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English 1010

July 30, 2014

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Issue Exploration Essay

 Addiction and the recovery there from are subjects that are very personal to many people in the community, myself included. Many young teens experiencing peer pressure, experiment with drugs and alcohol and fall into the trap of alcoholism and addiction. This was the case with me. I was a young girl that tried to fit in. In the beginning my alcohol and drug consumption was only on the weekends just to have fun. It was not long before it became a must have in my life to function. At the time I did not see it as a problem in my life, but others around me noticed my personality beginning to change. The unmanageability of my life was not evident to me but it was clear to others.

 It would be many years before I would recognize that I had a problem and start looking for a solution. My journey in recovery began when I was court ordered in to a treatment program after what would be the first of many scrapes with the law. It would be a decade before I would be able to make a real beginning on long-term sobriety.

 My research on the subject was driven by my interest in others experiences and opinions, and how they might compare to my own. The opinions expressed in

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the articles vary widely from the belief that addiction is not a disease to a program built entirely on the disease concept. The articles are very detailed and reveal how passionate they feel about their opinions on the matter.

 Alcoholics Anonymous is a twelve-step program and is in fact where the concept of the twelve-step program originated. The twelve-step idea is used in many sister fellowships such as Narcotics Anonymous, Cocaine Anonymous, and Crystal Meth Anonymous, among others. The book Alcoholics Anonymous, also known as the Big Book by members, is the basic text used by nearly all of the recovery programs based in the twelve steps.

The Big Book is laid in a fairly simple manner. The book includes all of the forwards from each edition as they appeared in the original publishing of each respected edition. This serves to show the history and evolution of how the book and it’s effectiveness has been viewed throughout the years. The introduction to the book starts with a chapter dedicated the opinion of Doctor William D. Silkworth, M.D.; a noted physician experienced in the treatment of alcoholics in the 1930’s.

Doctor Silkworth’s opinion is that the effects of alcohol show up in alcoholics as an allergic reaction. He states in his letter, “ that the action of alcohol on these chronic alcoholics is a manifestation of an allergy; that the phenomenon of craving is limited to this class and never occurs in the average temperate drinker. These allergic types can never safely use alcohol in any form at all…”. (Silkworth xxviii). Doctor Silkworth follows up on his belief that alcoholism is a physical disease, in a later statement that expresses his disagreement with an idea popular at the time ;

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that the inability to controls ones drinking is simply a matter of willpower. He states, “I do not hold with those who believe that alcoholism is entirely a problem of mental control.” (Silkworth xxix). The disease concept presented by Doctor Silkworth is what drives the idea of total abstinence that the book requires to progress through the steps.

 The first chapter of the book is dedicated to the story of Bill Wilson, co founder of Alcoholics Anonymous, his story of his alcoholism, his early recovery and the beginnings of Alcoholics Anonymous.

After Bill’s Story, chapter two entitled There Is A Solution and chapter three entitled More About Alcoholism, go on to lay the foundation for recovery as practiced through the program of Alcoholics Anonymous. It details many of the ways a person can recognize alcoholism in themselves and goes on to describe the actions necessary to achieve and maintain sobriety.

Chapters five, six, and seven, How It Works, Into Action, and Working With Others are a description of the twelve-steps and the actions associated with them. These chapters are laid out like an instruction manual. This is a guide to the process of recovery. It is a long held belief of members of Alcoholics Anonymous that if taken literally as instructions, the steps are a design for living and are passed on by one alcoholic talking to another. While the twelve steps are the means by which one reconciles his or herself with the disease, the book is clear that the foundation of maintaining sobriety lies in sharing ones experience and knowledge of the steps with another.

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Another view about the causes of alcoholism and addiction is the article “The Truth About Addiction and Recovery-Why It Doesn’t Make Sense To Call Addiction A “Disease”, taken from the Life Process Program website.

