



UNDERSTANDING ADDICTION

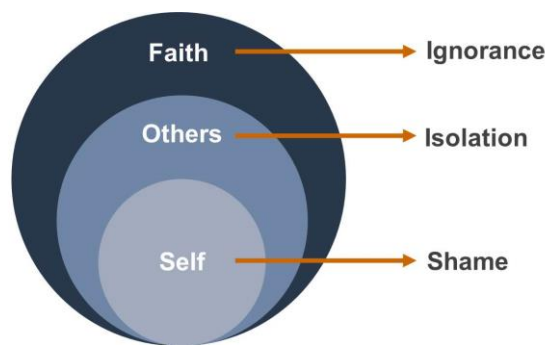
Before venturing off and engaging in addiction treatment, there is no better use of your time than learning as much as you can about what it is you are treating. This paper provides a unique framework for understanding addiction that can inform decisions you make going forward with treatment.

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“Everything should be made as simple as possible, but not simpler.” – Albert Einstein

To get the most from treatment it’s critical to understand what it is you are treating. Like a hand in a glove, the problem of addiction and its solution should fit together and make sense. While you may know a great deal about addiction, I encourage you to be open to the material in this brief paper, because it lays the groundwork for knowing what needs to happen for treatment to be successful. You may also find that how I frame the problem will help you see it in a new light, one that provides you hope that addiction can be overcome.

So, **what is addiction?** While there are countless models, theories, and definitions, one very useful way to understand it, is to recognize that it’s a problem that impacts the relationships you have with your Self, other people, and with your faith.



Relationship with Self

In all my work with addiction, the one constant is that **shame** is at the heart of those who struggle. Shame is the deep down, in-your-body feeling that you are broken, that there is something wrong with you. That no matter what you do to help yourself, nothing will make a difference. It’s the little voice in your head that influences your thoughts, feelings, and behaviors, and ultimately keeps addiction alive and well in your life.

While everyone feels a certain amount of shame at times, excessive shame linked to addiction usually comes from three sources: 1) untreated adverse childhood experiences, 2) an inability to control addictive behavior, and 3) failed treatment attempts.

Over 80 percent of those who struggle with addiction begin the painful journey **prior to the age of 15**, and perhaps over 90 percent before the age of 20. This means that addiction really is a problem born in adolescence, evolved during teenage years, and fully experienced in adulthood. If we know the path begins early in life, **what initiates it?**

Researchers have dedicated decades to finding the answer to this question, and to date, the best answer is that there is a **long list of risk factors** that combine to explain why some go down the path of addiction and others don’t. Some of these factors include:

- Genetics
- Aggressive behavior
- Academic failure
- Poor impulse control
- Difficult temperament
- Rebelliousness

While you are born with your genes and they no doubt play a role in many risk factors, the environment in which you were raised also matters. Back in the 1990s, a study done by Kaiser Permanente examined how

adverse childhood experiences (ACEs) impacted a range of health outcomes later in life. About 17,000 patients were confidentially asked which of the following ten events occurred in childhood (you are welcome to do this yourself right now if you like):

Abuse/Neglect

- Psychological abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect

Household Dysfunction

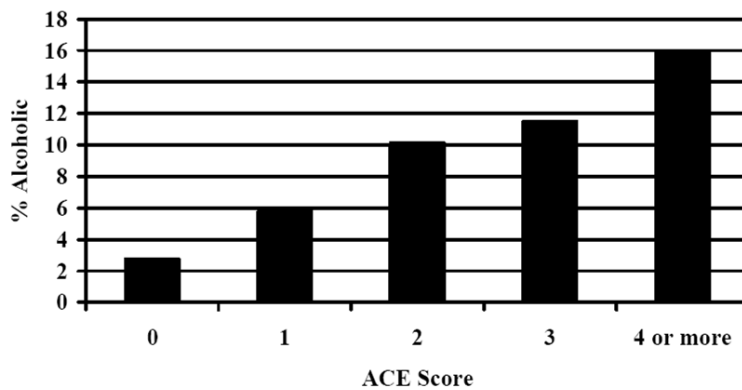
- Substance abuse
- Mental illness
- Parental separation or divorce
- Mother treated violently
- Imprisoned household member

The results, when tallied up, looked like this:

Number of ACEs	Women	Men	Total
0	34.5	38	36.1
1	24.5	27.9	26
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

The **big finding** from the study was that as your total ACE score increases, so too does your chance of experiencing a host of health problems later in life, including: depression, chronic obstructive pulmonary disease (COPD), ischemic heart disease (IHD), obesity, and – you guessed it – **addiction!**

