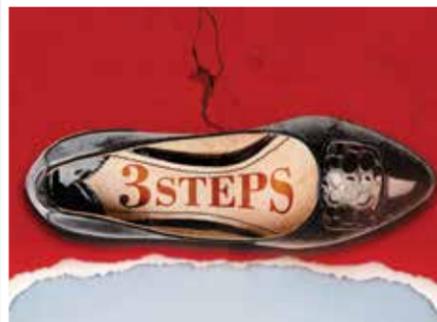


## About Three Steps and Addiction

Addiction is a frightening yet fascinating topic. As Three Steps unfolded, I received questions from readers that I'd like to answer now. If you have any other questions, please contact me.



SHOSHANA SCHWARTZ

**How realistic was this story? Can someone suddenly become addicted? Would a frum woman really miss her own daughter's sheva brachos?**

Tamar's active addiction blossomed suddenly, but the underlying codependency was not a new phenomenon. She'd been people-pleasing all her life. We don't learn much about her family in the story, but something in Tamar's personal history created her need for approval — she relied on relationships to fill her emotional void.

Relationships are complex and unpredictable, and the lack of control pushes people to find something more reliable to fill the void. Tamar suddenly discovered that shopping made her feel okay again. The addiction was not a result of her spending too much time shopping. Rather, she started to spend too much time shopping because she "serendipitously" discovered that it made her feel okay.

This pull, this yearning, can be so powerful that it blindsides us, fogging one's thoughts and eclipsing one's true values. When Tamar shopped, her addiction whispered in her ear that she'd make it to *sheva brachos*, or she'd explain away her absence, or it would

all work out somehow. This voice is con-  
niving; the addict needs to learn specific  
tools to be able to outsmart it. Those are  
the tools Tamar — and Nechama — learned  
in the 12-step program.

**What does it mean that addiction is a disease?**

Like diabetes, addiction is something that happens to a person, not a choice one makes. Also like diabetes, recovery begins with an intense treatment period, followed by ongoing maintenance. There are usually some rough patches due to outside influences and hormonal fluctuations. There are temptations. There may be long stretches of good health that cause one to hope that maybe it was all a mistake and he can stop being on guard.

Like diabetes, there is an inborn tendency toward addiction, and there are environmental factors that make one a more likely candidate, such as PTSD (post-traumatic stress disorder). And like diabetes, one can live with it — and die from it.

**How prevalent is addiction in the frum community?**

Addiction does not discriminate. However, it's assumed that addiction in the *frum* community is widely underreported and undertreated. Just as with other diseases, fear of stigma prevents people from seeking appropriate help, and this unfortunately causes unnecessary suffering not only for the addict but for his entire family.

Unlike with other diseases, failure to treat addiction results in family illness that gets passed from one generation to the next. Successful treatment not only prevents addiction from creating a ripple effect, it can also give addicts and their families a level of honesty and emotional maturity not found in non-addict households.

**It seems that every relationship is codependent! Nechama is codependent with Helen, Dovid, Tamar. And Tamar is codependent with all her family members. What's going on?**

From a young age, people often learn to feel responsible for others' emotional states, and as a result try to be extra good or fix everything. These feelings and behaviors are repeated in multiple relationships. However, a true codependent relationship is a mutual, unhealthy "overdependence" on another's existence, approval, or wellbeing. In other words, all relationships involve give-and-take and require interdependency, but only codependency is dysfunctional.

**What's so terrible about codependency? Is it a "real" addiction?**

Often, a codependent person is addicted to an addict — usually (but now always) a family member. When that is clearly the case, the need for a CoDA group may be much clearer — assuming the family member gets past the attitude of, "It's *his* problem, why do I need treatment?"

Regardless of whether or not one lives with an addict, codependency is "the mother of all addictions." It demonstrates a need for someone (or something) on which to depend. Untreated, it can easily lead to other, more obvious and active addictions, as it did for Tamar.

Furthermore, the outpatient women I meet in codependency groups are suffering just as much as those in inpatient treatment for drug or alcohol abuse. The need to please others is just as debilitating as the need for any other "fix" and serves the same purpose. But because codependency can masquerade as "being nice" and "doing chesed," countless people, especially women, suffer without understanding the source of their suffering.

