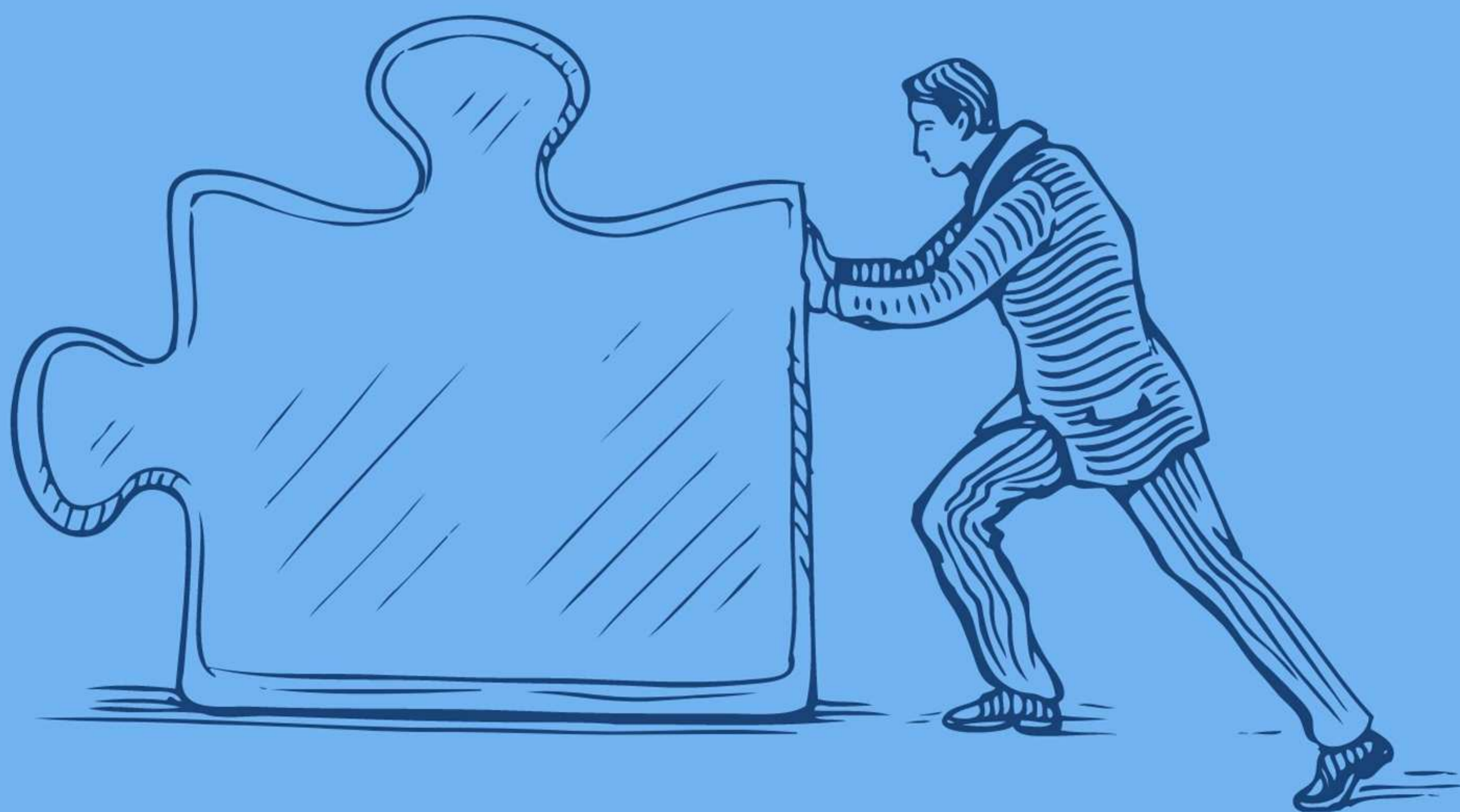


Principles and Disciplines of Recovery

Using a 12-step approach in a therapeutic setting



Bonnie J. Evans, MS, LPCC, LADAC

Principles and Disciplines of Recovery
(Using the 12-step approach in a therapeutic setting)
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Addiction is a chronic and devastating disease that continues to plague civilization and viable solutions are scarce. With information and education so readily available, it is unlikely that anyone still thinks that abuse of alcohol and/or drugs is anything but destructive. Substance abuse education alone has not proven to be a solution. It would be wonderful if knowledge of the disease in addition to the serious consequences of ongoing substance abuse were enough to motivate the alcoholic/addict to establish and maintain sobriety but that is not the case. It is illogical for a person to continue to use alcohol who has a diagnosis of cirrhosis of the liver or for a person to continue to inject drugs sharing a dirty needle with someone infected with HIV. It makes no sense for someone to continue with the addiction when the myriad of adverse consequences gets worse and worse, cannot hold a job, whose children are hungry, who stays in trouble with the law, and who cannot pay the rent. Yet that continues to happen, underscoring the powerful pull of the addiction and emphasizing the reality that, for most alcoholic/addicts, fear, like adverse consequences, are short term or ineffective motivators. The devastation of the disease of addiction is real and the purported permanent changes to brain chemistry are frightening and can make sobriety seem unachievable and certainly unsustainable to the alcoholic/addict, family, friends, and community. Untreated addiction is indeed a living nightmare for the alcoholic/addict that creates a domino effect on children, parents, communities, and nations.

