Needs, Pleasure, and Addictive Behavior

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Most of us are creatures of habit. Maslow developed a hierarchy of human needs and noted that we are subject to instinctive motivaters such as food, shelter, and safety. We also have a fundamental need to be respected and valued, to receive recognition from others, and to find meaning in life.

Seeking to satisfy our needs motivates a large part of human activity and behavior. Yet, most of us have little understanding of the workings of the subconscious mind and its influence on our behavior. Most of us struggle to balance our feelings and logical decision making, particularly when the decision involves something that is highly pleasurable and provides a tremendous sense of satisfaction.

Experts note that feelings of pleasure reinforce our behavior. Pleasure is described as a state of feeling of being pleased or gratified and often defined as sensory and affective. When activated, pleasure centers within the human brain are associated with feelings of euphoria. It is human nature to want to experience the euphoria again and again. Addiction can result from any rewarding behavior and is believed to be strongly associated with the dopaminergic system of the brain’s reward system.

Pleasure has traditionally been connected with motivation, although the traditions of science and philosophy differ on the mechanism. It is clear that humans seek happiness. While happiness is seen as a state of prolonged, stable well-being and success in life, pleasure is thought of as experiencing any behavior, moment or activity in which we feel a euphoric sensory state.

Addictive activities can change the motivational system so that those activities become highly rewarding or habitual over time or reduce an individual’s ability to exercise restraint.

The target of the addictive quest for pleasure is not necessarily a substance that is ingested. Anything can be the focus of behavior that becomes an uncontrolled search for gratification. It is, however, more commonly thought of as experiences with an ingested material or some other risky obsessive activity that excludes everything else.

Common sources of addiction are alcohol, tobacco, illegal drugs, food, prescription medication, sex, power, shopping, shoplifting, gambling, television, and computers. There are also socially favored addictions such as work, exercise, perfectionism, extreme sports, and fame or notoriety. Studies have shown that regardless of the behavior, it is not an attachment to a particular chemical or activity that is addictive, but, rather the mental state that is induced by that chemical or activity.

The addictive behavior becomes the primary relationship and initially gives the feeling of warmth, control, and well-being. The addict develops the illusion that the anxieties and problems have been resolved. The pain is temporarily gone, and the addict feels no need to work on solving his or her real problems.

This all-powerful feeling is eventually undermined when the individual realizes, or is forced to realize, that a dependency has been formed. Unfortunately, the longer people engage in this process, the more lonely and isolated they become, and the more willing they are to endure pain or injury and a loss of control in order to achieve the powerful mental state related to that behavior.

Ultimately, fear replaces the feeling of being all powerful: fear of losing the source of their addiction, the fear that others will find out how powerless they really are. In spite of risks to health or of exposure to dangerous surroundings, addicts will continue the cycle of addictive behavior. Furthermore, when addictive behavior is suddenly interrupted or suspended, a cascade of events occurs, resulting in the individual experiencing bad feelings and physical pain.

Although addicts may understand rationally that addictive behavior will not solve their problems, they develop their own logic that rationalizes the continuation of the behavior. Until the addict realizes, or is forced to realize, that a dependency has been formed, to receive recognition from others, and to find meaning in life. 3-5

Addictive behaviors were once discussed only in hushed tones or only within the family. Despite great strides in medicine and therapy, more willingness to discuss these problems, and even advocacy, the stigma remains largely intact. Stigma is one of the greatest barriers to an individual’s willingness to try to change an addictive behavior.

Social stigma is a particularly powerful force for physicians and nurses who suffer from addiction. Compared with the general public, addictive disease in doctors and nurses is often advanced before identification and intervention. The fear that disclosure of an addiction might cause loss not only of prestige, but loss of license, the ability to practice, and the potential legal consequences can be a major impediment to seeking recovery.

The Journey of Recovery
Addicts seeking long-term recovery must decide to seek help. The individual must believe recovery is attainable, and for recovery to
become long-term, early recovery has to be sustained and solidified. Studies show that the risk of return to active addiction becomes considerably reduced after five or more years of abstinence.

Overcoming addictive behavior is a process, not an event. The path of change is stressful and may be painful. Although addicts want to change their addictive behavior immediately, they also desire to do so with no discomfort and no urges, and without changing their beliefs and values. All of the usual resistances to habit change emerge in full force.

Furthermore, addicts are deeply divided and ambivalent about their very desire to change their behavior, even when they are perfectly aware that the behavior is damaging themselves and others. Addicts often find it difficult to imagine a worthwhile life without addiction. Intelligence and reason may point in one direction—recovery from addiction—but the force of the addiction itself pulls in another. The result is a kind of ongoing internal civil war in the mind of the addict.

Overcoming this inability to perceive a better future and the ambivalence of forever giving up the thrill and comfort of the addiction are some of the biggest challenges in early treatment.

We all face problems, stressors, and anxieties in our everyday lives. The normal process is to perceive a problem and then bring our emotional and thinking abilities into play in order to solve the problem. We can draw on our own experiences, and we can find support from our family, partners, friends, the community, society's body of knowledge, and spiritual sources. Challenges help us grow.

The addict also faces life's challenges, including the ongoing risk of relapse. Rather than easing the anxieties associated with a problem by drawing on a diversity of healthy resources for a solution, the addict knows that at the end of the day there is always the alcohol, the drug, the food, the gambling, the sexual outlet, their work, or any other addictive substance or activity that will ease the anxiety.

Relapse is a reality. Unfortunately, there is no magic formula, and people who relapse feel bad about their failure. They are embarrassed and depressed about the relapse, and they may simply give up. The cycle then continues until there is motivation to seek help again or drastic consequences occur.

Addictive behaviors may be described as behavioral manifestations. A chronic condition in the motivational system in which a reward-seeking behavior has become out of control, and there is an unhealthy priority given to the activity. Although our brain's motivational response to pleasure is intended to promote survival, it can be short-circuited, and addictive processing can occur. We seek pleasure on demand in a needy and spiraling manner.

A vital element of recovery is recognizing the consequences of certain choices and behaviors and doing things differently. It is about willingness to change, to do the necessary work—even if that willingness is partial, incomplete, or coerced. It is about recognizing the magnitude of the changes that must be faced and having the courage to confront the challenges.

The road to recovery is a personal one. Ongoing motivation is required for persistence in maintaining these changes. The negative cycle of addiction and relapse can be changed into a positive cycle of recovery. Each success propels a person toward increased motivation for lifelong recovery. By recognizing and believing in our resilience and capacity to change, there is success, hope, and satisfaction.

References

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Not I, nor anyone else, can travel that road for you. You must travel it yourself.

Walt Whitman