

THE DUNNAMIS EFFECT

→ WHEN YOUR
HIGHER POWER
IS JESUS

Dr. Don Middleton

DEDICATION

To my Heavenly Father whose vision for me has outstripped my wildest dreams.

And to my wife Tracy, whose honesty and prayers have convicted me when I needed it, and comforted me always. I thank God daily for blessing me with you.

The three of us make an unbeatable team.

ACKNOWLEDGMENTS

Writing a book is an incredible eye-opener as to how interconnected we all are. Nobody lives in a vacuum, but this is never so evident as when one looks back at the people who have helped with a project of this magnitude. At the risk of embarrassment from leaving a beloved friend or colleague out, I feel strongly drawn to express appreciation to the following people:

To the hundreds of “Anonymous” folks who helped moved me from total insanity to the somewhat less insane state in which I currently reside. My home group of Alt. Att. in Glendale, Arizona – you know who you are, and hopefully how much you mean to me. Thank you. I love you all.

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The men who have allowed me to walk them through the 12 steps, have little idea how important that activity is to keep me sober. Thanks to all you guys.

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Finally, and certainly not least, thank you to my family who suffered through the worst of my struggles, and lovingly held me accountable for being the man they needed in their lives. You mean everything to me, and I thank God for putting you all in my life. Every. Single. Day.

Peace,

A handwritten signature in cursive script that reads "Don".

Don

THE DUNAMIS EFFECT




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THE **12**
STEPS
OF THE **DUNAMIS**
EFFECT

(with associated spiritual value)

- 
1. We admitted that we were powerless over our use of substances or behaviors - and that our lives had become unmanageable. (Surrender)
 2. We came to believe that our Heavenly Father could and would restore us to sanity. (Hope)
 3. We made a decision to turn our will and our lives over to the care of God. (Faith)
 4. We made a searching and fearless moral inventory of ourselves. (Courage)
 5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs. (Honesty)
 6. We became entirely ready to have God remove all our unhelpful habits that separate us from Him and others. (Patience)
 7. We humbly asked God to remove our shortcomings. (Humility)
 8. We made a list of all persons we had harmed, and became willing to make amends to them all. (Willingness)
 9. Made direct amends to such people, except when to do so would injure them or others. (Restoration)
 10. Continued to take personal inventory, and when we were wrong, promptly admitted it. (Integrity)
 11. Sought through prayer and meditation to improve our conscious contact with our Creator, praying only for knowledge of His will for us and the power to carry it out. (Discipline)
 12. Having had a renewal of the Holy Spirit in our lives as the result of these steps, we tried to carry this message to all persons with an addiction, and to practice these principles in all our affairs. (Service)

INTRO DUCT ION

WHY THIS BOOK EXISTS

If time travelers visited our current era, they might be amazed to see the severity of addiction on this planet. The sheer numbers of people destroying their lives and traumatizing those around them, the numbers of deaths and physical illnesses, the amount of money, time, and effort expended to get a tenuous recovery improvement at best – all of these things would confuse our traveler. Indeed, these statistics bewilder many of us as well. Addiction has plagued man for several millennia, and until the last hundred years, little has been done that could have been considered helpful.

In the 1930s the standard of care was hospitals offering either repeated short-term detoxification, or long-term institutionalization. Asylums housed those who had “wet brain” dementia, or had other psychiatric illnesses that were disabling and, at that time, untreatable.

In 1935, Bill Wilson, and Dr. Bob Smith, both severe alcoholics in their own rights, had themselves failed repeated treatment attempts. Desperate and beat, they both had encounters with friends and pastors associated with the Oxford group. As is frequently told, the story is that this non-denominational Christian group had developed six rules of living a Christian life. Co-opting these rules and expanding them to twelve ‘suggestions’ to add clarity, the two (and others) came up with the now ubiquitous 12 Steps.

Alcoholics Anonymous’ 12 steps have become the mainstay of addiction treatment, with referrals frequently coming from physicians, psychologists, the court system, and religious leaders. It has spawned 12 step programs for dozens and dozens of other chemical and behavioral compulsive use disorders as well. There are millions of people worldwide that attribute their sobriety and improved lives to AA and other 12 step programs.

