

Now That YOU'RE SOBER

Week-by-Week Guidance from Your Recovery Coach



Earnie Larsen
with Carol Larsen Hegarty

Now That
YOU'RE
SOBER

Now That
YOU'RE
SOBER

Week-by-Week Guidance from Your Recovery Coach

Earnie Larsen
with Carol Larsen Hegarty

Hazelden®

Hazelden
Center City, Minnesota 55012
hazelden.org

© 2010 by Earnie Larsen and Carol Larsen Hegarty
All rights reserved. Published 2010
Printed in the United States of America

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means—electronic, mechanical, photocopying, recording, scanning, or otherwise—without the express written permission of the publisher. Failure to comply with these terms may expose you to legal action and damages for copyright infringement.

ISBN: 978-1-59285-828-6

Library of Congress Cataloging-in-Publication Data
[add when available]

Editor's note

All names and stories used in this book have been altered to protect confidentiality. This publication is not intended as a substitute for the advice of health care professionals.

Alcoholics Anonymous, AA, and the Big Book are registered trademarks of Alcoholics Anonymous World Services, Inc.

14 13 12 11 10 1 2 3 4 5 6

Cover design by David Spohn
Interior design by David Spohn
Typesetting by BookMobile Design and Publishing Services

Dedication

For Willard, the Eagle,
Sorely missed, never forgotten
And for “my guys” who honor me
With their friendship

Contents

Acknowledgments viii

Introduction ix

SECTION 1: GETTING READY 1

Week 1: Why Is a Portable Aftercare Program So Important? 3

Week 2: How to Use This Book 7

Week 3: Dual Diagnosis 11

SECTION 2: THE NATURE OF ADDICTION 15

Week 4: Begin at the Beginning 17

Week 5: Alcoholism/Drug Addiction Is an Incurable, Fatal,
Progressive Disease 20

Week 6: Sobriety Must Be the First Priority 24

Week 7: Problems Aren't the Problem 29

SECTION 3: GETTING THE PROBLEM RIGHT 33

Week 8: If We Get the Problem Wrong, We'll Never Get
the Solution Right 35

Week 9: Spiritual Bankruptcy 39

Week 10: The Insanity of Addiction 43

SECTION 4: MOVING INTO THE SOLUTION 47

Week 11: Connection Is the Sweet Spot of Recovery 49

Week 12: I Am the Problem, I Am the Solution 54

Week 13: The First Step Is Free 58

Week 14: Earning the Solution by Working the Solution 63

Week 15: The Life of the Promises 68

SECTION 5: ATTITUDE ADJUSTMENT REQUIRED 73

Week 16: Honesty: Secrets Kill 75

Week 17: Gratitude 79

Week 18: Endurance 83

Week 19: Teachability 87

Week 20: Courage 92

SECTION 6: THE STEPS 97

Week 21: Why the Steps Work 99

Week 22: What We Practice When We Work the Steps 105

Week 23: The Power of Love and Love Denied 111

Week 24: The Steps and a Spiritual Awakening 116

Week 25: Carry the Message 121

SECTION 7: EMOTIONAL MANAGEMENT 127

- Week 26: Emotions and the Double Mind 129
- Week 27: Emotions Are Learned 133
- Week 28: Emotional Management and Staying Connected 139
- Week 29: Facing Up to Fear 143
- Week 30: Four-Step Emotional Management Strategy 147

SECTION 8: THE TOOLKIT 155

- Week 31: The Right Tool for the Right Job 157
- Week 32: Practicing Spirituality 161
- Week 33: On Getting and Using a Sponsor 166
- Week 34: Going to Group 170
- Week 35: Service Work 175
- Week 36: Working the Steps 180
- Week 37: Study the Big Book 185
- Week 38: Practice Forgiveness 190
- Week 39: Demanding Joy 195

SECTION 9: REGARDING RELATIONSHIPS 199

- Week 40: Where the Power Is 201
- Week 41: Relationships Require Skills 205
- Week 42: The Elements of a Relationship 209
- Week 43: Wait at Least a Year 213
- Week 44: Relationships and Reconciliation 219

SECTION 10: SPIRITUALITY 225

- Week 45: Spirituality: Trusting the Front Door 227
- Week 46: Spirituality Must Go Through Our Humanity 231
- Week 47: Spirituality: You Are Welcome Here 236
- Week 48: Spirituality: As One Day at a Time 241
- Week 49: Spirituality as Power 246

**SECTION 11: THE GREAT ENDEAVOR: MOVING FROM
SELF-CONTEMPT TO SELF-COMPASSION 253**

- Week 50: Self-Forgiveness: “If You Won’t Forgive Me, Dig a Grave for Two” 255
- Week 51: Our Unconquered Spirit 260
- Week 52: Why Recovery Is Worth the Effort 265

Close 271

About the Authors 272

Acknowledgments

I am grateful for the thousands of people who have taught me what is in this program—especially those of my team, who have most clearly shown me the face of God.

Introduction

To my dear sponsees,

Now That You're Sober is especially designed for those who are bravely moving through their first year of recovery—whether for the first or twentieth time. It is also for those who have been in recovery for much longer than a year but who find complacency creeping into their recovery efforts, who feel stuck and realize they need to recommit to the principles of recovery. For all of you, this book is a map that charts your way forward. Make no mistake about the intention of the guidance offered in this book. This is *not* just another “nice recovery book”—one that you read and then put aside, hopefully taking away a few good thoughts. My intention is that the material offered here be chewed, pulled apart, scrutinized, and internalized. This book is designed to be *worked*, preferably by two or more people together. It is intended to provide support, insights, and exercises that will *do something* about the high relapse rate of people starting recovery.

