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# BONUS CHAPTER

## Addictions and Recovery

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### Did You Know?

- Alcoholics Anonymous was founded in 1935.
- There is no addiction impossible to recover from.
- There are more than 300 applications of the 12-step process of recovery.

### Learning Objectives

On completing this chapter you will be able to:

- Identify common themes and realities that cut across the lines of every addiction and recovery story.
- Discuss factors that lead to addictions.
- Discuss definitions of addiction.
- Explain why alcoholism is considered a disease, using the American Medical Association's five criteria for disease.
- Define "spiritual bankruptcy" as the key element causing addiction.
- Identify signs that a person may have an addiction.
- Discuss the role of the family in addictions and recovery.
- Define codependency.
- Understand the nature and practice of recovery from addiction.

## Introduction

Drugs and society, as most any topic, can be studied from both an objective and subjective perspective. Each tells their own truth.

Objectively, drugs and society can be looked at through the lens of pharmacology, statistical occurrence of use of alcohol and drugs in a target population, numbers about the phenomenon of addiction, public policy, and a host of other subsets. Each aspect has something valid and valuable to say about the topic of drugs in our society.

The operative word here is “about.” All the information yielded from these objective perspectives is “about” drugs, addiction, and society. They say nothing regarding the lived experience of drug use and addiction. They say nothing about the inner reality of addiction or the critical issue, at least for those suffering an active addiction and their loved ones, of recovery from addiction. What happens when someone “crosses the line” into addiction? What does it feel like? What does the world look like to an addict? How do you know if you are addicted or not? What is recovery? What happens in recovery? How can the process of recovery be initiated or supported? What can family members do about a loved one’s addiction? How are family members affected or their lives changed? What are their limitations and responsibilities?

All the objective information in the world about an apple is not the same as the knowledge that comes from biting into the apple. Reading a romance novel is not the same as living the experience of actually being involved in a romantic relationship. Writing a paper about a war does not convey the same information as actually putting your life in harm’s way by fighting in a war.

Subjective experiences of any reality vary. People are not all the same. Even the subjective experience of drug use, addiction, and recovery vary from person to person. Yet, for all the differences, there are common themes and realities that cut across the lines of every addiction and recovery story, regardless of culture, gender, type of drugs used, or the wildly different circumstance of the individual drug user. The personal stories and quotes in this chapter, describing how people go from use to abuse, to addiction, and to recovery (for those who do recover), as well as a host of

other critically related issues, will hopefully tell a bit about that lived experience.

An unofficial questionnaire taken by those who teach drugs and society at various colleges asked for key questions or concerns from their students. The following pages are intended to provide insights into the key questions raised by these students.

## What Is Addiction?

There is no one simple answer to this question. Any attempt to define addiction (and recovery) is dependent on which perspective is used. Addictions can be studied from a standpoint of neurochemistry, psychology, epidemiology, behavior and behavior modification, spirituality, and a host of other perspectives. Each has a valuable contribution to make. No one of them tells the whole story.

Perhaps the truest thing that can be said in trying to understand the nature and cause of addiction is that it is not any one single note—or contributing factor. Rather, the cause of addiction can best be understood as a chord, a combination of notes or factors. No single factor alone is the cause of addiction. Undoubtedly, there is a genetic predisposition for addiction. There is most certainly a brain chemistry factor involved. But for addictions to take hold, whether it is seemingly instantaneous (many alcoholics have stated, for example, “I was an alcoholic from the first drink I took at age 12”), while for other addicts, it took years to “cross over the line.” Obviously, different sets of factors are involved in different personal stories.

Some alcoholics/addicts come from families riddled with addictions. Some don’t. Some alcoholics/addicts come from dysfunctional homes. Some don’t. Some grew up in a drug culture. Some didn’t. There is no one formula that guarantees addiction in this or that person. It takes many different factors coming together in a unique fashion for a specific individual to cross over the line into addiction.

My friend Rich, who has been in recovery for 22 years, and who is a substance abuse therapist, always starts his “story” by reminding my students that no one wakes up at age 5 and says, “I want to be an addict when I grow up.” There is no one formula that causes someone to be an addict.



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## Can People Be Addicted in Other Ways Than to Drugs and Alcohol?

Any substance or behavior that taps into pleasure or power can become addictive.

From the substance standpoint, people become addicted to drugs such as nicotine and caffeine. Some people are “adrenaline junkies.” These are the people who are addicted to the rush they get from exercise, high-risk sports, and driving cars too fast. Such high-risk behavior has been cited as a serious problem for many veterans returning from Iraq and other theaters of war. They may not use alcohol or drugs, but their life is an out-of-control chase after the adrenaline high. And, of course, there is alcohol.

When thinking of addiction, most people think in terms of the more familiar controlled substances like cocaine, heroin, or methamphetamines. Controlled substances fall under categories of hallucinogenics, depressives, and stimulants. Some people, however, use the term **addiction** in a more common fashion. An example of this is when someone explains their love of chocolate by saying, “I’m a chocoholic.”

From a behavioral standpoint, there are addictions to and recovery programs for gambling, sex, food, shopping, collecting, and a host of other behaviors. Any substance or behavior that has to do with pleasure or power has the potential to become addictive.

As already stated, there are similarities within all addictions, but there are also differences. For the purpose of this chapter, we will narrow our focus

to a phrase often stated by younger people in recovery who describe their “problem” as “drinking and drugging.” Many simply say, “I used whatever I could get my hands on. I didn’t care what it was. I just wanted to get high.”

For all the differences there may be between the addictions of “drinking” and “drugging” (that is, addictive use of mind-altering substances), our limited space only allows us to treat them together. An example of the differences would be that a person may take quite some time to pass from use to abuse to addiction with drinking, but anyone who uses, for example, cocaine or methamphetamines with any frequency will quickly become addicted. The high experienced by most addicts from alcohol and other controlled substances is also different. Some individuals prefer the high from one source rather than another.