Numerous studies have confirmed that addiction is due 50 percent to genetic predisposition and 50 percent to poor coping skills. Whether or not there is a genetic connection or cause, the impact of continued alcohol and drug abuse to the brain is the same. Studies are still underway to determine the possibility of a defective gene that predisposes a person to develop alcoholism while some studies suggest the strong likelihood that all humans are predisposed to addiction. If, indeed, there is an identifiable defective gene responsible for the development of alcoholism/addiction, then the recognition of two types of addiction would follow - universal and selective. The selective addiction supports the genetic predisposition for alcoholism while the universal addiction applies to other drugs, to wit, anyone who uses enough of a certain drug i.e., cocaine, opioids, or benzodiazepines, over a long enough period of time becomes addicted.

Many addicts begin using drugs/alcohol in their teens or early 20s, so significant deficits in maturity increase by their 30s or 40s. This stunted emotional growth can be seen as a perpetual state of adolescence that creates havoc in their lives as well as their families and communities. For most people, maturity naturally unfolds as a function of day-to-day living. For addicts, it requires concerted effort - in recovery, addicts quite literally grow up. The deficits left by months or years of drug use are gradually filled in by education, life experience, healthy relationships, and a number of specific life skills that must include a willingness to change. Maturity requires a willingness to not only stop harmful behaviors but also to adjust to the inevitable changes that life brings. Recovering addicts must step outside their comfort zone, let go of familiar patterns of self-pity and fear, and accept what life has to teach. In order to stimulate a positive domino effect, it is imperative that effective treatment is available.

For years, the debate has raged between schools of thought that frame addiction as a choice versus addiction as a disease and whether or not the addicted brain can recover. Brief overviews of two different studies are provided next.

People who repeatedly abuse drugs or alcohol permanently rewire their brains. Each drug or alcohol abuse incident or relapse strengthens that rewiring. The outward signs of heavy drinking include the stumbling walk, slurred words and memory lapses. People who consume a large amount of alcohol have trouble with their balance, judgment and coordination. They react slowly to stimuli, which is why drinking before driving is so dangerous. All of these physical signs occur because of the way alcohol affects the brain and central nervous system.

Alcohol affects brain chemistry by altering levels of neurotransmitters. Neurotransmitters are chemical messengers that transmit the signals throughout the body that control thought processes, behavior and emotion. Neurotransmitters are either excitatory, meaning that they stimulate brain electrical activity, or inhibitory, meaning that they decrease brain electrical activity. Alcohol increases the effects of the inhibitory neurotransmitter GABA in the brain. GABA causes the sluggish movements and slurred speech that often occur in alcoholics. At the same time, alcohol inhibits the excitatory neurotransmitter glutamate. Suppressing this stimulant results in a similar type of physiological slowdown. In addition to increasing the GABA and decreasing the glutamate in the brain, alcohol increases the amount of the chemical dopamine in the brain's reward center, which creates the feelings of pleasure that occurs when someone takes a drink.

In the short term, alcohol can cause blackouts -- short-term memory lapses in which people forget what occurred over entire stretches of time. The long-term effects on the brain can be even more damaging. "Brain imaging shows that continued drug intake generates a progressive weakening in the prefrontal cortex required for exerting self-control. Once addicted, quitting alone becomes unlikely. It therefore seems strange to assert that one is exercising his or her free will when using drugs —as legalization proponents would believe—for the nearly one-fifth of users who have lost their cognitive ability to actually make that choice freely." (Smart Drug Policy)

However, through an understanding of the brain as an adaptable organ, a more sophisticated model emerges that describes addiction as a reorientation of the brain that creates new neural pathways and perpetuates addictive behavior. Rather than arbitrary choice, the addict's brain has remapped itself to make feeding the addiction the most natural course of action.