Few programs have ever had such a widespread positive effect on both the mental health and the spiritual condition of those caught in addiction. This is perhaps because it was divinely inspired and continues as a gift from God to help draw His children back to Him.

This is not to say that AA has no distractors. There are many of them, and for a variety of issues.

The criticism tends to cluster around three main subjects:

1. The book is written in a language that is full of outdated examples and metaphors, is considered by many to be sexist, and seems to be aimed at upper-middle-class, white men.
2. It hasn't kept up with the 21st century scientific understanding of addiction treatment.
3. It is either too focused on God or is too vague about God, thus threading the seemingly impossible needle of offending both atheists and religious people at the same time.

Let's take a look at those three topics.

The preface of the fourth edition of the Big Book of Alcoholics Anonymous says: ***“Because this book has become the basic text for our Society and has helped large numbers of alcoholic men and women to recovery, there exists strong sentiment against any radical changes made to it.”***

There is a strong desire among some to “not mess with what isn't broken”, and that seems to work for many people. It does not, however, work for everyone. Rather than force an already defiant addict into a program that they resent from the beginning, why not look for ways to accommodate this section of the population?

Assigning importance to diversity, inclusion, and political correctness was not on anyone's radar in the 1930s. That doesn't negate the AA message any more than the racist and offensive language of “Tom Sawyer” prevents it from being a literary classic. Nevertheless, some people have difficulty with this antiquated language, and society would undoubtedly benefit from all of these people being sober too. It seems prudent to try, rather than letting them walk away without offering a different approach.

Secondly, the criticism that AA has not kept up with modern scientific understanding is easy to defend. For instance, the “allergic reaction” position stated throughout the book, is not consistent with an understanding of modern immunology. There aren't any of the classic antigen/antibody responses, nor would any addiction respond to modern allergy treatments.

However, if one looks up the word allergy in a 1930's dictionary, the definition reads "an abnormal response to a normal product". In this light, alcoholism is certainly an abnormal response to a normal product; though to the modern scientific nomenclature, it is clearly not an allergic reaction.

Additionally, AA is reasonably criticized for not considering the vast knowledge gained from decades of serious research. Medicine, psychology, social sciences, and others have all added greatly to both our understanding and treatment of addiction.

Many people utilizing 12 step programs, in an attempt to give themselves the best chance of maintaining sobriety, must avail themselves of this information outside of the program itself. The language used in the meetings frequently infers that the program is all that is needed. Those who use other modalities of treatment are accused of somehow "cheating" or even perhaps "using alcoholic thinking."

Stating that someone who participates in AA, but also takes a psychiatric medication deemed necessary by a doctor has "a dirty chip," is being elitist at best, but offering deadly dangerous advice at worst. A lay person acting as if they are someone's physician could kill them. Ill individuals should never be shamed because they feel they are doing what is best for their disease.

Turning anyone away from desperately needed medical treatment can result in relapse, incarceration, violence, overdose or even death. Never, ever forget that addiction is a disease whose treatment is a matter of life and death.

The third, and quite common criticism of AA, is the fact that it is based on spiritual principles. The world has many people that have anywhere from ambivalence to outright hatred for organized religion and even personal spiritual principles. While the origin of AA was Christian, the founders recognized that:

1. Even people of other faiths deserve to get sober.
2. Many people have been mistreated by individuals who profess to be followers of God but are deeply damaged themselves.
3. Very common character traits of the addictive mind are defiance and grandiosity – both of which make turning one's will over to a god of another person's understanding quite difficult.

Interestingly enough, the very thing that bothers some about the 12 steps, (namely the focus on spiritual principles and God), is the very thing that worries some religious people. To these people, the use of phrases such as “Higher Power” and “God as you understand him” leaves too much room for personal interpretation. The worry that the ego will engage in idol worship is a real possibility but doesn’t seem to occur very often. The most common outcome seems to be that a person frequently returns to their childhood religion, or something close to it.

The book that you are holding in your hands aims to accomplish several lofty goals. The first, and easiest goal of The Dunamis Effect is to bring the language, examples, and metaphors used regarding addiction into 21st century understanding. Those who feel the 1930’s language used (and preserved in subsequent editions) to be exclusionary, will hopefully appreciate efforts to move more than 80 years into the future. In His ministry, Jesus embraced those at the margins of society. Those who had been victimized, demonized, and looked down upon were proclaimed equal children of God. He proclaimed everyone to be worthy of God’s unconditional grace and love. It is time we applied these inclusionary concepts to addiction recovery literature. No one should ever feel unworthy of sobriety.