ACE Score vs. Adult Alcoholism

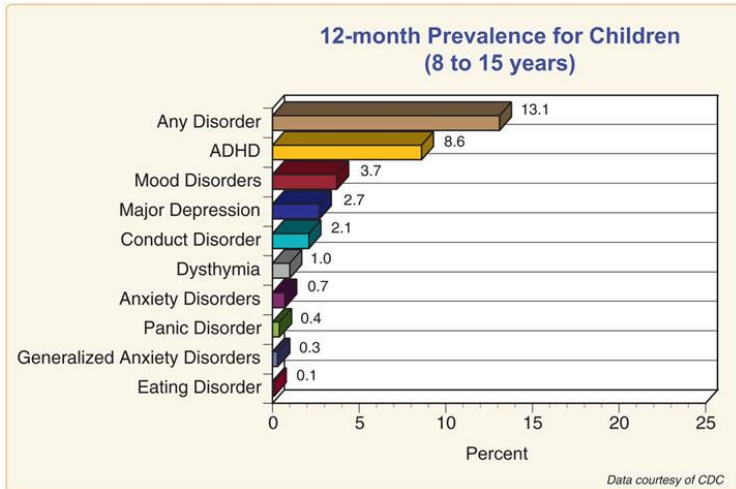


The above graph shows the results specific to alcoholism. As you can see, the percent who met criteria for being alcoholic later in life increased as the ACE score went up. **What does this mean?**

It means that your **childhood experiences** are important in understanding and treating addiction later in life. The more trauma (or total ACEs) you experienced growing up, the more likely addiction found its way into your life as a useful tool in helping you numb feelings of shame, unworthiness, and emotional pain. The lead researcher of the ACE study, Vincent Felitti, summarized things this way:

*“Addiction is best viewed as an understandable, unconscious, compulsive use of psychoactive materials in response to abnormal prior life experiences, most of which are **concealed by shame, secrecy, and social taboo.**”*

Before moving on to the second contributing factor of shame, there is one more very important thing to understand related to the ACE study. While addiction is one consequence from ACEs, another is that these painful early life experiences often lead to **mental health disorders**. We know that almost half of all children between the ages of 13 and 18 at some point during this time period, meet criteria for a mental health disorder. And about 20 percent meet criteria for a serious mental health issue.



In a study looking at how common mental illness is in children between the ages of 8 and 15, the results indicated that in any given year, about 13 percent meet criteria (see chart on the left).

The origin of mental health issues is a big topic that takes us a bit off course, but what I want you to understand, is that some of these mental disorders are likely the consequence of ACEs. Not all of them,

but some. Others may originate from genetic, environmental, or other risk factors that have nothing to do with ACEs. But whether they are the outcome of ACEs or completely separate issues, the important point is that **when these mental health disorders go unidentified or untreated – just like ACEs – engaging in addictive behavior can become a learned coping mechanism.**

Here are examples of common addictions that children and young adults learn to use to self-medicate mental health disorders that are not identified and/or appropriately treated:

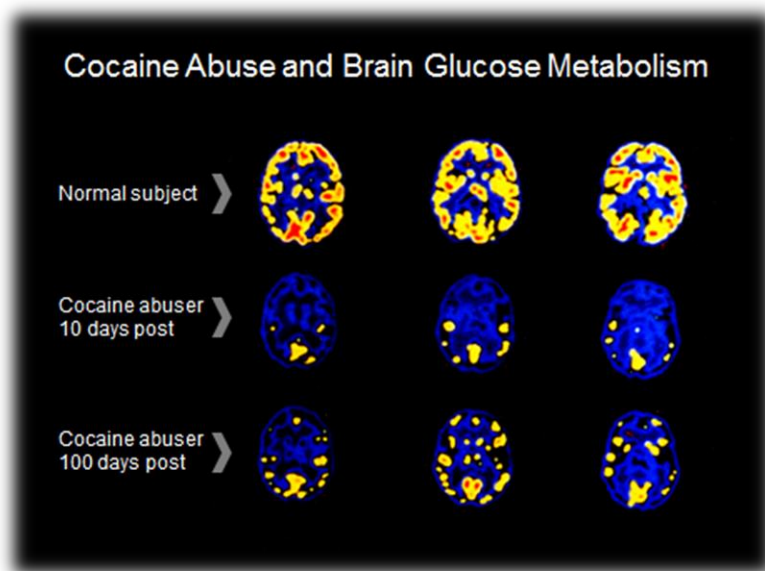
Mental health disorder	Commonly used addictions to self-medicate
Attention deficit hyperactivity disorders (ADHD)	Cocaine, methamphetamine, alcohol, marijuana, gambling, sex, stimulant prescription medications
Major depressive disorders	Marijuana, heroin, opioid prescription medications, alcohol, food
Anxiety disorders (PTSD, OCD, GAD)	Alcohol, marijuana, sex, gambling, food, heroin, opioid prescription medications
Oppositional defiant or conduct disorders	Alcohol, marijuana, sex, methamphetamine, gambling, prescription medications

