

Module 1

Self Reflection

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YOU are entering The Life Process Program© (LPP) because you have a substance abuse problem—perhaps an addiction. Perhaps you drink too much, smoke, gamble too much, take drugs, eat too much, or shop beyond your means. Undoubtedly you've been told, as we all have, that this problem is a disease for which you must seek medical treatment or join a support group—something that perhaps you have resisted doing. You see and hear this message in so many places—in school, in the media, from government organizations, and from treatment providers—that you may not even ask yourself whether it's accurate. But if you thought about it for a few minutes, you'd realize it just isn't so.

People quit addictions on their own all the time. We all know this is the case. How many people do you know who quit cigarettes, the most common and generally considered to be the most powerful of drug addictions? Did you do so? In the United States, tens of millions of people have quit smoking without treatment, about half of those who have ever smoked.

Surprisingly, the percentage of former heroin, cocaine, and alcohol addicts who have quit on their own is even higher. Yet an enormous treatment/recovery industry, backed by a large government bureaucracy, tells us that it is virtually impossible to quit an addiction—and completely impossible to do so without the use of all their services.

Of course, some private treatment centers have a vested interest in this debate. These are the ones that treat Lindsay Lohan, Charlie Sheen, Whitney Houston, and other celebrities like them, often repeatedly. It's obvious why they insist that quitting addictions takes repeated, expensive stays at their facilities.

Even the services of 12-step programs like Alcoholics Anonymous (AA) and Gamblers Anonymous can come with a price: Many claim that no one can succeed in overcoming alcoholism unless they remain in AA or another twelve-step group.

Less well known is that the government has invested millions to get an “addictive disease” message across. The National Institute on Drug Abuse (NIDA) is the government agency responsible for getting to the root of drug abuse. Since 2003, the NIDA has been headed by brain researcher Nora Volkow, who has popularized the idea of “Addiction as a Brain Disease.” Typical of this exposure was the massive, 14-part series that premiered on HBO in 2007 that officially told Americans that addiction is a “chronic, relapsing brain disease.”

Today, it is rare to see a study claiming some new finding about such a “disease” in which Volkow is not quoted (findings about self-cure, thought far more common, get much less coverage). According to Volkow, drugs (and, now it seems, many other activities) stimulate the neurochemical dopamine in the brain. The brain becomes acclimated to this dopamine saturation, and will do anything to prompt re-stimulation of the chemical. Volkow views this process as the inevitable—and inescapable—result of people taking certain drugs (although which drugs—and whether only due to drugs—is a matter of some dispute).

The addiction is inescapable, that is, unless it is treated medically, according to Volkow, who in 2011 spurred the formation of the American Board of Addiction Medicine. Except, there really is no agreed-upon medical treatment for addiction. While some drugs (like naltrexone) have been used in therapies for both narcotic addiction and alcoholism, none has been reliably successful. So, when you enter a major medical addiction treatment centre, you invariably end up attending AA groups.

The whole “brain disease” model of addiction invites many ruminations—critical thinking we hope that you will learn to do on your own. Do all drugs operate through the same dopamine centers in the brain—narcotics as well as stimulants, marijuana as well as cocaine, alcohol as well as drugs, and so on? Do other activities stimulate dopamine production in the brain? Does gambling (which American psychiatry has now declared to be addictive)? Does eating? Does sex? Does shopping? Can you simply replace the dopamine created by taking cocaine by shopping? I don’t think so!

In any case, what is most important to you and to us is how—and how often—people get better. Numerous cases we all know about, and in our own lives, show that people do get better on their own—or with relatively minimal assistance. But industry, government, and faith-based organizations unite on the point that people cannot quit addictions independently. In fact, this is one of the few areas of unanimity among them. It is strange that all sectors of American society concerned with addiction should be united on this point—especially since it is wrong!

The idea of addiction as inevitably a lifetime burden is a myth. How do we know? Because the American government tells us so. In a massive study carried out by the government’s National Institute on Alcohol Abuse and Alcoholism (NIAAA) in which 43,000 Americans were interviewed, only one in ten alcoholics entered AA or rehab.¹ Yet three-quarters of people who were ever alcoholic had achieved stable recovery. The bottom line: three-quarters of those in recovery achieved this state on their own, or at least without some official recovery agency carrying them over the finish line.

1 This was NESARC—the National Epidemiologic Survey on Alcohol and Related Conditions—whose results were announced by Dr. Mark Willenbring, a psychiatrist and director of the NIAAA division that conducted NESARC. “Alcoholism Isn’t What It Used to Be,” NIAAA Spectrum, December 2010.
<http://www.spectrum.niaaa.nih.gov/features/alcoholism.aspx>

It is important for you to know that the independent, self-motivated cure for addiction, natural recovery or self-cure, is possible. You can fight your own addictions, whether to drugs, alcohol, cigarettes, shopping, gambling—you *can* do it.

