The Self In Shame: Healing the Wounds of Substance Use Disorders

Dr. Merrill Norton Pharm.D.,D.Ph.,CMAC
Clinical Associate Professor Emeritus
University of Georgia
College of Pharmacy
Clinical Supervisor Damascus Road Recovery
mernort@gmail.com

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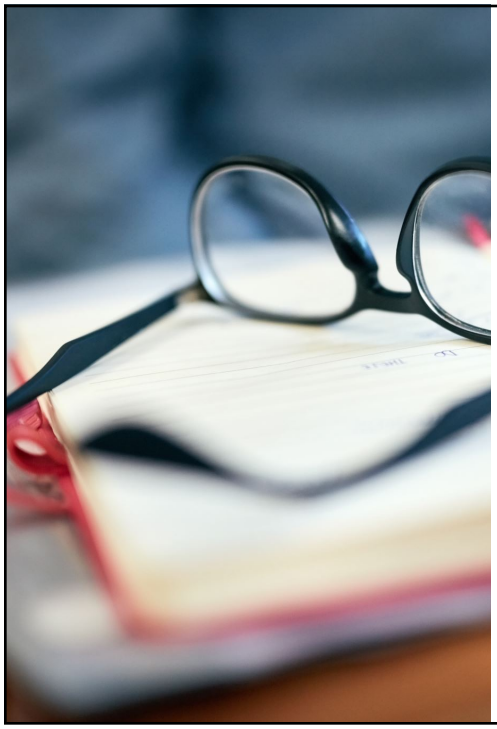

Disclosures

- Merrill Norton, Pharm.D., D.Ph., CMAC, declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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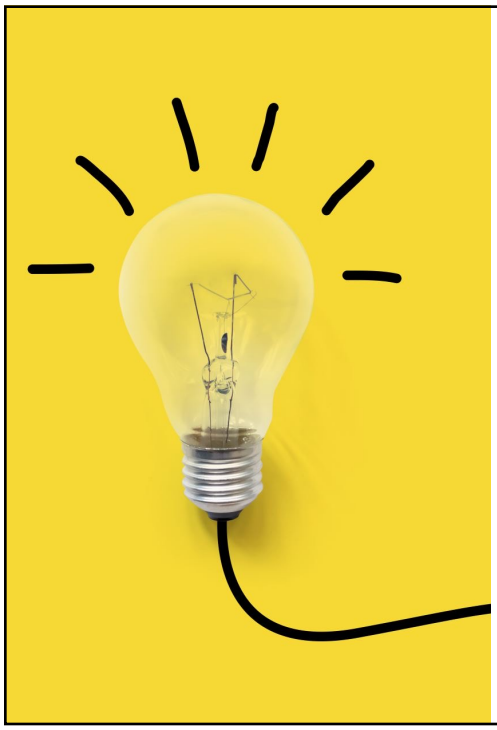

Learning Objectives

- At the completion of this application-based/knowledge-based activity, the participant will be able to:
- At the completion of this knowledge-based activity, participants will be able to:
- 1. Distinguish among the following terms: healthy shame, unhealthy shame, guilt, and stigma.
- 2. Explain how feelings related to shame can impact the treatment of substance use disorders and the recovery process.
- 3. Describe how behavioral health practitioners can use the principles of healthy and unhealthy shame in assisting patients who are in recovery or struggling with substance use disorders.

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Assessment Question

- 1. **Healthy shame is responsible for several human behavioral motivations that include all except the one of the following:**
- **A.) shyness;**
- **B.) embarrassment;**
- **C.) need for community**
- **D.) need for love;**
- **E.) source of spirituality.**

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Assessment Question

- 2. **Unhealthy shame is responsible for several human motivations that include all except one of the following:**
- **A.) self-alienation;**
- **B.) codependency;**
- **C.) ability to ask for help;**
- **D.) false self;**
- **E.) shamelessness.**

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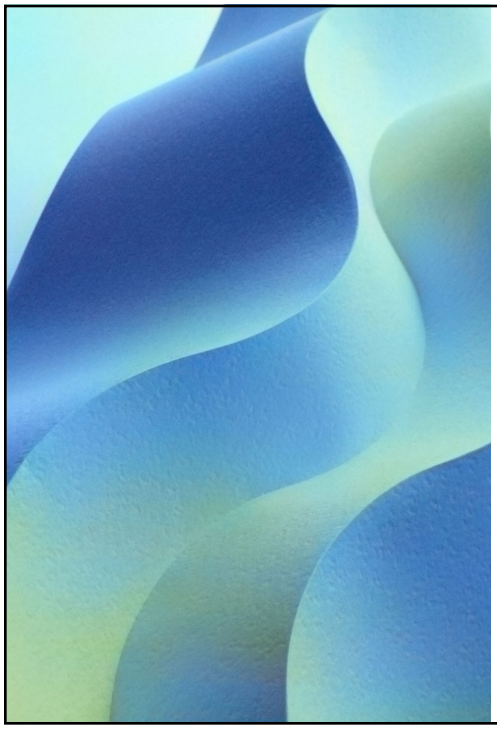

Assessment Question

3. **The Twelve Steps of Recovery along with a comprehensive treatment program can assist an individual in obtaining the Five Freedoms of Happiness. Which one of the following is NOT one of the Five Freedoms To Happiness?**

A.) Freedom to listen;

B.) Freedom to perceive;

C.) Freedom to trust;

D.) Freedom to talk;

E.) Freedom to dream.

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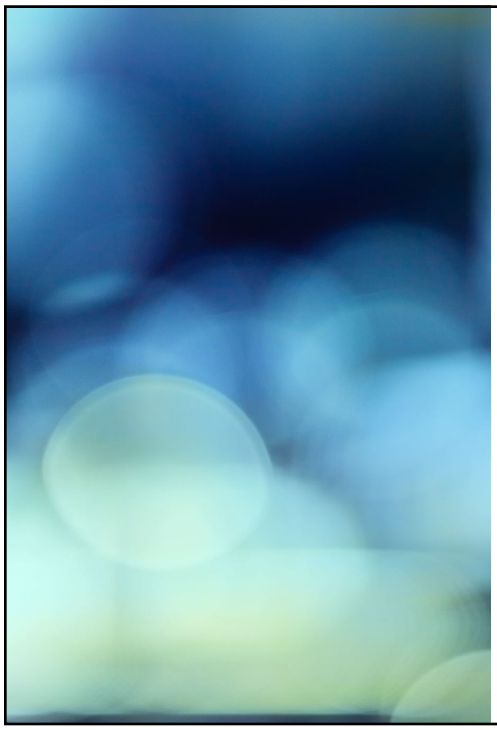

Assessment Question

4. Practitioners can assist their patients seek a recovery process by using suggested practice points. Which of the following is NOT a recommended practice point?

A.) Gather the information necessary to conduct a screen for SBIRT;

B.) Inform patients that SUDS are not disease processes but a moral dilemma;

C.) Develop a list of local resources for SUDS treatments;

D.) Become the medication expert in Safe Medications in Recovery;

E.) Counsel patients on their treatment options.

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Why Do Individuals with Addictions Refuse to Get Better and Run Away from Any Type of Help

Two primary reasons for resistance to seek help for addictions has been discovered recently:

Shame- the stigma of being an addict or alcoholic in this culture is one of the most shaming experiences that an individual exposes themselves and their families to in their lifetime;

The Depletion of the Dynorphin system as a result of the disease process of addiction.

This short presentation will explain both of these powerful events.

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What Does Shame and the Loss of the Dynorphins Do to the Addicted Individual?

Shame simply causes the individual to not seek help from anyone-"I can do this all by myself" is the theme of this life-in reality the failure to control one's drinking and using causes tremendous internal shame that creates an inability to ask for help for their addiction without severe consequences occurring first;

The loss of the dynorphin system as a result of an addiction causes an individual to lose their natural bonding to those individuals and situations that the person is connected(family, church, community, close friends). They will deceive, lie, hide, and simply not respond to these individuals concerning their drinking or drugging.

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A Clinical Dilemma For the Community

- **How do I assist a patient with a substance use disorder if I do not know their history of addiction?**
- **If a patient is recovering from a substance use disorder, why don't they tell their healthcare providers?**
- **Why do individuals who are experiencing a substance use disorder not accept help from their loved ones?**
- **Why do family members enable their addicted loved one?**
- **All I see at my community are drug seeking patients – which has created a very negative attitude towards wanting to help any of them- how can I change my attitude?**

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A Clinical Dilemma for Families

- **How do I assist my addicted loved one if they do not want any help?**
- **If a family member is suffering from an addiction, why don't they ask for help from their families?**
- **What are the causes of hidden resistance in addiction?**
- **All I see are drug seeking behaviors – which has created a very negative attitude towards wanting to help any of them-how can I change my attitude?**

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Definitions Related To Substance Use Disorders

- **Stigma:**
- Erving Goffman, traditionally the best-respected authority on the subject of stigma, defined stigma as *"an attribute that is deeply discrediting" and described the stigmatized individual as "a discredited person facing an unaccepting world"* (Goffman, 1963).
- **Guilt:**
- The uncomfortable feeling we often experience when we have done something wrong ; Guilt is based on a failure of doing ; Guilt involves a violation of standards.

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Definitions Related To Substance Use Disorders

- **Unhealthy Shame:**
- The pervasive feeling that who we are, rather than what we have done, is condemnable, and therefore we are unworthy, unlovable, and defective. Unhealthy shame sufferers have taken on the shame that rightfully belongs to another. Children of addicted parents are an example of this type of shame.

- **Healthy Shame:**
- A balance between knowing what is morally right or wrong and having remorse for our actions and taking responsibilities for our mistakes.

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Behavioral Health Practitioner Practice Points

- **1. Explain the disease of substance use disorders (SUDS)**
- **2. Gather the information necessary to conduct a screen for SBIRT;**
- **3. Inform patients about the treatment options for SUDS;**
- **4. Locate resources needed to answer questions about the effects of common drugs of abuse (alcohol, marijuana, narcotics, "ecstasy", and cocaine);**
- **5. Develop a list of local resources for SUDS treatments;**

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Behavioral Health Practitioner Practice Points

- **6. Counsel parents who are concerned about drug use by their children;**
- **7. Counsel individuals who are concerned about drug use by a loved one;**
- **8. Counsel individuals who are concerned about their own drug use;**
- **9. Become a community resource in the education of the disease of SUDS and naloxone rescue.**
- **10. Become the medication resource for persons in recovery seeking "safe OTC medications".**

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The Culture of Shame and Substance Use Disorders

- **Culture is the inherited ideas, beliefs, values, knowledge, activities, and ideas of a group of people with shared traditions.**
- **The Building Blocks of the Addicted Culture are:**
- **Fear:** Humans fear humans that do not understand
- **Shame:** Honor vs Shame
- **Guilt:** Right vs Wrong
- **Stigma**: False assumption of moral weakness
- **These feelings can be experienced by individuals who have a substance use disorder and family members connected to the individual**

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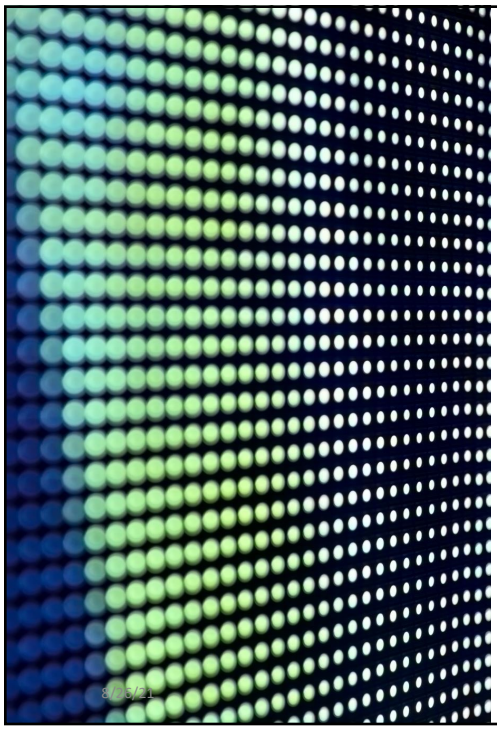

Stigma, COVID 19, and SUDS

Persons with SUD are already marginalized and underserved by health care services, largely because of stigma.

