RECOVERY ZONES

Combining CBT, 12 Steps and Mindfulness as an Integrative Approach to Addiction Treatment

By Alastair Mordey

©2023 Alastair Mordey

All rights reserved. Printed in Thailand. No part of the material protected by this copyright may be reproduced or used in any form or by any means, electronic or mechanical, including photocopying, recording or by information storage and retrieval system without written permission from the copyright owner.

Contents

What is Addiction? 8

The Twelve Steps 21

The 3 Circles 28

Powerlessness and Unmanageability 35

Cognitive Behavioural Therapy 45

Boundaries 56

Masks 66

Denial 74

Environment and Addiction 86

Fear and Anger 95

Recovery Vision 116

Glossary

ABC – the primary technique used by cognitive behavioural therapy.

Abstinence – a state of ‘not doing’ certain things, ie; not drinking or refraining totally from substances or addictive processes depending on your addiction.

Acting out - engaging compulsively in behaviours which have become destructive for us, ie; ‘acting out’ sexually, or ‘acting out’ with food.

Affirmation – vigorously repeating a positive statement about something to dispute irrational viewpoints we may hold, or to help focus on goals.

Belief - In cognitive behavioural therapy B stands for belief which commonly means a thought which causes disturbing feelings

Bodyscan – A progressive relaxation technique where we learn to visualize our body relaxing gradually from head to toe.

Boundaries – The rules people have about how they expect to be treated. Parameters we set to keep our personal and professional relationships healthy.

Brain plasticity - the ability of the brain to re-organize itself or grow new parts.

Catastrophizing - A thought distortion where we make small things into a disaster.

CBT - cognitive behavioural therapy. A form of psychotherapy which sees our problematic feelings and behaviours as being mainly caused by irrational thinking.

Clean - not using drugs, stopping using drugs.

Clean or sober time – the timespan that you haven’t used drugs or processes you are addicted to

Co-dependent – Unhealthy dependence which two or more people form with each other.

Comfort Zone – Staying within experiences and situations you are comfortable with, i.e.; “driving into this part of town is outside my comfort zone.”

Core Belief – A strongly held attitude or thought which we develop throughout our childhood and adulthood.

Cost benefit analysis – An analysis or comparison of the costs and benefits of a given situation.

Critical Periods - Periods of child and adult development in which the brain is wiring up and learning new skills

Cross addiction - being addicted to more than one drug or process.

Developmental - As in ‘developmental psychology’ or ‘developmental disorder’. Development in this sense means how we develop as humans, how we learn to think, feel and behave.

Dopamine - the brains reward/pleasure chemical

Dopamine tone - refers to the ‘quality’ of dopamine in your brain and how effective it is at making you feel pleasure and reward.

Dopamine re-enforcer – in the context of this book - any substance or process which gets you ‘high’ by raising dopamine tone in the brains reward system - but also, any situation or memory, which you associate with the drug, which also raises mid-brain dopamine tone.

Discomfort toleration – Learning to tolerate something which is uncomfortable.

Glossary

Entitlement - Believing that we are 'owed' something - a state of self-pity.

Esteem - Our sense of worth (as conferred by self and others).

Fellowship - a support group of recovering addicts.

Filtering- Screening out information that doesn't fit with what we want.

Fixing – Trying to bury your feelings, ie; comfort eating to 'fix' your feelings of sadness.

Frontal lobe – an area in the front of the brain where decisions and impulses are regulated.

H.A.L.T. – Stands for Hungry, Angry, Lonely, Tired. Four things addicts should avoid if they can.

Higher power - a 12 concept which describes the need to 'rely' on something or some one other than just our own willpower in keeping us sober.

Intimacy - A state of closeness or 'being known' by another. Usually through shared experience.

Journaling – Writing about your problems in a way that is therapeutic.

Labelling - Calling other people names - writing them off.

Maladaptive - As in 'maladaptive behaviour', a pattern of behavior or thinking which is not useful in helping us survive or thrive.

Metta Meditation – Meditating to develop compassion. We concentrate particularly on people we are neutral about or who we actively dislike.

Mindfulness - a method of meditation native to South East Asia.

Mind reading - Thinking that we know what others are thinking when actually we don't.

Must-abating - A term coined by Albert Ellis, meaning that we upset ourselves unnecessarily by 'inflexibly demanding' that things be a certain way. ie; "I must be loved by her…or I'll die".

Neurotransmitter - a brain chemical that sends messages around the brain.

Paradoxical Behaviour – Creating change by doing a behavior which is the opposite of what you usually do in a given situation.

Process addiction - addiction to behaviours like sex or gambling.

Projecting - Thinking into the future and worrying or projecting our flaws onto others.

Programme - a lifestyle which is timetabled and oriented around recovery from addiction. A list of 'things' we do consistently to achieve health and well-being.

Satire - Making fun of something to expose it and reduce its power. We direct satire at ourselves in recovery as a way of seeing our illness.

Self-reliance - Usually described as a negative thing in recovery. Taken to mean relying purely on yourself – ie; an inability to ask for help.

Serenity prayer – A common recovery mantra read out at 12 step fellowship meetings

SMART goal – Goals which are achievable in short time frames and which prioritize progress in incremental measureable steps.

Glossary

Sober - not drinking alcohol, stopping drinking

Sponsor (sponsoring) - a person in a 12 step programme who guides you through the steps and to who you are accountable in terms of your abstinence.

Recovery - a lifestyle which produces well-being after stopping using drugs, alcohol or other addictive processes.

Recovery action – actions or tasks which are commonly prescribed by counselors or sponsors to help keep us sober, prevent relapse and promote recovery.

Relapse prevention – A form of addiction counselling which focuses on avoiding or preparing for triggering situations.

Trauma - A state of anxiety or stress induced by an alarming or threatening event which has not been correctly processed by our brain.

Thought distortion – A negative thought in which we have distorted the meaning.

Twelve steps - the therapeutic process engaged by recovery programmes like Alcoholics Anonymous.

Unconditional self-acceptance - A state of accepting ourselves as a legitimate human being regardless of what we have done. This can also be applied in our attitude to others (unconditional other-acceptance) and to life situations (unconditional life-acceptance).

Urge-surfing – A form of mindfulness meditation that involves learning to 'ride out' cravings and urges.

Using - 'using' drugs. Using means actively engaging in drugs in a compulsive manner.

Visualization - a technique of using our imagination to picture our goals.

Phase One

• *Chapter One*•

What is Addiction?

Before we start treatment it would help to know what addiction[1] actually is! Addiction is often perceived by many people to be something it is not. If you stopped the average person on the street and asked them what addiction is, they would probably say something like this….

> "It's when somebody drinks or uses drugs so much that they get hooked on it"

Or they might be more opinionated and say something like this….

> "It's a lack of willpower" – "It's a moral failing" – "It's weakness or over indulgence"

Or they might be more educated and say something like this….

> "It's when the body becomes tolerant to a substance and the person needs more and more of the substance to feel normal".

In reality none of these viewpoints is technically correct or adequately describes addiction. Addiction is a complicated subject, but what we need to understand as addiction sufferers is actually quite simple and straightforward.

Recent research by medical bodies like *The American Society of Addiction Medicine* (ASAM) and the *National Institute of Drug Abuse* (NIDA) is showing us that addiction is a recognizable medical disorder or illness, and more specifically it appears to be a mid-brain based illness. This understanding has come about through hundreds of peer-reviewed studies by neuroscientists researching addiction as well as from psychiatrists, psychologists and counsellors who are actually treating it. In 2011 ASAM published a public policy document which pulled together all of the existing research into addiction. In it they describe addiction as a *chronic* illness, meaning that it cannot be cured like an acute illness can - it requires ongoing treatment.

In 2013 the latest edition of the *American Psychiatric Association's* Diagnostic Statistical

---

1 Addiction is a word which has two slightly different meanings which can often be confusing. It can be used to refer to the underlying illness (a state of reward deficiency characterised by self-medicating) and is in that sense an umbrella term used to describe the disease and all its manifestations. Or it can be used to describe each different form of self-medicating ie; *heroin addiction, cigarette addiction, sexual addiction.* Both these meanings are used interchangeably throughout the book.

Manual (DSM 5) was published and for the first time a non-substance (gambling) was recognized as an addiction disorder. It is now becoming clear that addiction involves not just the abuse of drugs and alcohol but also addictive *behaviours* like compulsive sex, gambling or overeating, which are commonly referred to as 'process addictions'.

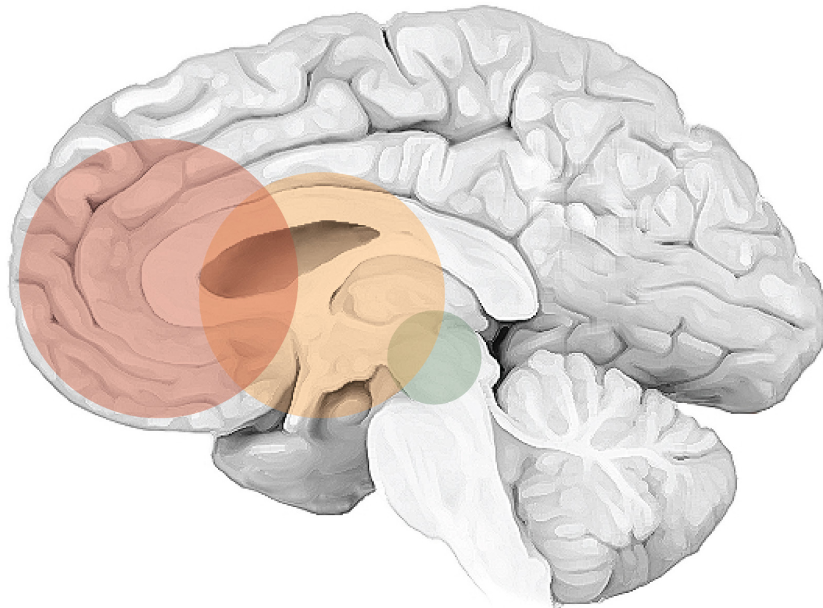
Addiction now appears to be a largely genetically inherited behavioural illness, spanning a variety of addictive behaviours whose primary cause is a *malfunctioning of the brains reward system*. For that reason we need to know a little bit more about that part of the brain first, before we explain addiction further.

The Reward System – Our Brains Survival Expert!

Drugs and pleasurable behaviours like eating and sex affect us by stimulating pleasure centres in the mid-brain and releasing naturally occurring chemicals called *neurotransmitters* (brain messengers). Neurotransmitters send electrical signals back and forth between *neurons* (brain cells) forming *circuits* or pathways around the brain.

The main neurotransmitter implicated in addiction is *dopamine (DA)*, the brains pleasure/reward chemical. Dopamine is the common denominator in all highly rewarding (and addictive) substances and processes, whether that be heroin, sex or chocolate. As a reward/pleasure chemical, dopamine evolved to stimulate us, or *motivate* us towards things which are useful for our species survival, and so when we do things like eat or have sex our brain releases lots of nice dopamine to help us associate doing that useful thing with feeling good!

The reward system was designed as our brains 'go' system. Its job is to go for rewards which are useful to us. However, dopamine also helps us to lay down memories of things, especially when they are useful to us, which an extremely important part of understanding addiction.



The reward system. *Dopamine is being released (green zone), flooding the midbrain (orange zone) initiating feelings of pleasure and reward. The forebrain (red zone) translates and values the event as important and will activate and reinforce the need for repetition.*

The Causes of Addiction

Addiction is thought to be genetically inherited in up to 60% of cases (NIDA, 2010). Addiction is defined as a *primary, chronic and progressive* illness which means

» It doesn't need to be caused by anything and can exist on it's own independently of the abuse of drugs

» It can't be cured but it can be treated

» It gets worse over time if it's not treated (ASAM, 2011)

The primary cause of addiction is neurotransmitter *dysregulation* (Erickson, 2011). Dysregulation means malfunctioning or not working properly. People with this illness are deficient in the pleasure/reward chemical dopamine and by adolescence or early adulthood, they will be feeling ill with very specific symptoms; *lack of pleasure, lack of meaning and purpose, feelings of uselessness*, and *very severe boredom*. These symptoms often precede the problematic use of drugs or alcohol, and will remain after stopping drugs and alcohol unless the illness is treated, because addiction is a primary illness which exists in your brain - not in the drugs you use.

Addiction usually starts in one (or a combination) of the following ways;

» We genetically inherit a poorly functioning reward system with poor dopamine tone, causing us to abuse drugs to correct the deficit.

» We overuse the reward system by engaging in abusing drugs or highly rewarding processes like sex and consequently deplete our brains dopamine function.

» We suffer an adverse environment (especially in early years) and experience neglect, abuse or trauma which stops our brains reward system from transmitting dopamine properly, or which forces us to abuse drugs which then causes our reward system to malfunction. (Wetsman, 2007)

Because addicts have a reward deficiency from their genes or environment they need to boost or *reinforce* their dopamine function. They do this by finding drugs, alcohol or highly rewarding processes like gambling or sex to improve dopamine tone in their midbrain. We call these drugs and processes *dopamine reinforcers*, and addicts will use them to medicate themselves. Once addicts find a dopamine reinforcer which works for them (their drug of choice) and start medicating themselves with it, it initiates the growth and strengthening of certain pathways in the brain.

Remember that dopamine is not just involved in getting you high, it also helps you to lay down memories of things which are useful to your survival. So for an addict the hit of dopamine does two things; it solves the problem of reward deficiency by boosting the sufferer's poor pleasure and reward feelings, and it also strongly stores the memory that this behaviour (taking drugs or alcohol) is the solution to their problem.

The brain has the capacity to get stronger and weaker in different areas dependent on how much that area of the brain is used. This is known as *brain plasticity*. As addicts learn what drug medicates them they experience high levels of growth or plasticity in the brain circuits networks that control reward and pleasure and begin to formulate what is effectively an addiction pathway involving the brain's *reward system*, *memory system* and *rea-*

soning and impulse control system which fuse together in an increasingly destructive way.

It's worth noting that the reward/pleasure circuits are located in the mid brain which is the survival part of the brain. Having poor feelings of reward and pleasure is registered by an addict's brain as a life or death threat. For people with the illness, getting a rewarding feeling is as important as drinking water would be for an ordinary person who is dying of thirst, and their brain's survival system gets involved to make sure they find the reward they need

Addiction Causes Our Brain to Re-organize itself

When we take drugs or engage highly rewarding processes it floods the *reward system* in our mid-brain with dopamine. When this first happens to an addict it will be like a revelation because they will finally feel normal, and perhaps for the first time they will be free of their symptoms temporarily. In medical jargon this is known as *homeostasis*, or balance. Other examples of homeostasis include sweating to cool down, and shivering to warm up. Because the symptoms of reward deficiency are so debilitating, the addict's brain will be pleased by this event (taking a 'drug') and consider it to be worth remembering. The reward system is effectively sending a strong message to the *memory system* nearby in the mid brain saying, "remember to always do this (take this drug)….and then you will feel well".

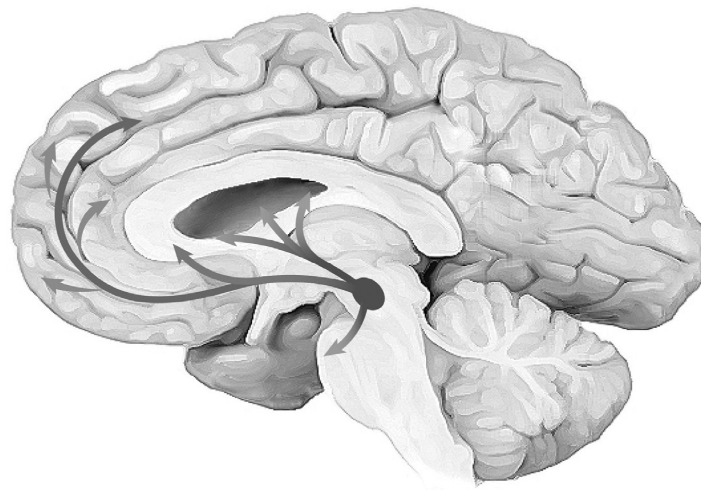
The memory system then sends a strong message to the front of the brain where decision making and impulse control are regulated – *the reasoning system*. This part of the brain should be the 'stop' system, which is designed to stop us taking unnecessary risks. But in the case of the addicted brain this stop system effectively de-activates. Our brain thinks it needs the dopamine to correct our reward deficiency and so the need to feel rewarded overrides the need to be safe. The addict then loses the ability to control the addictive behaviour.

Once this circuit is established between the three brain areas, control and willpower will be virtually none existent with regard to stopping or controlling our drug use or addictive processes. Anything which reminds an addict of their drug, will create strong plasticity or *connection* and will become *fused* with the memory of getting high. Getting a rewarding feeling in other more normal ways like socializing or playing games, will not create strong pathways or connections in the brain because those pathways are underused and the addict will get increasingly less pleasure out of those things. The addict is then in a horribly vicious cycle, whereby they need potent and addicting dopamine reinforcers like drugs or alcohol to feel normal.

This is why almost all treatment programmes advocate an *abstinence* based approach to treatment. Abstinence means stopping those drugs or behaviours which have become addictive or problematic for you. In this way you can weaken the brain pathways controlling addiction and lower feelings of craving over time whilst building other brain networks for recovery which will provide you with rewarding feelings in a safer way.

Note: we cannot teach our brain to safely use drugs, because we have an illness which impairs our reasoning once we do that. Rather we have to teach our brain to 'reward' itself properly. This is called 'self-directed neuro-plasticity', or changing our own brain.

The Brains Reward System



Arrows Indicate the Dopamine Pathways

The Ski Run Metaphor

Think of your brain as a snowy mountain. There are many ways to ski down the mountain. The rocks and trees on that particular mountainside are like your genes, many of them cannot be moved and are 'fixed'. However you can find your own route to ski down the mountain. These 'routes' are like the brain pathways you habitually use or have been taught to use i.e. 'using drugs makes me feel pleasure!'

There are thousands of possible routes down the mountain but you will often use just a few. Eventually those tracks become very well-trodden through habit and you will ski very quickly down them rather than choose new routes. Addiction is very much a well-trodden pathway. Every time you get on that reward pathway (via drug or alcohol use) you make it wider and faster.

As part of our recovery we will need to create some new rewarding routes down the mountain. At first they will be slow and sticky, but with repeated use they will widen and become faster.

However, even though the addictive pathway is snowed over and hidden, be sure to know that it is black ice underneath. If you should happen to fall back onto it you will find yourself skiing down that old pathway very quickly indeed. Our brain's stop system has become about as effective as a red light on a ski slope when it comes to drugs and compulsive behaviours!

Triggers

The latter phases of addiction are characterised by cravings which are accompanied by persistent and euphoric memories of past using experiences. Many of us have experienced overwhelming memories when we are triggered by music we used to get high to, or passed a street where we used to buy drugs or a bar where we used to drink. All of these things augment and intensify the activation of the reward and pleasure circuit, because they interconnect this circuit with other brain regions controlling social meaning, sight, sound, smell and well-being.

A *trigger* is usually a person, place or thing which we associate with using or acting out. Triggers vividly remind us of our addiction and stimulate a euphoric feeling in us without us even having to drink or use drugs. We will then begin to crave and eventually without engagement in a recovery activity we will use drugs, drink or act out addictively.

Some triggers come from inside of us. We often become activated to use drugs or alcohol by *internal emotional* triggers which are our reaction to significant events or adversities which upset or disturb us. Emotional triggers are different to *sensory external* triggers like seeing our dealer or a bar which remind us directly of using whereas emotional triggers are a *feeling* which then reminds us that using drugs is what we usually do when we have that difficult feeling. That feeling can be created by a reaction to an event or it can come seemingly from nowhere ie; a sudden mood swing. Sudden mood swings are probably symptoms of the primary illness.

With emotional triggers (whether they are reactions to events or ongoing internal states) we have an irrational and selective memory of how using *medicates* our psychological distress and have built an association of *relief* with the act of using, forgetting the consequences which follow.

The Main Characteristics of Addiction

There are many things which characterize addiction in more detail. Below is a list of the main points of ASAM's 2011 definition. Addiction is characterized by;

Biological, Pyschological, Social and Spiritual Manifestations

Biological manifestations – poor brain chemistry resulting in obsessive and compulsive reward seeking and an excessive appetite for drugs, alcohol, food, sex, sugar and other things to balance that deficit. Also other secondary diseases caused by prolonged addictive behaviour like liver disease or cancer

Psychological manifestations - impaired reasoning, toxic feelings like irritability, unhealthy anger, anxiety, fear and shame, extreme boredom and uncontrollable urges and cravings.

Social manifestations - isolation, legal issues, poor relationships, problematic and embarrassing behaviour.

Spiritual manifestations - identity crisis, lack of purpose, lack of meaning, general discontent, mind crushing boredom!

A Pathological Pursuit of Reward or Relief

In this sense 'pathological' points to the crazy or debilitating way we prioritize our addiction. We engage in excessive and obsessive drug seeking or compulsively pursue highly rewarding processes and we do this to the point where our lives become unmanageable excluding other healthy activities and causing significant harm to ourselves and others. We also develop rituals around the addiction which are obsessive!

An Inability to Consistently Abstain

This means that we can stop but we can't stay stopped. We become cross addicted to other drugs or processes when attempting to abstain from our drug or process of choice, and we cannot seem to 'control' our drug use or addictive processes. It is common for addicts to develop process addictions to replace or augment chemical addictions and vice versa.

Impaired Behavioral Control

This means that we cannot 'control' our behavior with regard to drug use or rewarding processes and we do increasingly desperate things to procure our 'drug' which are at odds with our value system. We will routinely break not only our own values and morals but may also break societal rules and values to engage in our addiction to the point of harming ourselves or others.

Cravings

Only some addictions involve physical dependence whereas all addictions are accompanied by intense 'psychological' cravings. This means that people suffering from addiction are triggered into craving by anything which is strongly associated with their addiction or its rituals (many addicts experience a greater 'rush' of brain chemicals when going to score vs actual using)!

A Diminished Recognition of Problems with our Behaviour

Addicts frequently don't recognize that their behavior is problematic. When other people point out their problematic behavior they will strongly deny what is actually occurring. Addicts engage in many different forms of denial including; legitimizing, excusing or outright lying. (Carnes, 1981)

A Diminished Recognition of Problems with our Relationships

Addicts frequently don't recognize that they have problems with their relationships which are directly attributable to their addiction. This could involve a breakdown of family, damaged friendships and working relationships or just socially isolating ourselves in order to continue our addiction without interference.

A Dysfunctional Emotional Response

Addicts are often overcome by disturbing or 'toxic' feelings. These unmanageable and destructive feelings have long been recognized as a pattern in addiction sufferers, which often persist even after the individual has ceased abusing drugs or processes. The most commonly recognized dysfunctional emotional responses of addicts are; *resentment, unreasonable fear, paranoia, anxiety and shame.* This is accompanied by an inability to recognize or 'name' feelings and a lack of awareness around our emotional state.

Cycles of Relapse & Remission

Addiction commonly involves frequent relapsing or 'returning' to problematic usage which usually gets progressively worse. Addiction also sometimes appears to have 'gone away', but it hasn't. It is probably being medicated by something else unhealthy you are doing to boost your reward chemistry, like overworking or engaging in an obsessive romance. Eventually it will return in its original form unless treated properly. *"Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death" (ASAM, 2011).*

Exercise• Do you identify with any of these characteristics?
Do you recognize them as part of your addiction?

	Agree	Don't Know	Disagree
A Pathological Pursuit of Reward or Relief			
An Inability to Consistently Abstain			
Cravings			
A Diminished Recognition of Significant Problems with our Relationships			
A Diminished Recognition of Problems with our Behaviours			
A Dysfunctional Emotional Response			
Cycles of Relapse & Remission			
Impaired Behavioural Control			

Cross Addiction

As addicts we are often 'addicted' to more than one drug or process, and always at risk of developing new addictions due to the common cause which underlies all of them. This is known as *cross addiction*. Many addicts fail to understand that a dopamine reinforcer…..is a dopamine reinforcer….is a dopamine reinforcer! It doesn't matter which one you pick, it will medicate you, then you will abuse it, and then you will suffer when it becomes uncontrollable (which it will).

We also need to be aware of the potential for cross addiction because continuing to use another substance or compulsive behavior after we have ceased using our primary drug of choice increases the risk of relapse on the identified drug of choice; in fact it is inevitable. Many addicts also fail to understand the fact that alcohol is a potent dopamine reinforcer, in other words, something that has a high potential for addiction. They feel that because they have never particularly had an issue with alcohol that it will not pose a problem for them. However alcohol is a common trigger for relapse back to our primary addiction and is itself a drug and so it should always be abstained from by people who have a primary substance use disorder (of any kind) and almost certainly be abstained from by people with process addictions as well.

