

Addiction and Anxiety Counselling

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Abstract

Addiction and anxiety often go hand in hand. Depression may be the reason an addict begins using drugs or alcohol or, it may develop as the addiction progresses. Dual diagnosis of addiction and anxiety is, when a person has an addiction plus a psychiatric illness such as anxiety, doctors say that they have a “dual diagnosis”. The term is a reminder for the counsellors, physicians, and other medical professionals that this client has extra challenges on the road to recovery. Depression and other psychiatric illnesses increase the risk of addiction. Of all people who are diagnosed as having a psychiatric illness, roughly 29% are alcohol or drug abusers. As many as 37% of people who abuse alcohol and 53% of people who abuse drugs, have at least one serious mental illness. Depression, already common in the general population, is even more common among alcoholics and drug abusers. In this paper highlights the symptoms, causes, factors and counselling techniques of Addiction and Anxiety.

Keywords: anxiety, disorders, feelings of nervousness, stress, anxiety and panic

1. Meaning of Anxiety Disorder

Anxiety is a combination of both psychological and physiological symptoms that can lead to stress, physical discomfort, persistent worrying and obsessing, fear of social situations and other phobias, as well as panic attacks. People with anxiety often experience an unpleasant feeling that is typically characterized as uneasiness, apprehension, fear, or worry. Anxiety is experienced in numerous forms, ranging from the concretely physical to the intensely emotional. A common physical manifestation of anxiety is a panic attack, which is experienced as a combination of a pounding heart, sweating, shaking, and a shortness of breath.

1.1 Symptoms of Anxiety Disorders

The symptoms of the anxiety disorders are as follows:

- 1) Feelings of nervousness and/or fear
- 2) Excessive or irrational worry
- 3) Panic attacks
- 4) An urge to avoid a situation, place or person
- 5) Paranoid thinking and behaviours
- 6) Intrusive and negative thoughts about self or others
- 7) Nausea
- 8) Dizziness
- 9) Depression, anger management, loneliness or despair
- 10) Problems with an important relationship

- 11) Stress, anxiety or panic
- 12) Communication issues
- 13) Life transitions like separation, divorce, career change, job loss, or a major illness
- 14) Struggling with a mental illness like bipolar disorder or major depression
- 15) Substance abuse or other addiction in yourself or someone you love
- 16) Grief over the loss of a loved one, including a pet
- 17) Caregiver stress
- 18) Unresolved trauma
- 19) Spiritual issues or crises of faith

2. Alcohol and Drug Addiction

For thousands of years, human beings have taken mind-altering substances as a way to alter their perceptions and play with their minds. Natural herbs, manufactured drugs, and alcohol have all been used in this way. Many people are able to take such substances only occasionally and without interference to their relationships or general wellbeing. But there have also always been people who have had difficulty moderating their use of drugs or alcohol, and it is these people who may go on to suffer from addiction. Drug addiction can be seen in the people who are non adjustable and not able to cope-up with the problems to greater extent. In the 21st century the drug abuse has increased in an enormous proportions and is becoming a serious problem of the people of by which the survival of the society is in a threat too.

The drugs consumed by the people can vary in various forms, from taking of direct drugs to indirect forms of the drug e.g., alcoholism poses a serious social problem which involves teen age to old age people.

Today the use of drugs and even addiction have increased even at the school and college level. So is the case of anxiety. In other words, because of the anxiety factors, use of drugs is rising; therefore, today the importance of the role of the teachers and the counsellors has increased as they not only have to educate the students, help to make wise choices but also to educate them, help them to know about the substance abuse/drug addiction and the danger related to it.

Addiction may occur at any age, but the onset is more during young adulthood and the

adolescent too (APA, American Psychological Association). The use of drugs /substances in today's youth may be because of anxiety, natural curiosity, impact of westernization, peer pressure, to express their own identity, by experimentation and may be because of environmental and hereditary factors. Other reason for being addicts may be that today more youth is becoming unemployable and competition is increasing day by day, expectancy age is increasing that is wellness of health, by which the retirement age is also increasing.

The increase in population is also one of the causes of frustration among the youth and to release their frustration, stress, anxiety the youth is becoming drug addicted to substances or drugs. The use of drugs is becoming the means of escape from feelings of void and helplessness.

