



Serene Scene

Transitional Sober Living Magazine

www.serenecenter.com

May, 2009 Issue

12 STEP TREK

Step #8 Making a List and making Amends
12 Step Worksheet Series
Courtesy of Serene Center, Long Beach

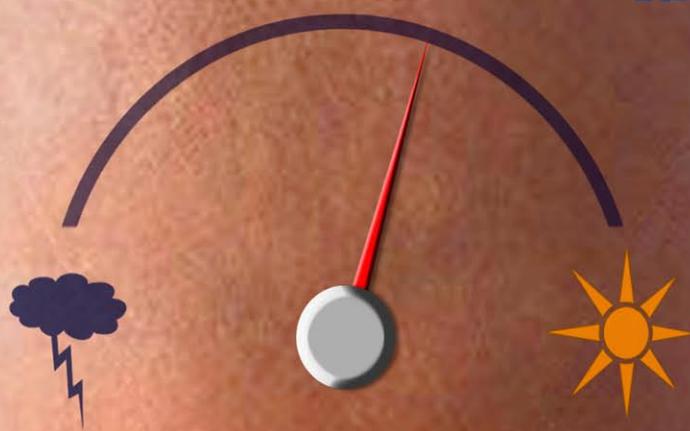
THE NUTRITION AND NATURAL THERAPIES

PRACTITIONER

How Do They Fit in the Recovery Process?
Leni Felton, Courtesy of Serene Scene's Medical Editor, Richard Gracer, M.D.

YOUR TESTIMONY MAY HOLD THE KEYS...

That Unlock the Very Essence of Your Purpose
Antoine P. & Jacqueline Williams: Think 5, A New Way of Thinking



COURAGE:

Part 7 from The 8 Essential Ingredients of Healing
Penny Rock

BHC JOURNAL

SPOTLIGHTS:

A&E Interventionist, Ken Seeley and Thomas Ollendick, Ph.D.
Dennis Miller and Robin Jay, Senior Staff Writers, BHC Journal.com

MANAGING THE ADDICT MIND

Understanding the Conflict and Taking the Necessary Action
Andrew Martin, MBA, CADCA

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Photo by Dina Marie



Andrew Martin,
MBA, CADCA

Managing the Addict Mind *Understanding the conflict and taking the necessary action.*

It is not uncommon for practitioners in the addiction field to view the patient as an individual with a kind of split personality: not in the context of a schizophrenic, but in the sense of a duality of thoughts, emotions, and behaviors. I have given names to these distinct character sets:



Healthy Self

Addict Self

In order to explore the differences between the healthy self and the addict self further, it will be helpful to explain a few important details about addiction itself.

Addiction is a chronic and progressive disease which can be arrested with a comprehensive and thorough approach to treatment. Similar to diabetes, addiction requires a lifelong effort to obstruct the progress of the disease: when the disease is arrested it is called 'being in recovery' as opposed to being sober which is simply abstaining from the use of mood altering addictive substances. Certain aspects of the disease are seemingly easier to treat than others: for example, the physiological damage caused to the liver and kidneys repairs itself fairly quickly with abstinence from the destructive addictive chemicals and a well planned diet. However there are other components of the disease that are far more difficult to treat such as the spiritual functions of the self and the cognitive functions of the mind. These areas of need take a lot of diligent work and a very long time for the addict to be in a solid recovery.

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After the addict becomes abstinent, and before the addict experiences a complete recovery, there are several phases of progress and development. In early recovery, the addict will first experience acute withdrawal symptoms and then post acute withdrawal symptoms. The length of each of the symptom levels is dependent on, amongst other things, the length of use, type of chemical used, and the individual physiology of the alcoholic/addict.

Acute withdrawal happens during initial detoxification of the body: when the addictive chemical substances are purged and the body attempts to find physiological homeostasis (balance). These symptoms can be severe and dangerous, that is why detoxification should only be performed in the care of a physician that understands the process.

Post Acute Withdrawal Syndrome (PAWS) begins when acute withdrawal ends. Symptoms may come and go, and elevate or decline, over a period of many years, but are most pronounced in the first year of sobriety. More information is available about PAWS in a Serene Center article entitled "Healthy Early Recovery Program" by Andrew Martin. For the intent of this article, early recovery will be examined which is defined as the period from the onset of PAWS (approximately 30 to 120 days of sobriety) to the beginnings of a solid recovery (approximately 9 months to 2 years of program work). The definition of program work will come later in this article.