Much of this stigma is based on the erroneous but persistent belief—widespread even among health care workers—that addiction is the result of weak character and poor choices, whereas science has clearly shown it to be a disorder arising from alterations in brain circuitry.

When hospitals are pushed to their capacity, there is added danger of persons with SUD being deprioritized for care if they present with COVID-19 symptoms.

It is incumbent on all health care workers to not discriminate against patients with SUD and to treat these individuals with compassion and dignity as they would any others.

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Stigma and the Risks of COVID 19 on SUDS

- Stigmatizing individuals with addiction makes them very vulnerable.
- That's because, first of all, they are afraid to seek help—they don't want to be discriminated against.
- Secondly, if they are in a situation where decisions are being made about providing medical care when resources are limited, that stigma can make them much more vulnerable.
- While we are dealing with COVID-19, we cannot ignore the disparities that exist in our society.
- This pandemic has made it very clear how horrifically disparate health outcomes are between groups of people in our country.

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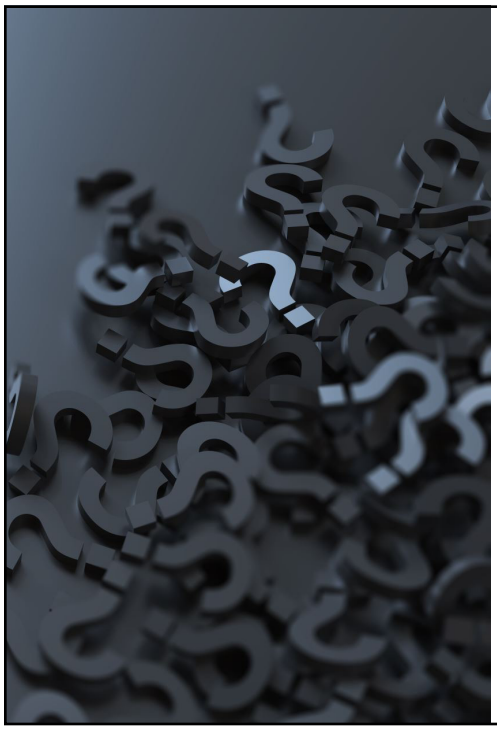

Behavioral Health Practitioners Become Culture Brokers

- So What is a Culture Broker?
- "…the act of bridging, linking, or mediating between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change" (Jezewski, 1990).

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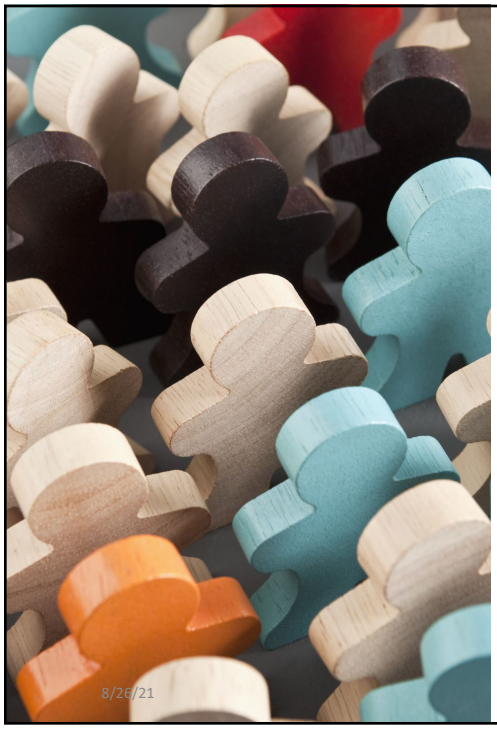

• What is a Culture Broker?

- "A cultural broker is defined as a go-between, one who advocates on behalf of another individual or group"
- (Jezewski & Sotnik, 2001).
- Practitioners have a unique opportunity to assist their substance use disordered patients with prevention, intervention, and referral to treatment.

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Five Types of Culture Brokers

Liaison-Bridging two worlds

Cultural Guide- helping people understand the ins and outs of the community

Mediator- the go between (trust and time)

Catalyst- influencing people's behavior and values

Learners- listening and caring for patient's welfare

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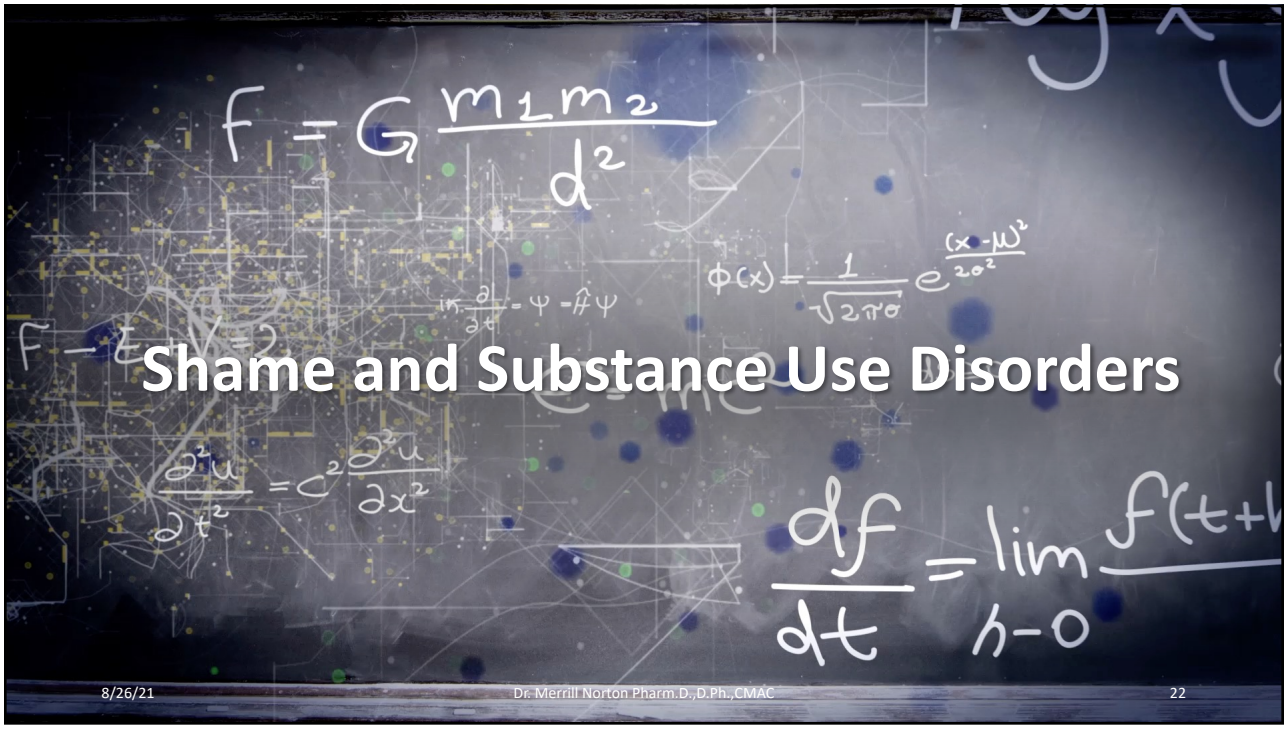

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Impact of Substance Use Disorders on Individuals and Families

- Shame
- Negativism
- Isolation
- Inconsistency in relationships
- Denial
- Miscarried expression of anger
- Self-medication
- Unrealistic expectations
- Unwilling to ask for help

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What Is Shame?

Shame by its nature is contagious. Moreover, just as shame has an intrinsic tendency to encourage hiding so there is a tendency for the observer of another's shame to turn away from it." (Helen Block-Lewis)

"...linguistic scholars assume a connection to an early form of the word 'to cover'..." (Helen Block-Lewis)

"Too much shaming does not lead to genuine propriety but to a secret determination to try to get away with things, unseen...if indeed, it does not result in defiant shamelessness." (Erik Erickson)

Mary Casey Ladd, LMSW, LMFT (1990)

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Unhealthy or Toxic Shame = Stigma of One's Self

- With unhealthy or toxic shame, we perceive our identity as flawed or defective. And to cover up our flawed identity, a toxic shame-based individual learns to create a false sense of self to cover up the defects.
- In a way, a toxic shame-based individual is sending a message that they are more than human, and when their defects are exposed, they perceive themselves to be less human.
- Toxic shame is dehumanizing because it rips us from our authentic self.
- When we feel toxic shame, we have convinced ourselves that we are flawed and defective, and that makes us somehow unworthy of love or care.

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Rejected Love or Abandonment Induces Shame

Rejected love can also induce shame and isolation. This situation may occur from a codependent relationship that leads to future isolation and loneliness. These feelings may result from an enabling relationship.

Thus, love is not the easy solution that in any case helps to bear the heavy burden of shame.

Nor is 'self-less' love alone the cure for 'selfish' shame.

Self-acceptance seems to depend on the *reciprocal* look of love,

on loving *and* being-loved,

The purpose of the Twelve Steps of Recovery is to covert a substance use disordered person from a hopeless life of shame to a productive member of society filled with joy, happiness, and freedom.

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Unhealthy Shame

- 1.Self-Alienation and Isolation
- 2. False Self
- 3. Codependency
- 4. Fuel for all other Addictions
- 5. Shamelessness (Denial)

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False Self

In the case of addiction, which is rooted in having a wounded inner child suffering from abandonment, hurt, loneliness and alienation, the person with addiction attempts to heal or numb that inner child with destructive behaviors such as excessive intake of alcohol, drugs, gambling, working out, overachieving, etc.

In order to cover for these dysfunctional thinking and behavioral patterns, the individual will create a fantasy bond with an image of what the world should be –this is a false self that becomes a defense mechanism from the pain and internal suffering of the person.

