

Introduction

I believe that if we are truly to recover from the disease of addiction, we must grow up—emotionally. True recovery is the product of humility that emerges from living and practicing a conscious and spiritual life. In order to attain humility, we must be honest with ourselves. This necessarily includes looking at the stupid things we do, today, in our recovery. I use the term *stupid* to indicate the things we do that are self-destructive and not in our best interest.

Before we move on to a discussion about how to identify the underlying causes of self-destructive behavior, I want to share how I selected the twelve issues that I discuss in this book. There must be at least a million stupid things that we can do to mess up recovery—all of them self-destructive. A book cataloging all of these would be unwieldy. I wanted to narrow down the list to a more manageable size so I used the following criteria for my selection. I chose what I considered to be the most commonly confronted and critical issues during the early stages of recovery. I define *early recovery* as the first two years of recovery. The main issues that we confront during this time include breaking the bonds of addiction, establishing a spiritual foundation for our recovery, learning effective tools to deal with

ourselves and our relationships, and dealing with the wreckage of our past.

Few of us will relate to all of these issues, but the general themes should be familiar. So without further ado, here are my top twelve nominations for stupid things we do to mess up our recovery:

1. Believing addiction to one substance is the only problem
2. Believing sobriety will fix everything
3. Pursuing recovery with less energy than pursuing addiction
4. Being selectively honest
5. Feeling special and unique
6. Not making amends
7. Using the program to try to become perfect
8. Confusing self-concern with selfishness
9. Playing futile self-improvement games
10. Not getting help for relationship troubles
11. Believing that life should be easy
12. Using the program to handle everything

These twelve things are tried-and-true ways of messing up recovery. In the following chapters, I will elaborate on each of them. Please try and keep an open mind as you read this book. It has been my experience that those who do best in recovery are those who are honest with themselves, open to new ideas and experiences, and willing to take direction.

There's one more thing I want to talk about before we move ahead to the task at hand. As you read about each of these twelve stupid things, please ask yourself, *What would cause me to think in this particular way or behave in this particular manner?* The rest of this introduction presents a series of questions to help you become

aware of the causes of self-destructive behaviors. The more we become aware of the underlying cause of a particular belief or behavior, the less it controls our life: *awareness of what we are doing to ourselves—awareness of how we sabotage ourselves—starts the process of change.*

Identifying the Causes of Self-Destructive Behaviors

Psychologists and philosophers throughout modern history have tried to understand why we human beings are so self-destructive. Their discussions have ranged from speculating that a death instinct exists deep within our psyches to believing that personality type, childhood trauma, low self-esteem, or an undercurrent of self-hatred are the culprits behind self-destructive acts.

I believe there are four possibilities to consider when assessing the causes of self-destructive behavior. They are numbered because it is important to consider them in order. I recommend starting with number one and working down the list, until the best fit is discovered:

1. our addiction, or our disease
2. ignorance
3. unreasonable expectations and emotional dependency
4. self-erasure and self-hate

Remember to consider each possibility in sequence. When we identify what motivates or causes our stupid behavior, we begin the process of change. *Awareness starts the process of change.*

Is Our Disease the Culprit?

The first and most important thing to consider when looking for the cause of self-destructive behavior is whether our disease is lurking in the shadows. Let me explain my particular view of addiction, which should help explain why I see this as the most crucial issue to rule out.

Research supported by the National Institute on Drug Abuse (NIDA) has demonstrated that the addict's brain changes once addiction has been established. In one study, researchers assembled two groups of people: one group with a history of cocaine use who were in recovery and one group with no history of drug abuse. Each subject was given a PET scan that generates a computer image of the areas of the brain that are absorbing glucose, which reflects which areas of the brain are active.

In the first phase of the study, researchers showed the subjects a video of a hummingbird. In the next phase, they showed the subjects a video of drug-related paraphernalia. In both phases, researchers performed brain scans and collected images. The results revealed that a part of the brain called the amygdala lit up when the recovering drug addicts watched the drug-related video but was inactive when they watched the other video. The amygdala is part of the reward center of the brain. The amygdala did not light up when subjects who never used cocaine observed the drug-related video. This study and numerous others clearly demonstrate that the addict's brain is different from the normal person's brain. Once the brain has been changed by addiction, it is changed forever.