Because addiction is characterized by the potential to use many different drugs or processes to self –medicate, we need to become aware of the presence of secondary addictions (or cross addictions) which have augmented or intensified our primary ad-

dictions and which may ultimately replace them when we are sober.

» A primary drug and alcohol addict who is now sober but fixing himself with compulsive sexuality.
» Primary drug and alcohol addicts medicating themselves with food and comfort eating and becoming seriously overweight
» Sex addicts relapsing because they became uninhibited by using alcohol.

How Do We Treat Addiction?

As already mentioned, addiction has no cure because it is a chronic illness. This sounds like bad news but the fact is that addicts like diabetics, and people with other chronic illnesses, can lead a perfectly ordinary life and be extremely fit and healthy as long as they do certain things to treat the illness. So people suffering from addiction need a *programme.* Because addiction is driven by the brain's automatic survival system, teaching ourselves is not an option because the frontal lobe of our brain is impaired. We need to allow others who have found a practical experience-based method of recovery to help us. Essentially we require the assistance of other 'frontal lobes' to coach our own frontal lobe!

The most well known programmes for addiction generally are twelve step programmes which are based around *fellowship* and *abstinence* from addictive drugs or processes. Fellowship means supporting and being accountable to other addicts. Abstinence means stopping those drugs or behaviours which have become addictive and destructive for you. Ultimately we treat addiction by providing purpose and meaning and reliable, stable activities that produce reward and pleasure. Reinforcing (or boosting) dopamine activity in the right way is the main job of any addiction treatment method.

Active addiction itself is a short term way of medicating our symptoms but it is really just a 'quick fix'. Drugs and highly stimulating processes like sex raise dopamine tone by creating a surge of dopamine which provides rewarding feelings but quickly becomes counter-productive by lowering dopamine functioning overall and exacerbating the addiction.

Engaging recovery activities works in a different way, to raise dopamine tone in a slow release, long acting manner. This starts to fix the problem long term but is less desirable to an addict who is gripped by the need to feel well NOW, but this approach lasts for longer and is more effective.

Below are some examples of recovery activities which improve dopamine functioning in a more 'holistic' and sustainable way. Learning to engage these behaviours is what this entire treatment method (and any effective treatment method) is geared towards. The more you implement these behaviours into your life, the more the structure and chemistry of your brain will change, and you will have greater feelings of well-being, meaning and purpose, reducing your need to fix your feelings with short term dopamine boosters like drugs, alcohol and compulsive sex.

Activities Which Provide Long Term Recovery

Feeling like a good person not a bad person – Sharing secrets and problems with others which lowers guilt and shame feelings

Feeling connected and not feeling isolated – Fellowship with others who have the same illness promotes feelings of identification and belonging and helps us learn practical strategies to lessen our symptoms.

Building feelings of purpose and meaning - Helping other addicts and being useful within the recovery community. Developing your own spirituality, whatever that is for you.

Thinking positively - Learning to have rational thought processes and manageable feelings – By using all the tools of evidence based therapies that are available to you.

Connecting to a deeper sense of self or a higher power/process – Meditation practice and other spiritual disciplines create a structural change in your brain, strengthening healthy neuronal networks.

And ultimately - Not undoing all the good work and relapsing onto quick fix dopamine boosters. For this you will require active coaching (sponsoring) by another lay person who also has the illness and understands that your reasoning processes are impaired! Think of this person as a personal trainer. They will push you where you don't want to go, but this is necessary to become fit and healthy.

A Program For You

The following methods will be used:

Twelve Steps – In Phase 1 we will complete step one of the twelve steps. This involves mapping out our addiction on brain cells - a fun exercise - but one which helps us to make a self-diagnosis of the illness, commit to recovery and start to outline a programme. Step One of the Twelve Steps helps us to understand;

» Our inability to consistently abstain

» Our impaired behavioral control

» Our cycles of relapse & remission

Cognitive Behavioural Therapy (CBT) - Phase 2 is underpinned by a CBT technique called ABC. This technique trains us to manage our feelings and deal with stress as it emerges. Because ABC is all about disputing errors in our thinking, it is effective treatment for the impaired reasoning which manifests in addiction. In phase 3 we can dig deeper into higher level changes using CBT. CBT is effective treatment for;

» Our diminished recognition of significant problems with our behaviour

» Our diminished recognition of significant problems with our relationships

» Our dysfunctional emotional responses

Mindfulness – In phase 1 and 2 we will learn 'how' to meditate, and in phase 3 we have the chance to expand our practice. Mindfulness expands our awareness and is a good 'spiritual' alternative for people who find formal religion difficult to subscribe to, or whostruggle with finding a *higher power*. A higher power (as mentioned in 12 Step programmes) is anything which aids us in our recovery and is more powerful than self-reliance. Mindfulness is one of the models we use for our higher power in this treatment programme. Mindfulness is effective treatment for;

» Cravings and urges

» The psychological and spiritual manifestations of addiction

3 Circles (or Zones) – 3 circles is another 12 Step method used by fellowships that are treating "process addictions" (addictions to things other then drugs). In this programme we will use 3 circles to treat substances as well, and will refer to them as zones. The inner circle *or active zone* outlines the drugs or processes which are uncontrollable and destructive for us. We complete our active zone at the end of Phase 1 to define our abstinence and start counting our *clean and sober time*. Clean and sober time is the amount of time since we stopped addictively using those drugs or processes we've agreed to abstain from.

In phase 2 we outline our middle circle o*r slippery zone*. This defines our triggers and maladaptive behaviours. Triggers are things which make us want to act out our addiction. Maladaptive behaviours are behaviours which don't work for us anymore.

Our outer circle or *recovery zone* will include all of the *recovery actions* we have discovered in group and with our counsellors. Recovery Actions are actions which will steer us away from acting out our addiction towards greater health and well-being. In phase 3 we work on higher level changes for our recovery zone, such as building a detailed vision of our lives in recovery and changing more ingrained maladaptive behaviours we have learnt through childhood and adulthood. 3 Circle Plans are effective treatment for;

» Multiple addictions (the way we self-medicate using various addictions)

Summary

So we have learned that dopamine is the central neurochemical that activates our reward/ pleasure circuitry and that dopamine is the one factor that all addictive substances and behaviours have in common. We know that every drug and process that people abuse affects the dopamine reward circuitry of the brain. Therefore addiction can manifest in a variety of different ways and addicts can choose from a number of dopamine reinforcers to medicate themselves. In fact, many addicts switch from one substance or process to another throughout the course of their illness.

Also we have learnt that the main methods used to treat addiction on an ongoing basis are 'behavioural'. This means that it is not just medicines which help us get better but also *things* we do.

Learning Objectives

I. We have gained an overview of modern definitions of addiction
II. Understood the primary, chronic and progressive nature of addiction as an illness
III. Understood the role that reward-memory and reasoning play in becoming addicted as well as recovering from addiction
IV. Self diagnosed whether we display the main characteristics of addiction according to The American Society of Addiction Medicine's definition
V. Gained a basic understanding of how addiction is treated

Brain Cell - **What is Addiction?**

prioritize drug seeking

abuse of substances and processes

MEMORY SYSTEM

REWARD SYSTEM

(brain changes)

(medicated)

environment

DA reinforcement

reward more important than safety

learns "triggers"

TRIGGERED BY

blunted pleasure

REASONING SYSTEM

(overridden)

DA dysregulation

genes 40 - 60%

PRIMARY

CHRONIC

PROGRESSIVE

IS A DISEASE

impaired reasoning

no cure

symptoms get worse without treatment

ADDICTION

treatment required

NEEDS

spiritual

SYMPTOMS

IS RECOGNISABLE BY ITS

TREATMENT

bio

3 circles

social

steps

mindfulness

CHARACTERISTICS

psycho

inability to consist. abstain

diminished recog. of problem

cravings

impaired behav. control

pathological pursuit of

cycles of relapse and remission

with behaviours

reward

relief

with relationships

• *Chapter Two* •

The Twelve Steps

Now we have learnt what addiction is and how it is treated, we will look at the different treatment methods starting with 12 Steps

The 12 Steps sprung out of Alcoholics Anonymous, which started in 1935. The fellowship began as a way for alcoholics to support each other and recover from their illness by sharing openly with each other, whilst keeping their identities anonymous from the public.

They quickly devised a 12 Step process by which they managed to stay sober long term, and gain recovery. The method was later used by other fellowships such as Narcotics Anonymous, Gamblers Anonymous, and Sex Addicts Anonymous to name just a few.

Whilst in treatment you will gain an understanding of all of the concepts and principles of the 12 Steps and experience 12 step meetings and fellowship first hand. By the end of treatment you will hopefully realize the importance of this central addiction treatment method, and begin to use 12 Step fellowships as a resource back in your community, and start working the steps with a *sponsor*. A sponsor is a more experienced person in recovery, who has qualities you value, and who can help you work through the 12 Steps (see next page)

Knowing what we now know from ASAM's definition, and the explanation of the disease and its treatment - it is extremely important for you to understand 12 Steps and the part that abstinence and fellowship plays in treating this illness.

The steps below are reprinted from Alcoholics Anonymous. Other fellowships have 'borrowed' or adjusted the steps to include their own addiction. So if your primary addiction is not alcohol please just substitute the word alcohol for 'drugs', 'sex', 'overeating', or whatever your primary addiction is.

Step 1

We admitted we were powerless over alcohol that our lives had become unmanageable

Explanation *This means that we accept the compulsive and obsessive nature of our illness and detail the costs and consequences of our addiction.*

Main Concepts | *Powerlessness & Unmanageability*

Powerlessness describes the way we feel when we no longer want to do the things that our addiction demands but we end up doing them anyway. We need to accept that we have routinely failed to control our using or acting out because our reasoning faculties in our forebrains have been overridden by our reward system. Also that this illness is a chronic illness and so control over the addictive process will never be regained.

Unmanageability - In modern terms we might call this the costs and consequences of our addiction. What price have we paid, literally, emotionally, mentally or physically. It is, in simple terms, the chaos which the illness is causing in our lives.

Step 2

Came to believe that a power greater than ourselves could restore us to sanity

Explanation | *This means we replace our addiction belief system with a positive belief system which will help us experience transpersonal growth*

Main Concepts | *Higher Power*

Higher Power is anything which aids us in our recovery and our spiritual growth. This process needn't be a religious one. The reason we need a Higher Power is because the reasoning processes in our forebrains' have become impaired. A Higher Power could be as simple as a group of other recovering addicts who know and understand your impaired reasoning and will guide you when you are in denial.

Step 3

Made a decision to turn our will and our lives over to the care of God as we understood him

Explanation | *This means we commit to following the guidance of a process greater than ourselves*

Main Concepts | *Self Will & Handing Over*

Self-will refers to the way we ran our lives when we were in active addiction. It is the way we attempt to control everything to a pathological degree, and the way we attempt to manipulate situations towards certain outcomes. Step Three involves a decision to cease doing this and 'hand over' our willpower and attempts to control things, to the care of our higher power or support group

Step 4

MADE A SEARCHING AND FEARLESS MORAL INVENTORY OF OURSELVES

Explanation | *This means we comprehensively list our problematic and destructive thoughts, feelings and behaviours*

Main Concepts | *Inventory*

Here we create inventories of resentment, fear & shame because they are unnecessarily negative feelings which are destructive to us as addicts. We attempt to gain insight into these emotions by asking "what's my part?"- what part did I play in this situation to create these feelings.

Step 5

ADMITTED TO GOD OURSELVES AND ANOTHER HUMAN BEING THE EXACT NATURE OF OUR WRONG

Explanation | *This means that we disclose our problematic and destructive thoughts, feelings and behaviours to a sponsor, counsellor or support group, knowing that the addiction cycle depends on secrecy*

Main Concepts | *Housecleaning*

This step outlines the necessity of sharing our inventories and complete life story with another appropriate person. Until we do this we are laden down with toxic feelings and secrets, and are unaccountable for our actions. It is only with the help of another that we can see or uncover our 'character defects'

Step 6

WERE ENTIRELY READY TO HAVE GOD REMOVE ALL THESE DEFECTS ALL THESE OF CHARACTER

Explanation | *This means that we isolate and list the ineffective behaviours we have been masking and share them with a counsellor/sponsor/support group*

Main Concepts | *Character Defects – This means 'ineffective behaviours' in modern terminology*

'Character defects' are ineffective character traits or behaviours we have developed in active addiction that lead to imbalance in our personal lives. These might include being aggressive or passive aggressive, being overly compliant, compromising ourselves or sabotaging things

Step 7

HUMBLY ASKED HIM TO REMOVE OUR SHORTCOMINGS

Explanation | *This means that we engage recovery behaviours to change our ineffective addict behaviour, whilst acknowledging that it takes time and the assistance of a power greater than ourselves to make this happen*

Main Concepts | *Humility*

Humility is often confused with 'humiliation' or low self-esteem, but this is not what is meant by this step. The meaning here is that there is a great power in 'humbly' asking for something which is really needed - in this case, new and more functional personality traits. Traditionally twelve step fellowships do this via prayer, but we can also use positive affirmation, creative visualization and assignments to help this along

Step 8

MADE A LIST OF ALL PERSONS WE HAD HARMED AND BECAME WILLING TO MAKE AMENDS TO THEM ALL

Explanation | *We comprehensively review ways we have harmed others through our addictive behaviour, and acknowledge our need for action to correct those damaged relationships*

Main Concepts | *Causing Harm*

Harm in this sense includes actions we have undertaken which have caused others unnecessary distress, whether that be physical, mental, emotional, social or financial. We may have been dishonest, abusive, inconsiderate or neglectful.

At first we may be unwilling or afraid to seek forgiveness. Conversely we may remain unwilling to apologize to them thinking they are really to blame. We meditate on this until we become willing.

Step 9

MADE DIRECT AMENDS TO SUCH PEOPLE WHEREVER POSSIBLE, EXCEPT WHEN TO DO SO WOULD INJURE THEM OR OTHERS

Explanation | *This means we reconcile with others and make restoration where appropriate in order to correct our relationships regarding our past actions*

Main Concept | *Amend Making*

Amend Making is the act of setting things right after harm has been done. We use the resources of fellowship and good advisors to work out what kind of actions will set things right, and then make direct or indirect amends to that party as appropriate.

Step 10

CONTINUED TO TAKE PERSONAL INVENTORY AND WHEN WE WERE WRONG PROMPTLY ADMITTED IT

Explanation | *This means we complete daily journals or inventories to maintain insight into our faulty thinking and behaviour, and then take corrective action as quickly as possible*

Main Concepts | *Taking Personal Inventory*

Step Ten requires us to keep a personal inventory of our on-going behaviour and interactions with people. We will often write this down at the end of each day and decide upon corrective actions which we need to see through the next day, to maintain healthy relationships with others, and prevent resentment, fear and shame from building up again in our lives

Step 11

SOUGHT THROUGH PRAYER AND MEDITATION TO IMPROVE OUR CONSCIOUS CONTACT WITH GOD AS WE UNDERSTOOD HIM, PRAYING ONLY FOR THE KNOWLEDGE OF HIS WILL FOR US AND THE POWER TO CARRY THAT OUT

Explanation | *This means that we use meditation and other self-development techniques to improve our inner equilibrium, to engage our higher faculties and to come closer to our true selves and a higher power or process*

Main Concepts | *Conscious Contact (Spiritual Connection)*

Step 11 suggests prayer, meditation and contemplation as regular activities which we should engage in. All of these activities are designed to improve actual contact with whatever spiritual source nourishes us. Whatever Higher Power we choose we need to be actually connected to it in order for it to work, and for that to happen we will have to work at improving that contact via any method which is effective

Step 12

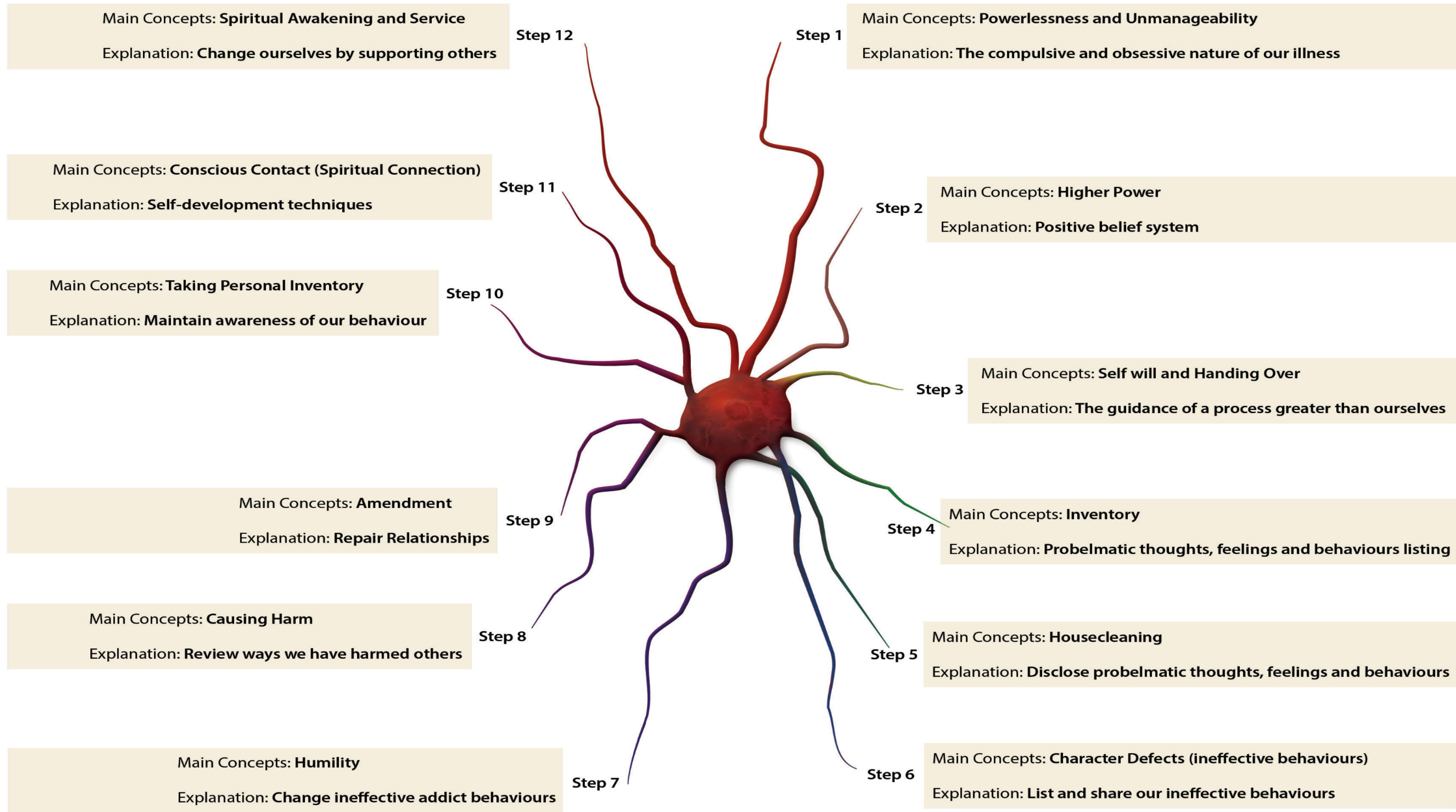
HAVING HAD A SPIRITUAL AWAKENING AS A RESULT OF THESE STEPS, WE TRIED TO CARRY THIS MESSAGE TO ALCOHOLICS, AND TO PRACTICE THESE PRINCIPLES IN ALL OUR AFFAIRS

Explanation | *This means that having effectively changed ourselves we engage in peer support with others with addiction problems, knowing that this is the most effective form of on-going therapy for us.*

Main Concepts | *Spiritual Awakening & Service*

Step Twelve talks about carrying the message to other addicts and alcoholics once we have had a spiritual awakening. Again in modern terms this spiritual awakening could be described as a profound attitudinal shift where we are completely invested in our recovery and doing all it takes to build and maintain our new found sobriety and mental/emotional balance.
Service means working to support others with addiction problems. This creates in us a sense of purpose and meaning.

Recovery Zones



Summary

- Most addicts have symptoms before they ever use. So the important thing to know about addiction is - it's not a choice. Addicts feel ill and they need something to make them feel better.
- Addiction is often an underlying state of reward deficit or blunted pleasure sense, which is 'fixed' by self-medicating with things that reinforce dopamine.
- Symptoms of the illness often precede the problematic use of drugs or alcohol.
- Addiction is a chronic illness which means that after stopping your addictive behavior your symptoms are only in remission, meaning they will come back unless the illness is treated.
- Vulnerability to addiction can be genetically inherited.
- Addiction can be environmentally caused if we suffer an adverse environment (especially in early years) and experience stress via neglect, abuse or trauma.
- Addiction can be caused by substance abuse – overusing the reward system can deplete your brains dopamine function and therefore the need to self-medicate.
- In addition to having a genetic or environmentally caused dopamine deficiency, other genes can assist the formation of an addiction by increasing vulnerability to things like cravings.
- Many of the methods used to treat addiction are 'behavioural'. This means that it is not just medicines which help us get better but also things we do.

Learning Objectives

I. We have gained an overview of modern definitions of addiction.

II. Understood the primary, chronic and progressive nature of addiction as an illness.

III. Understood the role that reward-memory and reasoning play in becoming addicted as well as recovering from addiction.

IV. Self-diagnosed whether we display the main characteristics of addiction according to The American Society of Addiction Medicine's definition.

V. Gained a basic understanding of how addiction is treated.

• *Chapter Three*•

The 3 Circles

Having learned about what addiction actually is and what it looks like in our own lives regarding our powerlessness and unmanageability, we now have a need to define it further and create a definition of *abstinence*. Abstinence means *abstaining from* or *not doing* certain things. In the context of addiction abstinence means not doing those things which have become uncontrollable and destructive for us – abstinence can differ from addiction to addiction. The reason we need to maintain abstinence as addicts is because as we have seen, addiction is a chronic illness which impairs the brain's reasoning faculties at a biological level, leaving the sufferer unable to exercise control over behaviours which are harmful. In this section we will be investigating a method called 3 circles which works with *all addictions* to help define what abstinence means for every addict dependent on their addiction or circumstances.

A Model Which Treats all Addictions

The 3 Circles is a 12 Step technique that evolved in fellowships like Sex Addicts Anonymous to help people addicted to *processes*. A process addiction is an addiction to a behaviour or process which is highly stimulating or rewarding. The brain chemistry involved in process addictions is exactly like that involved in substance addiction. Examples of process addiction include; sex and love, internet gaming, gambling and overeating

The 3 Circles help process addicts to understand what is addictive for them and what is not. The 3 circles can also be used by substance addicts especially when they have a co-occuring disorders (mental/emotional health disorders co-existing with addiction) or when they are addicted to drugs/alcohol *and* processes. The 3 circle model consists of an Inner Circle (our active addiction zone), a Middle Circle (which is a danger zone or slippery zone) and an Outer Circle (which is our recovery zone). At One Step we call them zones because squares are easier to write in than circles.

Active Zone

Any addict can place what is addictive and destructive for them in their Active Zone. This defines what they must abstain from. If they engage in any behaviours which are in their Active Zone, then they are in active addiction and they have lost their *clean time or sober time*. Clean or sober time is the length of time that we have successfully abstained from all those Active Zone activities (the things we are addicted to and which are harmful).

Slippery Zone

Accompanying all addictions are *slippery or 'accessory'* behaviours which are not using or acting out but are very close to it. We place these behaviours in our Slippery Zone. We will detail bad environments, triggers, negative thoughts, disturbing feelings and ineffective behaviours in our slippery zone because they are dangerous for us and might lead us back into our active zone.

Recovery Zone

Lastly we will create a *Recovery Zone.* This constitutes our recovery and anything which is healthful and brings about our recovery is placed in the Recovery Zone. Top of the list of Recovery Zone behaviours are those activities which are based around 12 Step fellowships.

EXERCISE• ON THE FOLLOWING PAGES READ ABOUT WHAT SHOULD GO IN THE 3 ZONES FOR DIFFERENT ADDICTIONS AND DRAW UP A BASIC 3 ZONE RECOVERY PLAN.