When these mental health disorders combine with addictions, we call them **co-occurring disorders**. Not all mental health issues begin before or during the origins of addictive behavior. Some come later and some actually develop due to addictive behavior. But whether they come before or later, or have any specific relationship to addiction, **they require treatment.**

Treatment programs that utilize clinicians untrained to address mental health issues – and it's a lot of programs – are at a significant disadvantage over those that know how to treat them concurrently with addiction. When these mental health issues go untreated, it's hard to overcome addiction and achieve good outcomes.

A **second source of shame** that perpetuates addiction comes from the inability to control addictive behavior, and the consequences that ensue due to those actions. Whether it be drinking and driving, neglect of family, hiding gambling losses, damaging your body from drug use, or continuing to act out when you know you are causing harm, the end product is shame.

The inability to control behavior is in part why there has been a significant push to redefine addiction as a **brain disease**. Addicted brains **look different** when examined through the lens of neuroimaging. And it doesn't matter whether the addiction is to alcohol, drugs, gambling, sex or food. For example, take a look at the comparison images between a person who has never abused cocaine (normal subject), and a cocaine abuser 10 days and 100 days after last use (images courtesy of Nora Volkow). **What do you notice?**



Even after 100 days of no cocaine use on the brain (the bottom three images), you can easily see a significant difference from the normal subject. Without getting all technical, the bright yellow and orange spots represent brain activity, where **more color is better**.

So over time, addictive behavior does change the brain, which ultimately changes the person. It alters both how it physically looks, as well as how it functions.

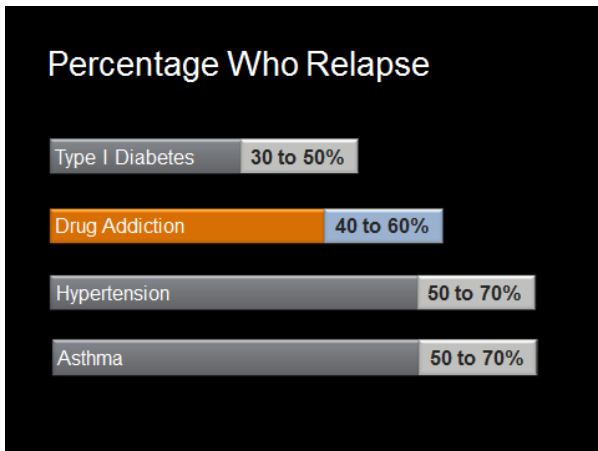
Even more revealing, is that it alters the brain in regions also responsible for **life-sustaining functions**, like breathing, regulation of your heart rate, and how you respond to stressful situations (fight or flight response). This is why the ability to control addictive behavior can be so challenging. For some, stopping the behavior is like asking someone to hold their breath for ten minutes.

What would your own brain look like if we stuck you into an MRI machine and neuro-imaged it? It's hard to say, because many factors contribute to addiction and brain changes over time. But what we do know, is that given enough time away from addiction, your **brain can heal**. It can return to normal functioning (in most cases).

But the brain does not heal overnight. Your addiction was years in the making, which means that overcoming it does not happen in just a few weeks or months. For some it takes years, and yet for others, addiction is a problem to be **managed over the lifetime like other chronic illnesses**.

And here lies the rub. Most addiction treatment delivered today lasts days or weeks, a time period far too short to address a problem like addiction that you have struggled with for years. Take another look at the cocaine abuser's brain 100 days after last use on the previous page. It's definitely a bit better than 10 days after last use, but still a long ways from looking like the normal subject.

What is the average time someone spends in outpatient treatment today? It's less than 90 days. And it's much less for residential. Now can you understand why relapse is so common following a treatment episode?



Most treatment programs today continue to treat addiction like a broken leg, despite decades of research now supporting that addiction for most is a **chronic condition** much like asthma, diabetes, or hypertension. So the **third source of shame**, *relapse after treatment*, occurs in large part because those who relapse attribute the failure to themselves, not to treatment programs that are delivering *acute care for a chronic problem*. See how long someone with asthma avoids getting hospitalized if they suddenly stop using their inhaler.

