Addictions Anonymous covers most common addictions. The author uses the original concepts of Twelve Steps recovery programs while avoiding controversial religious elements. The book suggests pervasive personality change as the best way to remove a vulnerability to addiction.

Addictions Anonymous

Addictions Anonymous:

Outgrowing Addiction through a Universal,
Secular Program of Self-Development

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Chapter 1

An Overview

This book was written for the person who struggles with an addiction, the person who is trying to make a better life free of any dependency or compulsive behavior. For that reason I often address the reader directly using the second person pronoun, *you*. This book was not written for my fellow mental health professionals, although I would hope that my colleagues find some interest in it and might recommend it to some of their clients. As much as possible, common terms are used and technical jargon avoided.

If you don't happen to have an addiction, you may be reading this for the wrong reasons. If you're reading it when someone close to you *should* be reading it, someone who does practice an addiction, good luck, and please remember that trying to change other people usually doesn't work when it involves addiction. It's a repair job they have to do themselves. That's why the whole idea of *treating* addicts as if they were *patients* is misleading and confusing. It would be better to think we are trying to teach students than to cure patients.

If you have an addiction

Perhaps you've given up something that was, perhaps still is, very important in your life. The addiction is or was an object of love, maybe a love-hate object. Perhaps you're still just thinking about making that great self-sacrifice. What is it? Booze, tobacco, gambling, overeating, or maybe sex in the wrong places with the wrong people? Are you sure there was, or is, only one addiction? If you've finally given up X, now may be the time to ask yourself what else, what Y, is still on your back, still eating out of your wallet, and still keeping self-respect in a dark shadow.

Nothing is more difficult than changing beliefs, values, and habits. And nothing is more important in solving the problems of living

we all encounter. The choice is simple: stay stuck or learn how to change for the better. Getting others to do the job is not a choice that works very well.

This book describes a universal and secular self-help program for recovery from addiction, an important change in the life for any addict. It is *universal* because it includes all addictive behaviors in a single program. It is *secular* because it avoids controversial references to religious themes while building on the philosophy of the original Twelve Steps offered by William Wilson for Alcoholics Anonymous in the 1930s. Since that time, mental health workers have come to understand much more about addictions and how to treat them. They also understand that addictions are worldly problems that require real world solutions and personality development.

The Addictive Response

A universal program suggests that there is only one disorder that underlies all the different addictions, a disorder I call the Addictive Response Pattern. After treating different addictions in specialized programs and attending self-help groups as a guest, it became clear that specialization in one addiction at a time is a disservice because such specialized programs, whether offered by professionals or by self-help organizations, ignore a fundamental problem. Focusing on only one addiction at a time such as alcoholism can increase the risk of substitute addictions. It is common to see alcoholics trade drinking for gambling, gamblers trade gambling for drugs, or smokers trade tobacco for over-eating.

The secular view

The approach here is also secular because, with regard to religion, the inclusion of prayer and references to God has led the courts to identify Alcoholics Anonymous as a religious organization. This presents legal and social problems. Also, many new members find references to religion distracting. In any case, there is no research to suggest that formal religion is necessary for a spiritual recovery program. Religion and spirituality, of course, are not the same. A moral,

safe, and comfortable philosophy of living need not depend on religion. Religion is controversial and divisive in a program where unity of purpose is essential. Religion is a personal choice, not something that should be mandated, assumed, or enforced in programs for addiction open to the public.

Stripped of references to God and to mystical higher powers, the famous Twelve Step philosophy of Alcoholics Anonymous remains a wonderful prescription for a better life. It is a model for living from which anyone can profit whether a person has addictions or not, and it has been copied and adopted to many different addictions by different groups.

Addictions are complicated human problems. Recovering people have said that the ideas and opinions presented in this book are best suited to those addicts with some amount of clean and sober time, those who are past the first stages of withdrawal and resigned to the struggle for quality abstinence and normal living. For someone just starting out in a personal recovery, it might be best to save this material for later study or perhaps take it in small doses at first.

Long-term membership in self-help groups for addiction is encouraged although, inevitably, some members of Twelve Step groups may not agree with the interpretations presented here and with the elimination of religion from the language. Recovering addicts have many choices among programs and should make their own decisions and explore all the different ways of dealing with addiction. If one thing doesn't work after giving it an honest effort, they should try something else.

