass media has convinced our society and particularly our young people that discomfort is not to be tolerated. At the same time our culture provides a pill or a "potion" for every possible distress. Given the message that discomfort is unacceptable and that drugs and alcohol are ever present, it is little wonder that our children reach out for a chemical answer. It is also important to point out that just as the psychological variable can be seen through the lens of shame, so too can our culture be perceived as fundamentally shaming. Perhaps you are "too tall" or "too short" or "too fat" or "too dark." If you are different, you don't belong. And if you do not belong, you experience the inevitable rejection as your own personal failure. You are not good enough. In the words of Wendell Berry, "it will be clear to you...that you are guilty: you misread the complex instructions; you are not a member; you lost your card or never had one." Given this perceived failure, a person can live with an internalized sense of shame that is given by the very community that should embrace them. If an individual cannot find acceptance within the mainstream of their community, they will by necessity seek acceptance elsewhere which may lead them into the heart of the drug culture. Membership into *this* community is both tragic and in itself shaming. Our society judges the addicted harshly and because they are a member of *that* society, they in turn judge themselves.

Perhaps less understood and/or documented within traditional medical research is the spiritual factor associated with addiction. Studies conducted by Mathew, Wilson, Georgi and clinicians in the Duke Alcoholism and Addictions Program identified spirituality as an important variable in recovery. The Twelve Step fellowships reference addiction as a spiritual illness. In an effort to shed light on spiritual "bankruptcy" as a component in the expression of addictive disease (Mathew, 2001), the Spiritual Platform™ was defined to help provide a practical definition of spirituality available to researchers and clinicians. Recognizing that our spirituality is often found in our capacity to make healthy choices, take growth producing risks, form healthy

relationships, and participate in life with wonder and awe, it is easy to understand how addiction challenges these pillars that support the Spiritual Platform™. Just as addiction denies choice, risk, relationship, and awe in the lives of the addicted, so too does it challenge these healthy behaviors in families. Instead of being able to access their potency, growth, connection or wonder, families sink into the awful monotony of constantly responding to the addictive disease in their midst. The very "spiritual heart" of the family begins to perish.

The final aspect of the defining addictive illness is found in the apparent arbitrary nature of experience. Many individuals who have the biological vulnerabilities, psychological liabilities, a negative social context, and the spiritual bankruptcy referenced above do not succumb to the disease of addiction. Why not? While we may find comfort in believing that these resilient individuals escaped the disease because of their willpower or character, far more often they did not succumb to the illness because they were lucky. If all the variables are present and circumstance or excessive stresses are added to the equation, the disease becomes activated. As mentioned above, the family is not so much the cause of the illness but rather a casualty of the disease in a multi-generational system. When we begin to fully understand that addiction is a disease, rather than a poor life choice, we can truly begin the work of implementing treatments that provide successful outcomes for our patients. Without this paradigmatic shift, however, we are certain to remain in the non-productive cycle of shame that many previous addiction treatment programs have contributed to. By acknowledging the complexities of the disease, we are then empowered to treat it *as a* disease, rather than a behavior.