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## CHAPTER ONE: WHO IS AN ADDICT?

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Most of us do not have to think twice about this question. WE KNOW. Our whole life and thinking is centered in drugs in one form or another, the getting and using and finding ways and means to get more. We use to live and live to use. Very simply an addict is a man or woman whose life is controlled by drugs. We are people in the grip of a continuing and progressive illness whose ends are always the same: jails, institutions and death.

As addicts we have a common bond. We have all felt pain. We have all felt the numbness, knowing inadequacy, aching loneliness, separateness from our fellows and feelings of uselessness and self-pity. We have surely had enough of self-destruction.

Somehow, in a moment of clarity, we were able to look at the whole scene in all it's insanity. We stopped fighting and something inside said, "No more."

We lacked real information on what addiction is and what recovery could mean to us. We were in a poor position to judge whether or not we were addicts. Each of us faced this dilemma. We remember going through a lot of pain and despair before considering the possible connection between drugs and misery.

Eventually, drugs ceased to make us feel good. We tottered on the brink of self-destruction. All of our attempts to stay clean had failed. In isolation we had lost the things in our lives that were the most important to us. We lost all hope and freedom.

We were sick and tired of being sick and tired.

From the start, the theme of the N.A. meetings was recovery. We all knew how to use drugs; we knew the effect they had on us. The primary thing we were interested in was how to stay clean, how to cope with life without drugs, how to handle unpleasant feelings and emotions; in other words, how to recover. This is

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why we suggest attending meetings the same way we used drugs--as often as possible. Going to many meetings provides a period of time where we can talk with other addicts about the nature of our addiction, the addict, and recovery. We learned that we were not alone.

Few of us set out to become addicts. It seems we were either born that way or at some point in our using crossed an invisible line into an addiction expressing itself through our obsessions, compulsions and preoccupations. Our addiction overrides reason, experience and perception.

We can see a little of ourselves in every addict. Addicts are scared--they feel they must be something they are not. They can't stand the future; they can't stand the past; and they can't stand still.

It is in the addict's nature to perceive and precipitate crisis. Adopting a style of living from crisis to crisis, many of us are dependent on people to carry us emotionally through life and are often disappointed and hurt when such contacts have other interests, friends and loved ones.

Addiction is a disease and not a moral issue. The addict reacts to the drugs in a distorted behavior and compulsively seeks more. The addict has passed the point of no return and must have help in order to gain a normal life without drugs.

Our personal experience suggests we suffer from a physical, mental and spiritual disease. We believe it is the combination of these three disorders that makes addiction.

Medical science has done much research on drugs and drug abuse in an attempt to explain and identify the physical aspects of addiction. Most of us don't have the experience or expertise to

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discuss this in clinical terms. We do, however, share experiences which indicate to us that a part of our disease is physical in nature. When we were using, the drugs acted differently in our bodies than they did in the non-addict.

In our meetings, it's common to hear addicts say that out of a group of people using the same drugs, everyone got loaded except them. Another thing we noticed, even after a period of abstinence, was once we started using it was hard to stop the way others could.

Most of us had favorite drugs or combinations, but it really didn't seem to matter which drugs we were using. The terms addictive and non-addictive didn't apply when it came to getting loaded because we used for effect. And it was the effect that mattered not the drug. We have a special sensitivity to drugs in general and we are likely to abuse any drug we use. This explains the special attraction we have to oblivion.

It would not explain our feeling that "This time we can get away with it and that it will be different." It doesn't explain after years of physical abstinence, why some of us return to our drug of choice or substitute.

Psychologists have placed many labels on our mental illness. By our sharing with each other, we found we have much in common on a feeling level. Our addiction is a statement of how addicts feel about themselves and about the world. In order to make another statement, we must reach that point of pain, hopelessness and helplessness at a time when help is close at hand. Our new statement of hope must come from deep within, and while no one can do it for us, we cannot make that statement alone. So we seek help from each other in N.A.

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The psychological addiction comes with our inability to deal with life on its own terms, trying drugs and combinations of drugs in effort to cope with a seemingly hostile world. We used drugs as a defense of our actions. We dreamed of finding the right medication that would solve our ultimate problem--ourselves.

There is no doubt in our minds that psychological addiction is as bad as physical addiction. There develops in us an emotional instability. We become very sluggish or gum; we felt that we were OK people when our drug made suicidal feelings vanish. Without drugs, disorientation and anxiety build until we can bear it no longer. We feel aliented from all humanity.