Finding your best way

There is no one best path to normal living for every addict. Some people have only one addiction while others have many. Some people will be able to quit with just a simple pledge or resolution; most others will need stronger measures and more time. Some will put their faith in self-help groups. Some will become involved in religion. Some will try the newer drugs that offer help in controlling cravings. Some

will even be able to moderate and control an addiction so that it no longer damages their lives. Each individual must find his or her own way out of addiction in their own good time, but they must never give up and never stop trying.

In addition to attendance in an appropriate self-help group such as Alcoholics Anonymous, some less formal kind of group discussion is also a good idea. Most so-called Twelve Step groups feature a chosen speaker and individual statements from members. General discussion, often called cross-talk, is usually discouraged. An informal coffee hour after such a meeting can allow for more in-depth discussion of ideas and problems. Even better would be a group therapy session moderated by a trained professional with experience in working with addicts.

A text like this could serve as the foundation for such discussions.

Spreading the word

Many people who come to treatment and to self-help groups are intellectually, culturally, and emotionally unable to follow a long text, no matter how basic it may be. That is one of the reasons why meetings and fellowship are so important. Those who do find this material of value should use the old pattern of each one teach one, so that important ideas can be communicated to others in whatever time or language it takes. Read or explain important parts of your personal recovery program to others, but never shove it down their throats. In helping others through your service and in giving others real choices, you tame your own ego and allow others to learn to do what works for them.

If you feel at home with the approach offered in this book, suggest to a local college or university that they could offer a course for recovering addicts, perhaps a non-credit adult course that would serve the community and produce some income for the school. This book might be one of the texts considered for use in such a program.

The reader should remember that what I write is not literature approved by the national service office of any Twelve Step group.

Anyone new to a recovery program should read all of their organization's approved literature before attempting material like this.

After you quit

An old joke in Alcoholics Anonymous is about Henry who introduces himself by saying, "Hi, I'm an alcoholic, and Henry is my problem."

Not *was* my problem, but *is* my problem. Henry's been sober for a long time and is still working on his main problem, his personality. So, if all you want to do is quit one life-eating addiction and still be the same old personality you've always been, that's your choice. It's dumb, but a choice you have every right to make.

Please don't think I'm picking on addicts about the need for life-long efforts to improve personality. Any good person is never finished growing up, never finished working on self-improvement. I pick on lots of people and include myself as one in need of constant maintenance and development.

Good old Henry summarized the whole point of my writing, the point being: don't blame the love-hate substance or activity, what I call the *addictive;* it cannot be changed. It doesn't have a personality of its own; it's just an inanimate thing. Look instead to the attitude and reactions of the one who has overused it, and let's change them if we can. Example: there's nothing bad, evil, or sinful about the alcohol people drink. It's just the result of yeast cells eating up sugars and pooping out alcohol. Alcohol has many uses, some of them very important and helpful in human life. It is widely and effectively used in industry, medicine, and research. It does good as well as harm, but alcohol itself makes no judgments. It has no will of its own. It is what it is. You're different; you don't have to be what you were forever.

Avoiding blame

So, why blame anything or anybody? Let's fix the user who has the problem with alcohol without becoming sanctimonious prohibitionists. Let's get rid of the appetite. More accurately, let's get the addict to deal with the appetite.

Stay with me as we explore the wonderful, amazing, and horror-filled world of addictions, not just one addiction, all of them. Come with me now back to the days when the state governments of Nevada and New Jersey took over gambling, a move that forced the crime families out of the trade.

The addictive personality

It was windy, cold, and raining late one evening as I walked the Boardwalk in Atlantic City, New Jersey. I'd left one casino to visit another and was hurrying to get out of the cold. I passed two men sharing an umbrella, and I caught just a fragment of their conversation. The taller man, a fellow with a slightly pockmarked face, was telling his friend, "That's how it is, I have an addictive personality."

I assumed they were in Atlantic City to gamble, but both men were smoking, and a faint odor of alcohol reached me as we dodged around each other.