This research supports what has been said for many years in the substance-abuse field: addiction is like a tiger lying in wait for its prey. Unfortunately, *we* are the prey! The tiger is extremely patient as it waits for the optimal moment to pounce on its unsuspecting victim. It is well camouflaged with denial, minimization, rationalization, and other psychological defenses, so it is hard to distinguish the menace from its surroundings. It is extremely powerful and can kill or maim with its first strike, especially when the addiction is to methamphetamine or cocaine. Its stealth makes it hard to identify as it is sneaking up and preparing to attack. Addiction is cunning and baffling. Many times its victims do not know they are being stalked until it is too late.

What makes matters even worse is that our opponent—our addiction—knows everything about us. It is a part of us; it has all the intelligence, capabilities, insights, and knowledge that we possess. It's like we are in a life-and-death struggle against a clone. Our disease anticipates our every move. It understands our strategies. It knows our strengths and weaknesses.

From this discussion, we can see why recovery is so difficult and elusive, and why so many people struggle to get well. I have seen figures that indicate that 80 percent of newcomers relapse in their first year.

It is imperative to begin recovery with *surrender*. We cannot defeat addiction in the traditional sense. The solution begins with a paradox: victory is achieved through surrender, not in battle.

When we totally and unconditionally surrender, which means that we accept our total and complete powerlessness over our addiction, we begin to build a solid foundation for recovery. If we surrender, our disease loses its control over our life. It doesn't disappear. It doesn't go away. It never goes away! It merely recedes into the background. Yet it's always there, like that tiger, waiting for when we have a lapse in our spiritual program, when we are feeling down and out because we have just gotten into a bitter argument with our spouse, or when we have received a special recognition at work and feel that we deserve to celebrate. It will act on any opportunity to regain control of our life. The stronger our recovery, the more subtle and insidious are addiction's efforts to sabotage us. Beware!

Now let's use this discussion of addiction to understand self-destructive behavior. The first thing to consider is whether our disease is once again trying to establish a foothold in our life. It may be setting us up in order to take charge and again run the show. Remember, it is always looking for that opportunity to convince us to return to drinking or using other drugs.

Often a person enters treatment and looks for all the ways that his using isn't as bad as those around him. He argues, "I wasn't that out of control and didn't lose my job. My spouse hasn't left. I only had one DUI. I never experienced a blackout. I didn't drink in the morning. I never hid the bottles." The list can go on and on and on. Before long, he has convinced himself that he can return to drinking; he will just need to control it better this time around. This is an example of a person who has not truly surrendered.

The disease is capable of convincing us to go ahead and drink again, because this time it will be different. "You are not a real alcoholic!" is what it is covertly saying. The addicted part of us will insist on this position, despite overwhelming evidence to the contrary. Why? Because the disease will selectively ignore information that validates our powerlessness. This filtering is called *selective inattention*. The information that indicates we are an alcoholic and unable to control our drinking is ignored.

Watching out for how the beast may be sabotaging our recovery is crucial. So watch and listen. It will be our own life that we save if we keep a constant vigil.

Is Ignorance Our Problem?

If we have not found evidence that we are being ambushed by our disease, then we need to consider whether our self-destructive behavior may be a result of our *ignorance*. Many of us need to look no further than this to understand why we behave the way we do. *We can only do what we have been taught to do*. We don't know what we don't know. We can't act on what we don't know.

Let's face a difficult and painful truth: most of us don't know how to live an authentic, effective, healthy, and fulfilling life. This fact is obvious, but we resist seeing it and facing it. We don't want to see our limitations. We don't want to face our shortcomings

because that means we'll have to do something about them. We'll have to work at getting and learning new information. We'll have to ask for help. Men and women are equally inept when it comes to knowing how to live a balanced and satisfying life. Our unreasonable expectations create a false pride that prohibits us from letting others know that we do not have the answers—that we need help. Some of us try to become needless or wantless. When our false pride is in charge, ignorance becomes something of which to be ashamed. Being ignorant doesn't fit with our self-image, so we disown it. We become more concerned with “saving face rather than saving our behinds.”