This editorial stance is not to say that “AA approved” literature should be shunned. “The Big Book” and the “12 and 12” have been the source of a great deal of both information and inspiration. There is no prohibition in The Dunamis Effect, of reading through this material or learning from AA in general. As long as one keeps in mind the above-mentioned items that some may consider shortcomings, this literature can be a wonderful adjunct in completing the steps, as well as an interesting insight into the colloquialisms used in the early 20th century. Many people who have found a way out of their addictions still sit in AA rooms waiting to share wisdom with those seeking it. They are a national treasure and could add great value to your sobriety.

This book is written in places as a textbook and in others in a conversational style. It is intended that you read it and work through the workbook with your Recovery Partner, but this is explained in more detail in chapter 4 entitled “How does The Dunamis Effect Work?”. While it is intended to be read entirely, certain chapters will need to be read, at times, as a stand-alone reading. Any parts of this book that appear repetitive should be excused knowing that this is being accounted for. Please have faith that there is a system here that is designed to walk you toward a better life.

The next goal of The Dunamis Effect is to both stay loyal to the original intent of the 12-step program set out in the Alcoholics Anonymous Big Book, while at the same time acknowledge some of the advances made in addiction treatment over the last few decades. Many of these advances require licensed medical care or counseling modalities that are beyond untrained people. The providers that use these types of treatment typically have years of experience and thousands of hours of specialty education. They are held to high standards by licensing boards and hospital staff review boards. Vigorous standards are maintained for continued quality education.

Treatments such as counseling or medical care may be mentioned but are obviously best left to those trained in them. The Dunamis Effect will never dissuade anyone from accessing the professional care they need, and seeking additional help will never be a disqualifier for this program. In fact, medical care is highly encouraged by this program. Modern medicine is another gift from God. Be grateful that you live in the 21st century and have it available to you.

Please be aware there are also many charlatans in this field. Individuals claiming special knowledge or a product that is only available through their company can easily be found. Vague promises that they alone have the answer to “cure” us of our addiction is indeed attractive, as the alternative seems to be a lot of work. Please know this: There are no secrets in medicine. Everything is peer reviewed and re-reviewed. Studies are repeated numerous times to make sure they are accurate. Promises that don’t seem to agree with the rest of the medical community are fanciful wishes at best, but more often, are outright lies for financial gain.

Finally, and to many, most importantly, is the question of what the Big Book calls “the spiritual angle”. There are very interesting arguments advocating for the use of the terms like “higher power” or “God of your understanding”.

These phrases have served a good purpose in AA for almost a century, and AA has no motivation to change. Their organization is theirs to run as they see fit, and no one is forced to attend except perhaps some that are ordered to by a judge. There are many, many people in AA, however, that wish to unapologetically name their “higher power” as Christ Jesus, and the Bible as inspired Truth breathed into existence by God himself.

Obviously, such a declaration will not appeal to everyone trying to get sober. It is not meant to. This text is for those who suffer from addiction, understand

that they can be healed by the power of God, and wish to lovingly and gratefully, acknowledge the sacrifice of Jesus as our Lord and Savior. Follow it prayerfully with someone who has walked this path before you, and let God heal you from the burden you've been carrying.

“...when you heard about Christ, and were taught about Him in accordance with the truth that is in Jesus. You were taught with regard to your former way of life, to put off your old self, which is being corrupted by its deceitful desires; to be made new in the attitude of your mind; and to put on the new self, created to be like God in true righteousness and holiness.”

– Ephesians 4:21–24

MY STORY

My name is Don, and I am the primary author of this book. In all honesty, almost all of the ideas belong to other people, sometimes backed up by well designed, and peer-reviewed scientific studies. Other times the information comes from decades of trial and error in the rooms of AA, NA, and a bunch of other __A's that have struggled to keep each other sane and sober. I'm just doing my best to put science, God's Word, and practical experience into one package.