It is during the early recovery phase of treatment that the conflict between the healthy self and the addict self becomes very clear to treatment professionals, the family system, and the support network of the addict; however the addict continues to have great difficulty identifying the two character sets. The following is a brief list of typical conflicts found in early recovery:

Healthy Self	Addict Self
I have a life worth living.	My life is not fun, not productive, and worthless.
I can have sober fun and be fulfilled.	I can't have any fun anymore.
I am afraid I will be tempted by drugs/alcohol.	I can control my use of drugs/alcohol.
I cannot rush my recovery effort.	I know all I need to know and I am cured.
I am willing to listen to those around me.	I know what's best for me.
I must change my life to stay sober.	I can party with old friends as long as I don't use.
I may relapse at some point, so I have a plan.	I will not relapse.
I have value and have something to contribute.	I am worthless.
I can be determined and not give up.	It is not worth the effort.
I am guilty for my past actions and can let it go.	I am ashamed of who I am.
I must communicate my feelings to understand.	My feelings are nobody's business.
I can cope with the stresses of life with tools.	I cannot handle life without drugs/alcohol.
I need help from friends in my recovery effort.	I can do this on my own, I will not burden others.
I have learned that I need to learn much more.	I have learned everything I can.
I must take care of my body.	My body will take care of itself.
I must live presently and learn from my past.	All that matters is now.
I must be appropriately vulnerable.	I must be strong.

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The contrast between the healthy self and the addict self is significant. The healthy self wants a lifestyle of recovery and believes that it is possible with hard work and continual effort; however, the addict self will say anything to derail the healthy self from that mindset. To complicate matters, the addict is still working with an unhealthy thought process due to physiological damage to the neuropathways in the brain and permanent reactive neural nets caused by traumatic experiences. The unhealthy condition of the addict's cognitive abilities creates a considerable disability to recognize when the healthy thinking is happening and when the addict thinking is happening. Simply put, it is near impossible for the addict to recognize his/her own unhealthy thought processes with his/her own unhealthy thought process. It is like a blind person trying to find their way through a dark house with a flashlight: the tools simply are not there.

Over time, the physiological damage to the neural pathways will repair and new neural pathways will grow with concentrated effort on the part of the addict. This will help immensely in the addict's ability to think clearly, problem solve, and self-discover. Additionally, with the help of a clinician, new neural clusters can be woven to bypass the trauma induced neural clusters, thereby giving the addict the ability to think about situations without immediately reacting in unhealthy ways. Both of these processes require time and guidance. Eventually, through self-exploration and evaluation, a new sense of self is recognized within the addict and a spiritual understanding becomes matured and firmly grounded. All this reparation and development takes a good amount of time, and it is necessary for the addict to remain abstinent and focused on his/her recovery effort to encourage reparation, growth and maturity in the physiological, emotional and cognitive arenas. In order to have the best opportunity at success, the addict may need to construct a new belief of how to deal with the disease.