A couple once came to my office to seek counseling for a serious marital problem that was taking them to the brink of divorce. As Mark saw it, Sheila was the problem because she had reneged on an agreement (made before they were married) that she would stay at home and care for their future children. In the agreement, Sheila would resign from her job and make the family her new job. Mark was a very successful businessman, and Sheila did not have to work for them to enjoy a very high standard of living. After having a daughter, Sheila resigned from her job and in a short time became very unhappy. She loved raising their daughter but did not feel complete without her work. She wanted to do both and decided to return to work as a consultant. This infuriated Mark; he felt betrayed and abandoned. The tension in their marriage escalated, and they would have long unproductive talks during which Mark would berate and criticize Sheila. She emotionally withdrew, building walls to protect herself. Mark's worst fear (Sheila emotionally abandoning him) was realized, but he didn't understand that he had contributed to the problem. He was so focused on her, on blaming her for his pain, that he couldn't see his part: by blaming her, he alienated her. This was his blind spot. He did not understand that whenever there is a

problem in a relationship, both parties contribute to the difficulty. As a child, Mark grew up with the family myth that when there is a relationship problem, there is one person to blame for it. Once he understood that this was just a myth he was raised to believe, he began to have successful experiences in relating to his wife. Because of this shift in his perspective, the marriage miraculously turned around. They fell in love all over again, and they have learned an important life lesson together.

So poke around in this area and see if it is relevant before considering the next possibility. Some of us find that our ignorance and the false pride that protects it are two of the culprits underlying our self-defeating behaviors.

Are We Emotionally Dependent and Trying to Live Up to Unreasonable Expectations?

The third consideration is emotional dependency and the unreasonable expectations it breeds. In a letter to a dear friend who was suffering from depression, Bill Wilson, co-founder of Alcoholics Anonymous (AA), shared what he had discovered as a result of his battle with depression and his search for a cure. The letter, reprinted in 1958 as an article in the *Grapevine*, was titled “The Next Frontier: Emotional Sobriety.” Bill argued that once we move beyond the actual mental obsession and physical craving for alcohol, the next issue we face becomes maintaining emotional balance in our life. Bill realized that the cause of his underlying emotional instability was an “absolute dependence—on people or circumstances to supply me with prestige, security, and the like.” Bill believed, as I do, that until we break this absolute dependence on people, places, and things, we will not be able to find real peace of mind. This idea wasn’t new. It had been discussed in the field of psychology too. Psychotherapists referred to Bill’s “absolute dependency” as emotional dependency.

Most alcoholics or addicts think of themselves as highly sensitive people because of how easily their feelings are hurt in their relationships. The truth is that it is not a high sensitivity that causes this response. When we rely on another person for validation, we become highly reactive to however he or she acts or to whatever he or she thinks. Emotional dependency makes us highly reactive in our relationships because other people become too important. The more important a person is, the more likely our emotional dependency will undermine the relationship. If we suffer from emotional dependency, we allow another person to define our reality.

For example, a client of mine was upset because her husband did not enjoy what she had cooked for dinner. She was proud of the effort she extended to produce their meal. He didn't like the new dish, and she was devastated. She felt great about what she had done until his reaction. She tried something new, took a risk, but because he didn't like it, she was unable to continue to pat herself on the back for her effort. She let him define her reality. When we are emotionally dependent, we are looking for personal validation from others. We develop what David Schnarch, Ph.D., referred to as a "reflected self-image." Our self-image is determined by how others behave toward us.

Our emotional dependency may also manifest in our relationships as demands on how others should behave toward us. This is to ensure that we won't feel insecure or anxious. In the previous example, the woman's implicit demand on the relationship was that "He must like everything I do!" Quite a tall order, isn't it? Emotional dependency creates demands and brings about unrealistic expectations in our relationships.

Whether we realize it or not, we are all emotionally dependent to some degree—most of the time we don't realize it until we have been hit over the head with a two-by-four. Living with

unreasonable expectations is like trying to fit the proverbial square peg into the round hole. The result is complete and utter frustration. But does that stop us? Hell no! We try harder! We pick up a bigger hammer and hit that stubborn square peg with even greater force, oftentimes shattering it to pieces. And when we stand back and analyze our failed efforts, we blame it on the square peg: “If only that person would just _____, we could have a wonderful relationship.”