Recovery Zone

Use Anti-Denial Affirmations

Use HALT

Get Busy, Get Better

Memorize and use the Serenity Prayer

Meeting Attendance

Doing Service Work

Work the 12 Steps or Three Zones

Building healthy positive thought Processes

Being sociable

Enganging in Spiritual Practices or disciplines

Experimenting with novel activities

Positive Environment

Physical activity and exercise

Use the telephone! Call another addict or someone in your support network

Slippery Zone

Triggers

Distorted Thinking

Unmanageable Feelings

Slippery Behaviours

Ineffective Behaviours

Active Zone

Drugs

Pornography

Paying for Sex

Processed sugar

Alcohol

What goes in the Red 'Active' Zone

For drug & alcohol addicts
(always) - drugs, alcohol use and abuse of prescription drugs

For sex addicts
(as a guide) - pornography, paying for sex, multiple relationships, anonymous casual sex

For overeaters
(as a guide) - processed sugar and white flour products

If you are in any doubt as to what is compulsive and destructive for you then refer to the central texts of the relevant fellowships, and get identification with other people suffering from that addiction. This will guide you as to what needs to be abstained from.

What goes in the Amber 'Slippery' Zone (various addictions)

Triggers

- Bars, pubs, sex shops, frontline drug selling zones, fast food restaurants
- Work stress, relationship stress, responsibilities, challenges, failures

Distorted Thinking

- Perfectionism
- Denial of addiction or impaired memory of how bad it was
- Euphoric recall of using

Unmanageable Feelings

- Stressing and 'awfulizing' about events
- Anxiety or unreasonable fears
- Deep resentment, explosive anger
- Relationship turbulence, bitterness or jealousy
- Shame

Slippery Behaviours

- Frequently going into bars
- Keeping alcohol in the house
- Enjoying the smell of alcohol or dope
- Hanging out with drug users, keeping dealer's numbers
- Keeping old phone numbers

Ineffective Behaviours

- Fighting, arguing, defending, rebelling, aggression, passive aggression
- Scheming, manipulating, sabotaging, holding out, refusing
- Isolating, hiding, procrastinating

What goes in the Green 'Recovery' Zone)

Use Anti-Denial Affirmations

Write them in your recovery zone and place them around your house ie: "There is nothing in my life today that is so bad that acting out won't make it worse!"

Get busy, get better

When we stopped acting out many of us found that we had lost touch with our genuine interests. Replace addictive behavior with healthy activities that benefit you physically, emotionally, and spiritually. List those you would like to try in your recovery zone.

Use HALT

Don't get Hungry Angry Lonely or Tired. Write proposed meal times, bedtimes and social activities in your recovery zone.

Memorize and use the Serenity Prayer

Write in your recovery zone when and under what circumstances (ie; feeling triggered) you will refer to this or other prayers/mantras – keep them in your wallet.

Doing service work

When obsession strikes, turn your thoughts to the action of helping another recovering person. Write a list of proposed service commitments in your recovery zone.

Meeting attendance

Outline in your recovery zone which meetings from which fellowships you will attend

Use the telephone!

Call another addict or someone in your support network and explain the situation. Have a list of programme members phone numbers in your recovery zone.

Work the 12 Steps or Three Circles

With an experienced sponsor or counsellor. Condense the tasks and assignments from those steps into your recovery zone.

Building healthy positive thought processes

Use CBT, REBT or other therapies. List appointments or homework assignments outlined by these methods into your recovery zone.

Bibliotherapy

Exploring the roots of therapeutic and spiritual concepts by reading up on spirituality, psychology, science, health and 12 Step programme literature. List the names of books and resources suggested to you in the recovery zone.

Engaging in Spiritual Practices or disciplines

Like tai chi and aikido, yoga, relaxation techniques, creative visualization, affirmations, toning or singing, meditation, prayer and other reflective, calming activities which strengthen important neuronal networks and have a long term beneficial effect on relaxation and sleep. List the ones you want to try in your recovery zone and outline an itinerary.

Experimenting with novel activities

Like drama, art, music and engaging in new learning (ie; languages) to increase the strengthening of certain brain circuits, especially in the brain's learning, reward and memory pathways. List those you intend to work on.

Being healthily sociable

Develop social skills and build exposure to emotional experiences like intimacy, bonding, cooperation, feelings of belonging, verbal and non-verbal communication. List activities in the recovery zone.

Positive Environment

Positive people, pleasant smells, nature and other uplifting experiences. List the places and people that are meaningful for you and part of your recovery in the recovery zone.

Physical activity and exercise

To release serotonin, endorphins and enkaphalins in the brain, all of which make us feel calmer, increase the effectiveness and speed of our mental functioning, raise mood, and increase our organizational ability, spatial awareness and many other brain and body functions. List exercise regimes and resources in your recovery zone.

EXERCISE • FILL IN THE 3 ZONES FOR YOUR PRIMARY ADDICTION

Green **Recovery** Zone

Amber **Slippery** Zone

Red **Active** Zone

Summary

So we have learnt that not all addictions involve chemicals, but that people can also use behaviours or 'processes' to get high, and that in some cases those things are impossible to abstain from. We have explored how to 'zone out' destructive and compulsive addictive behaviours as well as 'accessory' behaviours which are very close the addiction itself.

Learning Objectives

I. We have understood the 3 circle model.
II. Explored what constitutes abstinence for us.
III. Understood how environments, thoughts, feelings and behaviours can trigger us into relapse.
IV. Understood what constitutes recovery for us.

Chapter Four

Powerlessness and Unmanageability

In previous chapter we have explored the characteristics of addiction which have now been outlined by medical bodies like ASAM. However, these aspects of addiction have actually been understood by 12 step fellowships for many decades. According to ASAM, addiction is characterized by, "an inability to consistently abstain, impaired behavioural control and cycles of relapse and remission" (ASAM, 2011). Twelve Step programmes would define these same things as powerlessness and unmanageability. Powerlessness is when we can't stop using drugs and alcohol or compulsively rewarding processes despite the fact that we are fully aware of the damage we are doing to ourselves and others. Sometimes we can stop but we can't stay stopped. Powerlessness is apparent if we continually return to having an inability to control our substance use or addictive behaviour. No matter how long we seem to be in control, we will eventually return to pathologically acting out the addiction in a compulsive manner regardless of consequences. This is proof that we are addicted because otherwise we would stop like 'normal' people do. Powerlessness is the tyranny of being controlled by our cravings and obsessions, and it accurately describes the way we feel when we no longer want to do the things that our addiction demands but we end up doing them anyway. Below are the signs and symptoms of powerlessness.

Powerlessness

Unsuccessful attempts to quit - Frequent promises to quit, or behave better are routinely broken, and some of us may have had multiple attempts at cleaning up which all ended in failure, sometimes quickly, sometimes slowly, but the eventual lapse came and then that quickly turned into a full-blown relapse.

Examples

- You promised your wife you will quit this time after losing your driving license and your job, but you start spending all day in the pub.
- You are admitted to hospital to detox. The withdrawal is so bad you swear you'll never drink again, but end up discharging yourself early and walking straight to a bar.

» Continuing on after terrible consequences which should have stopped you or which would stop any other 'normal' person.

» Stopping for long periods only to relapse into heavy drinking or using after becoming convinced we could drink/use normally again.

Obsessional thoughts, cravings & drug seeking behaviour - According to the National Institute of Drug Abuse, once drug-seeking behaviour is engaged regularly then addiction is present (NIDA-2010). Constant mental preoccupation throughout the day or at certain times indicates addiction. Cravings are psychological but can feel physical. (please note that cravings are not physical withdrawal symptoms – not all people suffering from addiction are physically dependent on a drug or even use physically addicting drugs!).

Examples

» You obsess about your addiction (drugs/gambling/sex) so much it seriously interferes with your ability to complete any quality work.

» You look in bins for old prescription drugs you already threw out in disgust

» You scour the floor for drugs.

» Rooting through cupboards looking for alcohol

» Hustling friends for drugs.

» Doctor shopping (getting multiple prescriptions from more than one doctor)

How do you protect your supply - This behaviour proves powerlessness because if you are ever in the position of having to control the flow or supply of your drug of choice to make sure it's there, you have a problem. You might protect your time or money for using or acting out, and make up lies and schemes to ensure it is there. You may plan ahead, and make your access to drugs or processes your number one priority when you are travelling or inconvenienced in some other way.

Examples

» You take a supply of alcohol or drugs with you across borders because you are terrified of going into withdrawal or being left without.

» You stay in an unhealthy relationship because you need the money you are given to support your habit.

» You become angry or aggressive when your using is intervened by family, friends, doctors, employers or law enforcement agencies.

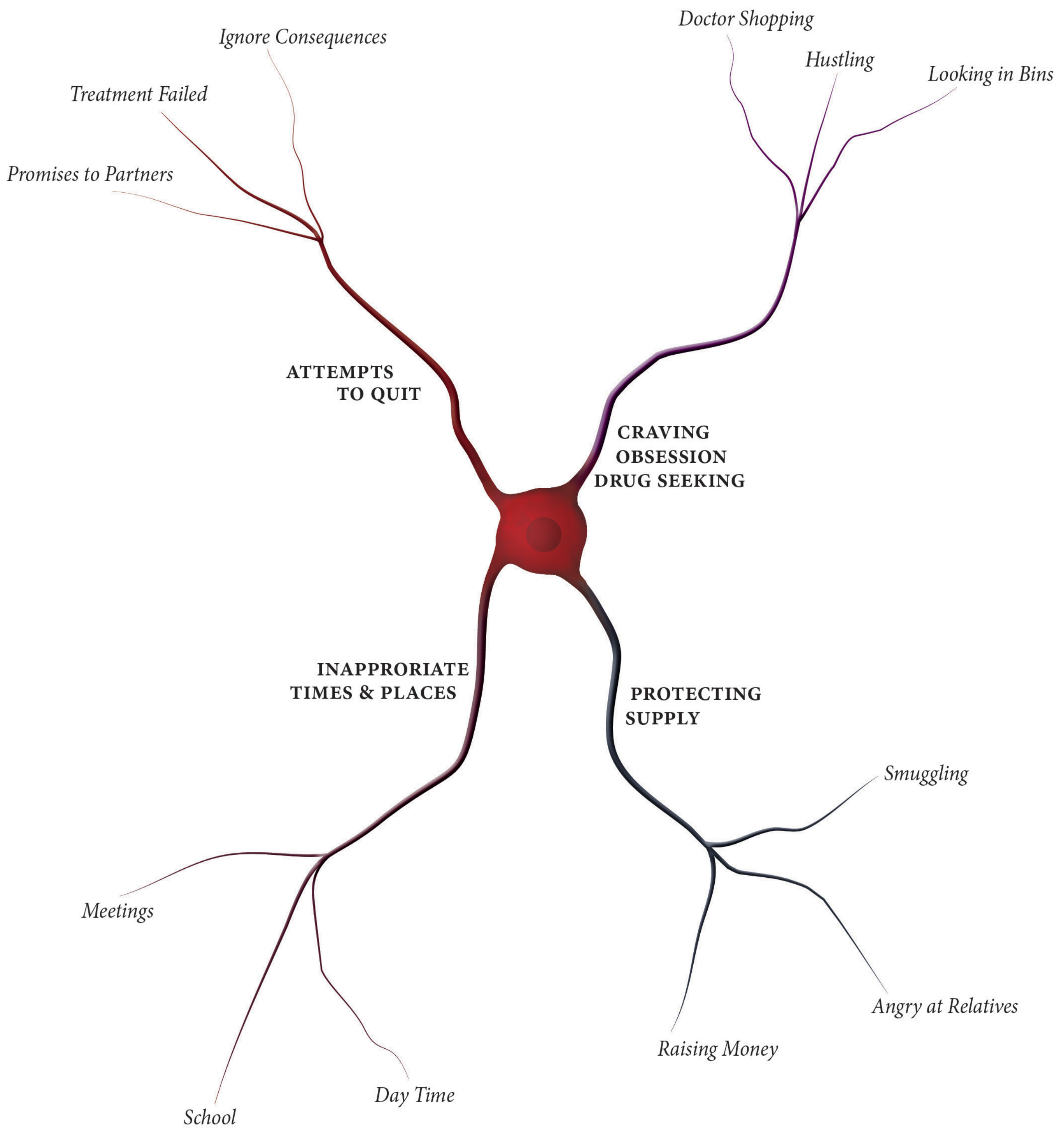
Using or acting out at inappropriate times and places - Using or acting out in inappropriate settings or at times which are inconvenient makes it clear we need to use or act out, and that we have no choice in the matter. We cannot wait, we need to have it now. Things we know shouldn't come second *do* come second, like our kids, our jobs and important appointments, events and commitments.

Examples

- You drink just before a board meeting even though you know others will smell it.
- You are drunk when you pick your kids up from school because you couldn't wait all day without a drink.
- You drink or use during the day when you are on night shifts that evening.
- You control all week but make up for it on Friday night and are unable to attend your family's get together at the weekend because you are still drinking.

Exercise 1 • Describe Your Powerlessness on the Large Brain Cell Which Your Counsellor Will Give You.

Brain Cell - **Powerlessness** (example)



Unmanageability

Unmanageability is the state our lives descend into when we can't control our addictive behaviour. It is the consequences which our addiction creates. Our lives end up being unamanageable, and we are unmanageable. No-one and no-thing can seem to relieve us of this weight which starts to pile in on us as we get deeper and deeper into the illness. We disregard our responsibilities, break our own and other peoples values, lose friendships, relationships and opportunities. Below are the main signs and symptoms of unmanageability.

The effect your addiction has had on your work, your reputation and your efficiency - Unmanageablity at work or college is characterized by lost time and a marked decrease in efficiency leaving us tired and lacking in energy. Even process addictions like sex and gambling can leave us exhausted or needing to leave work early to get our 'fix'. This seriously affects our ability to perform the functions of our business. Often our reputation takes a nose dive over a period of time, and sometimes we are not honest about how others see us.

Examples

» You are not achieveing at school/college.

» Your conviction for possession of cocaine means you cannot travel on business to certain countries.

» You sit in the pub on extended lunch break and don't care.

» You don't turn up for work due to a hangover.

» Ambitions which used to drive and motivate you take second place to your most important need which is to get high.

» Your turning up drunk to the board meeting means that although you are a major shareholder you are asked to step down as a director by your partners.

» People used to respect you as being at the top of your field, but after several professional events where you were obviously high, and increasingly erratic behaviour, people are saying you've 'lost it'.

» You lose your driving license and can no longer get to work, and so you need to take a lower paid job which is nearer to your house.

» You write off your car whilst drunk and your insurance goes up. You also have medical bills, and a fine for drink driving.

The effect your addiction has had on your relationships - Often we have become estranged to some extent from our families and friends and that has been exacerbated or caused by our addiction. We even use these resentments as a reason why we need to drink, use or act out. Are your intimate relationships characterized by lots of fighting, bickering and general unhappiness? Even if our relationships are more peaceful they may still be characterized by numbness or a lack of communication.

Examples

- » You never attained the expected level of achievement in the eyes of your family and it causes tension at family events.
- » You are not there for them when there is a crisis, or you are yourself the cause of the crisis.
- » You have missed or derailed several family events due to drug or alcohol use and now you are not on speaking terms and there is a big resentment around it.
- » You argue and fight with your partner and kids when you've been drinking
- » You are no longer invited to the dinner parties you used to enjoy because of your drunkenness and the fact that you go over the top insulting people and being really intense.
- » Your work colleagues (or family) can't bear you anymore because of the unmanageable levels of stress, resentment and anger you display.
- » You get drunk at your daughter's wedding and insult the grooms family

The effect your addiction has had on your physical, mental & emotional health - All aspects of our health deteriorate during active addiction. We may receive doctor's warnings for all sorts of conditions, or as we get older more permanent effects to our health. For alcohol users common health problems are pancreatitis, liver problems, gout, neuritis and poor mobility. Your overeating might have left you overweight and at risk of diabetes, heart disease and other ailments. For injecting drug users it might be abscesses, or blood borne viruses (BBV's) For sex addicts it might be sexually transmitted diseases (STD's). We may have been hospitalized or had to seek medical attention at least once. Even if you've avoided long term health problems, you may have had accidents or placed yourself in danger due to your addiction. We can be overtaken by mood swings, or a total inability to deal with stress. Stressors that other people seem to take in their stride drive us mad. We are overtaken by anger, paranoia, frustration and agitation.

Examples

- » Your health is seriously deterioarating
- » There have been episodes of psychiatric ill health excacerbated by drugs/ alcohol and they want you to stop.
- » You had an accident.
- » You avoid open spaces or busy streets and trains because of your anxiety
- » You think people have 'got it in for you'.

The effect your addiction has had on your spiritual health - Addiction could be described as a spiritual malaise, or existential crisis. We often don't know who we are or where we are going. We are often plagued by feelings of uselessness or lack of meaning. Sometimes we can lose the will to get up in the morning, and can go through extended periods of feeling miserable and worthless. You may seem to have a lack of interest in anything or no longer enjoy things you used to. You may feel hopeless about the future

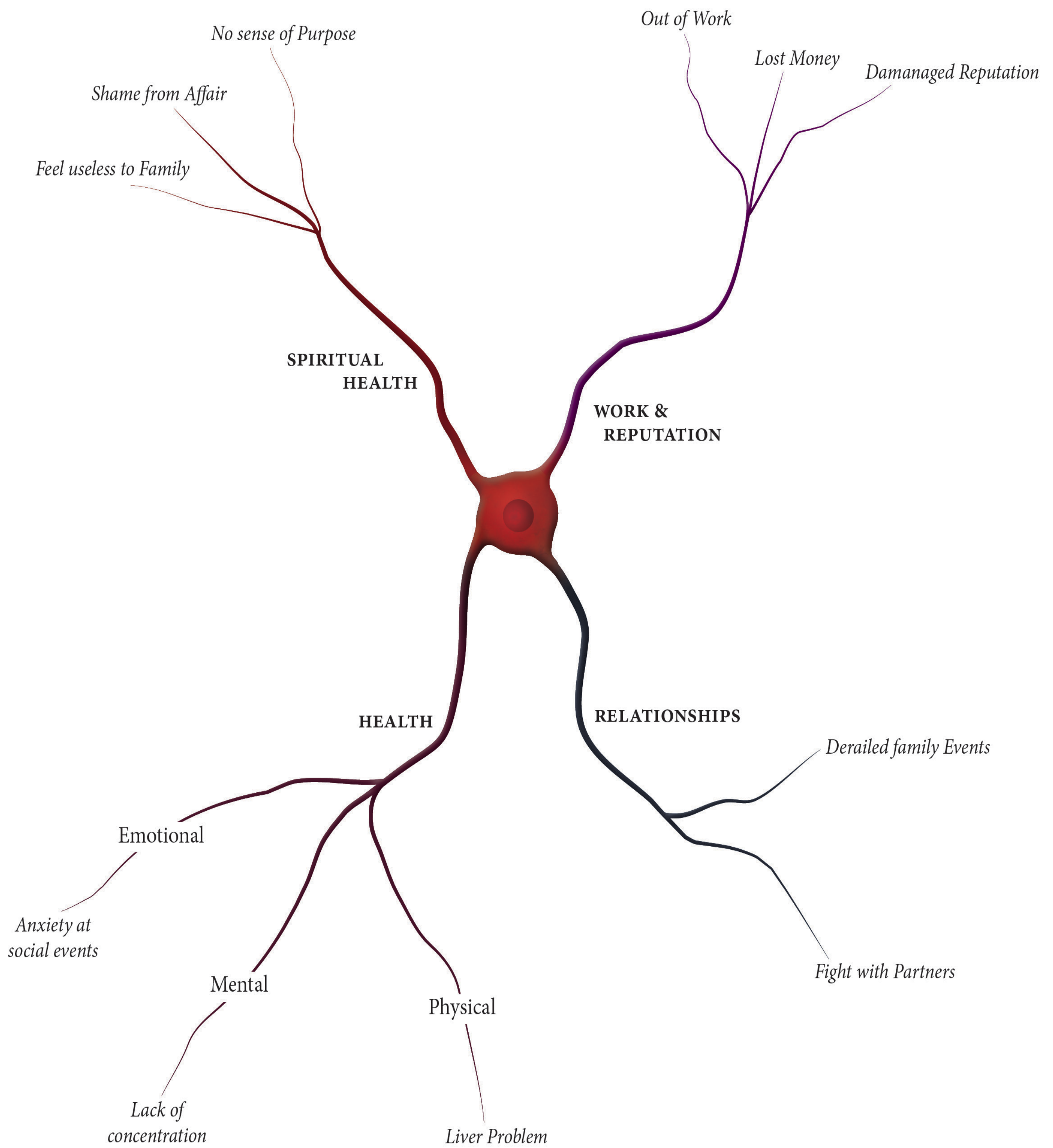
and find it difficult to summon the energy for normal day to day tasks. During active addiction we often engage in behaviours which bring us intense shame. When we hit bottom we are on our knees psychologically and emotionally. We are full of shame and guilt about the things we've done whilst using.

Examples

» You are crippled by fears and anxieties about everything
» You can't seem to get on top of your problems and are experiencing unbearable frustration and irritation with yourself and others
» You wake up after a particularly gruelling binge and your nerves are shattered. You can't face anybody and decide it's time to quit and get into treatment.
» You wake up with someone you don't know.
» Breaking your own values and morals

Exercise 2• Describe Your Unmanageability on the Large Brain Cell Which Your Counsellor Will Give You.

Brain Cell - **Unmanageability** (example)



Summary

So we have learned that Powerlessness is an old-fashioned way of describing a loss of control which manifests in addicts in a variety of ways. Also we looked at unmanageability which is the common consequences addicts always seem to have, like disruption to their work and personal relationships

Learning Objectives

I. Gained an understanding of the concept of 'powerlessness' as described in 12 step programme literature.
II. Gained a modern understanding of the concept of 'unmanageability' as described in 12 step programme literature.
III. Self-diagnosed various manifestations of powerlessness & unmanageability in our behaviour.
IV. Created brain cells detailing the progression of our addiction, gaining feedback from (and identification with) our peers in treatment.

Exercise• Now you have completed Phase 1, get a large 3 zone plan from your counsellor and define your abstinence for your primary addiction(s) in the Active Zone. Then define your triggers and slippery behaviours in the slippery zone.

Phase Two

• *Chapter Five* •

Cognitive Behavioural Therapy

In Phase One we learnt about what addiction actually is and mapped out our own addiction on brain cells. We also used the 3 circle model to help us define our abstinence in an Active Zone in order that we can begin counting our clean or sober time.

Now in this section we will be looking to gain more insight into our Middle Circle or Slippery Zone. We will be looking at belief systems and ways of behaving which put us at risk of relapse. We will examine the unmanageable feelings which addicts often suffer from and learn how to change these to healthier feelings. As addicts we have been through a process of neuroadaptation which links stress, anger and fear with acting out our addiction in order to gain relief. In order to function better in our recovery we need to begin learning healthy ways of thinking, feeling and behaving. One of the best ways to learn this is found in Cognitive Behavioural Therapy (commonly known as CBT). The primary tool used in this therapy is called *ABC*.

ABC stands for *activators, beliefs and consequences.* Activators are things which trigger feelings inside you, for example someone being rude to you. Beliefs are all the things we think and say to ourselves (which are often quite unconscious and irrational), and Consequences are the feelings we have because of what happened (A) and what we believed about it (B).

In CBT it is commonly assumed that it is not the things which happen to us (A's) which make us have unhealthy feelings, but rather what we believe about what is happening to us (B's). ABC shows us that it is essentially our beliefs about things which create our feelings (or at least the intensity of our feelings).

Example One

A (Activator) – Someone stands on a man's foot = **C (Consequence)** - He feels angry and jumps up and yells at them

Example Two

A (Activator) Someone stands on another man's foot = **C (Consequence)** - He feels calm, smiles and apologises for being in their way

These men have the same A's (activators) but different C's (consequences). This is because they have different B's (beliefs) about what is happening to them. The first man probably has ingrained core beliefs about the world being a difficult place, where it is common to be hurt, picked on and pushed around. Therefore he has feelings which are volatile. Whereas the second man probably has beliefs about the world being a safe place and other people being generally helpful and trustworthy, or that it is to be expected that people stand on your foot sometimes. Therefore he has feelings which are more placid and less disturbed.

All of us have an internal dialogue which goes on incessantly inside our heads. Spiritual traditions like mindfulness meditation (vipassana) promote the practice of watching our thoughts to bring forth awareness of what we are thinking and feeling in order to gain some control over our emotional state. In the western tradition CBT pioneers like Dr.Albert Ellis and Dr.Aaron Beck also believe that thought is responsible for our feelings and behaviours. They believe our negative thinking or *self-talk* can be disputed until a more rational view point becomes clear. In active addiction, this unconscious self-talk is rampant and automatic. During active addiction we tend to have ingrained negative thought processes. The task for the recovering addict is to challenge their automatic negative thoughts and ingrain a more realistic and positive outlook.

