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Origins of Addictive Thinking

How does addictive thinking develop? Why do some people develop healthy thinking processes and others develop distorted thinking?

We don't have all the answers, because chemical dependency is a complex disease that results from a complex mix of physical, psychological, and social factors. Understanding how addictive thinking develops may be helpful in preventing addictive thinking and hence alcoholism and other drug addiction. However, it is of limited value in treating and reversing addictive thinking.

An Inability to Reason with Oneself

The most convincing theory on how addictive thinking develops was presented in a 1983 article by Dr. David Sedlak.* Sedlak describes addictive thinking as a person's inability to *make consistently healthy decisions in his or her own behalf*. He points out that this is not a moral failure of a person's willpower, but rather a *disease of the will* and inability to use the will. Sedlak stresses that this unique thinking disorder

does not affect other kinds of reasoning. Thus, a person who develops a thinking disorder may be intelligent, intuitive, persuasive, and capable of valid philosophical and scientific reasoning. The peculiarity of addictive thinking, he says, is the inability *to reason with oneself*. This can apply to various emotional and behavioral problems, but is invariably found in addiction: alcoholism, other drug addiction, compulsive gambling, sexual addiction, eating disorders, nicotine addiction, and codependency.

How does this inability to reason with oneself develop? To understand, we must first recognize how the ability to reason develops. According to Sedlak, the ability to reason with oneself requires certain factors. First, a person must have adequate facts about reality. A person who does not know the damage alcohol or other drugs can do cannot reason correctly about their use.

Second, a person must have certain values and principles as grounds for making choices. People develop values and principles from their culture as well as from their home. For instance, a young man growing up with family or cultural values that say that a man proves his masculinity by being able to hold his liquor may be expected to drink excessively. Failure to live up to these expectations can generate deep disappointment.

Third, the person must develop a healthy and undistorted self-concept. The psychiatrist Silvano Arieti suggests that small children feel extremely insecure and threatened in a

huge and overwhelming world. A major source of children's security is reliance on adults, primarily parents. If children think their parents or other significant adults are irrational, unjust, and arbitrary, the anxiety is intolerable. Therefore, children must maintain, at whatever cost, a conviction that the world is fair, just, and rational.

In truth, the world is often neither fair, nor just, nor rational. Children, however, cannot see it this way. They conclude instead that because the world "must be fair, just, and rational" their perception is faulty. They think, *I must not be able to judge things correctly. I am stupid.*

Similarly, even if children are abused or unfairly punished, they may be unable to believe, *My parents are crazy. They punish me for no good reason.* This would be too terrifying a concept to tolerate. To preserve the notion that their parents are rational and predictable, their only option is to conclude, *I must somehow be bad to have been punished this way.*

Finally, we enter the world as helpless infants, incapable of doing many things that grownups can do. With good parenting and a propitious environment, we overcome much of this sense of helplessness as we grow.

Sometimes parents demand things of young children which they are incapable of doing. Children may feel that they should be able to do what their parents ask, and the fact that they are unable to do so may cause them to feel inadequate. On the other hand, parents can do too much for their children, not allowing their children to flex their own mus-

cles. Such children have no chance of developing self-confidence. Successful parenting requires a knowledge of what a child can and cannot do at various stages of development, and parents should encourage their children to use their capacities.

Parents are encouraged to take an interest in the child's schoolwork, even to assist in homework. However, when parents do the homework for the child, they reinforce the child's conviction that he or she is unable to do it. Incidentally, when parents do much for the child that he or she can do alone, they are acting codependently. A child who says, "I can't do word problems," and is allowed to get away with it, actually has the feeling of inadequacy reconfirmed.

As children grow up, these misconceptions may continue to color their thinking and behavior. They may continue to feel that they are bad people and undeserving of good things. Or they may consider their judgment grossly defective, which allows others to sway them easily.

A person can feel bad or worthless, even though this totally contradicts reality. Feeling insecure and inadequate makes a person more vulnerable to escapism, so often accomplished via mood-altering drugs. The person feels different from the rest of the world, as if he or she doesn't belong anywhere. Alcohol or other drugs, or other objects of addiction, anesthetize the pain and allow this person to feel part of the "normal world." Indeed, many alcoholics or other addicts state they did not seek a "high," but only to feel normal.

Many thinking distortions are not necessarily related to chemical use. For example, fear of rejection, anxiety, isolation, and despair often result from low self-esteem. Many of the quirks of addictive thinking are psychological defenses against these painful feelings, and these symptoms are due to the persistence of the distorted self-image that began in childhood.