Remember this fact: a person with a substance use disorder becomes addicted to a drug of choice while a loved one of that person may become addicted to the substance use disordered person's behaviors.

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Self-Alienation and Isolation = False Self

Shame-based alienation causes a person to never feel a sense of true belonging in their adult relationships.

Shame-based alienation is what causes the creation of a false self, where one's self-worth comes from others rather than from within.

This false self-worth is what promotes co-dependent adult relationships.

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Feeling Shame

- The Self in shame
- feels to be defective, degraded and diminished:
- not in good shape.
- Shame seems
- not only to form,
- but also to deform the self
- or at least the self-image.
-

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Feeling Shame

Involves a visual element.

It introduces the notion of an audience

and a reversal of perspectives:

One feels eyes upon oneself

and ends up observing oneself as if one would see oneself from outside, identifying with the audience, shifting viewpoints and comparing oneself with others.

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Feeling Shame Causes Isolation

- Yet, despite

  the strong and devastating

  self-reflexivity,

  the ashamed self seeks to

  hide before itself

  and to avoid the reflection

  that mirrors itself.

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From Disgrace To Grace

- The Shame-Anxiety Cycle
- Unhealthy and Healthy Shame
- The Neurochemistry of Shame
- The Twelve Step Applications to Recover from Shame-Anxiety Cycle

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The Shame-Anxiety Cycle

- Disgrace/Problems
- Stress/Conflict
- Stress/Anger/Fear

1.ANXIETY

2.COMPULSIVE BEHAVIORS
Stinking Thinking,eating,sex, relationships,procrastination,self-defeating behaviors,chemical relapse

3.RELIEF

4.REMORSE
Failure Syndrome
Denial
Defense Mechanisms

5.SHAME

6.Cognitive Distortion

Healthy Shame
Recovery
Continues

Unhealthy Shame
Shamelessness
Relapse Continues

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Stinking Thinking Statements-
" I Can Do This All By Myself "
" Leave Me Alone "

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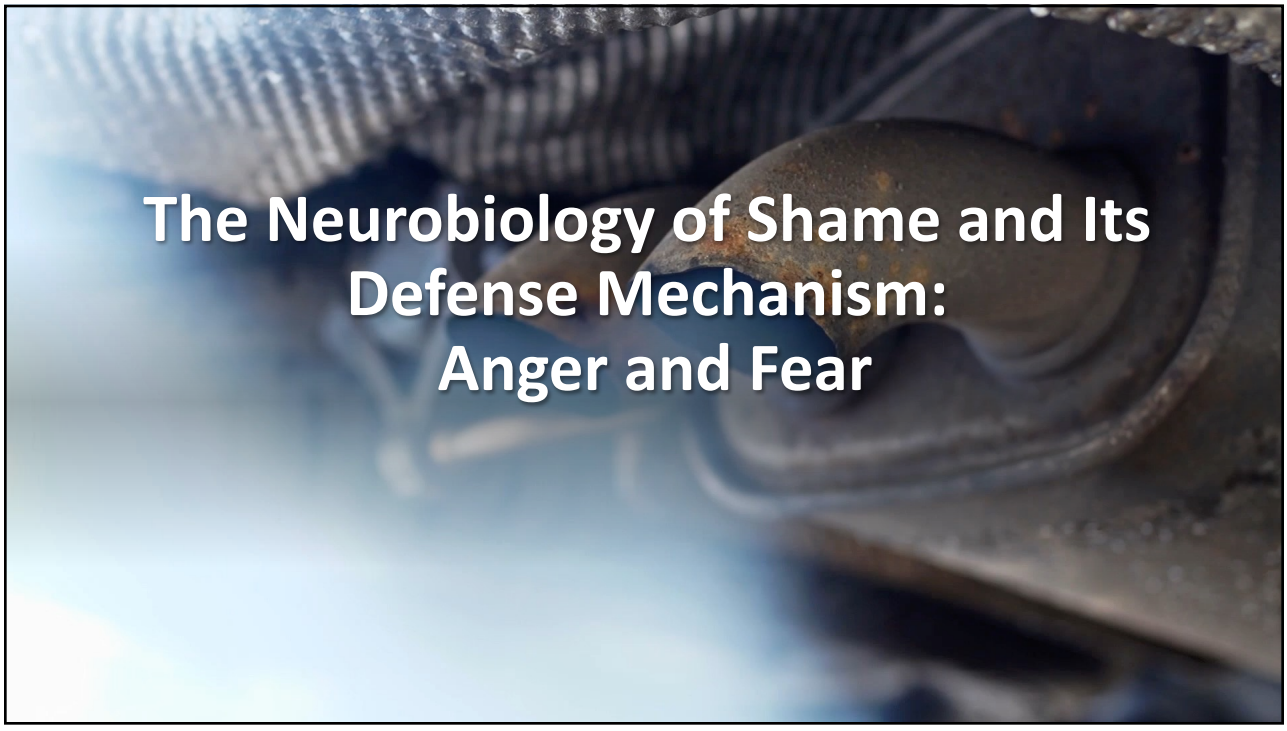

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Contempt Prior To Investigation: The Primary Reason for the Inability To Seek Recovery

- ***"There is a principle which is a bar against all information , which is proof against all arguments and which can not fail to keep a man in everlasting ignorance ---- that principle is contempt prior to investigation."***
- ***Herbert Spencer***

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"Addicts Are Addicted to Pain- Not Pleasure: Shame Drives Their Train"

-Merrill Norton

August 2003

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Sunlight

"It is plain that a life which includes deep resentment
leads only to futility and unhappiness.
To the precise extent that we permit these,
do we squander the hours that might have been worthwhile.
This business of resentment is infinitely grave.
We found that it is fatal.
For when harboring such feelings
we shut ourselves off from
the sunlight of the Spirit.
The insanity of alcohol returns and we drink again.
And with us, to drink is to die."
Alcoholics Anonymous, p. 66

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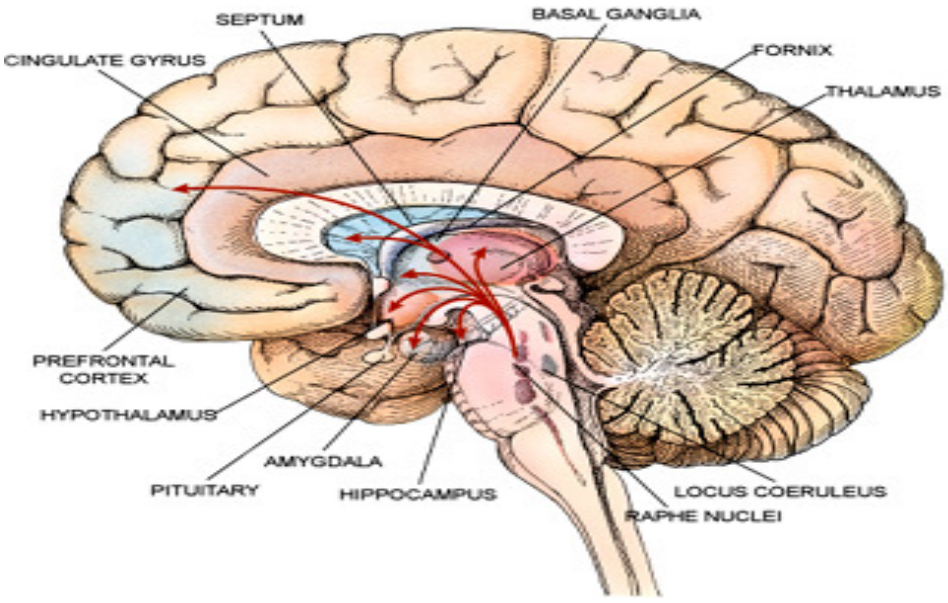

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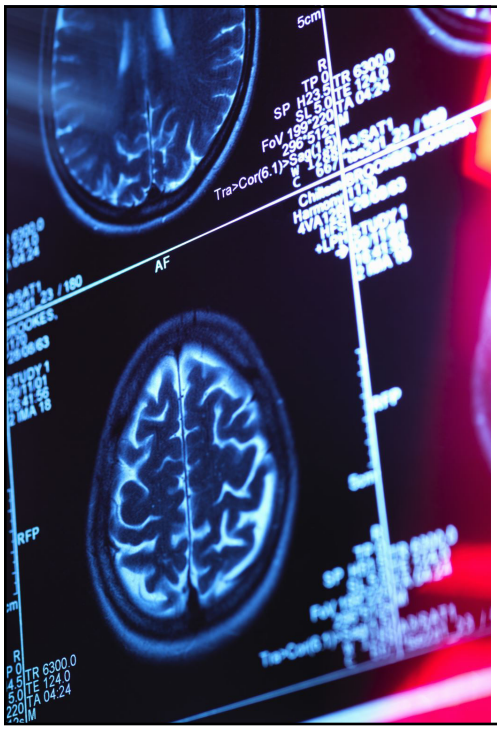

A Theory of Basic Emotional Circuits

- According to Panksepp, there are at least 4 basic, distinct emotion circuits in the mammalian brain
  - Fear
  - Anger or Rage
  - Anticipation or Seeking Behavior
  - Social Bonding

Panksepp, J. 1998. Affective Neuroscience: The foundations of human and animal emotions. New York, Oxford University Press.

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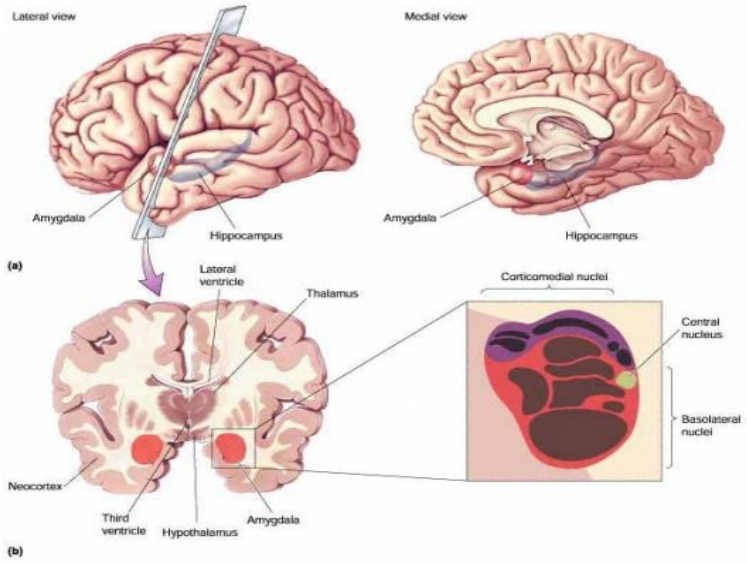
Amygdala is a key structure in fear and anxiety



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Violence

- Alcohol disinhibits aggressivity
- Stimulants produce dose-dependent paranoia
- Opiate-seeking, but not opiates, produces violence
- These violent episodes are triggered by an imbalanced amygdala

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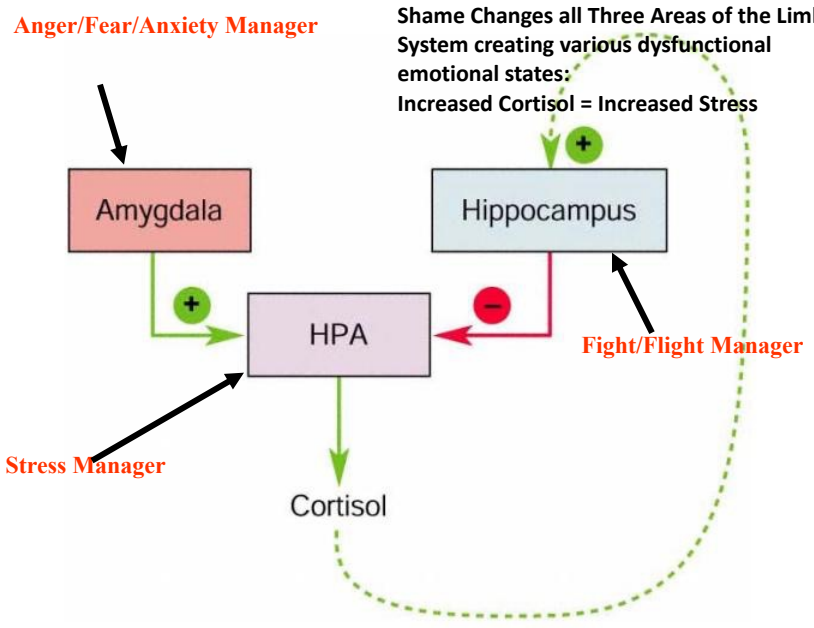

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How Does the Brain Translate Anger into a Resentment?

