

## CHAPTER 10

# Resistance to Resilience: Addiction, Co-dependency and Doing Life Differently

Sharalyn Drayton

### Abstract

Addiction and co-dependence are destructive and potentially devastating diseases. They are diseases which ultimately lead to a sense of powerlessness and place of hopelessness. When the ability to cope is gone the addict or co-dependent is generally left with two choices: continue to try and manage the addiction or relationship (which is ultimately not possible), or give up and seek change. Either way it is a difficult situation. It has been hypothesised that addiction starts and ends in the brain (Allen 2008, p.15) and this paper will seek to explore the power of the brain and the body to change a negative, self defeating behaviour and belief system into an opportunity for growth and healing. It will look at how the negative experiences of the past can provide valuable clues which help to develop resilience and lead to a life where the ability to cope is increased and a sense of hope restored. As such it will use the metaphor of 'stretching', which the Collins dictionary (1987) defines as "to be drawn out or extended...to be capable of expanding" to describe how this psychological and physiological stretching increases resilience builds hope and increases the ability to cope.

For people in recovery from addiction and co-dependence learning to embrace the uncomfortable stretch which comes from reprogramming neural pathways, using both mind and body, is a vital tool which helps with positive long term outcomes. (Rothschild 2000, p. xiii-xiv). However, one doesn't need to be

or have been an addict, or be caught in the grip of some life denying experience to appreciate that there are things which stop us from moving forward and from achieving our goals and dreams. Learning to change our thinking and behaviour can be challenging and uncomfortable. It requires an elasticity of mind and the willingness to be stretched beyond that which is familiar and feels safe, but which is ultimately limiting and self defeating. The possibilities are enormous when we learn to see and embrace our potential rather than our shortcomings.

#### **Key Words**

Addiction, brain, change, resilience, healing, stretch, co-dependence

### **Introduction**

Addiction and co-dependence are destructive and potentially devastating diseases. They are diseases which ultimately lead to a sense of powerlessness and place of hopelessness. When the ability to cope is gone the addict or co-dependent is generally left with two choices; continue to try and manage the addiction or relationship (which is ultimately not possible), or give up and seek change. Either way it is a difficult situation. It has been hypothesised that addiction starts and ends in the brain (Allen 2008, p.15) and this paper will seek to explore the power of the brain and the body to change a negative, self-defeating behaviour and belief system into an opportunity for growth and healing. It will look at how the negative experiences of the past which create resistance to change can provide valuable clues which help to develop resilience and lead to a life where the ability to cope is increased and a sense of hope restored. As such it will use the metaphor of 'stretching', which the Collins dictionary (1987) defines as "to be drawn out or extended...to be capable of expanding" to describe how this psychological and physiological stretching increases resilience.

Research shows that athletes seeking to improve muscle strength train at various degrees of intensity, working (or stretching) the muscle to the point of soreness and then allowing

time for the muscle to recover. In this process the muscle can “withstand higher loads and is more resistant to injury”. (Mirkin [www.drmirkin.com](http://www.drmirkin.com)) Similarly for people in recovery from addiction and co-dependence learning to embrace the uncomfortable stretch which comes from reprogramming neural pathways, using both mind and body as vital tools will help with positive long-term outcomes. (Rothschild 2000, p.xiii-xiv). Stretching the mental, emotional and spiritual muscles to a level that is uncomfortable helps this reprogramming, improves the ability to cope and develops greater resilience.

