Issue 12 | February 4, 2010

Courage to Change

Enhancing Lifelong Recovery and Personal Growth

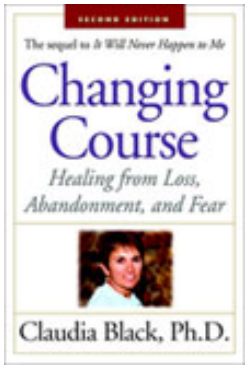
"Loving someone doesn't mean we must take away that person's pain. In fact, that may be the most unloving thing we can do. Each of us has a mission, and learning how to handle rough situations is a normal part of our journey. Not letting a loved one grow through his or her painful experiences steals the joy that accompanies having survived and learned from difficulties.

"Letting our friends and loved ones suffer the pain of growth is showing compassion in its purest form.

"I can love others without trying to solve their problems. Today I will keep my focus on my own experiences, not those of my loved ones."

--from *A Life of My Own: Meditations on Hope and Acceptance* by Karen Casey

Ask the Expert



Claudia Black, Ph.D., explains how rage becomes a response to pain for some adult children of alcoholics or other dysfunctional families.

Rage is the holding tank for accumulated fears, angers, humiliations, and shame. It is for many a response of no longer wanting to endure the pain. Emotionally, rage is an attempt to be heard, seen, and valued when people are most desperate and lacking in other resources. For some people, rage becomes an integral part of their lifestyle.

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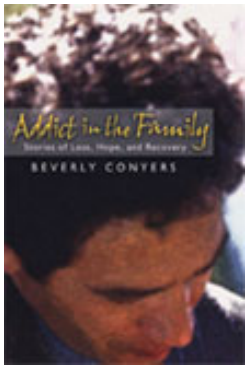

Beverly Conyers, author of *Addict in the Family*, explains how crisis presents loved ones of addicts and alcoholics with an opportunity for personal growth.

Someday far down the road, when the pain of facing addiction is not so raw and when we have begun our journey toward recovery and healing, we may come to regard the addiction of our loved one as a turning point that led us to embrace life on a deeper level. Every crisis presents an opportunity for personal growth, and facing the addiction of a loved one can help us to become stronger…

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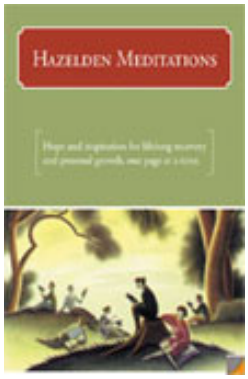

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Rage as Response to Pain

Rage is the holding tank for accumulated fears, angers, humiliations, and shame. It is for many a response of no longer wanting to endure the pain. Emotionally, rage is an attempt to be heard, seen, and valued when people are most desperate and lacking in other resources. For some people rage becomes an integral part of their lifestyle. Growing up, they found anger to be the one safe feeling for them to express, so all their other vulnerabilities were masked with anger. Many people who are rageful don't show any sign of emotions; they keep a tight lid on all of their feelings until something triggers an eruption. There may not be signs of any feeling, and suddenly their rage is in someone else's face. Perhaps it is a scathing memo at work or an outburst of criticism toward a waiter or gas station attendant. It could be a lack of tolerance for any disagreement in a discussion, followed by a theatrical exit, or it may take the form of physical or verbal abuse.

People with chronic rage do exist but they are not tolerated in most neighborhoods or communities. They usually live in isolation, often with someone who is the chronic victim of their rage; or they move around a lot, wearing out their welcome after relatively short periods of time in one place. While we may view others' rage as being out of control, those who are ragers feel very much in control and powerful. In their rage they no longer feel inadequate and defective.

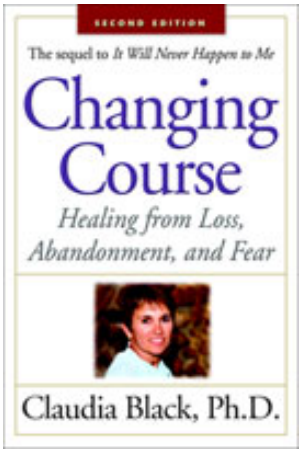
Rage is intended to protect against further experiences of pain. Rage is a way of actively compensating for powerlessness and feelings of shame by offering a false but attractive (to the rager) sense of power. When rage is the only way people know to protect

against their emptiness, powerlessness, and pain, their choice is a quick one. Rageful behavior also offers protection by keeping people at a distance. As a result, other people cannot see into the raging person's inner self that he or she believes to be so ugly.