## How Is Alcoholism a Disease?

In 1956, the American Medical Association (AMA) listed alcoholism as a disease. Their reasoning was that alcoholism met the five criteria the association required for a disease. Those five are:

1. *Pattern of symptoms.* Regardless of differences between individuals, the symptoms of addiction to alcohol can be categorized and used as an assessment standard to indicate the presence of an addiction.
2. *Chronicity.* The disease of alcoholism is a chronic condition. There is a special importance for the addict and their loved ones in understanding the nature of chronicity with alcoholism. An alcoholic is always an alcoholic. The disease can be arrested, but it cannot be cured in the sense that the alcoholic or addict can safely use their drug of choice again.
3. *Progression.* Alcoholism always gets worse. It never gets better by itself. That is, the disease progresses in severity. Unique to alcoholism, the disease progresses whether the individual

## KEY TERMS

### addiction

Generally refers to the psychological attachment to a drug(s); addiction to “harder” drugs such as heroin results in both psychological and physical attachment to the chemical properties of the drug, with the resulting satisfaction (reward) derived from using the drug in question.

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is ingesting alcohol or not. This means that if the individual returns to use after a period of abstinence, the severity of the symptoms will appear as if the drinking never stopped.

4. *Subject to relapse.* A return to the conditions of the symptoms is always possible.
5. *Treatability.* Even though alcoholics can never be cured in the sense that alcoholics can ever use with impunity, what is called a “daily reprieve” is possible. In this sense, alcoholism can be treated. Alcoholism can be arrested, but it can never be cured.

Alcohol addiction manifests itself with symptoms that affect one physically, mentally, emotionally, spirituality, and socially. Denial is always a symptom. Therefore, the alcoholic is usually the last one to believe he or she is afflicted. Alcoholism has a ripple effect, and affects at least four to five people, often many more, including family, friends, coworkers, employers, neighbors, etc.

Alcoholism is not simply a moral issue.

It is a delusional disease.

Alcoholism is not the symptom of another disease.

It is a primary disease in itself.

Alcoholism has a predictable course.

It gets progressively worse and never better.

Alcoholism is a permanent condition.

It is never cured.

Alcoholism left untreated is:

100% terminal and fatal.

Some people have trouble understanding addiction as a disease. Perhaps a more descriptive way to understand addictions is as a form of insanity. In fact, the second step of the famous 12 steps of recovery of Alcoholics Anonymous says, “Came to believe that a power greater than ourselves could restore us to sanity.” If a person needs to be “restored” to sanity, the implication is that sanity has been lost. By definition, someone who has lost sanity is “insane.”

(There are those today who take offense at the use of the word “insane,” or calling another person insane. The 12 Steps were formulated in the 1930s when such wording was not offensive. The point in using such a strong term is to make the case that practicing alcoholics/addicts are so ill that their decisions are based on reasoning that no healthy person would recognize as normal reality.)

Saying that addicts are “insane” sounds harsh or foolish to a nonaddict. No addict, however, doubts the level of insanity his or her addiction brought

him or her to. They understand all too well the insane nature of their lives while using. Some of the very real behaviors and situations caused and endured during addiction are listed here. The recovering addict is the first one to call such behavior insane. Actual quotes from addicts are as follows:

- “I stole from my family so often they refused to let me in the house.”
- “I pawned my wedding ring, even though on some level my marriage was the only thing that mattered in my life.”
- “I used, sold, and stored drugs in my house, and that put my family in danger—in a lot of ways.”
- “I drove under the influence, risking injury and death to myself and others, more times than I could count.”
- “I never stopped conning the weak woman who I got to take care of me so I could continue acting out my addiction.”
- “I often woke up in some man’s bed without ever knowing how I got there or even who the man was.”
- “I can’t believe I’m saying this, but I sold my baby for crack money.”
- “I stole my girlfriend’s car and sold it to a drug dealer for drugs. Then he got picked up for driving a stolen car. He then came after me with a gun for pay back.”
- “When I used, I didn’t care about anything or anyone. I put others and myself in deadly harm’s way on an almost daily basis. I drove while in a blackout more times than I could count.”
- “When my mother would feed me, she’d put a plate of food on the porch then lock the door so I couldn’t get back in.”
- “No matter how many times I took an oath that I would stop using, I never did. I couldn’t. I had absolutely lost control of my life.”

Every one of these incidents—and countless others like them—happened even though on some level the addicts ended up hating themselves for doing them. This is a self-hatred (every addict is locked in a prison of self-hatred and self-contempt) that arises from doing these terrible things to those they loved. Each incident wrapped the active addict in another layer of their self-contempt and self-hatred. Each incident deepened the addict’s isolation, even while they longed for connection and belonging. It’s an old saying in Alcoholics

Anonymous, “At the bottom of every bottle, the alcoholic hopes to find the face of God.”

Of all the literature dealing with alcoholism and addictions, perhaps none has done more good for the most people than *The Big Book of Alcoholics Anonymous*, which was first published in 1939. *The Big Book* was not written as a research project, but rather, was written by alcoholics for alcoholics. Its goal was to outline the nature of alcoholism, and “the solution” to the problem of alcoholism as experienced by the first members of Alcoholics Anonymous. Those early pioneers of the 12 Step method of dealing with alcoholism, which has proven to be the most successful “road to recovery” that has ever been formulated to date, identified “the problem” not as alcohol itself, but as a condition they called “**spiritual bankruptcy**.”

This condition must not be understood necessarily as religion, church, or any specific school of theology or spirituality. What this condition refers to is, as all the neural, physical, and emotional components of addiction come together (as the chord is struck), the personality rapidly degenerates. Choice is lost. The addict’s world shrinks to the tiny but overwhelming compulsion to chase the high that ultimately can never be found. At their core, all addictions lie. They promise a state of being that can never be maintained, and is increasingly harder and harder to attain even momentarily. All normal, healthy relationships cease. Isolation and alienation are all that remain. All the qualities that make a person most human are overridden by the addiction. Whoever the person was before they crossed the line into addiction, they are those people no longer.