Only *doing* is doing, so I urge you to do the work. Obviously, the fifty-two weeks outlined in this text are meant to cover a year's worth of recovery, whenever that year starts. But digesting this material may take longer. You (and your group) may well not get through all the work suggested here in a year. Or, as the year goes on, you might feel called to return to some piece of work suggested here so you can take it to a new, deeper level that you weren't ready for earlier. That is perfectly acceptable. Spirit always seeks depth. Recovery is all about spirituality. Becoming “honest, open, and willing” often happens in stages.

Who am I to be writing such a book? Who am I to call myself your recovery coach? It is common for speakers in our Fellowship to qualify themselves as they begin speaking. They tell what gives them the right to stand up and command your attention. What qualifies

a speaker in the Fellowship is never a college degree or fancy title. “Having been there” is the only qualification required. Is the speaker working a program? Has he or she stood in the trenches and made the tough decisions about quality of life? In this arena, titles are meaningless, experience is everything. So what qualifies me to dare call anyone my sponsee? Or more specifically to call you my sponsee? First of all, it is my forty-plus years of living life in the Fellowship. I’ve been around a long time. Second is the fact that, over all those years, I’ve coached, sponsored, pushed, pulled, coaxed, goaded, explained, ushered, held, and shepherded a good many people into recovery for the first time or back again into the Fellowship after a relapse. I’ve been there, sitting with you when children have died and been born, when your hearts were broken and when you found the strength to get up and try again, when you relapsed and when you reached milestones in your recovery. I was with you in times of despair—whether in prison, in treatment, in the hospital, in the rooms—as well as in those times when you fairly skipped in happiness down the red road of recovery.

I know both personally and through my connection to loved ones in recovery that this road called recovery is *tricky*. Old habits die hard. Some never do. They simply sit by the side of the road waiting for an opening so they can ambush us if we allow them entrance. I also know that “new” is often wobbly. Even a “new” that is a *good* new tests our hearts and minds. After perhaps living many years by the values that underpin the condition called “spiritual bankruptcy,” change is difficult. If we try it alone, transformation is altogether beyond our powers. Yet that is what recovery asks and delivers if we work with others and remain faithful to its principles—not just change but *transformation*. The first step of transformation may come unbidden with blinding speed. For others, moving into recovery is less dramatic. Either way, the first step is free. It is given to us. But the rest of the journey must be earned through consistent effort, practicing a new way to be in this world. Learning new ways is difficult. Unfamiliar behaviors feel awkward. At first, many feel they are playacting in this new way. They say it feels odd or phony or rootless. Many are terrified that when the old urges of mind and body come clawing at them, they will cave in. They fear the deadly draw of the old way.

I know that many times in recovery, especially early on, there are

tipping moments and turning points. There are moments when it is literally touch and go—when the hot breath of the beast blows in the tender face of new recovery from but inches away. I know that at those times especially, there is great need for a voice of hope and reason. This book can serve as that voice for you. I know at those times especially, there is great need for a presence to stand by your side while the beast prowls about. This book can serve as the presence for you. I know that at those times especially, there is great need for access to a protective shield to gather behind. This book can serve as that shield for you. I know that at those times especially, there is great need for a guide to show you the way through the jungle. This book can serve as your guide. So take this book with you on your journey of recovery and let me be one of your sponsors or recovery coaches.

Carry this book. Study it. Do the work on a daily basis. Follow the map laid out and share your work with others.

Every time a recovery action is taken, your spiritual bankroll grows. When the storm comes—and it will in one way or another—all will be well if your spiritual bankroll is larger than what must be withdrawn. The battle will be won. If the essential actions outlined here are *not* taken, however, your resources will be insufficient to deal with the need. It's as simple as that.

For my part, what I pledge to those of you who take this book with you to your first birthday is this: *I will always tell you the truth.* The truth may not always be popular or easy to accept or do—but it is the truth. And it is the truth that works. Others may find recovery on a different path than the Twelve Step Fellowship. I honor them. But my way has been the Twelve Step way, and I know that this program works for those who apply themselves to the principles outlined. I have felt it work. I have seen it work. I know what works because I stand on the shoulders of giants who have gone before and shown me and many thousands of others the way. *It will work for you.* No matter where you are starting from or how many times you may have started in the past, *it works if you work it.* With the encouragement and support in this book, you are not alone, no matter how powerfully old habits may call out to you. You are not without resources or strength. Come along with that great cavalcade of recovering people, millions strong, marching to that better place that seeks to embrace you. All of us hold

out our hands to you, urging you to connect with us. There is nothing in this world more powerful than the Fellowship on the march. It is yours if you would have it. Words are shadows. The doing of the words is the substance behind the shadows. So, if you are ready, let us be up and doing. I will if you will.

Your vest pocket sponsor and recovery coach,
Earnie

SECTION 1

Getting Ready

• WEEK 1 •

Why Is a Portable Aftercare Program So Important?

The short answer is that aftercare is the antidote to relapse. People who plug into a solid aftercare program do not relapse—especially not in the all-important first year of recovery.

This is so because recovery from alcoholism and chemical dependency, especially for those with a dual diagnosis, is all about habit, repetition, and keeping the goal of recovery front and center in one's awareness. Relapse is never about the problems we all must deal with in everyday life. Problems happen. That's life. Relationships end or don't go the way we want, jobs disappoint, careers are lost, financial hardship may suddenly rear up its worrisome head. Problems come in all shapes and forms. Sometimes there seems to be no reason at all for the recurring urges that presage relapse. They just seem to pop up from some hidden source within ourselves.