When our expectations go unchallenged or when we expect others to live up to our expectations, we set ourselves up for trouble and we set our partner up for failure. Unreasonable expectations are typically rationalized, which disguises their true and unreasonable nature. Once we have deceived ourselves into believing our behavior is justified, we have a license to act in destructive and tyrannical ways. Tyrannical behavior destroys love and alienates those close to us. We rarely realize that beneath our impossible set of demands on others lies emotional dependency. Other people *must* treat us a certain way, or it indicates to us that we aren't all right. Remember the idea of reflected self-image? If “they” do not comply with our unreasonable demands, it becomes personal. It means that they do not love us and that we are undesirable, unlovable, inadequate.

So we need to critically question our expectations. If we are honest with ourselves, we will find a script in our head about how things are supposed to be. When people don't live up to our expectations, we try to manipulate them or control the situation to get them to behave the way we want them to. If they don't, we become demanding and resentful. If this doesn't work, we may fall into a depression or have panic attacks. I heard a great line in a meeting once: “expectations are premeditated resentments.” So if recovery isn't all that it is promised to be, it's quite possible that emotional dependency is limiting it.

Are Self-Erasure and Self-Hate Causing Our Problems?

The final area to explore concerns two different issues: self-erasing and self-hate. While these two behaviors manifest themselves differently, they share a similar core dynamic: the alienation or rejection of the true self.

Self-erasing is a term that was coined by Theodore Isaac Rubin, M.D. Self-erasing is seeking emotional security by not being present in our life. This way of living makes no waves and discourages others from taking notice. Tiptoeing through life becomes natural because our goal is to avoid conflict and rejection. We deny and repress our needs. We try to be invisible. We dread expressing our opinion, and we go to great lengths to avoid taking a stand. We will not assert our needs or desires. It is almost as if we are saying, “Please don’t notice me. I don’t want to be seen.” This is a complete rejection of ourselves—a total abandonment of self because of fear.

Once again, the underlying problem is emotional dependency. When we function from other-validated self-esteem, everyone’s reactions have too much weight. Their reactions are too important. They have the power to make us feel good or bad. This leads to an avoidance of both authenticity and intimacy. If we are self-erasing, then we are sabotaging our life. Any life based on a rejection of or alienation from self is doomed to failure.

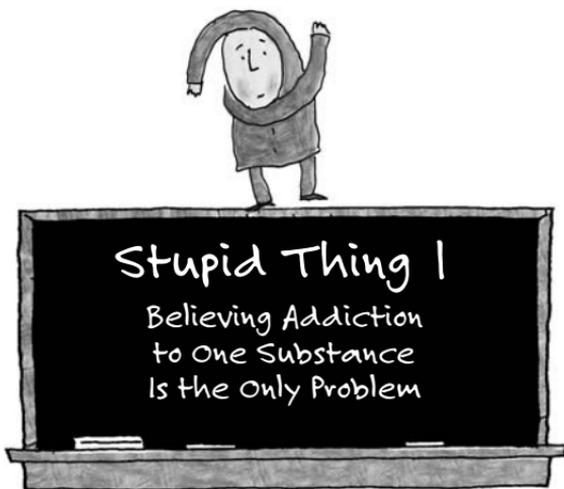
If we are self-erasing, we are selling ourselves short. We are all much more capable and much less fragile than we believe. Most of us can learn how to face and resolve conflicts.

Self-hate is the next culprit to consider. This is one of the most frequently undiagnosed causes of self-destructive behavior. Self-hate begins when we don’t live up to being the person we think we should be. We all develop an idealized image of who we are supposed to be. We rarely question this standard; we accept it wholeheartedly and uncritically. As this idealized image is established, we also develop

a pride system that demands we live up to these standards. When we don't live up to our "shoulds," we despise ourselves. We hate ourselves for being less than what we "should" be.

Self-hate is deeply rooted in and continuously influenced by our behavior, even though we may not be aware of it. *I am convinced that self-hate is one of the primary causes of relapse.* A person simply does not feel worthy of recovery, worthy of getting better, worthy of receiving help, worthy of joy, happiness, success, freedom, and love. This leads to many direct and indirect expressions of self-hate. Undermining our recovery is one of the ways that self-hate can manifest itself in our life. To look into this subject in greater detail, please get a copy of Theodore Isaac Rubin's book *Compassion and Self-Hate: An Alternative to Despair*.

