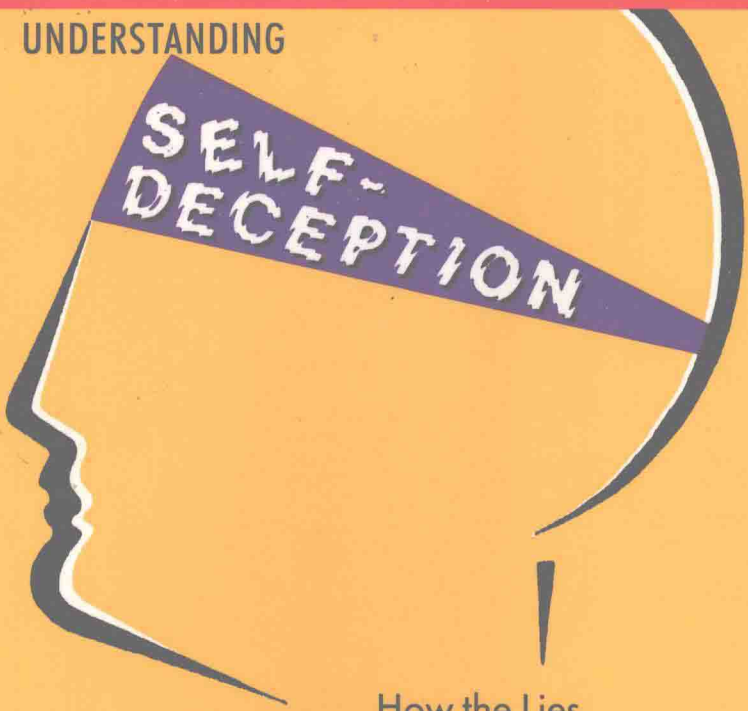
ADDICTIVE THINKING

UNDERSTANDING



How the Lies
We Tell Ourselves
and Others
Perpetuate Our
Addictions

ABRAHAM TWERSKI, M.D.

ADDICTIVE THINKING

Understanding Self-Deception

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Letting Go of Shame, Ronald Potter-Efron and Patricia Potter-Efron

FOREWORD

Addiction and codependency can manifest themselves in many forms. The addict is not always aware of the subtle development of addiction until he or she becomes addicted. If the addict does not want to change or stop the addiction, he or she must develop a strong denial system.

The same is true for those who live with and love an addict. They are negatively affected by the addict's addiction, and this can lead them to the development of codependent behaviors. Codependency develops much like addiction: it depends on denial and comes on a person subtly.

Addiction and codependency share one more characteristic. They both involve very complicated and contradictory thinking patterns. These thinking patterns, which are present in most addicts and codependents, have been identified by Dr. Twerski as addictologia. How many times, when we are trying to understand addicts or codependents, have we asked ourselves, *What in the world are they thinking?*

The lives of addicts and codependents are full of many contradictions in behaviors and explanations. Addicts claim they need no one, but then ask you to cover up for their behaviors. Codependents claim they are not affected by the addiction of another, but then proceed to alter their behaviors to accommodate the addict. How could these behavioral patterns not only emerge, but also appear to be "normal" or "logical" to the addict or codependent?

The answer can be found by discovering how the addict or the codependent thinks, especially how he or she thinks about addiction. In other words, the way in which people think can contribute not only to the development of addiction or codependency, but can also create barriers to recovery.

The discovery of addictive thinking in addicts and codependents begins to offer insight into the many paradoxes of

addiction. Addictive thinking leads many people to the conclusion that they are engaging in perfectly logical behavior. In fact, they are often so convinced that their behaviors are justified that, in treatment, they may convincingly rationalize their behaviors to themselves and the therapist. Addictive thinking can be contagious, and the therapist must be careful not to become infected.

Some of the paradoxes of addictive thinking might include the addict or codependent being

- very rational about non-addictive issues, but highly irrational about addiction.
- extremely independent occupationally or functionally, but extremely dependent on a substance or a relationship.
- fearful of loneliness and abandonment, but also afraid to get close to anyone.

In this book, Dr. Twerski insightfully guides us through the origins and development of addictive thinking. He demonstrates how addictive thinking contributes to the addict's dilemma and how the therapist can successfully uncover the process of addictive thinking. Dr. Twerski has made enormous contributions to the understanding of the addictive process. This work is no exception. Addicts, codependents, and therapists will benefit as they begin to unravel the many mixed messages of addiction and codependency. This process begins by developing clear and logical thinking. It begins by identifying the dangers of *Addictive Thinking.*

ROBERT S. ACKERMAN, PH.D.