The Negotiation

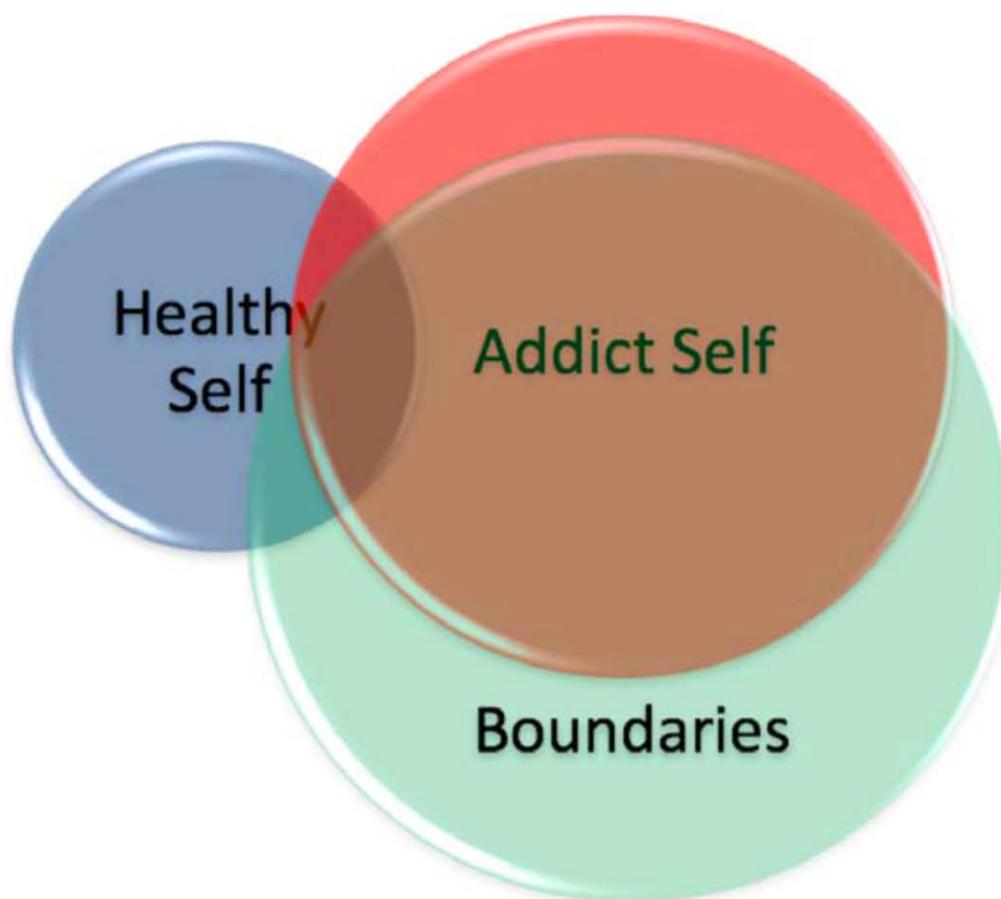
For most individuals, it is a natural behavior to observe a problem, identify the cause of the problem and then fix the problem. This is called the scientific method and is the way western medicine functions for most illnesses and injuries. However, when dealing with addiction, the scientific method does not work completely because the disease has its roots in physiology, psychology, sociology, and spirituality: And, because the healthy self and the addict self are so fundamentally disconnected.

The addict will naturally want to eliminate the addict self from their psyche. This seems a logical approach because the impression is that without the addict self, the healthy self will take over and the addict will be cured. Unfortunately, the addict self cannot be eliminated, not now, not tomorrow, not a year from now, not ten years from now, and not ever. Addiction is a chronic disease, which means it cannot be cured; it can only be arrested with continuous effort. Therefore, a new belief in how to deal with the addict self may be necessary. In fact, this new belief involves both the addict self and the healthy self in a negotiation between the two.

MANAGING THE ADDICT MIND

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When the addict surrenders to the fact that the healthy self and the addict self are both an integral part of their psyche, the addict is finally ready to begin a critical negotiation. The healthy self must allow the addict self to coexist; in doing so, the healthy self is greatly empowered because the power struggle is reduced. Once empowered, the healthy self is better able to recognize the addict self and construct healthy behavioral boundaries. In time, this activity creates a more powerful healthy self and the addict self is kept at bay.



While this seems simple, it is a very difficult thing to do for the addict because of several factors involved. The addict self is far more powerful than the healthy self in early recovery. This is due to the strength that the addict self has gained through physiological changes in the midbrain, experience, self-deceit, an unhealthy support system of encouragement, habitual behaviors, memory, and perhaps trauma and crisis.

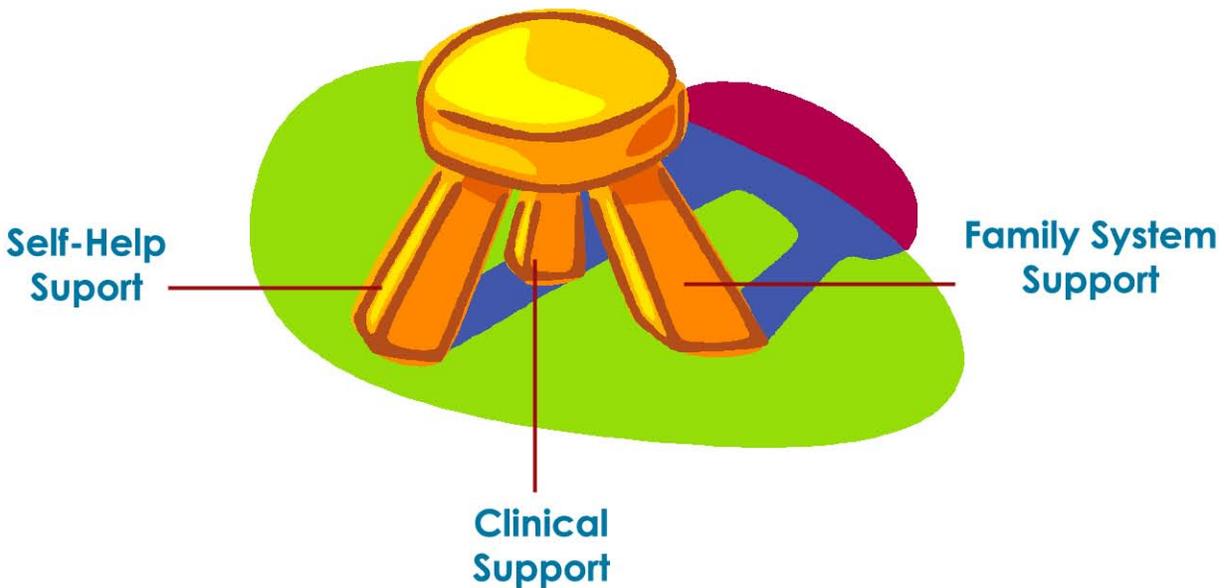
As mentioned earlier in this article, it is also difficult for the addict to discern between the healthy self and the addict self in early recovery. Therefore, the addict must be equipped with a system of support that will assist in determining which behaviors are healthy and which are not.