People All Around Us Quit Addictions

In spite of what the government and treatment programs tell us, we all know that many people escape addictions without treatment. How do we know? Because so many of us, our friends, and our loved ones have quit addictions, including the most common drug addiction, smoking. You have heard, and no doubt believe, that smoking is an addiction. But you may feel it’s not an addiction like heroin addiction or cocaine addiction or alcoholism. However, those in the best position to know—alcoholics and drug addicts who smoke—rate smoking at the top of the list of hardest addictions to quit.

Yet, around 90 percent of addicted smokers who quit do so without any kind of treatment. This percentage of smoking self-quitters has gone down slightly since the 1980s, since so many medical treatments for quitting (i.e., nicotine gums and patches) are promoted endlessly on television and other media. But self-quitters smokers are *still* the large majority of ex-smokers. You can prove this by asking a group of middle-aged people if any of them has quit smoking, and then asking how many did so through any form of treatment (like a nicotine patch).

I do such “experiments” all the time. For instance, I lecture groups of alcoholism/addiction counselors, people who swear that the only way addicts can recover is through going to treatment and joining AA or another twelve-step group like they did. I first ask them, “What is the toughest drug addiction to quit?” The audience, virtually in one voice, shouts out “nicotine” or “cigarettes.” “How many of you have quit?” I inquire. Often a majority raise their hands. Then I ask, “How many of you quit smoking because of treatment or joining a support group?”

In rooms of hundreds of people who work in the treatment field and have quit smoking, never more than a handful have ever said they quit with formal treatment. “Wait a minute,” I deadpan. “You people are too radical for me. You tell people all the time that they can’t quit addictions on their own. Yet you—a group of highly experienced counselors, many of whom have quit more than one addiction yourselves—tell me you quit the toughest addiction without treatment.”

In a further development, in 2012 leading smoking researchers checked to see whether people who quit cigarettes did better with nicotine replacements (like gum or patches). They did no better than those who quit without the drug replacement. And the worst smokers (the most addicted) were twice as likely to relapse when they relied on such medical interventions as those who quit cold turkey!¹

¹ H. Alpert, G. Connolly, L. Biener, “A prospective cohort study challenging the effectiveness of population-based medical intervention for smoking cessation,” *Tobacco Control* doi:10.1136/tobaccocontrol-2011-050129

How Uncle Ozzie Quit Smoking

How do so many people quit the toughest of all drugs? Let’s examine the remarkable story of my uncle Ozzie. Ozzie was born in Russia in 1915 but came to the United States as a small child. As a teenager he developed an addiction to smoking. Outwardly calm, Ozzie did not have obvious reasons for smoking. Nonetheless, he continued to smoke into the early 1960s. But Ozzie quit smoking in 1963, the year before the surgeon general’s 1964 report making clear that cigarettes cause cancer.

I didn’t actually notice my uncle had quit until years after the fact, when I saw him at a family gathering when I was home from school, after I became interested in the question of addiction. I asked him, “Ozzie, didn’t you used to smoke?” Ozzie then told me his story.

He began smoking at the age of eighteen and continued smoking for thirty years. Ozzie described his smoking as “a horrible habit”—he smoked four packs a day of unfiltered Pall Malls. He kept a cigarette burning constantly at his workbench (Ozzie was a radio and TV repairman). He described how his fingers were stained a permanent yellow. But, he said, until the day he quit, he had never even considered giving it up. On that day the price of a pack of cigarettes rose from thirty to thirty-five cents. While eating lunch with a group of fellow employees, Ozzie went to the cigarette machine to purchase a pack. A woman co-worker said, “Look at Ozzie—if they raised the price of smokes to a dollar, he’d pay them. He’s a sucker for the tobacco companies!”

Ozzie replied, “You’re right—I’m going to quit.”

The woman, also a smoker, said, “Can I have that pack of cigarettes you just bought?” Ozzie answered, “What, and waste thirty-five cents?” He smoked that pack and never smoked again. A few years ago, Ozzie died. He was over ninety years old.

Why did my uncle Ozzie quit? To understand that, you’d have to understand what kind of person he was. Ozzie was a union activist and shop steward. Adamantly left-wing, he was a man who lived by his beliefs. It was Ozzie’s job to stand up for any worker sanctioned by the company. As a result, he believed, he was punished for his activism by being sent out to the worst parts of the city on television repair calls.

Why did Uncle Ozzie quit smoking that one day, after thirty years of constant, intense smoking? He had never previously considered quitting, but less than twenty-five words thrown out by a blue-collar colleague somehow caused him to drop the addiction. We will return to this question in the next chapter, but for now it is enough to recognize that he did it.

Without the aid of a support group or medicated patch, Ozzie overcame his smoking addiction. And fifty million other American ex-smokers have done the same thing.

