

Adult Children of Alcoholics

Adult children of alcoholics often have characteristics in common. Here are some possible behaviors.

1. We become isolated and afraid of authority figures.
2. We became approval seekers, and lost our identity in the process.
3. We are frightened by angry people, and any personal criticism.
4. We either become alcoholics, marry them, or both. Or else we find another compulsive personality such as a workaholic to fulfill our sick abandonment needs.
5. We live life from the viewpoint of victims, and are attracted by that weakness in our love, friendship, and career relationships.
6. We have an overdeveloped sense of responsibility, and it is easier for us to be concerned with others rather than ourselves. This enables us not to look too closely at our faults or our responsibilities to ourselves.
7. We get guilt feelings when we stand up for ourselves, so instead give in to others.
8. We become addicted to excitement.
9. We confuse love and pity, and tend to “love” people we can “pity” and “rescue.”
10. We have stuffed our feelings from our traumatic childhoods, and have lost the ability to feel or express our feelings because it hurts so much. This includes good feelings such as joy and happiness. Our being out of touch with our feelings is one of basic denial.
11. We judge ourselves harshly, and have a low sense of self-esteem.
12. We are dependent personalities who are terrified of abandonment and will do anything to hold onto a relationship in order not to experience painful abandonment feelings, which we received from living with sick people who were never present emotionally for us.
13. Alcoholism is a family disease, and we became para-alcoholics and took on the characteristics of that disease even though we did not pick up the drink.
14. Para-alcoholics are reactors rather than actors.

Attending 12 Step meetings on a regular basis can help us to learn new ways of coping and to change our attitudes and old patterns. These could lead us toward greater serenity and happiness.

1. Alcoholism is a three-fold disease (mental, physical, spiritual). Our parents were victims of this disease which ends in insanity and/or death. Learning about and understanding the disease is the beginning of the gift of forgiveness.
2. We learn **the three C's:**
 - We didn't cause it
 - We can't control it
 - We can't cure it
3. We learn to put the focus on ourselves and to be good to ourselves.
4. We learn to detach with love, and to give ourselves and others tough love.
5. We use the Al-Anon slogans:
 - Let Go and Let God
 - Easy Does It
 - One Day at a Time
 - Keep It Simple
 - Live and Let Live
 - Don't Push the River, Let it Flow by Itself
6. We learn to feel our feelings, to accept them and to express them, and to build our self-esteem.
7. Through working the 12 Steps, we learn to accept the disease, realize that our lives have become unmanageable, and that we are powerless over the disease and the alcoholic. As we become willing to admit our defects of character, and our sick thinking, we are able to change our attitudes and turn our reactions into actions. By working the program daily, admitting that we are powerless, we come to believe eventually in the spirituality of the program, that there is a solution other than ourselves – the group, a Higher Power, God as we understand the concept. We built our own self-esteem by sharing our experiences, strength and hope, relating to others, welcoming newcomers and serving our group(s).
8. We learn to love ourselves, and in this way we are able to love others in a healthy way.
9. We have telephone therapy with people we relate to. This is very helpful at all times, not just when problems arise.
10. By applying the serenity prayer to our daily lives, we begin to change the sick attitudes we acquired in childhood.

Profile of Adult Children of Alcoholics; Mixed Messages Growing Up in an Alcoholic Home

