

# **The Psychological Effects of Addiction**

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## THE PSYCHOLOGICAL EFFECTS OF ADDICTION

By Tom Butcher, Ph.D.

This work grows out of a lecture that has been presented in several treatment centers for a number of years now. The case material and the illustrations come directly from the lives of the folks in these facilities and it is to them, and to their recoveries, that this work is dedicated.

Before we continue, I must ask must ask that each person who listens to this material be willing to take personal responsibility for what they do with the information. Reading or listening any further will then imply your willingness to take personal responsibility.

By way of background, addition has not always been thought of as a disease, and although there were attempts as early as the 1800's to establish treatment programs for alcoholics, it was not until 12-step programs began in 1934 that much in the way of successful recovery occurred. Some folks that are themselves in recovery describe the addiction in their own terms: "Anytime you do not have any power over your own mind wanting to go get something you do not need and that is detrimental to your lifestyle, that has to be a disease." And another person: "That is what a disease does, it gets in your life and destroys it."

Twelve-step programs taught us that people could recover and also taught us what happens when people relapse after being clean and sober for long periods of time. By doing so, it shows one of the fundamental characteristics of addiction: that it grows and progresses and gets stronger during periods of abstinence, so that when a person relapses after being clean and sober for 10 or 15 years, the destructive effects of addiction occur faster, and the life of the person goes downhill a lot quicker than when they were actively using for years before.

This is such an important point that I would prefer that you would not trust me on this issue, but instead search out for yourself some people who have been in recovery for long periods of time and have known others or have themselves relapsed and ask what their experience was when they relapsed. Do this about a dozen times, and you will likely hear over and over, stories showing how rapidly and profoundly the destructive effects of addiction develop. Anybody in recovery has to keep this fact in mind: that the disease is going on, progressing, and getting stronger even though they are clean and sober. Several other related facts about the disease also have to be kept in mind: The disease will shift from one chemical or activity to another very quickly and very subtly and very effectively, so that it can start with one chemical or activity and spread to another very easily. Cross-addiction is the name of this process.

There is another interesting characteristic of addiction and that is that it can gain the cooperation of our unconscious mind to produce all sorts of effects on our thinking, our feeling, our decision-making, our personality and our dreams. One person in recovery put it this way: “My mind has a mind of its own.”

Some folks have difficulty with the idea of an unconscious mind as something that goes on outside of our awareness and influences or affects or to some degree controls our conscious experience. But this part of our mind is active in our everyday life, and we would be hard pressed to get along without it. As illustrations of this important part of ourselves, consider that many people can wake themselves up when they want to in the mornings, setting their minds before they go to sleep to wake up at a particular time, and then wake up precisely and exactly at this time. Prior to awakening, they are either sound asleep or dreaming, but when the desired time arrives, their level of consciousness shifts to being fully awake. Another example is what

happens when we have to take our car into a shop; we may be driving a small compact with power steering and power breaks, and the only thing we can find to use is a large truck with no power accessories, no automatic shifting, and no side or rearview mirrors. The first time we try to steer around the corner or put on the breaks or change gears, we have a whole new set of procedures to learn, and until we learn them, we are bewildered and confused and thinking about a whole lot more things than we usually do when we have all of our unconscious reactions helping us.

I am going to proceed to give a lot of examples of the interaction between addiction and various mental functions with these various mental functions acting in the service of addiction. But first, I want to give you a tool with which to uncover addiction and identify its presence. This tool comes from some early experience. The town where I grew up was a pretty rough sort of town and sometimes bad things happened to people--robberies, break-ins, and muggings were not at all unfamiliar. Life would go along quietly for a while and then the damaging things would sort of erupt. When this happened, it was best not to go around asking who might be doing bad things. If you asked too many questions, you had a way of turning up with broken arms and legs and a lot of bruises, or not even turning up at all. But if you wanted to know who was behind the action, all you had to do was simply to watch to see who amongst your usually penniless acquaintances turned up driving a brand new car. The piece of street wisdom here is that if you want to find out who is pulling the strings, you look to see who is getting the payoff. In essence, what we are doing is looking to see if addiction is getting the payoff from whatever is going on in our experience. For many, the effect is similar to what would occur at a Mardi Gras ball where everybody had been happily dancing with all sorts of different masks on, and at 12 o'clock, the masks are removed, and behind each mask is the same face. Addiction appears behind a whole

lot of what goes on in our lives, and we look to see if addiction is there to get the payoff with the question “Does this benefit my addiction or my recovery?” or “Does this benefit my addiction or my life?” This question shows what is getting the payoff in any one particular feeling or decision or belief.

Consider these examples drawn from the lives of people struggling to put together their own recoveries. Before you hear the example, put in mind the question “Does this particular belief benefit the person’s addiction or their recovery?” Look to see what is getting the payoff. Look to see what is driving off with the new car:

“I am doing so well I know I can drink like a normal person again.” or the belief “I have stopped drinking and that is the best thing I have ever done for myself. I think I will have a beer, and Monday will be my official stopping day.” or the idea “I’ll just spend \$20 and get a little bump, and I won’t spend any more.” or the idea “Nobody will know about it and what is it going to hurt anyway.” or the idea “Addiction is not a disease; it is a weakness, and to prove that you are strong you have to keep on drinking.” or the idea “I am only hurting myself” or “I know what I did wrong the last time; this time I will be able to control it.” or “I will go to the bar, but I will only stay an hour and then I’ll leave.” or “If you can do it, so can I.”