That scene and that small fragment of conversation have stayed in my memory for years. The idea of an addictive personality was not in fashion among professional psychologists because we had no reliable measure of such a personality. If it could not be measured, it must, therefore, not exist. We always seem to be conscious of fads and fashions in our profession; when something is out of fashion we simply say it is without scientific justification. When something is in style, who needs science?

Chapter 12

The Stages of Addiction and Recovery

The addictive response pattern

Although there is little agreement on the question, addictions are what mental health experts call *developmental* disorders. That is, they develop over time as the result of experience, genetics, and growth. Sometimes they appear quickly and sometimes it takes years, but the stages of their development always seem similar between individuals and between addictions. The notion of stages in addiction and recovery, as a theoretical structure, is a teaching device I developed at the Veterans Administration Hospital in Reno, Nevada. Later, the stages were included in several published papers and eventually in a treatment manual developed for use in treating problem gamblers in Las Vegas by a company called Trimeridian.

Although the separate addictions have been treated as very different problems, they are manifestations of a single underlying disorder: the Addictive Response Pattern or, simply, the Addictive Response.

My desire was not so much to build a formal theory as to describe as simply as possible a general process many addicted individuals go through. The description includes common intellectual and behavioral features that appear as people grow and change from an initial addictive experience through the final stage of recovery and abstinence.

SARM

The Stages of Addiction and Recovery Model (SARM) suggests a continuous development and change process best viewed as an unfolding series of characteristics with no abrupt change points such as hitting some sort of bottom or point of desperation. Older theories

viewed the growth of addiction and recovery as opposite patterns while SARM attempts to describe a continuous process of development.

Six stages of SARM

The developmental flow suggested by SARM is divided into six stages each of which is a description of the thinking of an individual with respect to a particular addictive at any given moment. The term *addictive* is used here as a noun to indicate the substance or activity that holds addictive potential for vulnerable individuals. It is the trigger needed for the addiction.

SARM does not assume that the individual is in the same stage with different addictives, that is, one could be in the advanced stages of alcoholism but just a beginning gambler. Knowing what stage of progression or development an individual is in with respect to different addictives might be useful in predicting the need for treatment, the level or intensity of treatment, and the possible outcome in terms of quality of life and abstinence.

The hospital program we called the Addictive Disorders Treatment Program dealt with a broad range of addictions including gambling, alcohol, and substance abuse. SARM should be valid for all addictive developments and could be applied to any addiction, even those not seen as a *primary* addiction for any given person. Research shows that clients with any specific addiction often have other addictions that are usually not addressed in specialized programs for alcoholism, problem gambling, overeating, or substance abuse.

The tendency to substitute some other addiction for one that has become inactive is nearly universal. Clients are, in fact, sometimes encouraged by advisors to find substitutes to fill some supposed *void* once they have undertaken abstinence from a primary addiction. Thus, without intending to develop any new addiction, an alcoholic may find increasing problems with gambling or overeating during periods of alcohol abstinence. Smoking and abuse of prescription drugs are

frequent in addictive disorder clients as are non-substance dependencies such as compulsive spending and over-working on a job.

What's wrong with specialized programs?

There is a risk of harming people with a single-minded, narrowly focused treatment of one addiction at a time. Let's consider someone came for help with a gambling problem. The patient was a long time smoker, but smoking was not permitted during therapy sessions so it was not observed by counselors. Smoking was not seen as relevant in treating the gambling, and was ignored. Other minor or *sub-clinical* potential addictions were ignored while the gambling was suppressed by treatment. The initial interview revealed that there was some overeating, occasional misuse of prescription drugs, and unfaithfulness to the spouse. Again, these were not the focus of treatment and were basically ignored. They did not fit the diagnostic standards applied in treatment at the time.

This individual, to summarize, was a moderate drinker who occasionally over-used cold remedies, engaged in casual sex from time to time, and was somewhat overweight. None of these were treated as problems as staff focused attention on the gambling, and yet her other behaviors, although moderate at the time, may have been more dangerous to health than the gambling. Had her treatment focused on teaching what are called coping skills, skills necessary for self-managing emotions and behavior, the treatment may have been of some general benefit. Unfortunately, in most specialized treatment programs, other addictions are seldom mentioned, and discussions focus on the primary or identified addiction.