Mixed messages that children receive growing up in an alcoholic home

1. **Love/rejection** – “I love you, but don’t bother me.” In adult life these children are attracted to relationships where they are rejected because they equate love with rejection.
2. **You can count on me/disappointment** – “I’ll be there for you...next time.” The alcoholic parents want credit for their good intentions but don’t want their disappointing behavior to count. The adult child learns to not want or expect things. They deny their needs because they don’t want to be disappointed when they aren’t met. They don’t depend on others.
3. **Always tell the truth/I don’t want to know** – the child is told to always tell the truth as long as it is something the parents want to hear. Truth becomes an ideal; lying, the reality. In adult life, the child lies automatically (without guilt) even when telling the truth would be easier.
4. **Everything is fine/sense of hopelessness** – The child is told verbally that everything is fine or will be all right, but the family atmosphere is one of hopelessness, depression and anxiety. The adult child suffers from distortions in the perception of reality, feels powerless over life, is often depressed, and distrusts his/her own judgments.
5. **Blame alcohol/excuse the behavior** – the alcoholic parent does some negative and/or irresponsible behavior and the child is told by others not to get mad at the parent. “It wasn’t Dad’s fault that he was drunk.” The child learns, “If I am drunk, I can do whatever I want.”

Profile of an adult child of an alcoholic

1. **Guesses at what normal is.** Doesn’t recognize what “normal” is when s/he sees it. Traditional client-centered psychotherapy can be destructive because it assumes the answers lie within the person. The adult child doesn’t have the answer, was never taught the answer because s/he never had the role models. S/he is used to stuffing and denying feelings and doesn’t know feelings are okay.
2. **Has difficulty in following a project from beginning to end.** Has the ideas, but has no idea of the steps needed to carry it out. S/he learned it was the “intentions” that count, not the behavior.
3. **Lies when it would be just as easy to tell the truth.** Does this automatically without guilt. Truth doesn’t have value.
4. **Judges self without mercy.** Is never good enough.
5. **Has difficulty having fun.** Never learned how to play.
6. **Takes self too seriously.** Life is hard work.

7. **Overreacts to changes over which s/he has no control.** As a child, had no control over any changes that often threatened safety, security, or survival.
8. **Constantly seeks approval and affirmation.** Can never give in to self, and looks to others for affirmation.
9. **Is super-responsible or super-irresponsible.** Can't say "no" because of the need for approval. Sets no limits; prime candidates for burnout. Super-responsible types have to get sick to break the cycle.
10. **Has no sense of cooperation/working with others.** Is used to doing things alone and for self, since that is how s/he survived in their chaotic family. (Doesn't mean they are uncooperative people).
11. **Is exceedingly loyal even if the loyalty isn't deserved.** Make great friends, employees, etc. Learned this from practice with drinking parent.
12. **Is often impulsive.** Locks self into a course of action without thought to the consequences.
13. **Doesn't appear to have any more problems with sexuality or sexual behavior than anyone else.**
14. **Tends to look for immediate rather than delayed gratification.** Learned as a child that if you wait, you don't get it.

Individuals in this population need to focus on what is missing, what is the deficiency, what was not learned (i.e., they learn adult responsibilities, but not how to play or to make friends). Usually they were loved as children, but in a confusing manner. They are survivors.

As an Adult, How Have You Been Affected by Addiction?

1. Do you lose sleep because of someone abusing mood-altering chemicals?
2. Do most of your thoughts revolve around the problem user or problems that arise because of that person?
3. Do you accept promises about the chemical usage which are not kept?
4. Do you make threats or decisions and not follow through on them?
5. Has your attitude changed toward the problem user (alternating between love and hate)?
6. Do you feel alone, fearful, anxious, angry and frustrated most of the time?
7. Are you beginning to feel dislike for yourself and wonder about your sanity?
8. Do you feel responsible and guilty about the chemical problem?
9. Do you try to conceal, deny or protect the problem user?
10. Have you withdrawn from outside activities and friends because of embarrassment and shame over the chemical problem?
11. Have you taken over chores and duties that you would normally expect the problem user to assume?
12. Do you feel forced to try to exert tight control over the family expenditures with less and less success, and are the financial problems increasing?
13. Do you feel the need to justify your actions and attitudes and, at the same time, feel somewhat smug and self-righteous compared to the problem user?
14. If there are children in the home, do they often take sides with either the problem user or the spouse?
15. Are the children showing signs of emotional stress such as withdrawing, having trouble with authority figures, rebelling, or acting out sexually?
16. Have you noticed physical symptoms in yourself such as nausea, a knot in the stomach, ulcers, shakiness, sweating palms, or bitten fingernails?
17. Do you feel utterly defeated, that nothing you can say or do will move the problem user? Do you believe that the person can't get better?
18. Is your sexual relationship with the problem user affected by feelings of revulsion, so that you use sex to manipulate or refuse sex to punish?
19. Do your moods fluctuate wildly as a direct result of the problem user's mood and actions?