My training is as a board-certified Family Physician, with over thirty years of experience in general practice and addiction medicine. I'm blessed to work as a medical provider for Meadows Behavioral Health in Wickenburg, Arizona. As a Meadows physician, I benefit from working with some of the very best thought leaders in trauma and rehabilitation medicine. Our senior fellows include names like Pia Mellody, Claudia Black, Peter Levine, Patrick Karnes, Bessel van der Kolk, Keven McCauley, and many other amazing innovators in the fields of process and chemical addictions, trauma counseling, and co-dependency.

The training that molded me also includes an advanced degree from the “school of hard knocks.” As a teenager, I discovered alcohol and pursued it enthusiastically for decades. Since I am not above the laws of biology and genetics, I continued chasing after the ever-increasing dopamine needs my brain craved. This led to neurological changes that, over time, made it exceedingly

difficult to stop drinking. I had become addicted. I thought it would not happen to me, that I was too smart, and knew too much about the human body. I was so very, very wrong.

As it does in so many of us, this led to compromises in my health, my friendships, and my family's trust, along with an anemic relationship with God. I believed in God and Jesus, but honestly figured that because of my behavior, they didn't really have much use for me. I was morally bankrupt, giving the least I possibly could to friends, family, patients, and to my Creator while giving my all to my addiction.

I was in self-imposed solitary confinement, drinking my life into the grave. It was literally hell here on Earth, as it is for so many others.

After trying to quit on my own in many different ways and failing miserably, the time came where the pain caused by using was too much to continue living with, and I reported myself to the Arizona State Board of Osteopathic Medical Examiners as an impaired physician. I wish that I could make that out to be a courageous feat, but the truth is that it was the last house on the block. I had tried over and over to quit my addiction on my own.

Cutting back, switching types of alcohol, pursuing fitness and nutrition, diving into religion – I would be dry for a couple of weeks or even a few months, but I often drank later the same day that I had sworn to never touch the stuff again. I was not being brave, I was a coward who was slowly killing himself, but was too scared to do even that.

When threatened with losing the thing that I held most dear, my wife and children, I finally surrendered. The board put me through inpatient rehab, and then 5 years of monitoring with counseling, random urine drug testing, and thankfully, a healthy dose of Alcoholics Anonymous. Those AAers told me to shut up and quit thinking that I knew anything; that my best thinking had bought me a chair in AA, so what good was it? They told me to take the cotton out of my ears and stuff it in my mouth, so I could try to listen for a change. Professional counseling taught me to change my perspective on some trauma in my life, but God let me know through these struggling 12-step people, that I was worthy of His love and grace.

I did as I was told, and what I heard was that I was not beyond redemption as I had believed I was. I learned that I was worthy of God's love. I learned I was

worthy of other people's love and respect. And best of all, through AA, church sermons, Bible study, and prayer, I learned that I was a child of God just like everyone else – always have been, and I always will be.

What a gift.

Over the years, my health and fitness improved, as I started doing what my doctor told me to do. My medical practice morphed into caring for others like me, who found themselves trapped in the slavery of addiction. I developed many new friends and renewed many of those that I had drifted away from.

Most importantly, and by far the hardest win, was to convince my family that this wasn't just another "I swear, I'm sorry, and I'll quit forever!" They had heard that before and were not having any of it. I'm honestly grateful for their holding me to a higher standard.

Today my life has moved far beyond the small dreams that I could not even achieve back in my using days. My life has taken unexpected turns, and God has opened doors that I could have never imagined. I have the privilege of walking people away from their lives of bondage and self-induced torture, toward a life of real freedom. I am convinced that the key has been the lesson of keeping myself small so that God has room to make His Son ever bigger and bigger in my world.

I finally understand the meaning of the childhood song many of us sang:

***"Jesus loves me this I know,
for the Bible tells me so.
Little ones to Him belong;
they are weak, and He is strong."***

I pray that you too find the ability to admit powerlessness and surrender to God's healing grace. I pray that you are blessed with the same understanding that I was given years ago – that you don't have to live like that anymore, and you don't have to go it alone.

Let's get on this.



CHAPTER 1

WHAT ME?

