Rethinking Recovery

~The Quest for Solutions to Addictions is Hindered by Gross Mislabeling of the Problem~

By Jason Wittman, MPS, LAADC, CAPT-IV

One of the major reasons why the success rate for rehabilitating people with addictions is nowhere near as high as it could be is due to the inaccurate labeling of addictions, including alcoholism, as diseases. Doing so locks those looking for better solutions into a medical model that focuses on curing the symptoms (choice of addiction) rather than on the underlying cause itself. It also has a big influence on the choice to develop treatments for specific substances rather than focusing on attending to the root causes of all addictions.

I see the root cause of all of the addictions, chemical and nonchemical (i.e. gambling, obsessive eating, etc.) alike, as maladaptive and very poor behavioral choices to cope with internal hurt generated by very low or a lack of self-esteem/love. This is the missing ingredient that addicts refer to as "that empty hole inside" when they describe having it filled by their initial use of whatever was their choice of drug or behavior. Creating treatments for specific drugs or alcohol misses that those are just symptoms of low or no self-esteem/love. Focusing on them without also dealing with the underlying self-esteem issue is a fool's errand. Without building great self-esteem, eventually they will either go back to their former addiction or switch to another, probably non-chemical one.

Laid on top of this root cause is the very real physical addiction, in the case of alcohol and drugs. On top of that is the very real, well developed habit of reliance on the addiction of choice to relieve their emotional pain. As with all habits that have been reinforced through lots of repetition over a long period of time they take on a life of their own.

Accepting this new definition of addictions highlights how futile it is to attempt to solve addictions by anything that does not eventually lead to the clients developing a high degree of genuine self-esteem/love. One would think that the medical profession would have by now figured out that introducing suboxone and methadone as a cure for heroin which was supposed to be a cure for morphine addiction after WW I, are nothing more that medically endorsed addictive substitutes. Unfortunately, labeling addictions as a medical problem puts recovery professionals in a frame that thinks of addictions in the same way as thinking about real, medically "incurable" diseases that are controlled and put in remission through drug therapies. Also in that frame, it is acceptable to dismiss clients returning to their addictions as relapses (think "cancer coming out of remission"). It takes the onus off recovery professionals, who can say that it is just part of the recovery process instead of it being an indicator that they didn't do a complete rehab job to prepare their clients for an addiction-free life.

I have little or no problem with using drugs to assist in detoxing and withdrawal from chemical addictions or to bridge the void of internal emotional support until such support is developed. It has been shown that the success rate in working with meth addicts is greatly improved with the short-term use of antidepressants. The emphasis, here, is on "short-term" use. In this same vein, I would include all of the "evidence-based" techniques and protocols that are focused on

alleviating the actual usage but do not directly address the building of self-esteem/love. They are possibly good interim steps but not addressing the root cause.

Where do 12 Step programs and the Steps, themselves, fit into this model? Unfortunately, the 12 Steps do not directly address the building of self-esteem/love. It looks like Bill W. was on the verge of incorporating it in some way when he wrote about "emotional sobriety." He was on the right track but hadn't quite made the connection that he was really describing self-esteem/love. The 12 Steps are an essential prerequisite for the development of great self-esteem/love in that they both clean out all the negativity of the past (Steps 4-9) and create a firm foundation on which to build this positive inner life. At the same time the sponsorship and the fellowship provide universally available support that can reduce the need for the use of short-term bridging drugs. The final Step, though, is the development of a huge sense of self-esteem/love.

With the above in mind, here are my suggested phases of a plan of recovery from all addictions that will lead to a lasting, fulfilling life for the former addict:

Phases of Recovery:

Phase 1 - Cessation of active using and tending to withdrawal symptoms.

This is the transition period from active using to abstinence. Depending on the substance used (in the case of chemical addictions) there will probably be a period of medical detoxification or at least pure physical recovery in the form of lots of sleep. This phase is a shared responsibility between the medical profession and the counseling professionals, with the medical professionals taking the lead until the detox portion is over. They need to be carefully monitored by the counseling people to make sure that they use the minimum amount of drugs necessary to accomplish the task and that they stop the drug use when detox has been accomplished so as not to kick off another cycle of medically prescribed dependency.