As a Teenager, How Might You Have Been Affected?

1. Do you have a parent, close friend or relative with a drinking or drug problem?
2. Do you feel you've had a rotten break in life?
3. Do you hate one or both of your parents?
4. Have you lost respect for your non-chemically addicted parent?
5. Do you try to "get even" with your parents when you think they have been unfair?
6. Are you ashamed of your home?
7. Do you wish your home could be more like the homes of your friends?
8. Do you lose your temper?
9. Do you sometimes say and do things you don't want to, but can't help yourself?
10. Do you have trouble concentrating on school work?
11. Do you resent having to do jobs around the house that you think your parents should be doing?
12. Are you afraid to let people know what you're really like?
13. Do you sometimes wish you were dead?
14. Are you starting to think it would be nice to forget your problems by taking drugs or getting drunk?
15. Is it hard for you to talk to your parents? Do you talk to them at all?
16. Do you go to extremes to get people to like you?
17. Are you afraid of the future?
18. Do you believe no one could possibly understand how you feel?
19. Do you feel you make your addicted parent use chemicals?
20. Do you get upset when your parents fight?
21. Do you stay out of the house as much as possible because you hate it there?
22. Do you avoid telling your parents the truth?
23. Do you worry about your parents?
24. Are you nervous or scared a lot of the time?
25. Do you resent the addict's chemical use?
26. Do you feel like a burden to your parents?
27. Do you feel nobody really loves you or cares what happens to you?
28. Do you sometimes do freaky or way-out things to get attention?
29. Do you cover up your real feelings by pretending you don't care?
30. Do you take advantage of your parents when you know you can get away with it?

If you answered "yes" to some of the above questions and are close to someone who abuses mood-altering chemicals, you could get support from a school counselor, school support group, Alateen, or a personal counselor.

Change

An addict cannot be forced to change. Change happens only when he or she recognizes deep down inside that the pain of the addicted life is too great to endure a moment longer. That is when the addict's recovery begins.

When we relatives, friends come to the inner realization that the pain of our own lives can no longer be endured and see that our unproductive and sometimes insane reactions have to change, we start to get well too. Our healthier attitudes and reactions demonstrate to the addicts in our lives that they can't "con" us anymore. If they are determined to "con" anyone, it can only be themselves.

We cannot bring about change in anyone else. We can only love others, detaching from their problems but not from them as human beings. We can love ourselves enough to carry on and live our own lives, in spite of the fact that others may never choose what we want for them.

Today I will be grateful for my growing inner peace, knowing that **recovery comes from within**.

What is Co-Dependency?

My good feelings about who I am stem from being liked by you.

My good feelings about who I am stem from receiving approval from you.

Your struggles affect my serenity. My mental attention focuses on resolving your problems or relieving your pain.

My mental attention is focused on pleasing you.

My mental attention is focused on protecting you.

My mental attention is focused on manipulating you to “do it my way.”

My self-esteem is bolstered by solving your problems.

My own hobbies and interests are put aside. My time is spent sharing your interests and hobbies.

Your clothing and personal appearance is dictated by my desires, as I feel you are a reflection of me.

I am not aware of how I feel; I am aware of how you feel. I am not aware of what I want; I ask what you want. If I am not aware, I assume.

The dreams I have for my future are only linked to you.

My fear of rejection determines what I say or do.

My fear of your anger determines what I say or do.

I use giving as a way of feeling safe in our relationship.

My social circle diminishes as I involve myself with you.

I put my values aside in order to connect with you.

