

# **Relapse Toolkit**

This Toolkit contains 38 modules,  
pertinent didactic, reproducible handouts,  
and a “paint by the numbers” format for an individual or group session.

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*I offer this page for a moment of reflection in honor of the friends and clients who have struggled in their recovery from their addictions. For many, the problem has been chemical dependency; for others spending and gambling addictions, food disorders, possibly sex addiction, or work addiction. While the substance or behavior may differ, the process of the active disease is frequently very similar. With that, relapse is common. I offer this body of work, with respect for the insidiousness of the disease, the miracle of recovery, and the need for action.*

A special thank you to —

Charlie Walker – addiction therapist and friend. This could easily have been a project that would have sat at the side of my desk had he not been able to masterfully take the initiative, both in writing and organization, to assist me in bringing the Relapse Toolkit to fruition.

Sandi Klein – my assistant and friend, who has masterfully and with great diligence attended to the many rewrites and what would seem to be endless proofs.

Jack Fahey – my in-home relapse expert (my husband), who, after thirteen hospitalizations for his chemical dependency has, as of this writing, twenty-seven years of continuous sobriety. His personal and professional insights and awareness continue to have a profound influence on my work.





## **Note from Claudia Black**

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*One of the most tragic maritime disasters in history was the sinking of the Titanic. Just before midnight on April 14, 1912 the Titanic struck an iceberg about 95 miles south of the Grand Banks of Newfoundland. Of the more than 2,200 people aboard, 1,513 would die. This was the ship hailed as unsinkable. Even as the ship was going down, people assumed there was no serious problem.*

*In telling this story to a group of people in early recovery, and asking them to imagine themselves aboard that ship, knowing what the outcome would be — most believe that they would be in the group that would be saved.*

*As many as 70 percent of all chemically dependent people who attempt to stop drinking or using will experience relapse, often more than once. Like those in early recovery who believe they would survive the Titanic, they know they are in the 30 percent who won't be relapsing. With a little bit of time clean and sober, armed with a little bit of knowledge, it is easy to move into the illusion of immunity. The illusion is the facade created in one's mind that they are immune to what 70 percent of addicts experience — a relapse.*

*While addiction to alcohol is the most prevalent of substance addictions, this toolkit can be utilized for a wide range of addictive disorders — from alcohol and drug addictions, to sex, work, spending and gambling addictions, to food and relationship addictions. Relapse occurs when an addicted person becomes clean and sober, has a period of continuous sobriety, and then resumes their addictive behavior. The common theme in relapse is the resumption of self-destructive behaviors. Anyone in recovery is prone to relapse. To assume and simply hope it will not occur is denial. You must take a proactive stance.*

*In over twenty years of my work in the addictions field, I have had the honor of witnessing hundreds, if not thousands, of men and women of every age recover from various addictions. Many are fortunate to be able to stay abstinent from their first day of recovery. Some people abstain several weeks to a few months then relapse. Others relapse after a few to several years.*

*One of my most poignant memories was in working with a man who had been clean from alcohol for thirty years. Within just three days of having started to drink again, he was hospitalized because he was so physically sick. He was as spiritually and emotionally bankrupt as he had been thirty years ago when he first quit. Thus, the severe consequences to a relapse.*

*Some people die in their relapse, others will remain chronic relapsers. Yet even more will ultimately find continuous sobriety and a quality to that sobriety. The latter is my hope for each and every addict.*



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## **Outline of Relapse Toolkit**

The following is an outline of a time-limited, structured psycho-educational therapy process focusing on relapse prevention and management. While this is presented with a group orientation, it can also be used effectively with an individual participant. Read through all of the sessions and become familiar with the content so that you will be able to be flexible as needed. You know the needs of your participant(s) better than the author. You may want to use all of the sessions in the order presented, or you may simply pick and choose those that are most relevant to your participant(s).

## **Suggested Time**

Time varies according to whether or not this Toolkit is used with an individual or in a group setting. Sessions can be condensed or expanded by use of opening and closing rituals, time offered to complete exercises, and depth of discussion. Know how much time you want to give the opening and closing rituals so that you will easily transition to the focus of the particular session. While most sessions for a group are one and one half hours, these could be expanded to a lengthier format. It is also feasible to condense a session for an individual to one hour. The author encourages you to be creative and bring your own style of work into this process. Remember, this is only meant to be a guide.

## **Suggested Opening of Each Session**

It goes without saying that sessions are to begin and end on time. It is suggested that there be a ritual to the opening and closing of each session. The author suggests the sessions all begin with one of the following possibilities:

- A centering technique such as a relaxation exercise.
- A centering check in, where each participant shares with one or two words what they are experiencing physically (e.g.; tired, energetic), emotionally (e.g.; frustrated, lonely), and spiritually (e.g.; apart from, in tune with, at peace, disconnected).
- A review of the last session by the group leader. Then have each participant respond by identifying what they valued most from the previous session.
- A question or comment period about the previous session.

## **Confidentiality**

Each session needs to begin with a statement of confidentiality. Suggested format: a pledge that each individual makes. "I pledge what I see, do, and hear will stay here." The facilitator should expand on that statement as required by state and federal regulations, such as adding "except in the interest of

your treatment with other treatment team members and in regard to state and federal regulations.” (Consult your state regulations; the most common additions are in regard to suicide, homicide, child and elder abuse.)

## **Didactic**

Didactic refers to educational information that you may offer in a lecture type format. This is information you are welcome to use verbatim or as a model to improvise upon. Should the session include such information, the initial portion will be indicated with the word **Didactic**. To signify that the didactic information has come to a close, the following icon will be used.



### **Didactic closed**

Should the didactic be resumed, the inverse of this icon will indicate so.



### **Didactic resumed**

## **Handouts**

Handouts are made available for most sessions. They are included for you to reproduce.

## **Assignments**

Depending upon the motivation of the participant(s) and session length, assignments relevant to the focus on recovery are often an expedient use of their time. Prior to offering an assignment, garner their commitment to follow through. Be clear in instructions and expectations. Always follow up the assignment in the subsequent session. When the participant chooses not to do an assignment the following options may be useful:

- Review carefully and openly unfinished assignments before doing any other work in the next session.
- Examine precisely all decisions that the participant made during the interval between sessions to avoid follow through and label them “decisions,” “choices.”
- Spend some time in the session doing assignment that was unfinished.
- Encourage participant to observe, day-by-day, her/his skillful efforts to avoid, resist, and deceive self with reasons to fail. Make them expert observers of self-sabotage.
- Evaluate the appropriate fit between the task assigned and the participant’s ability to perform it; e.g., “Is the unmet assignment related to participant’s inability to perform it” or “unwillingness to comply?” “Could we facilitate the success by breaking assignments down into smaller, more easily performable pieces?”



- Evaluate your initial rationale and explanation of the tasks; e.g., “Did I make the task(s) clear, simple, and linked to some payoff/benefit; or, did the participant perceive it as busy work?”

### **Guided Imageries**

There are several sessions that include the opportunity for a guided imagery. The imageries are written out for the presenter to offer. With the exception of the Closure, all imageries are included on a compact disc should the presenter prefer to offer a pre-recorded version. The imageries are recorded in the order in which they are presented in the Toolkit.

- Letting Go of Control Imagery (Control Session Four)
- Letting Go of the Pain of Grief Imagery (Grief Session Three)
- Letting Go of Resentments Imagery (Resentments Session Two)
- Connecting to a Higher Power Imagery (Spirituality Session Three)
- Letting Go of Secrets Imagery (Secrets Session Two)
- Affirmation Imagery (Shame Session One)
- Closure Imagery (not included on the compact disc)

### **Suggested Closing of Each Session**

Ask participant(s) to respond to one of the following remarks (can be presented on a flip chart, blackboard, or overhead transparency):

- I learned that...
- I was surprised that...
- I remembered that...
- What I would like to learn more about is...
- What I did not understand was...

Asking the participant(s) to make such a statement further validates their participation and experience. It is also helpful for you to hear what they prioritize in terms of their learning experience.

## **Use of Twelve Steps**

This format is not meant to be utilized in lieu of the Twelve Step programs, or to replace the role of a sponsor. It is the hope of the author that, in fact, it will support the participant(s) in their self-recovery.

## **Videos**

Claudia Black, the author of the Relapse Toolkit, has several videos that correspond closely to various sessions. To acquire a preview copy or order these videos directly, visit her website at [www.claudialblack.com](http://www.claudialblack.com) or call 1-800-698-0148. Relevant titles are:

- Relapse: The Illusion of Immunity (Icebergs That Sink Recovery)
- The Baggage Cart (Addiction, Depression, Food)
- Relationship Series
- Anger (Types, Expression, Recovery)
- Shame (Origin, Effects, Recovery)

## Addiction History

### Objective

*To describe the participant(s) history of addiction.*

*To identify relapse history.*

### Materials and Handouts Needed

Addiction History Handout #1.1 — Portrayal of Addiction History

Addiction History Handout #1.2 — Development of Addiction History

Addiction History Handout #1.3 — Use/Abuse History Exercise

### Agenda

Begin the session by having the participant(s) share why they are there, and how they hope to benefit from this process.

It is vital to have an overall portrayal of the participant's addiction and relapse history. The following handouts will offer you three ways in which to garner the information. You may choose one or a combination of the three. These may best be administered as an assignment. Each participant then needs to share his or her history.

Handout 1.1 — Portrayal of Addiction History

Handout 1.2 — Development of Addiction History

Handout 1.3 — Use/Abuse History Exercise



## PORTRAYAL OF ADDICTION HISTORY

In the left column, note your age of initial involvement in addictive behavior. Then describe your relationship with your substance or addictive behavior.

When you have finished the above, complete the column on the right, noting the negative consequences as they would occur.

*Example is illustrated on the following page.*

Age	Relationship with your addictive behavior / substance	Negative consequences as they would occur

## Addiction History Handout #1.1

### Example would be:

Age	Relationship with your addictive behavior / substance	Negative consequences as they would occur
9	first drink at wedding, drank half of a bottle of beer	got sick on my new dress
10	began to experiment with cigarettes	reprimanded at school for breaking rules about carrying cigarettes
10	got a high from drinking alcohol with friends	would periodically get sick
10	began to sneak booze from home	began to steal my stash
14	partied a lot on weekends	lying and stealing alcohol
15	began to use marijuana continued use of alcohol continued to use marijuana	began to steal money from my siblings  didn't finish college, was partying
22	first used cocaine	
24	made first attempt to stop drinking, lasted 8 months alcohol and cocaine use escalated	lost girlfriend due to using
30	stopped cocaine for two years kept drinking a lot	my wife left me
34	went to treatment sporadically went to AA for one year, was drinking during that time using cocaine and alcohol heavily again until now (two more years)	wife came back, she left again  job performance not good/job loss threatened

**DEVELOPMENT OF ADDICTION HISTORY**

Age	Describe Addictive Behavior	Identify Negative Consequences
0 - 10		
11 - 17		
18 - 25		
26 - 40		
41 - 60		
60 +		





## USE/ABUSE HISTORY EXERCISE

This is an exercise to help you identify specific using patterns. Please answer as honestly as possible and remember, there are no right or wrong answers, only *your* answers.

1) When did you first start engaging in your addictive behavior(s)?

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2) List, in detail, what those behaviors were.

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3) With whom did you engage in these behaviors?

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4) Were your parents/guardians aware of these behaviors?

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---

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5) If so, what was their response?

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---

### Addiction History Handout #1.3

6) How did you attempt to hide these behaviors then?

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7) What was happening in your life when you started these behaviors?

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8) Did your mother, father, or guardians have addictive behaviors? If so, what were they?

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9) What addictive behaviors do you engage in today?

---

---

---

10) With whom do you use?

---

---

---

11) When, specifically, do you use?

---

---

---

12) Is your significant other, children, family aware of your use?

---

---

---

13) If so, what is their response?

---

---

---

14) How have you attempted to hide these behaviors from them?

---

---

---

15) How have you attempted to hide these behaviors from yourself?

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### Addiction History Handout #1.3

16) Does your significant other/family member engage in addictive behaviors today, and if so, what are they?

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17) Have you made efforts in the past to stop using?

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18) If so, what were they?

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19) If you have been sober in the past, what is your longest period of sobriety?

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20) What significant factors do you believe contributed to your relapse?

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21) Have you attended Twelve Step programs in the past?

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22) If so, what was your experience with them?

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23) Do you have a desire to stop engaging in your addictive behaviors today?

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24) If so, what would the specific benefits be to sobriety?

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25) What difficulties do you anticipate with sobriety?

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**Addiction History Handout #1.3**

26) How would life look sober?

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### First Step

**We admitted we were powerless over alcohol**

**and that our lives had become unmanageable.**

#### Objective

*To reinforce participant's powerlessness over their addictive disorder.*

*To reinforce the need to stay connected to the first step of surrender.*

#### Materials and Handouts Needed

First Step Handout #1.1 — The First Step

First Step Handout #1.2 — Powerlessness Inventory

First Step Handout #1.3 — Unmanageability Inventory

#### Agenda

While many participants may have been active in other programs and have completed first steps, possibly even more than one time, the fact that they are addressing relapse suggests a need for another level of honesty with self.

There are many forms for first step work. You are welcome to use any that you have previously used. Of these First Step Handouts, you would most likely choose to have the participants complete handout 1.1 or the combination of 1.2 and 1.3. These exercises are lengthy and may be best administered as assignments. Each participant needs to then share this First Step in the subsequent session(s).

It is the acceptance of the First Step that paves the way to recovery. As participant(s) grow to understand their powerlessness and how unmanageable their life has become, they begin to understand the power that addiction has over their life.





# THE FIRST STEP

***I admit I am powerless over***

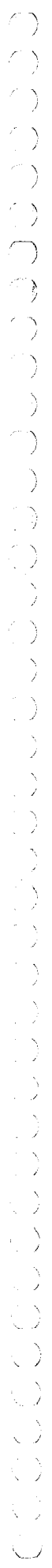
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(name addictive disorder)

***and that my life has become unmanageable.***

The following examples reflect both powerlessness and unmanageability. Using your own paper, name three or more examples under each of these headings.

- 1) Obsessing or fantasizing about my addictive behavior
- 2) Trying to control my behavior
- 3) Lying, covering up or minimizing my behavior
- 4) Trying to rationalize my behavior
- 5) Effects on physical health
- 6) Effects on my emotional health
- 7) Effects on my social life
- 8) Effects on my parenting
- 9) Effects on my primary relationship
- 10) Effects on my work or school life
- 11) Effects on my financial situation
- 12) Feeling guilty or shameful about my behaviors
- 13) Contact with police or courts
- 14) Effects on my spirituality
- 15) Involvement in other destructive behavior against self or others
- 16) Accidents or other dangerous situations
- 17) Depression
- 18) Promises to self or others I have broken
- 19) Negative feelings about self
- 20) Denied I have a problem
- 21) Manipulated people into supporting my addictions
- 22) Given up my hobbies and interests
- 23) Other \_\_\_\_\_



## POWERLESSNESS INVENTORY

List examples that show how powerless you are to stop your behaviors. Powerlessness implies being unable to stop the behavior despite obvious consequences. Be very explicit about types of behaviors and frequencies. Start with your earlier examples and conclude with your most recent. Generate at least thirty examples.

Example: Continued to use despite girlfriend leaving.



## UNMANAGEABILITY INVENTORY

List as many examples as you can think of that show how your life has become totally unmanageable because of your dependency. Unmanageability means that your addiction created chaos and damage in your life. Generate at least thirty examples.

Example: Six months ago I was caught stealing as I was trying to support my habit.



## Signs of Overconfidence

### Objective

*To recognize how overconfidence can lead to relapse.*

### Materials and Handouts Needed

Overconfidence Handout #1.1 — Rating Signs of Overconfidence

Overconfidence Handout #1.1A — Rating Signs of Overconfidence

### Agenda

Give the participant(s) Overconfidence Handout 1.1

As you give the didactic presentation, ask participant(s) to complete the handout.

For the addict new to recovery or returning to recovery, each of these signs of overconfidence is important to identify and discuss. With knowledge and insight into how these signs present themselves, the addict can be aware of his or her inherent danger to ongoing recovery.

### Didactic

Overconfidence is a major threat to recovery. This is the belief the addict has in their own abilities to handle situations without respect for the insidiousness of addiction. Signs of overconfidence include:

- Calling your own shots
- Inability to hear what others are saying
- Contempt prior to investigation
- Wanting immediate results and having unrealistic expectations

The first sign of overconfidence is **Calling your own shots**. When the addict first enters into recovery, they often attend numerous meetings, establish a relationship with their sponsor, and begin to build a support system. As time in recovery progresses, the addict often begins to feel better about him or herself and life in recovery. Once they are feeling better, it is easy to begin to reject what others are

suggesting. In fact, it is almost human nature. The addict begins to replay those old tapes. "I know what is really best for me" or "I can do it by myself, I have for all these years and I am still alive." There is a saying in Twelve Step recovery meetings — "I am not like those people, yet." "I am not dead, yet." "I have not lost my wife, yet." "I have not lost my job, yet." These are the "yes, butters" — yes, but... yes, but... yes, but....

In essence, the addict is ready to take back total control of his or her life. This demonstrates the power of the addictive process and the grandiose thinking that addicts regularly engage in. To paraphrase an A.A. saying, "My best thinking kept me drinking, drugging, gambling, etc." The addict forgets what they learned in the first step of any Twelve Step recovery program, "We admitted we were powerless over our addictive behaviors and that our lives had become unmanageable."

**Inability to hear what others are saying** is the second sign of overconfidence. The addict is in a self-help group meeting and discounts what others are saying because they know themselves best. The addict is so well practiced at listening to their own voice of denial and justification that they are unable to absorb input from outside sources. Again, the addict says, "My situation is different. I was sober for about two years. Then, my old friends invited me to a birthday party. I called my sponsor who told me to go to a meeting and avoid the party. I went anyway because I had confidence in my recovery program. When I got there, everybody was using. I thought to myself, maybe this time.... That was when I relapsed."

**Contempt prior to investigation** is the third sign of overconfidence. Here, the addict attempts to discount methods of recovery that have often proven effective. It is suggested that they go to a Narcotic's Anonymous or other Twelve Step meeting. After the first fifteen minutes of the meeting, the addict decides this meeting is not for them. No one here has anything to offer them. Or, the addict does not even bother to try the meeting out. They reject the idea without any investigation. "I wasn't like those people around me. I hadn't lost everything to my addictions, ended up divorced, lost my house, or anything like that. I left Twelve Step meetings because I couldn't identify with how sick those people really were."

**Wanting immediate results and having unrealistic expectations** is the fourth and final sign of overconfidence. People want results right now. This is especially true for the addict whose pattern has often been one of instant gratification. The addict says to him or herself, "After all, I have been sober six months, and my employer still hasn't given me back all of the responsibility that I once had." "My wife does not fully trust me around other women even though I was only unfaithful when I was using." (An aside, "I only used for the last 14 years.")

The addict's thinking here is, "I expect that because I have stayed sober, the world will give me what I want and will give it to me right now. If it doesn't, then why should I put all of this effort into my abstinence?" The addict has the attitude that the rest of the world owes them. The addict may think, "I've got something coming. I should be rewarded because I have given up so much — my alcohol, drugs, sex, gambling, or other addictions." The addict's thinking is often known as "terminal uniqueness." The addict believes that their situation is different from everyone else's and that they deserve preferential



treatment.

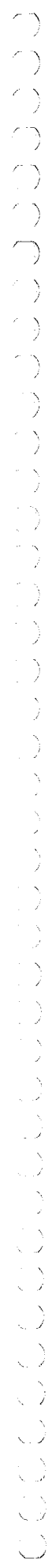
For most people, life in recovery does get better, but it takes time and it is not always in “our” time frame. Remember, recovery is a process — *not an event*. Recovery is the ability to genuinely recognize others do have something of value to offer. None of us has all of the answers.

Point: “My best thinking got me here.”



Have participant(s) complete Overconfidence Handout 1.1. Then ask each participant to share how they rated themselves and discuss examples.

Prior to closing suggest they take a second copy of the Rating Signs of Overconfidence Handout (1.1A) to someone who knows them well, asking that person to rate them on these scales. It may be helpful for them to share who they would choose and why. Be sure to discuss at the beginning of the next session.