When you look, it is not at all hard to see that addiction gets the payoff from these beliefs. The people that believed them and acted on them got caught up deeply in their addiction, relapsed, and did a lot of damage to their lives.

Here are some more just for practice using the question “Does this benefit the person’s addiction or their recovery?” “I just wanted to be like everybody else and thought I could handle it.” “My real drinking buddy that I dearly loved and I would go out drinking on Memorial Day and drink \$300 worth. He killed himself and I felt like it would be unfaithful to him for me to

stop drinking.” “I’ve got things together now-- now it is party time.” or “If you had my life, you would drink, too.” or “ I have to drink this weekend so I can get some sleep and be alert for treatment Monday.” or “I will have just a little something to take the edge off.” Look at how these beliefs about which the person was thoroughly convinced worked not to the benefit of his own life, but to his addiction. Their sense of reality was altered, so that they believed to be real ideas that seriously damaged their lives.

Here is addiction affecting memory function: “When I go to meetings, I remember all the bad times that happened when I was drinking and I forget all the good times; but when I stop going to meetings, I remember all of the good times I had when I was drinking, and I forget the bad times.” Here, we can see the direct effect of both recovery and addiction on a person’s memory function. Recovery strengthens a person’s protection against his addiction, but when he stopped going to meetings, his memory of his past life shifted so that he forgot the damage that his addiction had done and remembered the good times leading directly to relapse.

Here is another example of memory working to pay off to addiction. Many people enter recovery with memory deficits, but almost no one forgets his dealer’s telephone number. One person in his 50s remembered all of his dealers’ telephone numbers as far back as high school. He was not real sure what day it was, but he was sure of those numbers.

Here is an example that shows the effect of addiction on attention span and concentration: I was presenting essentially this same lecture to a group immediately after dinner on a warm summer afternoon. As I was talking, the group was slowly nodding off, going to sleep, deeply relaxed, and only barely attentive. This went on for a while and a person who was new in treatment spoke up in the group asking if anybody wanted to know how to get codeine without a doctor’s prescription. The effects on the group were much the same as if all the chairs had been

wired into an electric circuit and someone threw the switch. Instantly, everybody in the group came to full attention, ready to concentrate as hard as they could to learn how to get codeine after having been only barely awake when the subject was recovery.

Many feelings operate so as to provide a payoff for addiction. It works like this: Suppose one morning you are sleeping soundly and a knock comes at the door. You stumble to it and find there a man with a big smile on his face and a handful of \$100 bills. He announces to you that he is going to follow you around all day and give you \$100 every time you get angry. You do not believe him and try various ways to get the crazy man off your front porch before dawn in the morning and think perhaps that going back to sleep will allow him to wander away. But when you wake up a few hours later, he is still on the front porch swinging on the swing, waiting for you. He follows you around all day and every time you get angry, he gives you \$100. That evening you check your pocket, and you have maybe a half dozen \$100 bills, and you think to yourself "What a good deal this is!" and you thank your lucky stars for the extra money and go on off to sleep. The next morning there he is again, knocking on the door before dawn ready to follow you around all day and give you \$100 every time you get angry. Well, that day you do not go back to sleep; you get right to work, and by the end of the second day, you have been angry maybe two or three times more than you were on the first day. That evening you count your lucky stars again and look at the big stash of cash you have and go back to sleep. The next morning you are sitting on the front porch swing waiting for him when he comes, and by the end of the third day, you are angry enough to take his whole roll of \$100 bills. Now just substitute a drink or a hit for that \$100 bill, and you see how easy it is to get caught up in a whole lot of strong feeling if something in you gets a payoff. Now, suppose a little further that the next day your significant other says to you something to the effect, "Honey, you have been awfully angry

lately; don't you think you should go down to the neighborhood therapist and talk about this and turn this thing around so you are not as angry as you have been lately?" And you agree. Yeah, you have been awfully angry lately and you go talk to the therapist. But as long as you are getting those \$100 bills, your feeling is not going to change no matter how many therapists you talk to or for how long. Essentially, that is how addiction operates with feelings. Feelings do not change when addiction is hooked into them, and if any feeling gets a payoff from addiction, that feeling is going to become very, very frequent and very strong.

Here are just a few examples: A man in recovery began having a toothache that got worse and worse. For several days he tried aspirin, Tylenol, and everything he knew to stop the pain. He was in treatment at the time. He told the nurses who gave him aspirin. The next day the pain was worse so he told the nurses again and was given more aspirin. This did not work and he began thinking about leaving the hospital to find a dentist who would give him pain medication. When he thought of going to the dentist, he remembered that he had a large partial over that area and that there were no teeth there at all. About two hours later, a pain that had resisted every sort of treatment for the last few days was gone.

Another man came into treatment, got through the detox process, got clean, and noticed that the ringing in his ear and the shoulder pains that he had been taking heavy doses of narcotics for had stopped. About a week into the recovery program, he started smoking cigarettes again after four or five years of abstinence. When he started smoking cigarettes again, the little pain and the ringing in his ears started coming back. He quit smoking again, and the ringing in his ear and the pain stopped.