Addiction is defined as a disease with “spiritual, emotional and physical components...which is characterised by an inability to consistently abstain, impairment in behavioural control, craving, diminished recognition of significant problems with ones behaviours and interpersonal relationships, and a dysfunctional emotional response. Addiction is progressive and can result in disability or premature death”. (South Pacific Private Hospital (SPP), 2012, p.23). Co-dependence is defined as “a chronic condition impacting family systems across generations and is characterised by unhealthy family and personal relationships.” (SPP. 2012, p.12). Addiction can also be described as anything over which we are powerless. It is the thing we are unwilling to give up and that we may feel we need to lie about, cover up or deny (Schaefer 1987, p.18). Addiction and co-dependence often work together. It could be said, therefore, that to some degree or another we are all either co-dependant or addicted and the world in which we live is itself an addictive system which exhibits all the characteristics and symptoms of the individual addict (Wilson Schaefer 1987, p.4). Changing our beliefs and learning to live in a way which enables us to be more conscious of the choices we make, and decide whether they will help or hinder us, will therefore be empowering on a number of different levels.

One doesn't need to be or have been an addict or be caught in the grip of some life denying experience to appreciate that there

are things which stop us from moving forward and from achieving our goals and dreams. Learning to change our thinking and behaviour can be challenging and uncomfortable. It requires an elasticity of mind and the willingness to be stretched beyond that which is familiar and feels safe, but which is ultimately limiting and self-defeating. For many this brings the same fear which is experienced when entering any unknown territory. Like learning any new skill it takes time, commitment, practice, guidance and support. The things that have kept us back and held us in our painful spaces need to be reappraised, and life as we knew it needs to be looked at from an entirely different perspective. Work carried out in the field of co-dependence helps us understand that the things that brought us to the point of collapse can be turned around and can in fact become our allies. These negative beliefs or experiences can in turn become the clues that lead us into a healthy and whole understanding of how we have been and who we can become. The possibilities expand significantly when we learn to see and embrace our potential rather than our shortcomings.

### **Understanding Ourselves**

For many people, living in a fast-paced media-driven world can feel unpredictable and uncontrollable and this can create a level of fear and uncertainty which can be difficult to live with. We are all, to some extent or another, intent on keeping ourselves safe, however when we become controlled by fear our lives are governed by the need to protect ourselves at all cost. In the effort to keep ourselves safe we often avoid facing our fear, and can become so focused on avoiding what we fear that we ultimately abandon ourselves and cease to believe in the reality of our own abilities and desires. Instead, we become caught up in the (often subconscious) belief that we are not 'worth it' and that we don't really deserve the happiness or success we think we see around us. When we envy others because we believe that they have more than we do, or that it is easier for others than it is for us, the

belief that we are disadvantaged and not really worthy of success or happiness is reinforced and the cycle of self-abandonment continues. From this inaccurate thinking comes pain, anger, resentment and a sense of hopelessness leading to a life which must, by necessity, become smaller in order to make it more manageable and controllable. In this process it is easy to shut out the things that make us happy and the people we love. The result is often emotional and spiritual bankruptcy, as the belief that we are unworthy and unlovable keeps us in isolation. Connection with the 'other' is difficult and indeed we often sabotage this connection. The sabotage results from this distorted thinking and leads us to seek people and situations that reinforce our negative beliefs about ourselves as some sort of misguided justification of our self-abandonment. Subsequently we are held in this dark place where it can be all but impossible to find a way forward, and where it feels that the only way of coping is to seek to control the pain by using substances or actions which make us feel better, at least temporarily.

Addiction and co-dependence are both diseases which could be said to develop through a need to control. For many this need is developed early in life as defence mechanisms designed to help us cope with difficult family situations. These defence mechanisms in turn became survival skills which kept us safe in what we may have felt was an unsafe environment. Pia Mellody in her book *Facing Co-dependence* (Mellody 1998, pp. 78-79) has identified five natural attributes of a child. These are to be valuable, vulnerable, imperfect, dependant and immature. When these needs are not recognised or supported, children will absorb responsibility for the things which appear to be wrong and come to believe that they are inadequate, flawed and somehow to blame for their parent's failings. This in turn can lead to an intense experience of shame which distorts contact with the true self and inhibits the development of healthy self-esteem. As we mature these defence mechanisms which may have helped us to survive in a dysfunctional environment give rise to faulty thinking. This