## **RATING SIGNS OF OVERCONFIDENCE**

On a scale of one to ten, one meaning you least identify, ten meaning you most identify, rate yourself in the areas discussed.

### **Calling your own shots**

1 \_\_\_\_\_ 10

### **Inability to hear what others are saying**

1 \_\_\_\_\_ 10

### **Contempt prior to investigation**

1 \_\_\_\_\_ 10

### **Wanting immediate results and having unrealistic expectations**

1 \_\_\_\_\_ 10

## **RATING SIGNS OF OVERCONFIDENCE**

On a scale of one to ten, one meaning you least identify, ten meaning you most identify, rate \_\_\_\_\_ (name of person) in the areas discussed.

### **Calling your own shots**

1 \_\_\_\_\_ 10

### **Inability to hear what others are saying**

1 \_\_\_\_\_ 10

### **Contempt prior to investigation**

1 \_\_\_\_\_ 10

### **Wanting immediate results and having unrealistic expectations**

1 \_\_\_\_\_ 10

### Overconfidence In Depth

#### Objective

*To further impact participant(s) in how their overconfidence sets them up for relapse.*

#### Materials and Handouts Needed

Overconfidence Handout #2.1 — Calling Your Own Shots

Overconfidence Handout #2.2 — Inability to Hear What Others Are Saying

Overconfidence Handout #2.3 — Contempt Prior to Investigation

Overconfidence Handout #2.4 — Wanting Immediate Results

#### Agenda

After opening of session begin discussion with each participant sharing the feedback they received from Overconfidence Handout 1.1A of previous session. Then ask participant(s) to choose one area of the four they believe is most problematic for them. Give them related handouts to complete. Discuss.



## CALLING YOUR OWN SHOTS

Identify examples of calling your own shots	Identify the negative consequences
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	6)
7)	7)

### Examples:

My wife suggests I not attend bachelor party,  
I go anyway.

I took an unnecessary additional project at work  
when I was already stressed, sponsor had  
discouraged it.

Everybody was using, found myself craving  
the drug.

Found myself making excuses to not attend  
recovery meetings.





## INABILITY TO HEAR WHAT OTHERS ARE SAYING

Identify examples of inability to hear what others are saying	Identify the negative consequences
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	6)
7)	7)

### Example:

Told not to drink alcohol, but being a cocaine addict, I thought that was ridiculous.

Started drinking beer every night, after two weeks I was using cocaine.



## CONTEMPT PRIOR TO INVESTIGATION

Identify examples of contempt prior to investigation	Identify the negative consequences
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	6)
7)	7)

### Examples:

Decided the female counselor I was supposed to see wouldn't understand me.

I refuse to try meditation because I am not religious.

Didn't even show up to session, don't know if she would have helped or not. Got back into negative thinking and sought out previous friends to support it.

I don't find the serenity others seem to find.



## WANTING IMMEDIATE RESULTS

Identify examples of wanting immediate results with unrealistic expectations	Identify the negative consequences
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	6)
7)	7)

**Example:**

Expected my children to be all loving and supportive because I went to treatment.

I got angry at them and used it for an excuse to justify my relapse.



# Control

## Objective

*To recognize how controlling behaviors can lead to relapse.*

## Materials and Handouts Needed

Control Handout #1.1 — Giving Up Control

Control Handout #1.2 — Continuum of Control

Board

## Agenda

Discuss the following material on controlling behaviors with the participant(s).

You may begin the session telling the following story / joke.

## Didactic

*The alcoholic addict went to the horse race — he bet everything he had on this particular horse. The bell rings. As the race begins, he looks up into the sky and prays, “God, I really need you today. Please let me win this race and I promise I will never, ever, use drugs again.”*

*The horse is rounding the first curve and it is second to last. As the race goes into the backstretch, his is still not making any headway. The addict again says, “God, where are you? I really need you. Please let me win and I promise I will go to a meeting every night.”*

*As his horse hits the  $\frac{3}{4}$  pole, it is still trailing behind all the others. “God, God, I will do service work the rest of my life.” Suddenly the horse begins to move up in its standing. Within the last 100 feet, it is leading — a miracle. The alcoholic looks up to the sky and says, “That’s okay God, I’ve got it now!”*

In essence, the addict says to him or herself, “I can’t drink, use drugs safely, or engage in my other addictive behaviors — and I accept that. But what I don’t accept is that I really don’t have control over other people, places, and things. Those people, places, and things that I still try to control are my co-workers, my husband, my wife, my kids, or the traffic light.”

It is the frustration and anger involved in trying to be in control of so many things that often quickly leads the addict back to their addictive behaviors. As well, the addict can also begin to engage in thinking that maybe they can actually *control* their addiction(s). "I know I can't use cocaine anymore, but maybe I can start drinking. That was never that bad for me." Or, "I can't gamble at the horse races but I could play the lottery." These are the reasons it is important to understand how control leads to relapse.



Put the following two questions on the board and discuss.

- 1) In what areas of your life are you having difficulty because you are trying to control that which you do not have the power to control?
- 2) How would those close to you answer that question?



Control is the manipulation of people, places, and things. Controlling behavior is about many things.

- Controlling behavior is often a response to shame. It compensates for the inner belief the addict has which says, "I am not adequate, I am insufficient, I am damaged." This is often a message that the addict has carried with them for most of their lives.
- Controlling behaviors compensate for the addict's sense of helplessness. It gives the addict a sense of power to compensate for the sense of powerlessness. It may be a false sense of power, but it often feels better than no power.
- Growing up in what was often a dysfunctional home, the addict learned from early on that the illusion of having *some* control in their chaotic environment was critical for survival.

There are many styles of control. The four styles listed below are among the most common.

**Sweet Controller** — Sweet, polite, and pleasant. "And, I *always* get what I want."

**Distant Controller** — Emotionally cold, rigidly efficient, and a master of details.

**Passive Controller** — "I don't care. It doesn't matter to me. That is okay, but I will get you in the end." Otherwise known as the Martyr.

**Angry Controller** — "I want what I want when I want it. And I will darn well get it." The Intimidator.



Ask participant(s) how they would identify styles of control by their parents and then for themselves today.





Irrespective of the addict's controlling style, controllers operate from a position of fear, shame, and distrust. They end up very angry or depressed because their needs cannot be met. Despite their best efforts to control, the addict often finds him or herself frustrated and resentful because their efforts to control have failed — *again*.



Ask participant(s) to complete Control Handout 1.1 and then discuss.

Then discuss Control Handout 1.2.

Present the concept that aside from total surrender to the addictive disorder, letting go of control is not an all or nothing proposition. It is important to move away from the all or nothing manner of thinking and behaving and grasp the concept "some."

(Obviously we are not using this concept of "some" in reference to their addictive use. It's use is analogous with the Serenity Prayer.)

In closing, ask participant(s) to commit to one situation in which they are willing to let go of "some control" before the next session. For example: "When I see a co-worker doing a job different than I would, I will keep my mouth shut. Or, when a person in recovery program makes a suggestion, I will listen more closely rather than immediately discount it."



## GIVING UP CONTROL

Letting go of control in recovery is often extremely difficult to do. Addicts are used to trying to control every aspect of their lives — people, places, and situations. In order to embrace recovery, the addict needs to surrender to the fact that they are powerless over people, places, and situations. In doing so, a great deal of fear may surface at what might happen if control were given up. This exercise is designed to help you identify what meaning “letting go of control” would have in your life.

Complete this sentence stem.

**Giving up control in my life would mean...**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**When I think about giving up control, my fear is...**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_



# CONTINUUM OF CONTROL

## Control Issues in Rigid, Chaotic, and Healthy Families

1 ————— 2 3 4 5 6 7 8 9 ————— 10

No Control "1"	Some (S-O-M-E) Control "2 - 9"	Total Control "10"
<p><b>Family of Origin:</b> Chaotic; extreme disorder. Rigid controls attempted to create some safety.</p> <p>Abandonment experiences.</p> <p>"All or nothing" thinking.</p> <p>Survival dependent on following family rules superimposed on chaos to create appearance of order.</p> <p>Family rules: Don't talk; Don't trust; Don't feel.</p> <p>Belief: Life is unmanageable.</p>	<p>"Normal," some order, some disorder. Control not a central family issue.</p> <p>Few, if any abandonment experiences.</p> <p>Life is not experienced as "all or nothing," but a process.</p> <p>Survival or parental approval not dependent on family rules.</p> <p>Family behaviors: Talk; Trust; Feel.</p> <p>Belief: Some things in life can be managed; some cannot.</p>	<p>Rigidity; no apparent disorder. Hidden feelings grow chaotic, threaten to emerge, trigger chaotic events.</p> <p>Abandonment experiences.</p> <p>"All or nothing" thinking.</p> <p>Parental approval and protection dependent on following family rules prohibiting natural disorder.</p> <p>Family rules: Don't talk; Don't trust; Don't feel.</p> <p>Belief: Life is a matter to be managed.</p>
<p><b>In Adult Life:</b> Fear of loss of control of self, feelings.</p> <p>Fear of being abandoned by loved ones.</p> <p>Attempts to control based on past beliefs, feelings, and behaviors or to act out chaos.</p> <p>External approval sought for beliefs and behaviors.</p> <p>Poor Inner Adult recovery skills.</p>	<p>Loss of control not central fear. Confident and accepting of self and feelings.</p> <p>Not driven by fear of abandonment. Trust in self &amp; others.</p> <p>Recognition of where you have the power to affect things and where you don't.</p> <p>Internal reference for feelings, behaviors, and beliefs.</p> <p>Activated Inner Adult skills: Validate self, "let go" control, feel feelings, identify needs, set limits and boundaries.</p>	<p>Fear of loss of control of self, feelings.</p> <p>Fear of being abandoned by loved ones.</p> <p>Attempts to control based on past beliefs, feelings, and behaviors, reject all control.</p> <p>External approval sought for beliefs and behaviors.</p> <p>Poor Inner Adult recovery skills.</p>



## Control and Powerlessness

### Objective

*To further recognition of powerlessness over addictive disorders.*

### Materials and Handouts Needed

Collage materials for each participant:

3 to 5 magazines (nearly any magazine can be used; it is suggested that there be an assortment), 14" x 17" pieces of paper, scotch tape, scissors

### Agenda

Review with participant(s) homework assignment of Control Session One. They were asked to identify one situation in which they were willing to let go of "some" control.

Then proceed by presenting the concept that letting go of control is also about accepting where their power lies. It is living the Serenity Prayer.

God grant me the  
SERENITY *to accept the things*  
I cannot change  
COURAGE *to change the things I can*  
and  
WISDOM *to know the difference.*

Have the participant(s) do a collage that portrays the powerlessness of their addiction.

### Collage Direction

A collage is made by taking pictures, words, and/or letters from magazines and making your own statement. Depending on time, offer participant(s) 20 to 30 minutes to create their collage. Suggest they begin their collage by flipping through a magazine and being open and receptive to what they see rather than looking for specific words or pictures.

### **EXAMPLES: A picture of...**

- 1) a person with food smeared all across their face — may represent powerlessness around addiction.
- 2) cars, clothes and boats — may represent buying sprees for the person with a spending compulsion.
- 3) an empty bottle — may represent loss of control for the alcoholic.

Remind participant(s) this is their collage. Only they will interpret the pictures and/or words. There is no right or wrong way to complete a collage.

Have participant(s) describe their collage, discussing insights and feelings.



## Letting Go of Self Will

### Objective

*To understand the importance of letting go of self will.*

### Materials and Handouts Needed

Control Handout #3.1 — Letting Go of Self Will

### Agenda

If you chose not to do Control Session Two, be sure to review Control Session One's homework assignment. Then proceed with the following:

### Didactic

In order to let go of attempting to control events and other people in your life, you need to increase your understanding of your own responsibility for your feelings and actions.



Have participant(s) complete Control Handout 3.1 and discuss.



**LETTING GO OF SELF WILL**

Rate yourself on a scale of one to ten as you answer these questions.

Are you unselfish or do you put your needs before the needs of others? If the latter, give an example.

Unselfish-1 \_\_\_\_\_ 10-Selfish

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Do you admit and take responsibility when you are wrong, or do you make excuses, justify, or blame others? If the latter, give an example.

Responsible-1 \_\_\_\_\_ 10-Blame, justify

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Do you let go and forgive, or do you hold onto resentments and self-pity? If the latter, give an example.

Forgiveness-1 \_\_\_\_\_ 10-Resentment

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### Control Handout #3.1

Do you tend to deal with problems directly, or do you procrastinate or avoid dealing with problems? If the latter, give an example.

Act-1 \_\_\_\_\_ 10-Avoid

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If you scored yourself 7 or above on any of these scales, do you think this area contributes to the possibility of relapse?

☐ Yes

☐ No

On the unselfish to selfish scale there is a slight twist to the scoring. If you rated yourself 7 or above - or 3 or less, do you think this area contributes to the possibility of relapse?

☐ Yes

☐ No

## Controlling Behavior

### Objective

*To recognize negative consequences to controlling behavior.*

*To experience the internal process of letting go of control.*

### Materials and Handouts Needed

CD Player

Letting Go Imagery CD by Claudia Black.

### Agenda

Discuss the following material on consequences of control. Conclude with **Letting Go of Control** imagery.

### Didactic

Control issues can sabotage many areas of recovery. Controlling behavior sabotages:

- Intimacy — the ability to be honest with self and others. Controlling behavior creates distance between you and others, and it interferes with the ability to be in partnership with others.
- Spontaneity, creativity
- Perceiving options
- Flexibility
- Spiritual process. Control is a spiritual divider. Faith and control do not peacefully coexist.

So often people are attempting to experience a spiritually based recovery, yet have not “let go” of control.



Have participant(s) list areas in which they believe they are too controlling.

For example:

*Controlling partner:*

I pick the restaurant we eat at, even though I ask her opinion.

We only socialize with people I choose.

I won't try different vacation options.

I control checkbook.

After recognizing and discussing the negative consequences to controlling behavior, ask participant(s) to create a list of examples of "letting go" that are realistic and doable. Suggest to participant(s) that they practice two of these examples and discuss their experience in the next session.

The following imagery is to help participant(s) release control and fear of not having control.

### **Imagery Direction**

You may choose to use the **Letting Go Imagery** CD by Claudia Black or offer it personally. The presenter is welcome to create his or her own version of the scripted imagery. When asking the participant(s) to do an imagery, begin by acknowledging that it may feel awkward if they haven't experienced an imagery before, but it can be highly valuable if they allow themselves to relax and be open to the process.

Begin the experience by asking the participant(s) to find a comfortable sitting position, uncross their arms and legs, and begin to take slow deep breaths in and out. As you offer these directions, begin to pace your speaking so that it is soothing and relaxing.

If you, the presenter, are offering the imagery rather than using the recorded version, it is suggested you have soft music playing in the background. The key is to talk slowly, and allow the participant(s) time to breathe deeply, to hear the words, to "be with" the words. It is not necessary to have a discussion about the imagery once completed. In fact, that is often contraindicated as it moves the participant from an emotional/spiritual experience into an intellectual realm.

### **Letting Go of Control Imagery**

*Sit down in a quiet, comfortable place. Uncross your arms and legs and gently close your eyes. Begin to breathe in and out deeply and slowly. As you breathe in, visualize healing energy coming into your body. As you breathe out, imagine stress and tension slowly leaving your physical self.*

*Become aware of your feet on the floor. Gently move them around and feel the connection between your body and the earth. Visualize your connection with the earth and allow yourself to slowly breathe in and out. As you breathe, continue to let any stress and tension melt away.*

*Now slowly become aware of your legs. Breathe healing energy into your legs and feel the safety and*

warmth of that healing energy. Slowly feel the energy as it moves up from your legs... to your waist... into your chest and around into your back. Feel the muscles in your back relax as your body floats freely.

Breathe in... and out. Breathe in... and out. Feel your arms and shoulders. Feel your shoulders loosen as the stress leaves them... feel the healing energy penetrate to your deepest muscles. Feel your neck begin to relax as you continue to breathe in healing energy. Feel your head relax, as the stress continues to be released throughout your body.

Take a deep breath in... now out.

Take a deep breath in... now out.

Take a deep breath in... now out.

As you sit in your calm and safe place, repeat the phrase —

**Today, I will release my need to be in control.**

**Today, I will release my need to be in control.**

Breathe in... and out. Breathe in... and out.

As you repeat these phrases, breathe in protection and strength. As you breathe out, release any fears you have about losing control.

Say to yourself —

**I am powerless over people, places, and situations.**

**I am powerless over people, places, and situations.**

As you continue to breathe, scan your body again for any feelings that may be surfacing. Allow those feelings to come up in your body. Know that it is okay to feel whatever you are feeling and that you are completely safe. Breathe into those feeling places and breathe out the energies of long held feelings. Breathe in light, healing, and protection. Know that you are safe and that any feelings that may be coming up are safe to have.

Say to yourself —

**I have needed control to be safe.**

**I have needed control to be safe.**

**Today I release my fears and I release my control.**

**Today I release my fears and I release my control.**

Visualize control and fear leaving your body, floating up and away. Feel the weight of needing to control leave your body. Continue to breathe in... and out. Breathe in... and out.

Say to yourself —

***I am in a safe place and no one can hurt me.***

***I am in a safe place and no one can hurt me.***

Know that your Higher Power is protecting you and guiding you on your recovery journey. Visualize the energy of your Higher Power protecting you, keeping you safe, and guiding your path.

Say to yourself —

***Today, acceptance is the answer to all my problems.***

***Today, acceptance is the answer to all my problems.***

***Nothing happens in this world by mistake.***

As you say these words, allow your spirit to hear the words and accept that none of us have any control over people, places, or situations.

Say to yourself —

***I am powerless over people, places, and situations.***

***Today, acceptance is the answer to all my problems.***

***I am powerless over people, places, and situations.***

***Today, acceptance is the answer to all my problems.***

As you continue to breathe, become aware of your body. Become aware of your head... your neck... your shoulders and arms. Become aware of your back... your chest... your waist... your legs... your feet. Gently begin to shift your body around and when you are ready, open your eyes.

Remember that this imagery is to help you release control and fear of not having control. Be gentle with yourself and know that your journey in recovery begins each day with the First Step.

We admitted we are powerless over...



# Feelings

## Objective

*To recognize the connection between avoidance of feelings and relapse.*

## Materials and Handouts Needed

Feelings Handout #1.1 — Formative Years  
Board

## Agenda

After opening, discuss the following material on feelings.

## Didactic

Nick Nolte spoke the following words in the movie *Prince of Tides*. *"I don't know when my parents began their war against each other, but I do know the only prisoners they took were their children. When (we) needed to escape, we developed a ritual — we found a silent soothing world where there was no pain, a world without mothers and fathers. But that was a long time ago, before I chose not to have a memory."*

That silent, soothing world is what addictive disorders represent to many addicts.

Alan, a 32-year-old addict, says, "I was eleven when I took my first drink. I hated the taste, but I felt the glow and it worked. I would get sick as a dog, but would still do it again. I got drunk because I had a hole in my gut so big and alcohol filled it up. Alcohol and drugs would become the solution. There was one reason I drank and used. It was to get blithering numb. And when I was numb, not a thing or person could hurt me; I felt nothing."

Often, the attraction to addictive behaviors was that they served to medicate the addict's inner pain. For many in recovery, to be abstinent from their addiction(s) results in experiencing something that the addict strives much of their life to stay away from — their feelings. In early recovery, it is the **fear of feeling** that will send many people back to their addictive behaviors.

The ability to express feelings and feel safe with feelings is something that is most often impeded at an

early age. So many addicts grew up in dysfunctional or abusive homes where it was not safe to express their feelings. As a result, they lived with much fear, disappointment, sadness, and embarrassment. They witnessed anger, pain, and rage. It was a very lonely time. If they had shown any feelings at all, they often experienced rejection. They were frequently given such shaming messages as, "Big boys or girls don't cry," "Don't be such a sissy," or "I'll really give you something to cry about." To show feelings was frequently met by disapproval, rejection, or even punishment. The message, whether delivered overtly or covertly, was very clear — "It is not okay to be your own person with individual feelings, desires, or needs." Feelings need to be avoided at all costs.

