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ADDICTIVE THINKING

By: Ian Parker

Addiction to chemicals can be hard on a person's family, health, work life and general perception of reality. Inside the pages of this book, the author Abraham, Twerski, MD. , sheds light on the hard and deceptive thought process inherent in an "addictive personality". As a medical director of a rehabilitation center, a rabbi, psychiatrist, a chemical dependency counselor, and an author of many other books on relative material he has a real insight on how to pin point and attack the numerous difficulties an addict faces in their everyday life.

The first chapter is introduced with the question, what is addictive thinking? The author gives a few statements as examples of the distorted thinking process of the addict. He explains how the addicts themselves and those around them can be misled into accepting contradictory thoughts without further analysis of what had been said. This type of behavior is not limited to, but is most common in addicts. To better understand the term "distorted thinking", the author describes the thinking process in schizophrenia. He then gives examples of symptoms that are a result of chemically induced psychosis which are commonly misdiagnosed as schizophrenia. Another similarity is that both a schizophrenia and an addict are equally difficult to confront with logical arguments about the osurdity of their delirious. A schizophrenic is usually blatantly nonsensical as opposed to an addictive thinker being superficially logical with a subtle and shrewd method.

The next section shows how obsessive-compulsive and codependent behavior play a part. There is an example of a student that the author hypnotized and how by a simple suggestion the student felt compelled to act on it being completely unaware of the source of the input, such as an addict having an urge to release the tension of their obsessive needs for the use of a chemical. The similarity between addiction and codependency is the refusal to admit the loss of control. Instead, both try repeatedly to come up with new futile methods of doing so in order to hold on to the idea. Lastly, in this chapter, there is again a question: "Does an addict's distorted thinking cause an addiction, or does the distorted thinking result from the addiction?" The question may not have an answer necessarily but what is important is that the person, stop the use of the chemical first. Later, when the mind is thinking more clearly, can the addict concentrate on doing away with the addictive thinking altogether.

The second chapter is titled: Self Deception and Addictive Thinking. The doctor says that even the most intelligent of individuals are affected by self deception. They create reasons for the continuation of usage and for not seeking help regardless of apparent facts that suggest otherwise. He tells how our culture is adaptively less patient as a result from new technological exploits which do not help subdue the want for sense

gratification. Young people in our society do not see the long term effects of prolonged use or see why they should sacrifice the pleasure received by usage.

He shows how addictive thinkers avoid going to meetings by defending themselves with excuses other than the fact that they fear the complete abstinence of chemical use. This attitude is illustrated by a couple of real-life scenarios. The truth is that these people are in denial.

It is then stated that addicts as well as codependents both suffer a low self-esteem. He concludes that if our judgment is incorrect about oneself they cannot very well adjust themselves correctly. The chapter ends with the rule of the three C's. "You did not cause it, you cannot control it, and you cannot cure it".

Chapter three is about the addictive thinkers concept of time. In this chapter I learned that the idea of "time" to an addictive thinker is different than that of a sober thinking person. An addict says they can stop anytime they want which is true, but they are referring to a matter of minutes or days, not indefinitely. The addict does not look in to the future past a short period of time in regards to their lives. They are intolerant of delay and oblivious to the future. The author shows how members of A/A apply this concept of time to help a recovering addict stick with their program using such terms as "one day at a time" and time takes time." He says that the time dimension of thinking is important for both the recovering addict as well as the help to manage the recovery.

The fourth describes how an addictive thinker can confuse cause and effect even in the absence of chemicals. The author relates the symptom to that of dyslexia. The addict confuses the order by thinking that they have an addiction as a result of physical or emotional problems when the truth is that it is in fact the opposite.

Chapter Five is titled: Origins of Addictive Thinking. The big question presented is "How does addictive thinking develop?" The author believes that the most convincing theory is that it is a person's inability to make consistently healthy decisions in his or her own behalf; a disease of the will. I learned that in order a person to cope with life successfully, they require these three factors: They must have adequate facts about reality, have certain values and principals as grounds for making good choices, and they must have a healthy and undistorted self-concept. The addictive personality traits not only come from chemical use but they can stem from all sorts of problems caused by low self-esteem.

