

## **Chemical Dependency: Whose Problem?**

### **Chemical Dependency Defined**

#### **Is there an addictive personality?**

Research has found no such thing. A mixture of factors push users to addiction:

(1) the drug itself: a fast, intense euphoria followed by withdrawal symptoms or depression. The most addictive drugs are crack cocaine, meth-amphetamine, alcohol, heroin, cocaine, PCP, and nicotine;

(2) the body: a genetic predisposition, chronic pain, individual drug sensitivity;

(3) the mind: uninhibited, lack of values, lack of self-esteem, easily frustrated or depressed;

(4) the setting: a barren environment, isolation, using friends, lack of social guidelines.

#### **The disease concept**

Chemical dependency on alcohol and other drugs is a chronic, progressive, incurable, and treatable neurochemical disease characterized by increased tolerance, compulsive using in spite of negative consequences, relapse, and death. It can be stimulated by prolonged use.

#### **Denial and defenses**

Chemical dependency damages the nervous system, making a person more reactive. They will protect themselves from the realization of their dependency, their painful feelings, and their anxieties by becoming hostile, blaming, minimizing, rationalizing, changing the subject, and using outright denial.

#### **How it feels to be chemically dependent.**

Substance abuse is a seeking for help, comfort, and meaning, for relief from anger, loneliness, and apathy.

#### **Treatment**

Treatment educates the person that it's their biochemical reaction to the drugs/alcohol which causes their loss of control, similar to an allergy. Emphasis is placed on rebuilding self-esteem, increasing awareness of feelings, and making lifestyle changes to

produce a satisfying level of happiness without chemicals. Through group experiences, the chemically dependent learns the comfort and safety available from others who share the same struggle.

**Intervention: *If you are concerned about a person who is still actively using chemicals,***

please read the following e-mail exchange which I have repeated many times with countless concerned friends and family members of addicts and alcoholics:

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I have a 19-year-old who is having real problems with alcohol, and it is causing the family real problems. I just need to get him to admit that he has a drinking problem.

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You will need more than your personal persuasion, I think, to convince a teen that they will not survive the disease. Consult with a local treatment agency or counselor about doing an organized group intervention.

Alcoholics do not just quit on their own, just because it seems to be a "good idea" suggested to them by a friend. They do not have the willpower, in fact willpower has nothing to do with it. The alcoholic may want to quit drinking with all his heart, and be completely powerless when in the presence of alcohol, and the tolerance that builds to alcohol always means that the desire to drink more will increase. It is a downward spiral.

As his friend, you need to understand his disease and your co-dependency so that you can help him, with detachment. (More about detachment follows.)

What your son needs is treatment that is educational and emotionally supportive, followed by a radical change in his lifestyle and the permanent, lifetime followup support of Alcoholics Anonymous. To get started on this path takes an enormous leap of faith and a lot of courage. Some people are lucky enough to be forced into it by the courts, threat of divorce, loss of a job, or a near-death trip to the hospital or psycho ward. This is called "hitting bottom."

However, an orchestrated push from a large group of his family, friends, employer, doctor--- which is called an intervention-- can force an artificial "bottom," and is best conducted with professional help. Some employers with a drug/alcohol policy in effect will have ready-made channels of assistance.

In an intervention, the group of concerned friends and family will meet with the counselor and carefully rehearse what they have to say to the alcoholic or addict. They focus on how the chemical dependency has affected them and how they feel about it, and avoid attacks on the person, their character

or morals. They make arrangements for treatment, and then pick the best time for a surprise confrontation of the addict/alcoholic. The larger the group, the more powerful is the statement, "We want you to get well!"

Do not attempt an intervention on your own, you will only build resistance and lose a friend. A professionally-done intervention is usually very painful to the alcoholic because the denial is stripped away. The alcoholic feels very naked and vulnerable, and may try to defend themselves with extreme anger, or-- we hope-- will ask for help. A few rare alcoholics, after hitting a self-made "bottom," will seek out AA without intervention and treatment, and begin their recovery in AA with a sponsor. However, those who do so have to make that decision on their own.

I strongly suggest you avail yourself of the help of a local chemical dependency counselor.

Best wishes for your son's recovery,

David

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**Enabling and Co-Dependency**

**Struggling to communicate**

The chemically dependent person can't ask for help, they are too afraid: "I need help, but you might reject me because I have hurt your feelings. Besides, it's my problem, not yours."

The enabler can't offer help, they are afraid also: "I know you need help, but you might reject me, or I might hurt your feelings. Besides, it's not my problem, it's yours."

Isolation, shame, guilt, anger, confusion, and denial are common symptoms for both the chemically dependent person and the enablers.

**Enabling**

Enabling is the unconscious allowing of the illness to continue by taking care of the addict and helping them avoid the pain and consequences of their behavior. This is done by family, friends, employers, co-workers, the legal system, and the media. Many enablers are also co-dependent.

**Co-Dependency**

Co-Dependency is a chronic attempt to please or manipulate others, in order to create a self-esteem based on "doing good." This identity is false, unhealthy, and becomes

progressively death-oriented. This disease is typical of family members of alcoholic/addicts or children of emotionally repressive parents. The family rules are "Don't talk, don't trust, don't feel."

## **Enabling Behaviors**

### **Rationalizing**

Stops communication by making attempts to understand the alcoholic/addict as unusual but normal. There is some excuse, underlying problem, or stereotype which explains their use of chemicals. The enabler may evaluate, diagnose, label, blame. Feelings are avoided.

"He needs to blow off steam. He has problems at work (or home)." "Lots of people were loaded at that party."

"Why dwell on the past? It would only be upsetting."

"He's just going through a phase."

### **Projecting**

The problems of the addict are ignored and focus is shifted to the enabler's inadequacies. The enabler becomes mired in their hurt feelings and guilt.

