



# AlcoholismAnswers.net

Newsletter Date

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## In This Issue

- My background
- Beliefs about addiction
- Evolution of treatment

## Link Category Title

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A brief review of my background: I have worked in the addiction and psychiatric field for more than thirty years. My positions have ranged from Counselor to Director of hospital units. I have developed and implemented programs including inpatient and outpatient dual diagnosis, inpatient and outpatient codependency and intern training programs.

In the thirty plus years I worked in the addiction field I observed numerous changes in the treatment field. Interestingly, much of those changes were never noticed by the news media. Many popular attitudes are very similar to those from fifty or more years ago.

Ernest Hooker, NCAC II

## Popular Beliefs about Addiction that are Merely Outdated Myths

In this first newsletter I want to address some popular beliefs about addiction that are simply not true. One of the leaders in research and studies in the addiction field was the late Sidney Cohen, M.D. Much has been said about his ability to get to the truth in the field of addiction and it may be summed up by Robert L. DuPont, M.D., former Director, National Institute on Drug Abuse. He said "When Sidney dealt with a topic, what he said was simply the way it was."

Doctor Cohen was asked about the addictive personality. His reply was "There is none." The theory of an addictive personality is one of the myths that persist.

Personally, I see it as three areas that are not considered in a specific way. First, there is physical addiction to the drug; second, there is habit; third;

## Ten Myths of Codependency

1. Only women are codependent.
2. Codependents are above average performing employees.
3. Codependents care too much about others.
4. Codependency doesn't have serious consequences.
5. Anyone who helps others is being codependent.
6. Codependents have to learn not to help.
7. Codependents are team players.
8. Healing from co-dependency is a life long struggle.
9. I will have to be harsh, tough and uncaring with people if I am not co-dependent.
- 10 My relationships won't be close if I am not codependent.

there is compulsion. Many people see addiction as just a compulsive personality before and after the fact. The truth is after a few years of successful recovery there are no more compulsive problems with alcoholics than in the general population.

Another belief is that drug and alcohol addiction is self-medication. Doctor Cohen states "From clinical experience this reasonable assumption does not hold true." He goes on to discuss how often the drug user uses the very drug that makes his or her condition worse. At other times it has no relevance. Another myth bites the dust.

If you are interested in Doctor Cohen's work check your local library or go to <http://www.alibris.com/> and do a search for Sidney Cohen, M.D. They have many used books at a moderate price.

### The Evolution of Addiction Treatment

In the fifties inpatient alcoholism treatment started in a state hospital in Willmar, Minnesota. Shortly after that the Swift family donated land in Center City, Minnesota for a nonprofit treatment Center. Hazel Swift had operated Hazel's Den on that land, and so the treatment center was named Hazelden.

In the fifties and sixties addiction was most often viewed as drinking or taking too much drugs. This included believing the addiction ended up that way due to character flaws. Sad to say, even in this day and age I have heard healthcare people describe the problem as drinking too much. That implies that if only they would control the quantity everything would be fine. Alcoholics and addicts in treatment often sensed there was something wrong with this model. For a few decades treatment was a battleground where all the focus was on *confronting denial*.

Gradually, multi-disciplinary models developed and treatment started to change. Some ways for the better and other ways possibly not so good. In the early days if they could be medically stabilized enough to attend twelve step meetings the meetings were highly effective. They had a "perverse" desire to have new people actually work the steps immediately!

Recognition of dual diagnosis issues started showing up in treatment programs. At first, those who worked in the mental health field recognized mental illness in the addicts and thought treating the mental illness would

also straighten out the addiction. Those in the addiction field tended to believe that working on the addiction would fix the mental illness. Of course, they were both wrong. Later they found treating both problems concurrently was quite successful.

Along came a new model of addiction by James R. Milam and Katherine Ketcham. A key point is that alcoholism is primarily physiological, and alcoholics become addicted because their bodies are physiologically incapable of processing alcohol normally. This brought up a howl of protest from mental health professionals and numerous others. The only thing that was in favor of the "Under The Influence" crowd was that it worked. Families and patients accepted it in droves, there was less confrontation in treatment and more people recovered with less effort. It made sense to patients and families. Many people reported their recovery was entirely due to reading the book "Under The Influence" written by Milam and Ketcham.

During the eighties treatment centers were full and every day new treatment centers were being opened. This flooded twelve step programs with new people that were fresh out of treatment. Many had their own ideas of how to improve these twelve step programs. In many instances, working the steps became a chore that could be put off for the more "important work" of new members expressing their negative emotions and innovative ideas.

In numerous cases twelve step meetings became ineffective. At some point this was recognized and a Back to Basics twelve step program emerged. Which has been highly effective! If you are interested in a history on Back to Basics go to: <http://aabacktobasics.com/>

More at another time.

Ernie