

# **Praise for *Rewriting Life Scripts:* *Transformational Recovery For Families of Addicts***

“I have found the greatest barrier to recovery is when the family doesn't participate in the programs available to them. This wonderful book tells you why and how the family can help the addict to recover.”

Edith Royal, Honoree, Austin Recovery – Edith Royal Campus

“This book will be immensely helpful to family members as they wade into and through a loved one's recovery from drug addiction or alcoholism. It is often presumed that once a loved one enters treatment, all will be fine and return to normal. It doesn't—at least not at first—and having a book like this one that explains, encourages, advises, and offers hope will not only help family members, it will help the addict/alcoholic, as well. Addiction is a family disease and helping the entire family is so important for everyone concerned—*Rewriting Life Scripts* is a must read for all family members of an alcoholic/addict in recovery.”

Lisa Frederiksen, author of

*If You Loved Me, You'd Stop! What You Really Need to Know When Your Loved One Drinks Too Much*

“*Rewriting Life Scripts* is a must read for everybody in a family that lives with addiction. A lot has been written about and for people who are addicted. But this book is for the family. And it's good.

Desjardins, Oelklaus, and Watson cover the entire waterfront: understanding the dynamics occurring in families who live with an addicted member, understanding addiction and recovery, and then most important, they give you strategies for dealing with the issues, both your own and that of the addicted member.

Their advice is very straightforward and practical. They actually describe how to let go of guilt and remorse. And their description of the family disease is a very real picture of the kind of reactions family members develop when they live with someone who is addicted. It's true that family members become dysfunctional when they live with addicted people, and don't have the benefit of going through recovery to learn to behave differently. This book should be in the hands of every person who lives with someone in the family or close friendship circle who is addicted. Thanks to the three great women who spent the time to put it together!”

Tony Mandarich, former NFL player,  
author of *My Dirty Little Secrets: Steroids, Alcohol, and God*

“I found *Rewriting Life Scripts* to be a concise and extremely helpful and informative Handbook and Resource tool, with not only helping the Alcoholic and Addict; but more so for the family that is jeopardized during the pain and wreckage of living in the dysfunction of the Alcoholic and Addict. This book is the perfect bridge for Families who are in desperate need of what they should know, not only what to do in the crisis, but also what is involved in the aftermath of recovery. I learned a lot and have so many friends and families that I will be able to refer this book to. Thanks for writing it!”

Christa Jan Ryan

Author of *Silent Screams from the Hamptons* and *From the Depth of a Woman's Soul*

“While reading *Rewriting Life Scripts*, I easily could visualize myself and my family going through the ‘Four Stages of Recovery’ mentioned in this book. I agree that family members develop their own set of addictive behaviors while trying so desperately to cope with the addict in the family. Without recognizing it, family members become addicted to: a) how to control situations and events, b) making decisions and excuses, c) intuit when their addicted loved one needs help or a swift kick-in-the-ass, and d) doing whatever is necessary to cope with the stress of the addict’s roller coaster ride. *Rewriting Life Scripts* guides family members dealing with an addicted loved one toward hope, common sense, understanding, and restructure. I, personally, would have appreciated reading this insightful book during my own family's struggle with an alcoholic son.”

Barbara Sinor, Ph.D.,

Author of *Addiction: What's Really Going On? Inside a Heroin Treatment Program*  
and *An Inspirational Guide for the Recovering Soul*

“This is without doubt the best book I have read on recovery from addiction. Although the recommendations in the text bear a similarity to my own work with a variety of presenting problems, not only addictions.

I feel honored to have been able to contribute in my role as editor for Loving Healing Press. I can immediately think of half a dozen of my clients who will benefit from reading it.

The book is based on the Twelve Steps made famous by AA. Therefore, it may be particularly useful to those readers who dislike going to meetings and participating in groups. They can get the benefit from here, and perhaps that will give them the courage to face a group.”

Bob Rich, Ph.D., Australian counseling psychologist and professional editor.

# **Rewriting Life Scripts**

## **Transformational Recovery For Families of Addicts**

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Nancy Oelklaus  
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Foreword by Douglas Ziedonis, MD, MPH

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## Foreword

Addiction hijacks the brain and the family members of the addict. Alcohol and other drugs hijack the brain's normal functioning and magnify all other problems in the addict's life, including relationships to others in the family. Family members get sucked into the tornado of addiction and can become over-consumed with the addict's behaviors and are fearful of what will happen next. Addiction can ruin the life of parents, spouses, and children who feel they are walking on eggshells and adjusting to the addict's behaviors. Family members seek help and guidance on understanding addiction and what they can do. Ultimately, we realize that we can only change ourselves. However, there is much that can be learned that makes a difference.