Another person would get caught up in intense feelings of depression, low self-worth, strong self-blame, and feeling very strongly that she was just a bad person. She would always

start drinking when these feelings got bad enough. Recognizing that this produced a payoff for her addiction, she started working with herself so that no matter how strong these feelings got, she did not take a drink about them and she felt relieved, strengthened, lightened, and as she put it, “empowered.”

Craving is a very powerful feeling that can be irresistible in its intensity, but craving, too, is affected by the combination of addiction and the unconscious. Two interesting experiences are frequently observable. First, when people who are addicted to alcohol start taking Antabuse, cravings are diminished to the point where they may be entirely absent very quickly. Second, people that are early in their crack addiction during the middle of the month when they have no money, have no cravings and give no thought to using. But as soon as payday comes and there is money around, the cravings appear full strength. No opportunity for use, no craving. Opportunity for use, very powerful craving.

There is a part of the personality that is called self-governance. It is that aspect of the self that is in charge of the personality. It is a group of functions concerned with choosing or deciding or directing or controlling. Look at these two examples to see how the self-governance function is shifted from benefiting the person’s life to paying off to his disease. “I made a strong decision not to use anything again, and I threw all of my works and all of my dope away in the dumpster behind the hotel. After a couple of hours, I got pushed back into going back into that dumpster, going through all of the garbage to find my dope and my works again. The feeling was a sort of panicky, compulsive push that I couldn’t resist.” or “I would buy money orders so that all of my bills would get paid. I would take the money orders and make them out to the companies so that I couldn’t cash them. But then when I got high, I figured out how to cash the money orders, even though they were made out to the companies and not to me.” or “I would make a strong decision

to budget my money and pay my bills, and I would allow only \$20 for dope. But when I used the dope, I would end up spending all of my money and not paying my bills.” or “I made a very strong decision not to drink anything again and poured out everything I had. While I was pouring it out, some of it spilled on the carpet and at 3:00 the next morning, I was down on the floor with a straw trying to suck it up out of the carpet.”

Even though these persons tried to control their lives in healthy directions, that control was lost so that the payoff of their actions went to their addiction and addiction took control of their self-governance function.

There is another part of the personality called signal-anxiety. That is the kind of anxiety that we feel when we are standing in the middle of the train track, and the train is coming. It is an anxiety that tells us “You had better go somewhere else and do something other than what you are doing because things are about to get a little messy.” It is the ability to see danger to ourselves coming, and it tells us to start putting together defenses to forestall more serious damage.

In this example, look to see what gets the payoff: “The limit I had set for myself was a pint a day. I would buy a gallon and refill my pint every day. One day I couldn’t find the gallon and I lost control. I was trembling, my heart was beating fast, my palms were sweating, and I was very anxious. But when I found the gallon, I calmed down right away and everything was okay.” This man’s signal anxiety worked so as to let him know that he was in danger of not getting a drink, and it was a very powerful anxiety indeed. But look what happened next. “When I found the gallon, I calmed down right away, and it was then that I knew I needed help. I realized that I was way out of touch with reality where alcohol was concerned.” The anxiety shifted to the point where the person recognized that his disease had essentially taken over and

the signal-anxiety started paying off in directions that strengthened his recovery and his life, rather than his addiction.

The way that we interpret things that are said to us is frequently influenced by our ideas or beliefs that we are not aware of at the time. Ask yourself whether or not these particular understandings benefited a person's addiction or their disease: One person had a wisdom tooth removed and had to take pain medication. When that happened, he said, "Something clicked and I realized that if I got hurt, I could get pain medicine." This man then went on to break his leg in a skiing accident. Another person who had a food addiction was working hard with herself and "One day my therapist told me I should take more risks, so I had a cookie." With that cookie started a very profoundly deep and damaging relapse. And another man: "One of my friends said the word 'cordial' and instead of thinking 'nice,' I thought of having a drink."

Our best ideas come to us suddenly and in a flash without much conscious forethought. Look to see what gets the payoff here: "I pulled up in front of a drugstore and realized that I had half a prescription pad with me because I had just come from the doctor's. He had only given me five of what I wanted, so why didn't I write in what I needed. So I just wrote behind the five and didn't think anything about it when I did it. And it wasn't until I went to jail that I recognized how big a problem it was. I was out of control. I broke the law and didn't think anything about it until I was in jail." The idea to write a zero behind the five seemed like a brilliant stroke of genius, but the payoff went to this person's addiction, not to his life.

Relationships with other people are practically the foundation of human life. What gets the payoff from these changes in the person's relationships? "I don't fit in with my family anymore. I just fit in with junkies." or "My family has become my enemy because they want me to stop using." or "I let my drinking choose my friends for me." or "I keep my dealer's trust no

matter what happens, but I don't care if I lose my family's trust or my friends' trust." What gets the payoff is what pulls the strings, and it is addiction that is pulling these people's strings and changing the quality of their relationships with other people.

Who we are, the person that we are, our identity changes in order to payoff to addiction. Again, look to see what is getting the payoff here: "I got to the point where I was using all of every day, and I started stealing and doing a lot of things I said I would never do, but when I was using I found myself doing them. I didn't like myself, I didn't like the things that I was doing, and people didn't trust me anymore. I'd lie about everything. I had a close relationship with my sister and saw my drug addiction destroying this. I was raised with a good value system and that changed." or "I felt like I was losing my soul, like I was possessed." or "I would marry my needle and spoon if I could." These deadly changes in our identity clearly pay off to addiction.