Where Does the “Brain Disease” Go Wrong?

Millions of heroin addicts haven't quit their addictions on their own, like smokers, because there aren't millions of heroin addicts in the United States. However, a majority of heroin addicts, as well as most cocaine addicts, have recovered from addiction without treatment. Millions of people with a drinking problem—including, per NESARC, three-quarters of alcoholics—have quit their addictions, three times as many as have been treated out of alcoholism or succeeded at AA. And tens of millions of people have quit the toughest drug addiction of all—cigarettes.

So how does idea of addiction, the “chronic, relapsing brain disease,” carry on? One explanation is the potential market for pharmaceutical treatments or vaccines for addiction. The NESARC data, while optimistic about our natural ability to mature out of addictions, indicates that *nearly a third* of the US population at some point encounters a problem with alcohol. Throw in addictions to drugs, both prescription and illicit, gambling, sex, shopping, and all the other human involvements that could be targeted, and pretty soon—as the saying goes—you're talking real money.

In addition, addiction treatment in the United States has been built around residential treatment programs and hospitals—even though what is delivered within their walls is nearly always warmed-over AA. Neurobiological models of addiction are consistent with the privatized, heavily medicalized American health care system. This is not the approach taken in most of the rest of the industrialized world. But American agents of this so-called Minnesota Model are now busy selling it throughout the UK and the rest of Europe.

Yet the most important agents in selling the “chronic brain disease” model aren't Big Pharma, drug rehabs, and 12-step profiteers. Really, the NIDA and the newly minted American Board of Addiction Medicine are the biggest purveyors of the idea to Americans, and now worldwide. Thus, more and more people are being told that addiction is an external power that takes over their lives, and which they have no ability to halt or overcome.

What Is Addiction?

The recognition that addiction is not linked to a specific chemical object, and that it occurs with sex, or shopping, or gaming, should instead make us see that addiction can never be dealt with in a purely medical way, right?

Wrong. Recently, the committee appointed by the American Psychiatric Association to create a new edition of its diagnostic manual—which will be called DSM-5—has identified the first official psychiatric non-drug addictive involvement. That's right—it's gambling—and so far only gambling. Not sex, nor videos, nor eating, nor shopping. Just gambling.

How do they justify this unique conclusion? Well, University of Pennsylvania psychiatrist Charles O'Brien, chair of the work group, said gambling deserves the designation of “addiction” because “pathological gambling and substance-use disorders are very similar in the way they affect the brain and neurological reward system.” And not sex? Or video games? Or eating? Or will all of this change, and will DSM recognize all of these as addictive?

All addictions follow essentially the same pattern. In fact, addictions are overwhelming experiences that can take over a person's consciousness and which—due to this preoccupation and other damages the addictive activity wreaks—have a tremendously negative impact for the person. People turn to these experiences partly out of the appeal of the specific activity for them (whether drugs, eating, shopping, or gambling), partly due to their personal needs and characters (including mental states like depression or negativity), and partly due to the situations they face at the moment.

I refer to addictions, addictive or destructive habits, and compulsions more or less interchangeably in this program, unless there is a specific reason to differentiate them. I am aware that clinical distinctions are made between these terms, diagnoses frequently distinguish between abuse of and dependence on a substance. Nonetheless, addictive problems occur along a continuum from the less

to the more severe, anchored at one end (the severe one) by addictions. And although severe problems deserve different, and greater, attention than less severe ones, most of the principles governing how you improve your life and conquer destructive habits apply to any level of habit or addiction. I assume that people with all different levels of problems will complete this program and can benefit from the ideas in it.

How Do So Many People Quit Addictions?

How do so many people leave addictions behind? The answer, we will see, does not involve a magic bullet. Rather, we all understand what the building blocks for living are, what it takes to lead a full and satisfying life.

The same building blocks are needed to overcome addiction, whether on your own or through treatment. Only we have been intimidated from focusing on them by the idea that addiction is a special medical condition that, say Volkow and other researchers who approach addiction as she does, we will one day have a drug to cure.

But addiction will never be cured by a pill, as the failure of nicotine replacement therapy in the study cited above once again demonstrates. Indeed, when the most addicted smokers in that study turned to a pill for their salvation, they were less likely than other addicted smokers (even when counseling was included as part of the treatment) to take the steps they needed to overcome addiction.

When you understand addiction, the idea of a pill for curing it makes no sense. That is because addiction results when people's lives are unbalanced. It cannot be remedied by a pill, because a pill cannot balance people's lives. But people, including you, *can* achieve recovery—*true* recovery—by creating the fundamental supports they need to lead nonaddicted lives.

The Life Process Program© provides you with these basic building blocks, which can be regarded as tools to overcome addiction. These seven tools, or recovery elements, are (1) values, (2) motivation, (3) rewards, (4) resources, (5) support, (6) a mature identity, and (7) greater goals.