* David Sedlak, M.D., "Childhood: Setting the Stage for Addiction in Childhood and Adolescence," in *Adolescent Substance Abuse: A Guide to Prevention and Treatment*, ed. Richard Isralowitz and Mark Singer (New York: Haworth Press, 1983).

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Denial, Rationalization, and Projection

The three most common elements in addictive thinking are (1) denial, (2) rationalization, and (3) projection. Although people familiar with treatment of addictions are aware of the prevalence of these traits in addicts, there is nonetheless good reason for us to explore them in more detail. Progressive elimination of these distortions is a key to the recovering addict's making improvements.

The term *denial* as used here could be misunderstood. Ordinarily, denying something that actually happened is thought of as lying. While addictive behavior does include lying, denial in addictive thinking does not mean telling lies. Lying is a willful and conscious distortion of facts or concealment of truth. A liar is aware of lying. The denial of an addictive thinker is neither conscious nor willful, and the addict may sincerely believe that he or she is telling the truth.

Denial and, for that matter, rationalization and projection are unconscious mechanisms. While they are often gross distortions of truth, they are the truth to the addict. The addict's behavior can be understood only in the light of the unconscious nature of these mechanisms. This is why confronting the denial, rationalization, and projection with facts to the contrary is ineffective.

Some phobias are the result of faulty perception. For example, a young boy who is frightened by a dog may develop a fear of dogs and many years later, as a man, may have a panic reaction when a harmless little puppy approaches him. Although physically he sees a tiny puppy, the psychological perception is that of a ferocious dog about to attack him. In other words, while the conscious perception is that of a puppy, the unconscious perception is that of a monster. Emotional responses are often related to the unconscious rather than to the conscious perception.

The Role of Faulty Perceptions

Addicts react according to their unconscious perceptions. If these perceptions were valid, their behavior would be perfectly understandable. Unless we can show them that their perception is faulty, we cannot expect their reactions and behavior to change.

Given how important the self-concept is in addictive disease, the addict's distorted self-perception is the biggest problem. All other distorted perceptions are actually secondary.

Virtually all of an addict's defense mechanisms are unconscious, and their function is to protect the addict from some

intolerable, unacceptable, and catastrophic awareness.

That psychological defense mechanisms can operate without conscious awareness should not be surprising. Certainly physical defenses work without cognitive awareness of their function. For example, when we sustain injury, even a tiny cut, our system goes into a defensive posture to prevent the injury from threatening our life. White blood cells from remote parts of the body destroy bacteria that enter the wound, and the bone marrow promptly begins to produce tens of thousands more white blood cells to fight infection. The platelets and other blood-coagulating substances begin to form a clot to prevent blood loss. The immune system is alerted and begins to produce antitoxins to fight disease-producing organisms. All this very complex activity occurs without our being aware of what is happening within. Even if we are aware of what is happening, we still can't stop the process.

Psychological defense mechanisms are no different. They do not go into action at our direction. We are unaware of their operation, and, until gaining an awareness of them through recovery, an addict can do nothing to stop them. It is therefore futile as well as nonsensical to tell alcoholics or other people with addictions to "stop denying," "stop rationalizing," or "stop projecting," when they are not aware that they are doing so. They must first be helped to become aware of what they are doing.

During my internship, a patient I treated helped me understand the defensive nature of unconscious denial.

"That Just Couldn't Happen to Me"

The patient, a fifty-year-old woman, was admitted to the hospital for exploratory surgery because of a suspected tumor. She told the doctor that she was very active in community affairs and had assumed many important responsibilities. Although a tumor might mean cancer, it was important to her that she know the truth, since it would be unfair to many people and many organizations to continue carrying responsibilities if her health deteriorated. The doctor promised to be frank and reveal all the findings of surgery.

Surgery revealed that she did indeed have a cancerous tumor. Complying with her request for complete truthfulness, the doctor had a frank talk with the patient, telling her that the malignant tumor had to be removed for the cancer to be arrested. Furthermore, because the tumor showed some indications it had already spread, the patient would need to undergo chemotherapy.

Thanking the doctor for being truthful, she agreed to cooperate with whatever treatment was recommended. She spoke freely with the nurses and the staff about her cancer.

After being discharged from the hospital, she returned weekly for chemotherapy. She often remarked to hospital personnel how fortunate she was to be living in an era when science had provided a successful treatment for cancer. She

appeared to be adjusting well, both physically and emotionally.