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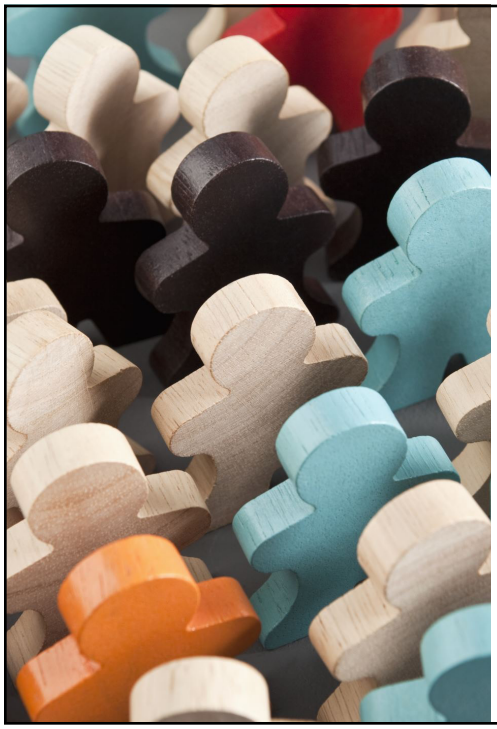

Memory (example:Anger)

- **Short-term:**
  - **Memory of recent events.**
- **Medial temporal lobe:**
  - **Consolidates short term into long term memory.**
- **Amygdala/Hippocampus is critical component of of short/long memory.**
- **Acquisition of new information, facts and events requires both the medial temporal lobe and hippocampus.**

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Long-Term Memory (Resentment)

- Consolidation of short-term memory(anger)into long-term memory.
  - Requires activation of genes, leading to protein synthesis and formation of new synaptic connections.
    - Altered postsynaptic growth of dendritic spines in area of contact.
    - Memory stored in Hippocampal/Amygdala region
- Cerebral cortex stores factual information:
  - Visual memories lateralized to left hemisphere.
  - Visuospatial information lateralized to right hemisphere.
- Prefrontal lobes:
  - Involved in performing exact mathematical calculations.
    - Complex, problem-solving and planning activities.

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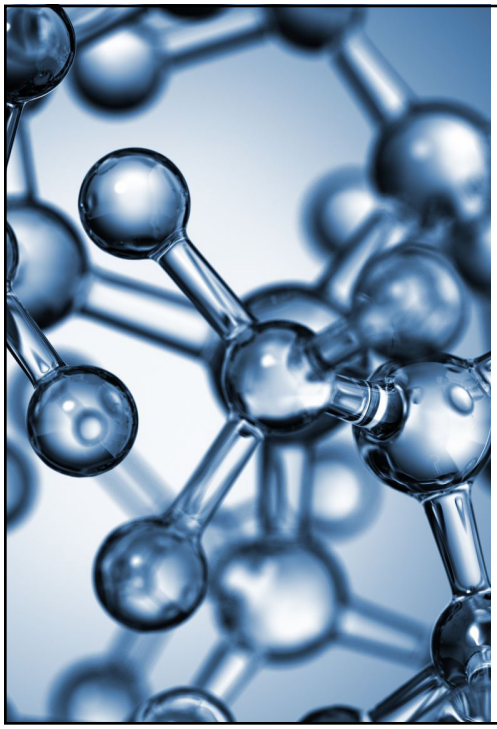

Long-Term Potentiation (Experiencing Resentment)

Type of synaptic learning.

- Synapses that are 1st stimulated at high frequency will subsequently exhibit increased excitability.

In hippocampus, glutamate is neurotransmitter.Chemically dependent individuals have created neurotransmitter deficiency of glutamate and GABA.

- Requires activation of the NMDA receptors for glutamate.
- Glutamate and glycine or D-serine binding and partial depolarization are required for opening of channels for Ca^{2+} and Na^{+}. Neuroscience theorizes that that these electrolytes(Ca ,Na) are depleted by various psychoactive chemicals.

May also involve presynaptic changes:

- Binding of glutamate to NMDA receptors and simultaneous depolarization, open receptor channels for Ca^{2+}.
- Ca^{2+} causes long-term potentiation in postsynaptic neuron, release of NE from postsynaptic neuron.
- NE acts as a retrograde messenger, causing release of neurotransmitter epinephrine in amygdala (stimulates refeeling of original anger memory)

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Neuronal Stem Cells in Learning and Memory

Neural stem cells:

- Cells that both renew themselves through mitosis and produce differentiated neurons and neuroglia.

Hippocampus has been shown to contain stem cells (required for long-term memory).

Neurogenesis:

- Production of new neurons.

Indirect evidence that links neuogenesis in hippocampus with learning and memory.

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Shamelessness: A Coping Mechanism for Unhealthy Shame

- Control- People, Places, Things, Outcomes
- Perfectionism- Life's Rule-"I am worthless"
- Blame- Self, Others, Good Orderly Direction
- Denial of the Five Freedoms- Unhappiness
- No Talk Rule
- Don't Make Mistakes
- Unreliability

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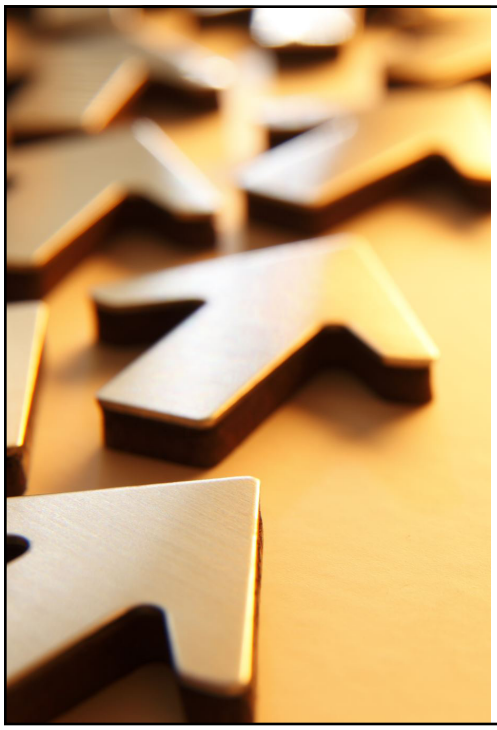

- The Permission To Recover

  "I Need Help"
- 1. Ask for directions
- 2."How Do I Recover Today
- 3. Follow the direction
- 4. Repeat the Process

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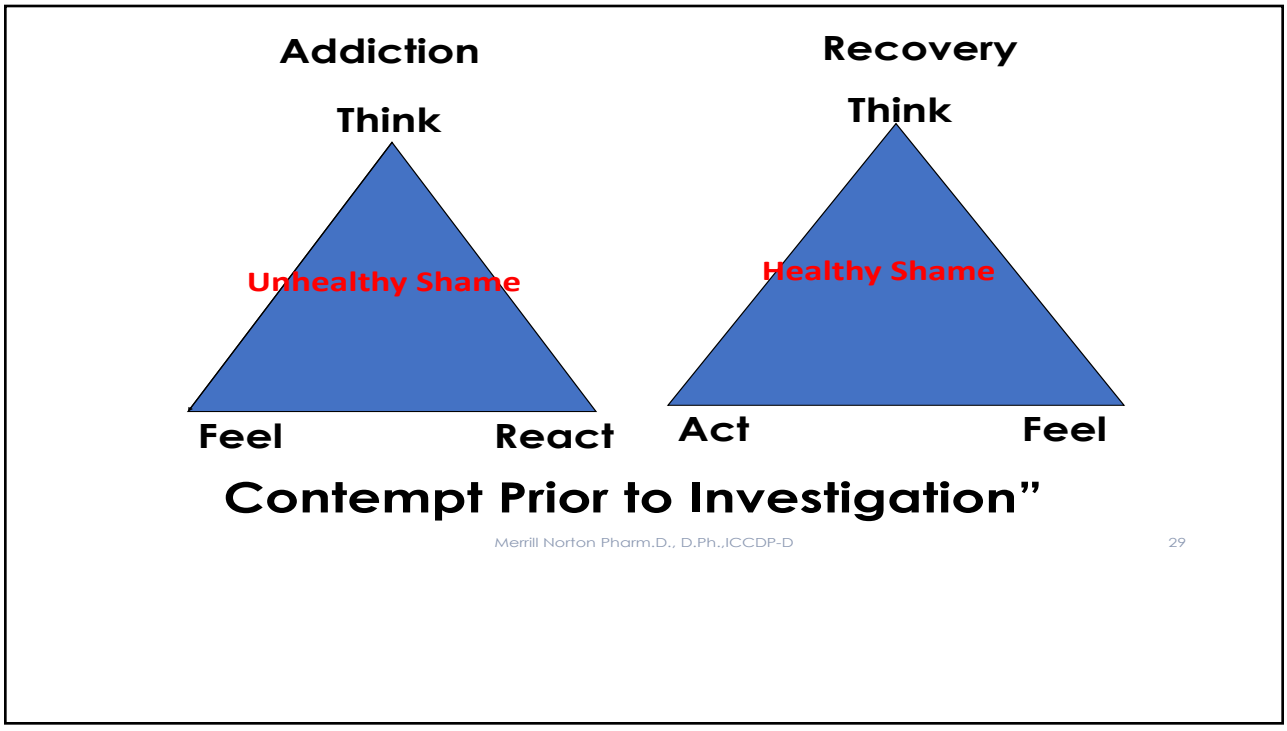

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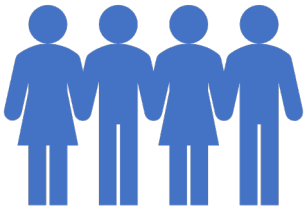
Shame and Addiction



- Unhealthy Shame keeps one's self from seeking help
- Unhealthy Shame limits one's options to change
- Unhealthy Shame is a cultural stigma
- Unhealthy Shame is a societal stigma
- Unhealthy Shame stops many people from obtaining true happiness in life

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What is Codependency?