This article is an excerpt from the book “The Truth About Addiction and Recovery”, by Stanton Peele Ph.D, Archie Brodsky, and Mary Arnold. It is largely focused on refuting the disease concept used in many twelve-step based recovery programs as well as inpatient and outpatient programs that focus more on individual recovery. The article is very clear in it’s understanding and makes some very strong assertions about the validity of many long held and popular opinions about the causes and cure of alcoholism and addiction. The article goes on in it’s introduction to also state the opinion expressed does not hold with popular opinion. It states, “ But what you will read here is not the same as what you see and hear in newspapers and magazines, on television, in addiction treatment centers, in twelve-step groups, and in most physicians’ and therapists’ offices or what your children are learning in school.” (Peele, Brodsky, and Arnold 2).

The most powerful argument made by the article is that alcoholism and addiction are not in fact the manifestation of a disease or a physical condition, and goes on to say that treating it as such actually does more harm than good. (Peele, Brodsky, and Arnold 3).

One of the methods used to dispute the disease concept is a list of ten contrasting statements about the disease model versus the life process program. The title of this comparison is “ Ten Assumptions That Distinguish The Life Process

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Program From The Disease Model”. The assumptions listed under the disease model are not cited so it is unclear where the authors draw these references. The assumptions listed under the life process program are evidently based on teachings from the life process program. The assumptions expressed in the tenets of the Life Process Program do not seem all together different from ideas expressed in twelve-step based recovery programs but there are a couple of apparent differences. There are two distinct differences that are especially noticeable. The first is that addiction can be outgrown and the second is that addiction stems from life problems you have (Peele, Brodsky, and Arnold 4). These are both in stark contrast with disease model based recovery programs. Other ideas the article disputes from the disease model are that the basis of the problem is biological, that it is progressive and can be hereditary and that it sets people up for failure (Peele, Brodsky, and Arnold 5,6,8 & 11). It goes on to say that attending A.A. or going into treatment may in fact make people worse. The Life Process Program defines addiction “as a habitual response and a source of gratification or security. It is a way of coping with internal feelings and external pressures that provides the addict with predictable gratifications” (Peele, Brodsky, and Arnold 17).

 The Life Process Program suggests a common sense way of thinking to overcome an addiction. It suggests that one not focus on their troublesome habits or fixation in dire terms and that the addict must simply learn to resist successfully, the addictive or unhealthy urges that come with being human.

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 Alcoholism and addiction causes and treatments are viewed in many different ways. Having done some research on this subject I found that some find addiction to be the cause of a disease or an allergy while others claim that it is just a choice. I disagree with the idea that it is simply just a choice. In the many years of my addiction I never made a conscious decision to engage in harmful behaviors, behaviors that were harmful to my family and myself. The physical and mental obsession would essentially put my body into autopilot. I find it very interesting that Stanton Peel, Ph.D. states that the following statement is a myth “ Nearly all regular cocaine users become addicted.” (Peele, Brodsky and Arnold 23). I find this interesting because I find it difficult to believe that you could get an accurate cross section of cocaine users from which one could draw such a conclusion. Another statement the author makes is “ one of the beliefs that most contribute to the susceptibility to the addiction is the belief in the power of addiction itself. Believing that drugs are stronger than you are means you will be come more addicted more easily and stay addicted longer. But if you recognize that drugs and alcohol never take away your own responsibilities and capacity to control your destiny…”. (Peele, Brodsky, and Arnold 19). It seems to me that the author is suggesting that a responsible level of substance use is acceptable as long as one maintains their responsibilities and perspectives. This happens everyday among people who drink responsibly who in fact are not alcoholics. The problem with this statement is that he does not differentiate between the normal drinker and the alcoholic. In fact, with many people who suffer from alcoholism and addiction, the fact that they believe

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they are more powerful than the substance is what leads them to start and compels them to continue their destructive behavior.

 People are drawn to different types of treatment. I do not think that any one of way of getting and staying sober should be discounted in any way. Some may find it more helpful to be in a medically supervised setting while others may find more comfort in a group setting such as a twelve-step program or spiritual based recovery group. To express that one idea is absolutely wrong and one is absolutely right is dangerous and irresponsible. Addiction is as much about the effects on a person when they use a substance as it is about the effect on them when they do not. Most assuredly the only way to combat the effects a substance has is by not taking the substance. That addresses the physical part of the problem. The mental obsession that occurs while not using a substance must be dealt with in a different manner. This is where each individual needs to find their own approach, whether it be spiritual or religious devotion, psychiatric or psychological treatment or some other form of therapy.

 WORKS CITED

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