When a person indulges in addictive behavior, the brain floods with dopamine. Dopamine release is not only highly rewarding, it also increases the ability to learn, and tells the brain, "Remember how this happened so you can feel this way again." As the behavior is performed again and again, the level of dopamine release decreases, and new extremes must be reached for the same effect. Eventually, tolerance may build to such a point that the addictive behavior no longer provides pleasure at all—merely avoidance of withdrawal. But even in the face of diminished rewards, the neural pathways beg for the repetition of the behavior; the brain is now built for addiction. (Alta Mira Recovery Programs — June 16, 2015)

As an individual has new thoughts, practices new skills, and participates in new behaviors, neural pathways form. As these thoughts and behaviors are repeated, the pathways strengthen, habits emerge, and the brain is rewired to invite the use of these roads. Meanwhile, those pathways no longer used weaken, become impassable and hostile in comparison to their more popular, open alternatives. This plastic nature of the brain — or neuroplasticity — opens up the potential for people to optimize their minds through improved cognitive function, memory, language skills, and guard against age-related decline. It also provides a new way to conceptualize addiction and treatment possibilities to guide addicts to recovery using the innate resources of their own brains.

By harnessing the plastic nature of the brain and abandoning the neural connections fed by addictive behaviors, new pathways can be formed via the development of healthy behaviors and thought processes. People suffering from addiction can be released from its grip to move toward stability, insight, and self-awareness.

Alcohol use that becomes severe is given the medical diagnosis of "alcohol use disorder" or AUD. AUD is a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using. An estimated 16 million people in the United States have AUD. Approximately 6.2 percent or 15.1 million adults in the United States ages 18 and older had AUD in 2015. This includes 9.8 million men and 5.3 million women. Adolescents can be diagnosed with A UD as well, and in 2015, an estimated 623,000 adolescents ages 12—17 had A UD.

To be diagnosed with AUD, individuals must meet certain criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Under DSM—5, anyone meeting any two of the 11 criteria during the same 12-month period receives a diagnosis of AUD. The severity of AUD—mild, moderate, or severe—is based on the number of criteria met. (National Institute on Alcohol Abuse and Alcoholism — NIAAA)

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. (SAMSAH)

Is it any wonder that so many fail in their quest for ongoing sobriety? While every relapse, no matter how small, undoes the gains the brain has made during recovery, relapse is common in the struggle to establish sobriety. There are multiple treatment approaches and multiple theories employed by professionals to assist the alcoholic/addict establish and maintain sobriety.

The challenge is to find approaches that work. The method suggested in this transcript makes use of principles and disciplines of the first 3 Steps of the 12 Steps of Alcoholics Anonymous. The first 3 steps are the foundation steps for change. Perhaps it is time to view ourselves more from the perspective of "Recovery Coaches" than as "Substance Abuse Counselors" and to look at recovery as a spiritual and a holistic process.

With the recognition that change is a progression, there are many models of the process of change. Understanding that change is a process, the challenge becomes how to get the attention of the alcoholic/addict or how to create a sense of urgency for change. The five stages of the Trans theoretical Model are listed below for informational purposes — (note that process of change can and is applied to any number of problematic behaviors to include addiction):

1. Pre-contemplation - In this stage, people do not intend to take action in the foreseeable future (defined as within the next 6 months). People are often unaware that their behavior is problematic or produces negative consequences. People in this stage often underestimate the pros of changing behavior and place too much emphasis on the cons of changing behavior.
2. Contemplation - In this stage, people are intending to start the healthy behavior in the foreseeable future (defined as within the next 6 months). People recognize that their behavior may be problematic, and a more thoughtful consideration of the pros and cons of changing the behavior takes place, with equal emphasis placed on both. Even with this recognition, people may still feel ambivalent toward changing their behavior.
3. Preparation (Determination) - In this stage, people are ready to take action within the next 30 days. People start to take small steps toward the behavior change, and they believe changing their behavior can lead to a healthier life.
4. Action - In this stage, people have recently changed their behavior (defined as within the last 6 months) and intend to keep moving forward with that behavior change. People may exhibit this by modifying their problem behavior or acquiring new healthy behaviors.
5. Maintenance - In this stage, people have sustained their behavior change for a while (defined as more than 6 months) and intend to maintain the behavior change going forward. People in this stage work to prevent relapse to earlier stages.
6. Termination - In this stage, people have no desire to return to their unhealthy behaviors and are sure they will not relapse. Since this is rarely reached, and people tend to stay in the maintenance stage, this stage is often not considered in health promotion programs.

Treatment: Reducing the number, frequency, and duration of relapse to zero — not a CURE

Purpose of counseling and/or group therapy: Personal growth through self-examination

Faith: System of values and beliefs by which I guide my life

Prayer: Positive self-talk

Arrogance: Over-estimating my own importance or ability

Honesty: My sincere effort to discern the truth

Humility: Seeing myself as I really am; a by-product of honesty

Truth: Reality or fact

Integrity: Doing the right thing even when no one is looking

Thinking errors: example "It's not wrong unless I get caught"; "Stinking Thinking"

Insanity: doing the same thing over and over again, expecting a different result

Spirituality: Meaning, purpose, and direction for my life (MPD)

Spiritual/emotional Energy: the life force or essence that binds the soul to the body; that indefinable quality that supersedes the physical, that gives meaning, purpose, and direction to life.

