Chemical Dependency on an Individual Level

Chemical dependency is defined as a pattern of pathological use which includes any three of the following: daily use required for adequate functioning; an inability to abstain from use; repeated efforts to control or reduce excessive use; binge use (remaining high throughout the day for at least two consecutive days); amnesic periods for events occurring while intoxicated; and continuing use despite a serious physical disorder that the individual knows is exacerbated by continued use.

Traditional Paradigm

John is a 33 year old, Caucasian male who has been married for three years and has an 18-month-old son. John has always been a high achiever and competitive in sports (traditional white male system). He is employed as a CPA at a prestigious firm. Often, he takes clients out for drinks and dinner. During those meetings, he drinks moderately, but during visits to the restroom, he snorts a few lines of coke. He finds it improves his feeling of well being. More and more, he uses coke, which is beginning to cost him clients. He shows up late for meetings, looks a bit rag tagged, has bags under his eyes, and he talks automatically without forethought. His clients perceive him as being disingenuous. In order to support his chemical use, John has emptied the family savings account, sold stocks, and has begun to sell drugs to keep him supplied. His marriage is beginning to collapse, as John is gone most of the time. When he is home, he is withdrawn. John cannot quite grasp what is happening, but the more he uses, the less he cares. The less he cares, the more problems that arise. His job, marriage, and financial status are all in jeopardy. He has attempted to quit using, but he has not been able to. It has come to the point where he contemplates suicide. He is not willing to get help, believing he should be able to do this on his own. Finally, with the help of his wife and a 30-day in-patient treatment, John sobered up. He attends N.A. for support and maintaining sobriety.

Developmental Stages:
Freud: John’s unconscious early experiences are the primary cause of his current life problems. Due to power and control issues with his parents during toilet training, John is stuck in the anal stage of development. He is operating on the unconscious level, the ID, which controls his instinctive energy and amoral behavior. The ID allows John to maximize pleasure through his chemical use. The Superego is mostly unconscious, but is what we refer to as the “conscience.” It is influenced by our parents, evokes guilt, and exercises the censorship of morals, causing John to feel guilty about his use. John’s EGO, reason and sanity fights with the ID and Superego. Logically, John knows he has to do something about his chemical use, but feels he is helpless to stop. Unconsciously, John uses the Defense Mechanisms, denial, blaming, intellectualizing in order to reduce the anxiety that his chemical use causes. According to psychoanalytical theory, development focuses on internal and often unconscious origins of human behavior. John has a disease, which cannot be cured, but can be treated by abstinence. Psychoanalytical theory is consistent with the medical model in which chemical use is assessed, diagnosed, and treated, and the condition is the result of pathology. Role theory explains behavior
as action taken in accordance with agreed upon rules of behavior for persons occupying given positions: parent, sibling, worker, student, and breadwinner. John’s father was an alcoholic, but he never missed a day of work. Like John, he valued his independence and being in charge, which reinforced (behaviorally), John to behave in the same manner.

**Alternative Paradigm**

*Siddhartha* is a 33 year old, black male with a large extended family. He was raised in the community in which he continues to reside (behavior exists in context of a larger environment) and is well known. His sense of who he is (identity development) was developed in the community in which he was raised. He is the owner of an insurance company and the father of three children ages 10, 12, and 16. He has been divorced for four years, thus relies on his sisters to take care of the children in his absences, if he remembers to call them. In the last two years, Sid’s drinking has taken over his life. His employees have learned to run the company without him since the few times he is there he is distracted and not available to discuss business. Appointments are forgotten, bills are left unpaid, and the house and kids are unkempt. His eldest has begun to take care of the others since Sid cannot be trusted to bring food home, cook, or even be home when they return from school. When he is home, he ignores the kids, focusing on the television, and drinks. Things are beginning to collapse and his family is concerned. The school contact social services due to the children’s frequent absences and disheveled appearance. The kids have been temporarily placed in the care of a sister while Sid decides whether to go to treatment or lose his kids (ecological perspective). He enrolls in an outpatient, community based program with 15 other clients of mixed race, ethnicity, and gender (interactive model). While in treatment, Sid begins to see the merits of recovery. In treatment, his counselor calls upon his unique qualities and strengths to help him gain insight and perspective into the problems his drinking has created. She gets to know who Sid is and helps him connect to other community resources in order to maintain sobriety. Using strengths based approach, the therapist sees Sid in terms of his capacities, talents, competencies, visions, values, and hopes. His resilience, skills, abilities, knowledge, and insights are used to help heal and look at the resources available. Sid is able to use all of his resources and struggles to surmount adversity and meet challenges. Since he is a family man who cares about his children, he wants to do what is best for himself and his family. He is working hard to keep his family intact. He relies on A.A. and the support of others in his community who are in recovery. They get together every Sunday in order to have fun together and talk. Their sharing has bonded them and assisted in the maintenance of their sobriety. Sid has a strong need to identify with others in his community, which is predominantly African American and to share experiences that bind them. The interrelatedness, personal, and integrative approach to treatment and maintaining sobriety empowers Sid to stay sober and connect with others. As part of his involvement in a healthy community Sid volunteers, mentors kids working on healing, and has the support of his peers. Sid has internalized a sense of inner security and confidence with himself and his ethnicity. Sid grew up with an alcoholic father. He learned that drinking was acceptable. It was not talked about in the family, but they all knew when to stay away from dad. Given the community in which Sid grew up, he had a strong need to identify with this ethnic group. In retrospect, Sid
understood that being a black male, whose role was suppose to be that of a macho male, worked against him. It was his defense against the discrimination he faced as a black male, he was stagnated in regard to his identity, but has now moved into a functional identity pattern which is continual, with progressive movement toward growth, and development. He views things from another perspective and understands that having a different voice is healing, and leads to equity in relationships.

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