Was the specialized gambling program successful? If we look only at the gambling, yes. She went home, attended Gamblers Anonymous, and all seemed well. Unfortunately, compensatory addictions soon developed. She almost never gambled following treatment, but drinking, promiscuous behavior, and the use of barbiturates escalated. She continued to expose herself to the health

risks of tobacco use. The woman was still looking for a solution to her lifelong dark feelings that were not attended to by the program for gambling.

Compensatory addiction

When a primary addiction is suddenly stopped, there is a very strong tendency to develop a *compensatory* addiction that is usually one the client already had at some milder level and which now grows stronger and serves as a substitute preventing real emotional and intellectual growth. Compensatory addictions soon undermine abstinence from the primary addiction and are a major cause of relapse. This is why it is so important to assess a person's progression in *all* likely addictions at the beginning of an intervention or treatment for a specific addiction. Of what value is successful alcoholism treatment if the client leaves with a stronger likelihood of gambling or prescription drug abuse? Again, it is very likely that the different addictive progressions within the same client sometimes move independently and mask the single underlying disorder, the generalized Addictive Response Pattern

The division of life into stages is arbitrary and artificial; it's like calling different parts of a river or a road by different names, and this is done sometimes just to be able to talk about different parts of the same process. The test of the usefulness of talking about stages is whether or not the addict can see how these parts play out in life.

Here are the six overlapping stages of development in the addict:

1. Delight and Discovery
2. Protection and Promotion
3. Defense and Denial
4. Resentment and Relapse
5. Acceptance and Abstinence
6. Growth and Gratitude

The specifics

1. Delight and Discovery: In this first stage, a person samples a trigger, probably for the first time, and may experience a rather immediate and strong emotional contrast effect. Sometimes, of course, a first use causes fear or nausea, but with some encouragement for continued use, the user of the new trigger finds it will produce a high or altered state that contrasts vividly to the customary background of dark feelings, emotions that have never been confronted and handled. Hyperphoria and sometimes relaxation replace the normally painful collection of depressing emotions and thoughts. Having had this delightful experience, the new user of the addictive suddenly becomes a champion of its use not only for self, but for others as well. The trigger is suddenly seen as a kind of miracle drug or extremely important activity. The user is self-medicating instead of solving emotional problems.

With some triggers such as tobacco or marijuana, there is only an increase in general comfort level and ability to relax, not an excited high. The user may not even notice this change in feelings, but will easily become dependent upon it.

The social isolation of the addict-to-be may begin when others not subject to the same tensions, dark feelings, and thoughts see little point in heavy use of the addictive. Attempts to convert the wrong (invulnerable) people to use eventually drive people away, and the individual is left to the company of like-minded users.

The first use is described by addicts in many ways:

It was like coming home to a warm fire.
I felt like a huge stone had been lifted from my shoulders.
I finally felt normal and relaxed.
It gave me self-confidence like I've never known before.
Life took on a new, wonderful meaning for me.
I never relaxed, even when I slept, until I found this.

I knew then that I could do anything. It made me feel invincible.
It's a wonderful way to relax and take a break.
It's my one big treat, my one expensive luxury.

Some beginning addicts do actually stay at this mild level without further obvious progression, and they may stay there for long periods until some life reversal or major transition increases vulnerability. Some are willing to give up use because the loss of friends is too high a price to pay for fun. What is called *natural recovery* is possible at any point depending on the individual's level of vulnerability. Dark feelings come and go; they can exist at all levels of intensity. Some others may find an alternative addiction that fits better in their social circle.

2. Protecting and Promoting. The new addict continues to try to promote use among others, convinced he or she has discovered some great truth. Enthusiastic evangelical crusading, of course, doesn't pay off. The user may find employment in a related industry, anything from street drug sales to a return to college to study pharmacy. One fellow took a job selling wholesale to taverns and spent his days visiting many bars giving out free bottles to bartenders and sample drinks to patrons. One new gambler recruited a group of friends to help in a betting scheme he thought would beat the casino. (He's still in jail.)

The addict may oppose any social or legal restrictions on use of their particular addictive. All restrictions seem unduly harsh. The addict tends to view him or herself as a rebel or enlightened reformer. The circle of real friends grows smaller while the devotion of fellow users is mistaken as real friendship. At this point the addict is protecting the trigger from blame, protecting use of the trigger, and still attempting to promote its use by others.