Spiritual bankruptcy: A complete lack of spiritual or emotional energy; Spiritual bankruptcy is best described as a feeling of emptiness and despair. It is a condition of the mind, body, and soul as it influences every part of our being; it distorts perceptions of the circumstances in life by looking at life through a medley of hurt, despair, hopelessness, anger, mistrust, and rage - life is seen as hopeless and unchangeable; The spiritually bankrupt person is self-absorbed and is frequently oblivious to how others are impacted.

Sincere: genuine or "without wax -The English word sincere comes from two Latin or Spanish words: sine (without) and cera (wax). Legend has it, that in the ancient world, dishonest merchants would often use wax to hide defects, such as cracks, in their pottery or sculptures so that they could sell their merchandise at a higher price. More reputable merchants would hang a sign over their pottery — sine cera (without wax) — to inform customers that their merchandise was genuine

It has been said that the basic difference between animals and humans is that humans have the ability to self-reflect — to see themselves from a different perspective — to remember the past and plan for the future. A chimpanzee, the closest genetic relative to a human (around 99% similar in DNA) can learn to do almost everything a human can, albeit at a more primitive level. Humans are born with spiritual gifts or qualities, which may or may not be present in animals, such as: self-awareness, insight, emotion, ability to hold on to resentments, ambition, and the power to choose. Humans are capable of intense self-examination to gain greater insights and change or improve any number of characteristics or personality traits. Whether or not we improve or simply live our lives as highly intelligent animals is our choice.

Addiction destroys the very fabric of who we are emotionally, physically, and spiritually. The very first spiritual gift or quality we lose when we begin to use is self-awareness.

"The very first spiritual gift we lose when we begin to use is self-awareness.

Self-Awareness is defined as the accurate assessment and understanding of my abilities and preferences and implications for my behavior and impact on others. It's reality-testing; a calibration against the facts of life. Self-awareness is not limited to the emotional, mental, or spiritual aspect of self but also includes the physical.

Self-awareness theory, developed by Duval and Wicklund in their 1972 landmark book "A theory of objective self-awareness", states that when the focus of attention is on self; current behavior is evaluated and compared to internal standards and values. This elicits a state of objective self-awareness. Various emotional states are intensified by self-awareness. People are more likely to align their behavior with their standards when made self-aware. People will be negatively affected if they don't live up to their personal standards.

People go to almost any lengths to protect their selfimage. This self-image is how we want (or believe) others to see us. For instance, I might see myself as dependable, but in reality, I often leave tasks unfinished or I might see myself as tolerant when I'm actually quite self-righteous and judgmental. Self-awareness is about focusing on the reality of my behavior and not on a distorted self-image.

Awareness is about paying attention to what is outside us - Self-awareness is paying attention to what is inside us. It is the ability to notice or pay attention to our feelings, physical sensations, reactions, habits, behaviors, and thoughts. We become aware of all these different aspects as if we were another person on the "outside looking in" - self-awareness requires rigorous honesty when we look within - without that rigorous honesty, we remain unaware. The alcoholic/addict loses touch with the inner self— perceptions are distorted — addiction has not only distorted the view of the outer world but the inner world as well. Recovery is a journey toward increased self-awareness. As we develop self-awareness, we can make changes in our thoughts and interpretations. Changing the interpretations in our minds allows us to change our emotions, which generally leads to better decisions. Having self-awareness keeps us in touch with our thoughts and emotions and makes it possible for us to take control of our emotions, behavior, and personality. As our self-awareness increases, we can make changes to improve our lives. The hyper vigilant, self-obsessed individuals who are completely self-involved take self-awareness to a pathological state. This is often observed in adolescents and many alcoholic/addicts who are stuck in this phase (adolescence) as active addiction retards the maturing process.

In the recovery journey, the alcoholic/addict seeks to establish an identity that supports ongoing sobriety. This requires rigorous honesty. The Johari Window (The Johari window — developed by American psychologists Joseph Luft and Harrington Ingham in 1955 and called Johari from the combination of their first names, Joe and Harry) is a simple and useful tool to illustrate and improve self-awareness and to map personal growth. The Johari Window model uses four windows for the illustration.

The four windows are:

Open Window: this window illustrates what I know about me AND what YOU know or can see about me - common knowledge. This involves things like interests, ambitions, abilities, etc. The open window or self is that part of me that I am okay with everyone knowing.

Hidden Window: this window depicts that part of me that I keep hidden or secret from others — I know this about me but YOU DON'T know this about me; the secrets might be about odd beliefs and desires or socially unacceptable attitudes and beliefs; it could include what I consider to be shameful or embarrassing

Blind Window; this window illustrates what YOU know or see about me but what I DON'T know or see about myself; often we are simply blind to the truth.