Let's start off with a little quiz to see where we are. This applies to alcohol and other mind-altering chemicals, as well as addictive behaviors like the use of sexual content or contacts, gambling, behaviors around food and diet, gaming, and anything else that has become a focus of difficulty in your life. There are no points for lying, and the results will not be published, so let's just agree that honesty is the best policy.

1. Have you ever made plans to use less?
2. Has anyone ever suggested that you should use less?
3. Do you feel uncomfortable when others talk about their quitting?
4. Have you lied about or in any way hidden your use?
5. Have you ever broken any laws because of your use or in order to use?
6. Have you ever felt guilty about your using?
7. Have you ever jeopardized a relationship because of using?
8. Could you possibly lose your job if your use was discovered?
9. Do you feel physical or mental discomfort when you stop or cut back?
10. Would you feel embarrassed or scared if the exact details of your use were published in a very public way?

If that test made you feel uncomfortable, or if you said yes to two or more of those questions, you should discuss this issue with someone that knows more about it than you. Maybe talk about it with a counselor or a pastor, perhaps a loved one or a trusted friend, or maybe contact The Dunamis Effect and you can meet with someone that has some experience in the area. As we will discuss, people that abuse drugs and behaviors are masters at lying to others and themselves to continue their use. If simply discussing it with someone makes you feel uncomfortable, that should be a red flag right there.

Just because any (or all) of those things are part of your past, does not mean they have to be part of your future. No matter how you feel right now – things can be better. Much, much better. We honestly pray that you will talk with someone before you ruin your life and those lives around you any more than you already have.

In 1964, a French movie called “The Lovers” was banned in Ohio as being obscene. This first amendment case went all the way to the United States Supreme Court where Justice Potter Stewart made famous the phrase that he couldn't exactly define what was obscene, but “I know it when I see it.” Many people seem to think the same way about addiction. They use the word in various ways, from joking about a favorite activity “I'm so addicted to Netflix!”

to pejorative, “Look at that dirty addict begging on the corner!” If you ask exactly what addiction is, these same people may have difficulty with an exact definition, but they “know it when they see it.”

Addiction seems to be hidden in ancient writings. 3000-year-old Biblical writings prohibit “drunkenness” but don’t distinguish between binge use and chronic compulsive use. Aristotle discussed “akrasia” or “incontinence of the will” (aka the inability to control one’s self). His teacher Plato made the argument for the physical properties of alcohol being at fault thus setting up the first Disease vs Choice argument known. In the Middle Ages, the first attempts at government control over using excessive alcohol led to laws governing tavern hours and alcohol taxation. In the 1600s the alcoholic was generally depicted as low in character and or possessed by demons.

Starting in the 1700s and certainly, in the 1800s, medicine was coming into its own as serious science. It was slowly moving away from magical thinking toward detailed observation and eventually the scientific method of inquiry. Alcoholism has long been recognized to run in families and certain ethnicities have a reputation for drunkenness, but the nature vs nurture argument always ends up in a stalemate. As we move into the 21st century, we are now getting a stronger grasp on the human genome, how it malfunctions, and what can be done about it.

That’s not to say we understand all about addiction and its treatment. Certainly not. The human brain is a marvelously complex organ and does not give up its secrets easily. If a bone breaks, an x-ray reveals the problem and points to a solution. If a kidney fails to do its job, a few blood and urine tests often point to a treatment course. The brain, however, is infinitely complex and has functions of wide variation.

Studying the brain started with imaging and then function, but the physical brain, as an organ, has the function of the mind, and it defies easy definition. We will introduce neurobiology in a later chapter but can wander through various ways of defining addiction here.

Since it is so complex, various models of describing addiction have emerged through the years. In science, a good model allows for both a solid basis for understanding the disorder, and it supports a robust treatment plan as well.

1. THE MORAL MODEL

In the moral model of addiction, the cause is a separation from God by disobeying His commandments. In this model, the individual is responsible for both causing the problem and solving it as well.

Willpower is the key in this model; lack of it caused the use, and strengthening willpower leads us away from addiction and back to God. This model is followed by some criminal justice practitioners whose answer to addiction is punishment – presumably to motivate one to behave better to avoid future punishment. This model has little support in medical literature. It doesn't consider what we have learned about brain function, and it doesn't lend itself well to recovering from the issues plaguing the addict. Willpower seems to be of little value on its own in addiction treatment.