2.1 Meaning of Substance/Abuse

Substance abuse is the overindulgence and dependence on the drugs or other chemicals leading to the effects that are detrimental to the individual's physical, mental health or the welfare of others (Mosby's medical, nursing and allied health dictionary, 1998).

Addictive behaviour is based on the pathological need for a substance or activity may involve abuse of substance such as nicotine, alcohols etc.

The disorder is characterised by a continuous use of medication, psycho-active substances; non medically indicated drugs that result in failure to meet the social/ personal responsibilities such as work, family, interpersonal relation.

3. Developing an Addiction

Addiction to drugs (including marijuana, heroin, cocaine, ICE or alcohol) rarely happens instantaneously. The process of drug addiction is generally a slow one which builds up over time. People might, initially, use drugs only in a recreational way — they might use it to chill with some friends, make more of a dance party, or as a way to enhance the experience of sex. Alternatively, people might start using drugs initially for a specific purpose — a glass of wine after work to help unwind from the day, some lines of coke to aid a student cramming for an exam. Using drugs in a contained way might seem fairly harmless, and certainly some people are able to use drugs sporadically or only in particular and limited circumstances. But for

many others, drug taking can become habitual, desensitization leads to increased use, and the addiction takes hold. Drug addicts typically spend a lot of time (and money) thinking about, purchasing and taking drugs — the process of buying and taking drugs becomes the central interest in their lives. Other pursuits and responsibilities, such as work, study, friends and family, often fall by the wayside — jobs get lost, exams failed, and relationships fail.

3.1 The Hallmarks of Addiction

Addiction can be characterized as a state in which the person or their relatives and friends come to experience their drug use as a hindrance to the quality of their everyday life. This interference to one's life may come in many forms; but often involves an experience of depression or anxiety, for some people issues with violence or loss of control, for others loss of good judgment or a loss of a significant relationship. Counsellors and psychologists have developed a number of evidence-based approaches for the treatment of addiction.

3.2 How Anxiety Can Lead to Addiction

Some people use alcohol and illegal drugs to deal with the symptoms of anxiety. Doctors call this “self-medicating”. The effects of alcohol or drugs can provide temporary relief from feelings of sadness, guilt or worthlessness. When the effects wear off, the bad feelings return. This cycle can lead to continuing use and eventual addiction.

Another link involves the consequences of anxiety. Depressed people often withdraw from social contacts and may even have trouble holding jobs. They may find themselves spending more time alone, without a supportive social network and turning to drugs or alcohol for comfort. It may even be easier to spend time with others who abuse alcohol and drugs instead of pursuing healthier relationships because social expectations may be lower.

Even for people who aren't using alcohol or drugs to self-medicate and haven't lost their social connections, anxiety appears to increase the risk of addiction. Many doctors think that whatever makes people vulnerable to anxiety also makes them more likely to abuse alcohol or drugs. Someone without anxiety may be able to try an illicit drug or drink alcohol regularly without any long-term problems; for a depressed person, these same activities may be more likely to lead to addiction.

4. Symptoms of Addiction and Anxiety

Symptoms of addiction and anxiety can be very similar. When anxiety is directly connected to the drug or alcohol abuse and isn't present independently, it's not considered a “dual diagnosis” but just a consequence of the addiction. For example, several psychiatric problems are directly related to cocaine. Cocaine abuse can lead to hallucinations, anxiety, sleep problems, sexual dysfunction and a mood disorder that includes anxiety. However, once the person stops using cocaine, the psychiatric problems generally get better. Amphetamines, heroin and inhalants can all have similar effects.

In order to ensure prevention and effective counselling, a counsellor should know these varieties of drug that are been consumed by the people.

4.1 Symptoms of Addiction/Anxiety

Early recognition of the symptoms of addiction/anxiety increases chances for successful treatment and favourable outcome. The role of counsellor is preventive, remedial and educative. Addiction/anxiety leads to changes in behaviour which can be seen in terms of psychological and physiological conditions of individual.