- Originally, codependency was used to describe a person whose life was affected by a result of being involved with someone who was chemically dependent.
- Codependency is used to describe a kind of addiction – a relationship addiction. A person is a codependent when he/she exhibits caring for a loved one who is suffering from real addiction to drugs or alcohol.
- It is the disease that friends and family of alcoholics and addicts get, trying to deal with a loved one's unmanageable behavior and the addict's use of anxiety and anger, which they provoke to gain control out of their powerlessness.

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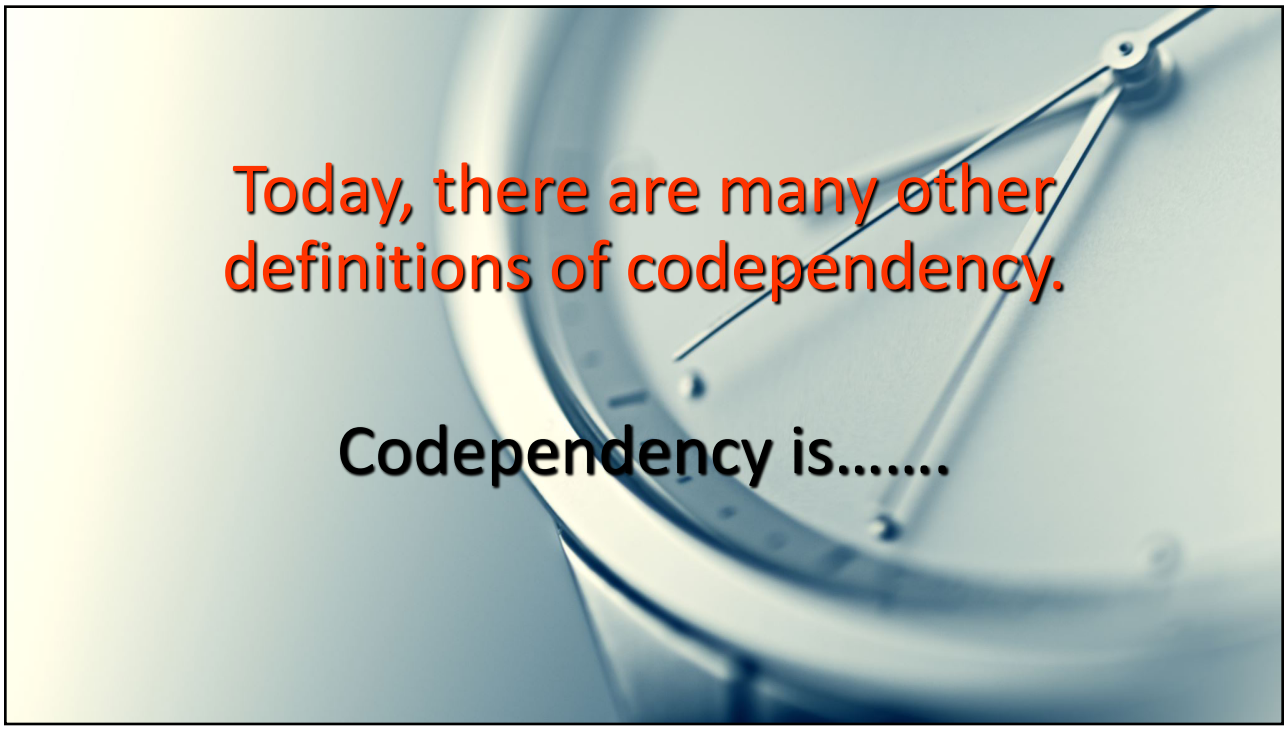

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Codependency is…….

- ..Letting another person's behavior affect him or her, and being obsessed with controlling that person's behavior
- ..An addiction to people, behaviors, or things. Codependency is the belief of trying to control interior feelings by controlling people, things, and events on the outside.
- ..Condition when your love tanks are running on empty

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Codependency is ……..

- ..A system of co-dependency refers to a system of negative behaviors an individual has learned or adopted in order to function in difficult or painful interpersonal situations.
- This type of thinking and behaving occurs in an enabling individual trying to fix an addicted family member.
- The behavior results from the enabler who has a honest desire to help the addicted loved one but develops these behaviors unknowingly.

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Are You An Enabler?

- 1. Have you ever "called in sick" for the alcoholic, lying about his/her symptoms?
- 2. Have you accepted part of the blame for his/ her drinking or behavior?
- 3. Have you avoided talking about his drinking out of fear of his/her response?
- 4. Have you bailed him out of jail or paid for his/her legal fees?
- 5. Have you paid bills that he/she was supposed to have paid himself/herself?
- 6. Have you loaned him/her money?
- 7. Have you tried drinking with him/her in hopes of strengthening the relationship?
- 8. Have you given him/her "one more chance" and then another and another?
- 9. Have you threatened to leave and didn't?
- 10. Have you finished a job or project that the alcoholic failed to complete himself/herself?

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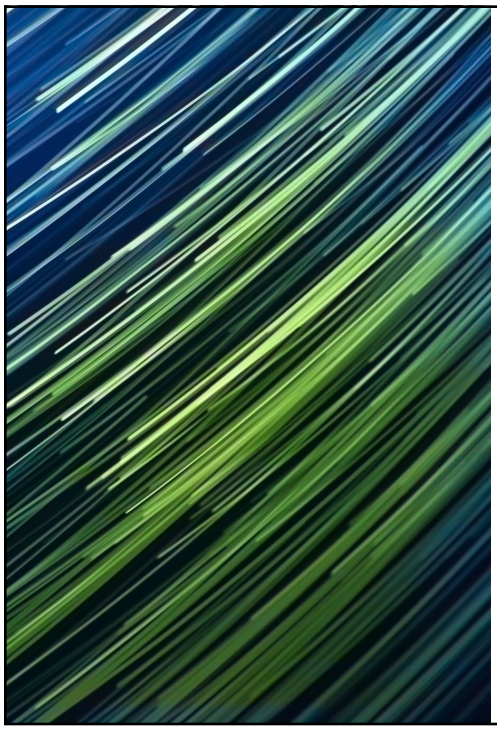

Enabling

Doing for someone things that they could, and *should* be doing themselves.

Simply, enabling creates an atmosphere in which the alcoholic/addict can comfortably continue his unacceptable behavior.

Enablers become codependent by having a powerful need to fix what is wrong, belief that he/she is responsible for the dysfunctional family so he/she must suffer.

59

How do I know if I am codependent?

60

Causes of Codependency

We become codependent by living in systems (families) with rules that hinder development and growth.

The system which usually consists of parents and relatives has been developed in response to some problem such as alcoholism, mental illness or some other problem.

These causes leads to:

Unmet emotional needs

Lost childhood

Compulsion to fix the dysfunctional family

Emotional problems

Physical problems

61

Warning Signs/Behavior Patterns/Symptoms

- **You are feeling unfulfilled consistently in relationships**
- **You tend to be indirect**
- **You don't assert yourself when you have a need**
- **You don't play as much as others**
- **Others say you are too playful**

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Warning Signs/Behavior Patterns/Symptoms

- Justifying and rationalizing another person's inappropriate behaviors, rather than appropriately confronting the person about those behaviors
- Excessive loyalty, whatever the cost, with no reciprocation
- Caring for others to the extent that personal needs are not met
- Taking responsibility for another inappropriately
- Inability to ask for help
- Belief that they are responsible for feelings, behaviors, or problems of others
- Difficulty in identifying and expressing feelings
- Have difficulty forming and/or maintaining intimate relationships
- Pleasing people to offset a fear of rejection

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Warning Signs/Behavior Patterns/Symptoms

- Hyper vigilance (a heightened awareness of potential threat/danger)
- Physical illness related to stress
- Do you feel responsible for other people's problems?
- Do you feel guilt or anger when your help isn't effective?
- Do you find yourself saying yes when you mean no, and doing things you really don't want to do?

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Recovery from Codependency

- Go for help. A reputable therapist or a recovery group. Alanon is a free group.
- Make recovery a first priority. Find alternative behaviors!
- Develop a spiritual side through daily practice.
- An inner life is important to those recovering from co-dependency, because it will allow you to see that you are loveable
- Stop managing and controlling others
- Courageously face your own problems and shortcomings
- Cultivate whatever you need to develop as an individual.
- Become "selfish."
- Recovery from co-dependency is based on increased self-esteem
- Work on accepting others as they are, without trying to change them to meet your needs

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Healthy Shame

Healthy shame keeps us grounded, teaches us humility, and lets us know that we have limits.

Healthy shame teaches us that we cannot know it all, allowing us to continue to seek knowledge.

Healthy shame allows us to coexist in a society that has standards and expectations, many of which can be positive, such as rules against stealing, lying, and killing.

By reminding us of our limits, healthy shame can guide us to a purpose.

However, healthy shame can turn toxic when it becomes integrated into our identity.

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"The Road" to Recovery from Addiction

- The Permission To Recover

  "I Need Help"
- 1. Ask for directions
- 2."How Do I Recover Today"
- 3. Follow the directions
- 4. Repeat the Process

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Healthy Shame

- Permission to be Human
- Developmental Stage
- Embarrassment and Blushing
- Shyness
- Need for Community
- Source of creativity and Learning
- Source of Spirituality

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The Five Freedoms to Happiness *The Primary Purpose of Recovery and Treatment*

1. Freedom to Talk
2. Freedom to Feel
3. Freedom to Trust
4. Freedom to Perceive
5. Freedom to Dream

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FREEDOM TO TALK

- Admitting Powerlessness & Unmanageability
- Permission to Grieve
- Ask for Help
- Expression of Feelings of Anger, Fear, and Loneliness
- Identification of the "Three Self's [Self Pity Self Righteousness Self Deceit]
- Recognition of Hope

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FREEDOM TO FEEL

- Ability to experience Gratitude, Celebration, Intimacy
- Motivate expression of all Feelings- Anger, Sadness, Happiness,etc.
- Appropriate Anger Management
- Balance of behaviors associated with various Feeling States

71

FREEDOM TO TRUST

- Development of Honesty
- Process of giving up Control/Blame
- Open-minded to New Ideas and Attitudes
- Belief in a Higher Power, another Human Being and Yourself
- Projection of a REAL Self Image
- Willingness to Change

72

FREEDOM TO PERCEIVE

- Ability to accept Criticism
- Clarification of what the Real World is
- Recognition of one's Assets and Liabilities
- Development of true Sense of God
- Willingness to carry the Message to Others

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FREEDOM TO DREAM

- What do I want to become in Recovery?
- First say to Yourself what you Would be; and then do what you Have to do.
- I will become the Best _____!!

