

## **The Recovering Body**

Physical and Spiritual Fitness for Living Clean and Sober

### **Introduction:**

#### **Come Home**

I have some photos of a woman I know that were made just before she started detoxing from several years of addiction to high levels of painkillers. When I say “high levels,” I don’t mean three or four or even ten Vicodin. I mean two years of 150mg of Vicodin plus 120mg of morphine plus fentanyl lollipops; then six months of that much Vicodin plus OxyContin. In terms of how much heroin that might be, it’s hard to tell: heroin purity is said to vary a great deal; dime-bags usually contain 100mg of powder, maybe 15 to 30 percent of which might actually be the drug. So she could have been using anywhere from fifteen to thirty dime-bags per day.

But pharma drugs are guaranteed pure by the manufacturer and the Food and Drug Administration. At the time the photo was made, her doctor was prescribing a 100-microgram fentanyl skin-patch every two days. Fentanyl is the drug that’s sometimes cut into heroin, bagged and stamped with names like “Overdose” and “Suicide.” Estimates vary as to exactly how strong transdermal fentanyl is, in part because each individual’s absorption rate and body-fat levels are different, in part because the experts simply don’t know. Morphine is the gold standard to which the strength of all legal opiates is compared, and according to extant equivalencies, she was taking the equivalent of 400 to 500mg of oral morphine per day.

And since she was in active addiction, she was, of course, taking more than that.

The first thing I notice about her is how thin she is. Her collarbones are sticking out. Her cheekbones are sticking out. The veins on the back of her hand, the cords in her neck, the tendons on the backs of her fingers are sticking out. Just about every joint she has is so thin and angular that she looks like a praying mantis—all long arms and legs, with big, big eyes. Most sources cite normal body mass index for women as a range from 18.5 to 25, and this woman, according to measurements of her weight and height at the time, was at the extreme low end of that range.

This woman’s skin is pale. Clearly she’s wearing makeup, but I can tell, even through the artfully applied foundation, blush, and mascara, that her skin doesn’t radiate with the myriad tints and hues normally produced by warm, healthy human skin. What’s visible through the makeup are the brown circles under her eyes.

According to records made at the time, there were many other things going wrong with this woman’s body, even apart from the two neurological disorders for which she was being prescribed painkillers.

The thing is, if you had passed this woman on the street, you may well not have been able to tell there was anything wrong with her. The photo shows her hair is washed and styled; her T-shirt is old, but her jeans are skinny dark-wash designer. All she would have had to do to cover up the physical signs of her heavy painkiller use was to put on a pair of sunglasses and she’d have been good to go on the sidewalk (as long as she could keep people from talking to her—and she had become adept at avoiding people).

As I look at the photo, I keep coming back to her gauntness. She was five-feet-five and weighed about 113 pounds—that put her at the very bottom of the normal weight-range for women, and skinny-ass women, in white Western post-industrial culture, at least, are thought of as super-attractive. This woman actually considered her scrawny thinness one of the benefits of taking painkillers. She never had an appetite. All opioids slow the gut and suppress appetites; “heroin-chic” was a term coined to describe the emaciated beauty of certain models who had become addicted to illegal dope. Almost childlike in their

appearance, “waif” was another term the culture gave them; the word *waif* originally referred to a homeless child who wasn’t eating enough.

The woman in the photo behaved like a child, all right, at least a good portion of the time, and obviously she was not eating well. And her addiction had made her homeless. By “homeless” I don’t mean she was living under a bridge. She had a house, three stories with 3,500 square feet and seven stained glass windows on two city lots in a nice part of town. But if you think of the body in terms of being the place, the space where we live all day, from the time before we are born to the time we die, this woman had lost her home to the corporate takeover of addiction.

There’s one more photo of this woman I have that has always stuck in my mind, a shot taken a few months before the other. In it, she is lying on her bed next to her young son. His face looks plump and thriving, his lips rosy, his dark eyes flashing, as he smiles at the camera. Her face, free of makeup in this photo, is colorless. By “colorless” I mean quite literally colorless. Her pallor is almost gray, except for the skin around her eyes, which is sepia, as if she hasn’t slept well for nights on end. And her body looks drained of vitality. Of life.

If you suppose the woman in the photo to be me, you’d be right.