Using ABC to Regulate Our Emotion

ABC is actually ABCDE and it doesn't necessarily go in alphabetical order

A - Activators *(Triggers)*

There are many situations or environments that can trigger us to relapsing into our addiction. These can be people, places or things which remind us directly of our active addiction or people, places and things which make us upset – indirectly causing us to want to activate our addiction.

C – Consequences *(Feelings & Behaviours)*

After running into these activators or triggers, you will FEEL something. You will be annoyed, angry, upset or emotionally affected in some way. You might DO something as well, like shout at someone.

B – Beliefs *(Self-Talk)*

The reason we do A and C first is because when something bad happens, we often seem to 'feel' bad, straight away, but actually there are thoughts (B's) or beliefs which will happen in between. It just happens so quickly that we don't notice it. So if we jump back to B, we can see that our self-talk or 'interpretation' about the event is actually what is making us feel negative. If we attach a negative meaning to an event then we will feel negative about it. Everybody has negative thoughts and feelings, but addicts tend to think very irrationally and inflexibly causing them to feel more intensely negative than someone with a more flexible world view.

D – Dispute *(your Beliefs)*

If we are 'right' about our interpretation then there is no way to avoid feeling negative, but often addicts (and other people) are not 100% correct about the meaning they make out of things because they 'distort' their thinking in a number of different ways.

Underneath these distortions are *Irrational Core Beliefs* which we have picked up, often in childhood. Core Beliefs are strongly held attitudes which seem to formulate our most common and habitual thoughts. We tend to learn these from authority figures at different points in our lives, starting with parents and older siblings, and later we are influenced by friendship groups or work cultures. You could see core beliefs as little sound bites of your mindset.

Different theorists have different views on core beliefs. Aaron Beck believed that we should dispute our distorted thoughts rather like a lawyer would dispute a defendants story in court. He believed we should try to disprove our distorted thinking.

Albert Ellis believed that sometimes the bad things we think are true and cannot be disproved, and that we should instead try and change our demandingness, where we *demand* that it *shouldn't* or *mustn't* be like this. He argued that this is irrational because everybody suffers adversity and it is only when we hold the irrational belief that it *shouldn't* happen that we become emotionally disturbed. This is very similar to 12 Step philosophy and Buddhist Mindfulness techniques, where a sense of acceptance is highly valued in coming to terms with adverse events and gaining manageable feelings about them.

Patrick Carnes, an addiction specialist, posited the idea that addicts have particular core beliefs which are recognizable;

- I am a fundamentally bad and unworthy person
- If you really knew me you wouldn't like me
- Getting high is my most important need
- My needs are never going to be met if I rely on other people (Carnes, 1983)

We need to dispute these inherited mindsets and there are a number of disputing techniques which we can learn to help us do that in the next section.

E - Effective Thinking & Behaviour

Having found our distorted self-talk and irrational core beliefs we will need to build effective thinking by seeking acceptance over things, building realistic expectations and using positive self-talk, or at least thinking "what would positive people I know think about this?" We can also use 'affirmations', which are positive statements we repeat to ourselves in order to 'affirm' a quality we would like to develop.

Then we need to ask ourselves what effective actions will help to create healthier feelings within us. To help us do this there are a range of recovery actions which are used by 12 Step fellowships and other spiritual/psychological disciplines, to directly change certain unhealthy emotions and ineffective behaviours. The more we do this the more we will train our brain to open up recovery 'pathways' in our brain which makes healthier thinking, feeling and behaving habitual.

Exercise• Work through A,B,C,D and E on the following pages. When you have completed each section transfer your answers into the orange and green worksheet. Use one of these worksheets whenever you are feeling emotionally disturbed. It is a good idea to complete one daily (probably in the evening, whilst you are in treatment)

A Activator

Tick things which have triggered you recently. Then ring one.

People	Places	Things
☐ family	☐ work	☐ cravings
☐ parents	☐ home	☐ memories of using
☐ partners	☐ depressing environments	☐ failure
☐ dealers	☐ places associated with difficult memories	☐ challenges
☐ addicts	☐ places associated with using	☐ success
☐ co-dependents	☐ frontlines	☐ loss of pleasure
☐ ex-partners	☐ pubs	☐ lack of meaning
☐ bosses	☐ restaurants	☐ stress
☐ law enforcement	☐ ATM's	☐ physical illness
☐ authority figures	☐ traffic	☐ arguments
☐ employees	☐ cities	☐ accidents
☐ Facebook	☐ hospitals	☐ misfortune
☐ expectations from self or family		☐ inability to concentrate
☐ children		☐ being held up
		☐ projects
		☐ money problems
		☐ relationship problems
		☐ weather
		☐ world events
		☐ personal events

Other

C Consequences

How does this make you feel (or behave)?

- ☐ fearful
- ☐ anxious
- ☐ mistrusting
- ☐ panicked
- ☐ suspicious
- ☐ aggravated
- ☐ impatient
- ☐ resentful
- ☐ contemptuous
- ☐ disgusted
- ☐ ambivalent
- ☐ lost
- ☐ disconnected
- ☐ alienated
- ☐ apathetic
- ☐ bored
- ☐ detached
- ☐ distracted
- ☐ numb
- ☐ withdrawn
- ☐ agitated
- ☐ alarmed
- ☐ disturbed
- ☐ restless
- ☐ troubled
- ☐ turbulent
- ☐ unsettled
- ☐ ashamed
- ☐ guilty
- ☐ beat
- ☐ exhausted
- ☐ gutted
- ☐ pain
- ☐ agony
- ☐ devastated
- ☐ lonely
- ☐ miserable
- ☐ depressed
- ☐ dejected
- ☐ despairing
- ☐ gloomy
- ☐ hopeless
- ☐ tense
- ☐ insecure
- ☐ envious
- ☐ jealous
- ☐ obsessed
- ☐ unstable
- ☐ paranoid
- ☐ attacked
- ☐ under siege
- ☐ defensive
- ☐ wanting
- ☐ desperate
- ☐ unwanted
- ☐ unfulfilled
- ☐ unstimulated
- ☐ entitled
- ☐ disgruntled
- ☐ incensed
- ☐ proud
- ☐ thwarted
- ☐ spurned
- ☐ aggressive
- ☐ passive aggressive
- ☐ sullen
- ☐ sulking
- ☐ silent treatment
- ☐ exploding
- ☐ withholding
- ☐ pressuring
- ☐ nagging
- ☐ demanding things
- ☐ sabotaging
- ☐ gossiping
- ☐ people pleasing
- ☐ avoiding
- ☐ evading
- ☐ procrastinating
- ☐ pity party
- ☐ martyrdom
- ☐ blaming
- ☐ rude
- ☐ intimidating
- ☐ threatening
- ☐ omitting
- ☐ excessive self-reliance
- ☐ fixing your feelings with sugar/caffeine/sex/porn/manic exercise or work
- ☐ cynical
- ☐ taking other peoples' inventories

B Belief

What is your interpretation of what happened here?

Pick a core belief which describes your underlying feeling

- ☐ I always get taken advantage of
- ☐ The world is a bad place
- ☐ People are out to get me
- ☐ I always get disrespected
- ☐ No one really loves me
- ☐ People should love me unconditionally
- ☐ I must avoid disapproval
- ☐ I always get rejected
- ☐ People should accept me as I am
- ☐ I cannot allow myself to make mistakes
- ☐ I must be thoroughly competent at almost everything
- ☐ My addiction comes first
- ☐ I am helpless
- ☐ People will walk all over you if they're not scared of you
- ☐ You're ok /I'm not ok
- ☐ Nothing should be uncomfortable
- ☐ People mustn't expect anything from me
- ☐ I must appear good enough to others
- ☐ I must not show I am vulnerable
- ☐ I must be successful, approved of & respected
- ☐ I am a fundamentally bad and unworthy person
- ☐ If you really knew me you wouldn't like me
- ☐ My needs are never going to be met if I rely on other people
- ☐ I should get what I want
- ☐ Others should do what I want
- ☐ The world should be as I want

Make up your own core belief if the above don't quite fit

D Dispute

Are your thoughts rational? Ask yourself these questions

- ☐ MIND READING - Am I jumping to conclusions about other peoples actions? How do I really know what they're thinking?
- ☐ TAKING OTHER PEOPLE'S INVENTORIES - Am I looking for someone to blame, or concentrating on other peoples faults?
- ☐ SPECIAL & DIFFERENT - Am I asking for special treatment
- ☐ COMPARING & DESPAIRING - Am I measuring myself against others, or comparing to an ideal which is difficult to maintain.
- ☐ MAGICAL THINKING - Am I hoping something will be the way I want it, just because I want it to?
- ☐ PROJECTING - Am I asking questions that can't be answered like "when will I be better"?
- ☐ MUST-ABATING - Am I using ultimatum words like "must" or "should"
- ☐ OVER GENERALIZING - Am I condemning myself or others on a single event?
- ☐ DISQUALIFYING MY POSITIVES - Am I exaggerating my weaknesses and playing down my strengths?
- ☐ PERSONALIZING - Am I blaming myself for something which may not be my fault?
- ☐ PERFECTIONIZING - Do I have expectations of perfection?
- ☐ AWFULIZING - Am I overestimating the chances of disaster?
- ☐ Am I fretting about how this 'SHOULD be' rather than seeking acceptance?
- ☐ FEELINGS ARE FACTS - Am I assuming that nothing will change my situation?
- ☐ FORTUNE TELLING - Am I predicting the future?
- ☐ MENTAL FILTERING - Am I ignoring contradictory information that conflicts with what I want?
- ☐ UNREALISTIC EXPECTATIONS - Are my expectations realistic?

Describe your main distortion in more detail. Why is it irrational?

E Effective Beliefs

Do I need to UNCONDITIONALLY ACCEPT self – others – or life
Do I need to build a REALISTIC EXPECTATION
Do I need to put a POSITIVE SPIN on the situation

So now find Affirmations which promote the above (or write your own)

- ☐ I am a positive worthwhile person
- ☐ I can handle being disapproved of
- ☐ Not everyone will understand me, like or love me and that's ok
- ☐ I cannot win everything, everytime
- ☐ If you really knew me, you'd probably like me
- ☐ I am largely in control of my own fate
- ☐ I can tolerate discomfort if necessary
- ☐ I respect myself even if others don't
- ☐ You're OK & I'm OK
- ☐ It's a wonderful world sometimes
- ☐ I am a fallible human being and so are you
- ☐ My recovery comes first
- ☐ The world should be fair but it often isn't and I'm ok with that
- ☐ Good things are worth waiting for
- ☐ Nothing good comes easy
- ☐ All good things come to an end, it's natural and I honour that
- ☐ I am good enough when I'm doing my best
- ☐ It's best to keep it simple
- ☐ It's wise to put first things first
- ☐ If I get busy I will get better
- ☐ I have integrity and adhere to my values regardless of others conduct
- ☐ I take my own inventory not other peoples'

Or make up your own affirmations

E Effective Actions

Create a Recovery Action to change the unmanageable feeling/behaviour

- ☐ *To change your ineffective behaviours* use “paradoxical behaviours” - behaviours which are the opposite of what you usually do
- ☐ *For controlling behaviour, anger, frustration and fear/anxiety* – Do the Step 3 reading and hand it over to your higher power, also use prayer/meditation/affirmation
- ☐ *For ingratitude, anger and self-pity* – Do a gratitude list
- ☐ *For procrastination and apathy* - Set a SMART goal which is Specific – Measureable – Acheivable – Realistic and Timeframed
- ☐ *For unmanageable feelings* - Stay current with ABC - Complete ABC exercises during turbulent times or every night
- ☐ *For unsettled feelings and lack of focus* - Step 11 – practice prayer & meditation. Particularly in the morning make simple reviews of the day ahead and then use a period of reflection or mindfulness meditation.
- ☐ *For apathy and lethargy* - Get busy, get better. Replace addictive behavior with healthy activities that are of interest to you and note them in your recovery zone.
- ☐ *For relapse prevention during turbulent periods* – Use HALT; Plan ahead and make sure you stop what you are doing and correct the situation if you realize you have become too Hungry, Angry, Lonely, or Tired. Keep regular meal and sleeping times and organize activities with other people ahead of time. Use the phone or ABC when you are angry.
- ☐ *For anger irritation and frustration* - Use the Serenity prayer as a mantra to help you stop trying to control people, places, and things over which you have no control.
- ☐ *For cravings and urges* - Service work. When obsession strikes, turn your thoughts to the action of helping another recovering person. Use your peers! Talk to another addict and explain the situation. Also use urge-surfing, bodyscan and mindfulness meditation.
- ☐ *For depression and low feelings* - Write about the problem. Try journaling at the end of the day. Also use bibliotherapy – read a wide range of recovery literature
- ☐ *For awfulizing* - Gratitude list – Write a list of the things to be thankful for. Also use positive affirmation. – Vigorously repeat the affirmations you create .
- ☐ *For general disturbing feelings* – use mindfulness practice in the mornings or evenings
- ☐ *To combat low frustration tolerance* – Use discomfort toleration or stretching by enagaging in the monthly play or other assignments designed to stretch your comfort zone.

Or make up your own recovery action

Exercise• Condense everything you have ticked and written into these boxes

Unmanageable Thoughts, Feelings and Behaviour

A - Activator

What event triggered you?

B - Belief

What are you thinking or believing about this event?

Core Belief

C - Feelings & Behaviour

What did you feel (or do) as a result?

Recovery Thinking and Behaviour

D - Dispute

Challenge your negative thinking and irrational beliefs.

Dispute Core Belief

E - Effective

Recovery actions.

Effective Affirmation

Summary

Many psychological and spiritual disciplines have techniques for training the way that we think. The way we think informs the way we feel and behave. Therefore if we need more manageable feelings and behaviours we need our thinking styles to be more rational and positive.

Learning Objectives

I. We have understood the cognitive, behavioural therapy model, and learnt what ABCDE stands for
II. Gained awareness of unmanageable feeling states especially those which are symptomatic of addiction
III. Identified our irrational core beliefs and thought distortions which underpin and maintain our unmanageable feeling states
IV. Learnt to dispute irrational thought processes with a range of techniques
V. Learnt to use positive self talk and paradoxical behaviours to stimulate self-directed neuro-plasticity (brain change) in responding to disturbed feelings and stress

• *Chapter Six*•

Boundaries

In understanding the Cognitive Behavioural Model, we have seen how thought affects our emotional state. Having understood the effect that negative thinking can have on us then we must be ready for triggers or difficult scenarios we may have to endure. To negotiate these inevitable events we will need to have firm *boundaries.*

Boundaries are a concept we use in recovery to illustrate unhealthy patterns of relating which threaten our well-being and our recovery. Essentially boundaries are the way we allow others to behave towards us. Notice we use the word 'allow'. That is because in most normal situations we have a surprising amount of control over how we are treated by others. We may not realize this, and it may take time to change the way some people treat us (especially those who know us very well) but with time and perseverance we can change the way we relate to others and to some extent the way they respond to us. The most important thing however, is not that others respect our boundaries - but that we *have* boundaries! Some people may never respect our boundaries, but the fact we are aware of, and hold to, certain rules around how we want to be treated is (in and of itself) healthy.

Many of us grew up in environments or family systems which were affected by addiction, or characterized by a poor level of emotional well-being and therefore we adapted by finding (or learning from elders) behaviours which made this bearable. These behaviours are coping mechanisms and don't work when they are applied to relating to people who grew up in healthier environments. In addition to this environmental influence, addicts typically develop very poor boundaries as their illness progresses and the needs which drive the illness compromise our integrity and make us do things we are uncomfortable with, and which put us at risk. Having poor boundaries means that we don't protect our essential needs such as:

» emotional well-being

» happy and fulfilling relationships

» sense of self-respect and self-esteem

» physical safety of ourselves and those around us.

» our time and things we are interested in – dreams or goals

» our recovery

So if we think of boundaries as lines, rules or limits, which define a person's needs, then we will need to develop an awareness of boundaries in two different ways.

» The way we allowed our own boundaries to be crossed - and therefore we need to *define what our boundaries are.*

» The way we have crossed other peoples boundaries - and therefore we need to *develop an awareness of what other peoples boundaries are* and start respecting them.

Physical	Mental
If someone you don't know well stands too close to you, you feel like they are 'in your space'	People telling you • what to think • what to do • what to say
Emotional	**Spiritual**
Partners or friends are becoming too 'clingy' or 'pushy' in a way that is imposing for you	People are not respecting your • dreams, wishes • needs • ways of expressing yourself

Exercise 1• Body Bubble

The simplest way to demonstrate a physical boundary is for two people to stand apart and walk towards each other slowly. Either of you can call stop at any time. It is most likely that the person who calls stop will do this just before they become uncomfortable with the physical distance between them and the other person. **Discuss** the different comfort zones that different people have regarding physical space. What creates the differences - gender/culture/personal experience?

Exercise 2• Setting Boundaries around Intimacy

As a group we can explore our emotional boundaries by setting boundaries which are appropriate to our level of intimacy & 'familiarity' with each other. Form two lines facing each other. Maintain eye contact. You will silently indicate how 'intimate' you feel with the person standing opposite you.

I. raising one finger indicates no contact
II. raising two fingers indicates a handshake
III. raising three fingers indicates a hug

Whoever gives the lowest score has their boundary respected by the other. Move round silently and establish your level of 'familiarity' and intimacy with every group member. This is a difficult and uncomfortable exercise but helps us practice boundary setting in a safe environment before we have to go back to our communities, where we will inevitably have to tell some people "no – I don't want that!

Make notes on what came up for you when you were setting your boundary.

Did you get rejected – did you feel rejected or surprised by their score?

Did you feel guilty about rejecting somebody by giving a lower score than them?

Did you think a lot about what score you were going to give them?

Did you fail to set some of the boundaries you wanted to?

Co-Dependency and Addiction

In addiction we tend to have one of two recognizably distinct ways of relating to people, which are quite pronounced, namely *excessive giving* or *excessive taking*. Sometimes we have a mixture of these traits. This idea is best outlined by the concept of *co-dependency.*

Co-dependency is an unhealthy pattern of relating between two people characterized by poor boundary setting. People involved in a co-dependent relationship have an unhealthy dependence on each other, often with one person taking more (for example an active addict) and the other one giving more (a primary co-dependent). We call someone co-dependent when they have an excessive need to 'care' for someone. Usually addicts will have a history of being in relationships with co-dependents. Co-dependents often do not appear to be addicts, but actually they are addicted - addicted to looking after the addict who is a recipient of their unhealthy caring. Co- dependents can be relatively passive or relatively controlling – as can addicts. Many people suffering from addiction, or coming from addicted families, will have a mix of these traits.

Maladaptive Relationship Traits of Addiction and Co-Dependency

- ***Manipulator*** - Making situations go the way you want them to. Addicts tend to do this by bullying, cajoling, emotionally blackmailing, storming and shouting. Co-dependents tend to do it by guilt tripping, nagging, criticizing and silent treatment
- ***Controller*** – controlling people, events, outcomes and situations by dictating what should happen, when and how. This may manifest as perfectionism at work, excessive demandingness towards others and paranoia about peoples motives (addicts), or being obsessed about knowing every detail of what those around you are doing (co-dependents).
- ***Victim*** - Defeatism about life and your ability to negotiate it which shows itself with addicts in the way that they often don't take responsibility for their recovery or even small aspects of their life, preferring somebody else to do it, and an expectation that they should.
- ***Caretaker*** - Taking care of every aspect of an unmanageable person's life. This is an aspect of controlling co-dependency which manifests as dealing with problems the addict creates and feeling like the only 'responsible one' in the relationship. However, this makes the co-dependent feel good about themselves because they have not learned to develop healthier ways of feeling good about themselves. This is a maladaptive behaviour which may well have been learned in an addicted family system, or at least a family of origin which was characterized by a lot of stress and unhappiness.
- ***Martyr*** - Making a big deal out of sacrificing yourself for others (in this case addicts). Giving over your time, energy and care for an addict and basking in the glow of virtue this confers on you. It is a low self-esteem trait used by co-dependents (including adult children of alcoholics) who don't know how to relate intimately to anybody who is functional.
- ***Enabler*** - Someone who helps an addict to carry on drinking, using or acting out whether consciously or unconsciously. This might be through funding the addict or providing other forms of misguided love and support which actively aid the addict to drink, use or act out.
- ***Rescuer*** – Saving people (especially addicts) from the consequences of their actions. This involves coming to the help of an addict immediately and unquestioningly in a way which removes them from the consequences of their actions and delays their recovery.
- ***People Pleaser*** – Being desperate to be 'liked' by others. Addicts and co-dependents both display this trait of needing to be validated by others, and thus will say or do a range of things which are not really in accordance with what they are feeling in order to be accepted by others.

Exercise 3• Self & Peer evaluation

Use the checklist on the following page to profile your boundaries. Are you an excessive giver or taker? Are you predominantly passive or controlling? Then give yourself a thorough self-evaluation on the following page. Your peers will evaluate you also, and then feedback giving you precise examples.

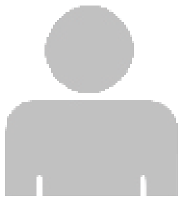
Exercise 4• (Optional) Role Play

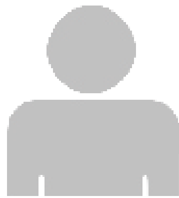
You could also role play the different profiles of co-dependency in your group.

What's Your Profile?