Unknown Window — this window illustrates what neither YOU nor I don't know or see about me; this could include buried or repressed memories or unconscious beliefs or thoughts.

Obviously, the two most important windows for the recovering person to explore are the hidden and blind.

The first spiritual gift we regain when we stop using is NOT self-awareness as recovery is a journey toward self-awareness. The first spiritual gift we regain is the power of choice.

Please direct your attention to the quote below that speaks to self-control and choice.

"Brain imaging shows that continued drug intake generates a progressive weakening in the prefrontal cortex required for exerting self-control. Once addicted, quitting alone becomes unlikely. It therefore seems strange to assert that one is exercising his or her free will when using drugs —as legalization proponents would believe— for the nearly one-fifth of users who have lost their cognitive ability to actually make that choice freely." (Smart Drug Policy)

As "quitting alone" is unlikely, it is quite clear why each step (of the 12 Steps) begins with the pronoun "We" rather than the pronoun "I". Having said that, it is still vital for the alcoholic/addict to embrace the gift of choice to believe that sobriety is possible. Even with all the scientific research that supports the definition that addiction is a disease, many continue to view it as a matter of choice and/or a lack of willpower.

There is a phrase that is very helpful to the recovering person, "Practice the principles and exercise the disciplines of recovery in all my daily affairs". The completion of a thorough First Step produces a sense of urgency that is essential for change to begin.

Step 1: "We admitted we were powerless (over alcohol/our addictions/our problems) — that our lives had become unmanageable"

Principle: "I need Help"

Although the First Step talks about powerlessness, it is important to remember that the basic principle of that step is the recognition that help is needed. It is commonly believed that a person has to admit i.e., "Hi, my name is John and I am an alcoholic", in order to get clean and sober. While admission of total defeat might make the person more responsive to intervention, that is not necessary in order for the person to receive help — what is essential is that the individual is able to recognize the need for help. The following are suggested disciplines that an individual practices to arrive at the conclusion that help is needed:

1st Step Disciplines:

- 1.Honesty — my sincere effort to discern the TRUTH
- 2.Humility — seeing myself as I really am
- 3.Self-examination
- 4.Self-acceptance
- 5.Responsibility

The first discipline is honesty with the definition that sincere effort is required to discern (distinguish or determine) the truth. Remember the distinction between honesty and the truth as listed above in the definitions. Honesty is a quality or discipline that improves with practice because honesty is about perception. Perceptions are distorted by a number of different influences to include drug or alcohol use or intoxication, emotions, physical health, and background or belief system. The longer an individual is abstinent from drugs/alcohol, the clearer the perceptions become. As perceptions clear, the truth becomes more and more apparent. Honesty is best practiced in the group therapy or individual therapy session. To illustrate the distinction between honesty and the truth, the following example is provided: two people view the same incident of a car wreck that involved two vehicles. The police are summoned and question all the witnesses. Let's assume that both of the witnesses are honest with their statements to the police — would the statements be the same? The statements are probably not the same as their perceptions are probably different - yet both are honest. In other words, the truth remained the same — there was a car wreck — but the perceptions of the witnesses are likely different and distorted or changed by many factors to include angle of vision, weather conditions, emotional turmoil, opinions about the police, etc.

The second discipline is humility that is simply a by-product of honesty. The more honest I become, the better I am able to see myself as I really am, which, in turn reinforces the realization that "I need help".

The third discipline of self-examination is quite simple but certainly not easy. This discipline requires an inward focus and can be practiced in a number of settings to include therapy.

The fourth discipline of self-acceptance is much more difficult than it appears as this self-examination process fueled by the determination to be honest in my self-appraisal reveals a truth that is often painful and difficult to accept.

The fifth discipline is responsibility — the individual is encouraged to avoid placing blame and to practice the acceptance of responsibility as in "who is responsible for my recovery". Blaming merely postpones the hard work of recovery while it invites the individual to continue to live in the problem rather than to live in the solution.

In practicing responsibility, addicts learn to accept accountability for decisions rather than to play the victim role or to blame others. With counseling, life coaching and other forms of assistance, the addict learns to manage anger, sadness, frustration and other emotions without turning to drugs or responding in ways they later regret.

The practice of these disciplines is beneficial to anyone and potentially life-saving for the alcoholic/addict.