**Recovery is the ability to tolerate feelings without needing to medicate them.** (This line is so important; I suggest the presenter visually put it on a board).



Ask participant(s) what type of messages they heard — verbal or nonverbal — around specific feelings in their growing up years. Those messages came from both the family and the culture.

List them on a board.

You can even separate out on the board, female vs. male oriented messages, with messages common to both in the middle.

Female

Both Sexes

Male

Then lead into a discussion about what they did with feelings; e.g., "What did you do with your disappointment when you came home from the school event and there was no one at home for you to vent your frustration with, or to share in your excitement?" "What did you do with your fear as you listened to your mother and her boyfriend arguing heatedly in the bedroom for such a long time?"



These messages were delivered so clearly that today even as an adult, the addict still avoids his or her feelings. Yet, there are so many feelings the addict may have in early recovery:

- |                |  |
|----------------|--|
| <b>Guilt</b>   | about lying, cheating and dishonesty. Guilt about how they have treated others.  |
| <b>Fear</b>    | about facing the world sober. Financial and job fears. Fear of repercussions for behaviors when they were addicted. Fear of recouping things they once had.    |
| <b>Anger</b>   | with self for not being able to control their drug, alcohol, or other addictions. Anger with what has happened to them. Anger with former lovers and partners. |
| <b>Sadness</b> | for what they have lost in their disease. Sadness for being where they are in their lives.   |
| <b>Shame</b>   | about years in addiction.  |



Discuss what feelings participant(s) are experiencing that are related to their addiction.

Give Feelings Handout 1.1.

Allow participant(s) to complete the exercise, then discuss.

Close the session asking participant(s) to identify the feeling that is the most threatening to his or her recovery at the moment and to identify an immediate self-care plan.



FORMATIVE YEARS

On a scale from one to ten, one being the least, ten being the most, rate your experience of the following feelings.

In my growing up years:

At this time I am experiencing:

1 \_\_\_\_\_ 10

Happiness

1 \_\_\_\_\_ 10

1 \_\_\_\_\_ 10

Sadness

1 \_\_\_\_\_ 10

1 \_\_\_\_\_ 10

Disappointment

1 \_\_\_\_\_ 10

1 \_\_\_\_\_ 10

Anger

1 \_\_\_\_\_ 10

1 \_\_\_\_\_ 10

Fear

1 \_\_\_\_\_ 10

1 \_\_\_\_\_ 10

Terror

1 \_\_\_\_\_ 10

1 \_\_\_\_\_ 10

Loneliness

1 \_\_\_\_\_ 10

1 \_\_\_\_\_ 10

Guilt

1 \_\_\_\_\_ 10

1 \_\_\_\_\_ 10

Other

1 \_\_\_\_\_ 10



## Carried Beliefs and Feelings

### Objective

*To recognize the connection between carried beliefs, feelings, and skills as they relate to addiction and relapse.*

### Materials and Handouts Needed

Feelings Handout #2.1 — The Baggage Cart

Feelings Handout #2.2 — Your Cart

### Agenda

Discuss the following material using the metaphor of the Baggage Cart.

### Alternate Format

Claudia Black's 30-minute video **The Baggage Cart** can be used instead of the didactic, to be followed by the handout and discussion. See back page to learn how to acquire this video.

### Didactic

Today we are going to use the analogy of a baggage cart to discuss beliefs and feelings, and how they contribute to addiction and the potential for relapse. Think about the bags that you have been carrying in life. These bags contain beliefs, feelings, and skills.

But first, if you were to describe your bags, what would they look like? Consider the size, the construction, and the material.

For some, it is a brown paper bag that easily tears or disintegrates in the rain. For others, it is sturdy hardback luggage or soft medium-size luggage. That which shows itself to the world — the shell, — is just that — the exterior. That exterior represents defenses we built to protect, hide, and contain beliefs, feelings, and skills. Whatever the exterior, the contents may be very similar to each other.

The baggage contains the beliefs or attitudes developed in our growing up years/our young adulthood. These are the beliefs we have had about others, the world, and ourselves. These are feelings experi-

enced that we have held onto because it wasn't safe to express them. The baggage also contains the skills that we developed that helped us to live with others, and to achieve our goals.

What I am asking you to do today is to look at the bags you travel with. Unpack them and look inside.

What are you carrying in terms of beliefs, feelings, and skills?

How long have you been carrying them?

Who packed the bags?

Do these bags still serve their purpose?

The possibilities are many. Let's look at the bags that carry your beliefs about you and the world. What beliefs are you carrying?

I am strong, capable

I deserve to be happy

I deserve respect

I can take care of myself

I can ask for help if I need it

People are trustworthy

I am trustworthy

It is okay to take risks

The world has many wonderful things to offer

Or, do your bags carry negative beliefs?

You can't trust other people; they will take advantage of you

No one will listen to me

Take what you need

The world is scary

It's not okay to make a mistake, something bad will happen

Good things only happen to others

I don't expect much from me

I'm inadequate, insufficient. I can't do anything right

I need someone to take care of me

If I show people who I am, they won't like me

The world owes me. I am entitled

What feelings do you carry with you?

Do you carry memories of laughter, happy times, and feeling good about yourself?

Do you feel loved? Loving?

Do you have so much fear in your life that you have one whole bag designated just for that?



How much anger or resentment are you carrying?

How large is your bag of hopelessness, disappointments, sadness, or guilts?

Other important questions to ask are:

Do you find you are carrying other people's bags as well — your mother or father's fears, their guilt, their shame?

Do you take on your daughter or son's disappointments or angers?

What we fail to recognize is that in our luggage most of us are carrying a tool bag, a bag of skills.

In this bag of skills, do you have a variety of tools or a limited number and type of tools? What are they? Tools we may carry would be:

Ability to ask for what you need

Ability to listen

Problem solving skills

Ability to see choices available

Negotiation skills

Healthy expression of feelings

Set limits

Clarity around what is important

Ability to make decisions

Self-care skills, eating adequately and in a healthy manner, cleanliness, basic hygiene skills, appropriate clothing, proper rest, and exercise.

The bags seem to grow as we travel on our life journey. We just keep picking up more unresolved feelings and new bags are created.

Today our new bags often come because of divorce, being passed over for a promotion at work, being arrested, a financial setback, past relapses, and the pain that comes with addictive behaviors. The negative beliefs we have only become heavier and our feelings become overwhelming.

This process takes time and we don't even realize it is happening.

Gradually we develop a tolerance for the pain and are able to function for a period of time. Then, through no fault of our own, our tolerance lessens and we feel the heaviness. We need help to carry the baggage. So we seek a baggage cart of some sort to help us continue to carry the luggage.

Those carts are often addiction related. It could be a bottle, pill, or syringe into which someone has dumped all of his or her beliefs, feelings, and skills. Or, it could be an eating disorder with a person dumping their bags into a vat of chocolate, sugars, or starches. We also have a cart called depression. All of this person's bags have accumulated into feelings of despair and hopelessness. The cart is

whatever you have come to rely on — relationships, sex, work, gambling, etc.

These carts do make things seem better for a while. We don't seem to feel the weight as we once did. We are numb, which just allows us to pile on more baggage. The load gets heavier, and eventually we need a bigger and bigger cart. Or, we simply get more carts.



Allow participant(s) to do the first two pages of Feelings Handout 2.1 then discuss.

Remind them...



The first step in letting go of excess baggage is to get rid of the carts. Without carts it is impossible for you to carry all of this baggage, so you need to decide what it is you really want to keep.



Have participant(s) complete Feelings Handout 2.2 and discuss.

# THE BAGGAGE CART

## BAGGAGE

Think about the baggage that you have been carrying in life. The exterior is constructed to **protect**, **hide**, and **contain** feelings, beliefs, and skills. What does your baggage look like? Circle those which describe your baggage.

- |                  |                              |
|------------------|------------------------------|
| a knapsack       | softcover shell              |
| a trunk          | tattered                     |
| an overnight bag | colorful                     |
| a paper bag      | faded color                  |
| hardcover shell  | with wheels (easier to pull) |
| other            |                              |

## FEELINGS

**What are you carrying inside your bags?**

☐ Anger

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☐ Resentments

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☐ Embarrassments

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☐ Guilt

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☐ Sadnesses

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☐ Fears

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☐ Love for

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☐ Pride about

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☐ Satisfaction with

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☐ Other

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**BELIEFS — Negative**

***Check those you carry in your various bags:***

- |  |   |
|--|---|
| <input type="checkbox"/> I am not important                | <input type="checkbox"/> Others are more important than me                |
| <input type="checkbox"/> Good things only happen to others | <input type="checkbox"/> I need someone to take care of me                |
| <input type="checkbox"/> The world owes me                 | <input type="checkbox"/> You can't trust other people                     |
| <input type="checkbox"/> I am boring                       | <input type="checkbox"/> If people really knew me, they would not like me |
| <input type="checkbox"/> I am unlovable                    |   |
| <input type="checkbox"/> Other                             |   |
- 

**BELIEFS — Positive**

***Check those you carry in your various bags:***

- |  |   |
|--|---|
| <input type="checkbox"/> People are trustworthy    | <input type="checkbox"/> It is okay to take risks                     |
| <input type="checkbox"/> I can take care of myself | <input type="checkbox"/> I can ask for help if I need it              |
| <input type="checkbox"/> My feelings are important | <input type="checkbox"/> I deserve to be happy                        |
| <input type="checkbox"/> I deserve respect         | <input type="checkbox"/> The world has many wonderful things to offer |
| <input type="checkbox"/> Other                     |   |
- 

**TOOLS**

***Describe your tool bag:***

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Large           | <input type="checkbox"/> Small       |
| <input type="checkbox"/> Frequently used | <input type="checkbox"/> Seldom used |
| <input type="checkbox"/> Other           |                                      |
- 

**Are your tools a variety or limited in type? What tools do you carry?**

***Check those you carry in your bags:***

- |   |   |
|---|---|
| <input type="checkbox"/> Ability to ask for what you need | <input type="checkbox"/> Ability to care for others       |
| <input type="checkbox"/> Ability to listen                | <input type="checkbox"/> Problem-solving skills           |
| <input type="checkbox"/> Ability to see choices available | <input type="checkbox"/> Negotiation skills               |
| <input type="checkbox"/> Healthy expression of feelings   | <input type="checkbox"/> Ability to set limits            |
| <input type="checkbox"/> Respect for others' limits       | <input type="checkbox"/> Clarity around what is important |
| <input type="checkbox"/> Ability to make decisions        |   |
| <input type="checkbox"/> Self-care skills:                |   |
| ○ Basic hygiene skills                                    | ○ Appropriate clothing                                    |
| ○ Proper rest   | ○ Exercise  |
| ○ Abstinence from addictive behaviors or chemicals        |   |
| ○ Other: <i>Be specific</i> _____                         |   |
-

## YOUR CART

*We utilize a cart to carry our bags when they get too heavy. While not everyone has a cart, consider the possibility: what might your cart be?*

- |  |  |
|--|--|
| <input type="checkbox"/> Alcohol and other drugs         | <input type="checkbox"/> Food                |
| <input type="checkbox"/> Compulsive work                 | <input type="checkbox"/> Compulsive spending |
| <input type="checkbox"/> Isolation                       | <input type="checkbox"/> Depression          |
| <input type="checkbox"/> Love and relationships          | <input type="checkbox"/> Sex                 |
| <input type="checkbox"/> Gambling                        | <input type="checkbox"/> Eating disorder     |
| <input type="checkbox"/> Controlled/Controlling behavior | <input type="checkbox"/> Anger               |
| <input type="checkbox"/> Other                           |  |

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**Reflecting on your responses to Feelings Handout 2.1, complete the following questionnaire.**

1) What old feelings and beliefs do you need to let go of?

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2) What beliefs would support you in the way you would like to live your life?

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3) What feelings would you prefer to be carrying with you?

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4) What do you need to do to make that happen?

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## Feelings Handout #2.2

5) What tools are you carrying that are useful to keep?

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6) Do you need to acquire some new tools you have never had before?

If so, identify. \_\_\_\_\_

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### Picture of Feelings

#### Objective

*To be able to talk more openly about one's feelings.*

#### Materials and Handouts Needed

Collage materials for each participant:

3 to 5 magazines (nearly any magazine can be used; it is suggested that there be an assortment), a 14" x 17" piece of paper, scotch tape, scissors

#### Agenda

This exercise and discussion would take place only after you have done Feelings Session One.

#### Collage Direction

A collage is made by taking pictures, words and/or letters from magazines and making your own statement. Depending on time, offer participant(s) 20 to 30 minutes to create their collage. Suggest they begin their collage by flipping through a magazine and being open and receptive to what they see rather than looking for specific words or pictures. Remind participant(s) this is their collage. Only they will interpret the pictures and/or words. There is no right or wrong way to complete a collage.

The participant(s) can do a generic feelings collage. A generic collage is one that portrays their feelings from their growing up years through today. A slight variation that may be more meaningful is to use both the front and back of the pages and have the front portray feelings that others see; the back represents feelings they have kept hidden from most others.

The following are suggestions regarding specific feelings. Be as creative as you want to be so this exercise is most useful to your participant(s).

## **PICTURE OF FEAR**

Create a collage that represents your fear. Your fear may be from your past and present experiences.

EXAMPLES: A picture of...

- 1) a person of the opposite sex — may represent to you that you are afraid of the opposite sex.
- 2) the word “no” — may represent how difficult you find it to say no.
- 3) a hand — may represent getting hit.
- 4) a cartoon showing a person walking on a tightrope — may represent how fearful life is for you.
- 5) food — may represent fear of weight gain

## **PICTURE OF SADNESS**

Create a collage that represents your sadness. Your sadness may be from your past and present experiences.

EXAMPLES: A picture of...

- 1) a smiling person — may represent what you did to mask your sadness as a child.
- 2) the word “blue” — may represent a color tone to your sadness.
- 3) a cloud — may represent an intense amount of sadness and tears within you.
- 4) a woman — may represent your mother, who reminds you of your greatest source of sadness.
- 5) smiling family — may represent the sadness you felt regarding the lack of family closeness.

## **PICTURE OF GUILT**

Create a collage that represents your guilt. Your guilt may be from your past and present experiences, false or true guilt.

EXAMPLES: A picture of...

- 1) an obese person eating a multitude of sugars — may represent what you do with guilt.
- 2) a child in leg braces — may represent guilt you carry for your child’s disability.
- 3) a bottle of liquor — may represent guilt related to addiction.
- 4) a car racing down the road — may represent you speeding through life, trying to make up for your inadequacies, your guilt.



5) a couple — may represent the guilt you feel for having an affair.

### **PICTURE OF ANGER**

Create a collage that represents your anger. Your anger may be from your past and present experiences.

EXAMPLES: A picture of...

- 1) a volcano — may represent how explosive and frightening you perceive your anger.
- 2) a bottle of alcohol — may represent that you often drink to get rid of your anger.
- 3) a dog — may represent anger towards your dad for giving your dog away when you were a child.
- 4) a car — may represent a form of escape when angry.
- 5) a roller coaster — may represent your major mood swings with your anger.

### **PICTURE OF LONELINESS**

Create a collage that represents your loneliness. Your loneliness may be from your past and present experiences.

EXAMPLES: A picture of...

- 1) an empty house — may represent how alone you felt in the house you grew up in.
- 2) a single person — may represent your isolation in your addiction.
- 3) a pet — may represent your only friend.
- 4) a razor — may represent your thoughts of suicide.
- 5) rainfall — may represent the gloom of your loneliness.

### **PICTURE OF SHAME**

Create a collage that represents your shame. Your shame may be from your past and present experiences.

EXAMPLES: A picture of...

- 1) a couple — may represent knowledge of a parent having an affair.
- 2) a student — may represent the night your parent showed up intoxicated at a school event and made a scene.

- 3) a checkbook — may represent stealing from family members.
- 4) a cracked mirror — may represent how you see yourself to be ugly, damaged.
- 5) a bottle and pills — may represent your addiction.

## **PICTURE OF HAPPINESS**

Create a collage that represents your happiness. Your happiness may be from your past and present experiences.

EXAMPLE: A picture of...

- 1) a forest — may represent the feelings of peace and solitude you felt walking through the forest as a teenager.
- 2) a group of people singing — may represent a feeling of belonging that you experience with certain friends (doesn't have to have anything to do with singing).
- 3) a family in a car — may represent a positive family time.
- 4) books — may represent when you are involved in learning something.
- 5) a small child — may represent your child.

When the participant(s) is finished, reconvene and discuss feelings and insights.

## **Alternate Format**

Participant(s) may draw a picture that represents their specific feelings.

## **Materials Needed**

Finger-paints and large size paper

An excellent way to facilitate this exercise is to have the participant(s) use their non-dominant hand to draw specific feelings. By using the non-dominant hand to draw, the right (creative) side of the brain is accessed. This helps the participant(s) to access their feelings on a deeper level and move away from trying to think their way through this exercise. Addicts have spent many years trying to think and not feel.

Another tool to facilitate feeling and expression is to have the participant(s) finger paint their feelings. This again encourages creativity and allows for a more primitive form of expression, which allows feelings to flow freely without the editing and judgment that often occurs when the "adult" is in charge of feelings.

When the participant(s) is finished, reconvene and discuss feelings and insight.

## Defenses and Feelings

### Objective

*To identify defenses used which separate people from their feelings.*

### Materials and Handouts Needed

Feelings Handout #4.1 — Defenses as a Mask

### Agenda

Discuss the following material on feelings and defenses.

### Didactic

In our families of origin, we often learned that feelings were something to be feared and avoided. When we are frightened of our feelings, it is extremely natural that we find ways in which to defend against the feelings. This ultimately interferes with our ability to identify feelings. By knowing our defenses, we are often in a better position to identify the feelings when they occur.



Ask participant(s) to complete Feelings Handout 4.1 and then discuss, being sure everyone discloses.



By recognizing what we do to mask our feelings, we are in a much better position to identify our more hidden feelings. For instance, when we find ourselves covering deep pain with humor, and we know we use that as a defense to mask our pain, we can now ask ourselves whether we are in pain. If we acknowledge that we socially isolate to mask our feelings, we can become more aware of what feelings we are trying to avoid when we notice ourselves engaging in social isolation.

Take a feeling that you just described that you mask — one that is difficult for you to show others. What is the fear that gets in the way of your showing that feeling?

Do not edit your thoughts. The fear comes from your personal history. For you, the fear is real. It is only by acknowledging the fear that we can put it to rest.



Now have each participant own his or her fear of showing the difficult feeling. This will lead to a discussion about how realistic that fear is today and how painful it is to have had a reality that such a fear of a feeling has been created. More often than not the fear is based in history rather than present day realities. Should their fears be based in present day experiences, then discuss what needs to occur for those fears to be lessened.

If the participant(s) are frightened of sharing feelings, they need to ask themselves if they are carrying past experiences into the present. Without discounting that their fears are based in painful experiences, you may share the acronym for FEAR that is often used in Twelve Step programs — **F**alse **E**vidence **A**ppearing **R**eal.

## DEFENSES AS A MASK

1) What two feelings are the easiest for you to express in front of other people?

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2) What are the two most difficult feelings for you to express in front of other people?

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3) Identify one of the difficult feelings you just discussed. When you begin to experience it, what do you do to mask or defend against it?

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## Feelings and Relapse Story

### Objective

*To recognize the connection between feelings and relapse.*

### Materials and Handouts Needed

Feelings Handout #5.1 — Relapse Connection

Feelings Handout #5.2 — Relapse Story

Feelings Handout #5.3 — Emergency Plan

### Agenda

Allow participant(s) to complete Feelings Handout 5.1. Reconvene and discuss feelings and insights.

Allow the participant(s) to complete Feelings Handout 5.2. It is the author's belief that people usually know what their relapse would look like and that by owning it they can problem solve in a preventative manner.

Have each participant present their story.

After each participant shares, have them identify the signals or warning signs they need to watch for in light of what they predicted. It may be helpful to have others offer input at this point of the process.

Proceed with the following:

### Didactic

The disease of addiction is based upon the thinking that addicts are invincible. It is extremely important to identify specific warning signs to a relapse and have a well-prepared relapse prevention plan. If these signs begin to appear, the addict does not need to think about what to do, but needs to act immediately and call upon the resources previously identified.