Addict (Taking)

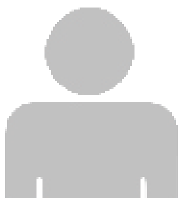
Passive Addict


Victim


People Pleaser

Manipulator

Controlling Addict


Manipulator

Controller

Co-Dependent (Giving)

Passive Co-D

Caretaker

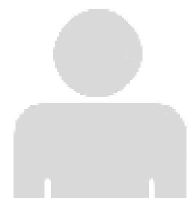
Rescuer

People Pleaser

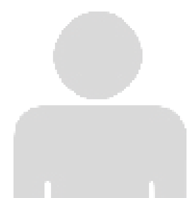
Enabler

Controlling Co-D

Victim


Caretaker

Martyr


Controller

Primary Addict Profiles

Passive and Taking

- ☐ Others constantly rescue me from the consequences of my using
- ☐ I trade my independence for money and support which enables my using
- ☐ I am prepared to stay in harmful situations and relationships if it facilitates my using
- ☐ I don't mind being controlled as long as my addiction gets taken care of
- ☐ Life is too difficult – I can't be bothered – others can do it for me
- ☐ I abuse the loyalty of others who are naïve to my addiction
- ☐ I let using or drinking friends come round to my house when I'm trying not to use
- ☐ I am a fundamentally damaged person – I can't fix myself
- ☐ I pull people toward me, but when they get close, I push them away.
- ☐ Meeting other people's needs is a pain in the ass.

score

Controlling and Taking

- ☐ The people who love me should give me what I want without questioning me.
- ☐ I have a history of using others to get my needs met
- ☐ I have a history of finding low self-esteem partners who let me do what I want
- ☐ If others are upset that's their problem – not mine
- ☐ I cause others to put aside their interests and compromise their values to do what I want.
- ☐ I don't like being challenged
- ☐ If you don't push people you don't get anything
- ☐ My needs (especially my addiction) come first
- ☐ I should be loved and approved of even when I'm behaving like an asshole
- ☐ I use sex/romance/charisma/aggression to get my addiction funded

score

Primary Co-Dependent Profiles

Passive and Giving

- ☐ I stay in harmful situations/relationships too long because I feel guilty if I leave
- ☐ I have a tendency to attract people with problems towards me, particularly friends and lovers
- ☐ I am a 'people pleaser' - I put aside my own interests in order to do what others want.
- ☐ I save and rescue others from the consequences of their behaviours
- ☐ I often feel like I am to blame for things
- ☐ I am afraid to express my beliefs, opinions, and feelings when they differ from those of others.
- ☐ I do not recognize the unavailability of those people to whom I am attracted.
- ☐ Other people's opinions are more important than mine. I feel a bit stupid
- ☐ I try to appear happy – even if I'm not
- ☐ I tread round other people on eggshells

score

Controlling and Giving

- ☐ I care for others but they never give me what I want and that pisses me off!
- ☐ I often tear around doing everything whilst the people around me take it easy.
- ☐ I want my partner/parent child to do (fill in the blank) and I'm massively annoyed that they haven't done it
- ☐ I attempt to convince others what to think, do, or feel.
- ☐ I am not to blame for the state of things – x (say who) is.
- ☐ I don't like it when others views differ to mine
- ☐ Relationships are difficult and a source of unhappiness
- ☐ People are rubbish/bad/a disappointment
- ☐ I become resentful when others decline my help or reject my advice.
- ☐ I complain but then enable people. Then I use blame and shame to guilt trip them.

score

Peer Evaluation (Transfer your peer's evaluation of you here)

Passive and Taking

- ☐ Others constantly rescue me from the consequences of my using
- ☐ I trade my independence for money and support which enables my using
- ☐ I am prepared to stay in harmful situations and relationships if it facilitates my using
- ☐ I don't mind being controlled as long as my addiction gets taken care of
- ☐ Life is too difficult – I can't be bothered – others can do it for me
- ☐ I abuse the loyalty of others who are naïve to my addiction
- ☐ I let using or drinking friends come round to my house when I'm trying not to use
- ☐ I am a fundamentally damaged person" – I can't fix myself
- ☐ I pull people toward me, but when they get close, I push them away.
- ☐ Meeting other people's needs is a pain in the ass.

score

Passive and Giving

- ☐ I stay in harmful situations/relationships too long because I feel guilty if I leave
- ☐ I have a tendency to attract people with problems towards me, particularly friends and lovers
- ☐ I am a 'people pleaser' - I put aside my own interests in order to do what others want.
- ☐ I save and rescue others from the consequences of their behaviours
- ☐ I often feel like I am to blame for things
- ☐ I am afraid to express my beliefs, opinions, and feelings when they differ from those of others.
- ☐ I do not recognize the unavailability of those people to whom I am attracted.
- ☐ Other people's opinions are more important than mine. I feel a bit stupid
- ☐ I try to appear happy – even if I'm not
- ☐ I tread round other people on eggshells

score

Controlling and Taking

- ☐ The people who love me should give me what I want without questioning me.
- ☐ I have a history of using others to get my needs met
- ☐ I have a history of finding low self-esteem partners who let me do what I want
- ☐ If others are upset that's their problem – not mine
- ☐ I cause others to put aside their interests and compromise their values to do what I want.
- ☐ I don't like being challenged
- ☐ If you don't push people you don't get anything
- ☐ My needs (especially my addiction) come first
- ☐ I should be loved and approved of even when I'm behaving like an asshole
- ☐ I use sex/romance/charisma/aggression to get my addiction funded

score

Controlling and Giving

- ☐ I care for others but they never give me what I want and that pisses me off!
- ☐ I often tear around doing everything whilst the people around me take it easy.
- ☐ I want my partner/parent child to do (fill in the blank) and I'm massively annoyed that they haven't done it
- ☐ I attempt to convince others what to think, do, or feel.
- ☐ I am not to blame for the state of things – x (say who) is.
- ☐ I don't like it when others views differ to mine
- ☐ Relationships are difficult and a source of unhappiness
- ☐ People are rubbish/bad/a disappointment
- ☐ I become resentful when others decline my help or reject my advice.
- ☐ I complain but then enable people. Then I use blame and shame to guilt trip them.

score

EXERCISE• SETTING BOUNDARIES

SET RECOVERY BOUNDARIES TO CHANGE THE POOR BOUNDARIES YOU AND YOUR PEERS HAVE SEEN IN YOU

Passive and Taking

1

2

3

Passive and Giving

1

2

3

Controlling & Taking

1

2

3

Controlling & Giving

1

2

3

Summary

Boundaries are necessary to create a safe environment. When we start setting boundaries, it can be uncomfortable for us, as well as for those close to us, and so we need to start practicing setting boundaries whilst we are in treatment.

Learning Objectives

I. **We have learnt** what boundaries are in relationships and in our recovery, and the way addiction impairs intimacy.

II. **Understood** co-dependency and the way addicts and co-dependents relate.

III. **Understood** the traits of primary addiction and primary co-dependency and the way they merge, requiring us to treat both together.

IV. **Learnt** how to set boundaries for ourselves and the right to protect ourselves particularly regarding our sobriety

V. Affirmed other people's rights to set boundaries with us.

VI. **Explored** in group and one to one counselling sessions the way our child and adult environments have shaped the way we set boundaries

• *Chapter Seven*•

Masks

In earlier phases of the programme we learned that addiction sufferers have problems with relationships and we should have described in detail our own unmangageability around friends, family & work collegues. In order to treat the illness we need to gain awareness of this, and learn new ways of relating and being intimate and honest with other people. In addictive addiction, our personality is distorting as a result of living with the illness and so in order to feel rewarded or validated we have probably developed a number of methods of getting our needs met which are dysfunctional and do not produce intimacy or good, honest emotional *contact* with others (particularly significant others). Remember according to ASAM (2011) "addiction is characterized by *diminished recognition of problems with our relationships*".

People who have been in active addiction for some time often seem to wear what we might call an emotional 'mask' which is not really a true portrayal of who they really are.

» Underneath our masks lie unprocessed feelings as well as the *true self*, which has been lost or stunted through active addiction.

» Part of recovery is to allow our core traits or integral personality to surface, develop and thrive.

» We cannot do this whilst we are wearing a partly fake representation of ourselves for others to see.

Almost everybody has a persona to some degree. For example, many professional people will adopt the persona of their profession when they are going about their daily business. So it is not the adoption of a persona as such, which is the problem. These personas are utilized according to peoples roles in life, to facilitate other peoples understanding of 'who' they are. In this way we can say "this person is a doctor" and "that person is a teacher" as observable by the way they are behaving and communicating. The problem comes when we use personas as masks, to hide parts of ourselves which we deem to be unattractive or vulnerable. In this sense our persona becomes a psychological defence mechanism and is to a greater or lesser degree fake and ineffective in establishing good emotional contact, or intimacy, with others.

Our masks encompass a number of ways of thinking and behaving which have become ingrained aspects of our personalities. In order to make changes to these we will need to think of recovery actions which are *paradoxical behaviours* (the opposite of what we usually do) and then we need to do these behaviours repeatedly. Our old masked behaviours have become an automatic reaction to certain cues, situations or stressors, and we are unlikely to change them unless we think and act differently and do this repeatedly for a relatively long period. Our behaviour (and indeed our brain) will only change if we think and do these new things repeatedly.

Exercise• Tick the Common Addict Personas & their Associated Cognitive & Behavioural Patterns which apply to you

Mr or Mrs Wonderful

B -Impaired reasoning

- ☐ If I am charming, attractive and magnetic you will want to be my friend
- ☐ Practically everyone should love or like me
- ☐ Being disliked is awful

C -Behaviour

- ☐ *People pleasing* – doing things for people in order to be liked by them
- ☐ *Compromising yourself* - Being all things to all people
- ☐ *Giving up your values or goals* to be acceptable to others

El Supremo

B -Impaired reasoning

- ☐ I need to control people otherwise I will be dominated
- ☐ Only the strong survive
- ☐ You need to make people afraid to get them to be effective

C -Behaviour

- ☐ *Pushy* – pushing people to give you what you want
- ☐ *Dominating* – people, situations, processes
- ☐ *Excessive self-reliance* – being unable to ask for assistance

Genius

B -Impaired reasoning

- ☐ I am unique and I should have special treatment.
- ☐ No one should do anything that I don't like.
- ☐ I should not have to do anything I don't like

C -Behaviour

- ☐ *Intellectualizing* – stopping people making you do things by constructing clever arguments.
- ☐ *Isolating* – remaining aloof or distant from others
- ☐ *Showing off* - your knowledge / specialness

Little Lord /Princess

B -Impaired reasoning

- ☐ Don't you know who I am?
- ☐ I shouldn't have to do anything for others
- ☐ You should do what I want

C -Behaviour

- ☐ *Excessive materialism*
- ☐ *Being unwilling to do things for others*
- ☐ *Pressuring* others to feel bad in not providing for you.

Love God/Goddess

B -Impaired reasoning

- ☐ Love (or sex) is my most important need and is the only way I can feel satisfied or validated
- ☐ I am not loveable, I must prove my worthiness in your eyes by winning you
- ☐ If you are not interested in me sexually / romantically then you are useless to me

C -Behaviour

- ☐ *Compulsive romantic or sexual acting out*
- ☐ *Romantic intrigue* – playing romantic 'games' (facebook, phone, excessive flirting)
- ☐ *Suggestive* talk and behaviour

Superman/Wonderwoman

B -Impaired reasoning

- ☐ Being the best is what makes me worthy.
- ☐ If I perform badly it's an unspeakable disaster
- ☐ Others should meet my high expectations. If they do not then they are unworthy

C -Behaviour

- ☐ *Obsessive work patterns*, over-working.
- ☐ *Hyper-competitiveness*
- ☐ *Perfectionism* – going over things again and again

Freedom Fighter

B -Impaired reasoning

- ☐ The world is unfair...
- ☐ People are out to get me
- ☐ Authority / rules are bad

C -Behaviour

- ☐ *Refusing* - going on strike and refusing to do things to frustrate people
- ☐ *Crazymaking* (stirring up trouble) in organisations or social situations
- ☐ *Undermining* authority figures by recruiting other angry people to break or disrupt activities or processes

Joker /Entertainer

B -Impaired reasoning

- ☐ I must impress people (with my personality, humour or wit)
- ☐ You're OK – I'm not OK
- ☐ If people don't notice me it means I am not important

C -Behaviour

- ☐ *Grandiosity*
- ☐ *Compulsive storytelling* to impress others
- ☐ Struggling and straining to be the *centre of attention*

Victim/Martyr

B -Impaired reasoning

- ☐ If I appear hard done by people will think me virtuous.
- ☐ I don't deserve good things
- ☐ If you really knew me you wouldn't like me.

C -Behaviour

- ☐ *Accepting ill treatment* as a way of guaranteeing that you will be needed.
- ☐ *Sabotage* - Moving deliberately towards disastrous outcomes or deliberately sabotaging good outcomes for yourself.
- ☐ *Rescuing people* from their feelings or from situations they got themselves into

Big Shot

B -Impaired reasoning	**C -Behaviour**
☐ What I am is not enough	☐ *Embellishing* the truth to make it more impressive
☐ I MUST be successful/impressive to others	☐ *Talking big* (especially about the future)
☐ Being ordinary is terrible	☐ *Hiding reality* – or unimpressive things about yourself

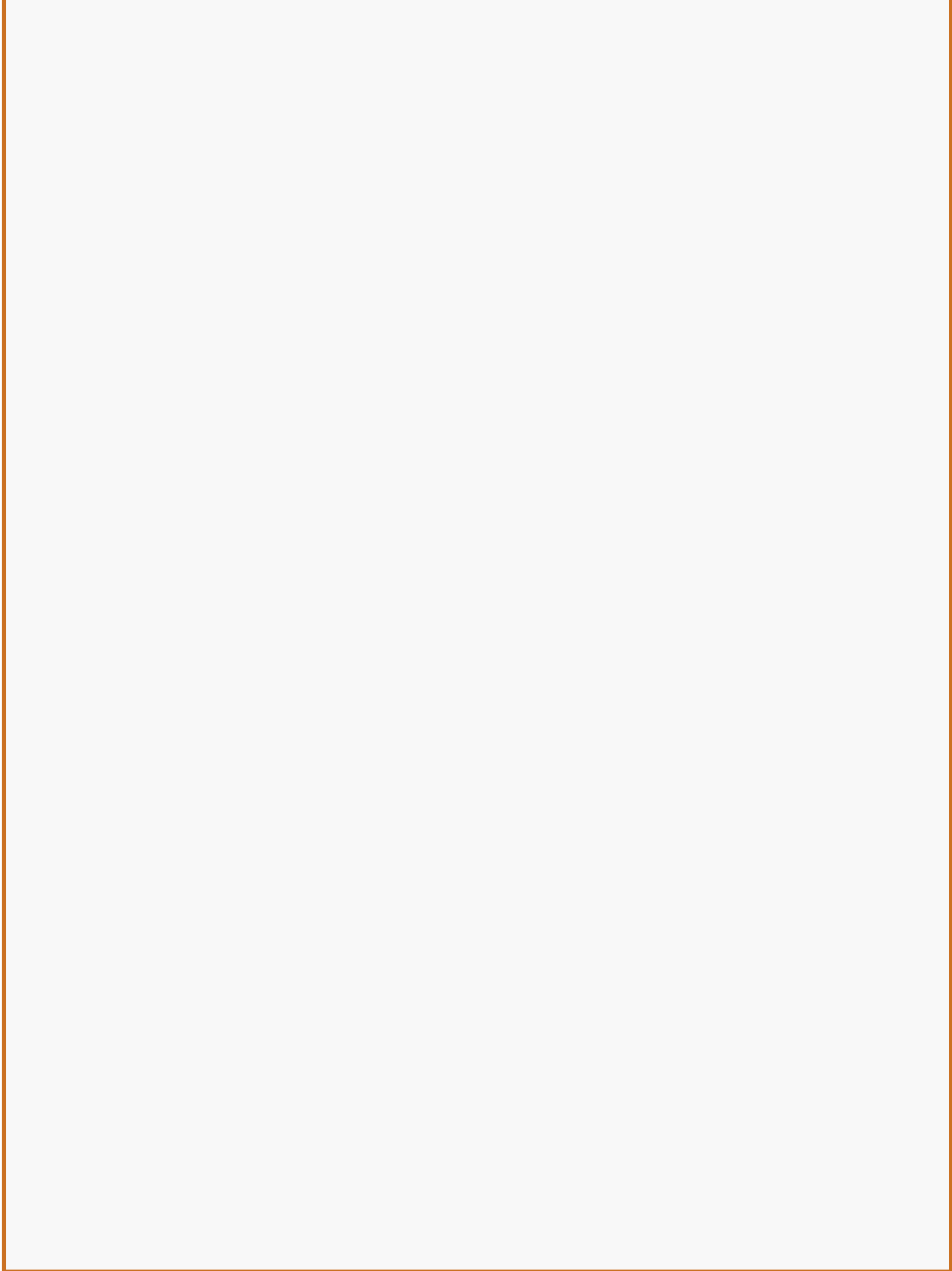
Shy & Timid

B -Impaired reasoning	**C -Behaviour**
☐ Other people hurt you. The world is a hurtful place	☐ *Being quiet* to avoid attention.
☐ I SHOULD NOT show others my anger	☐ *Acting as though you are made of glass* to stop others challenging you or thwarting you
☐ Life is difficult ....don't ask anything too difficult from me	☐ *Crying* a lot or 'being sick' to get people off your back

Hardman

B -Impaired reasoning	**C -Behaviour**
☐ If people are scared of me then I will get respect	☐ *Shows of strength*, talking aggressively, intimidating body language and facial expressions
☐ It's a dangerous world.	☐ *Telling stories* about dangerous situations, fights, criminal activities etc.
☐ I will be a victim if I am weak. I must not appear weak	☐ *Hiding vulnerable feelings* - covering fear with anger

Exercise• Write down Masks you and your peers have seen in you in the orange zone.



Exercise• Write down Actions which will help you safely unmask yourself in the green zone.

INTEGRAL SELF - ACTIONS NEEDED

Summary

So whilst personas are a natural part of our professional lives, Masks are unnatural and prevent other people from 'knowing' us. It is important for us as addicts to develop the ability to be 'intimate' with significant others and so we will begin practicing safely 'unmasking' whilst we are in treatment.

Learning Objectives

I. **Understood** the concept of masks and personas.
II. **Learnt** how we use personas in a functional and dysfunctional way.
III. **Gained** an awareness of the masks we wear.
IV. **Learnt** to feedback to each other in group in a way that is helpful and therapeutic.
V. **Gained** an awareness of the thought distortions that have inhibited our growth.
VI. **Isolated** and changed ineffective behaviours which supported and maintained our addicted personality.
VII. **Learnt** to engage exercises and assignments which stretch our comfort zone and increase intimacy with ourselves and others.
VIII. **Explored** in group and one to one conselling how our childhood and adult environments have contributed to the building of our masks

• *Chapter Eight* •

Denial

In understanding addiction, particularly from The Cognitive Behavioural and 12 Step models, we can identify a particular type of thought distorting which is a universal feature of the illness - *Denial.* Denial is present in humans in all areas involving significant loss, such as bereavement, illness or relationship breakdown. It is a psychological defence mechansism designed to protect us from having to process painful events 'all in one go'. We can see denial at work in the following examples;

» A loved one falls gravely ill or dies and the individual affected initially refuses to accept that it is true.

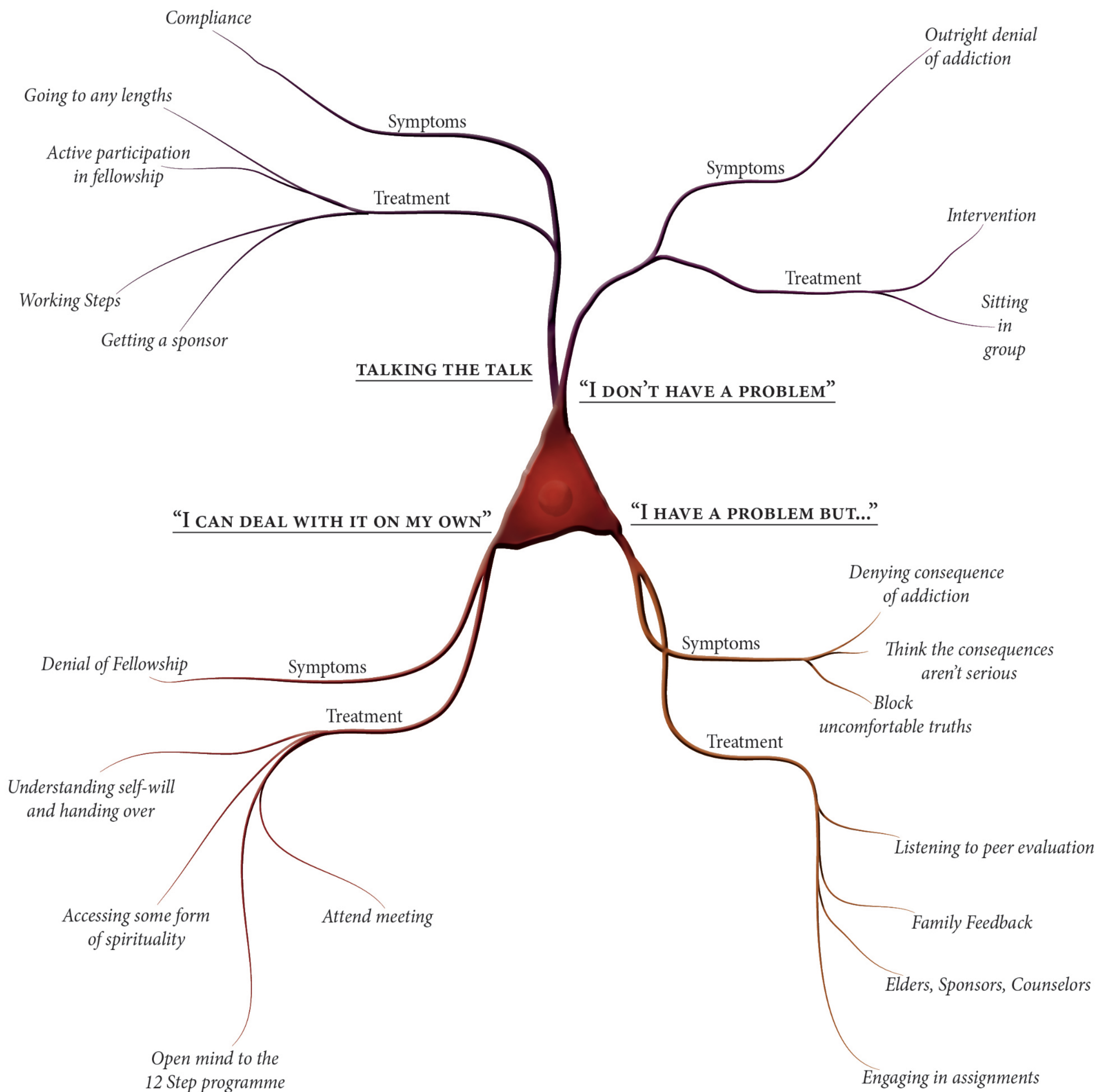
» An individual fails to see the depth of the dysfunction in his or her primary relationship until their partner says that they want to end it.

» An individual fails to acknowledge the decline in their physical health until they fall very ill.

Denial also plays a significant role in addiction. As we have already learned, impaired reasoning is a psychological manifestation of addiction. Addiction is characterized by neuro-adaptation (the brains ability to change itself) whereby the brain's reward system begins to override the brain's reasoning system. This leads to addicts making very poor decisions when they are triggered, and causes them to experience a complete loss of control around their addictive behaviour. In this situation the sufferers brain is attempting to medicate their poorly functioning reward chemistry by turning off impulse control allowing the person to activate their addiction and feel 'normal'. This is why addicts blank out or deny the reality of how unmanageable their addiction is. According to Terence Gorski, a relapse prevention specialist, there are different levels of denial, ranging from outright denial to more subtle ways of kidding ourselves. These more subtle forms persist into sobriety unless they are constantly challenged by treatment such as 12 step programme participation. Below are recognizable layers of denial which addicts may move through, or in and out of.

1. Denial of the fact that there is an addiction at all
2. Denial of the extent of the addiction, and the connection between the addiction and the problems that it creates
3. Denial of the need to seek help
4. Denial of the amount of help that is needed (Gorski, 2006)

Brain Cell - **Denial**



Level 1

Denial of the existence of the illness

"I am not an addict - I can use safely – it's not a problem"

Symptoms

We truly do not believe that we have the disease of addiction. We deny having a problem with drugs or processes despite overwhelming evidence to the contrary. We believe we can use safely, and that other people have got it wrong. We will try to evade treatment or leave treatment if we are forced to go. We will defy any attempts to gain information which might expose the truth and we will do this by under reporting or hiding behaviours.

Disputing this level of denial

I. You can trick others who are helping you to treat the disease, but you can't trick the disease.

II. Safe or controlled use is a contradiction in terms for addicts. Addiction is characterized by "impaired behvioural control." (ASAM 2011)

III. Other people 'getting it wrong' is extremely unlikely at the point where they are seeking external help for you. It is more likely that you are exhibiting a "lack of recognition of problematic behaviours" (ASAM 2011)

Treatment

I. Intervention – Before treatment your families or authority figures will have used their leverage to steer you into treatment. This is effective. According to NIDA, treatment does not have to be voluntary to be effective.

II. Do a cost benefit analysis of your using - Then run it by senior peers who will help you to bust your denial by disputing the benefits. Benefits which cannot be disputed will need to be accepted, grieved for….and then let go of.

III. Do a thorough step one on powerlessness - and share with the group. This will reveal your inability to control your addiction

Level 2

Denial of the manifestations of the illness - "I have a problem but it's not that serious – people are making a big deal out of it"

Symptoms

Here, we are denying the consequences of our addiction. We know that a problem exists but think that it isn't that serious. We block out the uncomfortable truths or realities about 'how bad it was'. At this level we keep a 'brave face' to ourselves and others, and find it hard to access emotions connected to the consequences of our active addiction.

Disputing this level of denial

I. Having very severe physical/social consequences is not always an obvious symptom of the disease because different people have differing levels of resiliency from their upbringing, support networks and life skills. So being 'functional' is not a sign you are 'OK'

II. Debilitating emotional/spiritual symptoms *are* universal symptoms of addiction, no matter how functional you are socially and professionally.

Treatment

I. *Listening* - to peer evaluation and family feedback.

II. *Gaining identification* - in the early phases of treatment you will need to listen to other addicts tell their story. The more hear their powerlessness and unmanageability, the more likely you are to see it in yourself.

III. *Doing a thorough step one on unmanageability* – or an analysis of the costs and consequences of your addiction. Sharing with the group will allow others to dispute you if you are under reporting, especially in light of family feedback.

Level 3

Denial of the chronicity of the illness - "I needed treatment at first but afterwards I can deal with it on my own...I don't need ongoing treatment or fellowship"

Symptoms

At this level we may accept the disease, and its consequences, but then deny the need for ongoing recovery support after treatment is completed. We may experience a sense of well-being after stopping using and acting out for a while, and then assume the illness has been dealt with. Here we are in denial of the chronicity of the illness – in other words we think it has gone away, like acute illnesses do. We assume that our motivation to never feel that way again will be enough to carry us through.

Disputing this level of denial

I. Consequences and fear of consequences might get you sober but they won't keep you sober because your brain will still require rewarding feelings – you then have the choice of active addiction or recovery to provide those feelings.