For those who are withdrawing from addictions that do not require medical intervention, such as Methamphetamine, most of this phase will be in the form of lots of sleep and replenishing of the body's nutrients. There needs to be paid particular attention to the degree that clients are depressing themselves, which is a usual feature of withdrawal from these substances. Temporary and very well supervised use of medicine to relieve the pain of depressing would be useful in some cases. Even better would be teaching non-medical ways to cope with the depressing. Although this is almost always the case with stimulant addictions, most folks who are newly out of their both chemical and nonchemical addictions will most probably experience periods where they are depressing themselves. For most of them, very active engagement in the following phases of recovery will get them through. When it doesn't, they too are candidates for the various forms of antidepressive therapies.

During this phase, it is an ideal opportunity for counselors to do very thorough 1st Step work. In the 1st Step of the 12 Steps, there is recognition by clients that their lives are unmanageable and that they have been operating in automatic addiction mode which they demonstrably are

not able to control. The desired outcome of this counseling is to get the clients to admit to themselves and to understand that their best thinking has not served them well and that if they really wish to change, they will have to rely, for a while, on the thinking and direction of those who have demonstrated their best thinking has and does work. In other words, when folks finally understand, at an emotional level, that their best thinking does not work, they will then be receptive to new ideas and direction. They will become teachable!

This is an absolutely essential element in the recovery process. Without it, there are unteachable clients and residents that are wasting their and the program's time. The window of opportunity for accomplishing a thorough 1st Step realization is opened widest during this Phase 1. They are hurting and their latest foray into the world of addiction is still ever present on their mind. There is a good reason why, in 12 Step meetings, members share "how it was and what happened." It is a constant reminder of the lessons learned by doing the 1st Step. It is not to relive the past or fantasize on it but rather to remember why they are doing the hard work of recovery. If, in later phases of recovery clients begin to question why they are participating or find reasons not to do the suggested work before ever doing it, 1st Step alarm bells ought to go off in their counselor's head. Nothing else, at that point, will be useful other than to revisit the 1st Step and assist them to once more become teachable.

Phase 2 -Dealing with the firmly embedded behavioral habits of their addiction

To discuss this part of the process, there is a need to review the different functions of the two major parts of the mind. I have renamed these parts from the original descriptors of conscious and subconscious or unconscious, to outer mind and inner mind. The outer mind deals with daily wakeful decisions, awareness's and navigations. It is the editor of daily life, the guardian of reputation and of conscience and the main cause of writer's block, as it wants everything to be totally correct and well-formed before proceeding. It functions as the guardian of all the Inner Mind's programming, screening out any new ideas or concepts that would change one of those programs. It also takes its marching orders from the Inner Mind. If there is a well formed Inner Mind program governing a particular behavior, the Outer Mind, blindly and obediently performs that behavior. Hypnotherapists say that, "willpower is wont power!" because willpower is the Outer Mind attempting to override an Inner Mind program which it has an obligation to carry out.

The Inner Mind is the repository of all the programming that are used to automatically function in life. All those functions that we do exquisitely without conscious thought, from our bathroom routine to typing, driving a car, and all those perfect performances in sports, jobs and entertainment when we are "in the zone!" are all directed by the programming of the Inner Mind. The Outer Mind operates at too slow a speed to do any of them. In learning a new skill, the "all thumbs" phase is the Outer Mind figuring out what to do. With repetition, the skill becomes an inner mind program and becomes an automatic process. Anything the Inner Mind does repeatedly will eventually be accepted as being normal and natural and at that point its dictates will be unquestionably and habitually carried out by the Outer Mind.

With repeated use over a goodly amount of time, the practice of addictions eventually become accepted by the inner mind as being a normal and natural thing to do. The more repetitive and the greater length of time, the more ingrained and the harder it is to change.

The most effective way to change Inner Mind programming is to do a new behavior or way of thinking longer and more repetitively than the one needing to be replaced. The problem with addictions is that to accomplish that distance from active using, the Outer Mind needs to at least temporarily override the habitual Inner Mind programming, a colossal feat! It needs all the ammunition and support that it can get. A very good 1st Step realization is both great ammo and the beginnings of changing the Inner Minds program. Counselor, sponsors, other helping professionals, recovery staff and residential recovery residents and 12 Step fellowship folks are all essential in assisting the client to continue to override the natural urges of the habit and to stay on track.