Maybe you’re thinking what a completely derelict mother, wife, colleague, friend I must have been. Maybe you’ve lived with or known someone with addiction, someone like me, and your disgust makes you ready to put this book down. Or maybe you know what I’m talking about. Maybe you’ve used Vikes or Oxys or booze or Adderall or coke, whatever it was, the drug doesn’t matter, and you know what it’s like to be on drugs all the time and what it’s like to run out of them. Or maybe you know someone with addiction and have begun to water some seeds of compassion inside yourself for that person. Most people don’t recognize addiction is an illness like other chronic illnesses and fatal illnesses whose progression can include remission, relapse, and treatment—but as more people share their stories publicly, increasing numbers of people are learning this fact.

My experience is that the aspect of addiction that makes it intolerable for some to think addiction is an illness is the extreme distortion of reality addiction produces in people who have the illness and in many cases in the people around them. This twisting of the truth ignites prejudice against those with addiction. People naturally hate being lied to.

I know, because in addition to having the disease of addiction I’ve also lived with people in active addiction. Both my parents suffered from addiction, from before the time I was born. My mother spent her entire childhood and part of her early adulthood in a violent alcoholic home. There was lots more addiction where we came from, and one of my family’s most long-lived legacies was this distortion of reality. Addiction renders the people it affects into liars, thieves, cheats, criminals.

I was all of these when my illness was active. I was my mother’s first child, born when she was 23 and just barely out of her violent alcoholic house; she was hardly out of adolescence herself when she had me. I learned what she’d learned: to lie for those affected by addiction, hide the cruel or inconsiderate things they said and did, ignore abusive language, forget the promises they broke. The greatest distortion of all was that I thought all those behaviors, and the anger and fear they planted inside me without my even knowing it, were just part and parcel of normal family life.

Many people teach their kids that drugs are bad, but drugs aren’t inherently bad. I’m not about waging a War on Drugs, and this isn’t what I teach my kid. Even heroin, the legendary badass of all drugs that even celebrities are loathe to admit they’ve used, is not inherently destructive—contrary to popular belief it

doesn't get most people hooked on the first hit and has no special magical powers beyond any of the other opioids. It is addiction, untreated, that's destructive. Drugs damage the body of one person, but addiction damages people close to that person. Untreated, it infects relationships, families—entire societies for that matter. The CDC will report that prescription painkiller now kills more people in most states than car accidents, and far more than heroin, cocaine, and ecstasy combined, and it's fair to say that, in a literal sense, the drugs actually kill those bodies. But it's addiction that drives the drug-use, prevents the addicts from asking for help, and erodes the supportive relationships that keep families and society stable and healthy. And untreated addiction is the engine that creates supply-and-demand for the drug trades, both legal and illegal.

It's estimated that ten percent of the population has alcoholism and five percent has drug addiction, and those estimates are considered to be low. Think about it: that's at the very least one-in-ten in any workforce, any extended family—on the train, in the staff meeting, around the Thanksgiving table. And that's just drugs and alcohol. More people suffer from addiction than you might think: witness our obesity epidemic, the resultant destruction of health that comes with diabetes and heart disease. Technology has given homo sapiens so many substances—cigarettes, refined sugar and flour, high-fructose corn syrup—that create craving and thereby alter the neurology and psyche, destroy the body, cause lung cancer, celiac disease, Crohn's disease and myriad other disorders—cause obesity that in turn causes diabetes, which in turn lays waste to people's bodies, finances, lives. In the widening wake of addiction lies scattered untold amounts of money and time in health-care costs and unemployment or underemployment, in lost productivity and opportunity.

Oh and by the way, also lost are priceless moments of joy and peace that are robbed from all those affected.

And the paradox is: these designer substances create craving and obsession that override all warning and grief about that damage and, despite all reasoning and common sense, cause people to continue to consume.

These behaviors—the persistent distortion of reliable perception, the engagement with obsession that hijacks good sense and independent will, which are so specific to addiction—lead to destructive approaches toward life that are passed down through generations, which is why addictions professionals often call it a “family disease.”

Ballpark: let's say that, of the estimated 15 percent of society that has active addiction to drugs and alcohol, each of those people is connected to three others who are in turn hurt by the consequences of addiction. That means more than half the public is dealing with addiction in some way or other—because they have it, because they've lived with it, or both. And living with addiction, in any manner, hurts. Those who have lived with addiction's deceit, abuse, financial ruin can become resentful and vindictive. The comments sections under practically any news story about addiction are liberally seeded with the voices of those who think death is just a natural consequence of people who “choose” their addictions. One more junkie dead—no big deal.