Although draining and distracting, the addiction only represents the tip of the iceberg. Underneath the visible addictive behaviors are deeper feelings, thoughts, patterns of behavior, and brain changes that derail the brain from supporting self-awareness and a fulfilling life. Recovery breaks down denial, secrets, and living without awareness. Recovery transforms our old patterns—old “tapes” or “scripts”—that we seem to repeat in our life choices. An important place to start in living our lives is living in the present. Addiction distracts us from awareness, healing, and transformation. Many experiences have led to the current moment and our unique humanness. Transformation and recovery is a journey of self-love and love of others. This book will help many family members increase their awareness and skills for the journey.

For over twenty-five years, I have worked with addicts and always make an effort to include family members. As an Addiction Psychiatrist, I have had the privilege to work in all types of addiction and mental health treatment settings that cared for people from all walks of life—rich and poor, heroin addicts and alcoholics, young and old, men and women—from many cultural backgrounds. From these experiences, I know families go through a common experience with unique aspects. There are core questions and issues. This book addresses the common issues and provides a wonderful guide that I wish I had been able to give out to family members throughout my career. I will in the future.

In addition to my clinical practice, I've had the privilege to work as a faculty member and student with many outstanding clinicians, people in recovery, family members, and clinical researchers and leaders. I've worked at medical schools with world-class addiction

research and clinical programs, including UCLA, Yale, University of London, Rutgers University Center for Addiction Studies, and now at UMass and our Center of Excellence in Addiction. Listening to families and addicts has helped me the most in developing my clinical practice skills and in developing the most important clinical research questions that must be pursued. In addition, our UMass research team is uncovering new fundamental discoveries about the impact of alcohol and other drugs on the brain through brain imaging and genetic research, including how these substances change our brains and turn on and modify our genetic code. The blending of the wide range of perspectives in addiction treatment and research has been a personal commitment and journey for me. No one person has all the answers, but there is much out there to help. The understanding of the brain, recovery, and transformation is helpful, but families need practical help and guidance.

About fifteen years ago, I became aware of Liliane (the lead author of this book) and Gilles Desjardins and their Unified Model of Treatment of Addictions. I recognized their incredible wisdom and passion for their work that developed from their many years of clinical and personal experience. The more I learned from them, the more I was impressed with their insights and approach. Their insights have helped my own journey, and I have encouraged students to learn their model to complement other medical and addiction psychiatry approaches. My true admiration of their work comes from seeing them in action with patients and families, in addition to their program's excellent clinical outcomes.

*Rewriting Life Scripts: Transformational Recovery for Families of Addicts* encapsulates the Desjardins' many years of clinical experience into a needed and practical guide for family members in transition. It's a wonderful book that provides both the reality of addiction and its impact on families, but it's also a guide for family members' own journey of recovery. This is a book about hope, forgiveness, and love. Using an engaging style, the book is easy to read and provides practical and effective approaches to supporting family members in recovery. The authors help us learn from stating and answering common questions that family members ask and through the use of helpful exercises that stimulate self-exploration. Families will gain more self-awareness, insight, and skills to improve their relationships and achieve the lives they desire. The "common questions" used in this book are the same that families ask me routinely in my practice, such as "What can we do to help the addict after treatment?"; "How do I let go of guilt?"; "What do you mean it's a family disease?"; "When is it self-love versus selfishness?"; "How are the Twelve Steps helpful?"; "What is a healthy boundary?" "What's the difference between good enabling and bad enabling?"; "How can I try giving up control?"; "What should I look for if I think my loved one is using?"; "How can we communicate better?"

Recovery from addiction is a process, and the book is organized around the four stages all families go through. The first, "Living with Addiction," is a time of increased awareness

of the problem; ongoing denial, minimizing, and rationalizing; and powerful feelings of shock, fear, anger, uncertainty, shame, and guilt. Family dynamics change during “wet,” “damp,” and “dry” substance use periods. Families are awakening to the consequences and living a life consumed by others’ behaviors. During the second phase—“Transition to Recovery”—there is a focus on getting help that may include a family intervention. This is a time of setbacks, anger, and ongoing uncertainty, but there are glimmers of hope and frustration with any delays by the addict in seeking help. This is a time when family members may see the need for getting their own help.

In phase three, “Early Stages of Recovery,” there is a lot going on. This is a time when the addict’s brain is undergoing acute and prolonged detox from substances. It’s like the brain is going from being a pickle to a cucumber. There are many symptoms due to brain chemistry changes and adaptations. Just writing this foreword made me realize we really know almost nothing about what happens to family members’ brains during this phase, although, through modern science brain imaging, we do know that individuals living under other traumatic contexts do have brain changes due to the trauma and also a healthy brain changes with removal and recovery from the traumatic experiences. I can only assume that family members also undergo change. This is a time when family members are often confused about their roles and even angry that they have a role. There is often an acceptance that they not only have been impacted by the tip of the iceberg (the addiction), but that they have had many other experiences in their earlier life that have shaped who they are and contributed to the current moment. As you read this text, you are in a moment now, one that has developed by an amazing number of events and factors in your past. However, you only have this moment and a limitless range of options for the future.