Addiction also operates very slowly, over long periods of time to try to get our life out of the way so we can return to using chemicals. A lawyer was very successful in this small town. He had a very busy practice and began using Demerol after a ski accident, developed addiction, went through treatment and got himself a good recovery, but then began to relapse. He recognized the danger and tried all kinds of ways to exercise control. He tried to regulate dosage and intake; he remained working dealing effectively with the issues in his life switching from one chemical to another so that he would not get too addicted to any one, and convinced himself that as long as he was using this small amount and was in such a stressful profession, that he needed a little medication occasionally. One day he wrote a prescription for himself for the drug and presented it to his pharmacist. This pharmacist had known him since childhood, recognized and reported the forgery. The lawyer was intervened upon by his colleagues and brought back to recovery. The question that was burning in his mind was why did he choose to forge a

prescription, instead of simply calling one of his doctor friends and asking for medication, which they would be happy to prescribe for him. He could not figure out why he would do something as dangerous to himself as forgery and he thought of various things like maybe he was playing a game, or maybe he was asking for help, but none of these things clicked in his mind. It was not until it was suggested to him that since forging a prescription would very quickly remove his license to practice law, there was the possibility that his addiction was simply trying to get his life out of the way so he could use dope without any interference from a busy and stressful profession. When such a comment is correct, a light goes off in the person's mind, and a very big light went off in this man's mind, and he recognized the danger that he was in and got much more serious about his recovery.

Another example is that of a woman who had been married to the chief executive officer of a large company. She attended parties as was her social function and had of course been drinking at these parties as she went along. She drank more and more, developed an addiction, and began to behave at parties in ways that threatened her husband's social position. She went into treatment, got a good sobriety going and returned home. When she did, she and her husband found out they did not like each other very much, went to several marriage counselors to try to straighten things out, but that didn't work and they got a divorce following which everyone was happy. The children were happy; they spent weekends with one or the other parent. The woman started working and was very happy with her job. But then she began remembering all the good times she had had with her husband, began dreaming about him, and thinking all kinds of thoughts like "a woman really ought to be with her husband." The two started writing letters to each other and started thinking about some form of reconciliation, and this woman's feelings were moving very strongly back towards her husband. She was asked if she could return to him

without drinking, but she had some doubts about this as she would certainly have to go to the parties as she always had. She was then reminded that she was alcoholic and could not drink without it seriously jeopardizing her life. The suggestion was made that she go back to her husband and resume their marital relationship, but simply not ever have a drink again. This allowed the return to her husband, but stopped the payoff to her addiction. Following this suggestion, thoughts about her husband ceased; she stopped dreaming about him, stopped thinking about how wonderful it would be to be back together with him, and her dreams about him stopped and she returned to being quite happy as a separate, kind of independent person. Now what was about to get the payoff from that direction of her thinking and feeling? And look what happened when the payoff stopped.

Our unconscious plays fully in our dreams and here, too, addiction puts in its oar. For years, I have asked the groups to which I give this talk the question “How many people dreamed about using while they were actively using?” Very few people, at the most roughly 8% of the groups, have such dreams. But ask the question “How many people dream about using after they have stopped using?” and the numbers change; anywhere from 55% to 70% of the people who stopped using experience some form of “using” dream. One person in a treatment facility dreamed about using and woke up feeling high. A knowledgeable and richly experienced psychotherapist used and trusted his dreams, regarding them as a source of invariably valid information. He stopped smoking as he had tried to do many times before, but on this occasion, in contrast to others, he was successful. Three months went by and he was feeling proud of this achievement. One night a figure appeared in his dreams and told him that he had been successful in his effort to stop smoking, that he now had the problem contained and could resume controlled

smoking. Believing in the validity of the information that appeared in his dreams, he had a cigarette the next day and was immediately swept away by a sustained and powerful relapse.

Interestingly, many of these dreams occur after the person has taken a strong step towards recovery. Although these dreams clearly show the cooperation between the addictive system and our unconscious, their presence is frequently a signal that we are making headway in our stand against addiction.

Perhaps the most dangerous of the changes that happen to us as addiction progresses is what addiction does to our self-protective system. Imagine for a minute all the damage addiction has done that you are aware of throughout your lifetime, if not to you then to someone else. If you yourself are struggling with addiction, imagine all that addiction has done to you throughout the course of your life. If you are not struggling with addiction, remember what you read in the papers or think perhaps of someone you know. But imagine a big stack of all the damage that addiction has done right there in front of you. And then imagine that you are walking down the street happy and free and cheerful, and someone walks up to you and says, “Now sir, or m’am, I am going to do to you right now everything that is in that big stack there.” What would you do? Most of the folks in the groups that hear this say that they would find some way to flatten him, or they would find some way to run as fast as they could. Nobody has ever agreed to go right along, allowing him to do whatever he set out to do. But when our addiction does exactly the same thing to us, we put up no resistance whatever. Somehow addiction alters our self-protective system so that what we protect is the disease, not ourselves. Our self-protective function does not come alive as it would if another person threatened us.

I have tried to show addiction pulling the strings of our mind and getting the payoff. Now let us see if we can shift the balance of power so that what gets the payoff is our own life and

health and well-being. In order to do that, let's look at how recovery often begins. For most of us, recovery begins when the next step along the road the disease has laid out in front of us means that we are going to lose something that we are not willing to part with. The man in the street that says, "I am going to do all that stuff in that pile to you," starts to meet some resistance and some fight and our self-protective system begins to shift to protect something in our life, instead of protecting the addiction.