distorts our sense of reality and eventually starts to work against us and stops us from growing and moving forward in a positive way. The need to control our immediate environment (such as strong feelings or difficult people and situations) can grow to a level where tension and anxiety result in overwhelming feelings of unmanageability. The use of substances such as alcohol or drugs, or distracting ourselves with processes like gambling, shopping, work or sex, often seems to provide a sort of temporary relief. Over time, the use of mood altering substances and behaviour which seemed such an effective way to lift us out of our distress, becomes much more of a problem than the feelings which created it in the first instance. The preferred drug of choice ultimately becomes the controlling factor as the brain and body develops tolerance to the mood altering action and more and more of the substance or activity is required to keep the painful or distressing feelings at bay.

### **Understanding Our Feelings**

The messages our brain receives affects our central nervous system which “controls almost every organ system in our body through a series of positive and negative feedback loops” (Allen 2008, p. 10). Therefore what we feel is interpreted by the brain and a behaviour is prompted based on whether the brain perceives this message as positive or negative. Feelings on their own have no context so when a strong feeling is experienced research suggests that the brain seeks to make sense of it by searching the data base of memories and experiences held in both our brains and at a cellular level in our bodies, to find a context which seems to fit with the feeling being experienced (Allen 2008, p.43-46., Rothschild 2000, p.56). Subsequently a feeling which is interpreted as negative can generate a strong sense of pain, anger, shame etc. This in turn can feel so uncomfortable that some sort of remedy is sought to suppress the feeling or change it to one which is manageable and familiar. For the addict, and co-dependant who support the addict, it is the thought processes and

delusional beliefs held about the self that need to be challenged. These core beliefs and thought processes affect the way reality is perceived and for addicts who generally do not see themselves in a positive light, nor do they believe that anyone else will (Carnes 1994, pp.16-17), this is particularly difficult. The cycle of addiction is such that this faulty or impaired thinking creates a tension which becomes unbearable and needs to be soothed.

Our brains are wired for survival and as such produce chemicals such as dopamine and serotonin which make us feel good. These are the body's natural reward response to recognising our basic needs which are survival, safety and security. (Allen 2008, p.33). Understandably we like it when it feels good and in a healthy person, when we have achieved something or behaved in a way which benefits and protects us, good feelings are produced by natural means with the release of these chemicals. When mood altering substances or behaviours are used to trigger or mimic the feel good chemicals in the brain, the release brought about may appear to work, but eventually tolerance is developed and over time the brains natural reward pathways are altered. In this process, although a sense of relief may be achieved temporarily, thinking continues to be distorted and negative beliefs amplified as perceptions of reality are altered and tolerance to the body's natural feel good chemicals occur. Over time more and more effort or substance is required to bring a sense of relief. This creates a 'merry-go-round', or spiral, which in turn drives the need for more of the drug of choice to feel good, which numbs the pain and distracts us from our problems, and so the cycle of addiction grows and continues.

### **Understanding Denial and Fear**

One of the main problems with addiction is denial or, as Allen would put it, "the problem with addiction is that it is a disease which tells us it isn't one" (2008, p.27), therefore overcoming this self-defeating thinking and behaviour, and finding the courage

to become willing to change, generally requires a catalyst. This catalyst is often presented in the guise of some sort of disaster or level of distress where one is forced to confront the reality of the situation. We don't generally just wake up one morning and decide that today we will become a healthy, fully functional adult who will seek our own greater good. Even when we know that we have a significant problem denial kicks in to tell us that we can manage the situation or that our drinking, drugging, gambling, working, shopping etc., is a consequence of external factors rather than a personal responsibility. Or we may choose to believe that our behaviour is ok because it is really not as bad as someone else we know whose behaviour seems worse than our own. Consequently it is likely that the moment of awareness of the severity of the problem will be due to an issue with significant consequences such as a relationship break-up, a job loss or a serious health issue. That moment, when it comes, is always going to be a blessing in disguise and it will always be painful (Melody 1998, p.208).