Five or six months after her surgery, however, she began to have various symptoms. The cancer had spread in spite of the chemotherapy. Eventually she developed severe joint pain and shortness of breath and was admitted to the hospital for further treatment. When I was doing the admission workup on her, she remarked, "I can't understand what is wrong with you doctors. I've been coming here regularly, and you just haven't been able to find out what's wrong with me."

The remark astonished me, since she had repeatedly referred to herself as having cancer. After thinking about it, I realized that as long as she saw cancer as some kind of abstract concept that did not pose an immediate threat to her life, she could accept the diagnosis. Once the condition began causing pain and shortness of breath, concrete evidence that she was deteriorating, she felt so threatened that her psychological system shut off realization of the truth. She was not intentionally lying nor pretending; she actually did not believe that she had cancer.

Denial as a Defense

Looking at denial as a defense, the obvious question is, A defense against what? In the case cited, the woman couldn't accept the devastating realization that she had a fatal disease and that her life may soon end.

In the case of an addicted person, what is so terrifying that the addict's psychological system opts to deny reality? The answer is that awareness of being an alcoholic or a drug addict is beyond acceptance. Why?

- The person may feel stigmatized at being labeled an alcoholic or addict.
- The person may consider addiction to indicate a personality weakness or moral degeneracy.
- The person may think not being able to use alcohol or other drugs again is frightening.
- The person may not accept the concept of being powerless and not in control.

It could be a combination of these and other reasons, but the addicted person finds accepting the diagnosis of addiction every bit as devastating as the woman did accepting the truth of her cancer. Until denial is overcome, addicts are not lying when they say they aren't dependent on chemicals. They are truly unaware of their dependency.

Rationalization and projection serve at least two main functions: (1) they reinforce denial, and (2) they preserve the status quo.

Rationalization

Rationalization means providing "good" reasons instead of the true reason. Like denial, this defense is not exclusive to chemically dependent people, though addicts can be very

adept at it. Note that rationalization means offering good, that is, plausible reasons. This does not mean that all rationalizations are good reasons. Some are downright silly, but they can be made to sound reasonable. Rationalizations divert attention from true reasons. They not only divert others' attention from the truth, but also the addict's. As with denial, rationalization is an unconscious process—that is, the person is unaware of rationalizing.

A fairly reliable rule of thumb is that when people offer more than one reason for doing something, they are probably rationalizing. Usually the true reason for any action is a single one.

Because rationalizations sound reasonable, they are very deceptive, and anyone can get taken in by them.

A woman who graduated as an accountant was reluctant to apply for a promising job because she was afraid of being turned down. However, the reasons she gave her family were different: (1) they are probably looking for someone with years of experience; (2) the office is too far away to travel to every day; and (3) the starting wage is unsatisfactory.

A recovering alcoholic stopped going to AA. His reason? "I work in a rehabilitation center and I see alcoholics and addicts all day. I really don't need another hour of them at night." While his reason may seem plausible, the real reason for his avoiding AA was that he wished to drink again, and attending AA would make this difficult.

Rationalization reinforces denial. The alcoholic might say:

"I am not an alcoholic. I drink because . . ." To the addict, an apparently valid reason for drinking means that he or she is not addicted.

Rationalizing also preserves the status quo, making the addict feel it is acceptable not to make necessary changes. This characteristic of addictive thinking can operate long after an addict overcomes denial and becomes abstinent. Brian's story is an example of how rationalization preserves the status quo.

Lost Love

Brian, a twenty-nine-year-old man, consulted me two years after he finished chemical dependency treatment. Although successfully staying abstinent, Brian was at an impasse. He had dropped out of college and was unsuccessful at holding a job. Brian typically did very well at work, but when his performance led to advancement or increased responsibility, he would leave the job.

Brian claimed to know exactly what his problem was. He was in love with Linda, and they had been engaged. Linda's parents, however, objected to the marriage and convinced her to break off the relationship.

Although this had happened more than five years before, Brian still loved Linda and hadn't gotten over the rejection. He was still grieving the loss, he said, and the thing that held him back was his continuing attachment to Linda.

As painful as romantic rejections may be, people do get over them eventually. Why was Brian different?

For several sessions, Brian and I tried to analyze the relationship to Linda and his reaction to the rejection. I proposed a variety of theories, all of which sounded logical, but both Brian and I felt that they didn't quite fit.

One night, after a session with Brian, I dreamed I was rowing a boat. As a child, I had especially liked boat rowing, but not being able to swim, I was not permitted to go out on a boat without an adult. So I would go to the pier where the boats were anchored, and, while the boat was securely tethered to the pier, I would row to my heart's content. There was little danger in doing this because the boat could not go anywhere. While I rowed I would fantasize getting to the other side of the lake and discovering a hitherto unknown land. I would plant the American flag on this new frontier just as some explorers had done. It was quite a normal fantasy for a ten-year-old boy.

