

Recognizing the Disease

Deep Dives · The Recovery Files

Father Martin's Wisdom Meets Clinical Science

4 Readings

1 Assessment · 10 Exercises

In this workbook

- Part 1 · The Bridge Between Experience and Science
- Part 2 · Loss of Control: The Central Paradox of Addiction
- Part 3 · When Addiction Becomes a Full-Time Job
- Part 4 · The Mounting Toll: Consequences the Disease Ignores

Each reading is followed by its check-in questions and exercises, in the same order as the app. Your scored results are shown in the app.

PART 1 OF 4 · READING

The Bridge Between Experience and Science

Father Martin's work represents one of the most important contributions to addiction understanding in the twentieth century. Decades before the DSM-5 codified its eleven clinical criteria, Father Martin was describing the very same symptoms — not in clinical language, but in the language of lived human experience.

What makes Father Martin's framework remarkable is that it emerged from careful, sustained observation of real people living through addiction.

When the DSM-5 was eventually published, its clinical criteria mapped onto Father Martin's observations with striking precision.

For you, this bridge matters profoundly. The DSM-5 tells you that what happened to you meets the criteria for a recognized medical condition. Father Martin tells you that your specific experiences are predictable, recognizable symptoms of that condition.

The purpose of this intensive is to help you walk through both frameworks — the clinical and the experiential — and apply them to YOUR story.

Reflection Questions

1. Before learning about addiction as a clinical condition, how did you explain your inability to control your use?

2. Does understanding your addiction as a medical condition with recognizable symptoms change how you feel about yourself?

3. Which matters more to you — the clinical DSM-5 criteria or Father Martin's experiential descriptions? Why?

4. What do you most hope to understand about your own addiction?

CHECK YOURSELF · CHECK-IN 1 OF 5

Disease Recognition & Recovery Awareness

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I now understand my inability to control my use was a symptom of disease, not moral failure
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I can identify specific symptoms from my history that match clinical criteria
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I recognize that my addiction followed a progressive pattern
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I believe that recovery is possible for me
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

My DSM-5 Criteria Map

Eleven Criteria, Your Own Evidence

What This Is — and Is Not

The DSM-5 describes substance use disorder through eleven criteria in four clusters. This map asks you to hold your own history up against each one and write the evidence. It is a learning tool, not a diagnosis. Only a qualified clinician can diagnose, and they will consider things this page cannot. Bring what you write here to that conversation.

Choose Your Window

The criteria are measured across a 12-month period. Pick the twelve months when your use was at its worst and answer for that stretch of time. Write which months you chose in the first box below.

The 12 months I am answering for:

For example: spring 2023 to spring 2024

Impaired Control

1. Using more, or for longer, than I meant to.

☐ Yes, this was me ☐ No ☐ Not sure

2. Wanting to cut down or control my use, or trying and not managing to.

☐ Yes, this was me ☐ No ☐ Not sure

3. Spending a great deal of time getting, using, or recovering from the effects.

☐ Yes, this was me ☐ No ☐ Not sure

4. Craving — a strong desire or urge to use.

☐ Yes, this was me ☐ No ☐ Not sure

Social Impairment

5. Use getting in the way of major responsibilities at work, school, or home.

☐ Yes, this was me ☐ No ☐ Not sure

6. Continuing to use even though it was causing or worsening problems with other people.

☐ Yes, this was me ☐ No ☐ Not sure

7. Giving up or cutting back on important activities — social, work, or recreational — because of use.

☐ Yes, this was me ☐ No ☐ Not sure

Risky Use

8. Using again and again in situations where it was physically dangerous (driving, machinery, unsafe places).

☐ Yes, this was me ☐ No ☐ Not sure

9. Continuing to use while knowing it was causing or worsening a physical or psychological problem.

☐ Yes, this was me ☐ No ☐ Not sure

Pharmacological (Tolerance & Withdrawal)

10. Tolerance — needing noticeably more to get the same effect, or getting much less effect from the same amount.

☐ Yes, this was me ☐ No ☐ Not sure

11. Withdrawal — physical or emotional symptoms when stopping, or using to avoid or relieve them.

☐ Yes, this was me ☐ No ☐ Not sure

Tolerance and withdrawal from a medication taken as prescribed under medical supervision are not counted toward these criteria. If you are going through withdrawal right now — especially from alcohol, benzodiazepines, or opioids — talk to a medical provider. Alcohol and benzodiazepine withdrawal can be medically dangerous.