Imagine this:

You are living in your house, apartment, etc., and you have thought ahead to what you would do in case of emergencies — fire, flood, tornado, hurricane, or earthquake. You have a very specific plan in

the event that any one of these situations should occur. Now, imagine that one of these situations is actually occurring. You would not stand and analyze how and why you are there, you would take immediate action to protect yourself and save your life. Think of relapse prevention in the same way. You need a specific plan to protect your life in recovery should you find yourself in harm's way.



Give each participant Feelings Handout 5.3 to complete. Reconvene and conclude the session with further insights.



## RELAPSE CONNECTION

Check the connections between your feelings and your addiction(s) that most apply to you:

- ☐ I engage in my addictive behavior(s) because I want my feelings to go away.
- ☐ I engage in my addictive behavior(s) because I want to let my feelings out.

Are there specific feelings you are trying to medicate or express? Name them.

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Give five examples for each connection you checked above.

1) 

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2) 

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3) 

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## Feelings Handout #5.1

4) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Now list three high-risk situations that most commonly trigger this process.

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to sharing this in session, make a commitment to share with other recovering support people the high-risk situations that are triggers for you. That will allow them to give you feedback at times when you are unable to view the situation with clarity.

## RELAPSE STORY

Based on what you know about how your feelings can trigger your desire to use or engage in addictive behavior... write the story of what your next relapse could look like and predict how it might happen.



## EMERGENCY PLAN

Given the previous discussion on developing awareness regarding possible relapse and the warning signs associated with a relapse, list what you need to do to prevent a relapse if/when these signals occur. Be specific.

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Identify six names and phone numbers from a Twelve Step phone list. Be realistic. Who are you most apt to reach?

NAME	PHONE #
1)	
2)	
3)	
4)	
5)	
6)	

What do you do if you cannot contact them?

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Feelings Handout #5.3

Are you carrying a meeting book in your car, your motorcycle, bicycle? Is there one at work, school and at home?

If I relapse, whom do I call?

NAME	PHONE #
1)	
2)	
3)	
4)	
5)	
6)	

After this week’s session has concluded, make sure that you keep this relapse emergency plan with you at all times. In order for the emergency plan to work, you need access to it.

## Grief

### Objective

*To recognize how unresolved grief could lead to relapse.*

*To identify personal pattern of responding to grief.*

### Materials and Handouts Needed

Board

### Agenda

Discuss the following material on grief with the participant(s).

### Didactic

Recovery is about being able to feel our feelings without medicating them as we have so often done in the past. As we move into recovery, we acknowledge the painful realities of our past while avoiding the numbing behaviors we used to engage in to dull the pain. By being aware of our pain, we grieve the losses of our lives.

Everyone experiences loss in life. From birth we embark on a journey of separation from our fathers and mothers. The losses we experience are natural or necessary losses and are balanced by gains that build strength and health. Children naturally experience loss of some level of security as they enter school. There is a sense of loss when children move to a new area and a new home. A common natural loss is that of a pet. This is a painful time and often a child's first experience with death. As painful as any of these losses are, it is less so in our father or mother's arms. If one is raised in a troubled family, children are often not supported in their pain or are told not to show what they feel. In a severely dysfunctional family, the scenario might be that one parent intentionally causes the loss. For example, giving away your pet, while the other parent denies the significance of what happened, or maybe even denies that it happened at all.

Loss is not always a result of what does happen; it may be a result of what does not happen. It may be a loss when your parent does not show up to your graduation, or never being told by a parent that you are loved. When one parent doesn't protect you from the abuse of another parent, that is a loss.

Because the pain of these losses has not been validated, taking the time now in recovery is essential. If we do not do our grief work, these feelings will once again surface and we may relapse to avoid the pain.

When we have denied loss in life it is sometimes difficult to identify loss.

Examples of loss would be:

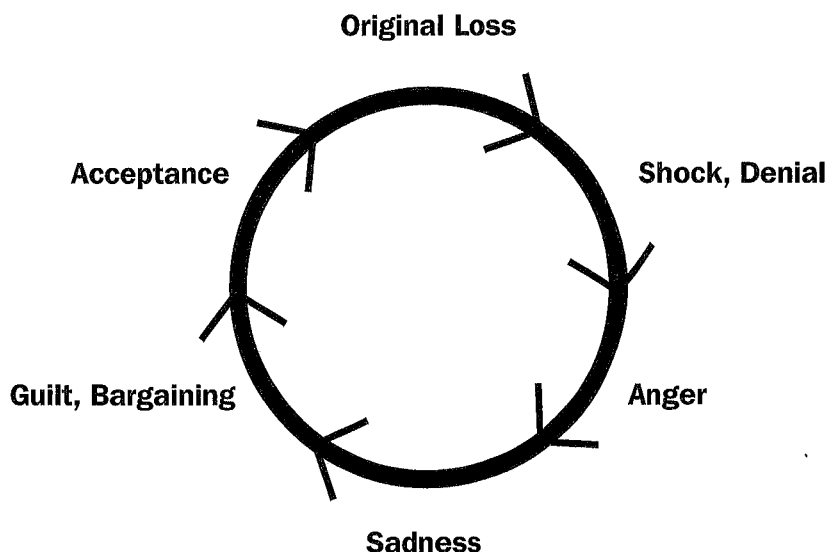
- Death of a pet, or to have it given away
- Having a good friend move away
- Death of a friend or family member (unborn child, child, parent, sibling, extended family member)
- Extreme separation from a parent (spouse or partner) due to work, illness, or divorce
- Loss of health



Ask the participant(s) to identify examples.



Dr. Elisabeth Kubler-Ross pioneered the classic grief model. Many others have added their input to this model, which always begins with LOSS. From that LOSS comes SHOCK. We are numb to what has occurred. We are in disbelief; we are in DENIAL. From DENIAL, people ultimately move to ACCEPTANCE, but need to pass through ANGER, GUILT, BARGAINING, and SADNESS. The order may vary as well as the time spent in each phase. It is also a process that we come back to periodically until acceptance is more fully experienced.





People accustomed to chronic losses in their life, often learn to simply bypass Shock and go directly into Denial. We become masterful at making excuses and sometimes can't even see the reality of the situation. John, a recovering sex and cocaine addict said, "It seemed perfectly normal that my Mom would be gone almost all weekend — every weekend; she would be at a local bar. We just grew up that way." Today, John is confronted with a loss and he readily minimizes it.

Anger is a natural and appropriate response to loss. It is a protest, an attempt to regain what has been lost. In a state of shock and denial, most have a hard time owning and expressing their anger. They don't want to be angry. They want to understand. John is a perfect example of somebody who has come to willingly accept his mother's absence from home with no identification to the sense of loss, let alone anger. In somebody else's case, rather than get angry, they just attempt to fix the situation. Many, like John, will find it easier to move into guilt or depression, attempting to bypass anger. For others, anger is their only place of safety. It protects them from the more frightening feelings of sadness and fear. They stay in their rage.

Sadness is also a natural part of the grief process. This is where many people become stuck. Most addicts believe that they are worth very little or worth nothing at all. When facing loss from the perspective of negative self-esteem, it is extremely common to move from sadness to depression. And, in fact, by the time John was nine, he was clearly confused by his mother's absence and had internalized the pain of the loss and became depressed. When it is not safe to be angry, when we have had much sadness surrounded by helplessness, depression is a "comfort" zone.

From Sadness comes the next stage of Loss, which is Guilt. This is often a false guilt where the person experiencing the guilt is trying to carry the feelings of those around them whose actions have been shaming or hurtful. John as an adult would come to say, "In my mind, my mother obviously didn't want us or she would have come home. It didn't take me long to realize that she was only at the local bar with other guys, not my dad. I couldn't figure out what was wrong with us that she didn't want to be home." Also, if there is a history of taking on false guilt, then at a time of loss guilt is the "safety" zone.

The Bargaining stage of grief finds the person trying to find explanations to make the situation different than it actually is. "In my naivety, I believed I could make my mom want to come home. I had this agreement with myself to be good. I told myself, "If I did such and such, she'd stay home." Guilt and bargaining are a natural fit like a hand in a glove.

To finally achieve the Acceptance stage you must be willing to tolerate all of the pain and feelings associated with the previous stages. But when the pain is related to one's growing up years, one is unable to resolve that grief until treatment or recovery. We have to feel safe in order to feel our feelings and get to a place of acceptance.

Remember that while these stages of grief and loss seem to move in a linear fashion, a person can move from Anger to Bargaining to Denial all in a single day. It is important to give yourself the permission to keep feeling the emotions and move through them towards Acceptance.



Dialogue around the following:

- 1) Where do you get stuck in this process?
- 2) What are the beliefs and the behaviors that keep you stuck? It is very likely that your fear of feelings has you stuck. It may be valuable to revisit sessions related to feelings.
- 3) Ask each participant to name a specific loss; identify how he or she has or has not addressed the specific stages of grief.

Close by talking about loss being a part of the human experience and ways the participant(s) can take care of themselves when they are aware they are experiencing grief.

### Identifying Losses

#### Objective

*To identify significant loss and ways of coping that have been destructive or constructive.*

#### Materials and Handouts Needed

Grief Handout #2.1 — Identifying Losses

#### Agenda

Review examples of loss and then give participant(s) Grief Handout 2.1 to complete. Then discuss.

This is a very sensitive session. The facilitator needs to repeatedly ask participant(s) how they are feeling. The phrase ***Recovery is learning to tolerate feelings without the need to medicate*** needs to be reinforced. Ascertain what they need to do to take care of themselves before they leave the session and prior to the next session.



## IDENTIFYING LOSSES

1) Identify three losses you experienced prior to the age of 10.

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2) What did you do to cope with those losses? Be specific.

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3) Identify three losses you experienced between the ages of 11 and 18.

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4) What did you do to cope with those losses? Be specific.

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5. Identify three losses you experienced in your adult life?

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6) What did you do to cope with those losses? Be specific.

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## Releasing Grief

### Objective

*To recognize how releasing grief can empower recovery.*

### Materials and Handouts Needed

Board

CD Player

Letting Go Imagery CD by Claudia Black

### Agenda

Write the following words on a flip chart or black/white board:

**Anger Love Loneliness Anxiousness Pain Fear Hate  
Jealousy Joy Resentment Frustration Shame Guilt**

Ask participant(s) to identify which word or words they most strongly feel connected to. Ask them to identify where in their body they experience the feelings with which they feel the greatest connection. After this discussion offer them the following imagery.

### Imagery Direction

You may choose to use the **Letting Go Imagery** CD by Claudia Black or offer it personally. The presenter is welcome to create his or her own version of the scripted imagery. When asking the participant(s) to do an imagery, begin by acknowledging that it may feel awkward if they haven't experienced an imagery before, but it can be highly valuable if they allow themselves to relax and be open to the process.

Begin the experience by asking the participant(s) to find a comfortable sitting position, uncross their arms and legs, and begin to take slow deep breaths in and out. As you offer these directions, begin to pace your speaking so that it is soothing and relaxing.

If you, the presenter, are offering the imagery rather than using the recorded version, it is suggested

you have soft music playing in the background. The key is to talk slowly, and allow the participant(s) time to breathe deeply, to hear the words, to “be with” the words. It is not necessary to have a discussion about the imagery once completed. In fact, that is often contraindicated as it moves the participant from an emotional/spiritual experience into an intellectual realm.

### **Letting Go of the Pain of Grief Imagery**

*Uncross your arms and legs and sit comfortably. Take a deep breath in and out. Now more slowly. In... and out. When you are ready, gently close your eyes. Begin to breathe into the areas of your body that hold your feelings.*

*As you breathe in, visualize healing energy flowing into those areas where you are holding your feelings. Visualize your Higher Power moving into that place where you have held your pain, your hurt, your anger, and your abandonment. Visualize your Higher Power nurturing your scared, inner-child. You are safe here. No one can hurt you now. It is safe to let these feelings out.*

*Repeat after me —*

***I don't want to hold on to these feelings anymore.  
I release them. They are not mine to carry anymore.  
I don't want to hold on to these feelings anymore.  
I release them. They are not mine to carry anymore.***

*Continue to breathe light and energy into that place of hurt and pain. Begin to feel the tension... the pain...leave your body.*

*Say to yourself —*

***I will not hold onto this energy anymore.  
It's not mine now.  
I release this energy.  
I will not carry these feelings any longer.  
I acknowledge my loss. I can feel my feelings.  
I know that no amount of bargaining or manipulation will restore my loss.  
I have a willingness to move on.  
I have a willingness to withdraw my emotional investment in that which has been lost.  
I am a powerful person in recovery.***

*As you continue to breathe, visualize all the pain of your grief leaving your body.*

*Visualize your body being replenished with light and love from your Higher Power.*

*Visualize your body safe here in this room. When you are ready, you may open your eyes.*



## Relationships

### Objective

*To identify whether or not certain relationships are a relapse trigger.*

### Materials and Handouts Needed

Not applicable

### Agenda

Discuss the following material on relationships.

### Didactic

Some people will find that certain behaviors within relationships are serious relapse triggers.

For Mike, working and traveling with his alcoholic father is a serious trigger for his recovery from substance abuse. Mike said, "It is extremely difficult for me to work and be around my father when he is actively engaging in his addiction. I am constantly confronted by my anger with him and my own desire to use."

For Lori, a sex addict, being around her brother-in-law, with whom she acted out sexually, is a trigger. Also, being around her sister, with whom she has tremendous guilt, is a trigger. "I feel so much shame and guilt when I am around them. I constantly think about my actions and beat myself up. The hard thing is that I can't avoid them because they are part of my family."

For Kevin, returning to work where his co-workers and friends use drugs is a trigger. "How am I supposed to go back to work with these people? My whole social life with them is centered on drinking and using. We would use at lunch, after work, and weekends. Without chemicals, how do I relate to these people?"

For Sherry, being around her father who was her childhood perpetrator, triggers her eating disorders. "Whenever I see my dad, I feel so much anger, pain, and shame, I medicate my feelings by eating. Then, I feel guilty for acting out in my eating disorder. It is a vicious cycle."

It is vital people identify the relationships that will be significant triggers for them.



After giving a few examples, ask each participant to identify who they think are their greater trigger people. Ask them to explain what it is about the relationship that is a trigger. (Not all of them will have such a person, nor will they all immediately identify the person until after listening more to this discussion.)

Discussion can be furthered by the following questions:

- Do you need to say some things directly to this person to set the stage for a different relationship?
- In what ways can you limit contact?
- What acts of self-care can you employ if, in fact, you must see this person? Acts of self-care could be things you do before and after you have seen them, as well as what you do and say while with them. For example, you may talk to your sponsor prior to a visit. If this is a family reunion, you may choose to stay away from where so many others are staying and partying, and also limit the amount of time you spend at the event. Another limit to employ when focusing on self-care is to know ahead of time what topics of conversation you are or are not willing to have.
- Role-play: It may also be very appropriate to role-play situations, practicing and demonstrating appropriate limit setting and self care.

### **Relationship Self Care**

#### **Objective**

*To explore the self-care within relationships.*

#### **Materials and Handouts Needed**

Relationships Handout #2.1 — Recent Relationships

#### **Agenda**

Offer Relationships Handout 2.1 and discuss.



## RECENT RELATIONSHIPS

Name two people with whom you have had a recent significant relationship:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Giving thought to the most recent relationship; answer these questions:

1) What hurtful behavior took place that you tolerated?

---

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2) What rationalizations did you use to accept the hurtful behavior and allow it to continue?

---

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3) In what ways did you take care of yourself?

---

---

4) In what ways did you not take care of yourself?

---

---

5) How were you hurtful toward the other person in the relationship?

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## Relationships Handout #2.1

Repeat the same questions in regards to the second person.

1) What hurtful behavior took place that you tolerated?

---

---

2) What rationalizations did you use to accept the hurtful behavior and allow it to continue?

---

---

3) In what ways did you take care of yourself?

---

---

4) In what ways did you not take care of yourself?

---

---

5) How were you hurtful toward the other person in the relationship?

---

---

6) Can you identify patterns?

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### **Characteristics of a Healthy Relationship**

#### **Objective**

*To identify characteristics of a healthy relationship.*

#### **Materials and Handouts Needed**

Relationships Handout #3.1 — Characteristics of a Healthy Relationship

Relationships Handout #3.2 — Charting Your Relationships

#### **Agenda**

After offering participant(s) Relationships Handouts 3.1 and 3.2, ask participant(s) to think of someone with whom they have a significant relationship. As you talk about the Relationships Handout 3.1, ask participant(s) to note where they are in reference to the specific criteria. While this is created with partners in mind, the model can be extended to parents, children, and friends.

As you are describing the characteristics listed in the handout, ask participant(s) for examples. It gives the facilitator the opportunity for feedback and clarification. Having gone through all of the criteria, ask them to share what they identified.





## CHARACTERISTICS OF A HEALTHY RELATIONSHIP

We have gone through so much of our lives making assumptions or guessing about what is normal or what is appropriate in relationships. Most addicts grew up in family systems with unhealthy models of relationships. Because of the lack of healthy models, many are often still operating in a vacuum. The following are characteristics that offer a healthier framework.

### **Respect**

Respect is an attitude for which courtesy is an expression. My respect is an acceptance of who you are, your autonomy, the uniqueness of you.

### **Honesty**

Honesty and open communication mean that people are free to be themselves. "I have given up fear of rejection when I am less than perfect, when I am vulnerable, when it may mean you disagree with me. I can tell you my feelings, my thoughts, without fear of a major catastrophe."

### **Realistic Expectations**

We need to be realistic about what we can offer another and what they can offer us. A history of growing up with enmeshed boundaries, unrealistic expectations placed on us, or even magical thinking on our part, can cause us to have very unrealistic expectations of others and ourselves. Be aware that the other person is not going to be available to meet all of your needs. Nor should he or she. You are responsible for many of your needs, while different people together, (friends, family and partner) meet varying interpersonal needs. Be cautious of someone trying to meet all of your needs at all times. It is likely that person is very fearful of rejection, often won't take responsibility for themselves, and hasn't developed a sense of self.

### **Trust**

Trust means, "I feel psychologically and physically safe with you. I have no fears nor anxieties with respect to your treatment of me." For there to be trust, there needs to be consistency, predictability, and demonstrated reliability that he or she follows through with their intentions. Trust is like a brick wall. It takes time to build and develop.

### **Autonomy**

Intimacy is a sharing of autonomy. Real autonomy means each of us taking full responsibility for our own lives, for evolving into the best human being we can be. We are the fulfillers of our own life scripts and the exercisers of our own physical, emotional, and spiritual energies. With autonomy we have the

## **Relationships Handout #3.1**

ability to be clear about our own needs, while being respectful to the boundaries and limits of others as well as ourselves. We are also able to honor the other person in his or her differences.

People need to be cautious, as autonomy sometimes passes for unbridled, unmitigated selfishness. "To hell with the rest of the world, I am going to get what I want when I want it because I am entitled to do what I please." That is not true. No one is entitled to get what he wants when he wants it from anyone. That is selfish, intrusive, and greedy.

While a healthy relationship is not a power struggle between two rigidly autonomous beings, neither should it be symbiotic. The two of you do not have to think and feel the same way about all things. We want to share ourselves without collapsing into one being. A healthy relationship is autonomy that grows in strength when shared.

### **Shared Power**

A healthy relationship is about shared power, not control. Both people in the relationship are able to take initiative and to respond. They are able to stand side by side. There is a mutual give and take. We relinquish the need to be right. We eliminate the idea of ownership. There is mutuality and reciprocity in the relationship.

The notion of shared power with children is often a problem for parents. However, when children feel powerless, there are usually very negative consequences for both parents and children. While parents do need to operate from a position of authority, and are responsible for providing healthy structure and boundaries, they can, nonetheless, offer children age-appropriate areas of mutual power sharing.

### **Tenderness**

Tenderness is demonstrated with physical affection. This is the kind of nonsexual physical touching we all need to thrive. There is nurturing touch that says, "I am here, you are not alone." "I offer my support." "Hello."

Tenderness is also expressed in words and attitude. After being with people for long periods of time, it is easy to let go of the little niceties we offer to those we don't know as well. It is easy over time to take our partners, our parents, and even our friends for granted.

