

addiction, recovery, community and nourishment

by *durga leela cathy o'neill*

PPOSE THE QUESTION, “Have any of you experienced, been affected by or observed addictive or habitual self-destructive behavior in yourselves, your family, friends, coworkers or clients?” Nearly everyone will say yes.

Addiction is a pandemic disease growing worldwide whose ubiquity may inspire us to question the degree to which addiction is an individual or a societal disease. Are we a society in denial, considering that denial is one of the key attitudes involved in perpetuating the cycle of addiction? How do we come together in community and address the societal problems of our collective addictions and entrapments while taking complete individual responsibility for our own life?

A Revolution

There are over one hundred 12-step programs active in more than one hundred and fifty countries helping millions. They are offered without payment of any dues or fees as they are based on peer to peer community support.

The twelve-step revolution began in 1935 with Alcoholics Anonymous (AA), the largest of the 12-step programs, followed in size by Narcotics Anonymous (NA), founded in 1953. The majority of 12-step members are recovering from addiction to drugs or alcohol; however, the majority of 12-step programs address other illnesses. For example, the third largest 12-step program is Al-Anon (formed in 1951) which assists family members of alcoholics and addicts. About twenty percent of 12-step programs are for addiction recovery, the others address a variety of problems from debt to emotions and depression.

While AA serves alcoholics, there are many ways in which people abuse alcohol (binge drinking, maintenance drinking and others), but there is only one type of AA. There are a variety of drug-related 12-step programs, NA being the largest, as well as Crystal Meth Addicts Anonymous, Cocaine Anonymous, Marijuana Anonymous and a long list of others. There is a proliferation of 12-step programs related to food, including Eating Addictions Anonymous (EAA), Eating Disorders Anonymous (EDA), Food Addicts Anonymous (FAA), Overeaters Anonymous (OA), Anorexics and Bulimics Anonymous, Compulsive Eaters Anonymous (CEA-HOW) and Anti-Nutrient Addicts Anonymous (Junk Food Anonymous). For one substance (food) we see many programs based on the different addictive patterns people exhibit.

AA has a tradition of singleness of purpose; AA helps those are addicted to alcohol, not drugs, not food, not gambling or other behaviors or substances. Yet, the same people may sit in different groups with different manifestations of the same addictive behavior.

Abstinence is the basis of 12-step programs, but abstinence is not easily defined for some addictions, such as those related to food and to people (such as sex and codependency). Engaging with food and people is a necessary part of being human, so in these situations, transforming relationships is the practice.

AA was founded by Bill Wilson, a stockbroker, part of the American corporate world, a man passionate about winning with financ-

es and stocks. He had a serious alcohol problem for which he was hospitalized repeatedly, but he could not recover until he had a spiritual experience in a hospital bed.

When he experienced the urge to drink again, he was away from home staying in a hotel in Akron, Ohio. Bill made a call asking to be put in touch with someone else who suffered from alcoholism. He met Bob Smith, a doctor who became, with Bill, the cofounder of AA. Both men had a desire to stop drinking but only with the help of each other and a higher power could their resolve be strong enough to support long-lasting continuous sobriety. The fellowship is based on one person reaching out to another for help and support.

During AA's formative years, Bill Wilson corresponded with numerous medical doctors. Many professionals observed that medicine was ineffective for acute and chronic alcoholics and felt most advanced alcoholics were hopeless cases and a psychic change or spiritual experience was necessary. AA took the stance that addiction is



a spiritual malady for which we need a spiritual solution. This idea coincided with the medical profession's admission that alcoholism was a medical condition rather than a moral failing. Doctors agreed that it was a manifestation of a physical allergy combined with a phenomenon of craving that is progressive and fatal if left untreated. The medical community and AA both proposed the incorporation of a spiritual solution, a stance rarely seen for other diseases in our society.

When we consider the characters in Bill Wilson's life, we see that addiction is a pattern not limited to one substance. Underlying many addictions, we can see the 'people' addiction, the codependency. Bill's wife Lois suffered the ill effects of his alcoholism for many years, affecting her living situation, emotional life and finances. Bill had his spiritual experience, became sober and involved with helping other alcoholics and forming the AA movement. Lois was the person whom we would now classify as the co-addict. She formed the 12-step program Al-Anon, for the friends and family of addicts. Early on in this revolution, there was the recognition that addiction affects people who are not using substances, hence alcoholism became known as the family disease.

Father Dowling was a 240-pound Jesuit priest and compulsive overeater who showed up at Bill Wilson's door asking if he could be involved. He became one of Bill's mentors. Right there in the living room with Bill Wilson were the fundamental addictions of food and people as he singularly focused on the formation of AA.

Other cross-addictions were also represented around the AA founder. Bill was a heavy chain smoker and caffeine consumer; he also had a habit of womanizing. He died from emphysema complicated by pneumonia in 1971. In Susan Cheever's biography of Bill Wilson,

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she says, “He was not a perfect man, but he was the perfect man for the job.” In 1999, Time magazine declared Wilson to be in the top 20 of the *Time 100: Heroes and Icons* who exemplified “courage, selflessness, exuberance, superhuman ability and amazing grace” in the 20th century.