We can't all be heroes because someone has to sit on the curb and clap as they go by!

Will Rogers

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WORKING THE TWELVE STEPS OF RECOVERY

Step 1	Talk
Step 2	Talk/Feel
Step 3	Talk/Feel/Trust
Step 4	Talk/Feel/Trust
Step 5	Talk/Feel/Trust
Step 6	Talk/Feel/Trust/Perceive

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WORKING THE TWELVE STEPS OF RECOVERY

Step 7	Talk/Feel/Trust/Perceive
Step 8	Talk/Feel/Trust/Perceive
Step 9	Talk/Feel/Trust/Perceive ------→ Promises
Step 10	Talk/Feel/Trust/Perceive/Dream
Step 11	Talk/Feel/Trust/Perceive/Dream
Step 12	Talk/Feel/Trust/ Perceive/Dream

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The Dynorphin Story: The Miracle of Recovery

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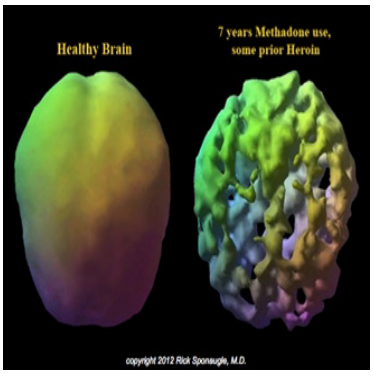
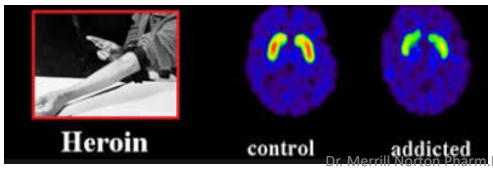
Substance Use Disorder Effects on the Brain

- Long term SUD can lead to areas of the brain "going dark" or the creation of a functional hole in the brain, other areas of the brain will begin to shrink.





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Human Bonding Begins at birth..so does Addiction

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Repeating Cycle = Addiction

- Each time the cycle is repeated
- Each stage intensifies
- Brain stress system leading to Addiction!

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The Reward Cascade

- **Dopamine** responsible for pleasure, perception, and movement-first be activated when drinking or using; (First to be depleted with high doses and continuous use)
- **Endorphins** responsible for pain management in the central nervous system and reinforcement of pleasurable activities- second to be activated in the cascade usually when there is a pattern of regular use; Initially attempts to replace function of dopamine as it is depleted but is eventually depleted also;
- **Dynorphins responsible for stress management and human bonding. Initially brain uses dynorphin to reset the deficient dopamine and endorphin systems but due to increased dose and use-the system is also depleted.**

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Impact of Substance Use Disorders on Individuals and Families

- **Negativism**
- **Isolation**
- **Inconsistency in relationships**
- **Denial**
- **Miscarried expression of anger**
- **Self-medication**
- **Unrealistic expectations**
- **Unwilling to ask for help**

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A *(very)* Brief Overview of the Neurobiology of Addiction

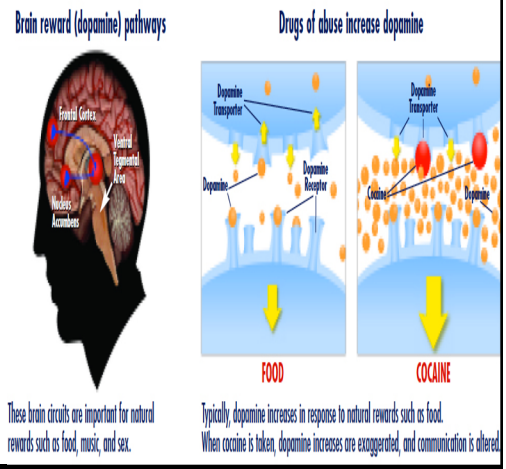
Dopamine – Like: Occasional Use

↓

Endorphins- Want: Pattern of Use

↓

Dynorphins- Craving: Addiction



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Desire Corresponds with Drug Use

Liking

- Occassional Use

Wanting

- Pattern of Use

Craving

- Substance Use Disorder

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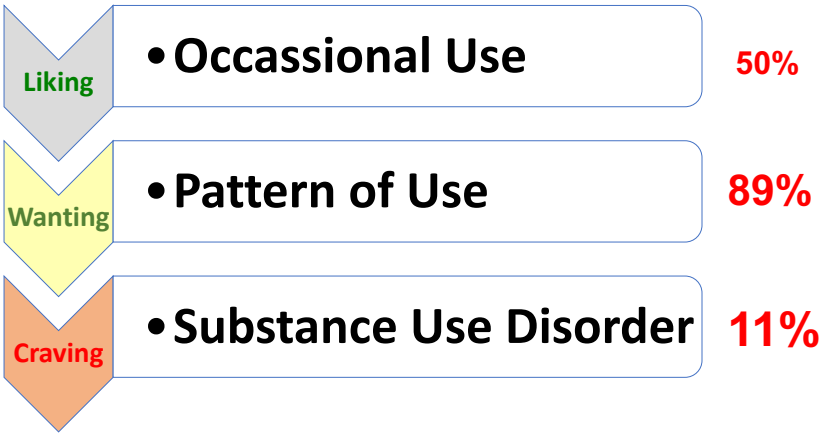
Desire Corresponds with Drug Use

50% 0f US population DOES NOT USE any alcohol/drugs



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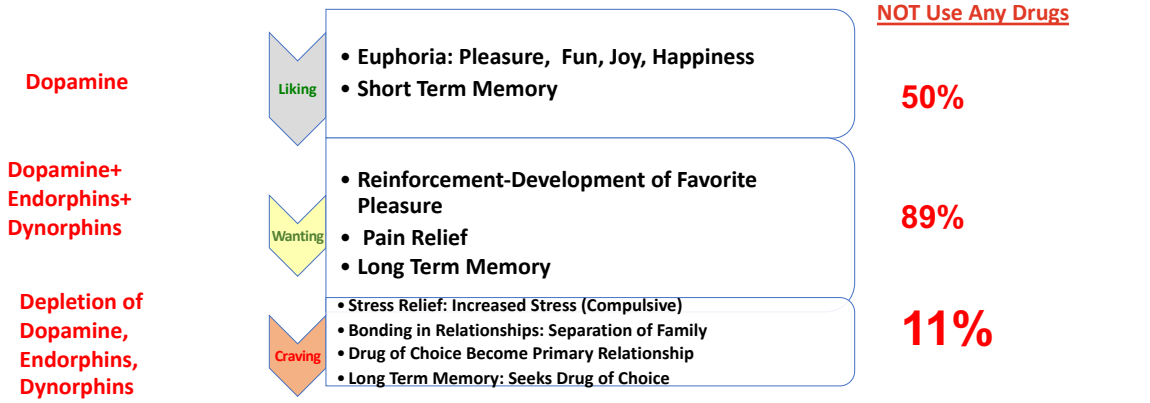
Desire Corresponds with Drug Use

50% of US Population Does NOT Use Any Drugs



SAMHSA NSDUH Survey June 2015

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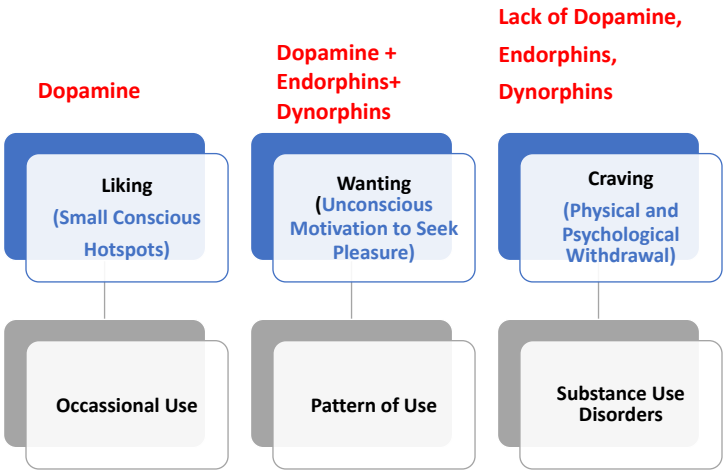
Desire Corresponds with Drug Use



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Human Doing

Substance Use Disorders

Depletion may take less than 12 months

Neurotransmitters of Substance Use Disorders/Trauma

Dynorphins (Bonding)
PIP (Love)
Dopamine (Pleasure, Perception, Movement)
Glutamate (Pain)
Acetylcholine (Motivation ,New Learning)
Histamine (Cognition)
Anandamide (Bliss)
Endorphins / Enkelphins (Pain Relief)
GABA (Anxiety)
Serotonin (Sleep, Mood)
Epinephrine / Norepinephrine) (Fight/Flight/Freeze)

Human Being

Recovery

Replenishment may take 5 to 7 years

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The Anti-Reward Brain

- 1. A key element of addiction is the development of a negative emotional state during drug abstinence.
- 2. The neurobiological basis of the negative emotional state derives from two sources: decreased reward circuitry function and increased anti-reward circuitry function.
- 3. The anti-reward circuitry function recruited during the addiction process can be localized to connections of the extended amygdala in the basal forebrain.
- 4. Neurochemical elements in the antireward system of the extended amygdala have as a focal point the extrahypothalamic corticotropin-releasing factor system.
- 5. Other neurotransmitter systems implicated in the anti-reward response include norepinephrine, dynorphin, neuropeptide Y, and nociceptin.
- 6. Vulnerability to addiction involves multiple targets in both the reward and anti-reward system, but a common element is sensitization of brain stress systems.
- 7. Dysregulation of the brain reward system and recruitment of the brain anti-reward system are hypothesized to produce an allostatic emotional change that can lead to pathology.
- 8. Nondrug addictions may be hypothesized to activate similar allostatic mechanisms.