Addicts, especially if their compulsion is magnified by a dual diagnosis of some form of depression, anxiety, or other mental illness, have learned to deal with these problems by escaping into their drug of choice. Retreating back into that drug feels as natural and necessary as breathing. Most have lived that way for a long time. *Addiction is the deepest form of habit.*

Recovery means learning a new way to live. Addicts learn that new way of life the same way they learned to find a temporary (and deceitful) answer to their problems by turning to alcohol and drugs. The

habit of addiction permeates every aspect of a person's life: physical, mental, emotional, and spiritual.

Life's problems don't end with recovery. People fortunate enough to have had access to a formal treatment program were shielded from the press of daily problems and stresses in that intense, controlled environment. The basics of recovery were repeatedly presented until they became part of each person's core consciousness.

Others entered recovery through a different door than formal treatment. They came in under the power of a "First Step experience." (In truth, everyone enters recovery under the power of that First Step experience, however they get there.) Perhaps they simply got "sick and tired of being sick and tired." Or "enough was enough." Or the pain of staying where they were suddenly was more than the pain of doing something about the problem. The First Step experience goes by different names. Some call it a "tap on the shoulder." Others call it "hitting bottom" or "kissing concrete." Some people have amazing "white light" experiences where they seem to hear the voice of God speaking to them from the depth of their beings. For most, though, the tipping point that moves them into recovery is less dramatic. This experience has been called "conversion of an educational variety."

What was *your* original experience like? How would you describe it?

However people enter recovery, with whatever diagnosis, there comes a time when they either leave the facility they entered, or they find the initial push of the First Step experience wearing thin. The demands of "life on life's terms" break through whatever recovery honeymoon period they might have enjoyed. Problems start to crop up like bullies looking for a fight. It is at this moment that aftercare becomes critical.

Will these people remain faithful to all the imperatives they learned in treatment or from the old-timers they met "in the rooms"? Will they have the wisdom and the strength to keep moving down the recovery road? Or will the power of the old addictive thinking habits overpower newfound recovery and lure them into the back alley of addiction? How many might find a way to move through whatever problem life is serving up and use it as a brick in building the foundation of their new life?

The answer to those questions depends on the quality and continuity of the programs they work and whether they are working a solid aftercare program. If they “do the next right thing”—what they were taught to do when beset by problems, whether inner or outer—they will make it through and become stronger in their recovery. But if they forget those basic, lifesaving principles and don’t do what they know they should, they will not survive. They will become another statistic racked up by relapse.

Again, no one relapses over exterior problems. People relapse because they haven’t been faithful to their program; they’ve lost connection. Think about it. In times of problems and troubles, no matter what the diagnosis or severity of the urge, the ones who make it through are those who tighten up their programs and cling to them with even more determination.

Aftercare, whether focused on the first year of abstinence or on the tenth or twentieth birthday, is the practice of continually keeping those basics of recovery front and center in our awareness. It’s following a set of procedures that helps us remember what that “next right thing” is. It’s the how-to system of tapping into the support and wisdom of the Fellowship, whether at midday or the middle of the night. That’s why aftercare is crucial. Aftercare is the antidote to relapse because it helps build and strengthen the new habits of recovery thinking and behavior.

Some wise old-timers warn, “Your addiction is out in the parking lot doing push-ups all the time you are working at your recovery. Your addiction isn’t going anywhere. It’s getting stronger as you learn to walk away from it.” And it is. As the Big Book of AA tells us, the disease of addiction is “cunning, powerful, and baffling.” And it’s also infinitely patient—always waiting for an unguarded moment to pounce. Aftercare is what protects us at such moments.

MAKE IT REAL

I cannot overstress the importance of *doing the work*. (Remember that your addiction is out in the parking lot doing push-ups.) Doing the work goes a long way toward keeping it out in the parking lot.

ACTION STEPS

If you are one of the many who have trouble expressing your thoughts in writing, do the best you can. Before writing, say the words to yourself. Then give it your best shot. If you can't write a paragraph, write a sentence. If you can't write a sentence, write a few key words. The important thing is that you *do something*. The more you do, the greater the payoff.

WRITE: (two or three paragraphs, if you can, on the following topics. Give personal examples.)

1. What specific recovery behaviors do you need to practice to stay in recovery?
2. What specific recovery behaviors have you let slide in working your program?

SHARE: (with your group or sponsor) personal examples of times you allowed your feelings to dictate your behavior. Tell about a time when you

1. behaved angrily because you felt angry
2. behaved fearfully because you felt afraid
3. behaved hopelessly because you felt hopeless

• • •

• WEEK 2 •

How to Use This Book

When habit is the issue, repetition is king. People learn to live a life of addiction, and their teachers are many. Most often, addicts have practiced thinking addictive thoughts and acting out addictive behaviors for a good many years.

The same is true for a life in recovery. *Recovery is learned and it needs to be practiced.* The first movement into recovery is a gift. As mentioned in Week 1, recovery starts with a conversion experience of one kind or another. The result is a change in consciousness—even, in some sense, an alteration in personality. What was, no longer fits. You’ve been picked up and moved to a different psychic place.

The second movement into recovery must be *earned*. Many people have called that first dawning of recovery consciousness a miracle. Perhaps it is. But the power of miracles can fade. Through lack of attention and follow-through, the insight that was gained can wither and die. In contrast, nurturing the miracle is called “working your program.”

Focus on the word *working*. There is nothing magical or miraculous about doing the work. *Program* means practice. And practice means keeping those basics of recovery that were learned in treatment (or from a counselor or through a sponsor and Big Book study group in a Twelve Step program) front and center in one’s consciousness. That’s what aftercare does. And that’s what the program outlined in this book helps you to do—conveniently, simply, and comprehensively.

CONVENIENT

There are many reasons why a person new to recovery cannot plug into a traditional aftercare program—lack of time, money, or availability, for example. If this is the case with you, then you know what the reasons are.