“Empty” is a term often used by those personally familiar with addictions to describe the addict. They seem truly empty inside of everything but the demands of the addiction. Time and time again, loved ones of addicts say, “What happened to them? It’s like they turned into a different person.” And they have—until and unless they find their way to the process of recovery. But until they do, the term that perhaps best describes their condition is spiritual bankruptcy.

Nonaddicts rightly ask, “If ‘drinking and drugging’ causes the individual such pain and loss, why wouldn’t they just stop?” Right there is the face of the disease and the insanity. Doing what a person does not want to do, hating themselves for doing it, making endless commitments to stop, but never being able to do it, placing themselves and loved ones in danger, destroying one’s self-esteem, and

all the while losing contact with the generally accepted norms of sane living *is* insanity. At the core of this specific version of insanity, at least according to the 12 Step understanding of addictions, is this spiritual bankruptcy.

Addiction, living in this state of spiritual bankruptcy, destroys one’s personality. It strikes at the heart of what makes us human beings. For a practicing addict, life degenerates to a spiritual, emotional, physical, and mental death. For an addict, *nothing* exists but the all-consuming need to procure, use, and protect the supply of the drug of choice. If one follows the ramifications of that three-fold focus of an active addict, the nature of addiction as a form of insanity stands out in clear relief.

As the addiction takes over, family, loved ones, self-respect, dignity, health, and life itself is sacrificed. As the personality unravels under the power of the addiction, there is no lie that won’t be told, no crime that won’t be committed, no trust, no relationship, and no obligation that won’t be betrayed.

Addiction is a terrible disease that afflicts good people.

The biggest mistake by far made of those close to the addict is to assume that basically they—the addict in active addiction—think, feel, and perceive the world basically the same as the nonaddict does. This is not the case any more than it is the case of anyone else who has lost his or her hold on reality. Yet it is common to hear people lament, “If they loved me they would quit.” Or, “They’ll snap out of it.” Or, “If I love them enough, I’m sure I can draw them out of their addiction.”

It will never happen. Addicts will pull such people down before such well-intentioned but ill-informed people pull the addict up. These comments are clear indications of the failure to understand addiction as a fatal, primary disease manifesting itself, among other ways, as an out of control, all-consuming, progressive form of a true, fatal mental illness.

## KEY TERMS

**spiritual bankruptcy** The state of emotional, mental, physical, and moral collapse. Spiritual bankruptcy is typified by a state of complete isolation and detachment from the human community.

## Will I Become Addicted?

Since there is no doubt about the physical predisposition (genetic predisposition) of addiction, a common question asked is, “If I come from a family with alcoholism in its family tree, will I become addicted?”

Recalling our point made earlier that addiction is better seen as a “chord” than any single “note,” the short answer to the question is, alcoholism in a person’s family in no way guarantees addiction for all those in the family system. Although if alcoholism (or any other form of addiction) is prevalent in a person’s family system, it only makes sense to keep a close watch on one’s pattern of use or, more to the point, what happens when you use. Addiction is not about how much or how often a person uses. It’s about what happens when they use. Many alcoholics are “periodics.” That is, they can go for prolonged stretches without use of mood-altering substances. The presence of addiction is manifest in that when they do use, there is no moderation of use or ability to stop.

A simple way to gauge whether a person is becoming a problem drinker or user or not is—if you can use without causing yourself or others a problem, then it isn’t a problem.

A bit more detailed way of assessing whether an individual’s use of mood altering substances is crossing over the line into possible addictive use is the famous 20 questions developed at Johns Hopkins University in Baltimore, Maryland. Obviously, these questions were not formulated with a focus on college-age people, but they do make the point that a “problem drinker” is so because their drinking causes problems. Here are the questions for self-evaluation (they are as useful as the answers are honest):

1. Do you lose time from work (or school) due to drinking?
2. Is drinking making your home life unhappy?
3. Do you drink because you are shy with others?
4. Is drinking affecting your reputation?
5. Have you ever felt remorse after drinking?
6. Have you gotten into financial difficulties as a result of drinking?
7. Do you turn to lower companions and an inferior environment when drinking?
8. Does your drinking make you careless of your family’s welfare?
9. Has your ambition decreased since drinking?
10. Do you crave a drink at a definite time daily?
11. Do you want a drink the next morning?
12. Does drinking cause you to have difficulty sleeping?
13. Has your efficiency decreased since drinking?
14. Is drinking jeopardizing your job or business?
15. Do you drink to escape from worries or trouble?
16. Do you drink alone?
17. Have you ever had a complete loss of memory as a result of drinking?
18. Has your physician ever treated you for drinking?
19. Do you drink to build up your self-confidence?
20. Have you ever been to a hospital or institution on account of drinking?

If you answered YES to any ONE of these questions, there is a definite warning that you may be an alcoholic. If you answered YES to any two, the chances are that you are an alcoholic. If you answered YES to three or more, then you are definitely an alcoholic.

Further listings of six criteria for alcoholism (for our purpose in this chapter, drinking and drug-ging) culled from the DSM-IV (the American Psychiatric Association listing of recognized mental illnesses) that may be helpful in identifying the presence of addiction are:

1. *Preoccupation*: Thoughts of drinking and using drugs become a major thought pattern. More and more time is spent thinking of and anticipating a specific time when the use of mind-altering substances will be used (e.g., weekends, after a game, at parties).
2. *Tolerance*: The experience that it takes an increasing amount of the substance to achieve the same level of intoxication or high.
3. *Withdrawal*: The experience of physical and/or emotional trauma when the body is deprived of the mind-altering substance.
4. *Blackouts*: The inability to remember what was done during a period of intoxication. Blackouts may or may not include loss of consciousness.
5. *Delusion, denial and dishonesty*: The inability and/or unwillingness to accurately judge the effect of the use of mind-altering substances in one’s life. The loss of the ability to relate to reality as the majority of others do. Delusion, denial, and dishonesty present in a wide variety of expressions and forms, but all the forms are for the sake of: 1) obtaining one’s drug of choice, 2) protecting that source and supply, and 3) the continued use of that drug.