Bill Wilson met Dr Abram Hoffer in 1960; he was impressed with research indicating that alcoholics given niacin (a B vitamin) maintained a better sobriety rate. Bill began to see niacin “as completing the third leg in the stool, the physical to complement the spiritual and emotional.” He believed that niacin had given him relief from depression. Hence, the importance of nutrition entered the field of addiction recovery over fifty years ago.

Bill Wilson was a synthesizer of ideas who pulled together various threads of psychology, spirituality, and democracy into a workable and life-saving system of the 12-step programs. This synthesis must be continued, and we can continue to look holistically at integrative approaches rather than reductionistic thinking espoused by some organizations today. In a reductionistic approach, addiction is seen only as a brain disease. If we integrate spirituality, philosophy, psychology, abstinence, right relationship, physical treatments and rejuvenation along with fellowship and community, we are taking an approach that is holistic in nature and walks in the footsteps of Bill’s revolution. If addictions are coming from our collective society habits then much of the healing must come from the collective and our contributions to the whole.

Ayurveda and Integration

Ayurveda sees the effect of addiction on the brain but also notes that it is a cultural disease. Even if the brain does not explain the disease in its totality, this organ is central to the disease of addiction. In a holistic approach, the physical brain must be repaired and brought into balance. Properly firing neurotransmitters are necessary, the precursors of which are amino acids (AA again, this time Amino Acids not Alcoholics Anonymous!).

Nutrition is vital in addiction treatment, especially in acute detoxification when people need to clear alcohol or drugs from their system and normalize the body. Since we absorb amino acids from food, we can look to the part food plays in our addictive tendencies and mood disorders – especially in children. According to Ayurveda, junk food and junk impressions can contribute to conditions such as mood disorders and ADHD.

The current trend is to repair the brain with food high in amino acids; in mainstream clinics, these are often non-vegetarian choices. Ayurveda suggests questioning the practice of using *tamasic* (dulling) food substances to remedy a *tamasic* condition (addiction). *Tamas* is counteracted by *sattvic*, or peace-creating foods, most of which are plant-based. Many rehabilitation centers use supplementation and IVs because people are not able to absorb nutrition from food as substance abuse and our life-addictive behaviors have vastly interfered with our ability to digest.

A truly holistic approach addresses the digestive system, the brain and the heart in an integrated manner. Ayurveda’s first point of call is to consider the state of the digestive fire (*agni*). Our ability to digest ultimately supports the ability to produce fuel for the mind, which includes *prana* along with the physical fuels. We obtain *prana*

from well-digested air, water and from food. Regulating digestion supports the regulation of amino acid absorption and *prana*. Spices, appropriate food choices and proper portion sizes and timing of meals are some options used to regulate digestion in Ayurveda.

Along with repairing the digestive system and dealing with appropriate food choices and nutrition, the brain itself is nourished. In Ayurveda, the *doshas*, *vata* (air/ether), *pitta* (fire) and *kapha* (earth) all have specific *subdoshas*, or categories regulating functions of the brain and heart. These subdoshas are: *prana vayu (vata)*, *tarpak kapha* and *sadbak pitta*.

PTSD

Prana vayu (vata) controls and manages the intake of sensory impressions, transmits messages and governs energy, creativity, perception, growth of consciousness and self-realization. *Tarpak kapha* nourishes the brain, creating a feeling of happiness; it makes up the nerve issue, insulates the neurons and is present in the sensitive film of white matter where experience is recorded. *Sadbak pitta* comprises all of the neurotransmitters and transforms sensations into feelings and emotions. In addiction or disturbance affecting all of these levels of the mind-body-spirit experience, we are dealing with *Prana – Tarpak – Sadbak Dysfunction*, or PTSD.

Ayurvedic remedies for these *subdoshas* include herbs such as ashwagandha, shatavari, nutmeg, valerian, haritaki, peppermint and sage. (See a qualified practitioner for individual herbal recommendations.) *Shirodhara*, pouring of warm oil over the forehead or third eye, can be beneficial for calming and nourishing the brain. Almonds, milk, ghee, vegetable-based essential fatty acids (such as flax, hemp, purslane, acai, walnut and avocado) all feed the tissues. Herbs delivered in ghee help to repair the nervous system, which is damaged by drug and alcohol abuse as well as behavioral disorders. Ghee or other oils, such as sesame oil, inserted nasally (*nasya*) have a direct effect on the brain.

Since *prana* fuels the brain and mind, regulating *prana* is vital for all of us, whether learning how to manage our own addiction, coping with addictions in our family or friends or as a practitioner holding the space for healing. Managing our own *prana* helps us stay strong and stable particularly in the face of society’s reductionism and confusion. As practitioners, by healing our own lives we can become a light that attracts people who want to cultivate balance. This goes along with one of the main guiding principles of 12-step programs of “attraction rather than promotion”.

In the process of looking for ways to alleviate addictive symptoms, the underlying cause of the addictive pattern may still exist. how do we understand the underlying cause? This may be the most challenging lesson of all - addictions indicate wrong lifestyle so how much are we willing to examine our whole way of living and ingrained patterns of dependencies?

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This article is adapted from Durga’s talk on Yoga of Recovery for the California Association of Ayurvedic Medicine (CAAM) in May 2010 at the Sivananda Yoga Center in Los Angeles, California. Talks on Ayurveda are held by CAAM monthly: ayurveda-caam.org.