To begin to live our lives with authenticity and freedom from our self-defeating thinking and behaviours is to recognise our environment for what it is, and to accept that life has become unmanageable and seek change. The choice to change and live a life based on what we want, rather than what we have been taught to believe we need, begins with that moment when we realise that in fact we no longer have a choice. It is that moment when we realise that this is not how we thought our lives would be, and that controlling our environment is exhausting and ultimately unfulfilling. Unfortunately many of us are able to continue to function adequately dragging along with us our fears and self-set limitations, and for many this results in a life of quiet desperation. It is hardly surprising therefore that "chemical dependency has reached epidemic proportions in our society" (VanVonderen 1995, p.15) and that the misuse of prescription drugs such as pain killers and medication to address sleeping, stress and anxiety issues is out of control (Armitage, 28/5/12). The addict is not just

someone who falls down drunk or drugged in a gutter somewhere, but is also the person struggling to work every day, overwhelmed with feelings of pain, futility, inadequacy and hopelessness, and who uses whatever their drug of choice is as the quickest means of calming the unquiet mind. Whether we have an addiction issue or simply want to improve our quality of life, learning to look honestly at ourselves and recognise our fears and how we respond to them will help to develop awareness around how we operate in our daily lives. This awareness is the key to empowering ourselves to go to the next level and it is essential if one is to step out of the fog of survival into the clarity of a bright new day where one can consciously choose to thrive in life, rather than merely survive.

For many, fear is a significant issue which has often evolved from living or growing up in an environment where speaking out or expressing feelings resulted in harmful or humiliating consequences. As adults, we often become trapped in silence through this fear of being shamed. Richard Rhor, in his book *The Naked Now* (2009, p.17), points out that surrendering to fear “provides you with the illusion that you are in the driver’s seat, navigating on safe, small roads, and usually in a single, predetermined direction that can take you only where you have already been”. This metaphor of being in the driver’s seat but travelling the same roads over and over is an appropriate one to describe the journey of addiction. Each time the driver gets in the car he hopes to go somewhere different, but he always ends up on the same road, in the same place and then feels shame and anger that yet again the road did not lead somewhere different.

Change requires us to “succumb to the danger of growth” (O’Donahue 1999, p.50) if we are to move forward into a new healthy way of being, and embarking on this journey into the unknown can certainly feel dangerous at times. To do this we must start to listen to the critical voice that lives within each of us. This voice whispers in our ear that we can’t, won’t, aren’t smart enough, don’t deserve it etc. Learning to outsmart this inner

critic is an integral aspect of the journey towards healing and growth. The skill of hearing this negative inner voice and learning the ability to challenge it, along with the old belief systems which created it in the first place, is not easy but it is possible and it is life changing. To feel safe one must learn that it is safe to feel. Learning to trust the feelings that arise during the process of change requires determination and resilience. Each step of the journey builds hope and increases resilience. With time, determination and support the ability to cope increases also. As we start to experience the positives that come from doing life differently we are motivated to stay on the journey. Learning to embrace the uncomfortable sensations and feelings of being 'stretched' which comes with this process of change enables us to trust that we are on the right path and will enable us to continue the process of change. Connecting with others on a similar journey, and with the spiritual part of ourselves, can also provide us with the support we need to undertake and maintain this process of change. Alcoholics Anonymous, a 12-step program developed in 1935 to help those seeking recovery from alcoholism, and which has now become one of the most successful self-help programs worldwide, talks about the possibility of change which occurs much more quickly when "members find that they have tapped an unsuspected inner resource which they presently identify as their own conception of a Power greater than themselves. .... Members call it "God-Consciousness" (*Alcoholics Anonymous Big Book* 2001, pp.567-568). Connection with a power greater than ourselves helps us to recognise that we are much more than our dysfunctional thoughts and behaviours. In this process we are given permission to begin to see ourselves from another, more hopeful perspective.