II. Simply wanting to stop will not be enough to stay stopped because addiction (without regular treatment) impairs reasoning processes even when you are not actively using.

III. Symptom cessation and feelings of well-being do not mean your disease has gone away because it is a chronic illness. If you neglect to treat addiction, the symptoms will return.

Treatment

I. Become accountable - You need others. Surrender your brain's frontal lobe to coaching by counsellors and sponsors!

II. Understand self-will – complete exercises and tasks designed to challenge your controlling tendencies and excessive self-reliance.

III. Keep an open mind to the 12-Step program - Attend and participate in meetings and read recovery literature whilst in treatment before you decide to reject it as an option.

Level 4

Denial of the progression of the illness

"I need treatment and fellowship but all I have to do is show up"

Symptoms

At this level we may be talking the talk but not walking the walk. This might translate as kidding ourselves that we are doing enough meetings after treatment but never really engaging or it may manifest by starting to prioritize other things before our recovery. Essentially this is denial of the progression of the illness and its symptoms. Without the commitment to go to any lengths, you will become a 'sober' person without recovery. Abstinence from drugs or addictive processes produces sobriety - but only continued work on your personal growth will create recovery.

Disputing this level

I. Treatment for addiction is predominantly behavioural not medical.

II. Treatments cannot be done to us. We must assume personal responsibility for it.

III. Addiction is a progressive illness. You may be functioning well now - but for how long.

Treatment

I. *Being willing to go to any lengths in your recovery* - and completing all therapeutic tasks in treatment

II. *Action to re-prioritize* non-emergencies as secondary to your recovery programme.

Denial Checklist (Self evaluation)

- ☐ **Evading** treatment by missing groups
- ☐ Trying to **leave treatment early**
- ☐ **Under-reporting** – minimizing your using history
- ☐ **Drug seeking** from doctor or nurses.
- ☐ **Recruiting** others who are cynical about treatment.
- ☐ **Fallacy of control** – I can continue my addiction in a more controlled way
- ☐ **Non-engagement** in treatment – doing no written work
- ☐ **Minimizing** the effects on your family , health, work etc.
- ☐ **Blocking** or reacting badly to feedback from your family, peers or counsellor
- ☐ **Lack of identification** with other addicts
- ☐ **Espousing** a lot about recovery but never actually doing any real work
- ☐ **Wrong priorities** - A belief that addiction and recovery are not your biggest concern.
- ☐ **Euphoric recall** - Romantic storytelling about addiction and selective amnesia
- ☐ **Avoidance** - "I'll talk about anything but the problem"
- ☐ **Defiance** - Fighting against systems designed to intervene in your addiction
- ☐ **Looking away** - yawning or feigning disinterest to discredit the person challenging you
- ☐ **Maximizing** – Overdramatizing priorities other than recovery, ie; work or family
- ☐ **Joking**, laughing and changing the subject - diverting attention away from the addiction
- ☐ **Bashing** the fellowship - as a 'religious' programme which is not for you and giving bogus reasons for not getting to meetings
- ☐ **Isolating** from the recovery community who would recognize and name your addiction
- ☐ **Compliance** /Agreeing – Thinking if you are on message no-one will get on your case
- ☐ **Intellectualizing** – Constructing arguments to obscure the subject
- ☐ **Apathy** - Taking no action around your unmanageable feelings.
- ☐ **Absolute denial** - "No…not me"
- ☐ **Special & different** – "I'm an atheist – I'm a professional – I'm too intelligent for fellowship"
- ☐ **Rationalizing**, legitimizing - "I have a good reason"
- ☐ **Performance enhancer** - "I'm better with it"
- ☐ **Comparing** - "Others are worse than me"
- ☐ **Progression denial** - "I can return to the good old days"
- ☐ **It's my life** - "If I want to damage myself with my addiction that's my business"
- ☐ **Overconfidence** - Addiction and recovery are no longer such a pressing concern
- ☐ **Bargaining** – "I'll only stop if…."
- ☐ **High functioning addict** - "I am a high functioning addict and not as bad as them."
- ☐ **Blaming** – "It's not my fault – it's my environment, upbringing, stress etc."
- ☐ **Believing your feelings** – "Feeling better means that I am better"
- ☐ **Learned helplessness** – "Nothing works - I don't have to try"
- ☐ **High bottom** – "My rock bottom wasn't as bad as some other people's so I'm not an addict or I'm not in as much danger of relapse"
- ☐ **Fear based recovery** – "Being this scared of what I've done will keep me sober"
- ☐ **Magical thinking** – "I want to stop so I will stop".

EXERCISE• SELF EVALUATION OF YOUR DENIAL PATTERNS. TICK YOUR DENIAL PATTERNS YOU RECOGNIZE IN YOURSELF.

Denial Checklist (Peer evaluation)

- ☐ **Evading** treatment by missing groups
- ☐ Trying to **leave treatment early**
- ☐ **Under-reporting** – minimizing your using history
- ☐ **Drug seeking** from doctor or nurses.
- ☐ **Recruiting** others who are cynical about treatment.
- ☐ **Fallacy of control** – I can continue my addiction in a more controlled way
- ☐ **Non-engagement** in treatment – doing no written work
- ☐ **Minimizing** the effects on your family , health, work etc.
- ☐ **Blocking** or reacting badly to feedback from your family, peers or counsellor
- ☐ **Lack of identification** with other addicts
- ☐ **Espousing** a lot about recovery but never actually doing any real work
- ☐ **Wrong priorities** - A belief that addiction and recovery are not your biggest concern.
- ☐ **Euphoric recall** - Romantic storytelling about addiction and selective amnesia
- ☐ **Avoidance** - "I'll talk about anything but the problem"
- ☐ **Defiance** - Fighting against systems designed to intervene in your addiction
- ☐ **Looking away** - yawning or feigning disinterest to discredit the person challenging you
- ☐ **Maximizing** – Overdramatizing priorities other than recovery, ie; work or family
- ☐ **Joking**, laughing and changing the subject - diverting attention away from the addiction
- ☐ **Bashing** the fellowship - as a 'religious' programme which is not for you and giving bogus reasons for not getting to meetings
- ☐ **Isolating** from the recovery community who would recognize and name your addiction
- ☐ **Compliance** /Agreeing – Thinking if you are on message no-one will get on your case
- ☐ **Intellectualizing** – Constructing arguments to obscure the subject
- ☐ **Apathy** - Taking no action around your unmanageable feelings.
- ☐ **Absolute denial** - "No…not me"
- ☐ **Special & different** – "I'm an atheist – I'm a professional – I'm too intelligent for fellowship"
- ☐ **Rationalizing**, legitimizing - "I have a good reason"
- ☐ **Performance enhancer** - "I'm better with it"
- ☐ **Comparing** - "Others are worse than me"
- ☐ **Progression denial** - "I can return to the good old days"
- ☐ **It's my life** - "If I want to damage myself with my addiction that's my business"
- ☐ **Overconfidence** - Addiction and recovery are no longer such a pressing concern
- ☐ **Bargaining** – "I'll only stop if…."
- ☐ **High functioning addict** - "I am a high functioning addict and not as bad as them."
- ☐ **Blaming** – "It's not my fault – it's my environment, upbringing, stress etc."
- ☐ **Believing your feelings** – "Feeling better means that I am better"
- ☐ **Learned helplessness** – "Nothing works - I don't have to try"
- ☐ **High bottom** – "My rock bottom wasn't as bad as some other people's so I'm not an addict or I'm not in as much danger of relapse"
- ☐ **Fear based recovery** – "Being this scared of what I've done will keep me sober"
- ☐ **Magical thinking** – "I want to stop so I will stop".

EXERCISE• PEER EVALUATION OF YOUR DENIAL PATTERNS. PLACE THE DENIAL PATTERNS YOUR PEERS SEE IN YOU HERE

Insert your Denial Patterns into the appropriate levels

Level 4

Denial of the progression of the illness

Level 3

Denial of the chronicity of the illness

Level 2

Denial of the manifestations of the illness

Level 1

Denial of the existence of the illness

Dispute and Outline Treatment for your Denial Patterns

Level 4

Denial of the progression of the illness

Level 3

Denial of the chronicity of the illness

Level 2

Denial of the manifestations of the illness

Level 1

Denial of the existence of the illness

Summary

Denial can prevent effective treatment and continue on into sobriety. It exists on a continuum and can only be challenged by ongoing peer support. Without exposure to other recovering addicts our reasoning becomes impaired regarding addictive substances and behaviours.

Learning Objectives

I. Understood the role denial plays in a range of human experiences and how it functions as a psychological manifestation of addiction
II. Investigated different layers or levels of denial
III. Learnt ways of recognizing the illness in ourselves and others by identifying the impaired reasoning which maintains denial
IV. Used recovery actions as treatment for each level of denial.
V. Learnt to dispute the impaired reasoning of each level of denial with scientifically validated denial busting affirmations
VI. Learnt the part that 12 step programmes play in treating addiction and denial in early and long term recovery

Exercise• Now condense all your feelings from Phase 2 into the slippery and recovery zones of your 3 zone plan. Everything you have written in orange boxes can go into the slippery zone and everything in the green boxes can go into the recovery zone.

Phase Three

• Chapter Nine•

Environment and Addiction

In the Phase Two of the programme we looked at issues which are likely to cause us to relapse, and we placed those in a slippery zone in order to raise our awareness of the danger they pose. We looked at the boundaries around our abstinence, the ways in which denial can persist into sobriety, how to dispute our negative thinking and lastly the masks we use to compensate for maladaptive behaviours which have developed through our illness.

Now we are going to look into our background or environment, both in childhood and adulthood, including any addiction running in the family, and whether these factors have caused or contributed to our addiction. Significant events both in our childhood and adulthood can cause *trauma*. Trauma means any event which has caused considerable stress to us with ongoing consequences and disturbing feelings which are easily triggered. This may include but is not limited to; death of loved ones (bereavement), divorce of parents whilst growing up, marital breakdown as adults, violent events, abuse, neglect and witnessing such events.

For some people, their family background (ie a depressed or alcoholic parent) may have been a factor in them having become addicts, but sometimes it could be an adult environment such as stress or trauma which triggers an addiction. Either way, we now have the responsibility (response-ability) to make changes to ourselves in order that we can better negotiate our environment and reduce the likelihood of addictive acting out.

Psychologist Patrick Carnes divided recovery growth into two ultimate levels which he called *1st order changes,* and *2nd order changes.* 1st order changes are the immediate recovery actions and lifestyle we implement to gain sobriety and save ourselves from relapse, ie; going to meetings, developing a recovery consciousness and acquiring the terminology and concepts of getting clean and sober. 2nd order changes are those longer reaching changes which we need to become truly well, such as deeper personality shifts like attaining a more peaceful lifestyle, better relationships, long term improvements in health, achieving at a higher level in our careers and many other things.

This section will begin the deeper reflection and work which is necessary to implement 2nd order changes. We will start by analyzing our background and our personal journey through the critical periods of human psychological development.

Addiction is a Developmental Disease

Everybody has their own 'mind', not just a brain which is exactly the same as everybody else's. This is because our brain is moldable and responds to what we as individuals learn, experience, see and hear in our environment. Of course our genes play a significant role also, and these two factors interact to produce 'us'.

The brain is the last organ in the human body to finish growing and it is commonly understood that the average human's frontal cortex does not mature until around the age of twenty five. Research into the way that our brains develop shows us that there are critical periods of neural growth where humans develop biologically and psychologically.

Developmental psychologists believe that there are four or five distinct phases we pass through and in adulthood two or three phases. During these critical periods our environment and our life experiences wire our brains up in a unique way which is what creates our personality. During these periods (especially in childhood) parts of our brain are highly plastic to acquiring certain skills, ideas and belief systems, after which they close down and become less flexible to learning these things, and our brain moves on to learning other things. Crucial skills and psychological traits need to be developed during these critical periods in order for us to function as healthy adults. In a sense, our environment 'wires' us up psychologically in a way that later determines how we think and act. For example, language development happens predominantly in infancy and early childhood, and the brain circuits responsible for acquiring the use of languages is highly plastic during this period and become less so later when the brain moves on to develop other skills. It is important to know how we have developed psychologically and how our experiences and environment have affected us, because they may have left us with a legacy of irrational beliefs and maladaptive behaviours which are no longer functional.

Addiction is a Developmental Disorder (NIDA, 2010). Poor psychological development through childhood, adolescence and early adulthood is a risk factor which is heavily implicated in the illness of addiction.

Core Beliefs Developed in Childhood Shape Our Adult Experiences

Throughout childhood we form judgments on what the world, ourselves and other people are like and what to expect from them. We form these judgments from the interactions that we have with caregivers and significant others and their attitudes and opinions. From these interactions we form particular core beliefs that help to guide our behaviour and provide a sense of structure to the world. Many beliefs are set in early to mid-childhood stages of development but they can be picked up and learned all the way through our lives. They are tested through interactions that we have with the outside world. As these beliefs are proven or disproven the core belief undergoes a validation and review process, if experiences do not fit with this belief, then it may be discarded. If experiences do fit the belief then it becomes fur

ther consolidated. As more information is received to suggest that the core belief is 'true' then the process of review diminishes and we no longer question these core beliefs and accept them as the way that the world, self, and other people 'are'.

Furthermore, during these early experiences which shape our core beliefs, we also pick up certain personality traits or learned behaviours which we find useful to negotiate particular problems in our environment. Again we may learn these from influential people like parents and older siblings, or simply develop them to cope with what's going on in our environment. Often these are ways of compensating for a lack of something which we need, or which is fairly crucial for our happiness and well-being.

Let's look and how humans should develop ideally and then reflect on the legacy of how a less than ideal development through these periods may contribute to the onset of our addiction

Critical Periods of Psychological Development

1 Birth to 18 months

Sense of Trust - We need to learn that the world is a safe place. This is 'wired in' to us ideally by receiving good quality care and attention from our parents. Otherwise, we may display the characteristics below.

Irrational Core Belief

- ☐ "If I rely on others I will never get my needs met"
- ☐ "The world is a dangerous place"
- ☐ "People can't be trusted"

Unhealthy Feelings

- ☐ Fear of people, being let down or abandoned
- ☐ Anger or rage at being let down or rejected by partners, friends etc.

Maladaptive Behaviours

- ☐ Lack of trust
- ☐ Excessive self-reliance

2 18 months 3 years old

Sense of Autonomy - Two-year-olds are developing the ability to be autonomous and independent. Good parenting tolerates just enough experimentation to allow for learning without placing the child in danger. However, children who are excessively controlled or neglected at this stage may become risk averse, or unable to accept boundaries respectively.

Irrational Core Belief

- ☐ "I'm not in control of my environment"
- ☐ "I must be in control of my environment"

Unhealthy Feelings

- ☐ Fear of change or being out of your comfort zone
- ☐ Anger or rage around 'being controlled' by others

Maladaptive Behaviours

- ☐ Avoidant
- ☐ Evasive
- ☐ Procrastinating
- ☐ Lacking initiative
- ☐ Controlling, pushy

3

3 years to 5 years old

Sense of Imagination & Play – In this stage of development we are wiring up imagination and empathy. Children use this stage to identify social roles. If they are ignored or reprimanded for it they may lack creativity and become adults who can't be playful and who are unhealthily serious

Irrational Core Belief

- ☐ "Being playful is stupid, I'm stupid if I do that."
- ☐ "I must never look stupid"

Unhealthy Feelings

- ☐ Fear of looking stupid, standing out

Maladaptive Behaviours

- ☐ Avoidant
- ☐ Isolated
- ☐ Unsociable
- ☐ Tense
- ☐ Unplayful
- ☐ Overly serious
- ☐ Self-conscious

4

6 years to 12 years old

Sense of Skill & Achievement - Children join the outer world more at this stage and become involved with clubs and schools (in modern societies) or start to obtain a role in the community (in tribal societies). They need praise to reaffirm that they are competent at starting to do things the adult way. A lack of support may cause the following;

Irrational Core Belief

- ☐ "I'm not as good as others
- ☐ You're OK but I'm not OK
- ☐ I must prove myself to be acceptable to others"

Unhealthy Feelings

- ☐ Fear of the consequences of asserting yourself
- ☐ Fear of making mistakes
- ☐ Fear of people - of authority figures

Maladaptive Behaviours

- ☐ Compensating, bravado,
- ☐ Worrying
- ☐ People pleasing, lack of confidence, insecure

5

12 years to 18 years old

Sense of Belonging - Social Skill & Group Bonding - We need to establish ourselves outside our families at this stage and develop a distinct idea of ourselves and where we belong in a social group. Poor development at this stage can result in feeling like an outsider.

Irrational Core Belief

- ☐ "If you really knew me you wouldn't like me, and that's bad
- ☐ "If you don't like me then screw you – you're bad!"

Unhealthy Feelings

- ☐ Fear of not being liked

Maladaptive Behaviours

- ☐ People pleasing
- ☐ isolating, social anxiety
- ☐ awkward

6 — 18 years to 30 years old (approx)

Ability to be Intimate - In moving into adulthood we should start to develop the ability to be intimate with one person rather than a group, forming intimate, sexual or romantic relationships. Poor development will result in difficulty in maintaining relationships.

Irrational Core Belief	Unhealthy Feelings	Maladaptive Behaviours
☐ "I'm a failure"	☐ Fear of intimacy or commitment	☐ Isolating/evading/sabotaging
☐ "I must prove I am worthy"	☐ Fear of being alone	☐ Excessively depending on people
		☐ Unable to be intimate.

7 — 30 years (approx) to 50 years old

Sense of Responsibility & Purpose– we develop these abilities ideally through establishing our social role. We need to establish ourselves in the outside world and feel successful whatever that means for us. We need to also feel that we are a crucial part of the machine, rather than just a cog in the machine

Later - as our children leave home, or our relationships or goals change, we may be faced with major life changes—the mid-life crisis—and struggle with finding new meanings and purposes.

Irrational Core Belief	Unhealthy Feelings	Maladaptive Behaviours
☐ "life is meaningless…. what else is there…"	☐ Hopeless - lack of meaning in life	☐ Self-absorption
		☐ Stagnating

8 — 60 years and Above

Sense of Life Satisfaction, Peace & Inner Meaning - Older people are essentially battling with the big existential questions of life – what has my life been about – has it been a success? External success will diminish as such a pressing concern and attention should turn towards 'finishing business' relationally, creatively, morally and spiritually. Poor development will result in bitterness and cynicism.

Irrational Core Belief	Unhealthy Feelings	Maladaptive Behaviours
☐ "My life has been a meaningless trial"	☐ Fear of death, or dying with unfinished business	☐ Negative, inflexible
		☐ Bitter, cynical

Exercise• Create 2 Mind Maps (Get these from your counsellor)

MIND MAP 1
Explore your childhood and adolescent development

Environment Branch
On the first branch of each critical period, consider the following;

a. Did you have people with addiction issues around you in the family, parents, grandparents, siblings? Was there a culture of drug or alcohol use around you?
b. Did any of them have mental health problems or suffer from depression, impulsiveness, anxiety or other emotional disorders?
c. Would you say you grew up in an environment of negativity or stress? What was home life like?
d. Were there any significant events that you are prepared to share? i.e. divorce / bereavement, re-marriage, witnessing violence or abuse.

   NOTE – Check about sharing traumatic events (with your counsellor) before sharing in group?

Legacy Branch
On the second branch of each period describe how it is still affecting you

a. What is the emotional legacy of all this, do you have any significant fears or anxieties, resentments or relationship issues which developed here?

MIND MAP 2
Explore your adult development

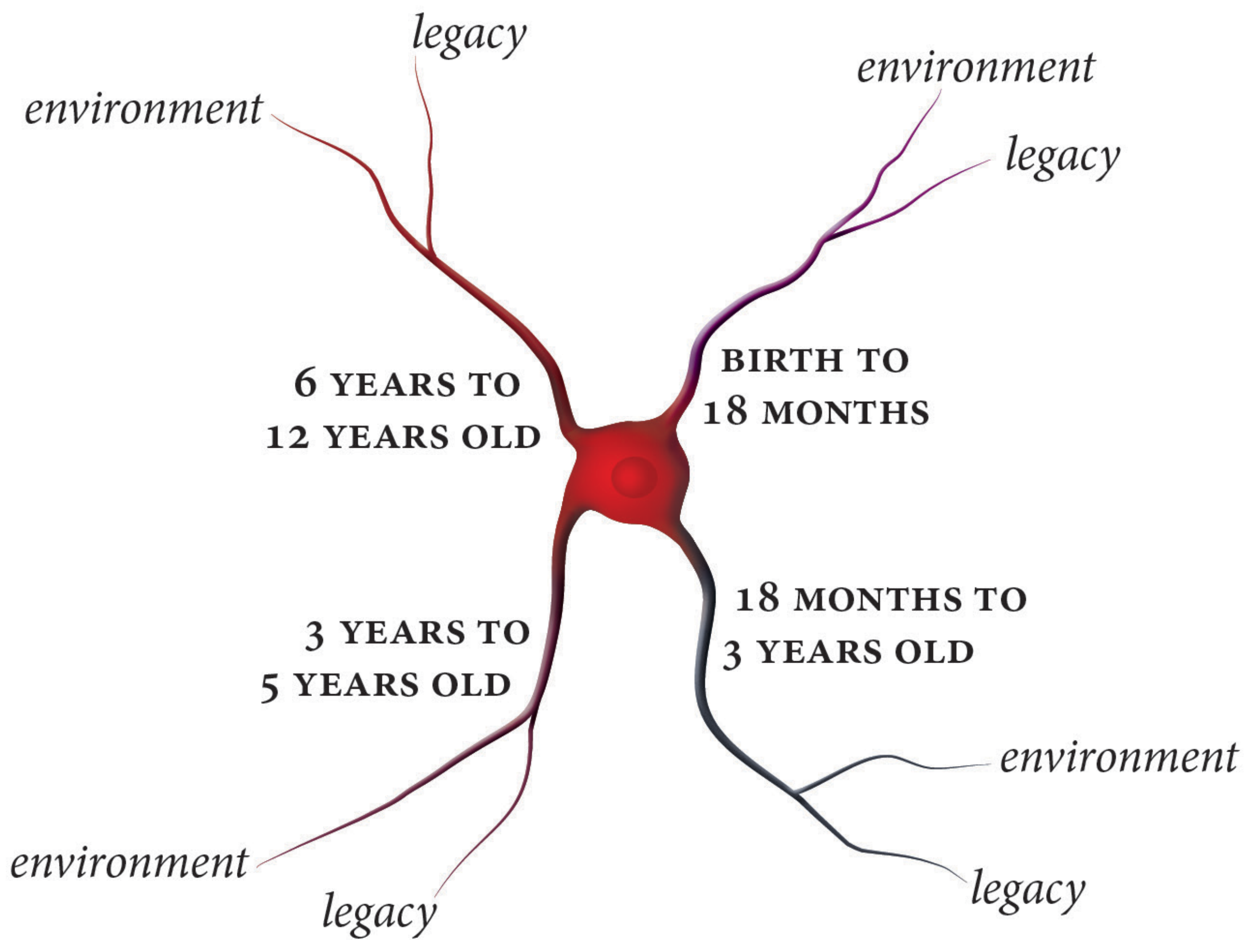
Environment Branch
On the first branch consider the following: Have you been experiencing...

a. Work stress?
b. Relationship stress?
c. Depression, anxiety?
d. Traumas, bereavements?
e. Physical illness or pain management?