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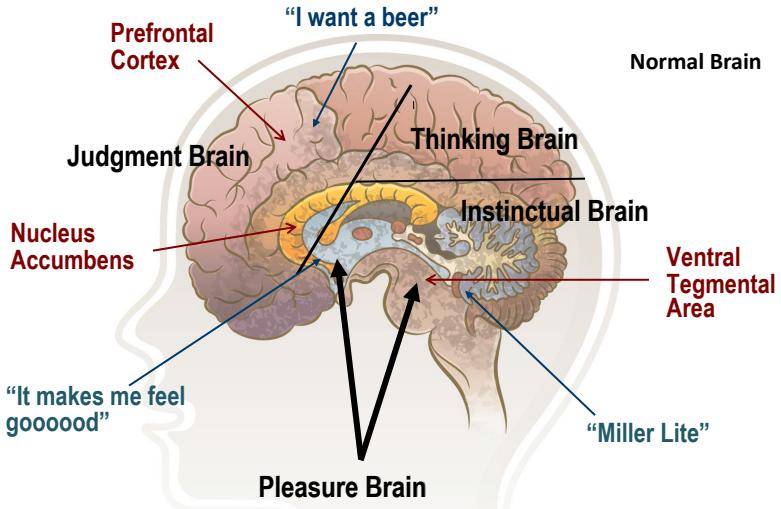

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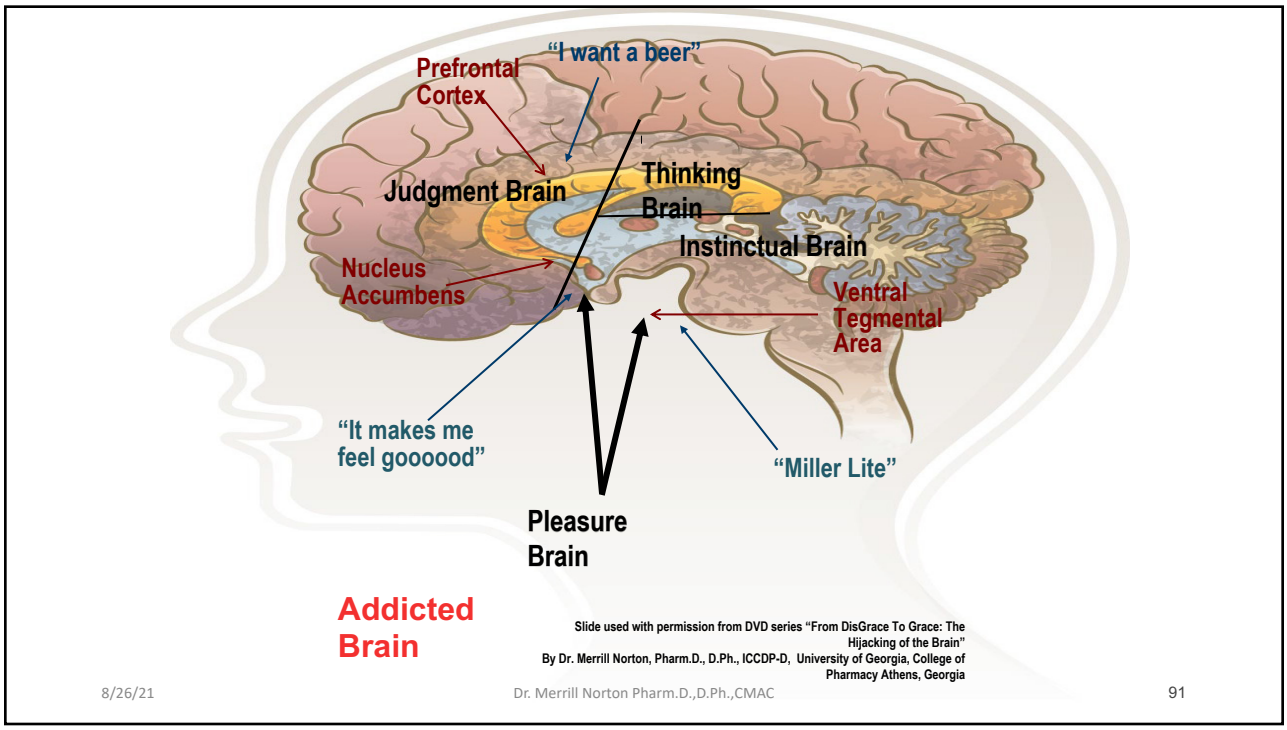
Prefrontal Cortex
"I want a beer"
Judgment Brain
Thinking Brain
Instinctual Brain
Nucleus Accumbens
Ventral Tegmental Area
"It makes me feel goooood"
"Miller Lite"
Pleasure Brain
Addicted Brain
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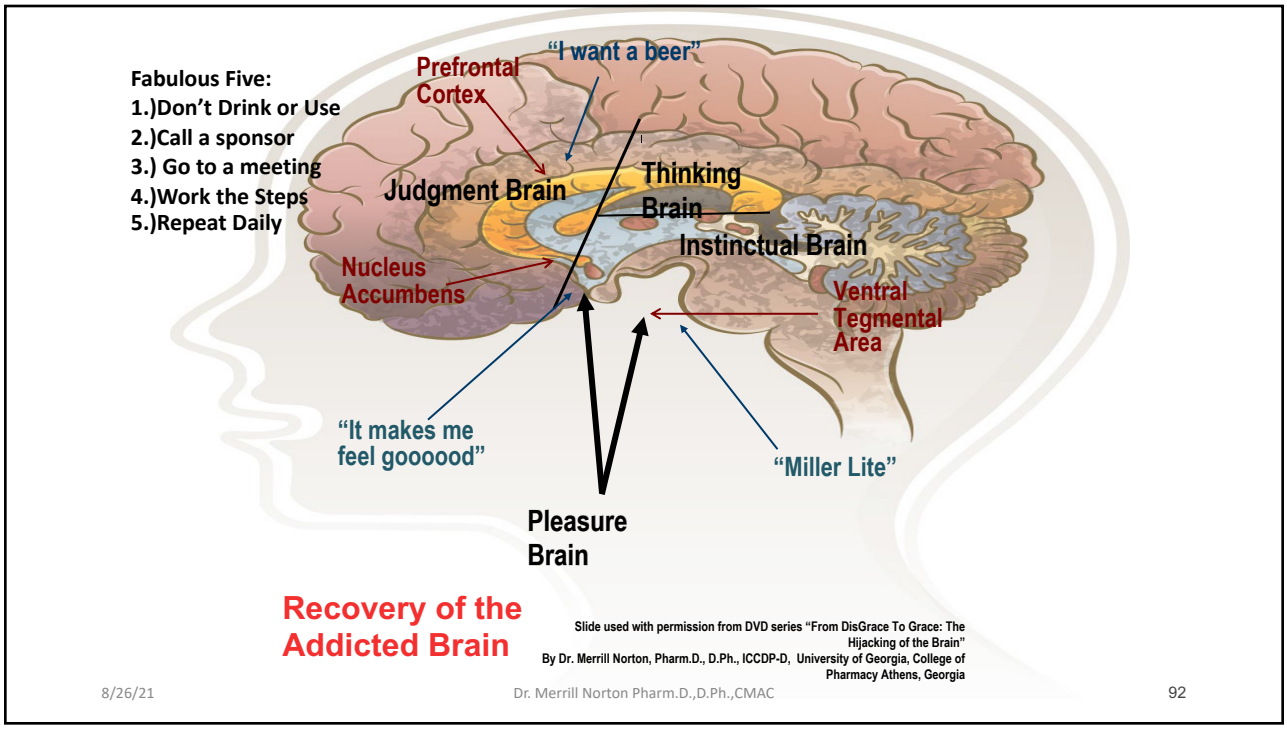
Fabulous Five:
1.)Don't Drink or Use
2.)Call a sponsor
3.) Go to a meeting
4.)Work the Steps
5.)Repeat Daily
Prefrontal Cortex
"I want a beer"
Judgment Brain
Thinking Brain
Instinctual Brain
Nucleus Accumbens
Ventral Tegmental Area
"It makes me feel goooood"
"Miller Lite"
Pleasure Brain
Recovery of the Addicted Brain
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Dynorphins: What makes mamas – mamas!!

- **Why do mothers love there babies so?**
- **They will die for them;**
- **They will tell you the birthing of their children is their greatest joy in life;**
- **And why do all of us have a "soft spot" for our mothers even when some of them were not the best of mothers!!!!**
- **The answer has been recently discovered: Dynorphins-the human bonding chemical found in mammalians**

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What are Dynorphins ?

- **Opioid peptides**
- **Responsible for Oxytocin release**
- **Responsible for some anaglesia**
- **Addiction(lack of dynorphins)**
- **Depression moderation-decrease dynorphin causes increased depression and anxiety**
- **Stress reduction**
- **Human bonding**

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Addiction is Greater Than a Mother's Love (Dynorphin)

- **The reason for the that addicts can not stop using is once the dopaminergic system is deactivated (depleted) due to multiple neurobiological reasons- the reinforcing effects of the drug becomes more powerful than a mother's love for her children. In 2016, the potencies of most street drugs (marijuana/heroin) have increased. This increased potency creates the increased reinforcing effects of dopamine thus increasing the addiction liability of the drug on the brain. As the addiction liability increases, the brain decreases the brain's bonding chemical: Dynorphins. Without this chemical, human bonding becomes detached and the addict moves into a world of isolation and loneliness.**

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The Changing of the Brain's Communication Highway

- **1.) Alcohol, Marijuana, Rx medications alter the receptors and neurotransmitters with any use; it happens like this:**
- **2.) The person experiences euphoria from the release of dopamine (excessive amounts) when they drink or use a drug;**
- **3.) The brain records this pleasurable experience in short term memory-"this was a good time";**
- **4.) If the person begins to repeat the pleasurable experience, the dopamine becomes depleted, the brain attempts to stabilize the chemistry by using another set of chemicals, the endorphins, to reset the brain back to normal; but this attempt just creates a need for more of the drug- tolerance and withdrawal;**
- **5.) If the persons continues to use (thinking that they can get back to normal), the brain activates a third set of chemicals, the dynorphins, to keep the brain's communication highway open.**

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The Changing of the Brain's Communication Highway

- 6.) The dynorphins are responsible for many things in the brain, one of the most important is stress reduction created by intimate relationships (family, friends, church,etc.) A long term memory system is activated.
- 7. As the person continues to use the drug, the dynorphins are depleted over time, making normal relationships less important.
- 8. As the depletion of the dynorphins continues, the brain will begin to substitute the drug of abuse for the brain's natural dynorphin.
- 9.) The brain becomes "hijacked" using the drug of abuse as the primary relationship of importance, instead of the normal relationships in the person's life. This is addiction.
- 10.) Once the hijacking occurs- it is irreversible-addiction is a chronic disease process.

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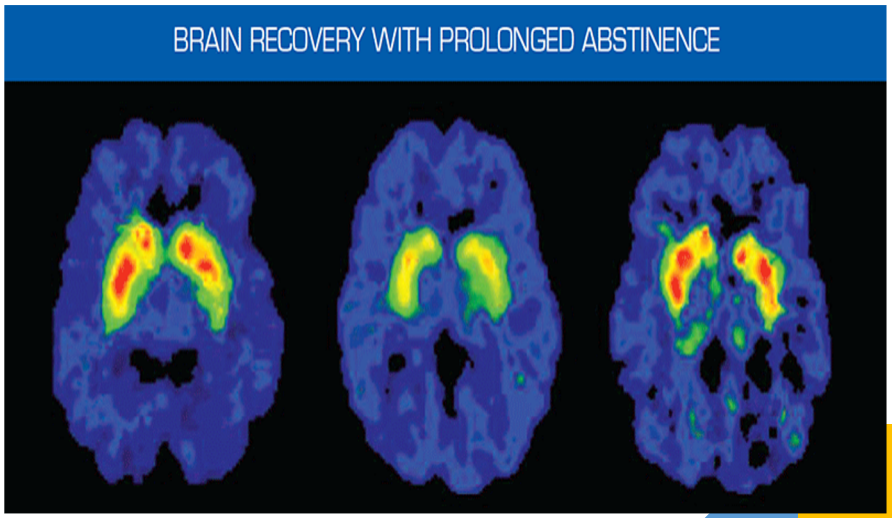
Addiction is Treatable and So Is Shame!