I believe each and every one of us in recovery struggles with each of these issues to some degree. We now have four different levels of analysis to assess and understand self-destructive behavior. We can keep these four sources of self-destructive behavior in mind when reading the rest of this book. Each source provides us with clues and helps us deal with self-destructive behavior so that we can ultimately realize the promises of recovery. The final chapter of this book presents several suggestions for how to address these issues.



Our best chance for recovery lies in total abstinence
from all mind-altering drugs.

It is quite common for men and women who are beginning recovery to minimize the extent and severity of their problem. When I was working as a clinical supervisor in an inpatient chemical dependency treatment program, patients would often try to convince me that they really didn't have a problem with the other drugs they were using; it was just the alcohol. Hearing these beliefs over and over again raised the following question: Why would someone trying to get help for a drinking problem, for example, ignore or minimize the fact that smoking marijuana is also part of the problem?

The answer was simple: The person is trying to deceive himself into thinking that he is normal and can control his behavior. He desperately wants to believe that he can still get high, even though he might have to stop drinking. He does not want to see the truth: he is powerless over all mind-altering drugs. This kind of self-deception is prevalent in many shapes and forms. Alcoholics may fool themselves into thinking that they can no longer drink

whiskey but can have a beer every now and again. There is a growing problem in AA of members saying they are “sober” while still occasionally smoking marijuana.

The mind is remarkable in how it creates self-deception. We can keep ourselves from seeing the truth about ourselves and our behavior in many different ways. The technical term for this type of mental defense mechanism is *compartmentalization*. When we compartmentalize a problem, we keep it isolated, or separated, from other relevant issues. In this instance, we compartmentalize our alcohol or drug abuse. We keep an ace up our sleeve in case the going gets tough. Drinking or using is still an option. When we keep this kind of a secret, we are sabotaging our recovery. What we need to do is to share this secret—tell the truth. When we do, we give ourselves a chance to connect the dots.

Here’s an example from my own personal recovery. I returned to the United States from Vietnam in 1971 with a serious drug problem, as did thousands of other veterans. At that time, I mistakenly believed that drugs other than alcohol were my problem. I didn’t even think of alcohol as a drug, which it is. I was about three weeks into my recovery when I hitchhiked from the west side of Oahu to Honolulu to meet with Tom, my sponsor, and then go to an AA meeting. A local man picked me up in his Toyota Corolla. He had a six-pack of beer in his front seat. He offered me one of the beers, and without much thought, I thanked him and drank it. When Tom opened his door and greeted me, he looked disturbed because he could smell the alcohol on my breath. He asked me whether I had been drinking. I immediately said I had had a beer and quite naively added that he didn’t have to worry because I didn’t have a problem with alcohol—just drugs. He looked at me with that look that a sponsor has when he knows you are full of it. He asked me to sit down, said we had a

lot to discuss. About three hours later, I realized that alcohol was a drug and that I was deceiving myself. I had an epiphany after Tom invited me to share my history of using alcohol and other drugs. As I told him about my life, he underscored the obvious: before I started using other drugs, I was having serious problems with alcohol. I experienced blackouts, compromised personal values, lived to drink, and drank to live. He helped me connect the dots, and once they were connected, I no longer compartmentalized my use of alcohol.

The truth is that our best chance for recovery lies in total abstinence.

Here are five reasons why:

1. Use of any drugs increases the likelihood of using our drug of choice.
2. Cross-addiction is likely to occur.
3. We do not learn from our experiences while we are using.
4. Complete recovery requires total abstinence.
5. Drugs numb or soothe our feelings and therefore interfere with recovery.

Let's explore these in more detail.

Use of Any Drugs Increases the Likelihood of Using Our Drug of Choice

Most chemical dependency counselors warn their clients that using other drugs lowers their resistance to using their drug of choice. For example, studies over the years have repeatedly shown that relapses among people treated for cocaine problems occur most frequently when they are under the influence of alcohol. Many recovering alcoholics relapse after receiving medications such as Vicodin, Valium, Xanax, or Klonopin. Recovering alcoholics who smoke marijuana

typically return to drinking. Heroin addicts are more likely to go out and try to score after drinking alcohol.