When I awoke, Brian's situation became crystal clear to me. In my case, I was not being held back from my adventures by the tether to the pier. I *needed* that tether because it was my security.

Brian's situation was similar. For whatever reasons, he was terribly insecure. On one hand, going to college or accepting advancement at work might result in failure, and he did not want to take that risk. On the other hand, he could not accept that his stagnation was due to his apprehension, because that would mean admitting that he was not assertive or brave enough.

What Brian did was similar to what I had done with the boat. Just as I had tied myself to the pier, Brian had tied himself to an event in his life that he felt was holding him back. Because being rejected is painful and depressing, and because people often do lose motivation and initiative following a romantic rejection, this sounded perfectly reasonable to Brian and those around him. *Poor Brian. Isn't it a shame what happened to him? The poor boy cannot get over his unrequited love.*

Attributing his problem to Linda's rejection was a rationali-zation. It was a good explanation why Brian could not get on with his life, but *it was not the true reason.* Efforts at understanding why Brian's relationship prevented him from resolving his grief were futile because they were addressing the wrong point. Like other rationalizations, "the rejection by Linda" was a smoke screen.

The truth is that Brian did not want to deal with his insecurities and anxieties. Only after I refused to even hear of Linda, and instead focused on his need to cope with the challenge of getting on with his life, did Brian make the changes he had been avoiding.

Pain

Surprisingly, physical pain can be a type of rationalization. Not infrequently, we see people who are addicted to pain-

killing medications who say they are unable to stop using the drugs because of severe pain. Often they have had one or more surgical procedures, and have become addicted to the drugs they took for persistent pain following surgery. People with this type of drug use do not think of themselves as addicts. "I never went out on the street to get high. I need the medication because the pain is unbearable. If I could get rid of the pain, I would not use drugs."

In these cases, examination by doctors usually fails to reveal a physical cause for the persistent pain, and these patients may be told, "You don't have real pain. It's all in your mind." They are often accused of pretending or malingering.

What is not generally recognized is that the unconscious mind can produce pain, real pain, that hurts as much as a fractured leg. Although some addicts feign pain in order to get the drugs they want, it is also possible for someone to have chronic pain that is not a put-on, but is nevertheless a product of the addiction.

People with this type of pain are, in a sense, rationalizing. Although they are not fabricating excuses, their unconscious mind is essentially doing it for them. Because their system craves drugs, the unconscious mind produces pain. All these people feel is pain, and they demand relief. Unfortunately, many doctors feel compelled to respond to their requests and continue prescribing medication.

Chronic pain addicts present a challenge to treatment, but many have been successfully treated. One young woman, who had a severe narcotic addiction because of persistent back pain, is now drug free. When asked how she now manages this pain without drugs, she responds, "What pain?"

Projection

Projection means placing the blame on others for things we are really responsible for ourselves. Like rationalization, projection serves two functions:

1. It reinforces denial.
- "I am not an alcoholic. She makes me drink."
- "If you had my boss, you'd use drugs too."

2. It helps preserve the status quo.
- "Why should I make any changes? I'm not the one at fault. When others make the appropriate changes, I won't need to drink or use any other drug."

Blaming someone else seems to relieve an addict from the responsibility of making changes: "As long as you do this to me, you cannot expect me to change." Since the others are not likely to change, the drinking and other drug use can continue.

Trying to convince addicts that their arguments are not valid is usually unproductive. Since addictive projection primarily serves to sustain the use of chemicals, it will disappear on its own when sobriety is achieved. The best approach to take is to remind addicts, "You cannot change anyone but yourself. Let's work on bringing about the healthy changes in

yourself that you can make."

Addicts, as well as others with psychological problems, may blame their parents for their shortcomings, something which pop psychology has inadvertently encouraged. Some addicts spend countless hours rehashing the past and tend to use such information to indulge in self-pity and to justify their recourse to chemicals. I have found it helpful to say, "Even if you are what your parents made you, if you stay that way, it's your own darn fault. We're not going to undo the past. Let's focus on making the necessary changes to improve your functioning."

These three major elements of addictive thinking—denial, rationalization, and projection—must be addressed at every stage of recovery. They may be present in layers, much like the layers of an onion. As one layer of denial, rationalization, and projection is peeled away, another is discovered underneath. The progressive elimination of these distortions of reality allows for improvement in recovery.