Step 2: "Came to believe that a power greater than ourselves could restore us to sanity. "

Principle: "I seek Help"

Practicing rigorous honesty changes how we perceive ourselves and, hopefully, results in humility — seeing ourselves as we really are. With that new perception, it is not difficult to accept that there are many powers greater than us - such as our boss, the Court system, US Military, and/or the police to name a few. If we continue to have an arrogant (see definitions above) or exalted self-image not in tune with reality, we do not recognize any power greater than ourselves so how could there be anyone capable of helping us and, ergo, we would not seek help. For many recovering people, the support groups such as Alcoholics Anonymous signify the "power greater than ourselves". However, "power greater than ourselves" is only part of that step. The last part of the step, "could restore us to sanity" would suggest that the active alcoholic/addict is insane or that the addiction itself is insanity — anyone who has spent any time in the active addiction knows the insanity of the disease so to hope for a restoration of sanity is not a big leap. This leaves the first part of Step Two, "Came to believe" — that phrase is fraught with different meaning for different people. Perhaps the most significant part of that portion of the Step is that the alcoholic/addict comes to believe that recovery is possible — believes that change can happen when "I practice the principles and exercise the disciplines of recovery in all my daily affairs".

2nd Step Disciplines:

1. Faith — system of values and beliefs by which I guide my life
2. Trust
3. Self-disclosure
4. Prayer (Positive self-talk)
5. Meditation — thinking in the mindset of recovery and change
6. Gratitude

The first discipline, faith, refers to our individual values and beliefs that may or may not include anything of a religious nature. Values can probably be best defined as important and lasting standards about what is good or bad and desirable or undesirable. Personal values are broad inclinations that provide an internal reference to guide a person's behavior, attitude, and choices. Belief, on the other hand, is a state of mind in which an individual thinks something is true with or without any evidence to support it. In other words, something does not have to be true or factual for me to believe that it is true or factual. Factual or not, our values and beliefs, (our faith) guide our actions.

The second discipline is trust, or the "confident expectation of something as in a person that is relied upon to follow through or my personal ability to place reliance on another with assurance/hope that expectations are met". Trust involves the practice of patience as I wait to have my trust validated or I am able to validate others' trust in me. Trust begins at the family and grows to include my community and culture. Development of basic trust, according to psychoanalyst Erik Erikson, is the first state of psychosocial development and the success or failure of this developmental state happens during the first two years of life. The successful development of basic trust fosters feelings of security and optimism, while failure leads towards insecurity with issues inherent in that failure i.e., attachment disorders, failed relationships, isolation. Good recovery is about good relationships - relationship with self, family, community, society, and employers. Development of trust is essential for solid recovery.

The third discipline is self-disclosure, which is self-explanatory. While it may be less painful to identify the failures or mistakes others have made, it is not helpful in my personal journey in becoming the best "me" I can be.

The fourth discipline is prayer, which is commonly associated with religion or a connection with a supreme being, and can certainly be practiced in that manner. In order to more fully embrace this discipline, the definition has been expanded to include positive self-talk. Self-talk is an internal dialogue that affects our confidence level, self-esteem, and self-image. It is an important step to become aware of our thoughts and whether these thoughts or self-talk are positive or negative. When we are more conscious of our negative thinking, we begin to realize just how much of our spiritual/emotional energy we use in this endeavor.

An old adage associated with self-talk, negative thoughts, and bad memories can be helpful to remember:

"I can't keep a bird from flying over my head,



but I don't have to let it make a nest in my hair."

The fifth discipline is meditation. The positive self-talk of the discipline of prayer is also used for meditation. Meditation is the practice of inward contemplation on a single point of reference. It can involve focusing on the breath, bodily sensations, or on a word or phrase known as a mantra. Meditation means turning our attention away from distracting thoughts and focusing on the present moment and the benefits of recovery.

The sixth discipline to practice is gratitude.

Merriam-Webster Dictionary, gratitude is simply "the state of being grateful".

A more in-depth definition comes from the Harvard Medical School and states that gratitude is: "a thankful appreciation for what an individual receives, whether tangible or intangible. With gratitude, people acknowledge the goodness in their lives ... As a result, gratitude also helps people connect to something larger than themselves as individuals — whether to other people, nature, or a higher power."

Another definition comes from Robert Emmons, a leading researcher on gratitude in psychology. Emmons says that gratitude: "has been conceptualized as an emotion, a virtue, a moral sentiment, a motive, a coping response, a skill, and an attitude. It is all of these and more. Minimally, gratitude is an emotional response to a gift. It is the appreciation felt after one has been the beneficiary of an altruistic act" (Emmons & Crumpler, 2000).

Engagement in the process of change from active addiction to a life of recovery is a daunting task and creates emotional chaos for most people. Anger, depression, blaming, anxiety, and paranoia are all part of the emotional roller coaster. Of course, everyone has a choice of whether to feed or fight the negative emotion — a wonderful way to combat these negative emotions and to practice this discipline is to make a gratitude list.