Normal Brain 1 month of abstinence 14 months abstinence

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Resources for Assisting Client Heal From Their Shame

- *Shame: The Power of Caring* by Gershen Kaufman
- *Shame and the Self* by Francis Broucek
- *Shame and Pride* by Donald Nathanson
- *Shame, Exposure and Privacy* by Carl Schneider
- *Shame and Neurosis* by Helen Block Lewis
- *The Use of the Creative Therapies in Treating Depression,* Shelia Rubin
- *Shame and Countertransference* by Sheila Rubin
- *Shame and Guilt* by Jane Middleton-Moz
- *Letting Go of Shame* by Ronald & Patricia Potter-Effron
- Healing the Shame That Binds You by John Bradshaw
- The Family by John Bradshaw

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Let's Address a Shameful Event in Your Life

- Take out a blank page of paper;
- Write down in 10 words or less your shaming experience;
- How old were you?
- What message did you get from the experience;
- On your page of paper-write down your life's rule;
- Is your life's rule similiar to the message you got from your shaming experience;
- Write the answer to this question; Do you want to change your life's rule?
- If yes, what would you want the message to be?
- Now follow the following examples of shame interventions to change your life's rule.

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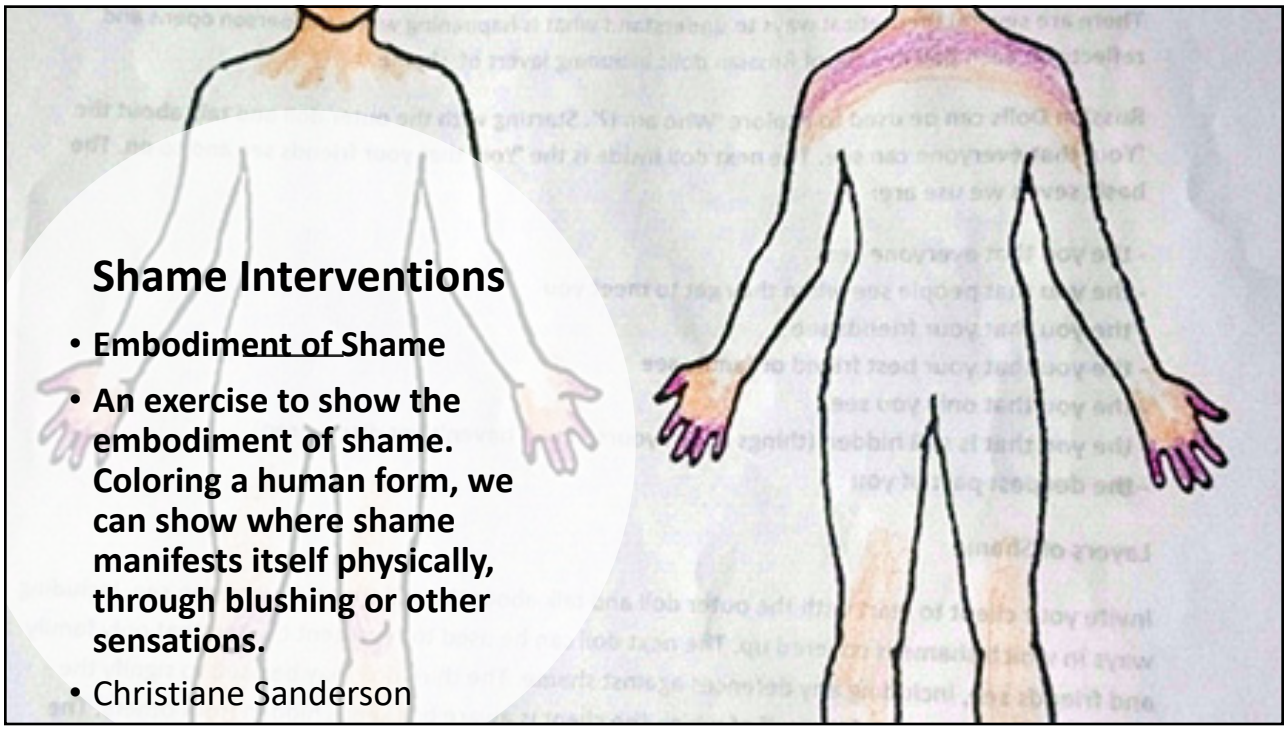
Shame Interventions
Nesting Dolls
The nesting dolls represent different layers of the self, and thus which layers we hide from others.
Christiane Sanderson

101

Shame Interventions
Masks
Creating a mask allows people to think about how they hide shame. Make up or beauty products were used by some, whilst others used armour plating or aggression to ward others off.
Christiane Sanderson

102



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Shame Interventions

- Exercise: "What's A Good Quality You Have?"
- Exercise: "Letting Go of Shame"
- Exercise: "The Presence of _____ in Me . . . "

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Shame Interventions

- **EXERCISE #1**
- WHAT ARE YOU THINKING ABOUT YOURSELF?
- Time needed: 20 minutes.
- **How to uncover what you truly think about yourself.**
- **Pick one area of your life to test your thoughts and beliefs.** It could be career, family or relationships just to name a few.
- **Ask yourself what do I believe about (topic you chose)?** Let's use your career as an example. Do you feel worthy of your job? Do you feel respected by your peers? Are you experiencing security or are you worrying that you may get let go?
- **Write down your beliefs.**Be raw and honest. You are here doing the work to help yourself. Your beliefs could be: I am going to get fired, it's been six months I always get fired at six months or I know he is going to leave me, I need to message him to make sure that we are ok. They never last long, they always leave.
- Jadore Vanessa

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Shame Interventions

- **EXERCISE #2**
- **CHALLENGING YOUR BELIEFS**
- Time needed: 20 minutes.
- How To Challenge Your Belief System
- **Write down your belief you want to work on.** Example: Jeff: "I can't do anything right"
- **What evidence do you have to prove this theory?** Example continued "Well, my wife always yells at me and no matter what I do it's never right."
- **What evidence do you have to disprove this theory?** Example continued: "Well in my job as an electrician I have to work out the problem and then execute a solution. So I guess I do get things right at work."
- **Time for the verdict!** With all the evidence can you say that the statement (insert your statement from step 1) is 100% correct? In this instance, the answer is no. We can see that there is competence in the area of work. I bet if you looked into other areas of Jeffs life he would find further competencies too. He runs and plays basketball there for rendering him competent in his sports.
- If you do this exercise honestly and dig deep you will generally find that the answer is always no. It once was a scientific fact that the world was flat but now we know that is no longer true. I bet the negative thoughts you are thinking about yourself is not true too.
- Jadore Vanessa

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Shame Interventions

- **EXERCISE #3 Jadore Vanessa**
- **CHANGING YOUR BELIEFS**
- Time needed: 20 minutes.
- Reprograming for a healthy belief system.
- **Take one of the negative beliefs you have been having about yourself.** Example: "He is going to leave me. They always leave"
- **Look at the verdict from the previous exercise.**Cleo saw that many people stay in her life. Not everyone leaves.
- **Introduce a new thought.**Now it's time to start reprogramming. Brainstorm a series of thoughts that you could replace the old negative thought with. Here are a few examples for the previous example.

  1. I am good at relationships.
  2. My friends appreciate me.
  3. I have several long term relationships.

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Affirmations

While those affirmations are not for everyone I have made a list of a few you may find useful:
I am enough
I am well-liked
I am worthy
I am who I am
I am confident
I am capable
I am unique
I am valuable
I am a conquerer
I am interesting
I am acceptable
I am resourceful
I am accomplished
I am patient
I am honest with myself
I am beautiful inside out

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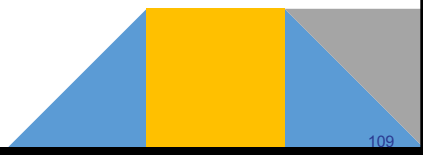
Recovery Mechanisms Can Reverse the Depletion-A Day At A Time

- To recover from this biological hijacking of the drugs of choice, the brain must reestablish a human dynorphin experience, thus the beginning the recovery process.
- To establish the recovery process (Dynorphin re-establishment), human relationships are essential;
- The Fabulous Five elements of establishing these human recovery relationships are;
- DO NOT DRINK OR USE;
- FIND AND CALL A SPONSOR;



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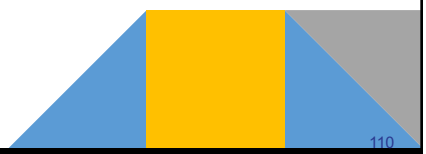
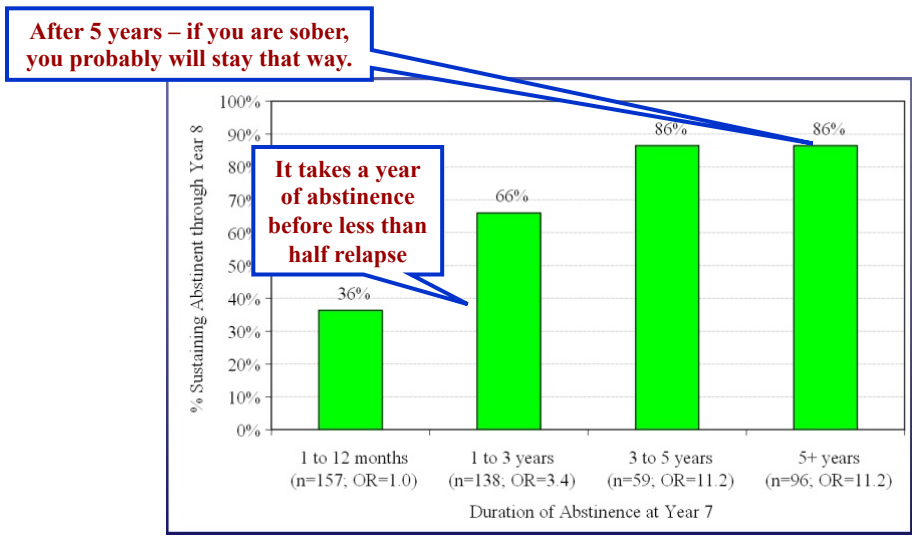
Recovery Mechanisms Can Reverse the Depletion-A Day At A Time

- FIND AND GO TO A MEETING;
- WORK THE STEPS OR SIMILAR SPIRITUAL PROGRAM;
- REPEAT DAILY
- If a person follows the Fabulous Five Essentials of Recovery, the dynorphins begin to be restored and as long as the process is in place-relapse and cravings are avoided. Stop the process, the dynorphins are depleted and relapse and cravings return.



110

Extended Abstinence is Predictive of Sustained Recovery



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Thank You For Your Time

Any Questions?

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