While the issue of safe sex is at the forefront of our thoughts today, the dynamics that create emotionally and spiritually safe sex also create physically safe sex. In other words, when you have an intimate adult-to-adult relationship built around spiritually and emotionally healthy guidelines, then physical sex becomes the culminating experience that binds the two together.

### **Time**

Relationships need time. When 150 couples in committed relationships (living together for over four years) were asked how much time they spent with their partner each day, the answer was twenty-three

minutes. Twenty-three minutes with the person each considered the most important to his or her life! People grow apart for many reasons, but for some it is as simple as getting caught up in other responsibilities and not taking time to “be” in a relationship. Valued relationships need time.

### **Long-Term Commitment**

To have a healthy relationship we need to pay attention to the relationship’s dynamics and make a commitment to working on our part. We trust that if there are problems in our relationship, the two of us will work them out. We trust that when there are problems, it does not mean the relationship is over.

Commitment does not mean you stay in a relationship irrespective of what may occur. At times, as people change, relationships are renegotiated and commitments are reinforced or lessened. But, when we make a commitment, we do what we can to make the relationship work; we do not allow ourselves to be abused, nor do we give up our integrity in the process.

### **Forgiveness**

There has to be room for forgiveness in any relationship. Forgiveness does not mean selling your heart, soul, or integrity to have peace. It means remembering and letting go. It is a cleansing of your pain and anger. It means maintaining your integrity while being able to let go.



## CHARTING YOUR RELATIONSHIPS

On a scale of one to ten, one meaning the least and ten the most, chart the relationship you have chosen to examine.

### Respect

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

### Honesty

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

### Realistic Expectations

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

### Trust

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

### Autonomy

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

### Shared Power

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

### Tenderness

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

### Time

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

### Long-Term Commitment

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

### Forgiveness

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

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## Anger

### Objective

*To identify family patterns of anger.*

*To recognize different expressions of anger.*

### Materials and Handouts Needed

Anger Handout #1.1 — Anger Sentence Stem

### Agenda

Begin the session by discussing the following questions about anger:

- When growing up, how was anger expressed in your family?
- How did your mother express anger?
- How did your father express anger?
- What did you do when they were angry?
- How did your sibling(s) express anger?

In place of this initial discussion, you may choose to use Anger Handout 1.1. In a sentence stem exercise, sentences are often repeated to see if participant(s) may have more than one response to the same sentence.

For example:

When my dad got angry... I got scared

When my dad got angry... I knew someone would get hit.

Both answers are reflective of the experience.

After completion of the handout, discuss participant(s) awareness.

Then discuss the following material regarding anger and anger avoidance.

## Didactic

The addict may have a variety of negative experiences with the expression of their own anger or that of others.

Unhealthy anger can present itself in a variety of ways.

- 1) Anger can be overtly expressed — yelling, shaming statements.
- 2) Anger can be covertly expressed. Anger expressed covertly often is passive aggressive in nature. Passive aggressive behavior is often known as “sideways” anger because rather than being expressed directly, it comes out sideways at a person or in a specific situation. It may often involve procrastination, being late, and the use of sarcasm and demeaning comments towards others. Family members who have unresolved issues between each other often make fun of the other family member. While on the surface, the content may be delivered in a joking manner, underneath is anger.
- 3) Other forms of anger include retaliatory anger. This is when the addict finds a way to settle the score. Addicts often keep a mental log of who has wronged them and seek ways to get even.
- 4) Anger masked as isolation is another way that anger may present itself. “I don’t like people, they don’t like me and that is just fine. I don’t need people.” The angry person does not need anything from anybody at any time.
- 5) Anger can also be manifested as depression. Unresolved grief, pain, shame, trauma, and abuse issues can result in tremendous anger, which turned inward is depression. It is much safer and socially acceptable to present a depressed mood to society than an angry mood.

Anger, which is a feeling, can move into rage, which is a behavior. So often, people in early recovery say if they get in touch with their anger, they will “lose it.” It is important to ask them what that means? Does it mean they will raise their voice, call someone names, hit someone, or hurt themselves? The addict needs to identify their fears to be able to put them into a realistic perspective. Often, the addict’s fears are historically based. They fear that they will repeat their history. As recovery begins to strengthen, their fears begin to subside.

Yet for many addicts, anger avoidance is the key issue. The addict has probably learned from a very early age that they need to quickly diffuse their anger to avoid possible negative consequences. With this model internalized, as adults they avoid anger to keep themselves safe. The addict avoids anger because anger may have a variety of emotional issues attached to it. Perhaps the addict may have seen a parent who was consistently forceful with their anger. The addict would now want to avoid expressing their own anger to not be like their parent. There may be a variety of personal beliefs that preclude the addict from expressing anger. These may include: I am ashamed of myself if I am angry; proper people don’t get angry; if I express my anger I will be shamed and blamed by others. Being angry means losing control.



Ask participant(s) how they identify with the material presented and to give examples.



## ANGER SENTENCE STEM

Complete the following sentence stems.

Thinking back about my growing up years:

When my dad got angry he \_\_\_\_\_

When my dad got angry he \_\_\_\_\_

When my dad got angry I \_\_\_\_\_

When my dad got angry I \_\_\_\_\_

When my mom got angry she \_\_\_\_\_

When my mom got angry she \_\_\_\_\_

When my mom got angry I \_\_\_\_\_

When my mom got angry I \_\_\_\_\_

When I got angry at my mom she \_\_\_\_\_

When I got angry at my mom she \_\_\_\_\_

When I got angry at my dad he \_\_\_\_\_

When I got angry at my dad he \_\_\_\_\_

Today when I get angry I \_\_\_\_\_

Today when I get angry I \_\_\_\_\_



### Anger Line

#### Objective

*Identify and acknowledge patterns of anger.*

#### Materials and Handouts Needed

Anger Handout #2.1 — Anger Line

For each participant: large pieces of paper 11" x 14" or 14" x 17"

Colored pens or pencils

#### Agenda

Give out Anger Handout 2.1. Allow the participant(s) to complete the exercise. Reconvene and discuss insights and feelings elicited by the exercise.

#### Alternate Format

Have participant(s) make a collage that depicts their anger or depicts how they have denied their anger.



# ANGER LINE

Do an Anger Line on an 11" x 14" or 14" x 17" piece of paper.

**Above the line:** Note situations or events that angered you and the approximate age you were at those times. When done, go back through the events and note what you did with the anger.

Birth

Today

**Below the line:** Note approximate age and events or situations in which you had cause for anger but for whatever reasons (e.g., to protect self, sense of futility, etc.) you discounted, minimized or denied your anger. When done, go back through the events and note what you did or told yourself to do to mask the feeling of anger.

It may be helpful to use two different color pen/pencils, one for above the line, another for below the line.



### Hostility Roadmap

#### Objective

*To learn effective responses to experiencing anger.*

#### Materials and Handouts Needed

Anger Handout #3.1 — Hostility Roadmap With Strategies  
Board

#### Agenda

Ask participant(s) to identify two situations in which they last became angry. Write them on the board and then use Anger Handout 3.1 for discussion.

Offer the following examples to initially describe the use of the handout.

Example:

*Another driver cuts me off on my way to work and I am infuriated.*

**Is the matter worth my continued attention?** No.

**Reason with yourself to cut anger short.** “He didn’t see me.” “I am nervous about my meeting today at work and I am overacting.”

Example:

*I am angry at my 17 year old for wrecking my car.*

**Am I justified?** Yes.

**Do I have an effective response?** No. “I want to say, you stupid so and so, I can’t trust you with anything.” Reason with yourself to cut anger short.

**Response is:** “I wrecked my dad’s car when I was fourteen. He didn’t take time to even drive with me and I thought it was funny. Maybe I need to take more time with my son in the car, for the sake of spending time, not just driving.”

**Are you still angry?** No. “Not so much.”

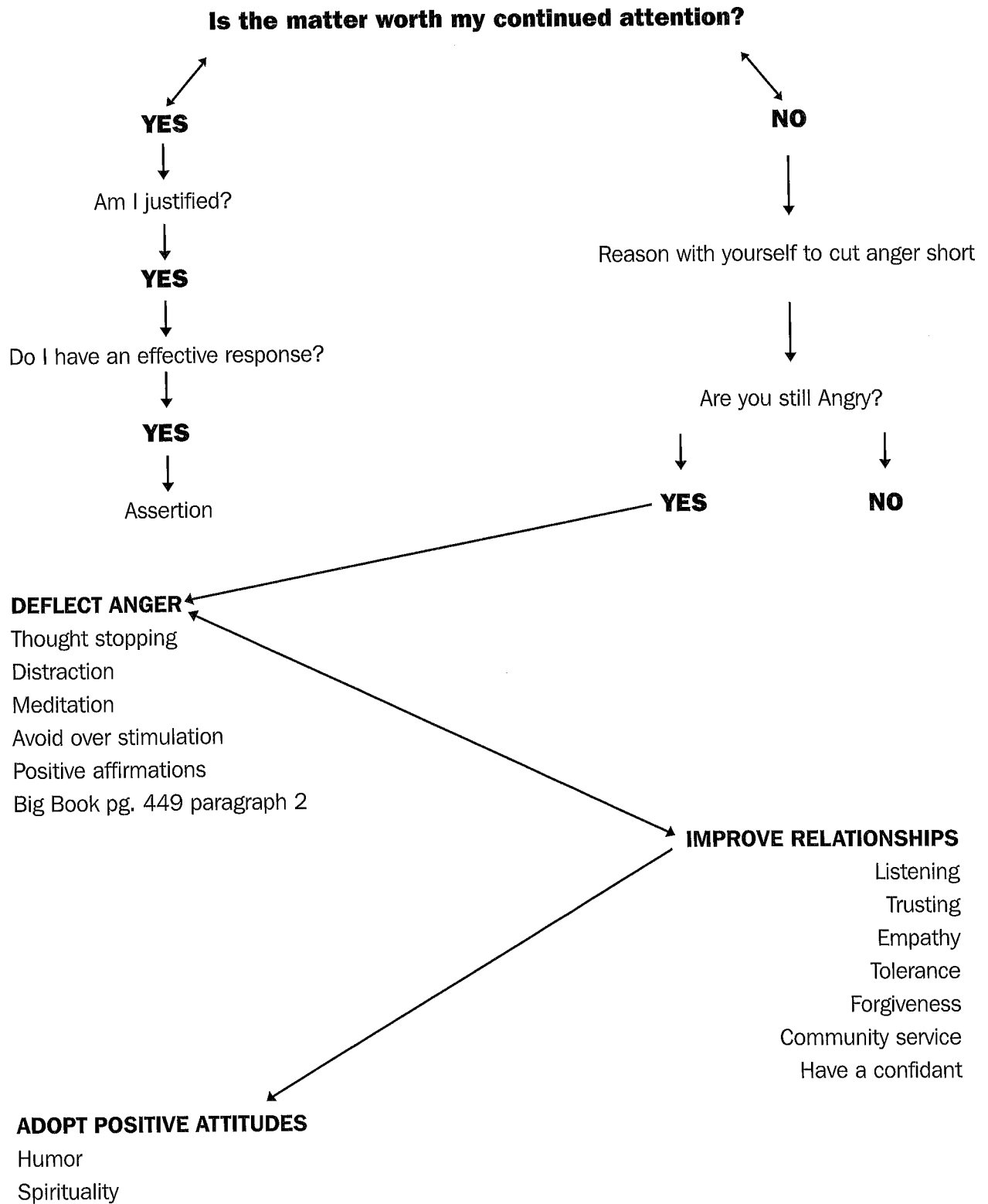
Continue this discussion with examples participant(s) initially offered.





# **HOSTILITY ROADMAP WITH STRATEGIES**

**My Cynical Thought... Angry Feeling... or Aggressive Action**





## Resentments

### Objective

*To explore the issue of resentments.*

### Materials and Handouts Needed

Board

### Agenda

Begin the session with the following two readings; follow through with discussion on resentments.

### Didactic

In *As Bill Sees It, The AA Way of Life*, Bill W. wrote:

*"Resentment is the Number One offender. It destroys more alcoholics than anything else. From it stem all forms of spiritual disease; for we have been not only mentally and physically ill, we have also been spiritually ill. When our spiritual malady is overcome, we straighten out mentally and physically. In dealing with our resentments, we set them on paper. We listed people, institutions, or principles with which we were angry. We asked ourselves why we were angry. In most cases it was found that our self esteem, our pocketbooks, our ambitions, our personal relationships were hurt or threatened." He would go on to say "The most heated bit of letter writing can be a wonderful safety valve — providing the wastebasket is somewhere nearby." (Page 39, Dealing with Resentments)*

From the same book:

*"Few people have been more victimized by resentment than have we alcoholics. A burst of temper could spoil a day, and a well-nursed grudge could make us miserably ineffective. Nor were we ever skillful in separating justified from unjustified anger. As we saw it, our wrath was always justified. Anger, that occasional luxury of more balanced people, could keep us on an emotional jag indefinitely. These dry benders often led straight to the bottle." (Page 179, Coping With Anger)*

Resentments are like burrs in your saddle blanket: if you do not get rid of them, they fester into an infection. If we maintain our resentments, we often find that we want support in our misery and seek

out people who will do that. Unfortunately they are not usually others in recovery. It is often our previous friends who are most apt to support us in our chronic negative attitude.



Ask participant(s) to show with hands how many identify with carrying resentments. Have them identify resentments they are carrying or the common resentments they pick up. List them on the board. If they have difficulty identifying resentments, use either of the following sentence stems to become focused.

I resent...

I am resentful that...

Examples might be:

I resent that I have to be in this group.

I resent that my ex-husband has a better relationship with my children than I do.

I resent the guy who sits next to me in meetings. He just looks like he thinks he is better than me.

From those resentments, take one, and explore ways to move from that place of resentment. One of the ways to move from resentment is to ask, what is the resentment covering? Is there resentment and anger covering up another feeling? Such as, your resenting your ex-husband's relationship with your children may more honestly be stated as, "I am fearful I will never have a positive relationship with my children. I feel guilty about not having been a good mother."

The resentment about the guy who sits next to you could be reframed as, "Since I think less of myself, I am sure he too thinks less of me." If many of someone's resentments are about feeling "less than," refer to Shame Session Two about Shame Attacks.

Resenting others is often about resenting who you believe will interfere with your plans. If this is so, refer back to Control Sessions One and Two.

Engage those who have worked through many of their resentments to share their experiences.

Twelve Step work is vital to addressing resentments. Explore with participant(s) their experience in Twelve Step programs, most specifically whether or not they have done steps 4, 5, 8, and 9. When did they do them? How was the experience? Do they need to do them again? What has gotten in the way of not doing them? Do they have a home group? Do they have a sponsor? What are their fears in doing the steps?

After this lengthy discussion, refer to Chapter 5, page 66 of the Big Book and the discussion of resentments. It speaks to how the resentful person has concluded that the world and its people were often quite wrong. It says,

*"To conclude that others were wrong was as far as most of us ever got. The usual outcome was that people continued to wrong us and we stayed sore. Sometimes it was remorse and then we were sore at*

ourselves. But the more we fought and tried to have our own way, the worse matters got. As in war, the victor only seemed to win. Our moments of triumph were short lived.

*It is plain that a life, which includes deep resentment, leads only to futility and unhappiness. To the precise extent that we permit these, do we squander the hours that might have been worthwhile? But with the alcoholic, whose hope is the maintenance and growth of a spiritual experience, this business of resentment is infinitely grave. We found that it is fatal. For when harboring such feelings we shut ourselves off from the sunlight of the Spirit. The insanity of alcohol returns and we drink again."*

While this is spoken to the alcoholic, it has just as much meaning irrespective of the nature of the addiction.

Again, ask those who actively use the Twelve Steps to address resentments to share their experiences.

### **Assignment**

On a daily basis, until the next session, have the participant(s) make a list of the little or big things that throughout each day they find themselves feeling resentment about. Just list and bring the assignment back to the next group.



## Carrying Resentments

### Objective

*To identify any potential themes for resentments.*

### Materials and Handouts Needed

Resentments Handout #2.1 — Resentment Exercise

CD Player

Letting Go Imagery CD by Claudia Black

### Agenda

Ask each participant to share his or her list from the previous session on resentments. Look for the themes for each individual. Are their resentments around particular people or around a particular issue? For instance, does one person's resentments particularly focus in the work arena? Are another person's resentments solely around their partner? What do they do with their resentments? What are the themes of their resentments? Do they isolate when they get resentful? Do they engage in their addictive behavior(s)? Do they become passive aggressive? Discuss.

Ask participant(s) to complete Resentments Handout 2.1 and then discuss. Also, in discussion of resentments that occurred in adult years, ask them to identify where they had a role in the situation that led to the resentment(s). After all of this discussion, they are now identifying and owning resentments, but the key is to let go of resentments.

Share the following words of Dr. Paul O. on page 449 in the Big Book of Alcoholics Anonymous.

*"And acceptance is the answer to all my problems today. When I am disturbed, it is because I find some person, place, thing, or situation — some fact of my life unacceptable to me, and I find no serenity until I accept that person, place, thing, or situation as being exactly the way it is supposed to be at this moment. Nothing, absolutely nothing happens in God's world by mistake. Until I could accept my alcoholism, I could not stay sober; unless I accept life completely on life's terms, I cannot be happy. I need to concentrate not so much on what needs to be changed in the world as on what needs to be changed in my attitudes and me. Shakespeare said, 'All the world's a stage, all the men and women merely players.' He forgot to mention that I was the chief critic. I was always able to see the flaw in*

*every person, every situation. And, I was always glad to point it out...*

Ask participant(s) what that passage says to them. What does it mean to them to hang onto the resentment(s)? What would it mean to “accept” that they have been hurt or wronged and they can no longer change that? What does it mean to take responsibility for one’s own feelings? Ultimately who pays the price for carrying the resentment(s)? Are they willing to let go?

Ask them to complete this sentence for themselves.

*Today I will let go of...*

Ask them to name a resentment that they genuinely believe they can let go. Then add:

*I will surrender it to my Higher Power.*

Suggest they use this in their daily practice.

The following imagery is a helpful exercise to close the session.

### **Imagery Direction**

You may choose to use the **Letting Go Imagery** CD by Claudia Black or offer it personally. The presenter is welcome to create his or her own version of the scripted imagery. When asking the participant(s) to do an imagery, begin by acknowledging that it may feel awkward if they haven’t experienced an imagery before, but it can be highly valuable if they allow themselves to relax and be open to the process.

Begin the experience by asking the participant(s) to find a comfortable sitting position, uncross their arms and legs, and begin to take slow deep breaths in and out. As you offer these directions, begin to pace your speaking so that it is soothing and relaxing.

If you, the presenter, are offering the imagery rather than using the recorded version, it is suggested you have soft music playing in the background. The key is to talk slowly and allow the participant(s) time to breathe deeply, to hear the words, to “be with” the words. It is not necessary to have a discussion about the imagery once completed. In fact, that is often contraindicated as it moves the participant from an emotional/spiritual experience into an intellectual realm.

### **Letting Go of Resentments Imagery**

*Sit down in a quiet, comfortable place. Uncross your arms and legs and gently close your eyes. Slowly take several deep breaths. As you breathe in, visualize warm and healing energy coming into your body. As you breathe out, imagine stress and tension slowly leaving your body.*

*As you continue to breathe, become aware of your feet on the floor. Gently move them around and feel*



the connection between your body and the earth. Visualize your connection with the earth and slowly breathe in and out. Allow any stress and tension to melt away.

Breathe in... breathe out.

Breathe in... breathe out.

Slowly become aware of your legs. Breathe healing energy into your legs and feel the safety and warmth of the healing energy. Slowly feel the energy as it moves up from your legs to your waist and into your back. Allow the muscles in your legs, waist, chest, and back to relax as your body floats freely.

Breathe in... and out. Breathe in... and out.

Feel your arms and shoulders loosen as the stress leaves them and the healing energy penetrates to your deepest muscles. Allow your neck and throat to relax as you continue to breathe in warm and healing energy. Feel your facial muscles soften and smooth out against the bones. Become aware of the beat of your heart. Feel your connection to your Higher Power.

Take a deep breath in... and out.