Here are some examples: "I looked in the mirror one morning and it wasn't me at all and I knew I had to do something before it was too late." or "I couldn't live my life like a man no more; I lived like a bum." or "I can't keep my promises to my children; I steal my children's money and I took the money my wife had set aside for Christmas presents." or "I had some white sitting out on the table and I was smoking and this girl that was so pregnant that she couldn't fit under the table asked for a hit and I saw her not only getting high, but bringing into the world a little baby that hadn't asked to be born and was gonna be brought into the world addicted with a disease that was gonna affect it for the rest of its life, and I blew all the white on the floor. I had been high, but that made me sober, and that is when I began to see the disease and that's what brought me into recovery." or "I was outside puking and my two-year-old son came outside and stood beside me and tried to make himself puke, and I knew it was time for me to do something about myself." or "It was taking over my life and I had to do something to get my life back." or "I drank on the way home and threw my vodka bottles out of the truck before I got home. One day I went to clean my doghouse and found that my dog had retrieved those bottles and brought them into his doghouse. When I saw how many bottles there were, I knew I had a problem." or "My six year old said to me, 'You are killing yourself and you don't even care about us

anymore.” or “I knew I was in trouble when I started putting beer on my Frosted Flakes in the morning.”

Each person’s turning point is different and unique, but they all show that addiction was just about to do some kind of damage that the person was not willing to allow, and the person started trying to protect themselves and their own life and the lives of those dear to them from the effects of something inside of themselves that was just about to take something they were not willing to part with. Their self-protective system woke up and said, “It is time to start fighting for your life.”

Now that the willingness to fight for our lives is reawakened, how do we do it? How do we fight for own life against something that works around inside our own mind, influencing our decisions and our plans, our feelings, our beliefs, our dreams, our relationships with others and our identity itself? One person expressed his understanding of the treatment process very succinctly: “You draw a line between yourself and your disease and kick butt.”

Let’s review what are dealing with to see if what we know about the disease can show us something of what we have to do to protect ourselves. First, the disease grows and strengthens throughout our lives. Again, if you have any doubt at all about this, check it out with “the old-timers” who have seen it in themselves and their friends. This tells us that our recovery has to be growing and strengthening throughout our lives in order to contain the disease. Second, addiction can turn every aspect of our conscious experience in a direction that benefits itself, so we have to develop some skill at seeing what our own mind is up to, as well as skill at managing the direction our actions take. Third, the disease shifts easily from one chemical or activity to another so we have to eliminate cross-addictions with the same vigor as we eliminated our “drug

of choice.” It is the disease inside ourselves that we have to protect ourselves from more than the individual chemicals or activities that it attaches to.

Twelve step programs handle the first requirement beautifully. As one person put it, “Meetings give me encouragement and it is like I am fed something and I can deal with anything when I have that nourishment.” That nourishment comes from the sort of energy that is developed by a group of people organized around the same purpose, and this energy and the wisdom that has accumulated over time is a major source of help to a growing number of people. The idea of recovery as a lifetime process appears to be in conflict with the time tested “one day at a time” approach. The recognition that the disease also grows one day at a time may help to resolve this apparent conflict.

Second, addiction can turn every aspect of our conscious experience in a direction that benefits itself so we have to develop some skill at seeing what our own mind is up to, as well as skill at managing the directions our actions take.

Previous examples have shown the vulnerability of our conscious experience to this combination of addiction and our unconscious. Now that we are looking at the problem from the point of view of how to protect ourselves, we need to understand this independent notion of this system in greater detail. This idea was not arrived at easily, nor is it presented lightly. Uncountable relapses, therapeutic failures and the deaths of many, many dearly loved people have forced constant attempts to look at our conceptual systems and our therapeutic approaches to this problem to see why they do not work and to see how the problem of addiction can be understood and handled, so that we can develop an effective approach to this problem. The failure of traditional psychotherapy began to point the way; addiction was seen as a symptom and dynamic systems supposedly underlying this symptom were uncovered, brought into

consciousness, and worked through. No luck. Addiction remained untouched. At present psychotherapy helps people put their lives back together, but it does not help them come to grips with their addiction. Understanding that addiction functions like an independent dynamic system allows the psychotherapist to deal with the system with familiar tools uncovering this system, bringing its actions into conscious awareness and dealing directly with this system. Addiction has to be handled differently from other dynamic systems. There is no way to resolve it or integrate it into the personality; it has to be firmly and continually split off and suppressed and its actions watched throughout the person's life. But approaching addiction as if it were an independent dynamic system gives the psychotherapist a very useful conceptual tool that was painfully missing.

Evaluative and therapeutic work with literally thousands of people made possible the observation that every aspect of a person's conscious experience could be turned in a direction that strengthened addiction's hold on the person's life; again, pointing to addiction as an independent dynamic system. Every possible sort of early experience, every sort of personality structure, every sort of feeling state, every sort of present situation presented themselves over and over, but what was constant about these experiences was that they were being used to pay off to the addictive process. Bang your head up against something often enough and you begin to notice it.