I value your opinion and way of doing things more than my own.

Defenses

Rationalize: explaining the behavior as if it could be “normal”

I used so much because of my friend's use

Justify: providing a reason to make the behavior “okay”

My smoking increased because of the divorce

Project: putting forth a reaction/response indicating the speaker’s hidden or underlying issues or feeling

I am not turning out like my father (when the idea was not suggested)

Blame/Accuse: putting the responsibility of the behavior onto someone or something instead of self

It is so boring in this town; I need something to do

Judge/Moralize: using personal bias to “right” the decision or behavior

It is my right to use; this is America anyway

Intellectualize: providing cerebral explanation notably absent of feeling or emotion

Actually, it's safer to smoke weed because you are so mellow

Analyze: providing explanation devoid of personalized immediacy

Drinking twelve beers once a week is the same as a couple every day

Explain: providing narrative of events having a scripted quality or pre-formed

I came home and sat down to rest after a tough day; I normally just drink but happened to be out of beer so I started to pack a bowl

Theorize: deducing hypothetical relations and predictions of actions and/or behavior

Once I get a career and stable life, my drug use will become normal

Generalize: purposely avoiding detail or a descriptive quality

I had about three hits during that time of my life

Quibble/Equivocate: focusing on menial detail or issue, thereby not attending the other issue

I said I drank 4 beers and 3.5 wine coolers, not 4 beers and 4 wine coolers

Debate/Argue: purposely posing an adversarial stance seeming separate of personal bias, but for possible antagonism

Can I respond to your rebuttal?

Spar: arguing for the mere issue of practice, irrelevant of the issue

Why don't we start the group meeting a half hour earlier and end later?

Switch: purposely changing focus of seeming intent with the agenda of avoiding a certain issue

What time is lunch? (when asked another question)

Denial: psychological ignorance or non-awareness of obvious or seemingly overwhelming information

It is not raining! (when currently gazing at a storm outside)

Smug/Superior/Arrogant: owning an undeserved, haughty quality or an assumption of grandeur

I don't need to answer your questions unless I want to do so

Minimize: providing explanation or account with less-than-objective interpretation of events, hoping to have a lesser impact

Yeah, I smoke a little pot after work (daily for the last five years)

Evade: purposely, actively resisting addressing or giving attention to a certain issue

I will not discuss family issues in chemical dependency treatment!

Silence: responding with absence of response

Compliance: posing agreement of issue, though other perspectives or opposition lies underneath

You are right, I should stop drugs (lip service)

Storytell: providing unneeded, lengthy narratives of behavior or action, with much irrelevant information included

Junkie Pride: having a boastful or proud quality concerning activity or history, despite obvious acknowledgement of negative impact

Cry/Emotional: providing explanation with seeming unneeded dysphoric or emotional quality of production

Defenses

Defenses	How People See Us	Possible Hidden Feelings
Explain	Superior	
Justify	Arrogant	
Intellectualize	Controlling	
Rationalize	Manipulative	
Minimize		Inadequate
Theorize		
Analyze		
Generalize		
Deny		
Glare	Stubborn	
Disagree	Defiant	Sadness
Sarcasm	Hostile	
Threaten	Angry	Fear
Attack		
Agree	People Pleaser	Shame
Joke	Wishy Washy	
Smile	Phony	Hurt
Apologize		
Minimize	Aloof	Guilt
Evade	Indifferent	
Switch/Shift	Sullen	Distrust
Silence	Suspicious	
Withdraw		Love
Run Away		
Cry		
Criticize	Martyr	Proud
Moralize	Angry	
Judge	Intolerant	
Justify	Self-Pity	
Blame		