2. THE ENLIGHTENED MODEL

In this model, the individual is responsible for the problem, but not for the solution. This is the model used by AA and a plethora of 12 step groups. They insist that an alcoholic must admit they fed a disease by deciding to use, and caused problems in their lives, in the lives of those near them, and to society in general. They are to admit they cannot fix the problem that they caused and turn it over to an entity more powerful than they are. This can be the God of the individual's understanding, some other universal force, or the fellowship of the group itself.

3. THE MEDICAL MODEL

Here, the individual is not responsible for the cause of the disease, nor its resolution. To clarify, obviously the individual had a hand in triggering the disease with repeated use of the substance or behavior, and they must participate in the treatment. This model has been very popular in the scientific community because it describes genetic and chemical changes in the individual which compel behavior. There is strong evidence that these changes do occur.

The difficulty with this model is that while it allows a clear pathway for understanding the development of the disease, to date, it has not offered up a clear pathway of treatment.

This is not to say it's wrong. We knew about Germ Theory almost a century before widespread antibiotic use became available. Perhaps our understanding of science just hasn't caught up to this model yet, but we need to treat real people today. Several medications approved by the FDA are useful adjuncts in treatment, meaning they can help to a degree, but they do not provide meaningful sobriety on their own, regardless of what their proponents say.

4. THE BIO/PSYCHO/SOCIAL/SPIRITUAL MODEL

(Also referred to as the BPSS model.)

This is the model most commonly used in addiction treatment as of the writing of this book. It allows that the individual is wholly responsible for initiating the use, genetics and neurobiology get the blame for the disease taking hold, but the individual must be engaged in the treatment for an acceptable outcome. To simply read the name gives one a clue that there are many potential sources of cause in this disease and there are many tools in the toolbox to assist in obtaining sobriety. This allows a more nuanced, individualized treatment plan.

The BPSS model lets a person with addiction focus on the areas of most need. If she already has a safe place to live but has pressing medical needs, she can focus her attention on medical care. If she were living on the street, social services help would be most vital for survival.

The bottom line of all this is that there are different ways to look at addiction and its treatment. In the end, whatever gets a person away from their pain and into a deeper relationship with God is a good thing.

If you think God can only heal people one way, you have too small a concept of God. He can and does sometimes remove the desire to use from some people spontaneously. When this happens, it is an awe-inspiring miracle. The Dunamis Effect program is obviously for those whose healing comes with more difficulty and struggle.

Certain character traits seem to be common amongst those with this chronic brain disease. Obviously, the degree to which each of these is expressed is individual and looks different throughout the spectrum of people with addictions. Nevertheless, these traits will be familiar to many addicts and to those closest to them.

DENIAL – Denial is the apparent ignoring of the facts with regard to one's reality. It is a refusal or even inability to admit the truth or reality of something. A person with an addiction tends to lack the normal capacity to cope with negative emotions. Sometimes denials are outright lies, but other times they are the product of "broken" brain function. Normal reflection on the negative consequences stemming from the addictive use should say "I should stop this behavior." As we will discuss in the chapter on neurobiology, the usual function of the frontal cortex has been quieted and isn't admitting that behavior needs to change. This self-deception is usually obvious to others the longer it continues. Denial says, "Problem, what problem?"

DEFIANCE – Resistance to external control over one's circumstances is, to a degree, common in most humans, but displayed to the extreme in people with addiction. Often "The rules don't apply to me" mentality defines the behavior even to a point of pride in being an "outlaw" or a "rebel." The irrational thought that he's above even the laws of nature, leads to statements that everyone else can easily see as are false, such as "I'm doing fine."

GRANDIOSITY – Having an unrealistic sense of one's own importance or ability is very common in people with addiction. The truth is that they know they are acting abhorrently and contrary to their values, but that is too painful to admit. Instead, an overinflated sense of self-worth is displayed that rather than being seen as frailty, is witnessed as conceit and arrogance. If defiance says, "I don't need help.", grandiosity says, "If I ever do need to quit, I'll handle it myself." Inferiority – Having a low sense of self-worth is probably one of the most common thought patterns in people with addiction.