Another important thing to remember is *a drug is a drug*. Therefore, the use of any mind-altering drug for the purpose of getting high is a relapse.

Cross-Addiction Is Likely to Occur

Addicts are vulnerable to switching addictions to another drug. This is called *cross-addiction*. I recently treated a man who proudly declared that he had conquered a heroin problem several years ago, yet he minimized the fact that he was having problems in several areas of his life because of his abuse of methamphetamine. When I confronted him about his cross-addiction, he declared, “I can stop if I really put my mind to it!”

The truth was that he had been trying to stop for several months and couldn't. He wasn't using every day, but when he did use, he could not predict whether he would be able to control how much he was going to use. Many times he promised himself that he was not going to drink or use meth but was unable to honor his intentions. In fact, he broke his promises to himself at least twelve times during six months. Everyone but him could see that *he could not control his use of meth*. He was blind to the reality that he was an addict, which meant he didn't have the ability to regulate his use of drugs—any drugs. Addiction changes the brain, and he had already lost the ability to control his use of drugs.

What happened to this young man is very common in addiction. Vernon Johnson, D.D., founder of the Johnson Institute, described this thought process as a *sincere delusion*. We truly believe the promises we make. We're so sincere when we make a commitment that we would pass a lie detector test, but the truth is that we are out of touch with reality. The reality that is so difficult for us to

accept is that we do not have the ability to control our use of alcohol or other drugs. When we unconditionally accept this reality, we can build a solid foundation for recovery.

We Do Not Learn from Our Experiences While We Are Using

The client whom I discussed earlier was unable to learn from his experience. This is one of the most common personality traits among addicts. While behavioral scientists have been unable to identify a definitive *addictive personality*, one thing is certain: *alcoholics and addicts do not learn from their experience*. There are three reasons for this: *denial*, *drug-induced brain dysfunction*, and *state-dependent learning*. Denial is psychological, while the other two are neuropsychological. Let's discuss the psychological process of denial first.

Psychological Processes That Interfere with Learning

Addicts and alcoholics have difficulty learning from experience because they are invested in maintaining the illusion that everything is all right. We truly believe that we control our behavior despite an overwhelming amount of evidence that suggests otherwise. This is, by definition, delusional thinking. A delusion is a belief that is not supported by reality. The belief that we are in control, when in reality we are not, is delusional. This false perception is fostered by denial.

Denial is a defense mechanism. It protects us from the truth, especially when the truth is painful. We do not want to see reality because of what it ultimately means. For us, the truth is that we are not able to drink or use other drugs—we are not who we thought we were. Our self-esteem cannot face this harsh reality, so we alter our reality. We pretend to be something we are not. We cannot accept reality's limitations. Denial needs to be penetrated or shattered before we can truly admit that we are totally powerless over alcohol and other drugs.

Neuropsychological Processes That Interfere with Learning

Another reason alcoholics and addicts have difficulty learning from experience involves the neuropsychology of addiction and how alcohol and other drug use affect learning.

During the past forty years, an extensive body of literature has demonstrated both the short- and long-term effects of heavy drinking on the brain. The most severe result of chronic alcoholism is a disorder called Korsakoff's syndrome, which includes severe memory loss. But this is an extreme. Most alcoholics suffer from mild to moderate, reversible, *drug-induced brain dysfunction*, which affects abstract thinking and the ability to problem solve. When abstract thinking is impaired, learning is impaired. We do not draw the proper conclusions from our experiences. Instead, we make and defend incorrect deductions. When we are faced with how our behavior is altered by our abuse of drugs, we evaluate the information with a malfunctioning organ: our brain. It is like asking a broken computer to tell us that it is broken.

Another important process to consider is *state-dependent learning*. This concept helps explain how drug use affects the ability to mature emotionally. Years ago, researchers demonstrated state-dependent learning with the following experiment. Two groups of rats were taught to run a complex maze. Prior to the training, one group of rats was injected with alcohol. The other group of rats was sober. Both groups learned to run the maze in about the same length of time. Their learning curves were quite similar. The differences between the groups became apparent the following day when they were again placed in the maze to see how much learning they retained.

The group of rats who were sober when they learned to run the maze did fine. They had no difficulty finding the hunk of cheese at the end. The rats who were injected with alcohol before they learned

how to run the maze acted as though they had never seen the maze before. What they learned did not transfer to their sober condition.