ADDICTIVE THINKING

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CHAPTER ONE

ADDICTOLOGIA, OR ADDICTIVE THINKING

"It Is Absolutely Impossible for Me To Stop on My Own, Maybe"

I was interviewing a young man who had been admitted to a rehabilitation unit for drug addiction. "What made you decide it was time to do something about the problem?" I asked.

"I've been on cocaine for a few years," the man replied, "and on several occasions I didn't use for a few weeks at a time, but I had never before decided to stop for good.

"For the past year my wife has been pressuring me to stop completely. She used to do cocaine herself, but she has been off for several years now. I saw it wasn't worth the hassle, so I decided to give it up completely.

"I was sincere in my determination to stop for good, but after two weeks I started up again, and that proved something to me. I'm not stupid. I now know that it is absolutely impossible for me to stop on my own, maybe."

I wanted the man to hear what he had just said, so I repeated his last sentence several times. He could not see what I was trying to point out to him.

I said, "It is perfectly logical to say, 'Maybe I can stop by myself.' It is also perfectly logical to say, 'It is absolutely impossible for me to stop by myself.' But to say, 'I now know that it is *absolutely impossible* for me to stop on my own, *maybe,*' is an absurd statement because it is self-contradictory. It is either 'absolutely impossible,' or 'maybe,' but it cannot be both."

I have later repeated this conversation to a number of people, and even seasoned therapists initially show no reaction, waiting for me to give the punch line. Only after I point out the contradiction between "absolutely impossible" and "maybe" do they see the absurdity of the statement, and the distortion of thought taking place in this man's mind.

To understand what we are talking about when we use the term *distortion of thought,* let's look at an extreme example of it, the system of thinking used by a schizophrenic person. A system of thinking that is outside the realm of "normal" thinking is called *paralogia.* As absurd as this distortion of thought may be to a normal person, it makes perfect sense to a schizophrenic.

For example, in Aristotelian logic we use major and minor premises to lead to what we consider a valid conclusion. Thus:

Major Premise: All men are mortal.
Minor Premise: Socrates was a man.
Conclusion: Therefore, Socrates was mortal.

A schizophrenic might come up with this conclusion:

Major Premise: Socrates was a man.
Minor Premise: I am a man.
Conclusion: Therefore, I am Socrates.

The schizophrenic man in this example is as convinced that he is Socrates as the healthy person would be that Socrates was mortal. Therapists familiar with paranoid schizophrenic patients, who have delusions of grandeur, know how futile it is trying to convince a patient that he or she is not the Messiah or the victim of a worldwide conspiracy. The therapist and the patient are operating on two totally different wavelengths, with two completely different rules of thought. Normal thinking is as absurd to a schizophrenic as schizophrenic thinking is to a healthy person. A typical schizophrenic's adjustment to life in a normal society can be compared to that of a baseball manager who orders the team to punt or a football coach who calls for stealing a base.

Schizophrenic people do not realize their thinking processes are different from most other people. They can't see why others refuse to recognize them as a Messiah or the victim of a worldwide manhunt. Still, many people, some therapists included, may argue with a schizophrenic person, becoming frustrated when the person fails to see the validity of their arguments. They are unaware that this is like asking a color-blind person to distinguish colors.

Yet, the thinking of the schizophrenic is so obviously irrational that it is clearly recognized by most of us as irrational. We may be unable to communicate effectively with a schizophrenic person, but at least we are not taken in by the delusions created in the schizophrenic's mind. We do not believe this person is really the Messiah or the victim of a KGB, FBI, and CIA conspiracy.

How Addictive Diseases Resemble Schizophrenia

Not infrequently, persons with addictive diseases are misdiagnosed as schizophrenic. They may have

- delusions,
- hallucinations,

- inappropriate moods, and
- very abnormal behavior.

All of these may be manifestations of the toxic effects of chemicals on the brain. What these people have is a *chemically induced psychosis,* which may resemble but is not schizophrenia.

Every so often, however, a person with bona fide schizophrenia uses alcohol or other drugs addictively. This presents a very difficult treatment problem. A schizophrenic is likely to require long-term maintenance on potent antipsychotic medications. This person might be unable to withstand the confrontational techniques that are commonly effective with addicts in treatment. Addicts can learn to desist from escapism and to use their skills to cope effectively with reality; no such demand can be made on a schizophrenic, who may lack the ability to cope with reality.