Enabling Behaviors

Coping with the Stress of Chemical Dependency

1. Denying – “He’s not an alcoholic/chemically dependent.” As a result:
 - Expecting the addict to be rational
 - Expecting the addict to control drinking/using
 - Accepting blame
2. Using/drinking with the addict.
3. Justifying the using/drinking by agreeing with the addict’s rationalization: “Her job puts her under so much pressure.”
4. Keeping feelings inside.
5. Avoiding problems – keeping the peace, believing a lack of conflict makes a good relationship.
6. Minimizing – “It’s not that bad.” “Things will get better when...”
7. Protecting – the image of the addict, the addict from pain, myself from pain.
8. Avoiding by tranquilizing feelings with food, work, etc.
9. Blaming, criticizing, lecturing, threatening.
10. Taking over responsibilities.
11. Feeling superior – treating the addict like a child.
12. Controlling – “Let’s skip the office party this year.”
13. Enduring – “This too shall pass.”
14. Waiting – “God will take care of it.”
15. Keeping busy to stay distracted.

Expectations/Want List

Expectations or wants are not demands. They are simply things we prefer that would improve the quality of our relationships. Sharing what we want or need helps our partner, parent or child to understand us. Our openness gives them the freedom to be open and share back.

Look over the following areas and choose those which apply to you and your concerned person(s). Use "I" statements, and be specific. Include what you see/hear/touch, what you understand/feel/want, and what you are willing or not willing to do.

Example: I see the TV is on while we're eating dinner. I understand how important it is to hear the news every day. I'm hurt because we don't have a chance to talk to each other during mealtime. I'd like the TV off while we're eating. I'm willing to have dinner ready a half-hour earlier if that will help.

Topics

Intimacy	Household Duties/Rules
Communication	Gambling
Friends	In-Laws
Money/Allowance/Credit Cards/Debts	Animals
Television/Computer/Telephone	Discipline of Children/Parenting
Transportation/Bus/Rides	Exercise
Time Together	Work/Homework
Holidays	Music/Dance/Concerts
Recreation/Vacation	Physical Appearance
Church/Spiritual	

The best thing about our relationship:

The thing I like best about you:

Feedback

Feedback is a way of helping another person become more aware of his/her behavior. It is communication about how one is perceived by others: behaviors, feelings, body language, defenses, etc.

Some guidelines for helpful feedback:

1. **Be descriptive:** Describe your own emotional reactions to what you have seen, heard, or experienced (i.e., “I felt really sad when I heard what you said to your son.”)
2. **Avoid judgment:** Feedback is not “right” or “wrong”, but rather your perception of what you saw, heard or experienced.
3. **Use “I” statements:**

I saw	Eye contact – good or lack of Body language such as folded arms Smiling Other facial expressions or lack of expression Tears held back or tears shed
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I heard	(name) ... said they were hurt (name) ... gave a lot of specific examples (name) ... was very clear with their drug use history (name) ... said “just social using” when they drank a pint in a night
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I felt	Confused, tense, concerned, frustrated, etc. ... as I listened
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After receiving feedback, a person still has a choice of accepting or not accepting other people’s perceptions and a choice or changing or not. Feedback done respectfully is non-judgmental and doesn’t include advice, projection into the future, or rescuing by speaking for another person.

How Will You Know When You Have Forgiven or Let Go of the Addict/Alcoholic?

When you are no longer preoccupied or obsessed with the alcoholic and the effect of addiction on you.

When people are no longer saying, “Get on with your life.”

When you no longer feel revengeful, spiteful, and filled with malice toward the addict and those people, places and things you associate with addiction.

When you can form new relationships with new patterns.

When you can recall the hurts and disappointments caused by the alcoholic, but feel the power to wish him/her well or even truly loving toward him/her.

FAIRVIEW RECOVERY SERVICES

Family Program

Information Gathering

Chemical Dependency is a family disease, meaning that the behaviors of the using person and the behaviors of those close to him/her are affected by the disease.

We ask you to remember back to the days when your loved one was using, and to list 5 to 10 specific incidents that represent the feelings you have had. **The goal of this exercise is not to shame or blame.** Rather, respectfully share how you were emotionally impacted by the user's behavior.

