

Levels of Relapse Warning Signs

By Terence T. Gorski

GORSKI-CENAPS Web Publications
(www.tgorski.com; www.cenaps.com; www.relapse.org)

May 6, 2001

Recovery from chemical dependence occurs at five levels – abstinence, situation change, behavior change, emotional change, and personal belief change.

Abstinence

The first level is **abstinence**. Chemical addicts must stop using alcohol and drugs and stabilize from withdrawal before they can begin to recover. At this level, we have to make a decision to stop drinking and drugging and reach out to get help.

Situational Change

Once abstinent, they move into the second level of recovery that focuses upon **situational change**. This level involves replacing an addiction-centered lifestyle with one that is sobriety-centered.

To stop drinking and drugging we have to get away from people places and things that make us want to use alcohol and other drugs. Counselors call this “getting into an adequately controlled environment.” If you keep hanging out with people who are drinking and drugging your chances of staying abstinence are nearly zero. To break the cycle of destructive alcohol and drug use you need help. You need to put yourself around people, places, and things that will encourage and support your abstinence and help you to learn a set of specific skills to keep yourself from drinking and drugging even if you feel like it at that moment.

Behavior Change

The third level of recovery, is **behavior change**. Chemical addicts must learn to identify and interrupt addictive behaviors that give short term pleasure, create long term pain, and reactivate the urge use addictively. At this level, addictive behaviors must be replaced with sobriety-centered behaviors that produce pain free pleasure by resolving the problems that create the pain.

Change In Thinking

This leads to a fourth level of recovery, a **change in thinking**. Addictive thinking is based upon the irrational belief that addictive use can magically fix us, solve our problems, and make us something we are not. We are thinking addictively when we believe that we can never feel whole, complete, or have the good life unless we are using addictively. The antidote for addictively thinking is sober thinking that helps us recognize the destructive effects of addictive use and see the positive benefits and opportunities provided by sobriety.

Thinking about using alcohol and other drugs increases the risk of relapse. Thinking is a cognitive process controlled by the cerebral cortex or thinking part of the brain. There are three ways of thinking about alcohol and drug use that are particularly dangerous.

The first is called *euphoric recall*. You remember and exaggerating the good times that you had when using alcohol and other drugs while blocking out or minimizing the bad times.

A recovering person who called himself Jake the Snake used to tell the story of the great time he had when he got stoned on cocaine and stole \$150,000 worth of coke from his supplier and went off for a marvelous one week binge in Las Vegas. He forgot to mention that he caught a serious venereal disease from a prostitute, and was nearly killed when his supplier showed up to get his coke back. After being shot and taken to the emergency room, the police found a small bag of cocaine and some marijuana in Jake’s room and he ended up in jail and was serving a seven year sentence when I talked with him. He still argues that he had a good time.

The second relapse-prone way of thinking is called *Awfulizing Abstinence*. You think about all of the bad times associated with being alcohol and drug free while blocking out and minimizing all of the good times.

A woman named Jessie told me that nothing was working out for her since she got sober and she felt shw would be better off to start drinking and drugging again. When Jessie was drinking and drugging she was unemployed, earning money by drug dealing and prostitution, and was in a skid row cubicle hotel. Now she was physically healthy, working a

regular job, and sharing a decent apartment in a middle class neighborhood with two women she got to know through her home group of Alcoholics Anonymous (AA). But in her mind, at that moment, she felt her sobriety was awful, terrible, and unbearable.

The third relapse prone way of thinking is called magical thinking about use. Cognitive therapists call this positive expectancy. We start to believe that using alcohol and other drugs will somehow magically fix our problems and make our lives better. We forget that alcohol and drugs make us feel good for a little while and then wipe out our judgment and impulse control setting us off into a cycle of self-destructive behaviors that destroys us and those that we love.

People who relapse often begin to spend of their time cycling between these three ways of relapse prone thinking. They remember drinking and drugging and exaggerate the good times while refusing to think about any pain or problems. They exaggerate all the pain and problems of living sober while blocking out any benefits. They then begin to think about how alcohol and drugs could magically fix them and make everything in their life wonderful once again. This creates a strong desire to use alcohol and other drugs.

Emotional Change

The fifth level of recovery is **emotional change**. By turning off our addictive thinking, we turn on our feelings. Initially this is difficult because we must experience the pain of the past. The shame, guilt, and the nagging pain caused by the addiction surface. There is an urge to stuff these feelings and run back into addictive or compulsive behaviors. The permanent way out is to resolve these feelings by recognizing, labeling, and communicating them to others. Then we can recognize the underlying thoughts, behaviors, and situations that create the feelings.