Take a deep breath in... and out.

Take a deep breath in... and out.

Say to yourself —

**Today I let go of my expectations.**

**Today I let go of my expectations.**

**Today I let go of my fears.**

**Today I let go of my fears.**

Visualize your Higher Power who loves you unconditionally and guides your journey in recovery. Visualize your Higher Power protecting you and keeping you safe. Visualize your body and spirit being surrounded by healing energy.

Continue to breathe in... and out. Breathe in... and out.

Scan through your body and slowly become aware of where in your body you may be holding your resentments. Feel that place in your body. Slowly breathe healing energy into that place.

As you continue to breathe, say to yourself —

**Today I release my resentments. They no longer serve me.**

**Today I release my resentments. They no longer serve me.**

Slowly visualize your resentments beginning to leave your body. Feel your resentments floating away from your body. Continue to breathe in healing energy. Feel your resentments float away.

Say to yourself —

***Today I release my need for control. It no longer serves me.***

***Today, acceptance is the answer to all my problems.***

***Today I know that my Higher Power guides my journey in recovery.***

***Today I choose to have a spiritual connection with myself.***

***Today I choose to have a spiritual connection with my Higher Power.***

***Today I choose serenity over the chaos of my addictions.***

***Today I choose to live life guided by my Higher Power.***

*Take a few moments to gently float and allow yourself to feel the power of these words.*

*You no longer need to hold on to resentments, fears, and the need for control. You can now live a life filled with hope, a life of serenity.*

*As you continue to breathe, slowly and deeply, become aware of your body in this room. Become aware of your head... your neck... your shoulders and arms. Become aware of your chest... back... your waist... your legs... your feet. Become aware of your connection to the earth. Gently begin to shift your body around and when you are ready, open your eyes.*

*Remember that this imagery was to help you release expectations and resentments. Each day as you learn to release expectations, fears, and resentments, you learn to live life guided by your Higher Power.*

## RESENTMENT EXERCISE

This exercise is specifically designed to help you identify how, when, and where resentments are present in your life. Resentments often stem from unrealistic expectations. When we have expectations that are unrealistic, they lead us into resentment when our plans don't materialize. When we are resentful we often lose our serenity and in our anger have a **slip**. This stands for **S**obriety **L**osing **I**ts **P**riority.

I was resentful at	The Cause	Consequences
my mother	hitting me	left with poor self-esteem, hurt me physically, made me not trust her
my father	for leaving when I was 8, no contact	left me alone with abusive mother, left us financially insecure
my previous husband	for not being who I wanted him to be	pain, anger, loneliness, confusion
my boss	for not giving me the promotion I deserved	lack of confidence, pain, anger, financial loss



## Identifying Multi-addictions

### Objective

*To recognize previously unidentified addictive disorders.*

### Materials and Handouts Needed

Multi-addictions Handout #1.1 — Multiple Addictions Worksheet

Multi-addictions Handout #1.2 — First Step on Unidentified Addictions

### Agenda

Discuss the following material on multi-addictions.

### Didactic

For us to begin our journey in recovery, we need to address our primary addiction(s) first. These are those addictions that are the most potentially life-threatening at this moment. Many addicts feel they are safe from relapse once they began recovery around their primary addiction. This creates the illusion of immunity, which leads many addicts into relapse.

Today it is more common than ever that people are addicted to more than one behavior, substance or process. The American Foundation for Addiction Research (AFAR) cites one study noting that 70 percent of cocaine addicts entering an outpatient treatment program were found to be addicted to sex as well. Many patients had become trapped in a “reciprocal relapse” pattern, in which compulsive sexual behavior precipitates relapse to cocaine use and vice versa.

In an anonymous survey of 75 recovering sex addicts, 29 (39 percent) were also recovering from chemical dependency, 28 (38 percent) were workaholics, 24 (32 percent) had an eating disorder, 10 (13 percent) characterized themselves as compulsive spenders, and 4 (5 percent) were compulsive gamblers. Only 13 (17 percent) believed they had no other addiction (AFAR).

Another study reported that the rate of pathological gambling was ten times higher among cocaine abusers than the general population (AFAR).

Yet for many, only one addiction is initially identified. Another curious cycle happens for many addicts in

early recovery. Our addictive tendencies begin to search for new areas of our lives to present themselves. The disease process begins to seek imbalance in areas of our lives that were never problematic before. Perhaps we begin to work longer and longer hours, begin to exercise compulsively, start smoking, or adopt a variety of other addictive behaviors. The disease will not rest until it has re-established a hold in some other area(s) of our lives. It is extremely important to be aware of this cycle because these new areas of imbalance in our lives not only become addictions themselves, but also often trigger a relapse of our primary addiction(s).



Give participant(s) Multi-addictions Handout 1.1 to complete.

Reconvene and discuss insights and awareness regarding multiple addictions.

Obviously, if the newly identified addiction(s) interact with the previously owned addiction, an immediate plan of treatment must go into effect. Referral to a support group for specific addiction or a referral to an outpatient or inpatient program may be indicated. (Suggest appropriate resources.) Participant(s) may also be in some denial of the seriousness of multiple addictions. If appropriate, suggest a First Step be done. See Multi-addictions Handout 1.2.

(Option: Use Multi-addictions Handout 1.2 for assignment or use next session for its completion.)

## MULTIPLE ADDICTIONS WORKSHEET

Select from the list of addictive disorders on this page. On the following page, at the head of each column, write in both the number and the addiction. Start with the most difficult addiction for you, then rank the others in order of their difficulty. When each addiction is listed, make a check mark in the column to record which addiction criteria fit for you. Notice any patterns that are constant for you.

### List of Addictive Disorders

- 1) Alcohol — compulsive drinking
- 2) Drug — compulsive drug use, specify drug(s)
- 3) Nicotine — compulsive use of nicotine including smoking and chewing
- 4) Caffeine — abuse of coffee or tea
- 5) Gambling — compulsive betting, wagering
- 6) Risk — high risk sports, business ventures, dangerous activities
- 7) Sex/love — compulsive sex or love
- 8) Spending/debting — compulsive use of money
- 9) Working — compulsive working and/or compulsive “business”
- 10) Exercise — compulsive athleticism and working out to excess
- 11) Co-dependency — compulsive relationship behavior with other addicts
- 12) Eating Disorder
- 13) Other

# MULTIPLE ADDICTIONS WORKSHEET

<b>List addiction</b> →									
<b>Criteria</b> ↓	# ____	# ____	# ____	# ____	# ____	# ____	# ____	# ____	# ____
Loss of Control									
Compulsive behavior									
Efforts to stop									
Loss of time									
Preoccupation									
Inability to fulfill obligations									
Continuation despite consequences									
Escalation									
Losses									
Withdrawal									

Source: Patrick Carnes, Ph.D.

List three (3) patterns you see across your various addictions.

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_



## FIRST STEP ON UNIDENTIFIED ADDICTIONS

The first step of Twelve Step programs says: *We admitted we were powerless over our addictive behaviors and that our lives had become unmanageable.* The purpose of this First Step is to become aware of any previously unidentified addictions. Developing this awareness is crucial to recovery and relapse prevention.

Powerlessness implies being unable to stop the behavior despite obvious consequences.

**I am powerless over my addiction to \_\_\_\_\_.**

Examples of powerlessness:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

**Multi-addictions Handout #1.2**

Unmanageability means that your addiction created chaos and damage in your life.

Evidence that my life has become unmanageable around this addiction is:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

### Multi-addictions First Step

#### Objective

*To do a First Step on any addictions not previously identified.  
Develop a relapse plan for each of the different addictions.*

#### Materials and Handouts Needed

Multi-addictions Handout #1.2 — First Step on Unidentified Addictions (see Session One)  
Multi-addictions Handout #2.1 — Relapse Prevention Plan

#### Agenda

If multi-addictions have been identified, a second session is certainly warranted. Previous homework assignment would be to have the participant(s) complete a First Step on the unidentified addiction(s), and in this second session to share it. Or, use initial part of session to write in First Step and then share.

Have other participants in the session give feedback on the information provided in the First Step.

Also, a recovery plan specific to each addiction needs to be identified. Focus on participant(s) developing a relapse plan for each of their different addictions. Offer Multi-addictions Handout 2.1 and discuss.



## RELAPSE PREVENTION PLAN

It is important to develop a specific relapse plan for recovery related to this specific addiction. The foundation of any relapse plan begins with identifying local meetings to attend

The Twelve Step meetings I will attend are:

---

The location of these meetings are:

---

---

The name of my sponsor is: \_\_\_\_\_

The phone # of my sponsor is: \_\_\_\_\_

The phone #'s of other support sources in the Twelve Step programs are:

---

---

The specific signs which point to a possible relapse are:

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---

---

If I see these signs begin to occur I will immediately:

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---

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If I do experience a relapse, I will immediately:

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## Multi-addictions Portrayal

### Objective

*To impact the participant on the commonality and interactive nature of the many addictions.*

### Materials and Handouts Needed

Collage and/or drawing materials for each participant:

3 to 5 magazines (nearly any magazine can be used; it is suggested that there be an assortment), a 14" x 17" piece of paper, colored pencils, scotch tape, scissors

### Agenda

Should the majority of the participants be multi-addicted, you can easily spend three sessions on this topic. Expressive art can be an excellent tool in helping the addict to get out of their heads and into their feelings. Explore multi-addictions with an art assignment. Ask participant(s) to draw a picture or create a collage that represents the various criteria across all of their addictions.

### Collage Direction

A collage is made by taking pictures, words, and/or letters from magazines and making your own statement. Depending on time, offer participant(s) 20 to 30 minutes to create their collage. Suggest they begin their collage by flipping through a magazine and being open and receptive to what they see rather than looking for specific words or pictures. Remind participant(s) this is their collage. Only they will interpret the pictures and/or words. There is no right or wrong way to complete a collage.

### Alternate Format

Participant(s) may draw a picture that represents their multiple addictions.

### Materials Needed

Finger-paints and large size paper

An excellent way to facilitate this exercise is to have the participant(s) use their non-dominant hand to draw. By using the non-dominant hand, the right (creative) side of the brain is accessed. This helps the

participant(s) to access their awareness on a deeper level and move away from trying to think their way through this exercise. Addicts have spent many years trying to think and not feel.

Another tool to facilitate expression is to have the participant(s) finger paint their experience. This again encourages creativity and allows for a more primitive form of expression, which allows feelings to flow freely without the editing and judgment that often occurs when the “adult” is in charge.

Have each participant discuss their artwork with the group.



### Warning Signs

#### Objective

*To identify indicators of relapse and develop a strategy to intervene.*

#### Materials and Handouts Needed

Indicators Handout #1.1 — Warning Signs Checklist

#### Agenda

It is important in recovery to develop a warning signs checklist. Discuss the following material on warning signs.

#### Didactic

The Warning Signs Checklist will help you and those around you to monitor your behavior. Should problematic behaviors start to occur, you will have a specific plan of how to address the warning signs.

Imagine pilots preparing a plane for takeoff. They perform a rigorous check of the plane and go through a checklist before each flight to ensure their safety. Should anything problematic be found, they have specific procedures to address the situation. Recovery is much the same. By having a warning signs checklist, you are able to monitor if any addictive behaviors, patterns, or signs of relapse are occurring. Sponsors and significant others can also be an excellent source of feedback in helping to monitor this behavior. This does not mean they are responsible for your recovery. It means that perhaps they have a more objective approach and can see things in your behavior that you are unable to.



Have the participant(s) complete Indicators Handout 1.1 and then discuss.



## WARNING SIGNS CHECKLIST

It is important in recovery to develop a warning signs checklist. This will help you and those around you to monitor your behavior. Should problematic behaviors start to occur, you will have a specific plan of how to address the warning signs.

Imagine pilots preparing a plane for takeoff. They perform a rigorous check of the plane and go through a checklist before each flight to ensure their safety. Should anything problematic be found, they have specific procedures to address the situation. Recovery is much the same. By having a warning signs checklist, you are able to monitor if any addictive behaviors, patterns, or signs of relapse are occurring. Sponsors and significant others can also be an excellent source of feedback in helping to monitor this behavior. This does not mean they are responsible for your recovery. It means that perhaps they have a more objective approach and can see things in your behavior that you are unable to.

Please fill out the following warning signs checklist, circling the number that applies. On a scale of one to ten, one means you least identify with the statement, ten means you most identify.

1)	I have no interest in doing things	1	2	3	4	5	6	7	8	9	10
2)	I have no interest in the way I look	1	2	3	4	5	6	7	8	9	10
3)	I am discouraged about the future	1	2	3	4	5	6	7	8	9	10
4)	I have trouble sleeping	1	2	3	4	5	6	7	8	9	10
5)	I rarely see my friends	1	2	3	4	5	6	7	8	9	10
6)	I rarely go to Twelve Step meetings	1	2	3	4	5	6	7	8	9	10
7)	I rarely see my sponsor	1	2	3	4	5	6	7	8	9	10
8)	I eat very little	1	2	3	4	5	6	7	8	9	10
9)	I am distant from my family/friends	1	2	3	4	5	6	7	8	9	10
10)	I don't enjoy activities	1	2	3	4	5	6	7	8	9	10
11)	I believe I can control my addiction	1	2	3	4	5	6	7	8	9	10
12)	I believe I could use socially	1	2	3	4	5	6	7	8	9	10
13)	I am very aggressive	1	2	3	4	5	6	7	8	9	10
14)	I feel like I need to control things	1	2	3	4	5	6	7	8	9	10
15)	I don't like to listen to others	1	2	3	4	5	6	7	8	9	10
16)	I feel resentful	1	2	3	4	5	6	7	8	9	10
17)	My relationships are toxic	1	2	3	4	5	6	7	8	9	10
18)	I have lots of secrets	1	2	3	4	5	6	7	8	9	10
19)	I feel ashamed	1	2	3	4	5	6	7	8	9	10
20)	I feel depressed and worthless	1	2	3	4	5	6	7	8	9	10

Now that you have completed this checklist, what do you see?

Are there specific patterns in your behaviors?

Discuss this with your group and develop specific plans for when you answered 6 or higher to these statements.



### Triggers

#### Objective

*To identify potential relapse triggers and develop appropriate plan of intervention.*

#### Materials and Handouts Needed

Indicators Handout #2.1 — Assess Potential Triggers

#### Agenda

Discuss the following material on relapse triggers.

#### Didactic

Triggers are specific memories, situations, and behaviors that jeopardize recovery. Pulling the trigger on a gun signals that a bullet is about to be fired. For the addict, triggers bring them closer to relapse.

John, a recovering sex addict and alcoholic, described his triggers. “Even though I had quit drinking and acting out sexually, I still spent a lot of time in bars. Most of my business meetings were held there because that is where my clients preferred to meet. It became harder and harder for me not to order a drink or talk to attractive women. Finally one night, I gave in and ordered a drink. The next thing I remember was being at a motel with someone I didn’t even know.”

For John, a significant trigger for him to re-engage in his addictive behaviors was the environment in which he spent time. His addictive thinking led him to believe that he was “*strong enough*” to resist his environment.

Triggers differ for each addict. One particularly strong trigger is euphoric recall. This is when you romanticize using behaviors and forget about the negative consequences. Susan, a compulsive over spender said, “When I first got into recovery, I spent a lot of time thinking about my spending sprees. I used to focus on one particular memory where I went on a \$3,000 shopping trip to buy an entire new wardrobe. The more I thought about that spending spree, the more I was tempted to go back out and start spending again. What I forgot about that \$3,000 shopping trip was that it sent me into bankruptcy.”

Smell and taste can be triggers. The smell of beer or whiskey could be a trigger. The taste can be a

trigger. This is why it is dangerous territory to drink “near beers” or non-alcoholic beers or wine.

Social stressors can be significant triggers for relapse. There may have been many situations — going to work, going to dates, to family picnics — where you medicated yourself with your addiction of choice beforehand. Now, in sobriety, these same situations present themselves. When you start to feel pressured and uncomfortable, the urge to return to the addiction(s) can feel overwhelming.

Other triggers can include loss of relationships and death. Maybe your relationship has recently broken up or someone close to you has passed away. In your addictions you would not have felt the pain because you would have been numb. Now, maybe for the first time, this pain is present and you choose to face it sober.



It is important to learn to assess for potential high-risk situations and triggers to relapse.

Ask participant(s) to complete Indicators Handout 2.1 and then discuss.

## ASSESS POTENTIAL TRIGGERS

What significant triggers are you aware of?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

In what situations do you feel most triggered?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

One area that addicts find particularly difficult is the amount of excess time present in recovery. Often, hours or days would be spent each week engaging in addictive behaviors. Now, in recovery, it feels as though there is a void.

What areas of your life do you feel are empty now that you are in recovery?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

What positive recovery activities can you now engage in to account for the extra time in your life?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

After discussion of this handout, as an assignment, write out a daily and weekly schedule. The purpose of this is to account for your time and not leave large gaps where your potential for relapse is increased. Bring this to group to discuss and also have your Twelve Step sponsor look it over.





# Spirituality

## Objective

*To explore ways of viewing spirituality.*

## Materials and Handouts Needed

Spirituality Handout #1.1 — Exploring Early Experiences with Religion

## Agenda

While some people are able to stop their addictive behaviors without involvement in a spiritual program, millions of people find spirituality to be the backbone of their recovery. In working with someone relapse prone, we would be greatly remiss to not help him or her explore this issue.

Depending on the depth of discussion, this module could easily be divided into two sessions.

Begin the session by asking participant(s) to share their personal concept and relationship with a Higher Power. This will immediately let you see where the openness and resistance may be among the group. Remember, it is not your job to convert anyone to a particular belief. The goal is to help the participant(s) explore their willingness to believe in a Higher Power.

Give participant(s) Spirituality Handout 1.1 to complete. Then discuss.

## Didactic

When you set out on a new course in life, the course of recovery, you are on a spiritual path; it is this path that leads to forgiving, accepting, loving, and finding serenity — within yourself and others. This spiritual path promises to lead you from aloneness and emptiness to a sense of connection and meaning in your life. While we may not have recognized it, we began a spiritual path when we allowed ourselves to begin letting go of our fears and defenses and allowed ourselves to hear the truth.

When we realize our fallibility and accept responsibility for making our choices, we are in a spiritual process. Spirituality helps us first to see, then to understand, and eventually to accept the imperfection that lies at the core of our human be-ing. Accepting our human limitations brings us inner peace. It puts an end to the fight within us. Also, as we find the permission to be the imperfect beings that we

are, we become able to let others be who they are.

Spirituality isn't an event or about possessions. It is a way of living and being. It doesn't mean we never get sad again, or that we are always smiling, always happy, never angry, and never scared. Spirituality in recovery does mean that when we are hurt or afraid, we can respond without making matters worse.

Spirituality must also be based on the acceptance of the awareness "We are not in control." Sheldon Kopp has written, "No matter how well we may prepare, the moment belongs to God." Accepting what we cannot control does not mean we give up all efforts to have order in our lives; we are not asked to thrive on chaos. We are asked only to give up the illusion that we can control what no one can. In accepting what we cannot control, we give up needlessly trying. We are powerless over our addiction, not over our recovery. In Twelve Step programs they have a saying: *Surrender to win*.

Spirituality is a surrendering process: surrendering the illusion that we must have all the answers and must be in charge so we can hide our shame. We surrender to our inability to change the past and to our powerlessness to control the future. Living in the here and now is another fundamental spiritual concept.

In the spiritual process we ultimately ask a Higher Power for guidance. But for so many of us raised in a troubled family, having faith, trusting in any person or concept outside of our self when we were children, seemed like suicide. We may still view the concept of Higher Power as "authority." Our experience is that authority uses power to control and/or punish. Obviously, we will resist the idea of surrendering to a Higher Power when it has a negative association with authority.

Unfortunately, when our experiences with religion have created inner conflict, it interferes with our openness to a spiritual path. For many of us, we found a contradiction between our religious teachings and what happened in our daily lives. Instead of respect, we heard verbal abuse. Instead of loving behavior, we saw one parent cause another sadness. Instead of honesty, we witnessed our parents' lie. So often children believe in the Higher Power as it is portrayed in their house of worship, but the contradiction of the religious message with their family lives is too great for their continued commitment.