Rage as a defense also offers protection by transferring the shame to others. The outwardly rageful person chooses a victim-like person who, consciously or not, is willing to take the abuse and take on or assume the shame.

Rage can be accumulated anger that has never seemed safe to expose. When anger is held back, it becomes internalized. With time it grows, festering into chronic bitterness or, even more likely, chronic depression. When there has been no outlet for rage, it is more apt to explode suddenly as a significant single hostile act such as physical abuse or even murder. Such an act is the consequence of the accumulation of feelings combined with the inability to tolerate painful feelings, to resolve conflict, or to perceive options and choices.

Excerpted from *Changing Course: Healing from Loss, Abandonment, and Fear* by Claudia Black, Ph.D. Black is a pioneer in counseling adult children of alcoholics. She has received a number of awards and honors for her work in the field of addictive disorders. Her workshops and training seminars are presented worldwide. Black is the author of thirteen books, including her latest, *Deceived: Facing Sexual Betrayal, Lies, and Secrets*.



Changing Course
Healing from Loss, Abandonment, and Fear
2nd edition
Softcover, 208 pages

In this compassionate guide, Black explains how to break free from the old rules and to begin healing from the fear, shame, and chaos of being raised with addiction.

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Beverly Conyers, author of *Addict in the Family*, explains how crisis presents loved ones of addicts and alcoholics with an opportunity for personal growth.

Someday far down the road, when the pain of facing addiction is not so raw and when we have begun our journey toward recovery and healing, we may come to regard the addiction of our loved one as a turning point that led us to embrace life on a deeper level. Every crisis presents an opportunity for personal growth, and facing the addiction of a loved one can help us to become stronger, more tolerant, and less judgmental.

As Jack expressed it, "I would never say I'm glad my son became addicted. But I'm thankful that as a result of his addiction, I've become a better person. There was a time when I might have looked at others who were having family problems and thought, 'Oh, what are you doing wrong? You must have done something to cause this.' Now I'm more compassionate. I know that terrible trouble can come to anyone."

Deb said, "I used to be very judgmental. I couldn't understand why people didn't just do things my way. Then everything would be all right. Now I believe that everyone is doing the best they can. You can't expect more than that."

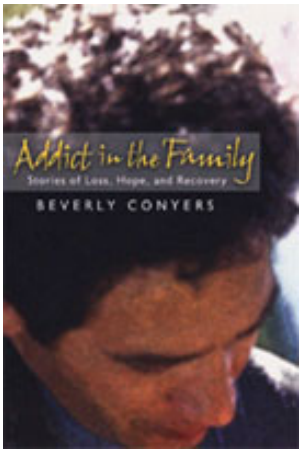
Hope said, "Because addiction came into my life, I've become a little more accepting of other people, a little more understanding of what other people are feeling. It's also helped me put things in perspective. I don't have a lot of tolerance for the 'poor me' syndrome anymore. Instead of dwelling on what's not here, I keep a gratitude list. Sometimes it's an exercise to say, 'I trust you, God.' But I have faith. I have some peace. This is life."

What Jack, Deb, Hope, and many others have learned is that addiction is a devastating experience both for addicted individuals

and for those who love them. Few things in life are more painful than watching substance abuse steal our loved ones away from us. But addiction is also an experience from which addicts and their families can emerge stronger and wiser than they were before. Many recovering addicts, including my own daughter, become people of great compassion, humility, and generosity. Many recovering families of addicts develop similar strengths of character.

Addiction, like cancer, is not a disease that can be cured. There is never a point in time when we can say it is all over; the battle has been won. But it is a disease from which important lessons can be learned. If from among those lessons we learn how to live our own lives to the best of our ability and acquire the grace to allow others to do the same, then something immeasurably precious will have been won.

Excerpted from *Addict in the Family* by Beverly Conyers, M.A. Conyers is an editor and freelance writer who lives in New England. She is also the author of *Everything Changes: Help for Families of Newly Recovering Addicts*.



Addict in the Family
Stories of Loss, Hope, and Recovery
Softcover, 184 pages

For anyone struggling with a loved one's addiction, *Addict in the Family* reveals how to find support, set boundaries, detach with love—and eventually enjoy life whether the addicted loved one finds recovery or not.

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Allen Berger, Ph.D., author of *12 Stupid Things That Mess Up Recovery*, explains how humility is the spiritual foundation of recovery.