Reading My Map

0 of 11 marked "yes" (0 answered)

For reference, clinicians generally describe 2–3 criteria as mild, 4–5 as moderate, and 6 or more as severe. Your self-map falls in below the threshold. That is a starting point for an honest conversation with a professional, not a verdict — and the number matters less than what you wrote as evidence.

1. Which cluster had the most "yes" answers? What does that tell you about how the disease showed up in your life?

2. Which criterion was hardest to mark honestly? Why?

3. Look at your "not sure" answers. Who in your life could help you see those more clearly?

4. The reading calls consequences evidence of the disease's strength, not your weakness. Having mapped the criteria, how does that land for you now?

PART 2 OF 4 · READING

Loss of Control: The Central Paradox of Addiction

The first and perhaps most bewildering symptom of addiction is the loss of voluntary control over consumption.

Loss of Control is the experience of intending one thing and doing another. You say "just one drink" and find yourself still drinking hours later. You promise yourself — and often others — that tonight will be different. And you mean it. But the disease is more powerful than the intention.

Father Martin devoted attention to "Changing the Patterns" — the elaborate strategies addicts develop to prove they can control their use. Switching from liquor to beer. Only drinking on weekends. Setting timers.

Each new strategy provides a temporary illusion of control while avoiding the fundamental truth that control has been lost.

For people in early recovery, recognizing this pattern is not about inducing shame. It is about liberation from the belief that you should have been able to control it. You couldn't — not because you were weak, but because you had a condition that made control impossible.

Reflection Questions

1. Describe your personal experience with "Loss of Control." What was it like to intend one thing and do another?

2. What "pattern changes" did you try? List every strategy you developed to control your use.

3. At what point did you begin to suspect that your inability to control your use was something more than a failure of willpower?

4. How does understanding "Loss of Control" as a neurological condition change the story you tell yourself?

CHECK YOURSELF · CHECK-IN 2 OF 5

Loss of Control & Failed Attempts

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I frequently used more than I originally intended
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I made repeated promises to cut down or stop, only to break them
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I tried changing patterns to prove I could control it
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. Once I started using, I found it extremely difficult to stop
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Loss of Control History

Every Strategy, and How Long It Held

Why a History

Loss of control rarely looks like one dramatic moment. It looks like a long list of clever strategies that each worked for a while and then stopped working. Plenty of people set sensible limits. The difference is what happens to the limits: whether they keep failing, and how much effort it takes to keep trying new ones. That pattern is the evidence.

Control Strategies I Tried

For each strategy you tried, write what the rule was, how long it held, and how it ended. Leave blank any you never tried.

Switching what I used (beer instead of liquor, pills instead of powder)

Only on weekends, only after work, only at night

Setting a number or an amount

Not keeping any at home

Only with other people, or never alone

Taking a break to prove I could stop

Moving, changing jobs, or starting a new relationship

Promises to someone else — a partner, a parent, a child, a boss

Strategies of my own that are not on this list:

Other rules and systems I tried...

The Shrinking Window

1. When did you first notice you were using more than you intended? How old were you, and what was happening?

2. Over the years, did your strategies hold for shorter and shorter periods? Describe how that changed.

3. What was the longest you stayed stopped before recovery? What ended it?

4. Describe the last time you truly believed you had it under control — and what happened next.

What the History Shows

1. If a friend handed you this list and asked whether they had lost control, what would you tell them?

2. Which strategy is your mind most likely to suggest trying again someday? Write out why it would end the same way.

3. Complete this sentence in your own words: "The evidence that I cannot reliably control my use is..."

PART 3 OF 4 · READING

When Addiction Becomes a Full-Time Job

Father Martin observed that as addiction progresses, it transforms from an activity into an occupation. "Drinking becomes a full-time job."

Consider what a full-time job requires: planning, scheduling, resource allocation, problem-solving, time management, and the majority of your waking hours. Now consider how addiction mirrors each of these.

Father Martin's concept of "Protecting the Supply" revealed how enormous mental and practical resources become devoted to ensuring access.

The craving component reveals how substance preoccupation colonizes mental space. An addict's mind is constantly calculating: When can I use? Where is my supply? How much do I have?

The activities, relationships, and interests that once gave life meaning are systematically abandoned — a progressive narrowing of life until the only thing that remains is the substance.

For people in early recovery, the time and mental space that addiction occupied doesn't simply fill itself. Filling this time and space with meaningful recovery activity is essential.