Resolving **toxic shame** from untreated ACES, co-occurring disorders, continued addictive behavior, and the belief that relapse has nothing to do with acute treatment is necessary if treatment is to work. While most treatment programs are far too short, the key to long term success is **combining different treatments and approaches over time**. In essence, you proactively replace an acute, Band-Aid treatment approach, with one that thoughtfully links together different treatments over time to manage your addiction like other chronic medical conditions.

Relationship with others

The second relationship helpful for understanding addiction exists between you and other people. If shame characterizes the relationship with your Self, **isolation** best describes the relationship you have with other people specific to addiction. Not that you necessarily experience physical isolation (although some do), it's more the isolation stemming from the shame discussed in the previous section, and an **overlooked consequence** of ACES and childhood trauma. ACES and trauma most often happen at the hands of others, commonly parents, caregivers, or extended family/friends. When these events occur by those whose role it is to protect and care for you, the **natural response** is to become more guarded, protective and mistrusting of people in general. And to find ways to cope with overwhelming feelings, particularly fear and anxiety.

When you discover an addiction that eases emotional pain, you enter into a relationship with that addiction that over time, robs you of **developmental experiences with people** necessary for learning how to have successful relationships later in life. This happens when you knowingly and unknowingly turn away from people, and turn toward your addiction for self-soothing and comfort. In essence, your addiction becomes your **best friend**. And the more time you spend drinking, drugging, sexing or gambling during your formative years, the less time you spend learning the nuances of how to initiate, develop and maintain healthy relationships with people. The end result is that your developmental relational skills get **stuck at an early age**, and your ability to be intimate, parent, get along with others at work, and manage the challenges of adult relationships become impaired.

While your chronological age may indicate you are an adult, your emotional age tends to coincide with when ACES and traumas occurred in your life. Most who attend treatment are adults on the outside, but **emotionally children on the inside**.



Many very bright and creative people, including professionals (doctors, lawyers, dentists), academics, entertainers, professional athletes, and business executives, struggle with addiction because success in these jobs does not necessitate emotional intelligence. You don't have to have good bedside manners to be a great surgeon. Or be compassionate and caring to toss a basket in a hoop. This is why many who struggle with addiction often **live life in their heads**, or are good at releasing emotional energy through physical jobs or sports.

To succeed in relationships – and really in life – it's necessary for the **head and heart to work as one**. You need emotion and reason working together in all contexts of life. Absent either one, and life is far more challenging. Which is why addiction is such a problem, because it impedes development of emotional skills necessary to process, regulate and act on feelings appropriately in everyday life.

The **good news** is that gaps between your chronological and emotional ages can be closed. Utilizing developmentally-based therapies, you can learn to become more aware of feelings in your body and how to use them to improve all aspects of your life, particularly your intimate relationships. Once you become as comfortable in your body as you are in your head, addiction loses its power and need in your life.

This means that for addiction treatment to succeed, **one goal of therapy must be to identify developmental gaps and close them**. Similar to our discussion about addiction and the brain, these gaps were years in the making, so closing them requires more than a few weeks or months of intervention. Clinicians in private practice are often the best choice for such work, where developmental gaps are closed within the safety and continuity of an emotionally engaging therapeutic relationship over a longer time frame that offered by most treatment programs.

Relationship with Faith

The third relationship useful for understanding addiction is between you and your faith. Here I am using the term faith **very broadly** to define the part of our existence that goes to the heart of what it means to be human, why we are experiencing life, and what purpose and meaning it has for each of us. I know for some faith can be a loaded word, conjuring up whatever beliefs you hold about religion, spirituality and the universe. But it's the best word I could find to describe the relationship you have with everything that is beyond you and other people. So if you don't like the word faith, feel free to fill in your own word. **It's the relationship that is important, not the word.**

And the relationship – when addiction is a problem – is characterized by **ignorance**. It's hard to really make progress uncovering your life's passion and purpose when you are drunk, high on drugs, or in an altered state from engaging in addictive behaviors. But the search for your own truth is also not black and white, and some believe addiction is among the most powerful forces motivating that search. In the end, it's quite possible that you will come to experience addiction as a **blessing in disguise**, even if this idea could not be further from your reality today.

Although we know from many historic texts that addictive behavior has been around for centuries, it's only been in the past **150 years** that we have labeled the behavior with the **word addiction** and evolved its definition to what it is today. I say this because our understanding and treatment of addiction is like a grain

of sand compared to the beaches of energy humans have devoted to faith. Consider that 85% of the world population follows a faith tradition, the most prominent being: Christian, Muslim, Hindu, and Buddhism. These four account for over 75% of the faith beliefs of everyone in the world. Why is this important?