This next chapter is about the three most common elements in addictive thinking. They are denial, rationalization and projection. The author tells a story about a woman diagnosed with cancer and how, just like an addict, she could accept the diagnosis until it began affecting her immediate life. When the signs began to show she honestly believed that she was unaware of what was wrong. The doctor says that addicts often rationalize their addiction by coming up with many "good" but not true reasons why they use chemicals in order to divert attention from the real reasons. Rationalization can also be a physical reaction such as pain in order "reason" themselves and others into sustaining

their addiction. Finally, projection is described in detail. The author shows how addicts, in a desperate attempt, try to blame their addiction on the influences or the behavior of others around them. This is used to sustain the use of chemicals and if cured, it will disappear when they reach sobriety. The three major elements of addictive thinking: denial, rationalization, and projection must be dealt with at every stage of addiction.

Chapter Seven is titled: Dealing with Conflict. The doctor explains that an addict does not have more conflict in their life than anyone else, before chemical use screws everything up. There is one or more things that an addict feels inadequate about, the remedy to this problem is changing a negative self-image into one of value. The author shows how people have problems and are all capable of dealing with them as long as they are well informed and have a real concept of reality. This is vital to one's recovery and prevention of relapse.

Hypersensitivity, Chapter Eight, is one of my two favorite chapters to read because of how close they hit home. The doctor tells us to imagine an emotionally hypersensitive person as a physically hypersensitive person to better understand their rigidity. He explains how an addictive thinker's extreme emotions can be very painful and create a lot of distress. This way of thinking can lead to great anxiety. They may anticipate rejection resulting in self induced reclusion or the feelings of tormenting suspense causing them to travel in a downward spiral of self fulfilling prophecy by fast forwarding the negative events into happening for relief.

My other favorite chapter, Morbid Expectations. Chapter Nine. This chapter describes how many addicts tend to be very pessimistic. Addictive thinkers have a pattern of coming to the verge of success and then sabotaging themselves. He describes the feelings of impending doom among addicts as well. It is when an addictive thinker anticipates failure so strongly that they feel that we be aware that addicts often feel this way.

Chapter 10: Manipulating Others. The doctor says here that addictive thinking may exist in a person not yet chemically dependant but manipulation is a trait that appears to be generated by chemical addiction. The addict will start by making excuses for their use of drugs or alcohol and eventually these habits will become ingrained into their personality. They begin to manipulate just to manipulate and lie just to lie. This behavior can remain for some time after the addict has began to recover.

The eleventh chapter is titled: Guilt and Shame. The author expresses the importance of distinguishing the difference between guilt and shame. It is very important for a recovering addict to feel guilt for their wrong-doings and not shame. Guilt can be lifted but shame however can be a perpetual problem with no solution. The addicts must attend a twelve step program in order to become a constructive person and to practice methods of relieving their guilt by doing a personal intervention sharing it with someone else and making amends.

Omnipotence and impotence. Chapter twelve. In this chapter the author talks about how to some degree, addicts and codependents have the delusion of omnipotence. They believe that they can control their chemical use without realizing when it has gotten out of hand. People who see the addiction as a moral failure tend to defend themselves with denial and the belief that they are their own god or higher power. If the person has a good self-esteem, they can learn to admit and deal with their impotence in all aspects of their life.

Chapter 13: Admitting Errors. In this chapter the author explains that many chemically dependant people have a very hard time admitting that they are wrong. The doctor reverts back to the supportive traits which help the addictive thinker insist their impossible claim of always being right. They are again: denial, projection, rationalization, and omnipotence. He says that when someone simply concedes when they are wrong, they relieve themselves of a potentially harmful and just plain unnecessary burden.

Chapter 14: Anger. In this chapter the author shows us the three phases of anger. The first phase is the feeling of anger whom provoked, a reflex that is uncontrollable. Phase two is the reaction to anger and how we deal with it. The third and final phase is the retention of anger. The doctor explains that addicts feel constantly victimized by and are angry at everyone. The addict is much more sensitive than the average person so they often react with anger rather than a more fitting and reasonable response. Through a program an addict can gain more self-esteem which will improve their ability to react more calmly to anger. He then gives us an example of anger repression. It is the story of a nun who reacts to anger by not feeling it at which is the cause for physical ailments. Obviously not the correct response or lack thereof. There are other cases of men that react with anger in place of crying because of our cultures influence on them. The feelings of resentment are managed especially well in twelve step programs, the author believes. Recovering people are told that "if you hang on to resentments you will end up using again." We must learn to embrace our experience from addiction and recovery and not be so quick to react angrily.

Chapter 15: The Confining Wall. The confining wall is an expression for the defensive tools used by addictive thinkers in order to protect themselves from any negative human response. The doctor uses an intelligent analogy described as the "porcupine index." He explains that the addict has a need for contact but they are afraid of getting "dangerously" close to others. The addict keeps a distance behind their wall but in return, is trapped inside. The addict will behave poorly towards people causing rejection which hurts their self image and causes them to want to kill the pain with chemicals. In order to break down this wall the addict must seek help through a support group so as to begin to be social without feeling threatened. This along with abstinence can break down this wall for good.