6. *Loss of control:* Simply speaking, the addict in an active addiction is controlled by the addiction. They have lost the ability to control their own lives. Even after repeated attempts and commitments to “stop” or control their use, they repeatedly return to the addiction, and do what they have decided not to do. Something other than their own faculties (the addiction) controls their lives.

## What Is Recovery?

Not much is ever written about the phenomenon of recovery. Part of the reason why is that the experience of recovery can't be measured by any statistical yardstick. There are no “outcome studies” capable of explaining the experience, for example, of family reconciliation made possible when the devastating power of an addiction is arrested. There are no numbers capable of telling the story of the experience of an addict who has been forbidden to ever enter his own house, moving to the place of trust and love where they are given a key to the house. How does one measure the simple but incredibly powerful experience, once the recovery process has started, of being able to look in a mirror and respect the person you see? Moving to that “place” is the reality of recovery.

There are as many answers to the question “What is recovery?” as there are ways to view addiction. What nearly everyone would agree upon, however, is that for an addict, there is no substitute for sobriety. The specific kind of complex illness (insanity) that is addiction is always triggered by the presence of the mind-altering substance affecting the brain.

The first step or stage of recovery equals the abstinence from these substances. No substance equals no trigger. No trigger equals no devastating consequences of addiction.

Recovery, however, at least as experienced by the recovering addict, is something far more than abstinence. A college friend of mine who has been to treatment 49 times recently said, “Every time I tried to focus my recovery on just staying sober, it never worked.” Another friend said, “My problems started when I got sober.” Yet again, another addict in recovery said, “First of all, I had to do something about the drugs. Then I had to do something about the guy who was using all the

drugs.” Yet another said, “My problems start with sobriety.”

If the core of addiction is “spiritual bankruptcy,” then it is fairly obvious that recovery can be understood as gaining the opposite, which is spiritual freedom. In the world of recovery, as stated before, spiritual freedom has nothing necessarily to do with religion, church, or any specific theology. The kind of spiritual freedom recovery speaks to is breaking out of the prison of self-contempt. It is gaining the skills necessary to form successful relationships that allow the individual to escape isolation—the hallmark of a lived addiction. At the heart of recovery is the process of forming honest, meaningful connections with the God of one's understanding, self, and others.

All one has to do is look at the list of quotes from the addicts above about what was going on in their lives when lived in an active addiction—which are snapshots of the consequences of spiritually bankrupt lives—to see the magnitude of the change that recovery makes possible. Central among them is the newfound and hard-won ability to care. Addiction robs a person of the ability simply to care. Slowly, step by step, in a chicken-egg kind of back and forth process, addicts begin to care about themselves—which frees them up to begin to care about their relationships with others. One feeds the other as the personality beings to emerge from the total destruction of one's core that addiction causes. If the hallmark of addiction is “spiritual bankruptcy,” which is alienation and isolation, then it figures that the hallmark of recovery is the ability to begin and participate in healthy relationships of all kinds. Snapshots of a life in recovery would be:

- “I found a relationship with God I never thought possible. To be honest, I never thought of God much before I lost it all in addiction. But I came to understand that without a conscious connection with something greater than myself, I was lost.”
- “I found I could look at myself in a mirror, and actually have respect for the person I saw, which I never could before.”
- “My sister asked if I would babysit her kids, when before, when I was in my addiction, she wouldn't let me near them.”
- “Someone asked me a question the other day and I didn't lie. In my addiction, I lied so much I even lied when I didn't need to.”

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- “For the first time, I can remember I actually finished something I started. Even when things don’t immediately go the way I think they should, my first thought isn’t to quit—and blame someone else.”
- “In recovery, I find myself taking responsibility for myself and my decisions. Before recovery, the only way I knew how to get by in life was to lie, scam, and cheat anyone and everyone I could to get what I wanted.”
- “My college does outreach to tutor inner city kids who have trouble reading. I volunteered to help. I never would have considered that when I was in my addiction.”

### Program

Many addicts in recovery say they are “recovering” rather than “recovered.” The point they are making is that an addict is never “recovered” in the sense that they can or will at some point be able to use alcohol or their drug of choice responsibly. An addict may avoid the consequences of a “relapse” a time or two without devastating out-of-control results, but if they continue to use, due to the nature of alcoholism as a “chronic, progressive, fatal” condition, the addiction will sooner or later—usually more sooner than later—return with full force. A “recovering addict” is one who is clean and sober today, but who knows they must continue daily “working their program” to avoid this kind of relapse into addiction, as well as to maintain and grow in the ability to, “stay connected and do the next right thing.” “Staying connected” means maintaining the relationships that take one out of isolation from the God of their understanding, self, and others, and into community. The daily discipline it takes to maintain this ability is the meaning behind the well-known saying, “A day at a time,” used by many successfully recovering addicts.

We are what we practice. If all the “notes” that make up the chord that results in addiction are present, the individual will begin “practicing their addiction.” Recovery also is the result of practice. An addictive life is based on living addictive values: self-centeredness, instant gratification, total reliance upon self, total disregard for others in favor of self, among others. A life of recovery is based on spiritual or recovery values such as humility, honesty, connection with a higher power,

group or community involvement, and service to others. The transition from addictive values to those of recovery is not fast or ever complete. Rather, it is gained over time, a day at a time, through practice or “working a program.”

Every change of lifestyle requires “working a program.” Dieting is a good example. If a person gets to their target weight through dieting, and then decides consciously or unconsciously, “now I can go back and use food the same way I did before my diet,” they are doomed to put on the same weight they lost. Only when the lifestyle change is permanent (through daily practice) will the beneficial consequences be permanent.

