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Don't Play Whack-A-Mole!

Address the Addictive Mindset

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“You can do whatever you put your mind to.” We have all heard that saying over the years. What about doing what your mind puts you up to? As a clinician working with the issue of addiction for many years, I have found it extremely helpful to first address the mindset of the addict. The mentality of the addictive personality drives a multitude of behaviors beyond what manifests as the presenting clinical issue. For example, the alcoholic may also have compulsive gambling issues. Treating only one manifestation of a person’s addictive mindset is like playing a game of whack-a- mole. If the therapist assists the client in “knocking down” or establishing some level of control over one addiction, another one may pop up. As you can imagine, this can be quite frustrating for both clinician and client.

Imagine the addictive mindset as a very large umbrella. This umbrella can have numerous offshoots with subcategories of their own creating an elaborate system of harmful behavioral manifestations. Essentially, it is a network of dysfunction that can feel like you are trying to escape a maze of mirrors. Where do I go next? Where do I start? Treating addiction can leave both clinician and client feeling like they are chasing their own tails. Depending on the specific behavior, addiction is often accompanied by recidivism which is a demoralizing element for all involved. If one can establish a method by which the large umbrella is the focus of the treatment plan, the chances for successful relapse prevention are much better. However, this requires the full cooperation of the client and their associated support system.

By their very nature addicts tends to be self-serving, impulsive and unable to prioritize empathy. This is a challenging combination of personality characteristics; it is essential to make every effort to understand its etiology. Addressing the addictive mindset requires a thorough exploration of social history to establish a viable clinical theory to address the addictive mindset. Below is an example of a case which illustrates the importance of gathering historical data and using it to formulate your clinical approach.



Joe is a 30 year old male who presents to treatment as a result of problematic behaviors associated with sexual addiction. To be specific, Joe lost his job because he was viewing pornography excessively at home and would either call in sick due to lack of sleep or merely not show up to work. Eventually, Joe felt satiated by the pornography and decided to seek casual sexual encounters on the Internet. Fortunately, Joe's brother convinced him to seek treatment for this escalation in behavior.

During Joe's social history interviews, it is discovered he was sexually abused at age eight by an uncle who is now deceased. Joe's mother died shortly after he was born and his father was an active alcoholic who rarely attended to his parental duties. Essentially, Joe raised himself.

At a young age, Joe was sexualized due to the abuse by his uncle and learned to self-soothe via masturbation and viewing his father's pornographic magazines. Due to the lack of oversight, Joe would often steal money from his father to buy food which easily translated into stealing from stores and other people. Joe dropped out of high school and sought transient jobs. He discovered alcohol, marijuana and gambling as other sources of maladaptive self-care.

Much like his employment, relationships were often impersonal and transient. Joe prioritized "feeling good" or anesthetizing pain by the quick fix of an addictive impulse. Were it not for the occasional oversight and support of his older brother in the military, Joe's fate would likely be even more challenging.

As you can see, peeling away the proverbial onion layers of this client's life yields a great deal of insight into the path that led to the presenting destinations. If one is to focus exclusively on reducing and/or eliminating the problematic sexual behavior, the other addictive manifestations may become more prominent to offset the absence of another addictive behavior. In the above vignette, there are themes of abuse, abandonment, neglect and loss. Clinical issues such as unresolved trauma and attachment are just some of the areas of focus. Tracking the presenting behavior back to the potential origin is a critical component in addressing the mindset of an addict. The maladaptive mindset that an addict develops is like a protective outer shell that is geared to both protect and seek out soothing and/or gratification. Developing a treatment plan that addresses these historical and perhaps trans-generational issues can help avoid an ongoing game of whack-a-mole. If emphasis is placed on the larger, more overriding clinical themes there is a better chance of curtailing or possibly eliminating the harmful behavioral manifestations.