3. Defense and Denial. At this mid-point in the development of an addiction, the social and financial costs become gradually more obnoxious, interfering constantly with the enjoyment of the trigger. The addictive trigger, in fact, may now require increased use in amount and

frequency. Tolerance for the addictive increases, but the original refreshing high gets harder to reach.

The addict may hit physical or financial limits of consumption at this point without reaching the old, desired level of euphoria or satisfaction. At the same time, physical tolerance is gradually lowered as the years pass.

Family arguments become increasingly bitter, problems on the job may develop, and possibly there are legal problems such as drunken driving charges, loan sharks, and even crime to support the addiction. Increasing pressure to stop or hide the use of the addictive leads to resentment and an increase in background dark feelings when not using. There may be ineffective and half-hearted efforts to stop or moderate use. Rebound depression now demands a more immediate return to elaborate anticipation and use. The addict may gradually become more secretive, attempting to hide use from family and co-workers.

4. Resentment and Relapse. Growing resentment at social disapproval of use and at the damage being done by constant use leads to outbursts of anger, impulsive acts, and periods of angry abstinence followed by devastating periods of return to use. Attempts to abstain are undermined by a refusal to change values and priorities. The addict has many criticisms of programs and therapists who try to help, often blaming others for a relapse. Abstinence at this stage is similar to what has been called a *dry drunk*. Dark feelings that have been suppressed by the addictive may come to the surface during periods of abstinence. The addict is particularly vulnerable at this point to compensatory or substitute addictions. For some, resentment and constant relapse become a way of life. By now, the addict may have lost everything worth having and may become uncaring, isolated, and even suicidal. It is extremely difficult to talk about help with such an addict since, by now, he or she has experienced a variety interventions, none of which have worked. A sense of hopeless surrender to the addiction may develop, and they may be heard saying something such as, “I know I was doing the wrong, stupid thing, but I just didn’t care anymore.”

5. Acceptance and Abstinence. Gradually, for some addicts, during any of the preceding stages, there comes a realization that they have a very serious and difficult personality problem, that they are powerless over the addiction. Somehow some addicts find the tools they need to abstain from use. They accept help when it is offered and begin a program of change on a regular basis. Sadly, only a minority of addicts reach this stage without slipping back into angry resentment. Many years of a life may have been spent in addiction before this stage is reached.

6. Growth and Gratitude. A relatively few addicts reach this final state that is the doorway or beginning of normal living. There may come about a radical change in values and attitudes about life and about addiction. Some, of course, have reported having a spiritual experience, an epiphany or sudden insight. Most, however, discover a different way of thinking and living more gradually through a self-help group, individual counseling, study on their own, or simply with increasing age and life experience. They gradually, in a hundred different ways, learn to manage dark feelings. People can and do continue their psychological growth and can outgrow addictions without substituting new ones. As they once blamed their addiction on other people, places, or events, they may now credit their newly found ability to abstain to something going on in their lives at the time of this breakthrough. It might be a Twelve Step group, a psychotherapy experience, religion, college, etc. Any one of these experiences and many others can produce the new ideas and the new ways of dealing with destructive feelings and impulses.

Hopefully, the reader at this point may have some greater understanding of the bug that bites the addict, and about yet other bugs still waiting to bite. But understanding and insight alone do not amount to a cure. Psychological growth takes work, study, time, and energy. We must now take a more detailed look at the attitudes, lifestyle changes, and problems offered by most so-called Twelve Step groups. So, at this point, we move away from describing the development of addiction in order to look at the problems of recovery from addiction.

Suggested Activity to Aid Recovery

1. Check back to Chapter Six, if necessary, and review the list of triggers. How many did you check? Now, for each of the triggers that you checked, decide where you are with each of them. Use the stages from one to six to rate each. This is an exercise in self-honesty, a quality without which progress in just about impossible.

2. Are you at the same or different stages with each different trigger?

3. Write a little on what could become major addictions if and when you abstain from a primary addiction. (If you began to abstain in the past, complete your historical record.)

4. If you are working with a discussion or therapy group, this, like all the Suggested Activities, would make a good topic.

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