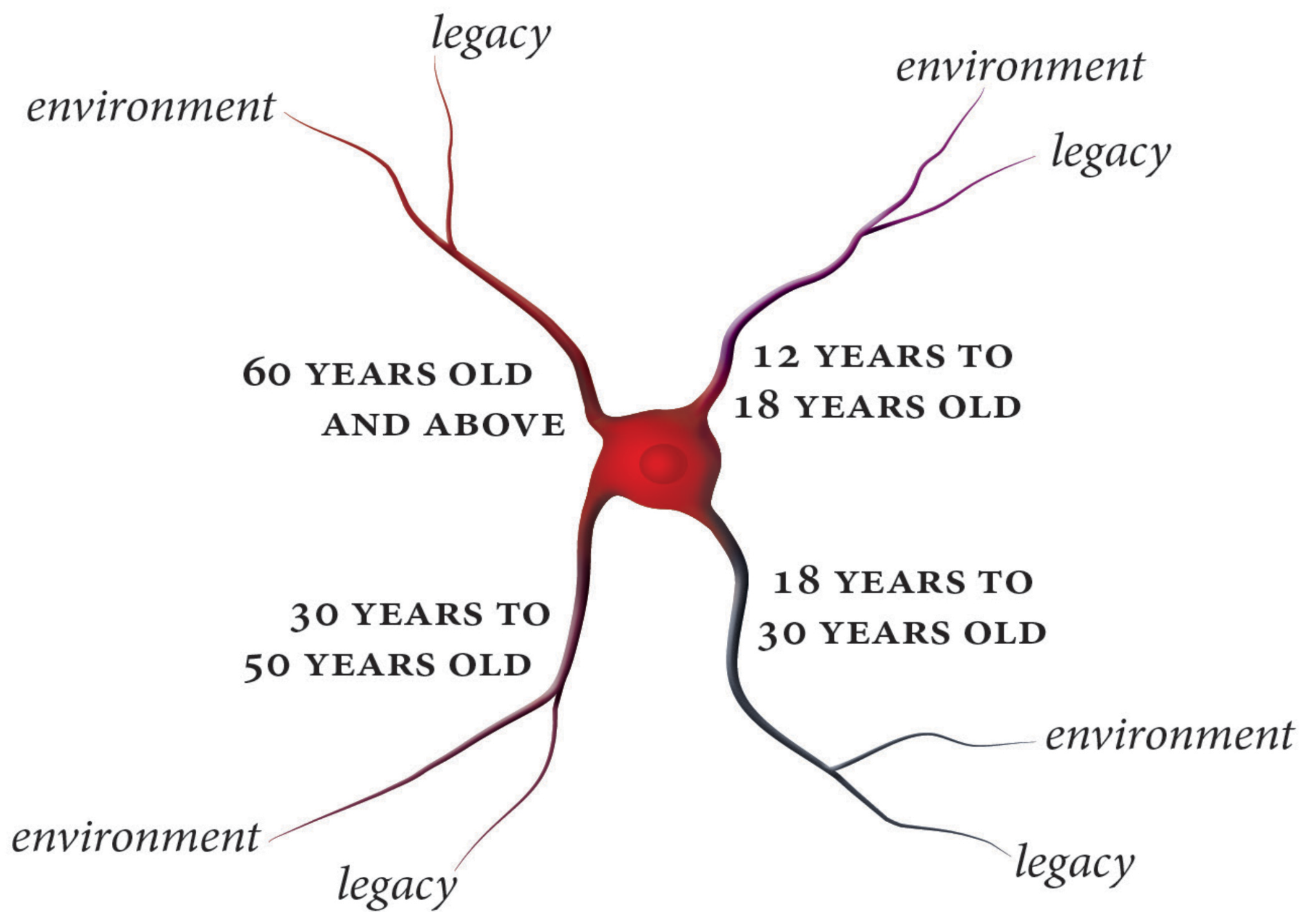
Legacy Branch
On the second branch of each age describe...

a. What is the emotional legacy of all this, do you have any significant fears or anxieties, resentments or relationship issues which developed here?

Brain Cell - **Child Development** (example)



Brain Cell - **Adult Development** (example)



Summary

Addiction can be caused by environmental factors. If we understand the risk factors we were exposed to we can understand the beliefs, feelings and behaviours they created in us, and then start to change them.

Learning Objectives

I. **We have understood** the role both our child and adult environment can play in triggering addiction
II. **Understood** the principle of brain plasticity and critical periods of human psychological development
III. **Investigated** the different thinking errors, unhealthy feeling states and maladaptive behaviours which can result from disruption in healthy development through those critical periods
IV. **Created** brain cells of our child and adult environment and it's legacy

• *Chapter Ten*•

Fear and Anger

In the last section we explored how our experience molds our brain and our psychology, and how previous experiences can leave us with a legacy of distorted thinking and unmanageable feelings about things.

There are particular unhealthy emotions which present as a pattern amongst addicts. We know this because 12 Step programmes have developed a lexicon around it through decades of treating the illness via peer support. Of note are three particularly common dysfunctional emotional states.

- Unhealthy anger – resentment, aggression and/or passive aggression
- Unreasonable and irrational fear and anxiety
- High levels of shame due to the harms we have caused others

In this section we will investigate each of these dysfunctional emotional states in turn and apply ABC to dispute the self-talk and core beliefs which are perpetuating these unmanageable feelings. We should then also discover what maladaptive behaviours we have learned to use in trying to resolve our anger, fear and shame, but first let's look at why we get angry and afraid.

Unhealthy Anger

Anger encompasses a broad spectrum of emotions, some of which could be a healthy reaction to an injustice or danger. For example, if we were to witness a loved one being unjustifiably attacked, we may respond with an appropriate level of anger – something which most people would understand as being a healthy response. However, people suffering from addiction often have trouble understanding what an 'appropriate' level or response might be. In addition, addicts often have ongoing angry feelings commonly referred to as *resentment* (re-sent-ment) which is characterized by 're-sending' the anger over and over again. Resentment is considered by 12 step programmes to be a dysfunctional emotion, *"the dubious luxury of ordinary men"* (Alcoholics Anonymous, 1939). For addicts, this emotion is toxic due to our ingrained habit of drinking or using to self-medicate the symptoms of the illness and gain relief.

Often addicts have lots of angry self-talk and a belief system which is characterized by *inflexible demands and unrealistic expectations* of ourselves and the people around us. We employ a range of angry behaviours which we use to remove our feelings of hurt or threat. These are traits we adopted through critical stages of our development in response to our environment or our addiction, and these are as likely to be passive forms of anger as they are aggressive forms of anger.

When we are in our addiction we don't realize how angry we are. Then, when we 'wake up' into sobriety, we still don't necessarily immediately recognize the signs and symptoms of unhealthy anger. It takes time and work. Remember that medical bodies like the American Society of Addiction Medicine have outlined certain distinguishing features of the illness. These include :

» A dysfunctional emotional response

» Lack of recognition of significant problems with our behaviours.

So often we will not recognize that we are feeling or acting in an angry or resentful way. When we can begin to recognize our anger then we are moving into recovery. One of the best ways of recognizing anger is to use ABC which we will explore in this section

Irrational Fear

Fear is another natural animal response to perceived threat and has value in helping us survive. Part of our primitive brain controls what is known as fight/ flight response. This is also the part of the brain most involved in addiction. This part of the brain will stimulate a fight or flight response when we are threatened. If we estimate that we can win the fight, then we will fight. If not then we will run (flight). If the situation is hopeless then we will freeze, in order to make our impending death less painful. This is an automatic response of the primitive brain and is very difficult to gain control over.

When we talk about 'fear' in recovery terms we are generally not referring to physical fear, but rather the anxieties we have around a multitude of life events. This could be a 'fear' of social situations, or a fear of not being recognized at work, but ultimately these lesser fears or anxieties contain the ultimate threat of not getting our needs met, as outlined by Abraham Maslow in his hierarchy of needs model (see next page). Ultimately these concerns can take on life or death significance for addicts who seem to be unable to rationalize the level of threat posed by these events.

Looking back at the section on critical periods and childhood development we can see that poor psychological development at the critical periods in your childhood and early adulthood may have left you with a lot of negative self-talk and irrational core beliefs and character traits with fear or anxiety attached to them. So we need to outline just what it is we're afraid of, and then ask ourselves how realistic it is that these things will happen, and if they do, are they as much of a threat as we think they are. Our fears and anxieties usually stem from the belief that we will not get our needs met. Sometimes this need is an essential need, like staying alive, sometimes it is a less essential need like maintaining status.

Fear and anxiety are often accompanied by defeatist and negative self-talk themes. This self-talk usually includes lots of verbs and adjectives describing the difficulty of achieving something: - "can't" – "won't" – "too hard", or the dangers involved in something; words

like: - "it's awful - it's a disaster" Whilst fear of change is natural to some extent it is the global, all-consuming nature of our defeatism and negativity which is toxic. In active addiction we often become irrational in the extent of our negativity. We become stuck in our comfort zone and unable or fearful of making changes.

To compensate for fear we often engage in *safety-behaviours*. These are behaviours which deflect us away from the fearful feeling, or provide some form of relief from the thing which threatens us. An example of a safety-behaviour would be avoidance, or running away from problems and challenges.

However, the primitive (reptile) brain and part of the mid brain (limbic system) which regulates fight/flight can be over ridden to some extent by engaging the neo-cortex (or higher brain). We can all do this by strenuously engaging positive self-talk (affirmations) and behavioural assignments designed to chip away at our fear and slowly stretch our comfort zone. In this way we can limit the over reactions of the primitive brain.

Exercise• Complete ABC exercises for Anger & Fear on the following pages

Key Concept

Maslow's Hierarchy of Needs

Abraham Maslow (1943) believed that people are motivated by getting their needs met. He developed a model of looking at human motivation which he called 'Hierarchy of Needs'. In this model there are a range of needs which humans have which start with the most basic needs for survival such as breathing and eating, and which then evolve to needs for acceptance and love and ultimately a need for higher achievements such as spiritual identity.

For example we can view anger as a secondary emotion. This means that it arises out of a primary emotion, like being hurt or feeling threatened. Anger is adaptive (useful for humans and their survival) in the sense that it enables us to remove the source of that threat. However, addicts have dysfunctional emotional responses to things and often fail to correctly weigh up the size or importance of the threat, leading to ongoing unhealthy levels of anger. Much of our anger is based on not getting our needs met, or believing that we aren't getting our needs met

A Tick things which tend to trigger your anger, then ring one to complete this exercise.

- ☐ father
- ☐ mother
- ☐ siblings
- ☐ cousins
- ☐ in-Laws
- ☐ boyfriends
- ☐ girlfriends
- ☐ lovers
- ☐ wives
- ☐ husbands
- ☐ sponsors
- ☐ 12 steps
- ☐ acquaintances
- ☐ friends
- ☐ clergy
- ☐ employers
- ☐ co-workers
- ☐ employees
- ☐ creditors
- ☐ doctors
- ☐ lawyers
- ☐ parole officers
- ☐ police
- ☐ judges
- ☐ teachers
- ☐ religion
- ☐ child protection
- ☐ church
- ☐ correctional system
- ☐ education system
- ☐ government
- ☐ law
- ☐ marriage
- ☐ health/mental health system
- ☐ nationalities
- ☐ philosophies
- ☐ races
- ☐ society
- ☐ treated unfairly
- ☐ gossiped about
- ☐ overlooked
- ☐ needs not met in relationships
- ☐ getting unfairly accused
- ☐ getting beat up
- ☐ being made fun of
- ☐ being ignored
- ☐ affairs
- ☐ feuds
- ☐ fall outs
- ☐ being left or divorced
- ☐ getting ripped off
- ☐ getting fired
- ☐ having your addiction curtailed
- ☐ being nagged
- ☐ being overworked
- ☐ them not doing what I want them to do

Other

B Belief

What is your interpretation of what happened here?

What did they do?

What should they have done

How do you expect people to behave in these situations?

Core Beliefs - which need of yours did they threaten?

- ☐ **Physiological needs** – food, water, oxygen….life
- ☐ **Safety/security needs** - our ability to get our basic needs met, shelter, income, career, ambition, money
- ☐ **Love/relationship needs** – Our needs for love and belonging, intimacy, relationships, sex
- ☐ **Esteem** – respect of others, status etc
- ☐ **Threats to your self-actualization** (higher development), things we cherish – ie; goals, dreams, freedom, creativity, religious beliefs etc.

Describe which of Maslow's Needs you demand or expect to be acknowledged

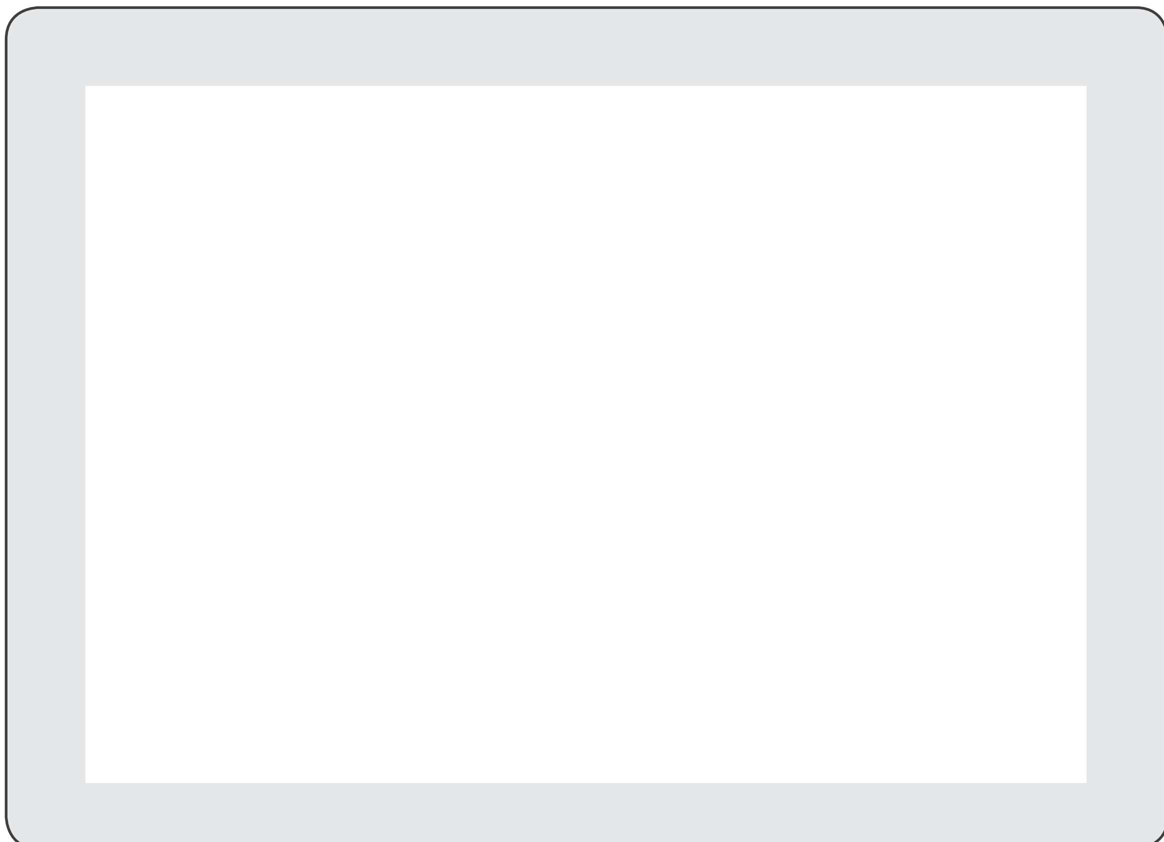
C My Part - Did I behave in any of the following ways?

- ☐ **Manipulative** - provoking people to aggression or pushing their buttons.
- ☐ **Silent violent** - punishing people with 'silent treatment', avoiding eye contact, answering in monosyllables,
- ☐ **Sneaky or Two faced** - stockpiling resentments, or gossiping about people.
- ☐ **Uncompliant** - revelling in rebellion, procrastinating to frustrate people, or going on 'strike'
- ☐ **Self-Pitying** - being a martyr. Did I play the role of the victim? Did I elicit sympathy from third parties?
- ☐ **Difficult or a Smartarse** - Was I verbose or did I deliberately overly complicate conversations and situations just to be difficult?
- ☐ **Sarcastic** - Did I channel anger into so called jokes by being sarcastic or cutting?
- ☐ **Explosive** - Did I have outbursts?
- ☐ **Unpredictable** - Did I attack indiscriminately and illogically?
- ☐ **Bullying** - Did I threaten people directly (physically, legally, mentally, emotionally)?
- ☐ **Controlling** - Was I overbearing, trying to control everything?
- ☐ **Intimidating** - Was I using physical violence or verbal abuse?
- ☐ **Destructive** - Did I destroy things or relationships or damage others or myself?
- ☐ **Inconsiderate** - not seeing other's problems or needs.
- ☐ **Demanding** - Wanting things my way.
- ☐ **Special & Different** - wanting special treatment.
- ☐ **Dependent** - Being dependent and wanting others to meet my needs.
- ☐ **Envious** - Wanting what others have.
- ☐ **Ambitious** - Wanting to be the best
- ☐ **Grandiose** - Thinking others are jealous, Wanting others to be like me
- ☐ **Mean** - Being miserly and possessive, Wanting more than my share.
- ☐ **Self-Important** - Was I self-righteous, or overly concerned about looking important?
- ☐ **Being a perfectionistic** - and expecting others to do the same?
- ☐ **Unrepentant** - Was I not seeing or admitting where I was at fault?
- ☐ **Blaming** - others for my problems?
- ☐ **Not admitting to things, Repressing** - not expressing feelings in an appropriate way?
- ☐ **Not being clear** - about my motives?
- ☐ **Burying my head in the sand** - hiding the reality or not facing facts
- ☐ **Unrealistic** - expecting others to be what they are not?
- ☐ **Needing Validation** - Was I needing to be validated, loved, admired or look good?
- ☐ **Inferiority Complex** - Was I experiencing inferiority or inadequacy?
- ☐ **Defensive** - Was I afraid or avoidant

D Dispute your thoughts and beliefs. Ask yourself these questions?

- ❒ **Labelling others** - Is it 100% true that they are this thing? Ask what redeeming qualities might they have.
- ❒ **Blaming others**- What could you have done to help?
- ❒ **Playing I'm right** - What might I have got wrong?
- ❒ **Projecting onto others** - Switch those same faults to yourself and see if it fits?
- ❒ **Believing in the Fallacy of Fairness** – Why would it be fair?
- ❒ **Exhibiting a Sense of Entitlement** - Am I really entitled to this?
- ❒ **Believing in my Superiority** - List your own failings – weigh it up – Am I superior?
- ❒ **Fault finding** - *List your own faults* - Could I have contributed to this problem?
- ❒ **Inflexible Demands (CB)** – Is this demand inflexible. Am I must-abating by saying "It MUST be the way I want it to be"
- ❒ **Unreasonable Expectations (CB)** - And what would be a reasonable expectation?

Answer the questions you have ticked



TIP Techniques for disputing resentment and anger

The Mirror

The Mirror is a technique that helps us 'own' our self-talk, by bringing it into conscious awareness. We can dispute *blaming, labelling and projection* with the mirror technique.

I. Look at your self-talk and take the adjectives and labels you are using to describe others; 'lazy, useless, stupid'
II. Apply them to yourself by placing the words 'I am' in front of the sentence instead of 'they are': *"I am a lazy, useless arsehole and I am always late"*
III. Stand in front of a mirror whilst you are doing it – does the hat fit? Maybe not, but do you see how unpleasant it is?

Switching Targets

You can also switch the target of your self –talk by transferring labels from somebody you hate or dislike onto somebody you love or like.

I. Switch the names from somebody you are labelling and place in it front of someone you have positive feeling for.
II. Say *"x is an arsehole. He is lazy and useless. He doesn't deserve anything. I wish someone would hit him over the head with a stick!"*

This should help you to gain some compassion for the object of your anger as you will feel uncomfortable aiming such angry and unpleasant self-talk at someone you love. It serves as a reminder that the object of our resentment is someone's son or daughter and almost certainly has some redeeming qualities.

The Megaphone

To dispute our unreasonable expectations and must-abating we can amplify their ridiculousness by shouting them through a makeshift megaphone or loudhailer.

I. Take a rolled up newspaper.
II. For inflexible demands shout the demand as angrily and loudly as you can through the newspaper
III. "*I must absolutely always get what I want! I demand that you treat me with the utmost respect!*"
IV. For unreasonable expectations whine as pathetically as you can
V. "*My family should love me even when I am acting like an asshole!! It's so unfair.*"

E Practice unconditional self-acceptance (USA), unconditional other acceptance (ULA), unconditional life acceptance (UOA)

I unconditionally accept...

A realistic expectation would be...

Choose an effective behaviour to work on

- ☐ calm
- ☐ motivated
- ☐ goal oriented
- ☐ content
- ☐ agreeable
- ☐ good-natured
- ☐ gentle
- ☐ unassuming
- ☐ fair
- ☐ restrained
- ☐ accepting
- ☐ insightful
- ☐ cooperative
- ☐ humble
- ☐ reasonable
- ☐ team player
- ☐ mature
- ☐ non-judgmental
- ☐ praising
- ☐ tolerant
- ☐ open to criticism
- ☐ able to learn
- ☐ respectful
- ☐ content
- ☐ constructive
- ☐ mature
- ☐ reverent
- ☐ happy for others
- ☐ close-mouthed
- ☐ kind
- ☐ discreet
- ☐ realistic
- ☐ patient
- ☐ consistent
- ☐ considerate
- ☐ confident
- ☐ understanding
- ☐ responsible
- ☐ trusting
- ☐ broadminded
- ☐ quiet
- ☐ honest
- ☐ non- controlling
- ☐ open
- ☐ candid
- ☐ unmaterialistic
- ☐ grounded
- ☐ serene
- ☐ supportive
- ☐ clear
- ☐ straightforward
- ☐ integral
- ☐ optimistic
- ☐ forgiving
- ☐ willing to grow
- ☐ loving/concerned for others
- ☐ polite
- ☐ courteous
- ☐ communicative
- ☐ cheerful
- ☐ friendly
- ☐ reliable
- ☐ even tempered

E Effective Thinking and Behaviour

Action or SMART Goal to implement recovery behaviour

Excercise• Transfer everything you've ticked and written in the boxes to the ABC exercise on the next page. Complete more ABC's using that format.

ANGER

Unmanageable Anger

Recovery Thinking and Behaviour

A

*Activator: **Anger***

B

What are you thinking and believing

Core Belief (demand or expectation)

C

Angry Behaviours

D

Challenge your negative thinking

Dispute demands and expectations

E

More effective behaviour and Action to implement it

Affirm Acceptance (USA, UOA, ULA)

FEAR

A Tick things which have triggered you into fear or anxiety. Then ring one you would like to process in this exercise

- ☐ Authority figures
- ☐ Bankruptcy
- ☐ Being alone
- ☐ Being deceived
- ☐ Being let down
- ☐ Being found out
- ☐ Being myself
- ☐ Change
- ☐ Compliments
- ☐ Confrontation
- ☐ Control (loss of)
- ☐ Creditors
- ☐ Death
- ☐ Denial
- ☐ Disapproval
- ☐ Disease
- ☐ Divorce
- ☐ Dying
- ☐ Embarrassment
- ☐ Employment
- ☐ Exposed for something facing myself
- ☐ Failure
- ☐ Feelings
- ☐ Financial insecurity
- ☐ Fourth & fifth step
- ☐ The future
- ☐ Getting fat or thin
- ☐ God
- ☐ Going home
- ☐ Going out and using
- ☐ Having children
- ☐ Homelessness
- ☐ Honesty
- ☐ Humiliation
- ☐ Hurting others
- ☐ I'm a fraud and others will find out
- ☐ Injury
- ☐ Illness
- ☐ Incarceration
- ☐ Intimacy
- ☐ Inland revenue
- ☐ Letting go
- ☐ Living
- ☐ Loneliness
- ☐ Loss of status
- ☐ Love
- ☐ Mediocrity
- ☐ Money
- ☐ Needing anyone
- ☐ Not being good enough
- ☐ Not being liked
- ☐ Not being perfect
- ☐ People (say who)
- ☐ Poverty
- ☐ Prison
- ☐ Recovery
- ☐ Rejection
- ☐ Relationships
- ☐ Responsibility
- ☐ Risks
- ☐ Sex
- ☐ Shame
- ☐ Success
- ☐ Unemployment
- ☐ The world
- ☐ The unknown
- ☐ Violence
- ☐ Work

Other

B What are my irrational beliefs?

Self-Talk

Why do I have this fear?

What is the worst thing that could happen?

Is there any evidence to suggest that this will happen?

Core Beliefs - Which need of yours is threatened? (see Maslow's pyramid)

- ☐ **Physiological needs** – food, water, oxygen….life
- ☐ **Safety/security needs** - our ability to get our basic needs met, shelter, income, career, ambition, money
- ☐ **Love/relationship needs** – Our needs for love and belonging, intimacy, relationships, sex
- ☐ **Esteem** – respect of others, status etc
- ☐ **Threats to your self-actualization** (higher development), things we cherish – ie; goals, dreams, freedom, creativity, religious beliefs etc.

Describe which of Maslow's Needs you fear will not be met and why

Have I employed any safety behaviours to compensate for this fear?