This next chapter teaches how the addict feels, and how they are to begin to cope with that. It is titled: "Managing Feelings." The doctor explains that addicts have problems dealing not only with negative feelings but also positive feelings as well. He

relates an addict's emotion to a racecar that may have some kind of malfunction or is very hard to control at high speeds. Further into reading the chapter he tells of certain emotions that begin to resurface with the abstinence of chemicals. The reaction may be extremely raw, estranged feelings that the recovering addict may have serious difficulty confronting at first. Others may react with a numbness of emotional feeling or strange behavior. The people around the addict must be aware and patient with this.

Chapter 17: Flavors and Colors of Reality. In this chapter the author gives us a look at the world from the addictive thinker's perspective. An addict sees their everyday life and every aspect of it as one sees the color. To the addict, when they use these chemicals, they feel that they are bringing "color" into their life. This color makes them feel as if they are now experiencing the happiness that everyone gets out of their day. When addicts are in recovery, they become depressed. They are in a state of "addictive depression, not clinical depression" although they exhibit many similar symptoms. This can make it hard for a doctor or therapist to diagnose so it is important for the professional to be aware of an addiction and correctly differentiate the two for optimal recovery.

Must One Reach Bottom? Chapter 18. The author shows in this chapter that abstinence alone cannot correct the perception of the addictive thinker. They must experience an event that makes them question their lifestyle as an addict. He explains the "law of human gravity", the fact that a human will always gravitate to a direction that appears to hold less distress. Once an addict is made aware of the greater level of distress that an addiction puts on their life, their perception will reverse and they will naturally want to "roll" or "flow" to the lower point of distress found in sobriety.

Chapter 19: Addictive Thinkers and Trust. Trust is an essential part of helping to reason with the addictive thinker. The addict has a very firm grasp on their distorted concept of reality and in order to help them truly see the faults in their thinking, a therapist or counselor must gain the trust of the recovering addict. There are two essential factors in recovery. 1. Addicts must lose faith in their current reasoning power. 2. Addicts must accept the possibility of another version of reality from someone they trust. Gaining the trust of a recovering addict may be very hard so the treatment staff may recruit family and friends in order to better help their cause. If an addict has abstained and gone through a treatment program and still returns to chemical use, they had not fully trusted their help and have not reached that rock-bottom experience necessary for step one to go into effect.

Chapter 20: Spirituality and Spiritual Emptiness. The author shows us in this chapter that addicts tend to use chemicals to fill a spiritual void. They may switch this compulsive behavior to another replacement until those spiritual needs are met. An addict without some degree of spirituality does not see the purpose of being productive and will be the victim of their compulsive behavior. Whether religious or nonreligious, a recovering addict should look to spirituality for strength in recovery.

Chapter 21: Addictive Thinking and Relapse. Addictive thinking recurring is an addict can precede and follow a relapse. It is important to recognize this behavior to

prevent further chemical use. It is important for the relapsee to understand that although they have broken their streak of sobriety, they have not lost all of the knowledge and experience gained from a program and should not hesitate to return to it. Of course, it may not feel as exciting as the first time, but an addict must be realistic about their recovery and refrain from additional use and/or addictive thinking.

Chapter 22: The Frustration of Growth. As an addict is recovering, they will inevitably feel the pains of growing in these new unveiled parts of their life and in their recovery. What is important to know is that the addict must not feel alone or unfairly burdened. As they associate with other recovering addicts, they will begin to see that they are not alone and that there are others who know they're suffering. The author explains that no recovery will stay easy forever, so they should constantly facilitate the benefits of their programs and be forever open to growth.

Chapter 23: Ridiculous Expectations, Sensible Solutions. The addictive thinker as well as the significant others involved and affected can be easily manipulated by, as well as guilty of their own ridiculous explanations without being sufficiently informed. Addictive thinking can be very misleading and deceptive. One must always be alert and stay aware of the symptoms of this terrible disease and be careful not to enable or inadvertently condone this type of behavior for the sake of the victim.

In conclusion, this book is a carefully spun web of insight into the complex world of the addictive thinker's mind along with the reoccurring terminology to arm the concerned reader with the knowledge and understanding of the many layers of this affliction. Clearly not meant to be read once, but also organized to be equally useful as a reference tool.