Effective emotional management involves learning a set of feeling management skills. First, we must learn how to recognize the inner experiences that tell us that we are having a feeling or emotion. We have to learn to calm down, get centered and pay attention to the sensations in our bodies. Whenever we feel tense, have a knot in our stomach, feel queasy, or start clenching our jaws or fists, or can't calmly sit still we are probably having a feeling.

The second feeling management skill is to learn how to label the feeling with a word or phrase. This means that we need to develop an emotional vocabulary that will let us think about what we're feeling on the inside and figure out how those feelings are connected with what we're thinking and what's happening outside of us.

The third feeling management skill is to talk about our feelings with someone who will listen to us, try and understand our feelings, take us seriously, and respect us. The best place to find someone like this is at Twelve Step meetings or by going to a counselor or treatment program. We can't manage painful feelings without talking about them. It's important to talk about our feelings before we try to block them out by using alcohol or other drugs.

A Change In Core Personal Beliefs

As we learn how to manage pain and unpleasant feelings we can enter the sixth level of recovery, **a change in core personal beliefs**. Here we confront the core mistaken beliefs about ourselves, other people, and the world that make us miserable in recovery and make us want to use alcohol and drugs to block out the pain. These self-destructive core beliefs were usually developed when we were children before the age of 10. If we come from a dysfunctional family, we have probably internalized a dysfunctional set of core beliefs. We believe that the world is a painful and difficult place and we must always struggle in order to survive. Many of us believe, on a core level, that we are pretty hopeless and that there is no hope and no way we can ever learn to enjoy life.

These core mistaken beliefs cause us to recreate our family of origin in sobriety. We begin to unconsciously set up the situations of our lives to create the same pain and dysfunction that we experienced as children. To combat this tendency we must learn to identify these mistaken and irrational beliefs that we learned as children, to examine the logical consequences of continuing to believe these things, and to make appropriate changes in our belief system and our actions. It is only when we confront our family of origin and learn to be free from the dysfunctional and irrational beliefs that we can develop the kind of life in sobriety that will give us meaning and purpose.

The Developmental Sequence Of Recovery

Notice the developmental nature of this recovery process: (1) stop using alcohol and drugs, (2) replace addiction centered living with sobriety-centered living, (3) interrupt addictive and compulsive behaviors, (4) replace addictive thinking with rational sober thinking, (5) learn to identify and manage feelings and emotions, and (6) change the self-defeating core beliefs about ourselves, others and the world that we learned as children.

This model of recovery suggests that relapse is more than just alcohol and drug use. It is a process that can occur at each level and progress from one level to the next.

For most people who relapse, the first step is a subtle return of the core self-defeating beliefs that we learned as children. Something shifts inside of us and we no longer feel a sense of self-worth and self-confidence. We no longer feel worthy of living or having good things in sobriety, or we no longer feel capable of doing what we need to do in order to feel good about ourselves.

When our old, dysfunctional beliefs from childhood are reactivated, we begin to have negative feelings. These feelings seem out of place in our newly found recovery. There is a tendency to repress them. We would rather not think about them, so we try to push them from our minds. As a result the pain get worse and we tend to reactivate our irrational, addictive thinking to cope with the pain.

Our addictive logic tells us we must find something, anything that will make the go away. This urge to blot out the pain awakens the echoes of our addictive past. We begin to remember how good it was when we could medicate with alcohol and drugs. We exaggerate the positive aspects of those memories while minimizing or denying the negatives. We then begin to "awfulize" our sobriety. We take all the negatives of being sober and exaggerate them, while blocking out all the positives. Then, we begin using magical thinking about what alcohol and drug use could do for us in the future. The addictive logic goes like this: "Since alcohol and drugs worked so well for us in the past, and since it is so terrible to be sober today, alcohol and drugs will somehow be able to magically fix me in the future."

These irrational thoughts begin to mobilize addictive behaviors. We begin looking for something, anything, that will make the pain go away. Since our sober friends are beginning to confront us by telling us that we are in trouble and we need help, we seek out "more supportive friends." We want friends who won't confront us with the fact that we're backsliding into old behaviors. This means we begin surrounding ourselves with two types of people - codependents who won't challenge our self-defeating behavior, and people who are still actively addicted.

Relapse prevention is both proactive and reactive. As a proactive strategy, relapse prevention teaches us the importance of panning our recovery, moving through its various stages, and recognizing when we become stuck and taking corrective action. Reactively, relapse prevention teaches us to recognize the warning signs that show us we are backsliding into previous stages of recovery. We can then take action to manage those warning signs before we return to alcohol and drug use.

About the Author

Terence T. Gorski is internationally recognized for his contributions to Relapse Prevention Therapy.