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A M E S S

A Mnemonic for Etiology Theories of Substance Use or Self-Destructive Behavior Or, How NOT to make A MESS of Addiction Intervention

A **ddiction**- Substance Use or Self-Destructive Behavior is seen as being caused by addiction. This implies a genetic vulnerability to addiction- a physical or cognitive weakness that leads individuals to use substances or engage in self-destructive behavior. It is also a highly stigmatizing label in our society. Requiring individuals to take on this label can be highly problematic, in as far as the implied negativity of being an addict is so strong. Individuals will resist this label and effectively preclude any problem-solving or other change/growth process. In addition, while valuable conceptually, the boundaries between experimental use, social use, problematic use, abuse, and dependence are not concrete. And certainly, not worth losing focus to fight over.

M **oral**- Substance Use or Self-Destructive Behavior is seen as being caused by a significant lack of moral fiber. This implies a moral vulnerability to addiction- a lack of values in the individual. A lack of will power and/or a deficit in character that leads individuals to use substances or engage in self-destructive behavior. Labeling individuals as morally deficient because of the substance use or behavior is an automatic insult to the individuals. Individuals will resist this moral deficit label and again, effectively preclude any problem-solving or other change/growth process. To start a therapeutic relationship or maintain a relationship by starting with the premise and assertion that the other person is “bad” automatically damages progress, whether or not the person resists or owns the immoral label.

E **ducation**- Substance Use or Self-Destructive Behavior is seen as being caused by a lack of education about the effects and consequences of the use or behavior. This implies that if the individual is informed about the effects and consequences, he/she will logically refrain from use or behavior. He/she will be appropriately scared or intimidated. This has been distorted to include scare tactics based on dubious “facts” or outright lies (the “Reefer Madness” movies of the fifties would be an example, or parental horror stories about someone they “heard about”). Such scare tactics have often backfired when individuals discover that use does not automatically result in addiction, moral degradation, madness, and/or death. While education about substances and their effects and the dynamics of abuse and addiction is important, knowledge does NOT in of itself. For many people, motivate individuals to stop or curtail use or behavior. In fact, many addicts are MORE knowledgeable about their drug of choice than many therapists! Many addicts use DESPITE more than adequate education and knowledge. And, when individuals do not stop or curtail use despite being properly educated, then the implicit or sometimes overt conclusion is that such individuals are STUPID! Yet, most addicts are normal intelligence and sometimes quite brilliant. Once again, asserting someone is intellectually deficient is not an effective way to start therapy.

S **ocial**- Substance Use or Self-Destructive Behavior is seen as being caused by influences of the social peer group. In other words, individuals become vulnerable to the standards of behavior and morality of their social peer group, and consequently assume those standards and morality. As a result, the key to whether or not individuals use substances or engage in behaviors is whom they associate with. Avoiding “bad” individuals and groups then leads people to problematic use or behavior, abuse, and addiction, while choosing to socialize only with “good” individuals and groups leads to appropriate use or behavior, or abstinence. I’m reminded of a mother who kept insisting that her son’s negative behavior was the result of hanging out with bad influences, particularly one boy who she constantly criticized. I challenged her how did she know that HER son was not the bad influence on him!? While relevant, there are many individuals (including children and teenagers) who neither use nor abuse drugs or alcohol nor engage in negative behaviors despite hanging out with those who do. In addition, this theory includes the social influence of the media upon individuals, promoting and glorifying models of use and behavior that influence individuals to negative use and behavior. This theory also ignores the many individuals who are also exposed to (and enjoy) the same media influences without succumbing to such use and behaviors. As relevant a counter-theory is that individuals with the same sensitivities, vulnerabilities, and needs as that presented by such media would gravitate to it, as opposed to the media creates such people. In the same manner, individuals with particular makeups causing to be vulnerable to such use and behaviors will normally gather and associate with like-minded individuals.

S **elf-Medication**- Substance Use or Self-Destructive Behavior is seen as being caused by profound needs of individuals to self-medicate for severe emotional and psychological (and sometimes physical) pain. This is often the most effective approach to working with a “user” of any problematic type. Rather than pathologizing the individual with a severe label, as morally deficient, stupid or ignorant, or easily influenced by others, it focuses on the internal pain of the individual that otherwise may be missed. This reveals and honors internal distresses such as anxiety, depression, and loss, and de-pathologizes the use or behavior by recognizing it as an attempt by the individual to avoid feelings that would otherwise be overwhelming. The individual may or may not be an addict. The issue becomes not of a label of problematic use of whatever degree (problematic, abusive, addictive), but of inner psychological turmoil. The morality of the use and behavior changes from one of character or lack thereof, to a morality of survival in the face of overwhelming feelings. Education from the dangers and risks of use or behavior moves to education about the process of self-medication for emotional pain. The social peer group is exposed as a means to have group culture that supports self-medicating. Once the connection to self-medication to avoid suffering is made, then the therapist or other interventionist can help the individual explore the feelings, and subsequently explore alternative (more healthy and less destructive) ways to deal with the intense feelings.