Therapeutic success began to confirm this notion. When a particular emotional experience is being used by addiction, this emotional experience is extremely resistant to change. Split the addictive process off, so the addiction no longer gets the payoff, and the emotional experience changes, often very rapidly. This sort of rapid change only occurs when the correct

psychodynamic system is being handled. When you flip the switch and the light goes off, you begin to consider the possibility that you have a little bit of handle on the electric current.

There are at least five ways by which this independence shows itself: First, this system can initiate action on its own, it uses but does not require triggers and can operate quite powerfully without them. Second, it is not alterable by working through supposedly underlying emotional experience. Third, it does not integrate into the person's life in any sort of constructive way. Fourth, it does not resolve or diminish in strength. Fifth, the same addictive system can attach itself to a wide variety of chemicals or activities.

This characteristic of a disease, this ability to work on our mental life from an unconscious level, allows us to use the piece of Freud's teaching that suggests to us that we make the unconscious conscious, that we learn to see inside our own minds so to speak, to recognize what it is that is pushing us from inside and, recognizing it, have more choice in our subsequent actions. The question "Does this benefit my disease or my recovery?" shows us the presence of addiction in our experience, but where do we go from there. We can see the train coming down the track, but since it is coming from inside ourselves, how do we jump out of the way? Several possibilities have grown thus far out of working in this direction, and without doubt there will be a lot of others added as time goes on. Although the following observations are by no means the final word on anything, folks have found something useful here up to this point.

A powerful therapeutic effect accompanies successful efforts to strengthen the person's self-protective system and direct this system so that the person protects his own life and the lives of his loved ones from the disease. An example will illustrate this point: An American Indian woman in her early 60s came to treatment for alcoholism. She had been in treatment many times, was bright, energetic, sociable and made herself at home in all of the groups. She progressed

beautifully until the day before she was due to return home when she collapsed in anxiety and despair. She said that she was terrified of returning home, that she had no will power and always relapsed when she left the hospital. Remembering some of the stories she had told about her experiences while drinking, the idea that she had no will power was absolutely absurd. The therapist asked if she had any grandchildren. She brightened quickly, said that she had more grandchildren than she could count and started to talk about each one with immense love and happiness. She could have talked about her grandchildren and their exploits for six months or so without ever repeating herself, so the therapist interrupted and asked her what she would do if someone came up to her and told her that he was going to take each of her grandchildren and do the most horrible thing he could think of to them. Her feeling immediately changed to an icy-cold, steel-hard resolve, and you could see the spirit of every Indian warrior that ever went into battle and she said, in a way that lifted your hair on the back of your neck, "It would be him and me to the last drop of blood." The therapist then told her that the enemy threatening to do just exactly that to her grandchildren was her disease as, first, it would take her away from them much sooner than necessary if she relapsed and, second, her grandchildren most likely had the same disease which would ruin their lives if she was not around to provide some guidance. She said, "Oh, yeah." and you could see all of the ancient tribal warrior energy shift to attack the disease. For about five years, she called every summer to report that she continued to be sober and was moving into a position of leadership in her tribe, spreading recovery.

Previous examples have shown that activating the self-protective system very frequently initiates entrance into recovery. Reinforcing this newfound inner strength is essential in building a foundation from which the person can suppress the disease.

Another part of strengthening the self-protective system is finding and changing the ways the person protects the disease. Here are some examples: “I ‘m not alcoholic, alcoholics get fired and I haven’t been fired and I am at the top of my work and my responsibility.” or “I would buy myself a bunch of crack and smoke some and throw the rest away to show myself I still had power over it.” or “I would throw away several half-pints and get real proud of myself, and then buy a fifth and get drunk.” Sometime the disease is actively protected while the person is in treatment. “I thought they were saying it is a disease to make patients feel better about themselves.” or “I was in treatment for cocaine and wasn’t planning on stopping smoking pot because I didn’t think it was addictive.” What gets the payoff from these ideas that acted so as to impede treatment?

Another way of protecting ourselves from what is inside us is to recognizing the part that addiction is playing in whatever is going on, suppress the addiction, take the addiction out of the picture and simply allow the other experience to follow its natural course. The following illustrations will help clarify this idea.

A lawyer came into recovery, retired after leading a very busy, active life, and found himself increasingly bored. In order to handle that boredom, he would drink and his addiction rapidly developed to the point where his retirement was simply a matter of his going from one drink to another. He recognized that his addiction was getting the payoff from his boredom and proceeded to work with himself along the lines of allowing himself to be just as bored as he could possibly be, but under no circumstances would he have a drink about it. This took the payoff from being bored out of the hands of his addiction, and he was bored for a couple of days, but then immediately started finding interesting things to do.

Another person had very strong feelings that she was being mistreated by nearly everyone in her acquaintance. When this feeling got strong enough, she would use drugs as a way of developing a more tolerable state of mind. Splitting her addiction off from this experience took the form of allowing herself to feel mistreated as strongly as she could feel it, as long as she felt it, but under no conditions using any drugs about it. She felt mistreated for a couple of days, but she found the experience much easier to tolerate and was able to start standing up for herself where it was useful and simply ignoring the mistreatment where standing up for herself would have been to no avail.

Another person had a very active fear of other people and of leaving the house. Being so much alone, he drank extensively which of course gave the payoff to his addiction. Taking his addiction out of this picture took the form of allowing himself to be as isolated and fearful as he could be, but under no conditions having anything to drink about it. Within a few weeks, he found himself comfortable at meetings he attended, and within several weeks, he had forgotten what it felt like to be fearful and was beginning to establish good friendships within the recovering community.