Step 3: "Made a decision to turn our will and our lives over to the care of God as we understood Him. "

Principle: "I accept Help"

3rd Step Disciplines:

1. Obedience
2. Surrender
3. Commitment

Many people, especially those searching for a path to sobriety, become even more resistant to change when confronted with the third step as they often interpret it as a religious decision. While many explanations for a third step involve belief or willingness to believe in a Higher Power or God, it is probably more important for the individual to simply recognize the principle of the third step, which is to accept help. Submission to a higher power, whatever the connotation, keeps our arrogance in check and helps us remain humble — a necessary ingredient for the acceptance of help.

The disciplines of obedience, and commitment are more important to the journey at this point that concern about turning "our will and our lives over to the care of God" and what that might, or might not mean. Alcoholic/addicts completely understand what it is to obey the call of the alcohol/drug, to surrender to the allure, and to be totally committed to whatever it takes to continue the use of alcohol and/or drugs. Therefore, it a matter of practicing these disciplines to grow in recovery rather than to remain in the addiction.

There is another old adage that explains what happens in addiction or, for that matter, in life: "I always get what I want— I don't always want what I get". People are often encouraged to pursue needs over wants but, the truth is, most of us are motivated more by desire than by necessity. In other words, what do I need to do in order to get what I want? For instance, my desire or want is to have a career in medicine as a doctor; therefore, I need to obtain an advanced college degree, complete medical school, and all the internships and residency requirements for this career. In addition to this, I may need to work part time jobs, go without sleep, and postpone most, if not all, recreational activities. It's common knowledge that the life of an aspiring doctor is one of hardship and sleep deprivation and requires a highly motivated person to achieve that dream. It is the desire or want that motivates that person. We do whatever we need to do—no matter how difficult in order to get what we want.

In another scenario, people who are active in their addiction have been known to go to any lengths (or to do whatever they need to do) to get what they want— want more of whatever the drug of choice happens to be. This often translates to behaviors they would never have considered to be acceptable in a sober life but find necessary to continue the addiction i.e., stealing from family, prostitution and other criminal behaviors, manipulation, lies, etc. Most did not want to do these but found they needed to in order to continue the addiction.

It is easy to see that the two scenarios described above require the individual to practice obedience, commitment, and surrender in order to obtain the want or desire. Therefore, it is suggested that everyone has these disciplines available and makes use of them in the pursuit of what is wanted most and are willing to do whatever is needed in order to achieve the want.

In order for the alcoholic/addict to stay on the path of recovery, much is needed for that pursuit. Most alcoholic/addicts do not want to abstain from mood altering substances, get help, engage in treatment, avoid friends who continue to use and abuse drugs and/or alcohol, or participate in recovery support groups; however, if the want/desire for recovery is stronger than the want/desire to use, the alcoholic/addict will do what needs to be done to achieve that goal. It never hurts to remind the alcoholic/addict that they were willing to do whatever needed to be done to continue to use chugs and/or alcohol, that, in fact, no price was too high to pay to get what they wanted; to remind them that recovery requires these same if not more obedience, surrender, and commitment as the active addiction.

Recovery, therefore, is a process that encompasses all of me to include my physical, mental, emotional, and spiritual. Recovery is a journey to self-awareness and an opportunity to become the ' best me I can be". Everyone is born with the potential to become unique — the disease of addiction is a great equalizer, making every addict look the same while it destroys dreams, families, and communities. The recovery basics presented in this text provide another approach to help the alcoholic/addict begin the journey.

Perfect Peace: "In my heart, in my mind, in my soul, please help me find...perfect peace, show me the way and make me whole"
(John and Bonnie Evans)

World Health Organization

Key facts updated January 2015

Worldwide, 3.3 million deaths every year result from harmful use of alcohol

The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions. Overall, 5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability- adjusted life years (DALYs).

Alcohol consumption causes death and disability relatively early in life. In the age group 20 to 39 years approximately 25 % of the total deaths are alcohol-attributable.

There is a causal relationship between harmful use of alcohol and a range of mental and behavioral disorders, other non-communicable conditions as well as injuries.

The latest causal relationships have been established between harmful drinking and incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS.

Beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large.

Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. The harmful use of alcohol causes a large disease, social and economic burden in societies.

Alcohol impacts people and societies in many ways as determined by the volume of alcohol consumed, the pattern of drinking, and, on rare occasions, the quality of alcohol consumed.

The harmful use of alcohol can also result in harm to other people, such as family members, friends, co-workers and strangers. Moreover, the harmful use of alcohol results in a significant health, social and economic burden on society at large. Alcohol consumption is a causal factor in more than 200 disease and injury conditions. Drinking alcohol is associated with a risk of developing health problems such as mental and behavioral disorders, including alcohol dependence, major noncommunicable diseases such as liver cirrhosis, some cancers and cardiovascular diseases, as well as injuries resulting from violence and road clashes and collisions. A significant proportion of the disease burden attributable to alcohol consumption arises from unintentional and intentional injuries, including those due to road traffic crashes, violence, and suicides, and fatal alcohol-related injuries tend to occur in relatively younger age groups.