The purpose of this portable aftercare book, or program, is to provide a course of action based on sound recovery principles practiced by millions of people over the years. All the important action steps, learning aids, and reminders in this book can be taken anywhere. I hope it becomes your “pocket sponsor” or “recovery coach,” especially if you are new to recovery, if you are finding yourself slipping closer to a relapse and don’t quite know why or what to do about it, or if you are dealing with a dual diagnosis or any other complicating issue. Whatever and wherever your starting point, the truths and actions suggested in this book are core truths. If your goal is to move successfully and serenely along the recovery road, the wisdom you need to remember and the actions suggested here are *necessary*.

Anyone, anytime can “work the program” by using the tools provided.

SIMPLE

Read the content and then do the action steps; it’s as simple as that. But to get the maximum benefit of your efforts, *work with at least one other person*. Just as the first word in the Twelve Steps is *we*—and just as it is not possible to work an effective recovery program alone—any recovery effort shared doubles your benefits. Find someone else who wants to “work a better program.” Then each of you—or the whole group, if that is the way you choose to use this book—may do the action steps and share what you learned from doing the work. A joy shared is doubled, and a problem not shared is also doubled.

A sizable group of people reviewed and “practiced” this book before it was put to paper. Several reported a curious finding. Many “fessed up” that although all the weekly topics were important and the information relevant, what they actually did was hone in on a “favorite” topic or two. Perhaps it was one they had the most trouble with or one that caught their attention for whatever reason, so they

“did the work” over and over. For them, this book may have become a critical resource manual for remembering what needs to be remembered. Do whatever works. If using the book in that way helps strengthen someone’s recovery, so be it.

(Once you have used the book, we would welcome your feedback on how it has most helped you—see “About the Authors” on page 272.)

COMPREHENSIVE

The initial focus in writing this book was to safeguard people’s journey to their first birthday. Yet no matter how many sober years or years of clean time have been racked up, the main reason for relapse is that people get sloppy with their program. They fail to guard the door, allowing the beast of addiction to come smashing through, red in tooth and claw. Relapse happens because the basics are “forgotten.”

Many other topics might have been selected than the fifty-two chosen. But each topic discussed here is essential to recovery. In my forty-plus years of experience with and in recovery, these are the key elements or topics around which recovery is either gained or lost. If the suggested work in these pages is truly engaged—and thus the key elements of recovery are “remembered”—the first birthday will indeed be reached and, thanks to the program, so will many, many more.

ACTION STEPS

Okay—grab a pencil and paper or sit at your computer. It’s time to dig a little deeper into this week’s work by writing, sharing, and practicing.

WRITE: (Answer the questions as completely as possible.)

1. Look through the topics (page vi–vii) we will cover in our fifty-two weeks together. To you, which topics stand out as most important?
2. Why do these topics seem especially important to you?
3. Which topics do you think you might revisit again and again?

SHARE: (with your group or sponsor)

1. Describe any “troublemaker feelings” (self-pity, resentment, or others) that you’re struggling with.
2. Express your gratitude for the help they are giving you and your continuing need of their ongoing support.

PRACTICE: Be part of the solution rather than the problem; introduce yourself to newcomers.



• WEEK 3 •

Dual Diagnosis

“Dual diagnosis,” also described as “co-occurring” or “co-morbid,” refers to being chemically dependent and having a secondary mental health issue. These mental health issues usually fall under the headings of depressive or anxiety disorders. Recently—and thankfully—more attention has been paid to the effects that childhood neglect or abuse issues have on the adult recovering person. The clinical designation of this form of mental illness is childhood onset PTSD (post-traumatic stress disorder).

Whatever the second disorder, several important facts must be considered when confronting a dual diagnosis.

1. No matter what the issue, or how unfair it may seem to those who are doubly afflicted, our literature assures us that “there is no situation too difficult to be made better.” First and foremost, what’s needed is *courage*. Don’t give up. *Never* give up. No matter what, life can and will improve if a consistent program of daily discipline is embraced.
2. Recovery is not a competition. It is both misleading and dangerous to measure our insides against someone else’s outsides. So it doesn’t matter if one person seems to have an easier road to recovery than someone else. The *only* thing that counts is that each of us accepts the cards we’re dealt and play them with all the energy and commitment we can muster.
3. No matter what the diagnosis, honestly sharing one’s truth is what moves a person out of isolation. Isolation is the

enemy. It is in isolation that one's problems fester and become unmanageable. All of us must honestly learn to "tell on" whatever is troubling us.

4. Appropriately prescribed medications from a professional familiar with addiction medicine are a gift of our time. Anyone who claims that medications obtained and used in the context of responsible medical practice is contrary to working a good recovery program is plain *wrong*. The founders of AA make it abundantly clear that "more will be revealed." And as time has passed, new medical developments can now offer great help to many suffering alcoholics and other chemically dependent people. The founders had such a clear grasp of the pain and wreckage caused by addiction that they were willing to try any new procedure or discovery that would legitimately relieve the suffering. Many of our number would no doubt have died long ago, and/or caused immeasurably more pain and suffering to others, without the relief afforded by appropriate medications.

We encourage all who think they may be helped in their recovery efforts by medications to network in their meetings with those who have found such help already. Certain medications are more user-friendly to addicts, and certain medical professionals are more skilled and understanding of the addict's unique situation. By all means, find such professionals and in no way feel guilty or "less than" others because medications not needed by others may help you. Nothing in recovery is more important than first reaching sobriety and then staying sober by moving into "living the solution," which is increasing the spiritual dimension of our lives.