The components of a program recovering addicts use might include: 1) daily reading of a spiritual or motivational nature, 2) attending meetings, 3) choosing a sponsor or mentor to help along the way, 4) prayer and meditation to assist in one’s conscious connection with the God of their understanding, or 5) some form of service to others in an ongoing manner.

It would be incomplete to move on without at least stating that at the beginning of such a life of recovery, many, if not most, recovering addicts experience some kind of spiritual awakening. This experience has many names: a moment of clarity, a tap on the shoulder, hitting bottom, kissing concrete, finally getting “sick and tired of being sick and tired.” For some, this experience is a powerful “white light” experience that lifts the addict immediately from a user to a nonuser. For most others, the experience is gradual and learned. That is why for most folks in recovery, this conversion experience is said to be of the educational variety.

Whatever the variety, however, if a program of daily action is not begun, what was learned through the experience will be lost. Anything gained in recovery can be lost. It is not uncommon to hear of people who have a long recovery, 20 years or more, get sloppy with their program and relapse right back to where they started. Addictions are never “cured.” They can, however, be arrested. Whether they stay arrested or not depends on the quality and earnestness of the program that is worked. As the saying goes, “All the time you were working your program, your addiction was in the alley doing push-ups.” Again, the fact of the addiction never ceases. The question is, is the individual alcoholic/addict working a sufficiently strong program to arrest their addiction on a daily basis, every day? Again, we are what we practice.



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## What About the Family?

Most addicts have people who love them. Most have families. The question often arises from such “concerned others,” “How do I help the addict? What are my responsibilities? How do I make them stop killing themselves?”

Family and loved ones dealing with “their” addict is another area where there are no statistics or percentages. Shortly after 1956, when alcoholism was defined as a disease by the AMA, treatment of alcoholism became possible. Once alcoholism was understood as a disease, it became possible to bill the treatment of this disease to insurance companies. From the advent of treatment programs came the understanding that alcoholism was a family disease. This is to say that not only the alcoholic (the afflicted) suffers, but so do those connected to them (the affected). This focus on the family led in two different directions:

1. The individuals affected by the alcoholic learned how they were adversely impacted by their close association with the addict, and then took their own responsibility for dealing with how they were impacted.
2. The individual affected learned how they could best contribute to the addict’s recovery, and ways they might, even with the best intentions, actually become a hindrance to their loved one’s recovery.

What resulted from the emergence of these two considerations was not so much a serious professional investigation with resulting outcome studies, as it was a collection of hard-won wisdom from those living through these difficult and often confusing situations. Providing this inside view of the subjective experience of both the addict and those who love them is precisely the focus of this chap-

ter. Some of that hard-won wisdom as told by the family members is as follows:

- Nancy, mother of an addicted teenage daughter: “Family members must learn about addiction as an illness—often it seems that addicted people are self-inflicting pain for no reason they or anyone else can understand—it takes time and education to understand that the addict did not choose to become addicted, and that by themselves they cannot attain continued abstinence from their drugs. Once this understanding is accepted, healing and compassion can *start* [Nancy’s emphasis] to replace anger and hurt.”
- Linda, stepmother of an addicted son (presently dropped out of college) who was a teenage addict herself: “Help yourself first! People hardly ever notice the damage that is done to themselves living with an addict they love. But we are. And in many ways we pass that damage on to the addict we love. Secondly, stop enabling. As hard and harsh as this may sound, it is the truth. While I was in my active addiction, I used every game in the book to manipulate those who loved me anyway I could so I could keep using. As long as they enabled me, I kept using.”
- Joe, father of an alcoholic son in active addiction through college and presently in his early 30s: “Family members have to learn to not blame themselves for their children’s addictions. Blaming self leads to guilt, and guilt opens the door to endless manipulation and game playing. In the worst of blaming myself, a man I met at a meeting who had been an addict and had suffered through what I was going through told me, ‘If you were my father, I never would have cleaned up.’ At that point, I decided I had my set of problems and my son had his. We both are and were responsible to find our own solutions.”
- Pat, sister of a recovering addict who used all through their teen and young adult years: “I think it is important to support family members and friends who are addicted, whether they are seeking treatment or not. Let the person know that although you don’t agree with their behavior, you will always care for them, for the person they are. Sometimes it’s hard to know when this really loves them and when it is enabling their addiction. That’s why I go to a group.”

- Mike, counselor specializing in young addicts: “Do not belittle addicted family members—do not assume more responsibility in a relationship than they are able or willing to assume—sometimes well-meaning individuals can prolong the addicted person’s pain by always providing a safety net, lying for them, covering up, bailing them out of consequences their addiction has caused, etc.—and thus denying them the opportunity to hit their bottom and perhaps begin their recovery process. That’s the hardest thing for family members to learn, that love often means saying ‘no,’ no matter how much it seems to be a lack of love or concern on their part.”
- Claire, chaplain at a hospital-based treatment center: “The hardest thing for a supporting family member to do is learn to ‘let go’—‘letting go’ and watching someone you care about slowly kill themselves is painful. But to try to or think you can take responsibility for their decisions surely prolongs the problem. The only way to ‘let go’ without rage and despair is to get to a point where you can place them in God’s care.”
- Marge, recovering family member: “Family members who want to help an addict must take all the energy that was focused on the addicted person and their use and start to focus on themselves. This sounds easy. But after months and years of total focus on another person’s problems, it is hard to break that habit of ‘outer focus’ and learn to care enough about yourself to start living an ‘inner focused’ life.”
- Eric, 23-year-old family member of a practicing younger sibling addict: “What I wish is that my parents had not been so concerned with my brother who had all the problems. All us other kids got lost in the shuffle. I know he [the addict] was a mess and needed help, but that didn’t mean we didn’t need our parents, too. It was like he got all the attention and we got penalized for not being addicts. But that was years ago. It’s too late to make up for all that now.”
- Jo, a long-suffering girlfriend of an addict: “I knew all the likes and dislikes of ‘my addict’ but had gotten to a point where I had no idea about my own. I got totally lost in his addiction. His addiction was to cocaine. My addiction was to him. I’m now on the long journey of rediscovering myself.”
- Ron, close friend of a 20-year-old alcoholic named Mike who died in a car accident while driving under the influence: “We all used and drank a lot, but Mike always seemed to go further. We often thought he was funny. We often egged him on even though he never needed much of a push to keep going. I wish I knew then what I know now. I wish I would have done something before it was too late.”