A man came into treatment terrified of driving on the expressway. This terror was so strong that to calm himself before he got on the expressway, he had to have a drink. Frequently he found it necessary to get off the expressway and drink again before he could finish the trip to work in the morning or to home in the evening. With increasing frequency, he had to stay home and drink all day in order to relieve the terror. He did well in treatment, but had no idea how he was going to handle the terror of driving on the expressway when he left the hospital. The suggestion was made that he allow himself to feel his terror at whatever strength it occurred, but that he sustain the understanding that under no circumstances could he have a drink about it. He

tested himself on city streets, felt no terror, then tried the expressway, and after a few moments, his initial anxiety dispersed never to return.

The idea that you can be as bored as you are going to be or as afraid as you are going to be or as mistreated as you are going to be and you do not get any dope or alcohol splits addiction away from the experience and allows the experience to change. Like the anger you feel when somebody is giving you \$100 every time you get angry. Until that \$100 payoff stops, there is no way in the world you are going to get over being angry. When addiction does not get the payoff anymore, feeling and ideas and impulses can change.

Another way to handle this unconscious push from addiction is to use the tricks that addiction has been playing for its own payoff in favor of recovery and in favor of your own life, so that parts of yourself that your addiction has been using are being used to benefit your recovery. Again, examples are helpful. This first example also serves as a sort of shortcut for the question “Does this benefit my disease or my recovery?” Addiction has the ability to twist our mind so that we regard as real ideas and beliefs and perceptions of reality that are absolutely false. There is a part of us that we all have that is connected with our understanding of what is real and what is not. Unfortunately, I can find no way to express this concept as forcefully as is necessary without using some bad language. If anyone can think of a way to express this concept adequately without using bad language, I would appreciate knowing about it. But, until I have such a means in hand, I ask your forgiveness and forbearance. There is a part of us that functions as a sort of bull-dung light--an awareness inside ourselves that comes into being in the presence of bull-dung. Along with this recognition goes an avoidance reaction so that we find ourselves not only recognizing bull-dung, but also going to some lengths to step around it. Now addiction can and does use this light to its own advantage. One such example is that of a man who entered

recovery, went to meetings, went to lectures, came home and told his wife that everything he heard all day long was bull-dung and very shortly relapsed. His light protected his disease. It is possible to use that same light to recognize addiction when it is starting to play with your mind. We can not stop these ideas from ever occurring, but we can recognize that they are not real, and the bull-dung light acts so as to expose their unreality.

Listen to some of these familiar examples of thinking and belief and see if that light inside you does not begin to glow: “I can handle it this time. I’ll go to the bar, but I’ll only stay for an hour and I will leave.” or “I can have a drink and nobody will know about it and it won’t hurt anyone.” or “I can quit any time I want to.” or “I am doing so well, I know I can drink like a normal person again.” or “I’ll just spend \$20 and get a little bump and then I won’t spend anymore.” or “I’ll have just a little to drink to calm me down.”

Now if your own personal bull-dung light did not begin to glow, listen to these examples again. And if it did begin to glow, then see if it will not begin to glow if you yourself have an addictive disease that is going to start talking to you at some time or another.

There are numerous other examples of personality functions that have been paying off to addiction that can be turned so that they begin to pay off to recovery. The earlier example of the man whose signal-anxiety had warned him that he was not going to be able to find a drink shows the shift in function, so that signal-anxiety begins to operate in the service of his recovery. When he recognized how much drinking meant to him, he also recognized that something was way out of line, and he began to work to save his own life. Another example is that of a woman who had a very quick and powerful temper. She could get angry very, very easily and her anger had worked to the advantage of her addiction. Seeing this, she began to direct her anger at her addiction itself and began to use her anger to protect her own life and well being so that every

time she had an impulse or a craving or an idea about having a drink, she would turn her anger loose on it. Her anger then paid off to her recovery.

Here is another example: A man would purposefully drink in front of his young son and would tell his son, “Now you see what this is doing to me? Don’t let it happen to you.” This man would believe himself to be taking care of his son in this way. He would also drink when he and his wife would have an argument thinking that if he drank, he would not get angry and hurt her. He would also drink before he went out thinking that if he were in a good mood, he would be less likely to get in fights. His addiction was hooking into his desire to take care of himself and his family and other people. He did not recognize that his desire to take care of other people that was so strong was paying off to his addiction; but when he saw this, he also saw how much better he could take care of his family when he was not drinking and he could use his desire to help other people by strengthening his recovery. Shifting his very strong wish to take care of himself and other people so that the payoff went to his recovery, not to his addiction, had a profound effect on his treatment process.

One person approached treatment of his addiction with the insight that “I get a part of my feeling okay about myself from shifting what other people believe about me to where they think I’m okay, and as long as they think I am okay, I can do things that are not okay and still feel good about myself.” He had no difficulty seeing how other people’s good feelings about him paid off to his disease, and he had very little difficulty shifting this system so that no matter what other people thought about him, he did not drink or use and began to search out what other people thought about the quality of his recovery and used their comments as a guide for direction by which to strengthen his recovery. Interestingly enough, as his recovery developed, he became

less concerned about what other people thought about him and more independent in thought and action.