"If you cared about me half as much as you care about your friends, maybe I wouldn't want to drink so much."

"You're enough to drive anyone to drink."

"If you'd shape up, I'd be all right."

### **Avoiding**

The enabler withdraws all feedback or contact, represses feelings, keeps the alcoholic/addict's problems secret.

"After what he did last night, let's just not invite him any more."

"She just doesn't seem to belong in this department; I'll transfer her to shipping."

"She isn't as reliable as she used to be. I don't think we should ask her to be on our committee."

### **Controlling**

To avoid a deepening depression, the enabler reacts, tries to manipulate social events,

assumes extra responsibilities, directly controls the chemicals' availability, invades the alcoholic/addict's privacy, lectures, problem-solves, argues, questions, threatens, begs, commands, consoles, or gives up and joins in the consumption of chemicals.

### **Detachment---the way out**

The education and lightening of the load of the enabler begins in a crisis or through a professional intervention. The recognition of the tacit caretaking role allows the enabler the freedom to step out of it. Strong feelings usually accompany recognition of this longstanding role:

**Fear of betrayal**, and loss of the alcoholic/addict, especially if they are in treatment, on their own independent path to recovery and no longer in need of the enabler's caretaking.

**Anger** at the chemically dependent person and at one-self for allowing the caretaking to happen.

**Grief and shock** over the loss of control, the downward spiral of the disease, the loss of self-esteem, the isolation.

**Depression** over the need for the enabler to change their own behavior also, not just the alcoholic/addict.

**The payoff** is a return to healthy self-esteem, expression of long-repressed emotions, and a relief from the burden of responsibility. The enabler needs to develop a faith in the therapeutic value of the natural course of events, re-establish a basic trust in themselves and their life process.

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### **Support groups for family/friends of alcoholics/addicts.**

Family and friends of recovering addicts need to be recovering from their enabling and co-dependency, or else they will inadvertently support the relapse of the addict, and perpetuate their own negative, self-destructive emotions. If you think you may be co-dependent or enabling someone, it is important to take action to help yourself **NOW**, and to not think about it, analyze it, or wonder about it. Just do it! Usually, your local phone directory will have numbers for these groups, or your local Alcoholics Anonymous group will have them. Some have online links.

- **Al-Anon Family Groups, Inc. World Service Headquarters**

International. 32000+ groups. Founded 1951. Fellowship of men, women, children and adult children whose lives have been affected by the compulsive drinking of a family member or friend. Opportunity to grow through living by the 12-Steps adopted from Alcoholics Anonymous. Guidelines for starting groups. Literatures available in languages. Contact: Al-Anon Family Groups, 1600 Corporate Landing Parkway, Virginia Beach, VA 23456; phone: 804-563-1600. Call (212)302-7240 or **800-344-2666 (meeting information)** or **800-356-9996 (general information)**; FAX: (212)869-3757.

- Al-Anon/Alateen Family Groups
- **Nar-Anon World Service Organization**

International. Founded 1967. World-wide organization offering self-help recovery to families and friends of addicts. A 12-Step program structured like Al-Anon. Provides group packet for starting new groups. Write: Nar-Anon Family Group Headquarters, P.O. Box 2562, Palos Verdes, CA 90274-0119. Call **(310)547-5800**.

- Co-Dependents Anonymous

International. 3900+ groups worldwide. Founded 1986. 12- Step self-help program of recovery from co-dependence, where each of us may share our experience, strength, and hope in our efforts to find freedom and peace in our relationships with ourselves and others. Newsletter (\$8/yr). Library of literature and audio tapes. Contact: Co-D.A., P.O. Box 33577, Phoenix, AZ 85067-3577. Call **(602)277-7991**.

- National Council on Codependence
- Transformations! has a variety of links, including live chat rooms for Al-Anon, CoDA. However, you do need IRC software, and they provide help in obtaining it from an online source.

## Reading list

Beattie, Melody, *Co-Dependent No More, Beyond Codependency, Codependent's Guide to the Twelve Steps*

Black, Claudia, *It Will Never Happen to Me*

Bradshaw, John, *Bradshaw on: The Family*

Wegscheider-Cruse, Sharon, *Another Chance, Choice-Making*

Woititz, Janet, *Adult Children of Alcoholics*

I would also recommend a very good **workbook** that is best used in a small, committed group of trusting friends: *The 12 Steps, A Way Out: A Spiritual Process for Healing Damaged Emotions*, RPI Publishing, Julian, CA, (619) 765-2703, ISBN 0-941405-11-7

**NOTE:** I intended that professionals in the treatment field and persons wondering about their co-dependency may find and copy something on my site that furthers their work in recovery. This document is not copyrighted, you may copy it freely.

Recovery Documents	
<ul style="list-style-type: none"> <li>• <a href="#">What is Chemical Dependency?</a></li> <li>• <a href="#">Treatment Intake</a></li> <li>• <a href="#">First Step Questions</a></li> <li>• <a href="#">Defense Mechanisms</a></li> <li>• <a href="#">Feelings Word List</a></li> <li>• <a href="#">Alcohol is a Sedative Drug</a></li> <li>• <a href="#">Stimulants: Abuse and Recovery</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Grief: A Recovery Process</a></li> <li>• <a href="#">The Courage to Change: Step Two</a></li> <li>• <a href="#">Continuing Care Plan</a></li> <li>• <a href="#">Relapse Warning Signs</a></li> <li>• <a href="#">Relapse Questions</a></li> <li>• <a href="#">Attitude</a></li> <li>• <a href="#">Affirmations</a></li> <li>• <a href="#">Life After Drugs</a></li> <li>• <a href="#">Alcohol/drug recovery links</a></li> </ul>

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