Whether it is the cause of the use or because of the use, it varies and is often difficult to discern. The addict either wallows in being persecuted by anyone and everyone or focuses on being suppressed and degraded by an individual or by a group. Sometimes this is worn on the addict's sleeve or other times is held privately to justify feeling bad and/or misbehaving.

So, what does the conversation inside the addict's brain sound like? Denial says, "I don't see a problem." Defiance chimes in, "If there's a problem, I certainly don't need to change right now." Grandiosity adds, "Besides, if I did need to quit, I'd take care of it myself." Finally, and often quietly without being heard, inferiority whispers, "Actually, in my heart, I know that I'm not worthy of being helped, or respected, or even worthy of being loved."

ADDICTION DEFINED

So, let's get down to what addiction looks like. As was mentioned, the severe cases can be obvious, but many people with addiction function at very high levels, at least for a while. They occupy every level of industry from janitor to CEO, from ticket taker to head coach, and from private to 4-star general. Biology does not respect title or position, and addiction knows no privilege, sex, or skin color.

One simple definition is: **“Repeated use of a substance or behavior, despite the fact that it used to cause pleasure but now causes significant harm.”**

Notice that both substances (drugs, alcohol, nicotine) and behaviors (sexual activities, gambling, shopping, work, exercise, etc.) are included. Also, there is mention that the behavior used to give pleasure or at least be of some utility, but at some point, the benefits become outweighed by the negative consequences. These harms may be physical, financial, social, spiritual, and most often – all the above. For some reason, however, the use continues.

We agree that by the time a person is pushing a shopping cart down the street with all his possessions, he is far gone and easy to identify as having a problem. This is not to say he is beyond help, but hopefully, addiction can be identified and addressed long before that disaster. We're talking about recognizing a “functioning addict”, and there are red flags that, while generalized, tend to be commonly seen.

Decreased interest in activities which used to be enjoyed is very common. When the person with addiction gradually gives their free will over to the desire to continued use, there is a narrowing of what can now give pleasure and the addictive behavior gradually replaces other activities. People close to addiction notice decreased socialization, less participation in hobbies, or family obligations. There will be repeated excuses not to go to these events.

Making excuses for their behavior is frequently an early sign of addictive behavior. As was mentioned above, denial says “Problem? What problem?” To a person developing problematic use, having a bad day at work, an argument with a loved one, financial stress, and a million other reasons to have a drink (and then too many more) pop up all over the place. The excuses can seem plausible, but the truth is that these things occur in many people to whom abusing drugs or alcohol does not seem like a logical response.

The person usually has an **association** with others who drink to excess or use drugs. This makes their behavior or use stand out less. They blend into the group, but the whole group has a problem. Often an old friend or group of friends will be ignored. It is appropriate to suspect that the new group uses as the person joining them does. For instance, if a person who never bowled before joins a bowling team that drinks heavily every night they bowl, this is a red flag.

Appearance changes, like looking ill (especially in the morning), or letting one's grooming and hygiene lapse, can be easily recognized as a warning sign to problem use. If she used to be made up even if not going out, and recently that isn't important anymore, people need to pay attention. If the worker does not iron their shirt anymore, but they used to, someone should ask, "What's up?"

Obviously, any of these things by themselves could be nothing, but especially when they start to occur repeatedly, and in combination, to not say something is enabling behavior. To deny that your loved one is not behaving the way they used to is to allow their disease to worsen. Lovingly pointing out things that have changed forces them to look at their behavior. It does not always fix things, but it puts a dent in the cycle of denial.

Almost everyone has a deep-seated sense of correct, moral behavior. For those lucky enough to be raised in a Christian atmosphere, this tends to be formally taught and hopefully modeled by elder members of the group. There exists a very small percentage of the population who do not seem to own any moral compass. Psychology calls them sociopaths. If they can be helped at all, it is through a tremendous effort. They often need intensive professional help far beyond this program.

Many of us, however, do feel the Spirit's call to align our will with God's. When we act against this calling, we know that we are not right with God, causing a deep discomfort. For some, this is a call to change their behavior. For others, the beginning of a spiral to use the substance or behavior to soothe the discomfort, thereby causing more discomfort and then even more use. When one couples this repeated use as a source of soothing, along with a genetic predisposition to specific neurologic changes, over time, addiction occurs.