We acknowledge this is an uncomfortable exercise. However, we also know that change (recovery) is motivated by discomfort. Your patient needs to hear your pain, hurt, loneliness, anger, confusion, helplessness, and frustration. This is an important piece of the motivation for change and the start of the necessary honesty in the family system.

Examples of typical using behavior that affect family and loved ones:

- Dangerous, life-threatening situations (i.e., drunk driving, fights, accidents, falls)
- Embarrassing social situations
- Abuse (verbal, physical, emotional, sexual)
- Broken promises (i.e., no-show for dinner, forgot to pay bills, last-minute change of plans)
- Irresponsibility, carelessness, thoughtlessness
- Inappropriate sexual behavior
- Poor communication (i.e., repetition, confusion in what did or did not happen or what was or was not said)
- Physical deterioration (personal and/or environmental)
- Financial difficulties (i.e. debt, gambling problem)
- Spiritual changes
- Job problems
- Mental health deterioration
- Loss of friendship/relationship
- Changes in parenting
- Legal issues

My Feelings:

Using Behavior/Incident:

My Feelings:

Using Behavior/Incident:

My Feelings:

Using Behavior/Incident:

My Feelings:

Using Behavior/Incident:

My Feelings:

Using Behavior/Incident:

Let Go

To **let go** does not mean to stop caring; it means I can't do it for someone else.

To **let go** is not to cut myself off; it's the realization I can't control another person.

To **let go** is not to enable, but to allow learning from natural consequences.

To **let go** is to admit powerlessness, which means the outcome is not in my hands.

To **let go** is not to try to change or blame another person; it's to make the most of myself.

To **let go** is not to care for, but to care about.

To **let go** is not to fix, but to be supportive.

To **let go** is not to judge, but to allow another person to be a human being.

To **let go** is not to be in the middle arranging all the outcomes, but to allow others to affect their destinies.

To **let go** is not to be protective; it's to permit another person to face reality.

To **let go** is not to deny, but to accept.

To **let go** is not to nag, scold or argue, but instead to search out my own shortcomings and correct them.

To **let go** is not to adjust everything to my desires, but to take each day as it comes and cherish myself in it.

To **let go** is not to criticize and regulate anybody, but to try to become what I dream I can be.

To **let go** is not to regret the past, but to grow and live for the future.

To **let go** is to fear less, and love more.

Listen

When I ask you to listen to me and you start giving advice, you have not done what I ask.

When I ask you to listen to me and you begin to tell me why I should not feel that way, you have trapped my feelings.

When I ask you to listen to me and you feel you have to do something to solve my problems, you have failed me – strange as that may seem.

Listen! All I ask is that you listen, not to talk or do...just listen and hear me.

I can do for myself! I am not helpless. I may be discouraged and faltering, but not helpless. You contribute to my fear and weakness when you do something for me that I can do for myself. But when you accept as a simple fact that I do feel what I feel (even if it makes no sense to you), then I can quit trying to convince you and get about the business of understanding what's behind my feeling.

When that's clear, the answers are obvious to me and I don't need advice. Perhaps that's why prayer works sometimes for some people. God is mute and doesn't give advice or fix things. God just listens and lets you work it out for yourself.

So please, listen and just hear me and if you want to talk, wait a minute for your turn and I'll listen to you.

Moving Forward

Much as we would like, we cannot bring everyone with us on this journey called “recovery.” We are not being disloyal by allowing ourselves to move forward. We don’t have to wait for those we love to decide to change as well.

Sometimes we need to give ourselves permission to grow, even though the people we love are not ready to change. We may even need to leave people behind in their dysfunction or suffering because we cannot recover for them. We don’t need to suffer with them.

It doesn’t help.

It doesn’t help for us to stay stuck just because someone we love is stuck. The potential for helping others is far greater when we detach, work on ourselves, and stop trying to force others to change with us.

Changing ourselves, allowing ourselves to grow while others seek their own path, is how we have the most beneficial impact on people we love. We’re accountable for ourselves. They’re accountable for themselves. We let them go, and let ourselves grow.