For the sake of clarity, religion is a set of beliefs that follows from a central belief in God or a Higher Power, and a set of practices that arises out of those beliefs. Religion can be a bridge to the spiritual. However, organized religion does not necessarily include spirituality. Spirituality is not a framework for a set of beliefs, although spirituality may be an integral part of a religion.



Dialogue those points with the participant(s).



In recovery it is not uncommon for people to return (or if they didn't leave it, to engage more positively) to the faith and church of their youth. Others choose a different faith or church. Some decide to follow a guru. Others decide to follow the Earth Religions. Many people practice Twelve Step concepts. It has

been said that the Twelve Step programs, beginning with Alcoholics Anonymous in 1935, constitute the largest spiritual movement in the United States. Many people combine these philosophies and practices. In recovery, every spiritual door is open.

To grow spiritually we must “walk the walk.” Practicing spirituality means that we:

- Do the footwork
- Be present, be in the here and now
- Stay attuned to our inner guidance
- Be authentic
- Put forth the effort
- Let go of the attachment to the results
- Believe in the divine guidance and choice it offers

Spirituality must be lived, practiced consistently, and acted on consciously. The spiritual path is a commitment to personal transformation, to service, and to not harming others.

Spiritual development requires spiritual practice, just as the person who wants to be physically fit must exercise. Without the workouts — nothing happens. If you set your course toward inner calm and peace of mind, daily spiritual practice is necessary.



Dialogue those points, asking participant(s) to give examples of how they have or have not “walked the walk.” For the participant who believes they identify with a spiritual program, a solid explanation of naming how they walk the spiritual path is often the key to important awareness.



Spirituality is a process of going inward to the part of you that is connected to the larger context. Some of the spiritual practices to connect with your inner life are:

- Prayer
- Meditation
- Practice of silence/quietness
- Guided imagery
- Living a “thought”-full life

As you engage in spiritual practice, the location, sounds, time, and use of materials often become

significant and meaningful parts of your ritual. Many people include deep breathing and relaxation in their rituals. By definition, spirituality is derived from the Latin word *spiritus*, which means “the act of breathing.” Breathing allows you to be open within your own body, to go “inside.” Once your physical body is relaxed, it is necessary to relax your mind and let go of thoughts and worries.

Prayer is common in church, ashram, or temple. It is also an important part of spiritual practice throughout the day. Some people have a favorite meditation book and include reading from it during times of prayer. Some people get on their knees; others have a sitting area where they are surrounded by favorite objects, photographs, and plants. Prayer and/or meditation is something you can do while sitting in your living room, lying in your bed, walking along the beach, or jogging in the park. Both prayer and meditation are practices that nurture and develop our connection to self and spirit. Prayer is an act that puts us in touch with a power greater than all else.



As with previous discussions, dialogue these points asking participant(s) to identify and examine their spiritual priorities. For those that desire, conclude the discussion with focus on specific plans for greater spiritual practice.

## EXPLORING EARLY EXPERIENCES WITH RELIGION

While religion and spirituality are not necessarily one and the same, it may be helpful to explore your earlier experiences with religion and how they may be impacting your present day concept of spirituality.

Here are some questions to give thought to.

- 1) If you were involved in a church or a religious group, describe your experience. Fun? Scary? Boring? Hopeful? Meaningful? Other?

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- 2) Were you forced to attend church (synagogue) as a child, or otherwise participate in religious practices?

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- 3) Were there any particular rituals or ceremonies that were of special value or significance for you? What were they? How were they special?

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**Spirituality Handout #1.1**

4) If your involvement in your church or synagogue ended, what made you stop?

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5) If you didn't attend any type of church, how was that decision made?

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6) Looking back at your early religious influence, what aspects were positive that are still with you today? Are there any negative influences that are still with you?

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### **Spiritual Vision of a Higher Power in Your Life**

#### **Objective**

*Create a vision of one's Higher Power.*

#### **Materials and Handouts Needed**

Spirituality Handout #2.1 — Spiritual Vision

#### **Agenda**

Discuss the following material on a vision of one's Higher Power.

#### **Didactic**

All of the Twelve Step programs have a spiritual basis. The willingness to accept a Higher Power is often the major stumbling block for people in recovery. Step Two says, *Came to believe that a Power greater than ourselves could restore us to sanity.* "Came to believe" suggests that your spiritual discovery is a journey. You do not need to feel as though you should have already arrived or that you need to arrive by a certain time or date. Your sense of journey may have already begun. It may be about to start. The important point is that you have a willing spirit.



Have the participant(s) complete Spirituality Handout 2.1. Reconvene and discuss.





## SPIRITUAL VISION

- 1) Do you believe there is a power greater than yourself? Explain.

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- 2) Write a want ad for the Higher Power that you would like to have in your life.

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- 3) Ideally, a Higher Power should be someone or something that you can trust and that can help you. Name five other qualities or characteristics you would look for in a Higher Power.

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- 4) What does your Higher Power look like at this time? (You are welcome to draw or paint a portrait of your image.)

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### Spiritual Journey

#### Objective

*To discuss and understand the spiritual journey of the Twelve Steps.*

#### Materials and Handouts Needed

Spirituality Handout #3.1 — Spiritual Journey

Board

CD Player

Letting Go Imagery CD by Claudia Black

#### Agenda

Discuss the following material on spiritual journey.

#### Didactic

Spiritual growth is a journey that continues throughout our lifetime. When our spiritual life is out of balance, everything is out of balance. A belief in a Higher Power rarely comes instantly. It does not strike like a lightning bolt. Faith is achieved through one's daily activities.



On a board write out Step Two from the Twelve Steps of Alcoholics Anonymous:

***"Came to believe that a Power greater than ourselves could restore us to sanity."***

Then offer participant(s) this version for discussion.

<b>Came</b>	⇒	means	⇒	<b>Show up</b>
<b>Came to</b>	⇒	means	⇒	<b>Open Mind</b>
<b>Came to believe</b>	⇒	means	⇒	<b>Trust in a Higher Power</b>



Step Two is achieved by taking small, calming steps on an enlightening journey. The journey does not lead to a destination or end point called spiritual life. Rather there are many spiritual rewards along the

pathway. The payoff comes in making the journey, not reaching a destination.



Give the participant(s) Spirituality Handout 1.1.

When complete, discuss the phrases that describe their spiritual path and what blocks them from this path.

Read the following *Foot Prints* and discuss.



*One night a man had a dream. He dreamed he was walking along the beach with the Lord.*

*Across the sky flashed scenes from his life. For each scene, he noticed two sets of prints on the sand; one belonged to him and the other to the Lord.*

*When the last scene of his life flashed before him, he looked back at the footprints in the sand.*

*He noticed that many times along the path of his life there was only one set of footprints.*

*He also noticed that it happened at the very lowest and saddest times in his life.*

*This really bothered him and he questioned the Lord about it. "Lord...you said that once I decided to follow you, you'd walk with me all the way. But I have noticed that during the most troublesome times in my life there is only one set of footprints. I don't understand why you'd leave me when I needed you most."*

*The Lord replied, "My precious, precious child, I love you and I would never leave you. During your times of trial and suffering, when you see only one set of footprints, it was then I carried you."*

Author Unknown

The following imagery offers closure for the session. This imagery is meant as a guide for participants to begin to visualize their own spirituality.

## **Imagery Direction**

You may choose to use the **Letting Go Imagery** CD by Claudia Black or offer it personally. The presenter is welcome to create his or her own version of the scripted imagery. When asking the participant(s) to do an imagery, begin by acknowledging that it may feel awkward if they haven't experienced an imagery before, but it can be highly valuable if they allow themselves to relax and be open to the process.

Begin the experience by asking the participant(s) to find a comfortable sitting position, uncross their arms and legs, and begin to take slow deep breaths in and out. As you offer these directions, begin to

pace your speaking so that it is soothing and relaxing.

If you, the presenter, are offering the imagery rather than using the recorded version, it is suggested you have soft music playing in the background. The key is to talk slowly, and allow the participant(s) time to breathe deeply, to hear the words, to “be with” the words. It is not necessary to have a discussion about the imagery once completed. In fact, that is often contraindicated as it moves the participant from an emotional/spiritual experience into an intellectual realm.

### **Connecting to a Higher Power Imagery**

The purpose of this meditation is to focus on developing a spiritual connection with yourself and your Higher Power. To walk the road of recovery requires patience and dedication to your spiritual program. It will be important as you continue on your recovery journey to develop your spiritual connection on a daily basis. Many in recovery do this through prayer and meditation. The beginning of Step Eleven says: *Sought through prayer and meditation to improve our conscious contact with God **as we understood Him...***

There are many wonderful daily meditation books that you may find useful. Some participants in recovery work on developing their own meditations and prayers. These usually involve visualizing their own Higher Power and also visualizing soothing and spiritual places — the beach, the mountains, the forest, etc.

*Gently sit back and close your eyes. Begin to breathe slowly and deeply. Focus on your breathing.*

*Take a deep breath in... and out. Take a deep breath in... and out.*

*As you breathe in, visualize your Higher Power filling you with healing and protective light. As you breathe out, visualize stress, tension, worry and fear leaving your body. Continue to breathe in and out.*

*Slowly become aware of your head and neck. Feel your tension melting away and feel your head and neck begin to relax. Feel this relaxation slowly moving down through your shoulders as you continue to breathe in healing light and energy. Feel the relaxation move down into your arms and chest. Know that you are safe and you are loved.*

*Breathe in... and out. Breathe in... and out.*

*Feel the relaxation moving down into your waist and legs. Feel the tension and stress leaving your body. Feel the relaxation moving down into your feet. Feel your connection to the earth and the connection to your Higher Power.*

*As you continue to breathe deeply, imagine a place where you feel completely safe and serene. This may be the mountains, the beach, the forest. Wherever this place is, it is yours. Imagine yourself there right now. Take a look around and focus on what you see.*

*What do you smell?*

*What do you hear?*

*Let all of your senses experience the serenity and safety of this special place.*

*Know that this is your place that you can come to at any time.*

*Slowly begin to visualize how your Higher Power might look and feel. Let the image begin to fill your mind, body, and spirit.*

*Imagine your body and spirit being filled with serenity, contentment and peace.*

*Feel your spirit connecting with your Higher Power. Feel the infinite wisdom and love your Higher Power has for you. Feel the safety and protection it offers you.*

*Know that your Higher Power guides your path in recovery and is with you at all times.*

*Know that you can connect with your Higher Power and your safe place any time you choose through prayer and meditation.*

*Know that you are not alone in your recovery. You are surrounded by love and support if you choose to let it in.*

*As you continue to breathe, gently become aware of your body. Become aware of your head... your neck... your shoulders and arms. Become aware of your back... your chest... your waist... your legs... your feet. Become aware of your connection to the earth. When you are ready, open your eyes.*

*Remember that the purpose of this imagery is to help you visualize and connect with your Higher Power. Each day through prayer and meditation you are able to feel this sense of connection and guidance from a Power greater than yourself. Spiritual fitness, like physical fitness, requires dedication.*

# SPIRITUAL JOURNEY

Check any of the phrases that describe your spiritual pathway.

Music / singing \_\_\_\_\_

Quiet, solitude \_\_\_\_\_

Appreciating nature \_\_\_\_\_

Loving others unselfishly \_\_\_\_\_

Listening to others \_\_\_\_\_

Sharing your feelings \_\_\_\_\_

Keeping a journal \_\_\_\_\_

Forgiving others \_\_\_\_\_

Attending a church, synagogue \_\_\_\_\_

or other place of worship \_\_\_\_\_

Praising others \_\_\_\_\_

Smiling, laughing \_\_\_\_\_

Reading, learning \_\_\_\_\_

Helping others \_\_\_\_\_

Sharing experiences \_\_\_\_\_

Asking for forgiveness \_\_\_\_\_

Embracing loved ones \_\_\_\_\_

Twelve Steps \_\_\_\_\_

Meditation \_\_\_\_\_

Other Spiritual practice \_\_\_\_\_





# Secrets

## Objective

*To recognize the connection between secrets, addictive behaviors, and relapse.*

## Materials and Handouts Needed

Secrets Handout #1.1 — The Origins of Secrets

## Agenda

In your opening, be sure to stress confidentiality: “What you see here, what you say here, let it stay here.” Discuss with the participant(s) the need for all to feel that they are in a safe environment. This allows them to share their innermost secrets without fear of shame or breach of confidentiality.

Discuss the following material on secrets.

## Didactic

Secrets are defined as information:

- Kept hidden from knowledge or view; concealed
- Dependably discreet
- Operating in a hidden or confidential manner
- Not expressed

From a very early age, children learn what secrets are and how to keep them. As children play and interact with friends and family, they often learn that secrets are fun to keep. When they learn information that others may not know, they feel special and important. However, this model often becomes harmful.

Children are solicited to keep secrets that make them feel as if they are doing something wrong or shameful. Perhaps a child sees their mother or father pouring alcohol into their morning coffee or orange juice. The parent may say, “Be mommy or daddy’s big boy or girl and don’t tell anyone about

this.” The child is now in a situation where they have been asked to keep a secret that they may or may not know is wrong to keep. They may feel a great deal of internal conflict because they are worried about the possible harmful consequences of not telling someone else. Regardless, they don’t want this parent to be angry with them, so they keep the secret.

Children may learn how secrets work in an overt and/or covert manner. The child may be explicitly told they are not to talk to anyone else about how the family dynamics function.

Mary — “My mother used to come and cry in my bedroom at night after my father had hit her. When I would ask why she wouldn’t leave him or report him to the police, my mother would quickly compose herself. She would tell me, ‘Your father just has a small problem with his anger. I don’t want anything bad to happen to him.’” In Mary’s family, she learned overtly that she had to be the keeper of the family secret and the family shame.

John’s family is an example of a covert secret. “Sometimes after school, my friends would come over to play. By this time of the day, my dad had been drinking for several hours. Often, he would be passed out on the couch when my friends and I came home after school. When my friends would ask what was wrong with my dad, I would say he had a migraine headache and had to take medication. No ever had to tell me that I needed to make excuses for my dad. I instinctively knew that is what I had to do.” John also became the keeper of the family secret and the family shame.

There is a great distinction between a confidence and a secret. A child may be asked to keep the details of a surprise birthday party or vacation from others. The child is being asked to keep a confidence. If others found out, there may be disappointment or loss of the surprise element. The child keeps the confidence because they want to, not because they know they have to. The child often instinctively knows that keeping secrets is not even a choice. It is a matter of personal or family survival. The child is being asked to contain the emotional energy and shame embodied in the secret. There could be overwhelming negative consequences if others found out the secret.

Secrets carry a great deal of power and control. An individual in a family system is confronted with the content of the secret and having to keep the secret from others in the family, friends, or society. Carrying a secret is a tremendous burden. There is a great deal of shame inherent in having to keep secrets. As the keeper of the secret(s), we feel shame regarding the family member we are keeping the secret about and ourselves. We may feel that our value as a person is in question by being a member of such a family.

Common secrets the addict has may be about sexual orientation, past sexual activities, criminal activities, other addictive behaviors, financial difficulties, and other areas of life that may feel too painful to reveal to others.

James, in conflict about telling his group he was gay, eventually relapsed from his eating disorder.

Janet, after seven months of recovery from her gambling addiction, relapsed when her boyfriend threatened to tell her husband of their affair.

Gary had seven years of sobriety from cocaine. He actively participated in a recovery program but in those years he continued to secretly gamble, creating more and more debt that he was hiding from his family. Unable to cope with the stress of his gambling debts and his resultant lying, he resumed his use of drugs.

Susan has been sober for three years; her daughter turns eight and Susan relapses. When Susan was eight, her father molested her. This is a memory she had repressed and is now fighting to keep down.

John is in recovery from his sex addiction. He never disclosed a previous prostitution charge while he was active in his disease. The fear his wife will discover his secret leads to his relapse.

Many addicts have held on to these secrets for an extended period of time to avoid shame and possible social or legal consequences. By keeping these secrets, the addict is reinforcing their inner core of shame. When this shame core is triggered, emotional and spiritual pain can become so great that the addict needs to re-engage in addictive behaviors as a form of self-medication. Letting go of secrets is crucial to staying in sobriety and preventing relapse.



After completing the didactic material, allow for discussion.

Give Secrets Handout 1.1 and ask participant(s) to complete the exercise.

Reconvene and discuss feelings and processes elicited by the material. While participant(s) are asked to do the written exercise, the author does not suggest that they be required to share the secret. Obviously participant(s) would be encouraged and supported to fully disclose. Yet, do not underestimate the power of doing the written exercise, only as it may set a foundation that leads them one step closer to trusting disclosure.



# THE ORIGINS OF SECRETS

**Qualify: The sharing of this handout is at the discretion of the client.**

Secrets are handed down from one generation to another. Secrets are pieces of information that are withheld from others often out of shame, and many times with the intent to protect someone — yourself, or another. Secrets are powerful because they can control you. Very often, the primary problem of a secret is not the content of the secret itself, but what you must do to keep the secret information out of sight.

Two examples of secrets in my family of origin are:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

It was important for me to keep these secrets because:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

What I had to do to keep these secrets was (*specific actions*):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Are there still secrets I carry today? ☐ Yes ☐ No

If so, give two examples of these.

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_

## Secrets Handout #1.1

What feelings come up as I think about the secrets I have been carrying? (Examples of feelings include joy, pain, fear, loneliness, anger, guilt, and shame.)

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## Releasing Secrets

### Objective

*To recognize the importance of releasing secrets.*

### Materials and Handouts Needed

Secrets Handout #2.1 — Letting Go of Secrets

CD Player

Letting Go Imagery CD by Claudia Black.

### Agenda

In your opening, be sure to stress confidentiality...again. Then offer the following brief information on secrets and proceed to the exercise.

### Didactic

Whatever our secrets, recovery means a program of rigorous honesty. The weight of secrets is such that many ultimately find a way back to the addictive behavior(s). Secrets need to be told to be free of guilt and pain.

The benefits of releasing secrets are:

- Relieving a burden
- Allowing me to practice rigorous honesty and be true to myself
- Preventing a possible surprise discovery
- Empowering me to have a more honest relationship with another
- Stimulating family and personal change
- Reducing risk of relapse

However, putting an end to secrets does not mean that all things are shared with all people. Some

events are more personal than others and you will not want to share them with just anybody. As you choose safe places and safe people to share with, the word *secret* dissipates and the word *confidence* replaces it.



Give participant(s) Secrets Handout 2.1. After completing the exercise, ask the participant(s) to process their feelings in session before taking any action to release or reveal secrets.

Participant(s) can be validated for their desire to let go of hurtful secrets and to move from a place of secrecy to sharing confidences. The sharing of secrets is not an all or nothing phenomena (e.g., I've never told anyone, now I need to tell everyone).

The facilitator needs to help the participant(s) discriminate with whom they share.

The following questions may be helpful.

- What would you like to share?
- With whom do you want to share this secret?
- Why do you want to share this information with this person?
- What do you hope will be the result?
- How realistic is that expectation?

The following imagery will help to create ease in letting go of secrets and sharing confidences.

### **Imagery Direction**

You may choose to use the **Letting Go Imagery** CD by Claudia Black or offer it personally. The presenter is welcome to create his or her own version of the scripted imagery. When asking the participant(s) to do an imagery, begin by acknowledging that it may feel awkward if they haven't experienced an imagery before, but it can be highly valuable if they allow themselves to relax and be open to the process.

Begin the experience by asking the participant(s) to find a comfortable sitting position, uncross their arms and legs, and begin to take slow deep breaths in and out. As you offer these directions, begin to pace your speaking so that it is soothing and relaxing.

If you, the presenter, are offering the imagery rather than using the recorded version, it is suggested you have soft music playing in the background. The key is to talk slowly, and allow the participant(s) time to breathe deeply, to hear the words, to "be with" the words. It is not necessary to have a discussion about the imagery once completed. In fact, that is often contraindicated as it moves the participant from an emotional/spiritual experience into an intellectual realm.