The fourth phase of the book, “Ongoing Recovery,” is one about transformation for the addict and/or the family members. Sometimes either, neither, or both continue on the journey of recovery. The addict will be further working the Twelve Steps and uncovering other possible strengths and problems to address, including mental, psychiatric, spiritual, medical—even other addictions—compulsive behaviors, and tobacco addiction. Family members and addicts see the need for a life plan of wellness and recovery, of transformation, living in the moment, moment to moment, day by day, with new awareness and curiosity, with a zest for life.

The book provides a section of success stories that are very helpful. There is strength and hope found in these profound stories of transformation and healing. Family members will appreciate reading about others’ similar experiences and what strategies they used that gave them strength for their recovery. These stories provide a message of hope.

The final section focuses on the family members’ recovery and transformation with a guide and review of the Twelve-Step recovery program for family members. Intertwined are

helpful examples of common codependent behaviors and roles (such as being a caretaker, people pleaser, workaholic, martyr, perfectionist, tap dancer). Of course, all of us are more complicated than any of these character roles, but these examples provide helpful ways to reflect on oneself and common patterns. The book also has helpful coping skills to increase awareness and realization of what the family can and can't change so that there is increased ability to forgive and apologize while seeking joy, love, trust, laughter, kindness, and hope in all our relationships—with God, self, family, friends, and others. Going beyond just understanding the addict, this section of the book will help family members better understand their own actions and reactions and have a deeper understanding of the drivers of those behaviors. This is not a book about shame and blame. This is a book about meeting families where they are, and gently supporting them to a higher ground—to finding themselves and moving forward.

In summary, this is an important guidebook for family members and has something new to offer them. This book reinforces and augments what therapists, treatment programs, and mutual support Twelve-Step programs provide. Liliane and I have had many conversations about how to help family members and address the family members' need for more information, insight, and strategies during addiction treatment. They commonly have many questions. Change is not easy for any one of us. Addiction grabs the life out of its victims. Life is the journey and the path is not always clear. This book is a wonderful resource and catalyst for change. I am honored to be able to make a very small contribution to this book, and grateful that Liliane and her colleagues are putting this material out for others to use in the context of their recovery and treatment. Family members will gain new insights, learn new skills, and have more hope.

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University of Massachusetts Medical School/UMass Memorial Health Care System

## A Personal Testimony for Rewriting Life Scripts

After seven months of waking up night after night, praying that God would take me away from the pain I was in, I picked up the phone and called Pavillon International and made arrangements to go to their 28-day program, fortunately beginning within a few weeks. For years, I had been hearing from a number of my peers in ministry about how their life had changed through the program. I had also wanted to spend some time getting in touch with my “family of origin issues.” Little did I know about what kind of journey I was about to embark on. It was 1995 and as a result of those 28-days, I was changed for life!

What has been most challenging for me during the years since is conveying to my friends and family the astounding impact such a personally-experiential, powerful, and truly unique model Liliane and Gilles Desjardins’ have created... challenging to describe because of the transformative personal results known only to each individual. The practical tools, visionary insights, adaptive processes, and unconditionally loving staff and environment , all served to break open the cauterized hearts of many a participant... me included. As a young girl and into my teen years, I was sexually molested by my father. As a married adult woman, I perpetuated the abuse by acting out with numerous affairs (while also fighting a life-long paradoxical battle between codependency and narcissism). Although I had a college degree, a successful career in broadcasting, a license and ordination as a Unity minister, hundreds of friends across the country, a loving husband, and much to look forward to at age 45; I began to believe that there was nothing for me to live for and fell into deep despair and clinical depression.

Within nine days of beginning the program and participating in the Desjardins Model of Treatment, I began to feel *alive* again. Through the work of taking personal inventories, of being quiet and listening to the tall tales I’d been telling myself all these years, of making time for introspection, and opening my heart and mind to “reality checks” and feelings I had never felt before, I began the journey of recovery and healing. Day after day and evening after evening, I experienced shifts in my thinking. I began to recognize the tightly held beliefs and judgments which had been keeping me “safe”, yet unavailable to my “life.”

Because I became receptive to healing at depth, I experienced the Holy Comforter (or whatever you might call that mysterious or mystical wave of insights and “ah-ha” moments) available and present to me... just for the asking. Whether it was through the

teachings of Liliane & Gilles and their staff, the carefully thought out inventories, the stories of others in the program, my personal journaling, etc; these most magical and mystical experiences were happening daily. I recognized that no matter what family environment I grew up in, by hanging on to the old “survival” strategies of yearning to be the “perfect” first child, the “polite” daughter of my southern heritage, a perfectionist and workaholic self... I had actually *lost* my true self. I began the process of *uncovering* the truth, in my *re*-covery. It has now been 14 years and I continue to rely on the practices and tools learned from my experience with the Desjardins Model. I now work as a Spiritual Counselor, specializing in addictions, recovery, sexuality, and couples communication... and am pursuing my Doctorate in Pastoral Counseling. In these years since working the Model, I have rarely felt that I was not here for a reason... a purpose. And I have continued to grow in ways beyond my wildest imaginings. *This* is the truth that indeed sets one *free*!

