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“I Was Addicted to Everything!”

I am a female general dentist currently practicing in Michigan. Throughout my life I have gained significant insight to the causes, and more importantly, predisposing factors of addiction.

I’ve learned that most women who have addictive behavior, whether it be abuse of alcohol, drugs, food, work, gambling, or exercise, experienced a physical, emotional or sexual trauma in childhood. In order to survive the trauma, which may have spanned an entire childhood, the child learned to shut down emotional feelings in order to survive.

I know, because my trauma was sexual and I have lived a life of addictive behavior, always trying to deny and run from my feelings. I am now in recovery, which means I am finally able to look at the violation that took place when I was in grade school between the ages of 7 and 8.

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He was a very friendly man in the neighborhood. All of us kids liked him, and he created a sense of trust and friendship. One day he completely changed that “friendship” to one of secrecy and shame by molesting me. He instilled such fear in me that I told no one. I thought it was my fault, and I was ashamed. I was full of fear. Being molested and unable to tell anyone set me up for feelings of low self-esteem, lack of trust in relationships, and the ability to turn off my feelings. As I was growing up, I could emotionally handle any experience. For instance, I could not understand why some of my friends would cry at the drop of the hat and how I could count on one hand the number of times I cried most of my adult life.

When I was in high school and college I handled the childhood traumatic experience by dissociating myself through eating disorders and excessive exercise. There were other women in my dorm who seemed to have a similar workout and eating pattern, so we all felt like we were “normal,” in a sense. I learned this was another coping mechanism for controlling the mistrust and the intense shame I felt from the sexual assaults. I also discovered that alcohol and marijuana could help to turn off my negative feelings about myself. This use escalated when I pledged a sorority at my university.

When I started drinking I had a whole new sense of self. I finally felt really good about myself and, more importantly, I felt normal. I still continued to over-exercise, but replaced my anorexia with my new friend, alcohol.

During my last year of undergraduate work I drank heavily Wednesday or Thursday through Saturday. That’s when I started to experience blackouts. The next few days were always humiliating for me. I would wake up wondering if I still had a car, how I arrived

home, if I drove, or if someone else did. It would take me a day or two of talking to people to piece together the events of the evening. The real cover-up to my undergraduate experiences was that I thought that no one knew I had a problem with alcohol. In an effort to hide my substance abuse I continued to exercise, and I participated on various committees throughout campus.

Dental school gave me a whole new perspective on the use of drugs and “booze.” Again, when I drank during after-school meetings my habits appeared normal when compared to my friends. I recall telling myself it was the “work hard, play hard” system. When successfully completing an examination or practical examination I deserved a reward. That reward was drinking heavily or bingeing.

During this time in my life another factor revealed itself, one that is often seen in women dealing with addiction. I started experiencing episodes of depression, and so I sought professional help with a psychologist. I worked hard not to appear depressed while at school; as a woman, I felt I could not display any kind of weakness, and due to my history of abuse I found it very difficult to confide in anyone. I had to blend in with the rest of the class and not be noticed in any negative way.

My therapist recommended that I quit drinking. She noticed the beginning signs of alcohol abuse, coupled with depression. This is often referred to as a dual diagnosis. I did not give up my reward of alcohol and could not understand that she could even suggest that I do so.

After graduation I found a position and began to practice. Not surprisingly, I would often reward myself with two or three or four glasses of wine. This wasn't a nightly occurrence, but I would drink alcohol four or five days a week. As for my depression, well, it was a roller coaster ride. I went from one medication to another, and as I continued to drink the effectiveness of the antidepressant wasn't there. Finally, with the help of my spouse and therapist I agreed to seek treatment at a hospital for alcoholism.

At the treatment center I constantly compared myself with the other patients who were “much worse than I was.” I did, however, leave there with more tools and coping skills for day-to-day life. I remained sober for approximately one year. Then I started “social drinking” -- limiting myself to one or two drinks. This worked for some time, but eventually I would start the evening with the intention of drinking one or two drinks and would end up very drunk. Needless to say, my alcohol abuse was a source of disagreement between my husband and me. I always had a reason why I was going to drink and why it was OK for me to drink socially. In the back of my mind I knew that my drinking behavior was totally at odds with what I had learned at the hospital. My treatment program had included no alcohol and a 12-step recovery plan, along with getting a sponsor and going to AA meetings. I would make an excuse that I was too intelligent or busy to go to “those meetings.” The thought of getting a sponsor was not useful for me because I thought I could solve my problems “on my own.”