Anyone who lives in close association with someone in an active addiction, especially if they do not understand the nature of addiction, will be adversely affected. Often, without being aware and certainly with the best of intentions, the loved one’s addiction is easily allowed to become the all-consuming center of the “concerned others” lives. Chemical dependency counselors everywhere have a long list of stories of how shocked and often angered these concerned others are when asked, “Now, what about taking a look at the problems this addiction has caused in you?”

The usual heated response is that “the problem” is the addict’s, not theirs. The addict is the one who needs help, not the concerned others. But this is never the case. The power of an active addiction reaches out to damage, if not destroy, everyone it touches. This is the realm of what has come to be known as **codependency**.

## What Is Codependency?

This is another nebulous and often confusing term. It originated in the 1970s along with the advent of family week during most treatment programs in various treatment centers. The idea was, as noted above, that addictions not only impact the “afflicted,” but also the “affected”—that is, the loved ones of the addict. But if the addict had a name for what plagued them (alcoholic/drug addiction), what name could be given to his or her loved ones? If the addict suffered the disease of addiction, what plagued the loved ones?

The name that surfaced into public consciousness was “codependent,” the original idea being

### KEY TERMS

**codependency** A general term meaning the state of a person’s present life is controlled by various expressions of self-defeating, life-long habits stemming from a central negative definition of self. Examples of these various expressions include caretakers and people pleasers.

that the alcoholic was addicted to alcohol, but the “codependent” was addicted to the addict. That is, they were so enmeshed in the alcoholic’s mental illness that they, the codependent, often crashed and burned right along with the addict.

In the beginning, the term codependent was exclusively used and only understood in the context of the alcoholic/addict. Early family programs were mainly focused on how these loved ones could best help the alcoholic/addict stay clean and sober. The concerned others were involved in the process, but only insofar as they understood the role they played, or could play, in the recovery of the addict. Originally, the only focus of the codependent was on how they affected the addict, not on themselves, which seems pretty codependent in itself.

In time, the focus of the term codependent shifted. It expanded beyond total focus on the role the individual played in the life of the addict. This new, expanded understanding of the term was the damage suffered by the codependent while living in such close association with the addict. Apart from the addict and their needs, the question became, “What about me? What about my recovery? What is it that I need to know and do about my life? What made me vulnerable to choosing to be with this alcoholic/addict in the first place? And if this relationship ends in one way or another, how do I keep from making the same relationship choices in the future?”

Over time, as the term caught on, it came to include any dysfunctional living pattern present in the codependent’s life, whether it had anything to do with addiction or not. It’s not uncommon to hear the term used in popular sitcoms, books, movies, or songs. Not that the term is any less valid in its original context. It’s just that now the term’s reach is far beyond being limited to the context of treatment and chemical dependency.

In whatever context the term is used, it all boils down to the same process, as all thinking and behavioral patterns in life are the result of a process. (If the results of those patterns are negative, the important question is, are we motivated enough to do the work to understand and change the processes that create the patterns?) Pared down to fit into the limits of this chapter, that process can be expressed as:

What we live with, we learn.  
 What we learn, we practice.  
 What we practice, we become.  
 What we become has consequences.

This process explains the positive traits and strengths a person has as much as it does the negative. But it is the negative traits that codependency (and other labels such as “adult child,” “shame-based,” “dry drunk,” or even the ever common “low self-esteem”) has to do with. Like the “chord” analogy of addiction we spoke of earlier, all these labels have many contributing components. The component that is most visible and treatable, however, is the behavioral process stated above. We are what we practice. Whatever is negative that we practice becomes habit. Habits are what we recognize as “normal.” Normal in this context does not mean healthy. Normal in a medical context—normal blood count, normal heart rate, and normal blood pressure—means healthy. But in this context, all normal means is that we’ve done it so often and lived with it so long that it, whatever it is, has become the norm. And what we practice as “normal,” whether for good or ill, has consequences.

Again, in short hand, listed below are some of the most common “codependent” traits: Learned through modeling—then we practiced—then we became—then we made our decisions based on what has become “normal” to us—then we either enjoyed the consequences or suffered with them. This process is just as true and valid whether these traits were “learned” in an alcoholic context or not. (It may be helpful to view these traits in light of the quotes in the section, *What About the Family?*. They were talking about the effect these traits listed below had on the alcoholic/addict and those connected to them.)

- **Caretaker:** These are people who enable addicts to continue in their destructive ways. Caretakers assume the responsibility for outcomes over which they have no control. Perhaps with the best intentions, they make excuses for and protect the addict from the painful consequences of their own actions. Enablers are the addict’s worst enemy because they protect the active addict from the consequences of their behavior, and thus delay or make impossible the “spiritual experience” that is the first step of recovery. (Review the comments in the section, *What About the Family?*, for the difficult but devastating role enablers play.)