The symptoms can be described as follows:

- Sudden mood change
- Anger
- Irritation
- Low self esteem
- Loneliness
- Depression
- Lack of interest
- Change of priorities
- Personality changes
- Poor judgment
- Negative attitude
- Dishonesty
- Starts arguments
- Withdrawal symptoms
- Family relation problem
- Lacks intimate relationship

Certain physiological changes are also seen in the client such as,

- loss of memory

- Restlessness and fatigue
- Distortion in health
- Increase in heart rate
- Sweating
- Palpitation
- Confusion
- Irritation
- Weak immune system
- Chances of suffering major disease (Cancer, HIV AIDS)
- Difficulty in speaking

5. Causes for the Addiction and Anxiety Abuse

As addiction is a complex phenomenon it has various causes. The causes can range from psychological to social, biological and cultural. The psychological causes can be tension, anxiety, fear, stress, frustration etc. The social can be friend circle, society, economic status, etc. The biological can be the heredity factor, various diseases, etc. The cultural can be the traditional culture, demographic condition, etc.

Some of the causes are listed below:

- Repressed desires
- Repeated failure and striving for success
- Maladjustment /adaption with the environment e.g., new surroundings, new jobs/friends.
- Personal cause — the type of personality (type A/B), emotional instability.
- Too much of fear for examination, inability to prepare.
- Ineffective parenting e.g., lack nurturing and parental attachment, poor social coping skills inappropriately aggressive and shy behaviour, neighborhood conditions, negative attitude towards life.

5.1 Other Causes for Addiction/Anxiety

Why is it that some people seem prone to drug addiction, while others are not? It seems that certain factors are predictors of addictive personalities:

1) Genetics: Vulnerability to some forms of drug addiction often seems to be hereditary (this does not mean that if your parent was a drug addict, you will be too). It simply means that you might be predisposed, genetically, to addictive behaviour.

2) Childhood Abuse or Trauma: There is much

evidence to suggest that addiction has a great deal to do with childhood experiences, so if you were subjected to abuse as a child (sexual, emotional or physical), or you experienced neglect or some sort of trauma, or you were the child of addicted parents, these are all indicators that you might be more susceptible to developing a drug addiction in later life.

3) Mental Illness: There is some evidence to suggest that people who are mentally ill or affected by other psychological issues (such as anxiety or depression) may use drugs as a way to manage their condition.

4) Chronic Pain: Sufferers of chronic pain can become addicted to drugs as they search out solutions to their constant pain.

While these factors might predispose people to becoming addicts, it is clear that these are not essential criteria on which to develop an addiction. Drug addiction affects people of all races, classes, backgrounds and cultures. Anyone can suffer addiction, and all addicts are likely to suffer some kind of negative consequences to their addiction.

6. Treatment for Addiction and Anxiety

Treatment on the psychological level by the counsellor involves the personality assessment which focuses on the client's present mental state, the role of personality and emotional stress in development of disorder within the client. The assessment procedure involves the subjective, objective and projective use of personality assessment of the client. By this the information regarding each and every aspect of behaviour of the client is known to the counsellor e.g., information regarding occupation, family relations, education, marital and other data concerning the client's life situation is obtained. When a person has both addiction and anxiety, one of the first steps in treatment is to figure out which came first. That may be possible from the patient's history. The person may be able to describe depressed feelings that preceded the addiction. Or they may describe self-medicating with alcohol or drugs. Sometimes, it's necessary to help the person quit drinking or doing drugs first, and then evaluate for anxiety.

If it's clear that the anxiety is a consequence of the addiction, treating the addiction is usually all that's needed. If the anxiety is a separate issue, it must be addressed as well. Treatment may include special counselling and antidepressant

medicines.

The combination of addiction and anxiety can make it more difficult to recover. When a person feels sad, hopeless or exhausted, battling an addiction is a special challenge that may be difficult to face. However, knowing about the link between addiction and anxiety, being aware that dual diagnosis is possible and seeking treatment to address both issues can help make recovery possible. The counsellor should keep in mind the psychological treatment which aims at alleviating the individual's maladjusted behaviours and strive to bring about personality change to foster more effective adjustment. The counselling techniques which are used generally are as follows:

- 1) Group therapy
- 2) Behaviour therapy
- 3) Environmental interventions
- 4) Supportive psychotherapy
- 5) Re-educated psychotherapy
- 6) Self-control training technique
- 7) Cognitive behaviour therapy
- 8) Individual Counselling