A common first response to the requirements of recovery is to negotiate, to pick and choose what we think will be helpful. One person might say, "I don't need to go to a meeting every day for the first ninety days of recovery. Two meetings a week are plenty enough for me." Another newcomer might exclaim, "I don't need a sponsor. I can do this by myself." And yet another might say, "I don't have to work all the Steps. One and Twelve are enough for me." This kind of thinking is based on the mistaken belief that we are special and unique and that we don't have to do what everyone else has done to develop a solid, robust recovery. This dangerous attitude has led many newcomers, and even some old-timers, back into the depths of despair and relapse. We are special and unique, but not in this sense.

To begin recovery, we need to surrender. Surrender can be best defined as the total and complete acceptance of the reality of our situation. We suffer from an illness that we are powerless to defeat on our own. Surrender also means that we accept that our illness has impaired the way we manage our life.

This is a lot to accept if we are governed by false pride and have a tendency to minimize the severity of problems. The motivation behind this self-defeating strategy is "If I don't have to do everything that everyone else has to do, then I am not as sick or as bad as all of those who need to work the whole program." Here is where the danger begins. If we do not surrender to the reality of our condition, then we will not be moved or motivated to go to any lengths to stay clean and sober. We will not have the necessary foundation to tackle the upcoming tasks that are necessary to establish a solid recovery.

If we truly accept that we suffer from a fatal illness over which we are powerless, we will experience what is called an *existential crisis*. An existential crisis occurs when we let go of an unhealthy behavior, but we don't yet have a better and healthier alternative available. We are betwixt and between. We are in limbo. We'll want to avoid the feelings that surface from being in such a difficult position, but it is important to feel the desperation and anxiety that come from surrender. An existential crisis places us at a crossroads between complete despair and hope. Allowing ourselves to surrender to this crisis shifts something inside of us. We

become open to new possibilities; our reliance on our false self is shattered. This prepares us for the next step in recovery: *hope*.

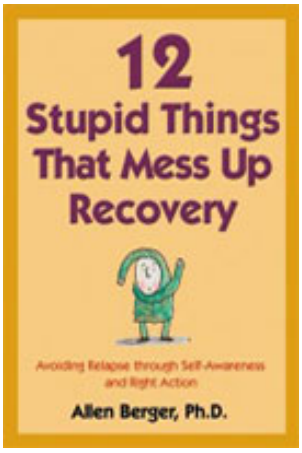
Hope is a therapeutic force present in all forms of healing. Hope springs from faith at this stage of recovery: a faith that there is a better and healthier alternative. We find our hope in the Twelve Steps. On page 58 of the Big Book, the newcomer is told that "Rarely have we seen a person fail who has thoroughly followed our path." If we believe ourselves to be special, then we won't adhere to these crucial words of advice.

How do we develop faith? For those of us in recovery, faith comes from witnessing the transformation in others who suffer from a similar problem. Through attendance at Twelve Step meetings, we witness firsthand the miracle called recovery. We see other people who are suffering from this terrible illness successfully trudging the road of recovery. It is by witnessing recovery firsthand that the seed of hope is planted.

So give up this nonsense that you need to be special. My clinical supervisor William C. Rader, M.D., a truly gifted psychiatrist, provided me with the following analogy. He used to say that when we undergo a surgical procedure, we don't want to be special; we want to be average. Average patients do well in most surgical procedures; the special cases run into trouble. Special cases typically do not survive. In recovery, it's okay to be average. We want to be in the middle of the pack. The average person in AA gets well. The special person doesn't because he or she doesn't do what the average AA member does to stay sober. This sabotages recovery and usually ends up causing chronic relapses.

Feeling that we are special also prevents us from attaining humility. Humility is the spiritual foundation of our recovery, and the only solution to the medical problem of addiction is a spiritual cure.

Excerpted from *12 Stupid Things That Mess Up Recovery* by Allen Berger, Ph.D. For more than three decades, Berger has been on his own personal journey in recovery. A private practice counselor in California, he has helped thousands of others discover a new way of life, free from addiction and its insanity. In fall 2010, Hazelden will publish his second book, *12 Smart Things to Do When the Booze and Drugs Are Gone: Choosing Emotional Sobriety through Self-Awareness and Right Action*.



12 Stupid Things That Mess Up Recovery
Softcover, 136 pages

In this invaluable resource, Berger uses down-to-earth language to explore the twelve most commonly confronted beliefs and attitudes that can sabotage recovery. He then provides the tools for working through these problems in daily life.

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