Another person came into treatment with the awareness that “I don’t care about anything anymore. I don’t care about myself or my work or anybody I know.” He was asked if he cared about alcohol or drugs and replied strongly, “Oh, yes! I do, more than anything. You try to get those away from me and you will have a fight on your hands.” He also recognized that drugs and alcohol were killing him, so he did not have much difficulty understanding that no matter how much he cared about them, he could not use them again. He was encouraged to watch his reactions to people in his recovery groups to see if there was any sign from within himself that he cared about them, and it was not long before he found himself beginning to care. He could then go on to care about himself and his life and family. The part of him that had been usurped by his disease to serve its own purposes was split away from his disease and reintegrated with productive living.

The third characteristic of the disease, its ability to shift easily from one chemical or activity to another, implies that we have to eliminate cross-addictions with the same vigor with which we eliminate our “drug of choice.” It is the disease inside ourselves that we have to protect ourselves from more than the individual chemicals or activities that the disease attaches to. This process works in this fashion: Remember the old days when the king had his castle in the center of the town; around the castle was a deep moat full of water. Around that moat was an open space where shops were. Around the shops was a wall of sharpened logs with a sturdy gate. Outside this gate were the open fields where the crops were planted, and beyond that was the forest with the sentries patrolling the outer edge. There were many strong barriers that any invader had to overcome. Eliminating cross-addictions moves our protective shields out away

from ourselves just that much further. And, interestingly enough, addiction then shifts its attacks to the outer edge. The disease starts working on us to relapse with a cross-addiction that we had tried to eliminate, so we are actively working to protect ourselves in a way that gives us more space and more room and more life. Unfortunately, the necessity to eliminate cross-addiction is still the source of a lot of disagreements and there is still a lot of acceptance of cross-addictions. Quite likely, time will show that this acceptance simply enables the disease.

Also helpful are a group of things that have been found useful by people in various recovery centers: sharing, helping each other, changing attitudes, developing hope, and most of all, laughter. One person described this sharing as “When my disease starts working on me, I have to tell on it, and it is other people that I tell.”

Another essential step by which we protect ourselves is to avoid relapse, and there is a particular form of relapse that can be looked upon as a sort of interaction between our addiction and our unconscious. After recovery has been achieved and life has been going well for a long time, at a time when chemicals are furthest from our minds, when we see no apparent wiggles from our addiction anywhere in our lives, somehow or another drugs or alcohol will just drop into our hands. At those times, we must be prepared to protect ourselves immediately and with as much strength as possible, like the Samurai warriors that were trained to go into immediate action at any moment. Consider these examples: A man was in very successful recovery from crack cocaine addition; he had been absolutely clean and sober for nine months and had reestablished a very happy, strong and effective way of life. He went over to a friend’s house, his friend had never used any chemicals in his life, and so far as everyone knew, no chemicals had ever been in this man’s home. This man went to his friend’s house with no thought whatsoever of using any chemicals. He sat down on the couch, reached down into the cracks of the couch

just to check out what he might find there, and came up with three rocks of cocaine. He looked at these rocks and his interpretation of that event was “God is telling me that I have a good recovery and is rewarding me, and I can smoke these rocks and it will be okay.” He smoked those rocks, but it was not okay, and it was not God that dropped them into his hands.

Another man, who had a good recovery and had been clean for a year, was driving down a country road and his truck blew up in front of a liquor store. That liquor store just happened to be the only place within five miles that had a telephone, so he had to go into the liquor store to use the phone. Unfortunately, he found it impossible to come out without a bottle.

Another man had a good recovery, was feeling happy and had gone swimming after a meeting with no thought whatever of using anything. Some water splashed up his nose and the chlorine felt like a rush of cocaine. One minute he was happy and free; the next minute he was wondering where he could sell his car to get dope.

Another man had just come home from eight months in a halfway house to find that his fiancé had moved out and taken all of the furniture. The man was walking to the store to get a coke and some cigarettes, and a kid rode by on a bicycle and asked if he wanted any dope. At first the man said no, but then something triggered, and he called the kid on the bicycle back. After using the dope, he went looking for the kid on the bike and was unable to find him, but had no trouble finding other sources of supply.

Another person was clean and sober for 13 weeks and got a \$5,000 inheritance that he was not expecting and immediately relapsed.

Another man walked out of his house one morning and there was a brown paper bag on the sidewalk. He recognized that the bag should not be there and wondered what was in it. He

looked in it and found that there were three or four bricks of cocaine. He wanted it, but he ran as fast as he could to get away from it, fortunately protecting himself.

Another man went 18 months without drinking and drove by a liquor store every day. One day, as he put it, “It was like something else took over, and I drove right into that liquor store and bought a pint and drank it.”

A woman had struggled hard to recover from cocaine use and had been clean for almost a year, but relapsed when “I had had a bad morning and I went downstairs and a carpenter we had just hired was doing a line of cocaine and he offered me some, and I used it and went on from there.”

Sudden, unexpected opportunity opens a crack in our self-protective system that addiction will be quick to grab and run through. Being prepared for these situations by knowing that they will occur, recognizing them immediately, and being ready to protect ourselves and our recovery just as swiftly as addiction is in its efforts to reach for our lives can prevent destructive relapses.

In conclusion, I thank again those folks who have encouraged me to make this lecture available and again dedicate this work to their recoveries.

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