## **Letting Go of Secrets Imagery**

*Sit down in a quiet, comfortable place. Uncross your arms and legs and gently close your eyes. Begin to allow any tension to dissolve from your body. Breathe deeply and slowly — the worries of the day, the stresses of decisions gradually moving out of your body.*

*Feel a white, healing light around the soles of your feet... the energy of the light moving up your legs, through your thighs, your mid body... the energy opening and relaxing you as it moves slowly into your chest and heart.*

*Breathe fully as the light extends down your arms into the palms of your hands and fingers. The light moves into your neck... around and up the back of your head... down across your forehead into your eyes, soothing every tiny spot behind your eyes... let your eyes relax... we try so hard to see everything. Feel the light massage your chin and face. Let yourself feel calm, warm and nurtured as your body relaxes.*

*Take a deep breath in.... and out. Take a deep breath in.... and out.*

*As you sit in your calm and safe place, repeat the phrase —*

***I am not my family's secrets.***

***I am not my family's secrets.***

*Breathe in.... and out. Breathe in.... and out.*

*Breathe in protection and strength... breathe out the pain and shame of your family's secrets.*

*Say to yourself —*

***I release my family's pain and shame.***

***I release my family's pain and shame.***

***I will not carry their shame any longer.***

***I will not carry their shame any longer.***

*Continue to breathe in light, healing, and protection. Know that you are protected and that any feelings that may be coming up are safe to experience. As you breathe, move through your body and become aware of places you are having any particular feelings. When you find such places, breathe deeply and fill those places with light.*

*Say to yourself —*

***I release this energy. I will no longer carry it.***

***I release this energy. I will no longer carry it.***

*Continue to breathe in... and out. Breathe in... and out.*

Say to yourself —

***I am in a safe place and no one can hurt me here.***

***I am in a safe place and no one can hurt me here.***

Know that your Higher Power is protecting you and guiding you on your recovery journey. Visualize the energy of your Higher Power protecting you and keeping you safe.

Say to yourself —

***I am not my secrets.***

***I am not my secrets.***

***I release their energy.***

***I will not carry them any longer.***

Breathe in.... and out. Breathe in.... and out.

Scan your body again for any feelings that may be surfacing. Allow those feelings to surface. Know that it is okay to feel whatever you are feeling. Breathe into those feeling places and breathe out the energies of long held feelings.

Breathe in... and out. Breathe in... and out.

As you breathe slowly and deeply, become aware of your body. Become aware of your head... your neck... your shoulders and arms. Become aware of your back... your chest... your waist... your legs... your feet. Gently begin to shift your body around and when you are ready, open your eyes.

## LETTING GO OF SECRETS

Whatever the secrets, recovery means a program of rigorous honesty. The weights of secrets are such that for many, they ultimately find a way back to their addictive behavior(s). Secrets need to be told to be free of guilt and pain.

The benefits of releasing secrets are:

- Relieving a burden
- Allowing me to practice rigorous honesty and be true to myself
- Preventing a possible surprise discovery
- Empowering me to have a more honest relationship with another
- Stimulating family and personal change
- Reducing risk of relapse

Specific family secrets I would like to release are:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Specific personal secrets I would like to release are:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_



# Shame

## Objective

*To understand the origin of shame.*

*To understand the relationship between shame and relapse.*

## Materials and Handouts Needed

Shame Handout #1.1 — Shaming Messages

CD Player

Letting Go Imagery CD by Claudia Black

## Agenda

Discuss with the participant(s) the origin of shame and the identification of shame producing statements.

## Didactic

Shame is the inner belief the addict has which says, "I am not adequate, I am insufficient, I am damaged." The origin of shame typically begins in the family environment. It was our parents' primary responsibility to care for our physical, emotional, spiritual, and psychological needs. In the dysfunctional home, however, our parents were not able to fulfill these essential needs. Instead of seeing our preciousness and value mirrored back to us in our parents' words and actions, we learned that we were "stupid, dumb, ignorant, bad, or incompetent." When our core needs are not met and we are given these shaming messages, we begin to internalize the message that there is something flawed with our being.

Typically, that which creates shame is a combination of being abandoned and experiencing boundary violations during the time in your life when you were developing your worth. Abandonment is both physical and emotional. Physical abandonment occurred when your primary basic needs were not consistently met (food, clothing, shelter, physical safety and protection, supervision, etc). Emotional abandonment occurred when you had to hide a part of yourself in order to be acceptable or to protect yourself; when it was not okay to make a mistake, show feelings, have needs, have accomplishments; when you were blamed for other people's behavior; when you hurt, disappointed or frustrated someone

and they attacked your identity, values or worth rather than your behavior. This abandonment was shame producing because it left us with the belief that we were “less than,” “not worthy,” etc.

Examples of boundary violations or distortions that fuel shame would be:

- Emotional:
  - feelings denied
  - told what we can and cannot do
  - being raged at
  - criticism
  - being belittled
  - lack of expectations
  - being terrorized
- Spiritual:
  - going against personal values or rights to please others
  - taught to believe in a hurtful higher power
  - no spiritual guidance
  - no sense of prayer or gratitude
- Sexual:
  - being sexual for partner, not self
  - lack of sexual information during puberty
  - given misinformation about our bodies, our development
  - shame for being wrong sex
  - exposure to pornography
  - sexualized comments
  - all forms of sexual abuse
- Relationship:
  - falling in love with anyone who reaches out
  - allowing someone to take as much as they can from you
  - letting others define your reality
  - believing others can anticipate your needs
- Intellectual:
  - denied information
  - not allowed to make mistakes
  - not encouraged to question
  - being called stupid
  - encouraged to follow a parent’s dream rather than your own
- Physical:
  - accepting touch you do not want
  - not taught appropriate hygiene
  - violence, pushing, shoving kicking, pinching, excessive tickling
  - hitting
  - touch deprivation

Again, the combination of abandonment plus boundary violations fuels the creation of shame.

Society also helps to reinforce our inner shame core. This is done through the overt and covert messages society constantly bombards us with about how we are supposed to look, where to live, what to drive, how to act, etc. When we do not live up to these societal standards, we are shamed by society and we also shame ourselves.

Having internalized shame-based beliefs, we learned to engage in addictions to medicate this pain. This is often the very core of our addictive behaviors. As our addictions progressed, instead of feeling that sense of shame and blackness that could envelop us and was familiar from our childhoods, we turned to our addictions to feel better. This turned into a never-ending cycle. We felt shame, we used, and often we felt more shame because we had engaged in our addiction. Until we are able to address our underlying shame issues, they still exist and pose an ever-present threat to our sobriety. In the past, when we were given shaming messages, we medicated. Now in sobriety, when we feel shame, the often over-whelming urge is to medicate this pain as we have done in the past.

Even Twelve Step recovery meetings can have instances where we give ourselves shaming messages. We may look at others in the meeting and think, "I don't deserve to be here. My program isn't as strong as theirs," or "I won't ever be able to have as many years sober as that person does. I am worthless and I may as well give it up right now and quit trying."

It is important to address the shaming messages we hear from others and the shaming messages we give to ourselves. By doing this, we raise our awareness of how these messages may be automatic to us. When they occur, we need specific tools to address these shaming messages.



Ask the participant(s) to give 2-3 examples of shaming statements they heard as they were growing up. Then have them complete Shame Handout 1.1.

After completing, reconvene and allow for discussion.

Prior to session closure, ask participant(s) to identify three common shame-producing statements they make to themselves. They often begin with:

I am just so...

The trouble with me is...

Examples would be:

I am just so stupid, I can't do anything right.

I'm too fat.

I'll never make it.

As an assignment ask participant(s) to be aware of making shaming statements to self throughout the

day. Suggest they log their statements as well as the situation in which it occurs. You will discuss in next session.

Conclude the session with the following imagery on affirmations.

### **Imagery Direction**

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Begin the experience by asking the participant(s) to find a comfortable sitting position, uncross their arms and legs, and begin to take slow deep breaths in and out. As you offer these directions, begin to pace your speaking so that it is soothing and relaxing.

If you, the presenter, are offering the imagery rather than using the recorded version, it is suggested you have soft music playing in the background. The key is to talk slowly, and allow the participant(s) time to breathe deeply, to hear the words, to "be with" the words. It is not necessary to have a discussion about the imagery once completed. In fact, that is often contraindicated as it moves the participant from an emotional/spiritual experience into an intellectual realm.

### **Affirmation Imagery**

*Find a comfortable position and uncross your arms and legs. Take a deep breath in.... and out. Take another deep breath in... and out. If you haven't already done so, gently close your eyes.*

*As you breathe slowly and deeply, begin to relax your body, allowing the tension to dissolve... the worries of the day, the stresses of decisions moving out of your body.*

*Take a deep breath in.... and out.*

*If there are any places in your body that still feel tight or tense, where you are holding energy you don't need... put your awareness into those places... breathe into them. As you breathe out, imagine the tension or the excess energy releasing and dissolving away so that your entire body feels deeply relaxed.*

*Slowly, breathe in... and out.*

*Think of a place you can go in your mind... a magical place... a special place just for you. Now take yourself to that place. For some it is a pond out in the woods.... for others it is a rock perched on the sand at the beach... or it may be your own home.*



Wherever it is, it is your place... go there now.

You may have friends with you... you may have family...or you may choose to be with yourself. This is your time... your moment... this is your choice.

With your eyes closed, you slowly become engulfed in waves of color. Pinks... blues... greens... whites... purples... oranges. Colors of Love... colors of Safety... colors of Nurturance. These colors may be soft, pastel, rich, and intense. Whatever the colors, they feel loving and safe.

Continue to breathe deeply... in... and out.

Now, in your very special place full of very loving, safe colors, be with these words —

***I am very special.***

***I may never have had the opportunity to believe in my specialness.***

***I may believe in it today.***

***I no longer deserve to live my life in fear.***

***I trust in myself. My perceptions are far more accurate that I am willing to believe.***

***Today, I may respond with the vulnerability of my inner child but the strength of my adult.***

***Feelings are to be listened to; they are cues and signals that indicate where I am and what I need.***

***Mistakes are a sign of growing and I will be gentle with myself.***

***Being less than perfect makes me human.***

***Success is not relative to others. Success is a feeling of love and accomplishment for myself.***

***Recovery is accepting myself for who I am, no longer waiting for others to define or approve of me.***

***It is safe to take time to play today. Play fuels my creativity, tickles my inner child and nurtures my soul.***

***In faith, I find the strength to survive times of great fear and sadness.***

***I surround myself with people who respect me and treat me well.***

Be with those words, in your magical place of color. Know that you may return to this place any time you choose. Take a slow deep breath in... and out. When you are ready, you may open your eyes.



## SHAMING MESSAGES

- 1) Give examples of shaming messages you heard when growing up. *"You're stupid, dumb, ugly."*

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- 2) Give examples of shaming behaviors you experienced. *Parents yelling at you in a public place; being made to stand in the corner for unrealistic periods of time.*

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- 3) Give examples of how you see those shaming messages/behaviors present in your life today. *Yelling at my own children in a public place; telling others they are stupid and incompetent; afraid of making a mistake; thinking others are smarter than I am; not trying things I'd like to do.*

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## Shame Attacks

### Objective

*To understand shame attacks and how to intervene in this negative process.*

### Materials and Handouts Needed

Shame Handout #2.1 — Recovery from Shame Attacks

### Agenda

Discuss the following material on shame and shame attacks.

### Didactic

When we grow up in dysfunctional environments filled with shaming messages and behaviors, the core belief that we are flawed is ever-present. So, when we are in stressful situations or someone displays shaming behavior towards us or gives us a shaming message, we often experience what is called a Shame Attack. We may also experience a Shame Attack based on our perception of a person or situation. The Shame Attack occurs when our internal beliefs that we are flawed, stupid, ugly, or incompetent are re-engaged. We often feel like a young child again, defenseless, abandoned. We are terrified of this person or situation because it is recreating the trauma we experienced in our earlier environments.

Shame Attacks incorporate all or nothing thinking. An example of a Shame Attack would be:

"I made a mistake in my finances and I bounced a check. Since I bounced this check, I'll probably bounce many more, I will have to declare bankruptcy, and then my credit will be ruined." From here, it's then very easy to start to shame ourselves by saying, "I really am stupid and can't do anything right."

Another example of a Shame Attack would be:

You are expected to present the culmination of a project at work tomorrow. You have worked diligently but today you heard a co-worker's presentation and suddenly you know you will look unprepared and stupid. You immediately "catastrophize" the situation. "I will lose my job." "They will be sorry they hired me." ...on and on and on.



Ask participant(s) if they can identify with the concept of a Shame Attack and to give examples.



It is extremely important to learn in recovery how to get out of a Shame Attack. If you are experiencing a Shame Attack, you need to:

- **Identify it for what it is.**

*This is a Shame Attack. I am feeling less than...and catastrophizing (only seeing the worst).*

- **Stop the thinking.**

- **Objectify**

What is the reality here? Look at the previous two examples.

**Check bouncing situation**

**Reality:** you bounced a check. You made an error in your arithmetic. You were stressed and not thinking when you wrote the check.

**Reality:** most people at some time will bounce a check.

**Reality:** you can call the source to which the check was made and tell them of your plan for repayment.

**Fear of presenting work project**

**Reality:** you feel insecure. Another person made a good presentation. You have worked hard on this but are anxious. You want your superior to be impressed.

None of this means you are incompetent. It says you are anxious. Past experience says your confidence shows once you begin your presentation.

- **Get outside feedback.**

In a Shame Attack you are distorting the reality. You have lost sight of what is real, true...versus your fear.

- **Look at the origin of the shaming statement.**

This is another important long-term tool in stopping a Shame Attack. After you've garnered a more realistic perspective ask yourself what were the harsh words I used against myself? They were usually words such as "I am stupid." "I can't do anything right." When did you first come to believe those things about yourself?



In the previous session, as an assignment, participants were encouraged to note self-deprecating statements they made throughout the day. When they spoke so harshly to themselves, they were perpetuating a Shame Attack. Take a few examples from participants and with each message they gave themselves, ask them to stop and reflect on where that message came from.

Example:

"I'm so stupid I can't get anything right."

**Stop:** Where did you first hear that?

**Answer:** My dad.

Now direct participant(s) to give an example of their statement not being true, the purpose being to get them out of an all or nothing shaming statement.

Example:

"I'll never amount to anything."

**Stop:** Where did you first hear that?

**Answer:** My mother

**Example** of this not being true.



In a Shame Attack, you feel the vulnerability of a young child. This is because you gained the shame at a young age. So when in an attack, talk yourself into your adult reality.

These statements come from outside of us. We were told these things by our parents, caregivers, relatives, etc. We were not born with shaming messages. They had to be given to us. We are not born with toxic shame. So when we are experiencing a Shame Attack, we need to identify that the message comes from outside of ourselves.



Offer Shame Handout 2.1 for participant(s) to use as a tool for stopping Shame Attacks.





## RECOVERY FROM SHAME ATTACKS

- **Identify it for what it is.**

*This is a Shame Attack. I am feeling less than...and catastrophizing (only seeing the worst).*

- **Stop the thinking.**

- **Objectify**

What is the reality here?

### **Check bouncing situation**

**Reality:** you bounced a check. You made an error in your arithmetic. You were stressed and not thinking when you wrote the check.

**Reality:** most people at some time will bounce a check.

**Reality:** you can call the source to which the check was made and tell them of your plan for repayment.

### **Fear of presenting work project**

**Reality:** you feel insecure. Another person made a good presentation. You have worked hard on this but are anxious. You want your superior to be impressed. None of this means you are incompetent. It says you are anxious. Past experience says your confidence shows once you begin your presentation.

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## Identifying Priorities

### Objective

*To recognize the importance of where recovery lies within other priorities.*

### Materials and Handouts Needed

Pens or pencils and 8 small pieces of paper for each participant

### Agenda

This presentation is experiential and done in a game type format. (It is the hope of the author that participant(s) will recognize recovery as their number one priority.)

The game is best done with a group size of 4 to 12.

Hand out eight pieces of paper and a pen or pencil to each participant. Ask that they identify eight items that mean the most to them in their life. Items can be specific people, relationships, travel, relationship with God, etc. When done, ask them to number the items one through eight...one being the most important...eight being the least important.

Ask them to arrange their eight pieces of paper in a stack, with number eight on top and on down to number one.

Then tell them, "I, the facilitator, am all powerful." (Rules of the game: this statement is not challengeable — participant(s) need to be open.) Then, begin by approaching one participant, asking that he or she tell you what their number eight is and to make a statement about its importance to them. When done, reach out and tell them that you are now removing that from their life. They are then to give you that piece of paper. After you do so, ask them to be with the thought and feeling of what it would mean if their number 8 were no longer in their life. One by one, you will approach each participant and do the same thing. Listening earnestly as they share why this is important to them helps them to experience the greater impact of the loss.

When done, go back to the first person and repeat this process with their number 7's. Continue this process repeatedly down to 6, 5, 4, 3, and 2. Leave only number 1 in their hands. Obviously in this process they will gradually realize whether or not they know their priorities. The primary objective is to

slowly, and allow the participant(s) time to breathe deeply, to hear the words, to "be with" the words. It is suggested you have soft music playing in the background.

Begin the experience by asking the participant(s) to find a comfortable sitting position, uncross their arms and legs, and begin to take slow deep breaths in and out. As you offer these directions, begin to pace your speaking so that it is soothing and relaxing.

### **Closure Imagery**

*Slowly breathe in... and out.*

*Breathe in... and out.*

*As you breathe in, imagine healing energy beginning to move throughout your body. Allow the muscles in your face, neck and shoulders to soften and relax. Breathe in calming energy... breathe out tension. Feel this calm and healing energy move down through your chest and arms into your waist and legs. Feel your stress and tension melt away. Feel your connection to your Higher Power. Know that you are safe in this room and you are loved.*

*Begin to visualize all of the tools you have gathered to strengthen your recovery. You have tools to focus on relationships, resentments, control, shame, secrets, anger, grief, feelings, and many other aspects of your life, which are important in recovery.*

*Today, you will focus on many of these tools and remember that you have done a great deal of work to strengthen your recovery and prevent relapse. You are never immune to relapse, but if you choose to use your tools each day, your recovery is strengthened.*

*You have tools to help you focus on healthy, nurturing relationships.*

*Say to yourself —*

***I deserve to have a healthy and nurturing relationship with myself.***

*You have tools for letting go of resentments and control.*

*Say to yourself —*

***Today, I choose to let go of my resentments and control.***

***Today, acceptance is the answer to all my problems.***

***Today, I will let my Higher Power guide my journey.***

***Today, I will Let Go and Let God.***

*You have tools for releasing shame and secrets.*

Say to yourself —

**Today, I choose to release shame messages I have received from others and shame I have about myself.**

**I choose to surround myself with healthy people in my recovery.**

**Today I choose to live my life in honesty and recovery.**

You have tools for releasing anger.

Say to yourself —

**Today, I choose to release my anger.**

**I choose to live my life filled with serenity and peace.**

**I choose to surround myself with people who are serene and peaceful.**

You have tools for your grief and other feelings.

Say to yourself —

**Today, I know that I am safe to have feelings and I can choose to express my feelings.**

**Today, I choose to surround myself with people who are safe to express my feelings with.**

You have tools for when you may experience warning signs and triggers.

Say to yourself —

**I may experience warning signs and triggers.**

**If I do, I will immediately use my emergency plan and ask others for help.**

**I am not alone in my recovery.**

**People who love me and support my recovery surround me in my Twelve Step program.**

**I am not alone.**

**Today, my program of spiritual recovery is the most important thing in my life.**

**If anything or anyone else is more important than my program, I may have a relapse.**

**Today, I have the tools to nourish my spiritual program of recovery.**

**These tools are attending meetings, having a sponsor, working the Steps, reading the Big Book, prayer, and meditation. I have these tools available to me at all times. My experience, strength, and hope come from my spiritual program of recovery.**

*Remember, these tools work only when you take them out of the toolbox to use. Each day in recovery, it is important to use these tools wisely.*

Say to yourself —

***I am precious.***

***I am worthy of recovery.***

***I love myself.***

***I am able to receive love and support from others.***

*As you continue to breathe, slowly and gently become aware of your body in this room. Become aware of your head... your neck... your shoulders and arms. Become aware of your back... your chest... your waist... your legs... your feet. Become aware of your connection to the earth. Gently begin to shift your body around and when you are ready, open your eyes.*

## **Also by Claudia Black, Ph.D.**

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