### **Understanding Our Family Story**

Understanding our histories, who we are and where we come from, is an important step into the journey of self-discovery. Along with our own stories, understanding our family histories

can also be extremely helpful in gaining an insight into why we think and behave the way we do. The beliefs we have about ourselves are generated by our life experiences and relationship dynamics within our family of origin. These beliefs about ourselves are often formed early in life and understanding the belief system within the family helps to shed light on the way that we perceive ourselves (Carnes 1994, p.15). Gaining an insight into our multi-generational, and, particularly in Australia, our often multi-cultural backgrounds, can reveal many clues as to how our belief patterns have been established. What happened in our families in previous generations has a 'knock on' effect where the result of unresolved trauma or conflict is passed down generationally. The negative patterns are passed from parent to child and the pattern is continued as the child grows and becomes a parent who then passes the same behaviour and belief systems on to their own children (Melody 1998, p.112). This can be a particular problem for those from multi-cultural families who are often trying to fit within different cultural experiences. Often it is difficult to reconcile beliefs inherent in the family of origin but which appear to have no apparent relevance or, in some cases, actually contradict the values and beliefs held in the community in which they now find themselves. It is vital to take these cultural implications into consideration when reviewing family systems, recognising that what may be true for someone from one cultural background may not be so for someone from a different background. However, it is safe to say that even as a generalisation, "traumatisation occurring as a result of less-than-nurturing parenting skills, interrupts the child's psychosocial and emotional maturing process and causes developmental immaturity in adulthood" (SPP. 2012, p.12).

The daughter of a family who immigrated to Australia, Sally (not her real name) was driving home from work one evening when the panic attack hit. This time it was so strong that she had to pull over. Eventually she had to call someone to help her as she was unable to drive home. Sally was a successful business

woman who had been using sugar, work and antidepressants to keep her functioning. Therapy helped Sally connect with her feelings of fear and inadequacy stemming from beliefs she had learned in her family of origin. Sally had grown up in a family where addiction was an issue and where she was taught to believe that being female made her less important than her brothers. She learnt early that her role in the family was to be the rescuer. This meant keeping her father from being angry and her mother and brothers comforted. Subsequently her core beliefs around her ability to succeed professionally were extremely negative and work addiction developed in an endeavour to keep these negative beliefs at bay and not fail in her career. Ultimately her health and her personal relationships suffered and she recognised that she needed help. During therapy it was revealed that her grandmother had been an addict and her father had been the victim of child abuse. This helped her to understand how the roles within her family of origin, along with her cultural heritage, impacted her. This in turn enabled her to recognise how she perceived herself both within her family and within her cultural context, and gave her an awareness of how she responded professionally when her self doubt and fear crept in.

Studies of the way that families operate have been carried out by a number of professionals over many years. This has contributed significantly to our understanding of the way that the family operates as a system. Our connection and experience of our family dictates the core beliefs that we have about ourselves and this, in turn, impacts the way we function and the decisions we make. The Bowen Theory of family systems demonstrates how the family operates as an emotionally connected unit. Bowen points out that it is the nature of a family to be emotionally connected and even when there is division or distance this emotional connection is still highly active and influential over the way we respond to people and situations. ([www.bowencentre.org/pages/theory.html](http://www.bowencentre.org/pages/theory.html)). How we are socialised within our family systems is reflected in the way that we interact with our families

and with the wider community. Our position and role within the family, our sense of self within and as separate from the family, our core relationships within the family and the community within which the family operates are all factors which influence our world view and how we function in the world. This work on family systems has led to an understanding of the power of the family to collude with addictive behaviour in an attempt to keep the family operating on a functional level, albeit superficially (Carnes 1994, p.95). Even in dysfunctional families there is a powerful ability to maintain balance which enables each member to feel safe. This feeling of safety, however, is an illusion as each member of the family pays a price in terms of their own emotional health and wellbeing. In the effort to support the addicted person shame becomes the by-product created by carrying the family problems and secrets. Shame is a powerful form of control and this dysfunctional behaviour is passed down through families and continues until someone recognises the limitations this ultimately imposes and steps out of the pattern by seeking change.