The purpose of this chapter is not to say you must embrace a particular faith, but instead to point out that being human means we must all wrestle with **questions of faith** whether we want to or not. None of us can escape contemplating our own death. Or trying to make sense of all the suffering in the world. Or wonder about the meaning and purpose of why we are here. And because answering these questions alone can be challenging, most turn to a faith tradition for help. But even for those who identify as agnostic, you can't escape the questions. So again, faith, in the context of this chapter, encompasses all of us.

Which brings us back to addiction and its relationship to faith. Similar to how addiction impedes emotional development, it also gets in the way of **faith development**. The idea that faith develops over time makes sense when you think about all the other ways we develop from babies to adults (cognitive, moral, social, etc.). We are not born believing in a particular faith, it evolves over time through an interaction with our innate nature, the culture in which we live, and our own actions and experiences.

Addiction gets in the way of faith development and answering the big questions in life because it diverts life energy to behaviors that offer immediate gratification, but in the long run rob you of **your spirit for life**. This is why for some addiction ends in death.

When you're engaging in addictive behavior, your deepest truth remains hidden from you. To find it the behaviors must stop, or at least be significantly decreased, and you must **dedicate time to your faith**. Time to read, study, meditate, contemplate and connect with others on a similar journey. Faith development takes disciplined effort, but of all the relationships we have discussed thus far, transforming your relationship with faith is the most important. Faith ultimately provides a roadmap for how to **fully experience being alive**. And when you feel the most alive is when you find your truth and use it to make the world a better place.

I know some believe that engaging in addiction can actually help to evolve one's faith. It's true that certain drugs have a long history of helping people awaken to their true nature, and some of these drugs are actually now being tested for use in treating addiction. So again, there are few black and whites when it comes to addiction. But even when drugs or your addiction help to connect you to your faith, the real work – similar to emotional development – must occur. There are no short cuts to enlightenment.

The idea that addiction ultimately is a **faith-based problem** best solved by a **faith-based solution** is the foundation for many treatment and self-help programs. The most successful self-help organization of all time – Alcoholics Anonymous (AA) – has at the core of its teaching the idea that overcoming addiction requires **putting faith into a power greater than oneself**. While the program does not specify what that power has to be, it still helps those who struggle by getting people to engage their faith in a deeper and more meaningful way, which contributes to good outcomes.

Before moving on, there is one more critical thing to understand about addiction and faith. If you were to study all of the world's major faith traditions, you would discover that at the heart of all of them are a **core set of similar principles**. This idea is known as the **Perennial Philosophy** and it was most famously written about by the great British author Aldous Huxley, but many others have written about it as well.

Describing the philosophy is beyond this chapter, but there is one key aspect that you should know about that specifically pertains to addiction. And that is that your faith can ultimately only be found in the **present**

moment, and only by going inside yourself in a contemplative way and finding out for yourself what is there. The philosophy – the boiled down wisdom of all the major faith traditions – is clear that faith is not found in books, other people, or in a church. It's found **inside you**. It's something you experience when all the distractions of the world are quieted.

Which brings me to the importance of **mindfulness**. Do you know that the most effective relapse prevention program is basically a program in mindfulness? It's true. The late great Alan Marlatt, who single-handedly put relapse prevention on the map, evolved his cognitive-behavioral treatment intervention to be a mindfulness-based program. Today, mindfulness practices have become a core component of many treatment programs and intervention approaches, and rightfully so.

While our lives are consumed by distraction, addiction adds fuel to the fire. Addiction is a major life distraction, pulling you away from what is truly important and from seeing things the way they really are. Of course a key reason why people engage in addiction is because they are **not happy with reality**, and they use their addiction to escape the **pain of the present**. But life does not happen in the past, nor in the future. It only happens in the moment by moment experiences that exist in the present. Which means that **overcoming addiction only occurs in the present as well**.

Final thoughts on understanding addiction

The purpose of this eBook is to help you understand how to use addiction treatment wisely. To do that you must first know enough about what it is you are attempting to treat. And the key message in this chapter is that if you want to successfully overcome addiction, **you must treat not only the addictive behavior, but a host of other issues as well**.

While you can always know more about addiction, the purpose of this chapter has been to frame the problem in a way that provides a clear path forward – utilizing professional treatment – to achieve the **outcomes you seek**, which is the focus of www.addictionmanagement.org