

Why We Do What We Do: A Commentary on the Implications and Considerations of Substance (Ab) Use

Patrick J Aragon

School of Psychology, Florida Institute of Technology, 150 W. University Blvd., Melbourne, FL 32901, USA

Abstract

Substance use and abuse is an ever-growing difficulty and endeavor for health professionals to manage. Often, it is easy for many of us to “burn out” working with these folks because of the repetitive, and continual, failures that are observed of the patients we work with. It’s hoped that “taking a step back,” acknowledging these difficulties, and considering the inevitably unobtainable “why” may provide relief to this sub-group specialty of psychological need.

Publication History:

Received: December 19, 2017

Accepted: January 22, 2018

Published: January 24, 2018

Keywords:

Health professionals, Illicit drug, Alcohol abuse, Anxiety disorder, Treatment

Introduction

To state the obvious, substance abuse is a considerable problem throughout the United States, and is mirrored quite steadily throughout the world. It would be difficult to identify anyone for whom does not currently, or in the past, been impacted by an individual misusing or overindulging in alcohol or other illicit drug.

For Consideration

Since the beginning of time, human beings (and even like-minded non-human primates) have found ways to alter their conscience through external substances. When you ask an individual with a diagnosable, and clinically identified substance use disorder (SUD), “why they do it,” they will often ascribe to one of a surprisingly few possibilities.

1. Something is missing from [your] life. Whether it be the emotion of happiness, or social engagement, “bridging the gap” between our more substantial pieces of our life is not uncommon. In of itself, this response is often found to be more admissible and accepted, if combined (or replaced) with a rationale below. However, in a temporary state, this adjustment-like scenario is conceivable if applied to a context. Maybe the easiest to establish, consider veterans of the Vietnam war. Pulled from their normal everyday lives at a critical period from roughly 18-20 years-old, thousands of veterans reported significant drug-use; inconsistent with patterned usage found prior to deployment [1]. However, upon return from the battlefield, (and PTSD rates aside), more veterans were found to successfully abstain from continued drug use (compared to non-military samples). This may be evidence for substitution, similar to coping, but instead consider when deprived of some basic need(s), some individuals may actually turn to an external, mind-altering-type substance, in which to manage themselves in the situation.
2. Boredom. For some the less interesting explanation, and perhaps this is so by definition, but many will attribute a drug habit to an overall sense of boredom with (his or her) life. This may be best reflected by looking at our retirement population. In 2014, an estimated 978,000 older adults (i.e., aged 65 or older) were diagnosable with an alcohol use disorder, and 161,000 with an illicit drug use disorder. [2]

For the user, boredom may be a result of a lack of perceived interests, or simply a stunted ability to feel an arousal response. According to Eastwood, Frischen, Fenske, and Smilek (2012) [3], boredom is a balance between attention and arousal. That is, when people have low arousal in an unstimulated environment, this is often the perceived feeling of being relaxed. However, when arousal is high (and so is energy levels), but the environment is unstimulated, being unable to engage in something is therefore described as the feeling of boredom.

3. Avoidance. Sometimes described as a “coping” agent, substances have often acted as a means to suppress a feeling, a thought, a memory, or some other aspect of our lives that without this means of *avoidance*, may just be intolerable. The temporary reprieve from unwanted emotions, often leads to an experience of sensory excise-tax building up; that is, avoidance of the emotional experience does not come without consequence. But, does it matter? Have you ever not completed a job assignment on the day it was due? Avoidance, as harmful as it may seem is natural. Alternatively, for the substance abuser, avoidance is reinforced, and perpetuated by increasing fear by which engagement will one day lead to.
 - a. Relatably, Anxiety is often coped with through alcohol use. Its effectiveness, we know, is short lived [4]. But, the fact that it is in fact effective (and utilized by approximately 40% of Americans in networking situations) confirms the bias and reduces the desire to find a more satisfactory means to make these changes. Typically, social anxiety disorder begins in the teenage years and does not improve without treatment. So it makes sense that substance use, too, begins here, and as well, may continue without treatment.

Corresponding Author: Dr. Patrick J Aragon, Florida Institute of Technology, School of Psychology, 150 W. University Blvd., Melbourne, FL 32901, USA; E-mail: paragon@temple.edu

Citation: Aragon PJ (2018) Why We Do What We Do: A Commentary on the Implications and Considerations of Substance (Ab) Use. Int J Psychol Behav Anal 4: 138. doi: <https://doi.org/10.15344/2018/2455-3867/138>

Copyright: © 2018 Aragon. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Summary

So, whats in a word? As a professor of psychology, in regards to clinical training, we often discourage asking the question of “why” [5]. Unlike the other “w” words, in a therapeutic setting, *why* inevitably insinuates judgement (e.g., “why did you do such a thing”). However, “why” might these explanations of sort, provided above, influence our clinical practice? Seen more as a tool, *why* should provoke thought, not necessarily the more sought after resolve. And, from the medical perspective, the etiology of a person’s problems, once the problem has been identified (e.g., once some has had a cerebral vascular accident) the reason and decisions made earlier in life are often less focused on then what can be done to reduce further incident in the future. Essentially, the goal of prevention is ideal, but we live in a world more supportive of a post-incident treatment focus.

In contract, I must encourage consideration of better understanding patients, as people. As people, we make mistakes. We fall victim to set backs, to difficulties, and, we therefore are relatable. In the healthcare profession, working with people who suffer from alcohol abuse (not “alcoholics”) and drug abuse (not “drug atticks”), the why becomes intuitively important. And, it helps us cope. It allows us, at least for the moment, to conceptualize how someone may make purposely illicit decisions that will inevitably cause further pain on their family, themselves, and their friends. Because, we all have something missing in our lives, we all get bored, and we all fall down And, of course, we all avoid something in our lifetime (and probably because of anxiety!). It just makes sense that external forces will be used to get us there quicker. But, as I often ask of my son, after a stumble or fall – “why do we fal down?” so he then can reply, “so we can get back up.” [Credit to Bruce Wayne’s father for the parenting advice.]

Competing Interests

The author declare that he has no competing interests.

References

1. Robert DH (1995) *The Collapse of the Armed Forces*. New York: Grove Press.
2. Center for Behavioral Health Statistics and Quality (2015) *Results from the 2014 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
3. Eastwood JD, Frschen A, Fenske MJ, Smilek D (2012) The Unengaged mind: Defining boredom in terms of attention. *Perspect Psychol Sci* 7: 482-495.
4. Tran GQ, Haaga DAF, Chambless DL (1997) Expecting that alcohol use will reduce social anxiety moderates the relation between social anxiety and alcohol consumption. *Cognitive Therapy and Research* 21: 535-553.
5. Langer EBA, Chanowitz B (1978) The mindlessness of ostensibly thoughtful action: The role of “placebic” information in interpersonal interaction. *Journal of Personality and Social Psychology* 36: 635-642.