## KEY TERMS

**caretaker** An excessive sense of being responsible for outcomes over which the person has no control.

- **People Pleasers:** These people have practiced and learned to be passive. They have lost contact with their sense of rights. They no longer know who they are, and have basically surrendered their personalities to the control of others. They are whoever others want them to be. People pleasers are easily manipulated and are capable of enormous, periodic displays of anger due to constantly being taken advantage of. As the saying goes, “the only people who value a doormat are those with dirty feet.”
- **Workaholics:** These are people who have learned their value is in business, whether that business has to do with taking on an unrealistic class load, putting in a 100-hour workweek, or doing so much volunteering that they neglect other important parts of their lives. In our overly stressed and busy world, most people are overworked, and have no choice. The codependent version of this is when the ability to rest, or “do nothing,” has become impossible, uncomfortable, or just plain torture. These folks are great list makers. The problem, however, is that what they have to accomplish on their list for today couldn’t be done in a month, so no matter how much was accomplished, it “wasn’t enough,” and they go to bed feeling guilty.
- **Perfectionists:** These are people for whom nothing is ever done fast enough or well enough. Perfectionists are incapable of being satisfied. The only thing you can ever be to a perfectionist is a disappointment. Never doing anything “well enough,” they habitually find themselves under enormous pressure to “get it right.” Since perfection in this life is impossible, such people are burdened with a never-ending sense of pressure as they chase what can never be accomplished.
- **The Empty Bucket:** These are people who never learned to love themselves and so are dependent on others to make them feel adequate or loved. They are prone to constantly seek approval from people who don’t have anything positive to give—and so their bucket is always empty. Empty buckets often appear desperate to be loved, and so are easily taken advantage of. Due to the negative self-definition they learned early in life (what we live with, we learn), they habitually make relationship choices based on who their negative

self-image tells them they are. These are bad choices no matter how “normal” they feel. Bad decisions always lead to painful consequences.

- **Fear of Abandonment:** Codependents, of course, are plagued by all sorts of fears. Every character defect in one way or another is based in fear. Key among them, however, is fear of abandonment. Like all these traits, as explained above, this fear is learned from having been abandoned in one way or another. This fear is characterized by a paralyzing fear of asking for help. They can be the best friends in the world to others. There is nothing they won’t do for their friends—except give them the gift of asking for help when they need it. People burdened in this fashion will always keep intimacy and true closeness at arm’s length. As soon as any relationship gets “too close,” and crosses their fear-induced line in the sand they have determined is safe, they will find a way to push the other away. They constantly sabotage relationships that could have worked. What they most want, they also most fear.
- **Hypersensitivity:** These are people who take everything too personally. They are sure “everyone is talking about me.” They feel the world is conspiring against them at any inconvenience they have to up with—even though it is the same inconvenience everyone else is putting up with. They habitually feel attacked even if what is said to them is just a mild criticism. Sometimes just voicing a difference of opinion is seen as a personal attack. Such people are hard to live with.

## KEY TERMS

**people pleasers** An excessive sense of the need to be accepted no matter what the cost to one’s integrity.

**workaholics** An excessive sense of one’s identity built on being busy and productive.

**perfectionists** An exaggerated sense of the need to be perfect.

**the empty bucket** An exaggerated sense of the need for approval from others.

**fear of abandonment** An exaggerated sense of the certainty of being rejected by others.

**hypersensitivity** An exaggerated sense of being attacked and discounted by others.

**tap dancers** An excessive fear of commitment.

- **Tap Dancers:** These are people who are incapable of making a commitment. They have learned, often through profound early life experiences, that commitment is like a prison that denies them freedom. It has been said that tap dancers live in round houses (so they can never be caught in a corner). They, too, will only allow themselves to get so deep into a relationship before they pull the rug out from under it. Since tap dancers are good at their game (as we are all good at the games we have practiced all our lives), they are masters at blaming the other for the breakup of the relationship. Often, the unsuspecting person in the relationship with a tap dancer even gets turned around to where they blame themselves for what happened.

Obviously, there are a number of traits that could be added to this list. The idea is not to make life one big pathology. The point is, if something in our lives is causing us pain, it might be a good idea to do the work to find out what we are doing that causes that pain, and why we do it. Or, as some people have said, “Find out who is driving your bus.” During seminars and classroom presentations, it is interesting to ask the students to list themselves on a scale of 1–10, relative to these traits, with 10 being high. Usually, everyone has a number of scores higher than 5, which gives evidence that, as noted in the section, *What Is Addiction?*, codependency (as well as addictions) is a living problem more than just a drug problem.

Students often comment at this point that these traits are as common to the addict/alcoholic as they are to “codependents,” so what’s the difference? The answer? Nothing. Addicts/alcoholics are codependents addicted to mind-altering substances. Once an addict/alcoholic has arrested their addiction, they are faced with the same living problems (arising from their particular version of codependency) as the nonaddict. If there is a difference between the addict and the “codependent,” though, it is in this: that if a nonaddict codependent fails to deal with their codependent living problems, they may continue to make painful life decisions that will diminish the quality of their lives, but these decisions may well not kill them. If an addict does not deal with their living problems, they may well die in their addiction. Why this is true is all about relationships.

## Relationships

A word must be said about relationships, because recovery for both the addict/codependent as well as the nonaddict codependent, centers on escaping the trap of isolation and alienation. Recovery is learning the skills necessary to function in healthy relationships since relationships are the “bridges” taking us out of isolation and alienation. As stated above, the core of addictions is spiritual bankruptcy. Or, as people in recovery often call the experience of this spiritual bankruptcy, it is the “hole in the soul.” Recovery for any human being, addict or not, is in making and maintaining healthy connections.

All codependent traits limit or block the ability to function in healthy relationships. That’s what’s wrong with them. That is why they are serious and why they must be addressed if recovery is to be achieved.

Relationships require skills. Good will is not enough. Many people (including all varieties of addicts/codependents) love others, but are not able to make relationships work. Loving others and making relationships work are two totally different things. Individuals in active addiction are incapable of functioning in healthy relationships. This is not because they are evil or “bad people,” but because the nature of the disease/insanity prohibits them from such involvement. (Remember, the total concerns of an active addict are getting their drug of choice, protecting that drug of choice by whatever means necessary, and then using that drug. A healthy relationship cannot be built on a foundation of spiritual bankruptcy.) More than one good person has gone down in flames trying to make a relationship work with a practicing addict under the misguided belief that, “I can make them change.”