6.1 Group Therapy and Counselling

Group therapy and Counselling aims at releasing of emotions and perception through sharing. The goal of group therapy is to modify attitude and behaviour. It provides the clients with incentive and motivation to make changes by themselves, because in anxiety/drug addiction group counselling may be used for resolving problems which the individuals have developed. They have inadequate understanding of oneself, not aware of harmful effect of faulty habits, dealing with rejection and abuse. Group psychotherapy is considered to be remedial, supportive and reconstructive. The focus is on the conscious, unconscious and subconscious aspect of personality of the people. The selected group members should be of same age, same problem and having same socio-economic status. The aim of group counselling is to make each member take on responsibility to put forth his /her experience by sharing and listening. The members are able to express their views and ideas. In group counselling self-help groups are formed by interested individuals that come together, to deal with common problems, for example, smoking, alcoholism, drugs etc. The counsellor

should keep in mind to generate community feeling within the members which is one of the important parts of the healing process.

The steps and skills followed by a counsellor, in group counselling are as follows:

- 1) planning the group
- 2) selection of members
- 3) stages of group process

1) Planning the group in counselling process comprises of following:

- i) **Purpose:** The counsellor first identifies and clarifies the purpose of counselling, i.e., why group counselling is required for the addictive.
- ii) **Size:** The counsellor should look into the size i.e., number of clients.

The average group size should be of 5-7 members who are having same problem.

- iii) **Length and frequency:** The duration of session must be decided well in advance looking into the severity of addiction, in the starting the session should be of 45 minutes to 60 minutes and later can be adjusted according to the need.

- iv) **Time for counselling:** Time should be set well in advance by the counsellor looking into the mood of the clients.

- v) **Physical sitting:** The group session is best conducted in a room or open place with minimum noise, comfortable sitting arrangement in a circle with good ambience.

2) Selection of members — While providing group counselling the selection of group members is very important. This will depend on the addiction level i.e., mild, moderate, and severe of the clients.

- i) **Level of commitment:** Before counselling a good rapport must be established among the members so that they know each other which will facilitate their sharing of their problems.
- ii) **Acceptance and trust:** In order to develop trust, the counsellor must remember his/her role, so that clients will trust him and a positive therapeutic force is seen in the group.

3) Stages of group process:

- i) **Beginning stage:** Beginning stage starts in rehabilitation centre. In the beginning of counselling session, the group may take rather longer couple of sessions to develop trust for working in sharing environment.
- ii) **Working stage:** This is the main stage of

group discussion. At this stage the problems are redefined and causes for addiction/anxiety is known. Not only this, the group members try to find out solutions by themselves with the help of counsellor. Conscious efforts are made to solve the problems. At times group situation can be very difficult for alcoholics, who are, engrossed in denial of their own responsibilities but at the same time, they also provide the opportunity to see new possibilities for coping with circumstances that have led to their difficulties.

iii) **Closing stage:** It is the stage where the members share what they have learnt. The counsellor summarizes the outcome. This stage takes 1-2 session, the bonding is seen amongst the group member and the counsellor. The counsellor should note that if required the parents/ relatives/spouse/children must also be counselled.

Follow up: Follow up enables the group members to keep in touch. The counsellor should take the feedback so that follow up plans could be discussed before termination.

6.2 Behaviour Counselling

Behaviour counselling/ therapy plays an important role in the treatment of addictive. There are several sub-type of behaviour therapy which are very effective, e.g., aversion therapy which involves the presentation of aversive stimuli with alcohol consumption in order to suppress drinking behaviour.

Anxiety level and other symptoms can be cured by various other behavioural therapies such as token economy, positive reinforcement, systematic desensitization, flooding etc. Not only this, exposure therapy is used for reduction of anxiety, negative feeling, emotions etc. This exposure is usually done in gradual manner under safe and control conditions in the presence of therapist. Training and muscular relaxation given by Jacobson is one of the popular methods for effective anxiety management. Moreover, yoga and meditation are also useful in reducing anxiety/addiction.

6.3 Constructing an Anxiety Hierarchy

Systematic desensitization makes use of an anxiety hierarchy. It consists of listing of all situations, events that evokes fear in the clients. The counsellor must help the clients to place them in rank order by arranging the items of hierarchy from the least to the most anxiety provoking. This rating is called as the subjective

unit of distress (SUD). The client is asked to imagine each SUD in a relaxed state which gradually helps the client to reduce his anxiety/addiction.

6.4 Environmental Therapies

For counselling environmental interventions are also important, rightly stated by Booth et al "Environment supports have shown to be an important component to an alcoholic recovery."