One of the hallmarks of addictive brain disease is the loss of ability to assign appropriate value to just about everything.

Watching someone repeatedly behave in a way that is known to conflict with their values is the biggest red flag available to a loved one. That is why we are instructed by the Bible to lovingly correct those around us when we see them stray from God's plan for us.

“Brothers, if anyone is caught in any transgression, you who are spiritual should restore him in a spirit of gentleness. Keep watch on yourself, lest you too be tempted.”

Galatians 6:1

As the person continues in their addiction development, other signs appear and should raise the alert of those around her. A common warning sign to a developing addiction is that of **tolerance**. The first time one drinks alcohol, very little is needed to intoxicate. However, due to biological changes which are discussed in a later chapter, the amount needed to get that “good feeling” increases as time goes on. The ability to “hold his liquor” is seen as admirable in some circles but is usually a sign of repeated use causing these biological changes. Tolerance basically means it takes more to get the same effect.

Closely associated with tolerance is dependence. As the use continues repeatedly and with ever-increasing amounts to reach the desired “high,” a physical need develops for the substance. Chemicals released in the brain make the person feel discomfort when the substance or behavior is withdrawn. That’s where the name **withdrawal** comes from. The discomfort caused by denying the person of their drug of choice varies and has to do with the individual drug. This can be shakes, sweats, or a hangover headache. Opioid withdrawal causes extreme pain, sweats, and agitation. Common in withdrawal is sleep disturbance.

For accuracy, we should be careful to say that while people with addictions get tolerance and dependence, not all people with dependence have an addiction. When treating serious, long-term injuries or chronic cancer pain, the repeated daily use of narcotic pain medication causes tolerance and dependence. They need to not be shamed regarding this, but instead, treated with a great deal of compassion in slow tapering removal of these meds when they no longer serve their purpose.

Taking risks is a symptom that is commonly seen as people advance in their addiction. At first, it is simply a risk to their health, but as the compulsion advances, so does the risky behavior. Driving under the influence, going to dangerous locations, and dealing with dangerous people becomes more normalized to the person with an addiction, but terrifies their loved ones and acquaintances. Because of this, many people distance themselves from the addict and this reinforces their feelings of unworthiness.

Very commonly, **sneaky behavior** becomes an obvious symptom in the life of the person developing an addiction. After they get criticized for their abnormal use, they start using in private to avoid being seen. Drinking before and after social occasions is common because the addict would be singled out if they drank as much as they needed to get some satisfaction from use. Often, they won't drink at all if it seems like everyone is going to only have one drink or sip their alcohol very slowly.

Lying about their whereabouts so they can use on the way home from work is very common. Probably one of the most tell-tale behaviors of a newly formed addiction is the **stashing of the drug** in various places so that they will not run out or will have back up in case other sources are found out. Rather than trying to enjoy a high, preventing withdrawal is becoming of primary importance.

So now we have a picture of how a person developing an addiction might look. Take all those things, the denial, the bravado, the insecurity, the lies, and reckless behavior, and blend it in with infinite types of educational background, socioeconomic status, family dynamics, life experiences, ongoing and ever-changing social stressors Well, you can see why it is difficult to give an exact definition of an addiction.

There are also various levels of risky and abusive use that are not necessarily addiction too. Many people use in certain situations like college or a specific job setting, but when the setting changes, the use may decrease or stop, too. Many of the soldiers in Vietnam that used heroin heavily quit with little difficulty when they came home and left the threat of wartime horror. As a matter of fact, many people modify or quit using addictive substances or behaviors on their own.

We'll discuss this later, but for now, we're interested in helping those who cannot do it on their own, who seek God's healing power to achieve the life that He has intended for them.

To help clarify our definition, let's look to the American Society of Addiction Medicine or ASAM. As recently as 2019, they revamped their definition of addiction to the following statement:

“A treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and the individual’s life experiences. People with addictions use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.”

Take note here: a chronic, multifaceted disease that is treatable.

Treatable means hope. Know this with total assurance: as long as you are drawing breath, you can quit relying on a chemical or behavior to soothe your anxieties and lean into the loving Father who never leaves us, and never, ever gives up on us. It's never hopeless. Many others have done it.

So can you.

