

# HANDOUTS

## *Healing from Loss and Abandonment*

Presented by

**Claudia Black, M.S.W., Ph.D.**

### AGENDA

#### Thursday

8:15 a.m. Registration

9:00 **Loss and Abandonment**

- Dynamics of Loss Conditions
- Physical Abandonment
- Emotional Abandonment

10:20 **Break**

10:35 **Cycle of Pain Response**

- Cognitive, Behavioral and Emotional Shame-Based Defenses
- Shame Reduction Exercises

12:00 p.m. **Lunch**

1:15 **From Script to Choice**

- Four Steps to Putting the Past Behind
- Developing Core Foundational Strengths
- Needs Imagery
- Sentence Stem Exercise

2:35 **Break**

2:50 **Baggage Cart**

- Visual Portrayal of how Loss, Carried Feelings and Negative Beliefs fuel disorders.
- Development of Baggage Cart Analogy to Offer Eclectic Treatment Approach

4:15 **Adjournment**

#### Friday

7:45 a.m. Registration

8:30 **Legacy of Trauma**

- Historical Portrayal of Trauma and Addiction in the Family
- Relationship of Trauma to Multi-Addictive Disorders
- Relationship of Trauma to Co-Occurring Disorders

9:50 **Break**

10:05 **Strategies for Addressing Addictive Families**

- The Challenge of Disrupting the Enabling Process
- Viewing the Family as the Client
- Reviewing Value of Family Roles Ascription

11:30 **Lunch**

12:45 p.m. **Addressing Barriers to Recovery**

- Chronic Anger/Anger Avoidance
- Anger Awareness Cycle
- Secrets

2:05 **Break**

2:20 **Application of Loss and Abandonment to Latest Work**

- Review of Two Days as Applies to Most Recent Work
- Trauma Repetition
- Role of Forgiveness/Spirituality
- Use of Therapy Tools
- Affirmation Imagery

3:45 **Adjournment (Pick up certificates)**

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## Claudia Black's Books / CDs / Game / DVDs

For those of you not familiar with Claudia's writings, it is easy to be overwhelmed with all she has available. The following information may make it easier to decide which materials are most beneficial for your needs.

### Books:

*It Will Never Happen To Me* and *Changing Course* are recommended if you are totally unfamiliar with her work. *Changing Course* is a good sequel to *It Will Never Happen To Me* and addresses much of what Claudia will be covering on day one.

*The Strategies Series – Anger, Depression, Family & Relapse Toolkit* are for professionals only and are hands-on strategies to be used with individuals and/or groups. Each included reproducible handouts and a guided imagery CD.

*Repeat After Me* is a wonderful self-help tool to explore family of origin issues; it is also a great format for a therapist to use interactively with clients.

*A Hole in the Sidewalk* is a self-help tool similar to *Repeat After Me* but with the focus on relapse prevention.

*My Dad Loves Me My Dad Has A Disease* is for children ages 5 through 12 when either parent is a substance abuser.

*Straight Talk* offers recovering parents direction in parenting skills and how to talk to their kids of all ages about their addiction and addiction in general.

*It's Never Too Late to Have a Happy Childhood* is a lovely inspirational book that speaks to the heart and soul – not specific to addiction.

*The Stamp Game* is a therapy game for people of all ages designed to help them identify and talk about their feelings; a variety of formats are given with the instruction booklet. It also gives therapists the opportunity to be creative in working with individuals, couples and/or groups in multiple settings.

### Audio CDs:

*Putting the Past Behind* and *A Time for Healing* are a great combination. They are most reflective of what is in *Changing Course*.

*Emotional Baggage* is reflective of the Baggage Cart presentation presented in many of Claudia's workshops and here at this event.

*Trauma in the Addicted Family* is reflective of Claudia's presentation on the opening of day two.