5. *Accept what cannot be changed*. This means accepting that dual diagnosis issues tend to magnify the already turbulent mental and emotional state of an addict. As one dually diagnosed recovering person put it, "My blues are bluer and my reds are redder." We can't really know how blue another's blue is or how red their reds are, but the inescapable truth is that we all have to play with the cards that are dealt us.

Most people bravely walking the recovery road with a dual diagnosis tell similar stories. They are sick and tired of having to carry such a heavy load. They dread the slide into depression or the unchecked manic quality that at times pervades their lives. They hate feeling jittery and anxious so often, let alone having to endure outright anxiety attacks. Those suffering with childhood onset PTSD understandably bewail their constant sense of disassociation, their lack of any sense of safety, and their consistently exaggerated response to circumstances that in reality are rather minor events.¹ But therein lies the rub—*reality*. What is “real” for one may well not be for another.

No matter what the situation, however, acceptance without resentment is the gateway to serenity. What is, is. When people grow through whatever initial resentment and denial they may feel toward the cards life dealt them, they are able to move into blessed acceptance. And once the medicine of acceptance is applied to whatever inner wound remains unhealed, people discover that although diligent effort still needs to be applied to the situation, *the situation is no longer in control of their lives*. That is healing. The issue doesn’t disappear once and for all, but it no longer has the power to control their lives.

M A K E I T R E A L

1. If you labor under a dual diagnosis in recovery, and were to rate the level that you accept your situation without resentment, what grade would you give yourself on a scale of 1 to 10? _____
2. If you were to rate how well and consistently you “tell on your situation” with vigorous honesty, what grade would you give yourself? _____

¹ For a fuller treatment of childhood onset PTSD, consult *Destination Joy: Moving Beyond Fear, Loss, and Trauma in Recovery*, a Hazelden book by Earnie Larsen.

ACTION STEPS

How are your action steps going? Are you able to complete all the writing and sharing steps? *Do what you can do.* If a task seems too much, cut it in half. If that seems too much, then cut that in half again. The *direction* you are going is much more important than your pace. Even a small step is a thousand times better than no step at all. You can follow one little step with another, and another . . . all the way home.

WRITE: (two or three paragraphs, or whatever you are able, on the following topics. Use personal examples.)

1. If you have a dual diagnosis, describe how that complicates your recovery efforts.
2. Reflect on how you rated yourself on the acceptance scale in this week's reading. What are the consequences—positive or negative—of how you have accepted the cards you've been dealt?

SHARE: (with your group or sponsor) what most helps you to deal with your dual diagnosis.

PRACTICE: Everyone needs and wants to “belong.” The next time newcomers are introduced at a meeting, pay attention so you can greet them by name.



S E C T I O N 2

The Nature of Addiction

• WEEK 4 •

Begin at the Beginning

Okay, now that the decks have been cleared for action in the first three weeks of this program, let's push on with the work. Where to start? Well, why not the beginning? For an alcoholic/addict, that is always at the same place—at the pain and misery that addiction causes. Active addiction hurts—in fact, it creates suffering that goes beyond the power of words to adequately describe. If anyone should ask, “Why should I do all the work recovery demands? What’s my motivation?” The answer is this: *remember how much your addiction hurt*. If you don’t do the work, your addiction will make you bleed through a thousand wounds all over again.



Marcus relapsed. He went out and “did more research,” as the saying goes. What he found out is that active addiction hurts every time. Luckily, he was allowed back into the long-term treatment program he relapsed out of. As was the custom at this facility, upon his return he was asked to address the rest of the folks in the program and tell them what he had learned. The following is pretty close to what he said: *I failed to remember the pain that addiction costs me. The cost goes up each time I relapse. What happened was—I forgot. I forgot the price I would pay.*

Think of your own last relapse or the relapse of someone you know. What happened? How did the relapse get started? What is the lesson?

Forgetting the cost of relapse isn't like forgetting a telephone number. What Marcus was talking about was getting careless and complacent about his recovery. He was forgetting what addiction cost

him when he allowed himself to fall under its power once again. The nature of addiction is suffering, pain, loss, waste, and tragedy.

No one relapses without first forgetting the cost.

If you doubt this, think back to the worst moment in your addiction. Recall that moment when, finally, “enough was enough”—when you’d lost more than you could bear to throw away. How motivated were you to be done with addiction at that blessed moment? Did you see the look on your children’s faces and realize they had lost faith in you? Could you see that they had given up counting on you?

Perhaps your “moment” occurred when, handcuffed and wearing an orange jumpsuit, you stood before the judge awaiting your sentence. You realized you hadn’t looked in a mirror for years just because you had no respect for the image you would see there. Perhaps you turned over in bed and woke up next to someone whose name you didn’t know.

Whatever your moment was, remember what it was like and ask yourself if *anything* is worth going back to that point of pain. There is the reason to do the work recovery requires: “I will *not* do that to myself and my loved ones again!” As you work through this book, you will be asked repeatedly to return to this point of pain. Why? Because right there is the choice. Either return to hell or stay the course of the marathon that recovery is.

MAKE IT REAL

Do this piece of work. Do it for yourself. Take the time to make the cost of relapse *conscious*. Face the beast. In as much detail as possible, write out the cost of your addiction relative to

- | | |
|----------------------|------------------|
| ___ self-esteem | ___ health |
| ___ family | ___ friendship |
| ___ financial issues | ___ serenity |
| ___ legal issues | ___ spirituality |

Do not hurry through this assignment. Write out your experience in as much detail as you can. See it. Feel it. Taste it. Touch it. Make it as

real as possible. Then, if you can, share what you have written with another who's working through this book. Remember that whatever you share will have double the power. Then, when you have clarified for yourself what is at stake and how much skin you have on the table, write a letter to your addiction. Reflect on the cost. Think hard about it. What do you have to say to and about managing a condition that has taken so much from you? When you've done that, keep this letter, read it on a regular basis, and share it with trusted others.