We may think of it in the following way. Both the addict and the schizophrenic are like derailed trains. With some effort, addicts can be put back onto the track. The schizophrenic can't be put back on the same track. The best that may be accomplished is getting a schizophrenic on another track that leads to the destination. This other track is not a "through" track. It has countless junctions and turnoffs, and at any point the schizophrenic may go off in a direction other than the desired one. Constant vigilance and guidance are necessary to avoid such turnoffs, and it may be necessary to slow the traveling speed with the use of medications to stay on track.

When we are confronted with the thinking of an alcoholic or someone with another addiction, we are often as frustrated as with the schizophrenic. Just as we are unable to budge the schizophrenic from the conviction of being a Messiah, so we are unable to budge an alcoholic from the belief that he or she is a safe, social drinker.

For instance, someone close enough to observe a late stage alcoholic (or other drug addict) can see a person whose life is steadily falling apart, with physical health deteriorating, family life in ruins, and job in jeopardy. All of these problems are obviously due to the effects of alcohol or other drugs, yet the person appears unable to recognize this. The addict may firmly believe that using chemicals has nothing to do with any of these problems and appears blind to logical arguments to the contrary.

An outstanding difference between addictive and schizophrenic thinking is this:

- *schizophrenic thinking* is blatantly absurd;
- *addictive thinking* has a superficial logic that can be very seductive and misleading.

Especially in the early stages of addiction, an addict's perspective and account of what is happening may appear reasonable on the surface. Many people are naturally taken in by addictive reasoning. Thus, an addict's family may see things the "addictive thinking way" for a long time. The addict may sound convincing to friends, pastor, employer, doctor, or even to a psychotherapist. Each statement the addict makes appears to hold up; long accounts of events may even appear valid.

The addict may not always be as willfully conniving as we think. This person is not necessarily consciously and purposely misleading others, though this does occur sometimes. Often addicts are taken in by their own thinking, actually deceiving themselves.

We all recognize the statement, "That full glass is empty," as absurd. But the young man's statement, "I now know that it is *absolutely impossible* for me to stop on my own, *maybe*," may not appear absurd until we stop to analyze it. In normal conversation, we generally do not have time to pause and analyze what we hear. Hence, we may be deceived by, and accept as reasonable, statements that are meaningless.

Sometimes these contradictions can be even more subtle. For example, a young woman, asked whether she had resolved all the conflicts connected with her divorce, answered, "I think so."

There is nothing patently absurd about this woman's answer, until we pause to analyze it. The question was, "Have you *resolved* the conflicts?" This means, "Have you done away with the various uncertainties, and have you eliminated the emotional problems incidental to your divorce?" That is what the word *resolved* means. The answer, "I think so," is thus an assertion, "I am still uncertain that I am certain," and is really a meaningless statement.

In an article I wrote in 1974, I used the term alcologia to refer to alcoholic thinking. Perhaps the term addictologia is more appropriate now since it encompasses not only other chemical dependencies, but also other addictions with many similarities to alcoholism, such as eating disorders, compulsive gambling, and sexual addiction.

Cause and Effect

Does an addict's distorted thinking cause an addiction, or does the distorted thinking result from the addiction? Cause and effect in addiction cannot easily be determined. By the time an addict enters treatment, several cycles of cause and effect have usually occurred, and anyone trying to tell which is which may be caught up in a "Catch-22" (a no-win situation). Since we must begin somewhere, and since active addiction stands in the way of success in treatment, *abstinence must come first.* After prolonged abstinence, with the brain again functioning more normally, addicts can focus their attention on addictologia.

The phenomenon of abnormal thinking in addiction was first recognized in Alcoholics Anonymous, where the highly descriptive term *stinkin' thinking* was coined. Old-timers in AA use this term to describe the *dry drunk,* or the alcoholic who

abstains from drinking but behaves in many other ways much like an active drinker.

The distortions of thinking are not unique to addictive disorders. These thought distortions can be found in people who may have other adjustment problems. But the intensity and regularity of addictologia is most common among addicts.

This book is intended to help the addicted or codependent person identify his or her thinking processes called addictologia. Additionally, it can help those working in the substance abuse field to develop a more comprehensive understanding of the impact thought processes have on

- the development and maintenance of addiction, and
- successful recovery.