Working with an objective 'other', such as a suitably qualified therapist or counsellor can provide a safe place to start to unpack our personal history. Good experiences and bad experiences are all vital sources of information which need to be examined in order to learn about our current response patterns. These experiences are the things that have taught us how to respond. They have shown us how to protect ourselves and enabled our survival but as they now no longer serve us, they eventually become the triggers that send us into some level of distressing, and often inappropriate, response. For example, sitting in a staff training seminar Adam (a pseudonym) was singled out to perform a role play in front of his colleagues. His palms started to sweat, his heart started racing, he felt flustered and confused and felt himself starting to 'shut down' and dissociate. Afterwards he felt that he had performed poorly and was embarrassed at the idea that his colleagues had seen him as a failure. The reality of the situation was that he had actually performed quite well,

particularly given his high distress levels. However, his history of school yard bullying and humiliation by a teacher set him up to respond to any situation where he felt singled out and vulnerable with the fear he had been subjected to as a child. Taking this to the next level, Adam used drugs and alcohol to medicate the feelings of shame and inadequacy he experienced. By learning to recognise his responses and understand where they came from, he was able to reprocess his thinking and teach himself that he was no longer a child in a dangerous situation, but that as an adult he had a choice over how he responded and what he would agree to do or not do. He learnt that the skills he had used to get him through the difficult aspects of his life actually demonstrated that he had great resilience and coping skills and these could now be turned around and used as stepping stones to build the hope for a less fearful and more fulfilling life.

### **Understanding Change**

In her work on the psychophysiology of trauma and trauma treatment, Babette Rothschild points out the importance of working with memories originating from traumatic experiences which are held in the brain and at a cellular level in the body (Rothschild, 2000, p.5). Often therapy will help reprogram the neural pathways by challenging unhelpful ideas and beliefs, and while this can indeed be beneficial, Rothschild demonstrates that the somatic response is powerful and releasing these body memories as well is much more effective in developing longer term mental and emotional health.

Research done on amputees who experience sensation in limbs which are no longer present has revealed the way that the brain stores information received while the limb was attached. This information is later 'replayed' even though the limb is no longer present because the absent limb is no longer able to feed new information to the brain to change its response pattern (Doidge 2007, p.185). Similarly, for those who experience difficult or traumatic experiences early in life, the information

stored in the brain from these early experiences governs the responses of the adult experiencing similar situations. It is understandable, therefore, that retraining the brain, or reprogramming the neural pathways, with new information will enable different and more appropriate adult responses to old stimuli. The release of the feel good chemicals, such as dopamine, triggered during our addictive actions is also responsible for “consolidating the neuronal connections responsible for the behaviours that led us to accomplish our goal” (Doidge 2007, p.107). Therefore, as we learn that acting differently brings the reward of a positive outcome, the new programming is cemented and the ability to make better decisions reinforced. This reinforcement is repeated each time we respond in a productive or positive way.

Learning to let go of our self-defeating behaviours is at the core of all healing and growth. Being involved with a community of like-minded people often helps to support us in this process of change. Twelve Step programs, such as Alcoholics Anonymous mentioned earlier, are particularly powerful and indeed have been so effective that “250 other kinds of 12 step groups...have sprung up in conscious mimicry of its technique” (Yancey 1998, p.50). These are fellowships of like-minded men and women who are able to support each other in the journey of recovery, and they have been designed to help the addict or co-dependent take responsibility for themselves and their behaviour, recognise that a power greater than themselves can bring sanity into the craziness, and help develop awareness around the things that have led to this point.