Today, I will affirm that it is my right to grow and change, even though someone I love may not be growing and changing alongside me.

An open letter to my family and friends

I am an alcoholic/addict. I need help.

Don't allow me to lie to you and accept it for the truth; for in so doing, you encourage me to lie. The truth may be painful, but get at it.

Don't let me outsmart you. This only teaches me to avoid responsibility and to lose respect for you at the same time.

Don't let me exploit you or take advantage of you. In so doing, you become an accomplice to my evasion of responsibility.

Don't lecture me, moralize, scold, praise, blame, or argue when I'm drunk or sober. And don't pour out my liquor; you may feel better, but the situation will be worse.

Don't accept my promises. This is just my method of postponing pain. And don't keep switching agreements. If an agreement is made, stick to it.

Don't lose your temper with me. It will destroy you and any possibility of your helping me.

Don't allow your anxiety for me to compel you to do what I must do for myself.

Don't cover up or abort the consequences of my drinking or using. It reduces the crisis but perpetuates the illness.

Above all, don't run away from reality as I do. Alcoholism, or my addiction, gets worse as my drinking or using continues. Start now to learn, to understand, and to plan for my recovery. I need help from a doctor, a counselor, or a psychologist, a recovering alcoholic/addict, from god. I cannot help myself.

I hate myself, but I love you. To do nothing is the worst choice you can make for me.

Please help me,
Your Alcoholic/Addict

Our Relationship

You and I are in a relationship, which I value and want to keep.

Yet each of us is a separate person with unique needs and the right to try to meet those needs.

I know that when you lash out at me in anger it is because you are in pain. I will try to have sympathy for that pain.

I will not accept your accusations or blame for those feelings; neither will I take your pain into myself.

I will respect your needs as much as I can while always respecting my own needs.

I will not search for solutions to your problems nor seek to solve your dilemmas. I will take care not to ask you to solve my problems or take the blame for them. Each of us will maintain his or her own dignity.

I promise to listen to you without judgment, always reserving the right to feel good about myself. I will not allow my character, my looks, or my intelligence to be assassinated nor will I assassinate your character, looks, or intelligence.

I reserve the right to continue to develop as a person and will not allow you to interfere with this right.

My prayer is for a healthy, mutually satisfying relationship, and to that end I will strive to become what I am capable of being. I pray that you too will strive to become what you are capable of being.

By Evelyn Leite

Process of Relapse

Family	Patient
	Attitude Changes
Increased worry or criticism “I’m only trying to help.” “I’ll be okay when you...” Loss of self-focus Mood swings	Feels too good, overconfident Grandiose/perfectionist Self-pity, rejects feedback Mood swings
	Behavior Changes
Controlling, list making Not sharing feelings	Dishonesty/denial
	Situational Changes
Irregular sleep/eating Irregular meetings Lost sense of “self”	Irregular AA attendance Return to old friends/places
	Crisis
Isolation/depression Withdraw from support Compulsive “escape behavior”	Isolation/depression Withdraw from support Thoughts of “social” use
	Relapse
Physical illness More loss of self Emotional chaos/numbness Suicidal thoughts	Chemical use
	Insanity/Death

Relapse Prevention

Relapse is going back to the way things were. It can happen to you at any time. Although you cannot prevent relapse in another, you can intervene on yourself.

Intervention is identifying your own problem, attitudes, and behaviors and then doing something about them. Consider the following list of dysfunctional behaviors:

Anxiety	Open rejection of help
Blaming	Perfectionistic/rigid
Caretaking	Poor communication
Chemical use	Raging
Compulsive eating	Resentments
Compulsive sex	Self-destructive thoughts
Controlling	Self-pity
Defensiveness	Shame
Denial (it's not my problem, it's you)	Skipping 12 Step meetings
Dissatisfaction with life	Sleep disturbance
Excuses for behavior	Snooperizing
Irritability	Stress-related illness
Isolating	Stuffing, denying feelings
Keeping secrets	Taking responsibility for others
Loss of self-respect	Tunnel vision
Lying	Walking on eggshells
No follow-through	Workaholism

Review this Relapse Prevention list and select items you consider major personal problems. You can add a problem if it is not on the list. Complete these sentences for each problem.