As you read the pages ahead, dive totally and completely into the material, the practices, the questions, and the journaling. You can rest assured you are stepping into sacred territory and you will not be hurt, judged, nor abandoned. You will be embraced in compassionate and loving care. Within each chapter, there are practical and provocative tools offering concrete answers and definable steps for knowing *how* to live in a recovering family. You will be reaping the rewards of many who have gone before you, successfully using this proven family recovery model; through your Divine purpose while discovering new meaning in your life. And as you become totally open and receptive to the journey ahead, may you also experience more and more *moments* of freedom. This will bring more Aliveness to your life and the lives of those you love. Get ready to be changed at depth... through wisdom, grace, and unconditional love. You will never want to go back!

Carolyn R. Craft,

Broadcaster, Visionary Producer/Developer, and Business Executive and Advisor

## Introduction: Families in Recovery

Having a loved one in recovery for an addiction can be difficult for family members who have been so preoccupied with the addict's behavior that they have forgotten to take care of their own needs. Family members may feel lost, not knowing how to replace the time and worry spent over the addict, or how to continue to help an addict who has begun recovery.

This book has been written to guide the recovering addict's family through an understanding of what the addict is experiencing during recovery and to help the family members learn to let go of the pain from the past, undergoing their own recovery from the chaos and trauma caused by the addict's behavior. During the loved one's addiction, family members may have tried to help the addict or control the addict's behavior. They may have denied the addict has a problem. They may have spent so much time trying to take care of the addict that they have not taken the time to care for their own needs. Now is that time.

Where does recovery for the family begin? Some recovery centers have family programs, but so many questions remain unanswered. Recovery is sometimes a difficult and painful process of deep-seated and fundamental change that is not easy and rarely is smooth for families. Without knowledge about what to do or expect, including knowing what is normal and necessary, change can be disruptive and traumatic; without a clear path for recovery, the family members may cause more harm to themselves and perhaps to the addict. This book lays out the process of recovery for the family members themselves.

Recovering family members must go through four stages:

- **Practicing addict** has substance abuse (living with addict prior to recovery)
- **Transition** of addict into recovery (addict goes into a recovery center)
- **Early stages of recovery** (learning, abstinence, change; family members are confused about their roles)
- **Ongoing recovery** (addict continues abstinence; family is guided by values of recovery)

In the early stages, the family's environment and family dynamics can get out of control. Each family member must enter into a personal recovery, shifting individual attention away from the addict and the unhealthy family system that was created by the addiction. All family members must focus attention on themselves, learning new tools to deal with the

behaviors formerly used to cope with having an addict in the family. The family's reactions, attempts to control the addict, or denial of the addiction served to protect the family at times; at other times, these behaviors only fueled further destruction of the family unit. Now, new tools must be acquired. New responses and coping behaviors must be learned so that family members can communicate with each other. Most importantly, each family member needs to experience a personal recovery—freedom from the pain and craziness that resulted from the addict's behavior.

Outside support networks, such as Twelve-Step programs and therapy, are usually the only ways family members can substitute the unhealthy system with a healthy environment. In the end, we realize that recovery for families has a positive outcome; it creates a foundation for in-depth change however difficult the journey may seem.

With understanding, family members can turn their relationships within the family into positive outcomes without threatening the recovery process of the addict, their own stability, or that of other family members. Understanding, growth, and hope can take place when family members are open and receptive to education and support; and most of, all willing to “work” on themselves, on their own fears and manifestations. As families come together and as individual family members progress in their recoveries, the environment becomes safer and a new healthy family develops. How and when this transformation occurs depends on the individual family. It is our hope that the following pages will help you develop a healthy family.

**Part I:**  
**Understanding Addiction**  
**and the Recovery Process**

# 1

## Low Bottom vs. High Bottom Phenomenon

Between 1935 and 1938, Alcoholics Anonymous (AA) was founded by and for low bottom alcoholics, that is people who had lost everything due to their alcoholism and were on skid row or close to it.

After *The Big Book of Alcoholics Anonymous* was published in 1938, alcoholism became less of a taboo and moral issue. Over the years, due to publicity and the emergence of rehabilitation centers, it became less and less of a taboo.

In 1954, thanks to Marty Mann, the U.S. Congress recognized alcoholism as a treatable disease. At that time, other phenomena entered the stage including: prescription drugs, marijuana, and soft drugs. “Pure alcoholics” became cross addicts, switching from one substance to the other, using a little of everything to keep the constant buzz, without outer evidence of heavy intoxication. Of course, some even crossed the line into heavy and illegal drugs.