I have heard it said that if you want to feel better then it is necessary to get better at feeling. For the addict who has done everything in their power to avoid feeling this can be a challenging situation. However feelings are the clues which will tell us what is really going on. The way that we live in the world is governed by our understanding and experience of the world in which we live. For example, if as a child we were taught to doubt our reality,

that is our insights (the things we see) and perceptions (the things we think), we grow to be adults who are unsure about what is real and what is trustworthy. As adults we learn ways to adjust for this doubt so that we can function in the wider world, but we do so at a price. As in the cases mentioned earlier, Adam's experience of the world was one which taught him that to be vulnerable was to be unsafe and shameful. This caused him feelings of great pain and distress which he in turn medicated with substances in order to cope. Sally developed a work and sugar addiction along with a dependence on antidepressants to help her cope with a subconscious belief that she was betraying her family by working outside of the home, and that she wasn't really capable of doing the job she was actually doing.

By learning to access our cognitions and feelings correctly, that is recognising how the body is responding rather than just listening to what the head is telling us, we are able to identify core beliefs and old programming. From this we can change our thinking and behaviour and in so doing reprogram neural pathways in the brain so that we are no longer acting in ways which are inappropriate or irrelevant. Staying grounded in the reality of what is real rather than being caught up in the fantasy of what our damaged thinking tells us is real is essential. This helps us to remain in the present and respond in a mature and considered way, rather than reacting in a way which limits or hurts us or those we love. Learning to trust that we are supported by a Higher Power makes this all the more possible because as long as we believe we can go it alone we act as our own higher power and end up functioning in ways which are not in line with our own greater good. Indeed connecting with that spiritual part of ourselves is an essential component in the process of change. Accepting that we are loved and supported by a power greater than ourselves provides a platform from which we are able to experience the possibility of hope. When it is difficult to see or believe positive things about ourselves, learning to accept the presence of a Higher Power who supports us regardless of our

beliefs and behaviour enables us to start to forgive ourselves and trust that there is hope for a new way of being. As we get better at establishing our spiritual connection through such means as attending 12-step meetings, meditation, caring for ourselves physically and emotionally and staying in reality through functional thinking, we discover that living differently is indeed possible. Being involved in support groups links us to others on the same journey and helps us to step out of a sense of isolation and self-abandonment. Connecting with others who are also in a process of change empowers us to stay connected to both our Higher Power and our own journey, and reminds us that we are supported when the stretch becomes particularly difficult or challenging.

To change the way we live from destructive to constructive is to recognise that although everything may seem alright, in actual fact nothing is as it seems! If addiction is a disease caused by control, it is also a disease of denial. The addict will often fiercely defend their behaviour, denying the seriousness of the problem. Those family members who believe they are maintaining the family's ability to function by supporting the addict also need to name the problem for what it is and stop colluding with the addict's behaviour. The path to recovery and wholeness can only be achieved by the painful action of embracing the truth, naming it for what it is and then walking through it. There is no other way around it and even when we stumble it is vital to accept that we are human and as such we are fallible. As two time Para Olympian Kurt Fearnley put it in a television interview "...it's not failure...it's just something you've got to get over" (Denton, ABC 2008). The same is true for any of us wishing to live more fulfilling lives exploring our potential rather than being held back by our fears. Developing the resilience to walk this path is achieved by consciously choosing to embrace the emotional 'stretch' which comes from the uncomfortable feelings that arise when challenging old beliefs, and from facing the things that create fear and that feel like failure, but seeking support and

choosing to act differently. This can often mean enduring strong feelings that may seem unmanageable, hearing the inner critical voice which tells us that something is wrong with us, and recognising that we have a choice over what we believe and how we behave. The ability to feel the 'stretch' and trust that this is where the learning happens increases our resilience. Each time we stay with the experience we learn that more positive outcomes can be achieved. Each time we experience that positive outcome we reprogram neural pathways in our brain and learn to trust the process, and we get better at choosing to think and act differently.

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