One of my reasons for writing this book, and for everything I've written about addiction, is to reverse public prejudice against addiction and foster compassion toward those who suffer from it, both for the addict and for the people around the addict.

Another purpose is to document some ways I've learned to take care of my body. This is a large part of the work I've learned to do in recovery—the work of taking care of my physical home. It's rarely talked

about in recovery meetings and circles.

It was never a concern of the people in my family who had active addiction. My mother grew up in an alcoholic home with a *paterfamilias* whose after-work drinking sessions ended in destructive outbursts that regularly sent the cops to the house and the family to stay with neighbors. The neighbors would be so afraid of my grandfather that they'd in turn move elsewhere while my grandmother and her two kids crashed in their house. Grandpa grew up in Central Pennsylvania and was fond of guns. He had a favorite .22 rifle with an octagonal barrel that he'd used to shoot bear and with which he'd lettered in Marksmanship at Carnegie Tech. I have the 1930s collegiate sweater with the Tartan "C" to prove it: he was a proud, dangerous man. "We were like two kids in a foxhole," my uncle, her younger brother, has told me. The effects of addiction on my mother: she could never relax. From the age of 18 she smoked two to three packs per day—unfiltered Camels in the beginning. She tried to quit, and each time, she was driven back to smoking by the weight gain from compulsive eating and the changes in metabolism from nicotine withdrawal. She died of lung cancer at age 58. At a very young age I learned from my mother more than perhaps from anyone else how to negotiate stress and unhappiness through chemicals rather than through taking care of my body and making productive changes in my life. My mother didn't teach me the work of taking care of my body because much of it she couldn't do even for herself.

And then there was Daddy. My father was an alcoholic from the time I can remember. Unlike my maternal grandfather, Dad was a benevolent drinker whose first several beers would get him happy and whose last one or two would have him falling asleep, early, in the family room chair. Either way, he was emotionally disengaged from our family's life, which gave my mother free rein to vent her rage at the rest of us. She'd complain to me about her marital disappointments even as he slept in the chair in the next room. It wasn't a case of being beaten, burned or sexually molested. It was the kind of family life many kids in my generation had, an ordinary 1960s and '70s American childhood in which both parents were slaves to legal drugs and taking out their feelings on their kids. *Mad Men*, but much more mundane and middle-class. My mother picked and chose who she hit: my brother, she said, was so fearless about pain that she broke the wooden spoon on his butt. But pain terrified me, so, she said, "You were the one I had to hit." She hit my body so often that, while reading Dr. Seuss to my little sister, I always misunderstood the book *One Fish, Two Fish, Red Fish, Blue Fish*. "Some are glad and some are mad, and some are very, very bad," it reads, with a picture of a big fish whaling on a little one. It wasn't until I was reading the book to my three-year-old son that I realized what the story was saying: the large fish was bullying the small fish. I'd always thought the small fish was being smacked because she'd been "bad."

I put drugs like Vicodin, morphine, OxyContin, and fentanyl into my body partly to control the physical pain caused by migraine and fibromyalgia. I took those drugs partly for the same reasons that, as a kid, I used to lick all the icing off a batch of cupcakes, or, as a teenager, I used to starve myself and then binge on raw cookie dough. I'd do anything to distract myself from the needs of my body—read six books a week, eat six cupcakes, drink a six-pack, take one or two or six Vicodin a day. Late in the game I'd slice and dice my fentanyl patches and stick a piece between my cheek and gum, a stupid, dangerous practice that could have killed me. Actually the morphine could have killed me (according to the CDC, patients who are prescribed high doses of painkillers account for 80 percent of all opioid overdoses in the U.S.); the Vicodin could have killed me (products containing acetaminophen are the nation's leading cause of liver failure, and a small overdose of Tylenol can be fatal), and the drinking could have killed me, as well as others (I crashed my car while driving drunk at 23). Even the sugar could have killed me. My generation was brought up on Similac formula, Twinkies, and Coke, all of which are loaded with sugar. The only fresh fruit we had in the house was a bag of apples at the bottom of the fridge—probably because there was hardly any fresh fruit to be had in the wilds of Far Suburbia. Predictably, I was fat as a

child. Kids who are overweight have a greater risk of obesity as adults. And obesity is estimated to kill 300,000 each year in the U.S.