Due to this fact, society’s perception of who is an alcoholic stayed the same as in 1935: a low bottom, skid row drunk. Today, such people represent only 4% of the total addicted population. Thus, a lot of people qualify as addicts, but due to their social and economic status, they are not diagnosed as such.

Some treatment facilities have adjusted their programs to this new phenomenon of high bottom addicts and, as a result, are starting to treat behavioral addictions as well as substance addictions. Behavioral addictions are called *Process Addictions*.

A few typical Process Addictions are:

- Workaholism
- Food addiction—eating disorders
- Sex addiction, cybersex, pornography etc.
- Relationship addiction
- Romance addiction
- Gambling
- Smoking (nicotine)

Process Addictions get their name from the fact that they are a process. The difference from abusing a substance is that in that situation the addict quits using the substance, works a program, and his/her disease gets arrested and treated. Process addiction is different: people continue working, eating, having sex etc. Therefore, they must learn how to manage the process of that addiction and learn a different behavioral response to stress, pain, and life.

We rarely see an addict with just one addiction. Most addicts know how to switch from one to the other. Dr. Patrick Carnes and his colleagues, Robert Murray and Louis Charpentier, in “Addiction Interaction Disorder” (*Handbook of Addictive Disorders: A Practical Guide to Diagnosis and Treatment*), have very well identified the interaction between different addictions and the reasons for it.

It is important to know and understand the addict’s behavior in early recovery, as many addicts will give up their main identified addictions only to switch to others. Example: the heroin addict gives up heroin and picks up methadone. The alcoholic gives up alcohol and switches to workaholism or sex addiction. The addict’s behavioral patterns are still going to be dysfunctional and if not addressed, can lead back into using substances.

### **Understanding the Family Process**

It is well known in the addiction treatment community that addictions affect those close to the using person in many ways. The pain, embarrassment, and sense of loss may be overwhelming for family members. This mindset often continues when the addict receives treatment because there is a different set of variables that families must overcome: what to expect when the addict returns home and how to respond to the addict’s behaviors.

Unlike the recovering addict, the addict’s family members may have limited knowledge and understanding about the recovery process. Very few treatment facilities have adequate training for families other than a cursory overview of what the addict went through in recovery. The importance of having the family’s questions answered is often compromised, thereby not preparing the family to understand the addict’s behaviors or how to give support.

In the Desjardins Unified Model of Treatment of Addictions, substance addictions and process addictions represent 15% of the problem. They are the medicators the addict uses to medicate the other 85% of the disease. That other 85% is the cause of the addiction, the pain the addict tried to cover up with the addictive substances in an attempt to make the pain go away. The 85% of the disease is a state of mind, composed of specific psychological tendencies, emotional patterns, imprints, and the inflated or diseased ego. Today, science knows that alcoholics and drug addicts have a genetic predisposition to substances. It is handed down generationally although it can skip a generation or two.

The addict who quits using alcohol, drugs, or any process addiction medicator (nicotine, food, gambling, sex, relationships, or work), faces the full impact of the above stated psychological tendencies and emotional patterns and responses. The addict's feelings are no longer medicated and numbed with substances and medicators, without having yet mastered a healthy new way to respond to life.

In treatment, the addict learns how to deal with and process these emotional states without medicators. The addict usually completes treatment with good intentions. Promises are voiced to commit to the recovery process. In most cases, positive changes can be seen immediately.

However, a return into daily circumstances often triggers old patterns of behavior that were used to cope with the pain, thus creating a great need for ongoing recovery. To family members, it might look like the person is relapsing...and they are, not necessarily into substances but rather into old behavior patterns. The addict may not respond or behave in ways that reflect being in recovery, or may behave in ways the family sees as unproductive. For family members, this new reality may feel overwhelming, especially when their efforts of encouragement and support seem inadequate.

Below are the psychological tendencies of people in recovery. If these tendencies are not observed and used as warning signs, they may push a recovering addict into a relapse of old behavior patterns, including the return to addictive substances.

### **Psychological Tendencies of the Addict**

- **Low Tolerance to Circumstances:** This tendency is the most common. It is the incapacity to endure any inconvenience or suffering for a long time. The person cannot accept any sentiment or circumstance that is unfavorable.
- **Grandiose Appearance:** It is the universe turning around “Me, Myself, and I.” The person puts on a protective shield to hide feelings of inadequacy and devaluation. Although the person projects nice images of himself, his personal and intimate convictions of his worth are low; his value is diminished; and he suffers from an inferiority complex. The person does not feel adequate but dares not show it.
- **Anxiety:** All people experience some anxiety, but this person suffers from it in an exaggerated way. He is subject to all sorts of apprehension and fear. Usually he is not certain of himself, or the reason for his anxiety.
- **Perfectionism:** The person affixes for himself objectives so high that it is impossible to attain them. This results in feelings of defeat and guilt, causing suffering he cannot endure and for which he needs relief or escape.