“I know my recovery is in trouble when...”

“What I will do is...”

In the event that some of my old behavior returns, I will be responsible for my health by being open to the input of others and by following through on my plan. I am worth a good recovery.

Signed _____

Guilt vs. Shame

Guilt

Guilt is anguish or pain over hurting others or violating your moral principles. It is linked to your conscience.

Guilt relates to your behavior. Your behavior is wrong.

Guilt exists in a system that tolerates mistakes and imperfections.

You can atone. You can forgive yourself.

You are connected to others.

Guilt leads to greater empathy for others.

Dialog is possible between you and the person you have hurt.

Guilt leads to accountability and deepening of your values.

Guilt is action-oriented. What can you do to repair what you did?

Guilt means you respect yourself.

Shame

Shame is painful humiliation and embarrassment. It is not linked to your conscience.

Shame relates to yourself. You are defective as a person.

Shame exists in a system of perfectionism.

You can never atone. You can never forgive yourself.

You are all alone. No one seems to care.

Shame leaves no possibility of empathy for others.

No dialog is possible. You have shut the door.

Shame leads only to more shame, despair and rage. There is no deepening of your values.

Shame is image-oriented. What can you do to cover up, to look good and control how others see you?

Shame means you do not respect yourself.

Shame

Shame is an inner sense of being completely diminished or insufficient as a person. It is “the self judging the self.” A moment of shame may be humiliation so painful or profound that you feel you’ve been robbed of dignity or exposed as basically inadequate, bad, or worthy of rejection. A pervasive sense of shame is the ongoing premise that you are fundamentally bad, inadequate, defective, unworthy, or not fully valid as a human being.

Guilt is a painful feeling of regret and responsibility for your actions – breaking your value system.

Rules of Shame

1. **Control** – be in control of all behavior and interaction.
2. **Perfection** – always be “right.” Do the “right” thing.
3. **Blame** – blame someone (self or others) if something doesn’t happen as you planned.
4. **Denial** – deny feelings, especially the negative or vulnerable ones like anxiety, fear, loneliness, grief, rejection or need.
5. **Unreliability** – don’t expect reliability or consistency in relationships. Watch for the unpredictable.
6. **Incompleteness** – don’t bring transactions to completion or resolution.
7. **No Talk** – don’t talk openly and directly about shameful, abusive, or compulsive behavior.
8. **Disqualification** – when disrespectful, shameful, abusive or compulsive behavior occurs: disqualify it, deny it, or disguise it.

Yesterday, Today and Tomorrow

There are two days in every week about which we should not worry, two days which should be kept free from **fear** and **apprehension**.

One of these days is **yesterday** with its mistakes and cares, its faults and blunders, its aches and pains. All the money in the world cannot bring back yesterday. **Yesterday** has passed forever beyond our control. We cannot undo a single act we performed. We cannot erase a single word we said. **Yesterday is gone.**

The other day we should not worry about is **tomorrow** with its possible adversities, its burdens, its large promise or poor performance. Tomorrow is also beyond our immediate control.

Tomorrow's sun will rise, either in splendor or behind a mask of clouds. But it will rise. Until it does, we have no stake in **tomorrow**, for it is yet unborn.

This leaves only one day, **today**. Any person can fight the battles of just one day. It is only when you and I add the burdens of these two awful eternities – **yesterday** and **tomorrow** – that we break down.

It is not the experience of **today** that drives people mad – it is the remorse or bitterness of something which happened **yesterday** and the dread of what **tomorrow** may bring.

Let us, therefore, **live but one day at a time.**