One of the primary missions of this Phase is to put lots of distance between the last use or active addictive behavior and the present. This is why short term detox and brief residential recovery programs are a set up for failure. The other primary mission is to assist newly recovering clients to get to some good internal feelings as quickly as possible. It is a time shot at this point as to whether they will achieve some inner peace and good feelings before they decide to revisit a trusted place for immediate relief, their old addiction. For this reason it is essential for recovery counselors to take their clients through at least the first four of the 12 Steps, and hopefully the 5th Step, as quickly as possible. There is nothing written that says that the 4th Step needs to be done with a Sponsor and the problem with many sponsors is that they do not understand that absolute urgency of getting through these quickly.

Until the 4th Step is written and the 5th Step is spoken, a newly recovered person is hitchhiking on the good feelings of those around him/her. Once they complete these Steps, the relief of letting go of a lifetime of pent up emotional baggage will, for the first time, give them some good feelings of their own, and tons of ammunition to continue to override the Inner Minds addictive directions. Although 1 through 5 are sufficient a goal for early recovery, counselor must encourage their clients to finish doing a 9th Step (making amends). Getting rid of past guilts is hugely important to continued recovery.

When folks have been abstinent for a while, thoughts of dabbling and controlled using can enter one's mind. It is not a good idea to experiment with controlled use of whatever was their addiction. Remembering that the Inner Mind will instruct the person to do whatever it thinks is the current normal and natural program. And through the process of Phase 2, it has grasped that the normal and natural program is now to be abstinent from the addiction. The problem of dabbling in the addiction is that the Inner Mind could interpret that as a signal that it is to go back to the original addictive programming and all bets will be off! For most people the saying, "one is too many and a thousand is never enough," is most likely the case. Experimentation, after doing all this recovery work is way too risky a proposition.

Phase 3 - Building and enhancing self-esteem/love

Working on building recovering folks' internal love for themselves and increasing their feelings of self-worth and esteem can actually be started from day one although the concentrated and most productive work will be done when the they have finished the 4th and 5th steps (and the 9th one, hopefully). Those Steps will have cleared out all their accumulated past emotional garbage. With it gone, they will view themselves and the world in general thru a clear filter that will allow for doing the work to build their esteem.

Greatly increasing recovering clients self-esteem/love is the single most important thing to insure a relapse-free recovery including the prevention of switching to other addictions. When the root cause is taken care of, the problem disappears.

There are many effective methods and techniques to develop self-esteem/love. They are the subject of a separate paper.

Phase 4- Stage 2 Recovery

I am forever indebted to the late Ernie Larsen who introduced me to this concept via his book, "Stage II Recovery" which I read, in the early 1980s, not long after it was published. He pointed out that before a people enter into the recovery process, it is like they were lying down, incapacitated, at the starting line of life. The recovery process, through thoroughly working the 12 Steps of the various 12 Step programs, prepares folks to be able to start trudging that road to happy destiny.

The recovery process quite exquisitely allows them to clean out their insides of all the accumulated stuff that kept them using and taught new resources and habits to insure that the addictions do not become active again. What it doesn't do is to teach all the getting on living stuff that insures that there can be a happy destiny. Once their addictions are no longer a problem, they are still at the starting line of life, though now they are standing up and ready to begin that journey.

Here is where Stage 2 Recovery starts. There is a problem that folks face, for whom active addiction is no longer an issue and for whom the urge to use or drink has been lifted, especially if their addictions started when they were quite young. All of the getting on living stuff, like how to deal with relationships, building self-esteem, developing life sustaining good habits, developing emotional maturity and skillfully and exquisitely navigating through the minefield called life, are now having to be learned for the first time. A common bit of recovery wisdom states that at whatever age a person starts developing addictions, is approximately the level of maturity and learning they are starting with at the beginning of Stage 2 Recovery.

This Phase is really the beginning of a lifelong learning process that starts during Phase 3 and continues at first with a counselor or coach and eventually through self-study and experimentation. In my private practice, one of my specialties is assisting clients with Stage 2 Recovery issue.

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