- **Isolation:** Due to an exaggerated need to protect his intimacy, the person begins to retreat from others and society; he develops the behavior of a solitary person. This makes it difficult to make permanent and sincere friends.
- **Illusionary Thoughts:** The person becomes a master in the art of arranging things so they seem reasonable. He may twist the truth, withhold information to make himself look good, or invent stories to cover up the truth. He tends to tell the truth as he sees it.
- **Hypersensitivity:** The person has a tendency to exaggerate in all his interpersonal relationships especially when things are not favorable. He is easily hurt and he nourishes hurt feelings for long periods so that they become the basis of his resentments.
- **Impulsiveness:** “I want what I want, when I want it, now.” Often the person is proud to be impulsive, and he considers this a good quality. In reality, his impulsiveness only brings more tension.
- **Defiance:** This is the result of unbearable inner conflicts and anxieties. The person feels rejected by others, whether or this is true. Since he feels he cannot properly belong to the group, in order to defend himself, he defies people who want to get close and help.
- **Dependence:** The dependence on others becomes exaggerated. It is caused by the person’s immaturity and is usually followed by feelings of hostility toward the source of his dependence.

### **Addiction Process**

Addiction and Recovery form a process, both for the addict and the family. Here we will illustrate this process.

1. **The addict starts occasional relief usage (drinking or drugs).**  
Family members might even enjoy this period as the addict may be more relaxed and pleasant under the influence.
2. **The addict’s usage becomes more frequent, even regular.**  
Family members feel neglected and/or abandoned and excluded from the addict’s life. Doubts and resentments build and family members start complaining.
3. **The addict contrives excuses, alibis, and justifications.**  
Family members start the pattern of *control* in search of truth.

- 4. The addict's level of tolerance to substances increases; memory blackouts start. The ability for rational thinking decreases and the urgency for the first drink or drug increases.**

Family's level of powerlessness increases, due to lack of understanding of the disease process. The crazy-making continues shifting powerlessness into anger and resentments. This is confusing as the family loves and hates the addict at the same time. In many cases, the family will start manifesting illnesses: stomach aches, migraines, backaches etc.

- 5. The addict's level of responsibility and family involvement decreases and guilt and shame level increases, causing the addict to be oversensitive to any criticism, expectations, and demands by the family members.**

Frustration level, control level, and anger level by family members increase while trust, hope, and respect for the addict decrease. The cycle of loneliness is established.

- 6. The addict loses the ability to stop using when others do, covering that loss with grandiose and aggressive behaviors coupled with persistent remorse. The addict multiplies efforts to control the usage and fails. The addict makes promises and resolutions and fails.**

The family's trust is shattered; yet, codependence keeps the family members on the merry-go-round of denial, minimization, shame, blame, and enabling the addict to keep behaving badly without consequences.

- 7. At this stage of the progression of the disease, the addict isolates from the family, tries geographical escapes, and experiences loss of other interests. Work and money problems start. The addict neglects his/her appearance as well as proper nutrition. This will be followed by the loss of power of choice, loss of rational thinking, as well as responsible decision-making. Unreasonable resentments, blame, and feelings of paranoia are now a daily state of the addict's mind and their purpose is to hide the guilt, shame, and deep sense of repeated failure. Moral deterioration follows.**

The family has joined the addict at this stage. The addict is obsessed with getting the next drink/drug and the family is obsessed with fixing, changing, or saving the addict. The family members become co-addicts. Sometimes family members will seek outside help; however, the unspoken rule of not revealing family secrets prevents many from doing so. The families who seek outside help often manage a successful intervention and the addict enters treatment. However, some will go through divorce and bankruptcies.

8. **The addict's level of tolerance to substances has diminished**, which will cause the onset of lengthy intoxications, multiplying impaired thinking periods. The addict will seek the company of chronic users and will start a period of indefinable fears. These will be followed by the inability to initiate actions as the addict is totally obsessed with using. Being intoxicated is the only escape from the inner turmoil of self-hatred.

The family is exhausted, overwhelmed with responsibilities, making excuses, internalizing the sense of failure that the addict feels. The addict is failing in promises and control of the substances; family members are failing in their efforts to change the addict.

At this phase, the addict has exhausted all the alibis and will experience vague spiritual desires. This is the point where some addicts will admit defeat and have an honest desire for help; however, many will end in prison, bankruptcy, or death.

For the fortunate ones who choose recovery, a new cycle begins.

## **Recovery Treatments**

Before we can successfully look at the recovery process and the sequence of improvements, it is important to remember that results and quality of recovery vary according to treatment philosophy and program in place. There are a variety of approaches to treatment of addictions:

- Biopsychosocial model of treatment of addictions
- Pharmacopsychosocial model of treatment
- Holistic model of treatment
- Twelve-Step based model of treatment
- Integrated models of treatment, combining different therapies and modalities with the Twelve-Step approach
- Christian-based programs

Addictions are complex and so are the treatments. It is important for the family members to understand the model of treatment their loved one has received; it will save the family a lot of misunderstandings.