Reflection Questions

1. How much of your day was consumed by your addiction at its worst?

2. Describe your experience of "protecting the supply." What did you do to ensure access?

3. Did you reach a point where using was about feeling normal rather than feeling good?

4. What activities or relationships did your addiction consume?

CHECK YOURSELF · CHECK-IN 3 OF 5

Preoccupation, Craving & Time Consumed

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. A significant amount of my mental energy was devoted to thinking about using
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I experienced racing thoughts about my next use
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I felt powerful cravings or pull toward using
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. Using became something I needed to plan my day around
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

CHECK YOURSELF · CHECK-IN 4 OF 5

Tolerance, Dependence & Withdrawal

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. Over time, I needed significantly more to achieve the same effect
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I experienced physical withdrawal symptoms when I stopped or reduced
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I used specifically to prevent or relieve withdrawal symptoms
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I needed an "eye opener" — using in the morning to manage how I felt
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PART 4 OF 4 · READING

The Mounting Toll: Consequences the Disease Ignores

Perhaps the most confounding feature of addiction is the capacity to continue using despite devastating and escalating consequences.

The reason consequences fail to change behavior is not that the addict doesn't care. It is that the disease has fundamentally reorganized the brain's priority system.

The addict lives in a state of internal civil war: one part of the brain screaming "stop, you're destroying everything" while another, more primitive part demands "more, now, immediately."

Understanding this isn't about cataloging wreckage — it's about recognizing the power and nature of the disease you're recovering from. Every consequence you accumulated wasn't evidence of your weakness. It was evidence of the disease's strength.

And the fact that you're here, reading this, in early recovery, means that you survived something that was actively trying to kill you.

Reflection Questions

1. List the major consequences your addiction caused across all life areas.

2. Which consequence SHOULD have stopped you but didn't? What does this tell you about the power of the disease?

3. Did you experience "nameless fears and anxiety" — pervasive dread with no specific source?

4. Does believing that consequences were "evidence of the disease's strength, not your weakness" change anything for you?

CHECK YOURSELF · CHECK-IN 5 OF 5**Consequences & Continued Use Despite Harm**

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. My use caused or worsened physical health problems, yet I continued
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I experienced mental health symptoms connected to my use, yet continued
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I continued using despite clear damage to my relationships
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. Important obligations suffered because of my use
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE**Father Martin's Mirror**

Recognizing Myself in the Symptoms

Why a Mirror

Father Martin's gift was describing the disease in the language of lived experience, so that people could recognize themselves before they were ready to accept a clinical label. Exercise 1 used the clinical frame. This exercise holds up his observations, as described in this intensive's readings, as a mirror. For each one, look for yourself — and for the story you told yourself at the time.

Once I Start, I Cannot Predict What Happens

Loss of control is not using every time. It is never knowing, once you begin, where the night will end.

Where do I see myself in this? A specific memory:

The story I told myself at the time:

What I can see now:

It Becomes a Full-Time Job

Planning, getting, hiding, recovering — the disease takes over the calendar and the mind.

Where do I see myself in this? A specific memory:

The story I told myself at the time:

What I can see now:

Protecting the Supply

Stashes, schedules, cover stories, choosing people and places by whether using is possible there.

Where do I see myself in this? A specific memory:

The story I told myself at the time:

What I can see now:

Consequences Do Not Stop It

Losses that should have been enough were not — not because you did not care, but because the disease reorganized your priorities.

Where do I see myself in this? A specific memory:

The story I told myself at the time:

What I can see now:

The Person Changes

Doing things sober-you would never do. Becoming someone the people who love you do not recognize.

Where do I see myself in this? A specific memory:

The story I told myself at the time:

What I can see now:

Nameless Fears and Anxiety

A pervasive dread with no clear source that grows as the disease progresses.

Where do I see myself in this? A specific memory:

The story I told myself at the time:

What I can see now:

The Disease That Tells You You Don't Have It

1. Which observation did you most want to skip or answer with "not me"? Go back and look at it again. What do you notice?

2. What were the comparisons you used to prove you were not like "them" (I never lost my job, I only drink beer, I never used needles)?

3. Which of those comparisons eventually stopped being true?

A Letter From the Person in the Mirror

1. Write a letter from the person you were at the height of your addiction to the person reading this in recovery. Let them tell the truth about what it was like — without excuses and without cruelty.

2. Now write a short reply from who you are today.