Therefore, preventive interventions can provide skills and support to high-risk people to enhance level of protective factors and prevent drug abuse. The prevention program should address all form of drug addiction whether legal drug such as alcoholism, tobacco etc. and use of illegal drugs like heroin, marijuana or inappropriate use of drug e.g. inhalants.

Preventive programs should be of long duration with repeated interventions. These environmental interventions include peer discussion, role play, advertisement, etc which helps the client to overcome the problems.

6.5 Supportive Psychotherapy

The aim of supportive psychotherapy is to help the addictive suffering from anxiety to feel more adequate in facing his/her problem more effectively and confidently. This is inter-personal psychodynamic approach to treat the client, where all efforts are made to make the individual more confident with the help of counsellor. The counsellor tries to orient the client to increase clients' awareness related to the positive aspect of life. Luborsky's (1984) Supportive/ expressive psycho-analytically oriented therapy can be used by counsellor in treating addictive anxiety clients. It is based on the assumptions that a **Core Conflictual Relationship Theme** (CCRT) is at the centre of person's problem. This relationship theme develops from the early childhood experience, but the client is unaware of it and its connection to childhood experiences. Therapy/counselling is oriented towards increasing the client's awareness of the theme. It is assumed that the client will have better control over behaviour if he/she knows more about what is going on at the level of unconscious. The transference relationship is important that the CCRT will be lived out and enacted in relationship to the counsellor and the problem faced by the client will be resolved.

6.6 Re-Educated Psychotherapy

Re- educated psychotherapy is one of the important therapy to treat the addictive/ anxiety. It helps the client to gain an insight into oneself and modify or change the faulty assumptions and attitude paving the way to fundamental changes in personality. It is also necessary to deal with the individual's social environment and his/her adjustment to it. In most of the cases, changes in family situation help the client to make effective adjustment. According to Hoyt (1995) it is precise and well time intervention technique.

6.7 Self Control Training Technique

Self-control training technique (Miller Brown et al. 1995) suggests that the goal of the counsellor/therapist is to reduce addictive intake without abstaining all together. There is now even a computer-based self-control training program available that has been shown to reduce alcohol intake (Hester, 1997). In addition to the above, some psychologists have designed various written material, workbook and exercises to help the client with specific problems. In this self-help group mutual supporter can be seen online. Self-help and mutual support group can exchange written messages on specific topics.

6.8 Cognitive Behaviour Therapy

CBT primarily focuses on helping the client to overcome unproductive thoughts and belief's and replace them with constructive ones. People suffering from anxiety and addiction undergo change in their thought, behaviour, and emotions. All these three play an important role in the functioning of an individual. Cognitive behaviour therapy which focuses on the thought pattern proves an effective intervention. The counsellor may use the cognitive therapy by Aron Beck (1950, 1976), rational emotive behaviour therapy (REBT) by Alberst Ellis (1960), stress inoculation training by Meichenbaun (1977). These approaches are based on the premise that people experiencing negative emotions such as anger, depression, anxiety etc. have negative belief about themselves and their future. The counsellor tries to alter these negative beliefs. The counsellor makes the client aware of their cognitive distortions, help the client to understand how these distortions in perception and thinking are the result of anxiety, depression and stress. The counsellors also help the clients to bring about changes through corrections to the distortions in perception and

thinking. The counsellor also helps the clients to search for alternative solutions to the problem.

6.9 Individual Counselling

Individual counselling is an inner journey of self-exploration that is focused on one's goals. It is a collaborative effort that will help the client to shift out of the patterns that no longer serve them and steer them toward the life they desire.

Following are some of the aims:

- 1) Develop more fulfilling relationships
- 2) Heal past hurts and traumas
- 3) Manage anger, depression and anxiety
- 4) Cope more effectively with life changes
- 5) Increase self esteem
- 6) Feel more balanced and whole

7. Sum up

Addiction and anxiety can make it more difficult to recover. When a person feels sad, hopeless or exhausted, battling an addiction is a special challenge that may be difficult to face. However, knowing about the link between addiction and anxiety, being aware that dual diagnosis is possible and seeking treatment to address both issues can help make recovery possible. The counsellor should keep in mind the psychological treatment which aims at alleviating the individual's maladjusted behaviours and strive to bring about personality change to foster more effective adjustment.

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