Whether the addict has undergone treatment or simply joined a Twelve-Step Group, there are common and recognizable improvements that will follow as the Recovery Process starts.

## Recovery Process

### 1. The addict enters recovery via a treatment facility or Twelve-Step Program.

At this point, the addict has stopped using and has discovered that addictions are a treatable illness that can be arrested. The prerequisite to sustained sobriety and recovery will be abstinence and change of lifestyle. It is also the period of withdrawal and learning how to face life, reality, and stress without the habitual medicators. The entire biological system has been affected and medical evaluation is crucial. Another important factor at this stage: the addict meets recovering addicts whose lives are happy, healthy, and functional. The addict is encouraged to examine his/her life and is assisted in the personal stocktaking. This is the period of hope and release of the first layers of guilt. The right thinking begins.

The family members at this point are usually confused. On one hand, they are relieved and hopeful: the insanity produced by intoxication has stopped. On the other hand, they are left with all the unanswered questions, doubts and fears: is this going to last? Who is this new person? When is he/she going to be “normal,” responsible, and present to family? The list of expectations is long, and the memory of broken promises is not erased.

### 2. The addict is involved in the recovery process: the tremors subside, the cravings diminish or are eliminated, and memory gets restored.

Energy level and concentration ability greatly improve with proper nutrition and regular sleep. Family members are delighted with the visible physical and mental improvements, and they assume that the emotional improvements are matching the rest. They assume that the addict is now “normal” and therefore responsible and capable of putting the family’s needs first. Some family members still wrestle with old resentments and the fact that the attention was centered on the addict before and still is.

### 3. Feeling much better and healthier, at the third month mark, many addicts feel they have won the battle and they have the addiction “under control.”

Their attendance at the Twelve-Step meetings or group therapy changes; they are back in charge and dealing with life’s stress and circumstances in the old way. The “stinking thinking” is back. They are stuck and denying it. They are on a “dry drunk,” exhibiting neuropsychological impairment and neurotoxicity.

The last person they will listen to for advice is a family member. Actually, at this point, they become defensive and start avoiding, blaming, justifying their

behavior, and using alibis. A good sponsor in a Twelve-Step group or a caring peer or therapist will be able to reach them and pull them back into the program.

Needless to say, the family members are confused, angry, fearful, rejected. Their main question is, "Are we back to square one? When is this crazy-making going to stop?" Many spouses at this point start considering divorce or some other drastic measure. Many shut down emotionally and sexually, creating additional stress in the relationship and being stuck between guilt and anger. The need for family members to enter their own recovery process rapidly increases.

#### **4. If the addict rejoins the program, a new period of growth will follow.**

The addict has realized that doing it alone is not working. Usually, this is the point where the addict examines his/her spiritual needs, values, and beliefs. A new level of honesty and humility follows. The addict starts appreciating the possibilities of a new way of life. The addict's fears of the unknown future diminish. Sobriety is getting stabilized and so are the addict's emotions. This is the beginning of the return of self-esteem.

The family's trust starts to rise. If the family members have joined a recovering community and started working on their anger, resentments, fears, and control issues, they are starting (in a parallel way with the addict) to get better. For many, *control* has become a permanent state of mind. To be told they must surrender is incomprehensible, the premise being, "If I don't do it, who will?"

Between the sixth and ninth months of sobriety, the addict's need to escape has diminished and his/her thinking is more realistic. The addict starts to adjust to the family's needs. Many try to re-establish their positions of authority in the family, which in many cases is met with the family's resistance. Many try at this point to resolve the financial crisis and/or stress caused by years of active addiction. Some even have to face legal or work issues.

This is a new possible crisis point. Once again the stress is mounting, and the medicators are no longer there. Depending on the seriousness of issues, the crisis is building, the tunnel vision returns, plans begin to fail, and self-confidence is very shaky. Due to lack of coping and communication skills, problems with family, work, finances etc. multiply and the addict feels victimized.

Some addicts become immobilized: daydreaming; engaging in wishful thinking; feelings of futility; grandiose thoughts of career, relationship, or even geographical change. Daily tasks are being procrastinated and recovery neglected.

At this point, Addiction Interaction Syndrome kicks in. Some addicts will use process addiction medicators such as food, gambling, workaholism, or sexual

acting out to numb the inner turmoil. Some addicts will escape into sexual fantasies and masturbation, while others will medicate with cybersex and pornography, causing even more damage to the precarious intimacy of their relationships.

All these medicators can bring temporary relief. However, if not confronted with his/her behavior by a sponsor, a caring peer, or therapist, and brought back to the program, the addict will continue on this self-defeating path.

**5. The addict is confused and overreacts with anger, blame, and feeling misunderstood. Depression returns, bringing with it old patterns: poor nutritional choices, irregular sleep, loss of desire and structure, and periods of profound sadness.**

For some, loss of control will follow: the addict rejects help, dwells in self-pity and lies, starts thinking of using again, is overwhelmed with loneliness, frustration, and anger. The addict is isolated and has pulled away from all support. The options at this point are: go back to using, go crazy, or commit suicide.