Now, ask yourself again: Is it worth the effort to work a focused, consistent program? When you consider the consequences, is *anything* more important?

A C T I O N S T E P S

The ideas in this week's reading are key. So please *don't skip* this exercise in digging deeper. You will reap immense benefits by doing the work suggested here. Clarify the stakes at risk in your recovery. Write out the cost and keep it close at hand.

WRITE: (two or three paragraphs—or whatever you can do—on the following topics. Give personal examples.)

1. Estimate of the cost of your addiction in any of the specific areas listed in this week's reading.
2. Think about what you have to say to something that has cost you and your loved ones so much. Write a letter to your addiction.

SHARE: (with your group or sponsor) an example of the worst moment of your addiction.

CONSCIOUS CONTACT: Ask your Higher Power for the strength to get honest with yourself about all that your addiction has taken from you.



• WEEK 5 •

Alcoholism/Drug Addiction Is an Incurable, Fatal, Progressive Disease

While keeping the stakes you are playing for firmly in mind (the work you did in Week 4), let's move on to another fundamental truth about the nature of addiction. *Addiction has a life of its own that lies in wait to destroy us and everyone we love.* As one Twelve Step member said, “All our addiction needs is a crack in the door, an unguarded moment to storm back into our lives again”—bringing with it all the suffering and misery that we shone a light on in Week 4.

Most of us have had fun debating topics such as the merits of different sports teams or political positions far into the night. Seldom is anyone's mind changed. After all the argument, the parties usually go their own ways, holding pretty much the same opinions they had in the first place.

Sometimes, however, different viewpoints are more than just “sport”—they are worthy of serious consideration. Suppose a person is diagnosed with a serious illness. The interpretation of an X-ray could help decide the best next step in caring for the patient, so input from several doctors is crucial.

But there really isn't *any* room for discussion about some issues. Either the truth is accepted, or a major catastrophe is set in motion. Would you discuss whether or not it's a good idea for a child to play with a loaded gun? While the foolish debate goes on, the child may well blow his or her head off.

The same is true with the grim realities of addiction. It is a fact that

addiction to alcohol or any other hard-core drug is a fatal disease. Challenging this truth invites disaster.

Do you have any doubts that your addiction is a fatal disease? Have you entertained slippery thoughts such as “Maybe I’m cured now” or “Just one drink won’t hurt”? Or perhaps you’ve slipped back into one of these expressions of pre-recovery delusion and denial: “No one tells me what to do.” “I’ll drink if I want to drink.” Or the ever-popular “I’m not hurting anyone else. It’s none of their business if I drink or not.”

Indulging in this form of “stinking thinking” is as dangerous as giving a child a loaded gun to play with. Would you drive your car one hundred miles an hour knowing full well that the brakes were bad? Only a fool with a death wish would do such a thing. By the same token, only someone in the grip of an addiction would play around with life-threatening thoughts of using again.

Alcoholism/addiction *is* a fatal disease—and it’s one without mercy that can never be cured. It doesn’t care about your well-being. Mess with it, and it will kill you without a second thought. Addiction, in fact, is like an extreme terrorist who not only can, but *wants* to destroy you and everything you love. It has destroyed millions of lives before you were ever born. And it awaits any chance—the slightest opening of the door—to come barging into your life and through you, to threaten your children down to the seventh generation.

There are some people, I know, who would call such language about addiction “extreme.” They’d say it’s narrow-minded thinking and old-fashioned. They are wrong. A fatal disease is a fatal disease no matter what new theory or paradigm comes into fashion. *We must never forget.*

Some people warn that “anything you name, you claim.” They argue that the more you keep reminding yourself that you are addicted to alcohol and/or drugs, the more you attach yourself to the addiction.

In some situations, this makes sense. For countless recovering addicts, though—especially in our first year of recovery—it *is crucial that we never forget the fatal nature of the disease we carry.* Look out behind the barn. See the mile-high pile of bodies stacked up out there. Those are

people who played with (or at least didn't take seriously enough) the fatal nature of their addiction.

There's an important distinction between addiction to alcohol and drugs and any other disease. *Addiction destroys a person's character.* Why does it murder the spirit? Because addictions lie. They never stop trying to put lies in the driver's seat of a life. In fact, the very lifeblood of addiction is delusion and denial. Addiction is downright *insanity*. Take your eye off that fact, and disaster is sure to follow.

Have you relapsed before? What lie blew a hole in your decision-making ability? How "harmless" and even "right" did that lie appear to be as you slid down the slippery chute of relapse?

Take your eye off your addiction, and it will kill you. End of story.

Want to bring the fatal nature of this disease into even clearer focus? Think about your past. Make a short list of the hellish, shameful, disastrous, terrible situations you created for yourself and those you love during your active addiction. (All those who died in their addiction, of course, won't have a chance to make such a list. Their addiction killed them.)

How clear does the meaning of the word *fatal* have to be to command your attention? What behavior will addicts *not* use to procure and protect their source?



Consider the lengths these addicts went to for their drugs and where their use brought them.

Brent, an up-and-coming salesman for a high-tech company, padded his expense reports to cover his out-of-town drug purchases. When questioned about his excessive spending on "entertainment," Brent was nervously defensive. His boss's suspicions were confirmed after checking with two of Brent's clients. Tearfully telling his wife that he'd been fired, Brent said, "It all went up my nose."

Under the influence, Ross slipped back into his house after his wife and daughter had left for work and school. His only concern was to find money for another bottle. He was willing to steal and hock the TV set, the silverware, his wife's jewelry (he'd already hocked his own wedding ring). All he could find today was the money his daughter had collected from selling her Girl Scout cookies. He took it without a second thought.