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Meanwhile, my longtime habit of working out five to six days a week finally caught up with me. I had a number of nagging injuries, especially from running, that never seemed to go away. I went to a physician, who gave me a prescription of Vicodin, along with a muscle relaxant should I need it. I began physical therapy and improved rapidly, since I was not exercising daily and my body was getting a much-needed rest. I used the Vicodin and experienced a real sense of overall well-being. I did not feel the depression such as I had experienced from time to time, and the Vicodin really made me feel like I was normal like everyone else. When I combined the Vicodin with the muscle-relaxant I could fall asleep with no insomnia at all. I went through my refills like eating candy and learned that I could have samples delivered to the office where I was working. And, since I was working at more than one office, my sample supply was always available. The staff never knew what exactly was delivered, but I would always be eager to snatch the box when it came in the mail.

I was into a new addiction. The great part about it at first was that there was no smell like alcohol, and I was always in a good mood. Then I began needing more medication to keep that good mood, and I was beginning to get anxious about the amount of medication I had and whether it was going to be enough to hold me. One of the worst parts I recall is when I would have to leave town with my husband on a trip. I would obsess and plan the amount of medication I was going to need.

I used in excess of 15 to 20 Vicodin and other opiate types a day. Toward the end it didn't really improve my mood, it only prevented me from going into withdrawal. I would always use heavily on the weekends and by Monday morning swear it off. I would make it through Monday and Tuesday; by Wednesday I began experiencing withdrawal symptoms and gave in to my craving for the drug.

I finally decided I was using too much and was going to quit. I was in a vicious cycle and decided to talk to the therapist I had at the hospital where I was treated for my alcoholism. She was in private practice and I pleaded with her to help me get off the medication without going back into treatment. She agreed, but in hindsight I now understand she knew I had to do it "my way" for awhile in order to be ready to submit to treatment, which I eventually agreed to do.

The withdrawal process from the opiates was not a pleasant experience, and even once I got past it I would still experience cravings for the drug. But during treatment I finally started to look at my trauma of childhood sexual abuse. I had kept that a secret from everyone, including my family, for many years, and my therapist was one of the first people to know. Disclosing my secret and sharing the emotional pain of the abuse was the beginning of my recovery from addictive behaviors. I could now start getting well.

After my in-patient treatment at the hospital, I voluntarily entered the Michigan Healthcare Professional Recovery Program (MHPRP). This program helped me work my recovery program, using a support group and other health care professionals to allow me to continue to practice dentistry as well as keep the public safe. This was a difficult

commitment at first, but without this program I know I would not have made it on my own.

After a year into the program I had some stressful personal events occur, and my depression returned. After several changes in medication I was better, but not stabilized. I drank a few times. Together, my therapist and I decided I should go into long-term treatment. I was in treatment for over three months and finally was placed on a medication that has been effective for years now. The long-term treatment enabled me to admit that I had an eating disorder along with an exercise addiction. I was also able to re-solidify my recovery program and address my sexual abuse issues.

A few years after returning from treatment I started to fall back into my eater disorder and began to over-exercise once again. The sexual abuse work in therapy and a few other traumatic events triggered the return of these addictions. I had to learn how to include the eating disorder and over-exercising into my daily recovery program and use the necessary tools and supports to help me stay healthy. The shame of an eating disorder -- eating a normal meal and then throwing up -- was overwhelming, especially since I knew what I was doing to my dentition. It is still very difficult to talk about.

Today, I am in good recovery. I am grateful for all the help I've received that has gotten me to this point. I am grateful to MHPRP for its support and help, especially when I entered my long-term treatment. I am also grateful to my therapist, whose understanding was more than beyond helpful; to my husband, who has been at my side every step of the way; and to my family, who supported us when times were really difficult. My responsibility now is to maintain my sobriety, use my support systems, and continue to change and grow as a person.

In the past I looked at my life of addiction with exasperation, and beat myself up for it. Fortunately, now I am proud to be in recovery because I have hope and the work I am doing in recovery is allowing me to heal.

I share my story in hope that someone will read it and get a better understanding of his or her own addiction and seek help. Today, I know that I have a choice to be happy in this life -- *if* I choose to remain in recovery.