Through this turbulent period, the family is on the same ride as the addict. The family goes through an endless range of emotions: fears, doubts, anger, jealousy, insecurity, inadequacy, as well as self-rejection and guilt. For the family, the addicts' return to old, destructive, or dysfunctional behavior patterns is frightening and devastating. Having not gone through recovery, they may feel helpless, not knowing what to do to help the addict. They struggle with many questions: what should we do when we see behaviors contrary to what we believe are correct for a recovering addict? First of all, the family has to answer the question: Are we feeling responsible for not doing enough or not supporting the recovering addict with these struggles?

In most cases, the answer to that question is "Yes." One of the reasons is that family members do not know what to do when things appear to change for the worse. They agonize over how or why addiction happened to their family. They seek assurance that the addict will recover. They hope to understand that they did not cause it—they cannot cure it and they cannot control it. Someone told them there were no guarantees.

At this point, it is important for family members to know that there is something they *can* do—and that is to take action to help themselves, one day at a time.

The first action for the family at this point is to get an understanding of the process of addiction and recovery and to join a recovery program or therapy.

Many families choose to do that; yet others initiate divorce and/or custody battles as they feel they cannot cope with the situation any longer.

- 6. For most addicts, at this turning point, an intervention and firm confrontation by a sponsor, a peer, or therapist will produce a “wake-up call” that brings them back into the program of recovery.**

That is when the real recovery work kicks in. The addict faces his/her illusory thought pattern and starts a spiritual recovery process.

New interests are developed, and a new circle of stable friends is acquired. The addict’s perceptions of a “Sponsor” role changes. The addict is becoming receptive and teachable. The sponsor or therapist is no longer perceived as an authority to be resisted, but rather as a life coach. This is the period of new values and ideals.

The addict has accepted the fact that recovery must come first, which means that the principles of recovery must be practiced in every area of his/her life. The addict makes amends and is repairing the damages of the past by a profound change in his or her behavior and attitude.

Family and friends appreciate the addict’s new attitudes and efforts and usually at this point, the family has joined the addict in recovery. Now, the true family rehabilitation begins. New tools are being acquired: how to identify feelings and process them. The importance of being in the now moment is understood and becomes a way of not projecting the past into the future.

- 7. The addict has gained a new ability to face facts and unfavorable circumstances with courage. Forgiveness and self-forgiveness are slowly becoming a natural way of being and the addict now operates from values anchored in recovery principles.**

At this point, the addict and the family are starting to experience an increase in emotional manageability and stability.

This is another pivotal time in recovery. It happens around the first year of sobriety. It is the beginning of emotional maturity. Some addicts will take the first steps toward economic stability while others will take steps toward responsible fiscal stewardship. The addict is regaining the confidence, respect, and trust of employers or of his employees and society. By now, the addict has discovered the value of service work and sharing. The habitual selfishness, egotism, and self-righteousness are being replaced with compassion, empathy, generosity, and a

desire to grow. Needless to say that the addict's self-esteem increases and is experiencing joy and contentment in sobriety.

8. **The addict's perceptions have shifted. From seeing recovery as a punishment, boring and restrictive, the addict is discovering a new creativity, a deeper meaning to life. The addict values his or her newfound ability to connect emotionally with other addicts as well as with family.**

Family members are experiencing relief, joy, hope, and trust. However, in some cases, the spouse may be jealous of and threatened by all these new friendships the addict has. The same feelings can apply to the sponsor.

New resentments will be built if the spouse feels left out of decisions that concern the family, yet the addict resolves them with his or her sponsor only.

The family is glad the addict has help, yet feels left out. It is an important phase for family members as their perceptions, expectations, and needs are challenged and need to be worked through.

This is the point where family therapy and couples' work are important. Partners in recovery will spell happy relationship and fulfilling sobriety and recovery for all.

9. **The addict's level of tolerance for stress is now greatly increased. The addict easily recognizes his or her rationalizations, character defects, and ego behaviors. The addict has gained the ability to de-dramatize and not take self so seriously.**

The family's perfectionism, expectations, and control have been replaced by a new ability to surrender, accept, and trust. Past wounds have had time to heal. The boulevard of broken dreams is no more the sad street on which they live. New hope, new goals, new values are in place, and the family is gaining a new sense of self-respect. They do not feel as outcasts any longer.

The addict and the family feel enlightened at this point. An interesting way of life has opened up and the road of recovery now leads to discoveries, spiritual growth, and maturity. Integrity, commitment, responsibility, accountability, connectedness, intimacy etc. are no more just words; rather, they are a new way of being.

“Sobriety isn’t the goal of recovery;  
it’s the *prerequisite* for recovery.”  
—Jack Boland