Angela simply said she got tired of waking up without even knowing the name of the man sleeping next to her.

MAKE IT REAL

Remember where you've been. *Never* minimize or brush aside the depths that addiction will gladly take you to if you mess around with it. Use every ounce of the weight of guilt, shame, and fear your addiction has already caused you to shore up your motivation. Ask yourself: What was the worst time in your active addiction? How willing are you to relive that time—and worse? What are you willing to do to prevent all that pain and suffering? Every day, promise yourself *never again*. Why? Because if you never forget, you will never return.

ACTION STEPS

Don't stop now. Doing the reading but failing to take the action steps is like working all week but failing to pick up your paycheck. Think about what can be gained by doing these action steps. Do whatever you can do, but *do something*.

WRITE: (two or three paragraphs, or whatever you can do. Give personal examples.)

Make a short list of the hellish, shameful, disastrous, terrible situations you created for yourself (and those you love) during your active addiction. Don't sugarcoat your examples; your addiction surely doesn't.

SHARE: (with your group or sponsor) how you rationalized your drinking/drug use in the past.

REACH OUT: Exchange phone numbers with someone in your group whose story is similar to yours.



• WEEK 6 •

Sobriety Must Be the First Priority

Once you get out of treatment—or past the first rigorous weeks or months of beginning recovery through a Twelve Step program—the intensity of your program may begin to lighten up. This is a relief for many program newcomers, who felt a bit guilty over taking time away from work or family responsibilities as they focused so intently on recovery. You return to the “real” world, and soon life gets busy once again—the demands on your time pile up like snow against a fence in a blizzard. Many, many people who relapse after a good start look back and claim their problem was that they just “didn’t have time” for aftercare.

Stay strong. Stay vigilant. There can be no such thing as “I don’t have time for aftercare.” For a recovering alcoholic/addict, there is nothing and no one that can come before sobriety. Though the time commitment and intensity of the program may decrease, *nothing* must crowd out the primary importance of working a focused, effective program.



John was certain that he understood the nature of alcoholism and addiction. He knew that it was a killer without mercy or remorse, but now that he was out of treatment, he had bills to pay. He said he’d put his family in a terrible financial mess, and he owed it to them to turn that situation around as quickly as possible. Being a natural-born salesman, that meant he had to hit the road, and hit it hard.

That *sounds* reasonable, doesn’t it? Who can be faulted for being

responsible? Isn't that part of recovery—making amends by “letting it begin with me”? How could John do anything but run as fast as he could to make up for all the time he'd lost?

But how did this good intention actually play out? Before long, John no longer had time for regular meetings, and he certainly was too busy for anything like regular contact with a sponsor. And that wasn't all. Making sales sometimes called for shading the truth. “Every salesperson does it,” John told himself, and John did it better than most. Before long, “shading the truth” turned into outright lying. “Rigorous honesty” fell out of his life like something he could no longer afford. In no time at all, he was “mentally drunk,” and physical drunkenness always comes close on the heels of mental drunkenness. John was heading into relapse.

As it turned out, John was lucky. He got a second chance. (Actually, he'd tell you it was about his *tenth* chance.) When he finally came back to his meetings, he poured out the guilt and shame he felt over letting everyone down. Then an old-timer asked him, “So what did you gain by letting something come before your sobriety?”



In the early AA literature, “doing what it takes” meant not only staying clean and sober, but also moving into the life of the Promises—which meant faithfully doing one's “daily disciplines.” Each of those words is precious and powerful.

Daily, of course, means *every* day. And in recovery, it doesn't take long before you realize that every day sometimes means every hour, or every half hour, or sometimes every ten seconds. It means as often as it takes. It means committed. It means all the way in. It means “all it takes is all there is.”

Disciplines means those actions that must be taken whether you feel like it or not. Your program never asks, “How are you feeling?” It asks, “How are you doing?” Only *doing* is doing. “Thinking about” is not doing. “Planning for” is not doing. “Feeling” surely is not doing. *Only doing is doing.*

Early in recovery, lots of people groan when they hear such talk. It all seems so hard. Working a good program seems like such an effort.

And it seems like it's going to take so long. *For the rest of my life?* Often, the spirit falters.

But program wisdom tells us that keeping on the path “for the rest of my life” can only happen one day at a time. When the rubber hits the highway, it means “just for today.” You don't have to and should not look down the many years of the rest of your life. All you have to do is look at today. Just for today, am I willing to put my sobriety *first*? Am I willing to do what that takes *just for today*? Who knows about tomorrow? Tomorrow isn't here yet, and for all we know, it may never come. So the real question is “Am I willing to put sobriety first for just this minute, for this hour, for this day?”

Daily means today. *Disciplines* means *do it*. It means *act*. It means put your muscles in motion. It means do the next right thing. That's all. Not the next right thing for the next ten or twenty years. It means right here, right now, today. Are you willing to do the next right thing for the sake of the rewards you will gain by doing so?

The rewards are not only real—they're better than anything you can imagine at the start of your recovery journey.

People become what they practice. What once, at the start of recovery, may have seemed burdensome and difficult will become natural. Going to meetings becomes comfortable and enjoyable. Sponsors become dear friends. Honesty and gratitude become the air breathed by the soul. Humility becomes the heartbeat of the spirit. Service to others becomes a priority and a privilege. A life other than one built on the values of recovery becomes unthinkable. Your new life becomes the most precious thing you have to bequeath to the loved ones coming along behind you.



