** *School of Addiction***

***and Behavioral Health***

***Educational Activity:***

***How to Sabotage Your Recovery***

**INTRO**

Why in the world would anyone want to sabotage their own recovery? After all, our patients aren’t explicitly trying to cause themselves harm and frustration. **The goal of self-sabotage is to circumvent, to avoid the pain and fear which come inevitably with any profound life change, including the changes that come with a critical illness and its treatment. As such, the motivation of the self-saboteur is defensive rather than self-offensive; it’s a flinch from what’s perceived to be unendurable pain.** It must be acknowledged compassionately that those still in the grip of reacting to trauma may engage in these behaviors reflexively.

Hello, everyone, and welcome to our podcast! We’re coming to you from our studio at the Council on Alcoholism and Drug Abuse of Northwest Louisiana! I’m your host, Kent Dean, CADA’s Director of Clinical Development. Today, we’re looking at some helpful ways that recovering people can size up their day-to-day world and make intelligent, safety-reinforcing decisions in the course of each day. You’ll be able to earn one contact hour of continuing education by completing the post-test after you listen to the podcast. We’ll give you instructions on how to do that at the end of the show.

**Fear and grief and their various disguises mark all attempts to sabotage recovery. There is a process of grieving that everyone in recovery seems to have to pass through.** The goal is to make that journey as uneventful and, if not brief, as efficient as possible. Recovery in addiction makes it essential that the person understand and deal effectively with the risks and rewards of living a sober life in the real world.

Such an endeavor as self-sabotage deserves to be taken seriously and dealt with compassionately and respectfully with the patient. It can be a life or death struggle.

Here are some common strategies people employ, whether consciously or not, that can serve as barriers to a reliable abstinence and recovery:

**1. Self-Pity: “Poor Little Ol’ Me (PLOM)” is a self-assessment guaranteed to**

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**promote a sense of helplessness and futility.** How to manage self-pity? **The defense mechanism of fixation shows us that self-pity can be an effective strategy for the patient to stay at the current, comfortable level of development rather than take the risk of assuming more personal responsibility and autonomy.** Being active in working with other people in early recovery is a proven method for relief from self-obsession and self-pity. Patients benefit by working to help someone still struggling with day-to-day abstinence by being able to compare their current situation with that of someone who may be going through a more-difficult adjustment to early recovery.

**Nevertheless, it’s important to recognize that what seems like mere self-pity may, in fact, be grief over both the stresses of early recovery but also a dawning awareness of past losses, even trauma.** Appropriate therapy to address trauma can be critically important, and the validation and encouragement that come from working with others in mutual support is also invaluable.

**2. Negotiation (otherwise known as Bargaining) is a way of holding onto old ideas, situations, and emotions that keeps the patient frozen at an introductory stage of recovery.** **We all know that bargaining is, itself, one of the phases of grieving that people move through as they accept the reality of having a chronic disorder. Trying to find “loopholes” in one’s situation is a natural reaction to being confronted with the stark reality of chronic illness.** It just takes time to accept the inevitability of illness and the reality that recovery will impose new ways of addressing the vicissitudes of life. Seeing how others are benefiting from adopting a different manner of living can be a powerful inducement for the patient to venture beyond comfortably-predictable behaviors and to try something new.

 **3. Compliance is manifest in the attitude, “Whatever you say. Just tell me what to do, and I’ll do it.”** Such an outlook prevents any self-ownership of one’s recovery, placing responsibility on another person. That can be either an act of passive resistance or simple demoralization. Obviously, neither situation is conducive to self-efficacy. On the other hand, patients’ willingness to become somewhat more flexible in accepting help and suggestions can go a long way toward modifying the self-cynicism that goes with early recovery.

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**4. Deflection is a way of removing the focus from personal self-awareness and responsibility.** How individual patients arrive at the stage of their illness where they seek help is one thing, but the responsibility for finding out how to manage a chronic disease and then doing so rests securely on the shoulders of the patient. What’s the antidote? Blaming others for behaviors and outcomes that are purely the result of the patient’s own misbehaviors or misperceptions clouds the reality that adults have to take responsibility for their actions. **As patients make recovery their number one priority, it becomes clearer that every other consideration, including family and work life, now stems from their new-found stability and the integrity that recovery both offers and demands.**

 **5. Elitism says, in effect, “I’m different (meaning better) than those other poor souls.”** Some people have more empathy than others, but, at some point, most people begin to gain an appreciation of how challenging it can be to reorient one’s life. **The intent of patients’ elitism is attempted isolation from experiencing the pain engendered by a frank assessment of their current situation.** Adopting as much as possible a “we’re all in this together” outlook will yield the most improvement in their own lives because doing so allows the person to feel less alone as well as to identify with the universal deficits and strengths of people in recovery. (As one of my patients pointed out to me: “Even the Twelve Steps are in the plural.”)

**6. Keeping secrets says, in effect, “My circumstances are no one else’s business.”** Everyone has a right to privacy, but, in the right places and at the right times, it will be important for our patients to learn to confide in someone rather than persist in trying to live life as a “ragged individualist.” Remembering that courage is typically accompanied by fear, there’s simply no substitute for the focused resolution necessary to work through painful emotions, memories and attitudes. **Such self-disclosure is sometimes best done not with a layperson, such as a 12-Step sponsor, but with a mental health professional, who can help the person sort through long-suppressed faulty beliefs and traumatic memories.**



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**7. “Hooked on a feeling” is a wonderful fantasy, but attaching to another human being as a way of deriving basic self-esteem can lead to nightmarish consequences; and unhealthy dependence is certainly antithetical to the self-possession and repose necessary to establish and maintain healthy intimate relationships.** This being the case, we often caution our patients who are not in a committed relationship to postpone temporarily getting into a close romantic relationship early on. This kind of dependence can be just another addictive pattern. **Trying to form a bonded, interdependent relationship at the outset of recovery is often unwise for at least three reasons: at this juncture in their lives, most people don’t really know themselves that well; they tend to have a limited understanding of why they turned to alcohol or other drugs to cope; and they clearly are not yet in any position to be a supportive, reliable partner for someone.**

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**8. Rescuing says, in effect, “I’m fine now. I’ll concentrate on helping others, so I don’t have to accept help from others.” For many people in early recovery, there is a risk of adopting the attitude of a “flight into health,” which would impart to them the belief that they can, somehow, circumvent the necessary, universal stages of transition to a more-balanced way of life with a chronic illness such as addiction.** Recovery is, indeed, a two-way street. Helping others is important, but it’s also a wonderful thing to give the gift of appropriate neediness to others in accepting their help as well.

**OUTRO**

That’s our podcast for today. If you’d like one hour of CE credit for just $5.00, you can go to www.cadaschool.com, click on “online courses,” and just follow the instructions. Once you pass the post-test, which includes evaluation questions, you’ll be able to download and print your certificate of completion. Be sure and stay in touch on Facebook! See you next time!

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