- ☐ **Paranoia & Mistrust** -Do I find it difficult to trust others or allow others to help me?
- ☐ **Avoidance and Procrastinating** - Do I put off things until the last minute i.e. through fear of doing a presentation at work I procrastinate hoping someone else will have to do it instead.
- ☐ **Worrying** - Do I worry excessively?
- ☐ **Hiding or Evading** - Do I ignore things hoping they will go away, ie; refusing to face the decline of an unhealthy relationship due to fear of being lonely.
- ☐ **Running Away** - Do I put as much distance as I can between me and the fear i.e. running away from responsibilities, due to a fear of settling down or committing to partners.
- ☐ **Sabotaging** - Do I deliberately sabotage opportunities i.e. an interview for an amazing job, or a date with an attractive man or woman.
- ☐ **Over Compensating** - Do I act the big shot, throw my weight around, financially, physically, intellectually, in order to make up for my fear
- ☐ **Manipulating** - Have I lied, defrauded or done anything to stay solvent or protect my lifestyle.
- ☐ **Perfectionism** – driving, pushy, inflexible, forcing things
- ☐ **Excessive self-reliance** - Do I find it difficult to allow others to help me in case I look weak or stupid or 'wrong'?
- ☐ **Bravado** - Do I compensate for my fear by fake displays of courage.
- ☐ **Controlling** - Pulling down, putting down, and right-sizing people.
- ☐ **Defensive** - Am I proprietorial and overprotective of my beliefs or projects?
- ☐ **Selling out** - have I sold my integrity out of fear of loss of lifestyle
- ☐ **Isolating** - Do I isolate from social situations out of fear I won't 'fit in' or that I will have to 'play' or be 'fun' and thus risk shame or embarrassment.
- ☐ **Learned Helplessness** - Do I cave in out of fear of confrontation or being targeted.
- ☐ **Using people as a crutch** - Do I use other people to support me to an unreasonable degree?

Describe your behaviour around this fear in more detail

D Dispute your fears

- ☐ **Am I Impossibilizing?** Consider alternatives - Is it impossible or just very difficult?
- ☐ **Am I Catastrophizing?** Is it a catastrophe on the grand scheme of things?
- ☐ **Overgeneralizing?** Does this statement apply universally?
- ☐ **Making Negative predictions?** Can I really determine the outcome & will it really be negative?
- ☐ **Engaging in Paranoia?** Switch to a trusting alternative and see if it seems possible
- ☐ **Displaying Comfort Zone Bias?** Ask how bad would it really be to step outside my comfort zone.
- ☐ **Being Defeatist or Negative?** Am I being Hopeless / Helpless / A Victim – "poor me"
- ☐ **Emotional Reasoning:** Is what I feel a fact?
- ☐ **Comparing:** Am I measuring myself against others?
- ☐ **Needing non-necessities:** Is my need an essential need? how much do I really need it?
- ☐ **Filtering:** What information are you screening?
- ☐ **Disqualifying the positive:** What are the positives?
- ☐ **Having Tunnel vision:** What aren't you seeing?
- ☐ **Mind Reading:** Consider alternatives, what other things might they be thinking about you?

Dispute your fearful thought distortions and core beliefs in more detail. Answer the questions above

TIP Techniques for disputing unreasonable fear and anxiety

Satire and Exaggeration

You can satirize your fearful self-talk and core beliefs by greatly exaggerating them through a loudhailer or talking into a mirror or empty chair. The reason we do this is to get a feeling of *ownership* and to bring our unconscious streams of negative self-talk to a more conscious level.

To dispute your catastrophizing through the loudhailer summon the most melodramatic tone you can:

I. "I'm going to lose money" becomes…
II. "I'm DOOMED! I'm going to be penniless within hours. People will turn on me and drive me out of town. I'll die of starvation within the week… alone in the wilderness!"

Positivity Bath

To help dispute general negative defeatist attitudes use a Positivity Bath. Use the group to immerse you in positive statements about the situation (or if alone use a mirror in your room). Go round the group and receive one positive affirmation from each group member. They can take this to ridiculous extremes to heighten the irrationality of your negativity

YOUR CORE BELIEF "Life is difficult and it's a dangerous world"

I. PEER 1 – *The world is great. You can ride motorbikes and swim with dolphins. I love the world*
II. PEER 2 – *The world is a wonderful place. I spent the morning meditating and doing yoga AND I FEEL FANTASTIC!*

Alternatively your peers can bathe you in the positive traits (assets) they see in you.

E Effective Thinking and Behaviour

A positive way of looking at this would be...

Someone I admire........................would deal with this by...

Choose an effective behaviour or 'asset' to work on

- ☐ Courageous
- ☐ Alert
- ☐ Calm
- ☐ Facing problems
- ☐ Reasonable
- ☐ Agreeable
- ☐ Letting go
- ☐ Brave
- ☐ Non-judgmental
- ☐ Open-minded
- ☐ Open to criticism
- ☐ Honest
- ☐ Accepting
- ☐ Accepts help
- ☐ Setting boundaries
- ☐ Tough love
- ☐ Being empathic
- ☐ Generous
- ☐ Admiring
- ☐ Straightforward
- ☐ Practical
- ☐ Realistic
- ☐ Confident
- ☐ Responsible
- ☐ Tolerant
- ☐ Firm
- ☐ Decisive
- ☐ Caring
- ☐ Flexible
- ☐ Secure
- ☐ Sociable
- ☐ Outgoing
- ☐ Broadminded
- ☐ Purposeful
- ☐ Industrious
- ☐ Conscientious
- ☐ Emotionally stable
- ☐ Hopeful
- ☐ Optimistic
- ☐ Disciplined
- ☐ Acts promptly
- ☐ Clear sighted
- ☐ Candid
- ☐ Forgiving
- ☐ Willing to grow
- ☐ Humble
- ☐ Trusting
- ☐ Serene
- ☐ Being positive
- ☐ Useful
- ☐ Modest
- ☐ Frank

E Effective Thinking and Behaviour

EXCERCISE• TRANSFER EVERYTHING YOU'VE TICKED AND WRITTEN TO THE ABC EXERCISE ON THE NEXT PAGE AND PLACE IT INSIDE THE APPROPRIATE BOXES. COMPLETE MORE ABC'S USING THAT FORMAT.

FEAR

Unmanageable Fear

A
Fear

C
Safety Behaviours

B
What are you thinking and believing

Core Belief (defeatism/global thinking)

Recovery Thinking and Behaviour

D
Challenge your fearful thinking

Dispute Core Belief

E
Action or Goal which will "stretch" you

Affirm Acceptance

Summary

Unhealthy anger and fear have the potential to cause us to relapse. We need to regulate them by getting current with how we're feeling as often as we can. Anger and fear are mid brain phenomena which are very powerful and can 'override' the 'civilized' part of the brain if we are not careful. We can train our brain with recovery thinking and recovery actions.

Learning Objectives

- I. We have differentiated between healthy and unhealthy feelings in the context of recovery.
- II. Gained an awareness of anger and fear as unmanageable feeling states symptomatic of addiction
- III. Learned to use ABC model to identify our irrational core beliefs, thought distortions and self-defeating behaviours which underpin and maintain unhealthy anger and irrational fear.
- IV. Learned to dispute irrational thought processes with a range of techniques
- V. Learned to use positive self-talk and paradoxical behaviours to stimulate neuro-adaptation (brain change) and create new automatic responses to anger

• *Chapter Eleven*•

Recovery Vision

In previous sections of the book we have been very much concerned with problematic situations which could prevent our recovery, and finding pre-emptive actions to protect ourselves from those situations. In the final chapters we are turning towards the solutions which are to build a new recovery based belief system, which involves envisioning or picturing a better way of living, and acting on that vision. In this section we are going to build a vision for our recovery guided by our core *values*. Values are what we really believe in deep down in our core. They are a kind of guiding light within us. Whilst goals are necessary to provide stimulus and movement in a certain direction, ultimately we will outgrow them. Values, on the other hand, seem to be more integral to our sense or 'self' than goals, and will probably remain with us for our whole life. If we understand our values we can set an overall vision for our recovery and our life which we are passionate about. We can see the things we truly need, not things we think we need. For example we may think we want money but actually what we truly value is security or a sense of accomplishment. Therefore our recovery vision should be guided by our values. Our values, our true purpose, or passion, can be lost during active addiction and we forget (or fail to act on) what we truly believe in, and what we enjoy the most. When our thoughts are distorted by our addiction we often forget why we are pursuing certain goals, or once achieved we experience a sense of anti-climax and lack of meaning. Our achievements failed to provide us with meaning.

We must ask ourselves: "what do I really believe in - what is my deepest ambition - what am I passionate about"? Answers to these questions and movement towards them will provide the rewarding feeling we need to replace rewarding ourselves with our addictive behaviour. These values and the 'meaning' or reward they bring are at the core of recovery from addiction. Specifically we can home in on four key areas of our lives which need attention. They are the same four areas which were so neglected in our active addiction, namely the four areas of unmanageability which we mind mapped in the first phase of treatment

» Health; Mental/Emotional, Physical & Spiritual
» Relationships
» Social Life/Recovery Lifestyle
» Work/Education/Vocation

Exercise• Work through the following pages and tick 12 values. Then place them into four key life areas on the bullseye on the following page

MY VALUES (tick as appropriate)

- ☐ **Altruism** – Taking interest in the well-being of others or advocating for them for their benefit
- ☐ **Achievement**– Stretching ourselves to materialize or actualize our dreams and passions through realizing and developing our abilities and talents.
- ☐ **Autonomy** – The value of being free and being able to exercise free-will and choice in our dealings, our movements and our life decisions
- ☐ **Aesthetics** – An interest in, and appreciation of, beauty. In human creative endeavours and in the natural world and its forms.
- ☐ **Change and Transformation** – Transforming self from a less desirable state to another more enhanced and meaningful state of being.
- ☐ **Creativity** – The ability to express something emotional or of meaning to others or oneself through creating a performance, idea or object of original expression
- ☐ **Community, Fellowship, Cooperation** – Seeing worth in togetherness with others as a mutually supporting entity. Giving and taking as appropriate according to need.
- ☐ **Communication, Understanding** – The ability to deliver and receive ideas and messages to and from others for the purpose of mutual gain and increased quality of life.
- ☐ **Discipline** – The ability to organize oneself or others and maintain activities, responsibilities, and commitments to achieve a longer term goal. ie: temporary pain involved in exercising to achieve long term benefit
- ☐ **Exploration, Adventure, Odyssey** – Going where other people haven't gone or daren't go. Being prepared to go through hardship and suffering to experience the world in a full and visceral sense.
- ☐ **Emotional Well Being** – The state of being content and mentally balanced which will include a notable absence of particularly disturbing feelings like anxiety or anger most of the time.
- ☐ **Experience** – The state of understanding things, the world, other people and oneself through personal experience.
- ☐ **Environment or Nature** – A belief in the worth of the natural world and life forms. Also valuing the order and good functioning of our urban or personal living spaces.
- ☐ **Elders, Guidance, Mentoring, Teachers** – Valuing people who guide us, mentor us or teach us. Valuing wisdom that is passed down and seeking that wisdom and guidance.
- ☐ **Family** – The value of creating or maintaining strong intimate relationships with multiple individuals connected to you by blood or partnership.
- ☐ **Friendship** – A bond of trust, mutual admiration and common ground that exists between two people and which often involves and is proved by loyalty or selfless action for the other.

MY VALUES (tick as appropriate)

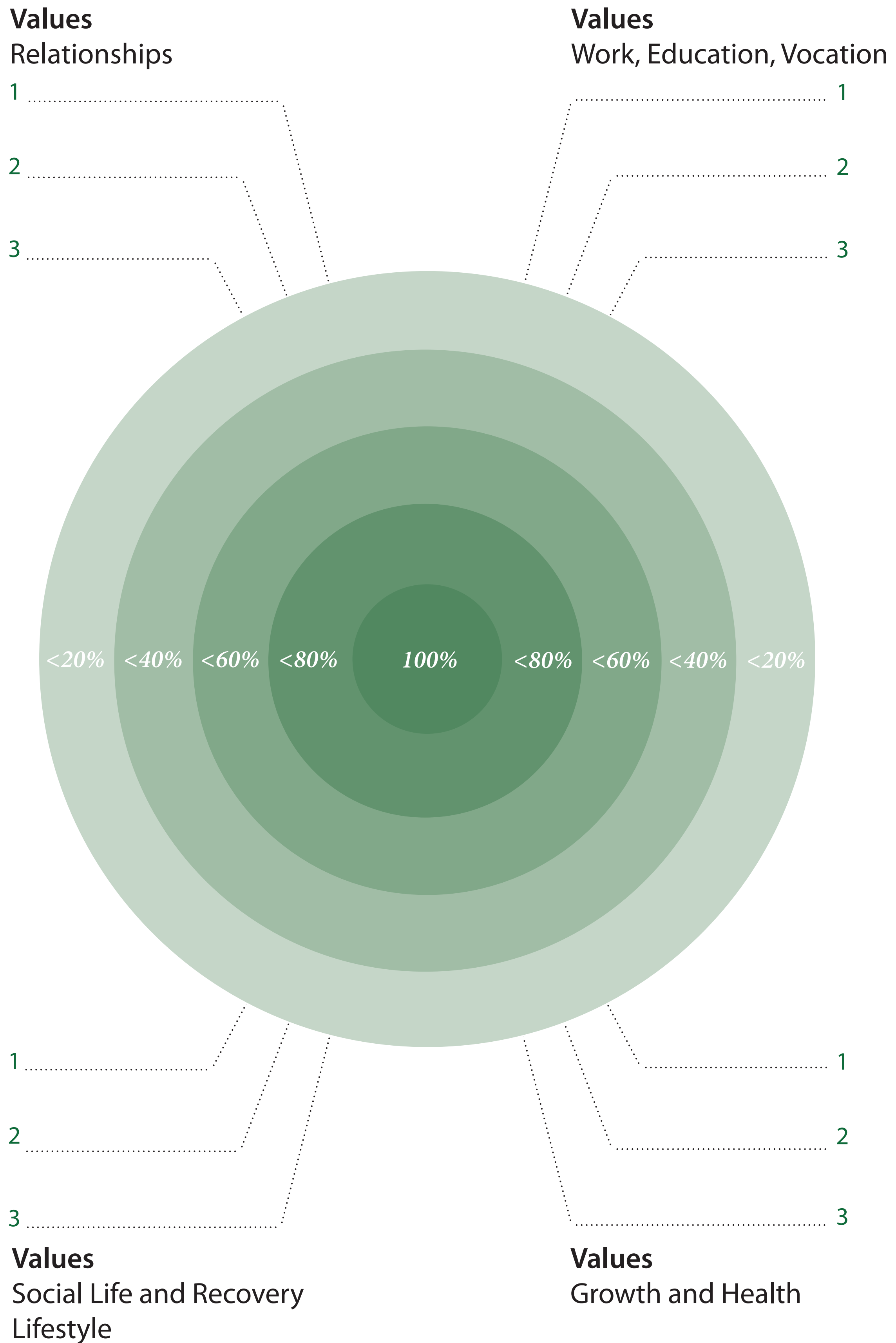
- ☐ **Fortitude, Perseverance** – The belief in carrying on through difficult circumstances and an ability to negotiate a successful outcome from a difficult situation or trial.
- ☐ **Honesty** – Being open and truthful in one's dealings so as not to mislead others financially, emotionally or in terms of our intentions.
- ☐ **Health** – The state of being physically well and balanced, including an interest or belief in the value of self-care through physical activity and discipline, diet, lifestyle etc.
- ☐ **Humility** – The quality of being down to earth, seeing others as equal to yourself, seeing your needs as not necessarily more important than those of others.
- ☐ **Individuality** – A state of being where we are aware of what actions and expressions constitute our own boundaries and sense of self.
- ☐ **Initiative, Action, Decisiveness** – The value of taking a stand on difficult issues, making a decision on how to proceed. Starting things which need to be done.
- ☐ **Justice** – A dedication to the principles of truth, finding compromise, fair and equal treatment.
- ☐ **Loyalty** –The ability to maintain a commitment to a person, institution or principle, by defending, empowering or supporting that person or thing.
- ☐ **Love** – In its widest sense the principle of being able to care for others with their best interests at heart.
- ☐ **Morality** – The value of knowing right from wrong. Having a relatively objective understanding of ethical conduct and adhering to it.
- ☐ **Order** –The value of finding it desirable to have things in their appropriate place as you see it, in order to promote greater calm, clarity and effectiveness.
- ☐ **Progress, Innovation** – The value of 'the new', breaking new ground, thinking outside the box, being prepared to consider new ideas, being open
- ☐ **Practice, Dedication** – A commitment to bettering ourselves at a skill or task, whether chosen or required.
- ☐ **Positive Thinking** – The belief that thinking positively maximizes the possibilities of a positive outcome in any given scenario.
- ☐ **Peace, Reconciliation** – A commitment to and belief in a state of harmony rather than conflict, between individuals or groups. A desire for an untroubled environment in which to exist.
- ☐ **Quality of Life** – The idea that life should be lived in the most enjoyable, balanced or healthful way possible.
- ☐ **Recovery** – The state of becoming emotionally and spiritually well and thriving after becoming sober.
- ☐ **Respect** – The value of seeing people or life forms as worthy of a basic amount of respect and paying due care and attention to them.

MY VALUES (tick as appropriate)

- ☐ **Retreat, Silence, Reflection** – Valuing your personal space, inner harmony and need for a quiet, restful or reflective environment
- ☐ **Security** – The value of having resources to negotiate life successfully and to the fullest extent.
- ☐ **Skill** – The ability to accomplish a specific task, create something or solve a problem with a considerable amount of expertise and effectiveness.
- ☐ **Spirituality** – A belief in transpersonal growth, greater meaning, and following a code of conduct aimed at achieving a deeper sense of self.
- ☐ **Service** - Doing things for others. A belief in the need to do specific things for others, particularly as a way of becoming less focused on self.
- ☐ **Sobriety** – The state of being drug and alcohol free, or free of compulsive and debilitating addictive behaviours.
- ☐ **Self-Actualization** – the ability to materialize the 'best' you, whatever that is. The state of being at your highest functioning in terms of health, wealth (or resources), relationships and meaning.
- ☐ **Stoicism** – The ability to control one's emotions in an appropriate way in order to be less disturbed and more effective, particularly in a dramatic or turbulent situation.
- ☐ **Tradition, Culture** – A sense of identification and comfortable, nurturing feeling of belonging with an ethnic or social group which feels integral to you. This involves ways of behaving, relating, eating, celebrating, and worshiping.
- ☐ **Unconditional Positive Regard** – Unconditionally accepting (though not necessarily liking) other people, as a default position which you believe in taking if possible.
- ☐ **Unconditional Self-Acceptance** – Unconditionally accepting yourself as a fallible human despite your actions.
- ☐ **Work Ethic, Application** – The principle of applying oneself diligently to a chosen end or goal, and being prepared to exert oneself consistently over a period of time to see a project through.
- ☐ **Your Word, Honour** – The value of giving your word, according to truth and doing what you say you will do. Upholding a sense of honour or good conduct by so doing. (NOTE Honour should not be taken to mean fighting or harming people over perceived slights or insults)

Other

EXERCISE• NOW PLACE THOSE VALUES ON THE BULLS EYE ACCORDING TO HOW WELL THEY ARE INTEGRATED INTO YOUR LIFE TODAY.



Positive A˙ rmation

Positive affirmations are usually short positive statements we use to activate our imagination and move us towards a goal or desired outcome. Now we will put our values into action by affirming them, visualizing them and setting goals to make them a working part of our daily lives.

The process of learning new things and creating change in our thinking and behaviour is made possible by the ability of the brain to constantly re-shape itself in terms of its connections and circuitry. As we have already learned this process is called 'brain plasticity'.

When brain cells fire off together frequently they tend to fuse. For example when we have a craving or an external stress; a brain cell fires off a signal. Then if we use drugs because we were stressed then another brain cell fires off and the circuit between them is established. We can remember this principle more easily by saying 'neurons that you use together – fuse together'.

In the same way new recovery beliefs and goals which are habitually imagined, through affirmation and visualization (building pictures in our mind) can build healthy new neuronal connections. Many musicians and athletes practice with 'mental exercises' and research has proven that this mental exercise alone strengthens their ability considerably (Chen, 2008).

How to Build an Affirmation

Make it Personal - Make them personal as you cannot achieve change on behalf of someone else.

Make it Positive - Always state what you do want not what you don't want.

Make it Present Tense - Use the present tense "I am" to focus perception on the goal as though it were happening now. This will provide a rewarding feeling which motivates you.

Build a Picture - Create a vivid impression in your mind's eye by vividly imagining the desired outcome or activity.

Be Particular - Be specific when framing a vision or goal. Make your affirmations and visualizations about the thing you really need (the value) not about what you think you want.

Example Affirmations

» "I am a runner. My running takes me out into nature where I feel at one with the world. When I run I feel as though I am meditating."

» "I am the rock of my family – I am known for my reliability and sound advice".

» "I am clear in my life purpose and choice of vocation – I am a successful and productive artist and my work is exhibited in many galleries and exhibitions".

» My recovery is bringing me a new-found serenity and I am surrounded by exceptional people who guide me from sobriety to recovery".

Exercise• Build 3 affirmations for each area; Health – Relationships – Work – Recovery, on the following page.

HEALTH

AFFIRMATION 1

AFFIRMATION 2

AFFIRMATION 3

RELATIONSHIPS

AFFIRMATION 1

AFFIRMATION 2

AFFIRMATION 3

WORK

AFFIRMATION 1

AFFIRMATION 2

AFFIRMATION 3

RECOVERY LIFESTYLE

AFFIRMATION 1

AFFIRMATION 2

AFFIRMATION 3

S.M.A.R.T. Goals

Now we will identify goals which we will work towards based on these affirmations.

» **S** - Specific
» **M** - Measurable
» **A** - Achievable
» **R** - Realistic/Relevant
» **T** - Timeframed

Specific

Firstly we need to identify a specific goal rather than a more general one.
Answer the five "W's"

What: What do I want?
Why: Specific reasons for wanting to achieve the goal.
Who: Who else might be involved?
Where: Identify where it is likely to happen.
Which: Identify what you may need to accomplish this and also any constraints

Measurable

Secondly we need to be able to keep a track of our progress. Recovery is about 'finishing tasks'. rather than tearing through things, it is better to finish one thing at a time. Measuring progress allows us to keep focused and gain a sense of completion when we eventually hit the target.
A measurable goal will ask three 'H' questions:

How much?
How many?
How will I know when it's finished?

Achievable

An achievable or attainable goal should stretch you but not be extreme in that it puts you under stress. These are goals that are neither out of reach nor below your abilities. An attainable goal will usually answer the question:

How can the goal be accomplished?

Relevant

It is important to choose goals that matter to us. That is why we have set them according to our values.

Relevant goals (which you value) will drive you because you have a 'passion' for what you wish to achieve. Sometimes (not always) you will have a sense of effortlessness with a goal that is truly aligned with your passion or values.
Ask yourself:

Is this goal worthwhile?
Do I need it or do I just want it?
Does it add value and meaning to my life?
Does it have integrity – is it 'me'?

Timeframed

This includes a start date and an end date to help you develop a sense of rhythm with your recovery. At the same time you need to be fluid with your feelings around getting it finished. If we have made the goal realistic there should not be too much in the way of 'superhuman' effort required to complete it and therefore shouldn't be any considerable stress if we proceed logically and patiently.
A time-bound goal will usually answer the question:

When?
What can I do six months from now?
What can I do six weeks from now?
What can I do today?

EXERCISE• WRITE A SMART GOAL FOR EACH AFFIRMATION ON THE FOLLOWING PAGE.

HEALTH

SMART GOAL 1

SMART GOAL 2

SMART GOAL 3

RELATIONSHIPS

SMART GOAL 1

SMART GOAL 2

SMART GOAL 3

WORK

SMART GOAL 1

SMART GOAL 2

SMART GOAL 3

RECOVERY

SMART GOAL 1

SMART GOAL 2

SMART GOAL 3

Summary

To implement real long lasting change we need to create a vision of our life in recovery. We can do this by prioritizing things which bring us harmony and peace of mind. If we vigourously affirm these things and achieve our SMART Goals we will be well on our way.

Learning Objectives

I. **We have learned** what our 'core values' are as opposed to 'goals and ambitions'
II. **Differentiated** between what we 'think' we need and want, and what we truly need and want.
III. **Isolated** what we personally value as distinct to others
IV. **Self-evaluated** where we are today with regard to integrating those values in our lives
V. **Received** peer-feedback on how well we are integrating our values into our lives.
VI. **Understood** the role our values will play in motivating us
VII. **Learned to build** a positive affirmation and understood the process of creatively visualizing things we value for our recovery
VIII. **Understood** SMART goals and how to build them
IX. **Identified** 12 affirmations and SMART goals and began practicing them.

Exercise• Now condense your findings from Phase 3 into the slippery and recovery zones of your 3 zone plan.