Feeling Your Power

Let's take time now to emphasize one thing that enables people to overcome addiction—their belief that they are ultimately capable of doing so. Remember those addicted smokers who welcome nicotine replacement therapy? Well, in good part they failed because, in turning to the replacement drugs they were announcing, "I don't feel that I can really lick this thing." As a result, what is likely to happen the first time they face duress—especially if/when they cease taking the drug to replace their reliance on cigarettes. Why, they relapse, of course!

The new recognition that compulsive sexuality, gambling, eating, and shopping are just as addictive as cocaine and heroin are reputed to be must not discourage you from realizing your capacity to overcome alcohol or any other addiction. The opposite attitude—believing you are incapable of doing so and that you are powerless while the addiction is all-powerful—will certainly not help you in achieving your goal.

The Life Process Program© stresses that addiction is more overcomable than you know. To turn your life—or to help turn someone else's—in a positive direction, it is essential to understand that addiction is changeable and that people often are able to escape addictive behaviors and attitudes as their life circumstances change and as they improve their outlooks and capabilities. You have been using the addiction as a way of dealing with life, a task you can accomplish in better, non-addictive ways.

You are engaged in the Life Process Program© because this is what you want to do. And we are going to help you accomplish this. So let's get started. This program offers you a hand across the bridge of recovery. With the help of the social education provided at the LPP, you can work toward a life free from addictions.

Help will come in many forms, like simply seeing how others have done it, or identifying barriers you have to cross or steps you need to take, working through the exercises, going out and engaging in positive activities and interactions, and just practicing the skills we describe and teach you here. I will also present videotaped lectures at the end of each segment. Finally, we have trained professionals on staff to respond to the materials you submit, and whom you may consult when needed.

This Life Process Program© does not make you better. It is an aid so that you can mature out from addiction more quickly, more surely, and/or more completely by examining your life from the perspectives presented here and following the self-help guidelines provided. And the data should tell you the odds favor your overcoming your gambling problems and gaining greater mastery over your life.

More than anything, the Life Process Program© makes it clear that *you* are the primary agent of change. Obviously, this program is not in tune with most American addiction theory and therapy, which overwhelmingly favors the twelve-step philosophy. These treatments insist on the premise that the individual is powerless over an addiction. In reviewing the extensive research on alcohol and other addiction treatment, however, we actually find that self-efficacy therapies, which focus on the individual's power and self-reliance, succeed the best.

How to Beat Addiction

This program points out many actual stories of recovered addicts, virtually all of whom did it on their own. These cases come from all walks of life, and from all of my many activities. That is, some are based on interviews I have conducted with addicts or former addicts, some come from my therapy experiences, some come from e-mails from my website on addiction, some are cases described in the research by other investigators, and some are well-known ones drawn from history and literature.

But many others come from people I have known and observed. The point of this is to show ordinary people overcoming addictions without professional assistance, in the normal course of their lives. In cases I have observed or been involved in myself, of course, I disguise all names, locations, and identifying details.

The reason for this variety, and the inclusion of "ordinary" lives, is that this book is not about therapy. It is about people, many of whom have not sought and will not seek therapy. Even if they turn to therapy, their attacks on their addiction will occur mainly outside the therapy experience. I am a psychologist and addiction therapist. I see my job as helping people build the foundation that must be in place before they successfully quit addictions. From the standpoint of would-be helpers, including therapists, friends, and parents, it is essential to get people attached to life in as many ways as possible.

People with strong values, and with the motivation to change, succeed better at quitting addictions. People with friends, intimate relationships, and families; people with stable home and community lives; people with jobs and work skills; people with education; people who are healthy—all do better at getting over addictions, just as they do at avoiding addictions in the first place.

You need to seek and gain these advantages that non-addicted people have. When you have such assets, you are helped in overcoming an addiction by focusing on what you have and what you may lose. Some therapies—which the Life Process Program© makes use of—help you to do this. When you don't have these things, you may need help to acquire them, which is what this program does.

In addition, you are assisted in quitting addictions by things larger than yourself and beyond your own life. One of these things is the support of those around you and your community. Another is to have and to seek greater goals in life, to commit yourself to be good to other people and to make positive contributions to the world.

In the readings and exercises that follow, I will detail how you may accomplish these things. In this way, the Life Process Program© provides a road map to self-cure. It is a tool that you can use in searching your life, noting what you have and what you lack, in terms of gathering the resources you need to beat an addiction.

Finally, and perhaps most important, you should find this information encouraging and empowering. Self-empowerment is the most potent anti-addiction medicine of all.

Additional Reading Material

You have now completed the reading material for Module 1 and can proceed to the exercises for this module. You may also wish to access [additional reading material on self-reflection by clicking here.](#)

Please note: this additional reading material is not a prerequisite but it is there for your information if you would like to use it.