**How can addiction be prevented?**

Rabbi Eitan Eckstein, founder and director of Retorno Jewish International Rehabilitation Center and one of today's foremost experts on addiction, explains that prevention is not about scare tactics. He asks participants at Retorno's prevention seminars, "Raise your hand if someone close to you smokes." Every hand in the room goes up. "Now raise your hand if the warning label on cigarettes helped them stop." Not a single hand goes up. Rabbi Eckstein explains that addiction prevention is not about knowledge, it's about emotions. The key is to put people in touch with themselves, to learn that it's okay to feel, to share, and to ask for help.

Rabbi Eckstein posits that the population we should be concentrating on is the "second circle" of trauma. PTSD is a leading risk factor for developing addiction. There is, thankfully, much support for those who experience obvious traumas, such as terrorist attacks, severe or chronic illness, or even ongoing learning or developmental disabilities. However, the victim's family also suffers fear, guilt, and helplessness, putting them at high risk for PTSD. Thus, the entire family of a trauma victim also needs a support system. This, Rabbi Eckstein says, should be the focus of our prevention efforts.

**Isn't addiction just a strong yetzer hara? How can you say that a person is "compelled" to act, that he has lost his free will?**

I spoke with Rabbi Dovid Goldwasser, noted lecturer, educator, radio host, and author of many books including *The Addicted Soul* (Israel Bookshop Publications) and two works on eating disorders, who answers:

*Addiction and the yetzer hara may have a symbiotic relationship but neither defines the other. The Maharsha explains that the word levav, with two veises, alludes to the nature of a person's heart, which is torn between good and evil. Discerning between the two requires man's thought processes*

*to consider numerous factors, such as culpability, desire, ignorance, knowledge, rationalization, repentance, and the Divine attributes of both judgment and mercy.*

*Addiction hijacks the brain, causing it to go through a series of changes, beginning with recognition of pleasure and ending with a drive toward compulsive behavior. The addiction may be driven by many different factors: perfectionism, hypersensitivity, frustration, a feeling of powerlessness, isolation, self-delusion, shame, and emotional or spiritual loneliness, and anxiety. They are all triggers that cause a man to seek release, comfort, or distraction.*

Rabbi Eckstein explains that when a person feels sad, he can take actions to change his mood. But if he is clinically depressed, "cheer up" efforts simply won't work. Clinical depression stems from a lack of certain chemicals in the brain, for which medication is required to reestablish a healthy balance.

Acting out, or using an addictive behavior or substance, serves a similar purpose. There is a problem in a person's brain, and the addiction acts like medication, to balance what is lacking. On the surface, this manifests like a behavioral issue — compulsive shopping, gambling, etc. But in actuality, the compulsive behavior causes the brain to release dopamine, without which he feels he will either die or go crazy. Just as you can't just tell a person with PTSD experiencing a panic attack to "just calm down," neither can you expect an addict to "just stop." He has lost the ability to choose his actions.

Rabbi Eckstein points out that addiction is listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), but moods are not. Moods are not physical states; they are emotional states that can be changed. Hashem says, "I created the *yetzer hara*, I created the Torah as an antidote" (*Kiddushin* 30b). Therefore, if a person has a problem that falls under the category of *yetzer hara*, a Torah solution will solve the problem. If, however, the person is not following his *yetzer hara* but is suffering from addiction,

a disease, then he must follow the injunction of *rapo yerapei* — heal the sick.

**Tamar and I have a lot in common, and I think I might be codependent. How can I know for sure?**

If you are paying a high price to stay in relationships, go to six CoDA meetings. If you feel you have nothing in common with the others there, you'll know this isn't your issue. (Caveat: You may be very adept at fooling yourself; one-on-one conversations with someone already in the program might help you achieve more clarity.) You can also take an online quiz.

**How do I know if I'm an addict or I just like to shop?**

Everyone shops, eats, works, reads, and has interpersonal relationships. What's more, most people use these behaviors to escape painful thoughts, calm down, or get a quick "high" or feel-good moment. Engaging in these behaviors does not make you an addict. However, if you eat — even when you're not hungry — because you can't help yourself; if you shop — even if you're overdrawn — because it allows you to disconnect from your fears and feelings; if you work — even when your family protests — because it quiets your inner critic; if you read — even when your eyes burn — because you need to escape your reality and enter an alternate one; if you take care of others — at the expense of your health or sanity — because that's the only thing that makes you feel worthy... if you do any of these and then feel guilty about the frequency, intensity, or duration of your actions and then you *repeat the behavior* to escape the subsequent guilt, you may have crossed the line between use and abuse.

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