Five of the skills necessary for healthy relationships are:

1. The ability to make an emotional commitment.
2. The ability to take personal responsibility for what we bring to the relationship.
3. The ability to talk straight.
4. The ability to deal with conflict in a healthy manner.
5. The ability to nurture.

Obviously, a great deal more could be said explaining the meaning of each of these skills. For our

purpose here, however, simply listing the five skills is all that is possible. In classroom presentations, we again ask students to rate themselves on a score of 1–10 regarding what skills they feel they most need to improve. An interesting discussion is always generated as the students discuss their scores.

The connection of these skills (or lack of) with the topic of addiction/codependency and recovery is clearly seen when the codependent trait the student rated themselves the highest in is placed next to each of these five skills listed above. Whatever the trait might be, it is pretty clear that they and the skill cannot coexist. Codependency blocks relationships.

For example, what is the chance that someone who rates high on fear of abandonment will be successful at talking straight? The fear of being left or abandoned will be so powerful they will say anything they feel the other wants them to say so they won't be abandoned again. Or conversely, since codependency is all about "living our normal" without thought or examination as to what that normal is, if the other is proving to be faithful and loyal, the codependent's "normal" resists this contradiction. Without realizing why they are doing it, the codependent often chases the other away to "prove his or her normal" correct. Then they may well berate themselves for ruining what had been so rewarding. More often than not what they say is some version of, "Why does this always happen to me?" The short answer is, "Because you wouldn't let it be any other way."

## The Media

Many thinkers writing at the beginning of the industrial revolution, Thoreau among them, made similar observations about the influence culture has upon all of us. Thoreau's critical comment about the dehumanizing effect of the industrialization he saw coming was, "We make the machines and then the machines make us." Similarly, we could say we make society, then society makes us. Or, we make the culture, then the culture makes us, the idea being that we all live in a kind of envelope of values, attitudes, expectations, and perceptions. It is difficult to rise above those influences while living inside these envelopes. What the culture values the individual tends to value since,

"what we live with, we learn." Cultural values are rather like air pressure in that we are normally totally unaware of it and its effect on our lives. But, let the degree of air pressure change, and we suddenly become all too aware of its presence and power.

The media, of course, is a major voice both made by and then creating culture in America, including attitudes about drugs, addiction, and recovery. The media plays a major role in every aspect of our lives, so why would its impact on our attitudes about addiction and recovery be any different?

The impact of media on culture and addiction has been heavily researched in various ways. To access the findings of this research, all one needs to do is type in key words in any search engine. For our purpose, perhaps all we need to do is ask how the students' experience of the media (meaning, among other expressions of the media, movies, TV, popular songs, blogs, the Internet, etc.) deals with topics related to drugs and society. Pay special attention to how these cultural values are expressed at your college or on your university campus, which is perhaps where you most powerfully experience the influence of culture. Whatever is most imminent is also most powerful. What values and attitudes do students new to your campus most encounter, regarding:

- The use of alcohol and drugs as a necessary part of campus life.
- The attitude that drugs and those who use them are cool or making the most of their college years.
- That people who are drunk or high are funny.
- That college-age drinking and using is to be expected, and even looked forward to.
- That moderation is for losers.
- That getting what you want from others is "winning" without regard for consequences.
- That driving under the influence is no big deal since "everyone does it."
- That it's normal and the "thing to do" to look forward to getting inebriated or stoned on the weekend.

This is hardly an exhaustive list, but hopefully it makes the point that the "cultural envelope" we live in exerts a powerful influence on perception. In addition to the values our culture and media in general tells about drugs and addiction, what does the specific culture of your campus teach? Of

course, a person's individual perceptions and values depend on more than the immediate campus culture or subculture they exist within. But culture is a powerful voice in that mix.

The whole point is that perception is key to the decisions a person makes. And so the cultural perceptions around drug and alcohol use play a key role in our topic. Media is a powerful element in creating perception. And in accordance with our goal of bringing a subjective slant to our subject throughout this chapter, we again state that the more personal and subjective the view, the more concrete our understanding. What is the college culture regarding alcohol and drug use on your campus?

This question has also led to fascinating classroom discussions.

## Conclusion

I recently heard a speaker dealing with recovery from methamphetamines say, "There is no addiction to anything stronger than the spirit of a person joined with both the God of their understanding and their fellows on recovery road." He said it well.

## Discussion Questions

1. How would you define addiction? Why is it difficult to determine one set definition?
2. What are some commonalities between all types of addictions?
3. What are some potential signs that a person may have an addiction?
4. Describe how addicts can be both positively and negatively affected by their loved ones.
5. What are some strategies addicts use during recovery to help them stay on the right track? Do you have ideas for other ways?

6. Why are relationships so important for the recovering addict? What are some components of a healthy relationship?
7. How do types of media affect societal views of addiction and recovery? Give a specific example.

## Resources

The Internet is a near inexhaustible source of information on addiction research. Samples of what can be found on the Internet are:

1. *The Big Book of Alcoholics Anonymous*: Published in 1939. The "basic book" of Alcoholics Anonymous written by Bill W., the cofounder of AA, and the first 100 members of the organization. Explains the nature of alcoholism and the nature of recovery.
2. *DSM-IV*: Diagnostic and statistical manual of mental disorders as recognized by the American Psychiatric Association. Important because it recognizes and lists alcoholism as a disease.
3. SAMSHA: Substance Abuse and Mental Health Administration. A national clearinghouse for all things related to addiction and recovery.
4. NIDA: National Institution on Drug Abuse. A national clearinghouse of information and referrals for treatment dealing with drug addiction.
5. NAADAC: National Association of Alcohol and Drug Counselors. An association for alcohol and drug counselors.
6. Earnie Larsen's Web site, [www.changeisachoice.com](http://www.changeisachoice.com). Features many programs dealing with the issues and terms touched on in this chapter.
7. For additional resources related to drugs and addictions, visit the Web site to accompany the text, *Drugs and Society, 10th Edition*, <http://health.jbpub.com/drugsandsociety/10e>.