

Ask for Help!

Written by Geoff Kane, MD, MPH Tuesday, 04 March 2014 00:00



Ever wonder why so many of us lose our voice precisely at the moment we need to ask for help? Credit *shame*, the pivotal emotion that drives self-defeating behavior, together with *all-or-nothing thinking*, our most common [cognitive distortion](#).

“Shame,” much like “stress,” means different things to different people. Here, shame refers to our ongoing sense that we are imperfect. Our sense of an imperfect self can, however, serve us *well*—provided we accept it and are open about it with other human beings. Then it generates empathy and positive spiritual connections. But all too often shame is toxic; we are *convinced* we are less than, unworthy—that we deserve to be rejected. We automatically believe that, at all costs, we must not reveal our true selves. We fear that if we do, other people will want nothing to do with us.

We all have a personal burden of shame that is toxic. Shame develops (just as the very structure of the brain develops) through interactions with other people. When people disrespect us—when they communicate disrespect for our person and our limitations through myriad subtle or obvious forms of abuse and neglect, particularly in [childhood](#)—it pollutes our perception and acceptance of ourselves. No one escapes because none of us grew up with perfect people around us; no one had perfect parents, siblings, other relatives, teachers, preachers, or friends.

To ask for help is to admit we are less than perfect. All-or-nothing thinking says, “If I am flawed in any way, then I am worthless.” Put this distortion together with a germ of healthy self-respect. “Wait a minute! Darn it! I’m *not* worthless!” And this leads to, “No way am I going to prove I’m worthless when I’m not! I’d rather *die* than ask for help!”

Sadly, some people with addiction do die because they don’t ask for help. They never learned that the way out of shame is through it; that honesty is more important than image; that it is more

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important to be practical than it is to be proud.

Shame is created by *toxic* interactions with people; its remedy is *nourishing* interactions with people. As long as we live, the [neuroplasticity](#) of the brain allows even deeply established patterns of feeling and thinking to change in response to experience. If we wish to reduce shame and increase our sense of self-worth, thereby becoming less self-defeating and more adaptive, we must find and then actually *engage in* nourishing interpersonal relationships.

The first challenge is identifying people who are capable of giving us the respect we deserve and need. Professional help is one option. Mutual help meetings are another. Many individuals experience more unconditional acceptance at Alcoholics Anonymous, Narcotics Anonymous, Smart Recovery, LifeRing, Women for Sobriety, or Secular Organizations for Sobriety than they experienced in their family of origin.

Once we have found respectful others to interact with, the second challenge is finding our voice. Honest self-disclosure is required. The process may be gradual, but if we are to benefit we need to open our story and our feelings to these nonjudgmental others. Interacting with authenticity can be difficult for those coming out of active addiction; they are used to doing the opposite.

It is tragic that some individuals commit themselves to unhealthy isolation by identifying with roles that cut them off from other people, not realizing that other people are what they need most. They may call themselves “loners” or “not a people person.” Or, perhaps only in New Hampshire, “a mountain man.” Stubbornly clinging to these roles makes as much sense as a dried up plant opening an umbrella when it’s raining.

For additional information on this topic see the **Updates** titled [The Two Pillars of Recovery](#) and [Keep Your Distance](#)!

The NCADD Addiction Medicine Update provides NCADD Affiliates and the public with authoritative information and commentary on specific medical and scientific topics pertaining to addiction and recovery.

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