The latest causal relationships are those between harmful drinking and incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS. Alcohol consumption by an expectant mother may cause fetal alcohol syndrome and pre-term birth complications.

ADDICTIONS and RECOVERY.org

The Genetics of Addiction

The Role of Family History

Addiction is due 50 percent to genetic predisposition and 50 percent to poor coping skills. This has been confirmed by numerous studies. One study looked at 861 identical twin pairs and 653 fraternal (non-identical) twin pairs. When one identical twin was addicted to alcohol, the other twin had a high probability of being addicted. But when one non-identical twin was addicted to alcohol, the other twin did not necessarily have an addiction. Based on the differences between the identical and non-identical twins, the study showed 50-60% of addiction is due to genetic factors. (1) Those numbers have been confirmed by other studies.(2)

The children of addicts are 8 times more likely to develop an addiction. One study looked at 231 people who were diagnosed with drug or alcohol addiction, and compared them to 61 people who did not have an addiction. Then it looked at the first-degree relatives (parents, siblings, or children) of those people. It discovered that if a parent has a drug or alcohol addiction, the child had an 8 times greater chance of developing an addiction. (3)

Why are there genes for addiction? We all have the genetic predisposition for addiction because there is an evolutionary advantage to that. When an animal likes a certain food it eats, there is an advantage to associating pleasure with that food so the animal will look for that food in the future. In other words the potential for addiction is hardwired into our brain. Everyone has eaten too much of their favorite food even though they knew it wasn't good for them. Although everyone has the potential for addiction, some people are more predisposed to addiction than others. Some people drink alcoholically from the beginning. Other people start out as a moderate drinker and then become alcoholics later on. How does that happen?

Repeatedly abusing drugs or alcohol permanently rewires your brain. If you start out with a low genetic predisposition for addiction, you can still end up with an addiction. If you repeatedly abuse drugs or alcohol because of poor coping skills, then you'll permanently rewire your brain. Every time you abuse alcohol, you'll strengthen the wiring associated with drinking, and you'll chase that buzz even more. The more you chase the effect of alcohol, the greater your chance of eventually developing an addiction. Your genes are not your destiny. The 50% of addiction that is caused by poor coping skills is where you can make a difference. Lots of people have come from addicted families but managed to overcome their family history and live happy lives. You can use this opportunity to change your life.

Is Addiction a Disease?

Addiction is like most major diseases. Consider heart disease, the leading cause of death in the developed world. It's partly due to genes and partly due to poor life style choices such as bad diet, lack of exercise, and smoking. The same is true for other common diseases like adult-onset diabetes. Many forms of cancers are due to a combination of genes and life style. But if your doctor said that you had diabetes or heart disease, you wouldn't think you were bad person. You would think, "What can I do to overcome this disease?"

Addiction is not a weakness. The fact that addiction crosses all socio-economic boundaries confirms that addiction is a disease. People who don't know about addiction will tell you that you just need to be stronger to control your use. But if that was true then only unsuccessful people or unmotivated people would have an addiction, and yet 10% of high-functioning executives have an addiction.

If you think of addiction as a weakness, you'll paint yourself into a corner that you can't get out of. You'll focus on being stronger and trying to control your use, instead of treating addiction like a disease and focusing on stopping your use.

Cross Addiction

You can become addicted to any drug, if you have a family history of addiction. If at least one of your family members is addicted to alcohol, you have a greater chance of developing an addiction to any other drug. Cross addiction occurs because all addictions work in the same part of the brain. If your brain is wired so that you're predisposed to one addiction, then you're predisposed to all addictions.

This is especially important for women who may come from alcoholic families, but who often develop addictions that go undetected, like addictions to tranquilizers, pain relievers, or eating disorders.

One addiction can lead to other addictions, and one drug can make you relapse on another drug. That's one of the consequences of a brain that's wired for addiction.

Suppose you're addicted to cocaine. If you want to stop using cocaine then you have to stop using all addictive drugs including alcohol and marijuana. You may never have had a problem with either of them, but if you continue to use alcohol or marijuana, even casually, they'll eventually lead you back to your drug of choice. Recovery requires total abstinence.

How does cross addiction cause relapse?

1. All addictions work in the same part of the brain. Addiction is addiction is addiction. Therefore, one drug can lead you back to any other drug.
2. Even moderate drinking or smoking marijuana lowers your inhibitions, which makes it harder for you to make the right choices.
3. If you stop using your drug of choice but continue to use alcohol or marijuana, you're saying that you don't want to learn new coping skills and that you don't want to change your life. You're saying that you want to continue to rely on drugs or alcohol to escape, relax, and reward yourself. But if you don't learn those new skills, then you won't have changed, and your addiction will catch up with you all over again.

(Reference: www.AddictionsAndRecovery.org)

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