MANAGING THE ADDICT MIND

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The Support System

The early recovery program should include three primary areas of support: self-help support, clinical support, and family system support. It may be helpful to view the early recovery program as a stool with three legs:



If one of the legs of the stool is weak, short, or missing – the whole stool may fall.

Self-help support includes group meetings such as Alcoholics Anonymous, Al-Anon, religious institutions, treatment facilities, community programs, and other self-help organizations. These networks are valuable resources for the addict to share thoughts and behaviors and receive feedback from peers who have similar experiences.

The clinical support adds a very different dimension to the early recovery effort. As is apparent in the post acute withdrawal syndrome (PAWS) description, there are many symptoms of the syndrome that cannot be addressed without the help of a trained clinician. It can be dangerous to the alcoholic/addict to attempt to deal with psychological issues without the guidance of a clinician, particularly during the PAWS timeframe. A psychiatrist or psychologist with addiction accreditation, a chemical dependency therapist, an addiction counselor, or community mental health services will be able to confront irrational addict self thinking and link the distortions to recognizable behaviors.

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The family system support plays an extremely important role in the early recovery program. The family can be defined as any person that has a close connection by genealogy, friendship, or romanticism with the addict. It is common for the family system to be unhealthy when there is an addict involved, and that is why it is so important to include the family system in the early recovery effort. When the family system is also working on their own recovery effort, the communication to the addict is very poignant and valuable.

The purpose of the three legged stool is to provide feedback and loving support from individuals from diverse aspects of the addict's life that understand the disease of addiction and will interact with helpful and compassionate communication when they recognize addict self behaviors and thought processes. More information on the family system and the three legged stool of early recovery can be found in another Serene Scene article entitled "Healthy Early Recovery Program" by Andrew Martin.

The Action

The title of this article is "Managing the Addict Mind" and, while this is a very difficult task, it is entirely possible to accomplish. The largest challenge to success is found in the motivation of the addict to continually work his/her recovery program; never resting or pausing or forgetting to keep treating the addiction. It is important to remember that the addict self never gets weaker, and the healthy self must continually be exercised so it is more powerful than the addict self. A long-term healthy and joyous lifestyle of recovery is obtainable only when a more powerful healthy self is able to develop healthy boundaries for the addict self.

The addict must always be watchful for unhealthy behaviors and thought processes, and remain open to addressing them immediately as they arise. The recovery support system, as depicted with the three legged stool, must be maintained with care. Most queues of unhealthy behavior and/or irrational thinking will come directly from one of the people within this support system. The addict must always remain humble and willing to hear the loving input from their support system.

Should any feedback, either self-disclosed or otherwise, be received that indicates addict self activity, the addict must immediately turn to his/her relapse intervention plan. Even if the warning sign was not accurate, working a relapse intervention plan can only strengthen the addict's recovery effort and it will never cause any harm. More information on relapse intervention plans can be found in another Serene Center article entitled "Relapse Process" by Andrew Martin.

The disease of addiction is serious and requires serious attention and treatment action. The addict that chooses the prudent course of action has every opportunity of maintaining a long-term healthy lifestyle of sobriety. Clinicians in the field of addiction know that treating the disease with diligence and vigor does generate results: but in the end, it is the choice of the addict to be willing and to take the necessary action. **SS**