State-dependent learning explains why many alcoholics and addicts are emotionally arrested at early stages of their development. We have not learned from our experiences. Learning from our life experiences is necessary for the development of emotional maturity.

Denial, drug-induced brain dysfunction, and state-dependent learning explain why it is so difficult for us to be self-aware, see the true extent of our problems, learn from past experiences, and mature emotionally.

Let's now return to a discussion of the fourth factor in the argument for total abstinence in recovery.

Complete Recovery Requires Total Abstinence

The fourth reason for total abstinence is that if we continue to drink or use other drugs, we cannot fully be present and accessible during the process of recovery. Recovery requires total honesty, open-mindedness, and willingness. Using alcohol and other drugs interferes with our ability to be honest with ourselves, to be open-minded regarding our life and how we have managed it, to experiment with new ways of dealing with life, and to discover a spiritual solution to our problems.

In a recent conference on recovery, Garrett O'Connor, M.D., a well-known psychiatric expert on alcoholism and addiction, noted that "Addiction is a medical disease with a spiritual cure." Many mental health professionals have discovered that a spiritual cure is the most effective solution for dealing with an alcohol or drug problem. We cannot discover our spirituality if we are drinking or using.

Many people believe that we discover spirituality through pain. Hurting and suffering can inspire us to muster the courage to look down—way down—into the soul and see what we fear and loathe. We must die before we can be reborn. We must descend before we can ascend.

Our mind is the seat of our perceptions, experiences, memories, decision making, judgment, emotions, and consciousness. If we alter it with drugs, we cannot see the truth about ourselves or feel emotional pain, both of which are necessary to facilitate recovery and live life fully.

So keep the following in mind: *when we are feeling bad in the early stages of recovery, we are doing well.* Early work in recovery requires us to feel worse in order to grow spiritually. We need to go down into our soul and into the darkness before we can ascend on the spiritual path.

Drugs Numb or Soothe Our Feelings and Therefore Interfere with Recovery

The fifth and final reason for total abstinence is related to how alcohol and other drugs soothe or numb our feelings. We have all, at one time or another, wanted to numb our feelings for various reasons.

Our society is pain phobic. We avoid dealing with pain in any way we can. Just watch the television ads during a normal evening of programming to see how many commercials offer us a quick way of escaping discomfort or pain. The message we get throughout our life is that painful feelings are undesirable, unnecessary, and unwelcome. It should be no surprise that most of us will go to great lengths to avoid feeling pain of any kind. We have pursued numbness fearlessly and tenaciously, which has led us right through the gates of addiction and insanity.

Recovery is the antithesis of addiction. Instead of running away from our problems, we face them. Instead of avoiding our feelings,

we embrace them. Instead of drowning out the voice of pain, we listen to it. Instead of avoiding ourselves, we confront ourselves. Recovery is the process of recovering our true self and is contingent on becoming honest with ourselves. I wrote a poem that was inspired by a man who was struggling with his pain in my monthly men's group. It's called "A Man Stirs":

A man stirs in his bed.
Are the sheets too silky or soft?
Or are they too cold?
His wife says, "It's all in his head."
I think it is something twitching in his soul.

How will he know?
It is the pain that opens the door.

It is the pain that will make him listen to the voice
within—he doesn't want to hear.

It is the pain that will make him see the reality—
he has dared not consider.

It is the pain that will make him experience the
feelings—he had been reluctant to face.

It is the pain that will help him find the words—
he has dared not voice.

It is the pain that will open the door to his life,
but it is only he who can walk through it.

In recovery, we learn that pain can be an ally rather than an enemy. Pain offers important information, if we hold still long enough to listen to it. Our pain can help us learn about our needs—what our working points are—and give us insight into our wounds and personal shortcomings. All grist for the recovery mill.

Holding still and feeling our pain is an important recovery skill, and if experienced in a therapeutic way, it can help us tap inner resources to soothe ourselves and lick our wounds. Total abstinence is necessary to begin true recovery. We sabotage our recovery if we continue to selectively use any mind-altering drugs.*

* The only exception to this rule is psychiatric medication prescribed by a psychiatrist, addictionologist, or physician.