While using drugs, we were without the sensibilities guiding people in daily life. Our sense of personal responsibility was anesthetized; our memory was faulty; and the concern for our well-being, present and future, seemed nondexistent. Even when drugs ran out, we were handi-capped to the point where living life on a daily basis was impossible. Addiction involves more than drug use. It aggravates character defects and reinforces personality disorders. It stunts emotional, social and other forms of personal growth.

As addiction progresses, failure and fear of failure begins to invade every area of the addict's life. We reached the point where we can no longer see reality. We live in our fantasies, dreaming someday they will come true. As long as our drug of choice was available, we had no concern for the rest of the world. We can smile at this now, but at the time, they were grim, unpleasant experiences.

There are probably as many definitions of addiction as there are ways of thinking, based on both research and personal experience. It is not surprising that there are many areas of honest disagreement in the definitions that we hear. Some seem to fit the observed and

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known facts for some groups better than for others. If we can accept this as a fact, then perhaps another viewpoint ought to be examined in the hope that we can discover a way more basic to all addictions and more valid in establishing communication among all of us. If we can find greater agreement on what Addiction is Not then perhaps what it is may appear with greater clarity.

Maybe we can agree on some prime points.

The very nature of our disorder and its observed symptoms points up this fact. We addicts value personal freedom highly, perhaps because we want it so much and experience it so seldom in the progress of our illness. Even in periods of abstinence freedom is curtailed. We are never quite sure if any action is based in a conscious desire for continued sobriety or an unconscious wish to return to using. We seek to manipulate people and conditions and control all our actions, thus we destroy spontaneity, an integral mark of freedom. We fail to realize that need for control springs from fear of losing control. This fear, based in part on past failures and disappointments in solving life's difficulties, prevents us from making meaningful choices; choices which, if acted upon, would remove the very fear which blocks us.

The monotonous, imitative, ritualistic, compulsive and obsessive routines of active addiction render us incapable of responsive or meaningful thought and action. Personal growth is creative effort and purposeful behavior; it presupposes choice, change and the capacity to face life on its own terms.

Addiction insulates us from people, places, and things outside of our own world of getting, using and finding ways and means to continue the process. Hostile, resentful, self-centered, and self-concerned--we cut off all outside interests as our illness progresses. We live in fear and suspicion of the very people we have to depend

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on for our needs. This touches every area of our lives and anything not completely familiar becomes alien and dangerous. Our world shrinks and isolation is its goal. This might well be the true nature of disorder.

All that has been said above could be summed up in...

The sick, self-seeking, self-centered, and self-enclosed world of the addict hardly qualifies as a way of life; at best, perhaps it is a way to survive for awhile. Even in this limited existence it is a way of despair, destruction, and death.

Any real, expanding and true life-style seems to demand the very things missing in addiction: FREEDOM, GOODWILL, PERSONAL GROWTH, and CREATIVE ACTION.

With freedom, life is a meaningful, changing, and advancing process. It looks forward with a reasonable expectancy to a better and richer realization of our desires and a greater fulfillment of our personal selves.

Goodwill is an action that includes others besides ourselves. A way that considers others as important in their own lives as we are in ours. It is hard to tell whether goodwill is the key to empathy or vice-versa. If we accept empathy as the capacity to see ourselves in others knowingly, without losing our own identity, then we recognize a sameness in both and if we have accepted ourselves how can we reject another. Affection comes from seeing similarities, intolerance from differences we will not accept.

In personal growth we use both freedom and goodwill in cooperation with others. We realize we cannot live alone; that personal is also interpersonal. To find better balance, we examine personal, social, and spiritual values as well as material values; maturity seems to demand this kind of evaluation.

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Self-creative action is not a mysterious procedure; although, it is an inside job in rebuilding or reintegrating our disordered and fractured personalities. Often it means simply to listen to those hunches and intuitive feelings that we think would benefit others or ourselves and act on them spontaneously. Here is where many basic principles of action become apparent. We are then able to make decisions based on principles that have real value to ourselves.

As we become more self-reliant and gain in self-respect, we know that we are neither superior nor inferior to anyone; our real value lies in being ourselves. Self-hood is a daily practice without end, a growing process of constant change and an awareness of self-extension and worth in humility.

Very simply, we either abstain from drugs totally and start to recover or we die. Addiction is the fever; N.A. is the answer.

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