Ellen was new to recovery and the life that recovery is. Her addiction had dragged her into the darkness—far from positive realities such as fellowship and community, honesty and responsibility, joy and serenity. She thought such things were far beyond her reach. But the gift of recovery opened up before her when she dipped her toe into the sacred water and got started. Early in her recovery, she attended an AA conference. (Actually, she was virtually dragged there by her

sponsor.) What she found there was amazing. For the life of her, she couldn't believe these people were drunks and addicts. They were having such fun—and none of them were drunk or high! She watched them laughing and joking among themselves. They seemed to be truly at ease with themselves and each other. Was this possible? Could drug and alcohol addicts really be like this? Could *she* ever be like this?

Her sponsor read her like a book. Ellen went to bed that night with her sponsor's words dancing in her head: *If you want what we have, do what we do.*



Above all, that means *sobriety first*. There is no such thing as not having time to work an aftercare program to your first birthday—and many more.

A C T I O N S T E P S

Here is another essential crossroads in the recovery journey. Either sobriety and ongoing recovery is primary—coming before everything else—or it isn't. If it isn't, addiction wins sooner or later. *It is critical to recovery that sobriety always remains our primary concern.* No secondary goal must be allowed to come first.

WRITE: Review the list of “secondary goals” below. Then write two or three paragraphs—or as much as you can—about the goal or goals that you might be tempted to put ahead of recovery.

- finding or keeping a job
- getting ahead at work
- finding the perfect (or any) relationship
- reconciling with family
- making money
- “catching up” for all you have lost

SHARE: (with your group or sponsor) some danger signs in your life that might warn that a secondary goal is coming ahead of sobriety.

REACH OUT: After a meeting, thank someone whose sharing was especially helpful to you.

CONSCIOUS CONTACT: Ask your Higher Power for the willingness to “do the disciplines.”



Close

There's a cavalcade of incredible recovering people, millions strong, passing your door. You'll never find a more thankful, joyful, and willing-to-help band of human beings than those in this group. They hold their hands out to you and invite you to join them—for the duration. If you're ever fearful or just plain tired or feeling especially lonely, let your heart and mind see this great cavalcade. *You are never alone.* You are never without resources, not as long as you choose to stay connected. All the help you will ever need is right there. Join them. Join me. Join us. We are all heading for the same place, high up the mountain. But the issue isn't how high we go, it's who we take with us, who our team is. So let's all go forth together, shoulder to shoulder, under the banner of *never give up*. That above all, my dear friends—NEVER, NEVER GIVE UP!

About the Authors

Earnie Larsen has been a grateful member of the Twelve Step family since 1966. In that time, he has written more than sixty recovery and spirituality books. He has authored dozens of DVDs and CD programs that have been a staple of recovery programs around the world for nearly thirty years. He is a much sought after speaker who has lectured extensively nationally and internationally. It has been said of him that, “His special gift seems to be ministering to the most broken among us.” For more information on Larsen’s programs, go to www.changeisachoice.com.

Starting out as a newspaper reporter, Carol Larsen Hegarty went on to educational publishing and worked as a program developer for several companies. She and her brother Earnie have collaborated on a number of books, including *Days of Joy*, *Believing in Myself*, and *Moving from Anger to Forgiveness*. She has been a grateful member of Al-Anon for thirty-eight years.

Hazelden, a national nonprofit organization founded in 1949, helps people reclaim their lives from the disease of addiction. Built on decades of knowledge and experience, Hazelden offers a comprehensive approach to addiction that addresses the full range of patient, family, and professional needs, including treatment and continuing care for youth and adults, research, higher learning, public education and advocacy, and publishing.

A life of recovery is lived “one day at a time.” Hazelden publications, both educational and inspirational, support and strengthen lifelong recovery. In 1954, Hazelden published *Twenty-Four Hours a Day*, the first daily meditation book for recovering alcoholics, and Hazelden continues to publish works to inspire and guide individuals in treatment and recovery, and their loved ones. Professionals who work to prevent and treat addiction also turn to Hazelden for evidence-based curricula, informational materials, and videos for use in schools, treatment programs, and correctional programs.

Through published works, Hazelden extends the reach of hope, encouragement, help, and support to individuals, families, and communities affected by addiction and related issues.

For questions about Hazelden publications, please call **800-328-9000** or visit us online at **hazelden.org/bookstore**.

Make no mistake about the intention of the guidance offered in this book. This is not just another “nice recovery book”—one that you read and then put aside, hopefully taking away a few good thoughts. My intention is that the material offered here should be chewed, pulled apart, scrutinized, and internalized. This book is designed to be worked. It is intended to provide support, insights, and exercises that will do something about the high relapse rate of people starting recovery.

—EARNIE LARSEN, FROM THE INTRODUCTION

In this invaluable guide, renowned author and lecturer Earnie Larsen brings you a portable recovery aftercare program that you can easily integrate into your personal life . . . and take with you anywhere you go.

Now That You're Sober is an all-purpose, year-long compendium of recovery wisdom and inspiration to help those who are newly sober focus on practical applications of Twelve Step principles. Like a traditional aftercare program, it is designed to keep the basics of recovery front and center in your consciousness, as it is the loss of this awareness that causes relapse. In his characteristic down-to-earth, tell-it-like-it-is style, Larsen serves as your recovery coach, providing guidance and inspiration when you feel vulnerable in your sobriety, and helping you to move past common stumbling blocks and flourish in your daily life. Each of his fifty-two entries includes a motivational essay, or pep talk, centered on a key element of recovery, followed by personal, practical, actionable steps to help you refocus on the concepts and behaviors that are essential in a recovering person's life.



Earnie Larsen is a nationally known pioneer in the field of recovery from addictive and unwanted behaviors. He has authored and produced more than fifty-five motivational self-help books and resources on a variety of topics ranging from managing interpersonal relationships to spirituality.

Cover design by David Spohn

Hazelden®

hazelden.org
800-328-9000

Order No. 4512