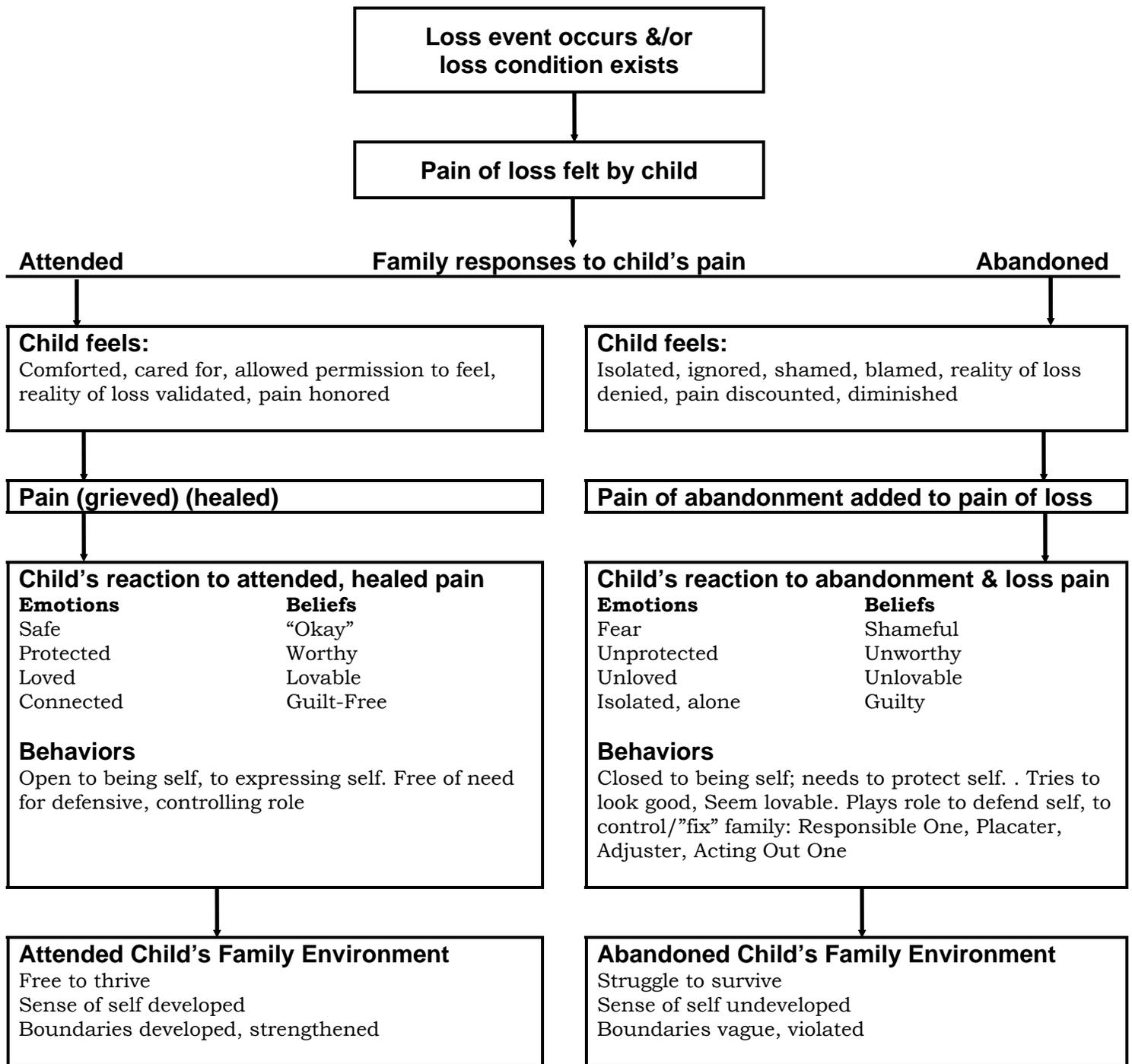
*Imageries* and *Letting Go Imageries* are the two CDs within the *Strategies Series*, but are great stand alone pieces. They each offer a series of individual imageries to focus on specific issues and/or offer insight.

### DVDs:

While not available for purchase at this event, Claudia has 20 DVDs available to preview and purchase through her website [www.claudiablack.com](http://www.claudiablack.com)

## How Chronic Loss is Created

*The Experience of Pain from a Child's Point of View*



**Pain of loss + pain of abandonment = an abandonment experience.**  
**Chronic abandonment experiences = chronic loss.**  
**CHRONIC LOSS for a child = loss of conditions for thriving.**



## **GUILT, EMBARRASSMENT AND SHAME**

Shame is such a primary issue, the basis from which many abandonment issues emanate or the reason they don't get dealt with. Control is often a manifestation of shame. People's fear of showing feelings is often shame related. People's inability to address their own needs is often due to their shameful feelings about self. Shame interferes with their ability to set healthy limits.

### **Guilt & Embarrassment:**

Stem from behavior

Are uncomfortable and often painful feelings

Do not reflect upon one's self worth

Guilt: (internal)

Feeling of regret and responsibility for one's actions

Embarrassment: (external)

Feeling of awkwardness, fleeting in time  
Chronic embarrassment becomes shame

### **Shame:**

Is a matter of identity

Is a painful feeling about oneself as a person

Is a belief that one is defective, inadequate, bad

Scale: 1 = Not at all / 10 = Extreme

### ADDICTIVE DISORDERS

Mother \_\_\_ Father \_\_\_ Self \_\_\_

### PROCRASTINATION

Mother \_\_\_ Father \_\_\_ Self \_\_\_

### OTHER

Mother \_\_\_ Father \_\_\_ Self \_\_\_

### CONTROL

Mother \_\_\_ Father \_\_\_ Self \_\_\_

### PERFECTIONISM

Mother \_\_\_ Father \_\_\_ Self \_\_\_

# SHAME

### RAGE

Mother \_\_\_ Father \_\_\_ Self \_\_\_

### VICTIMIZATION

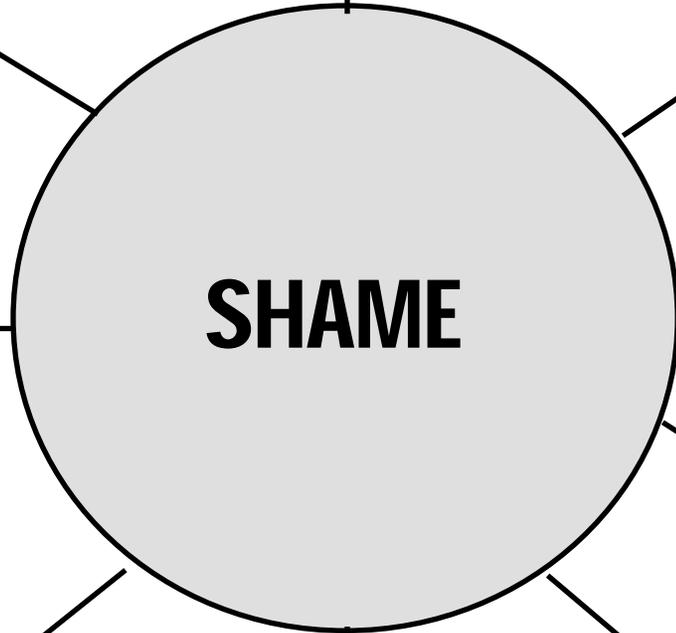
Mother \_\_\_ Father \_\_\_ Self \_\_\_

### SUICIDE

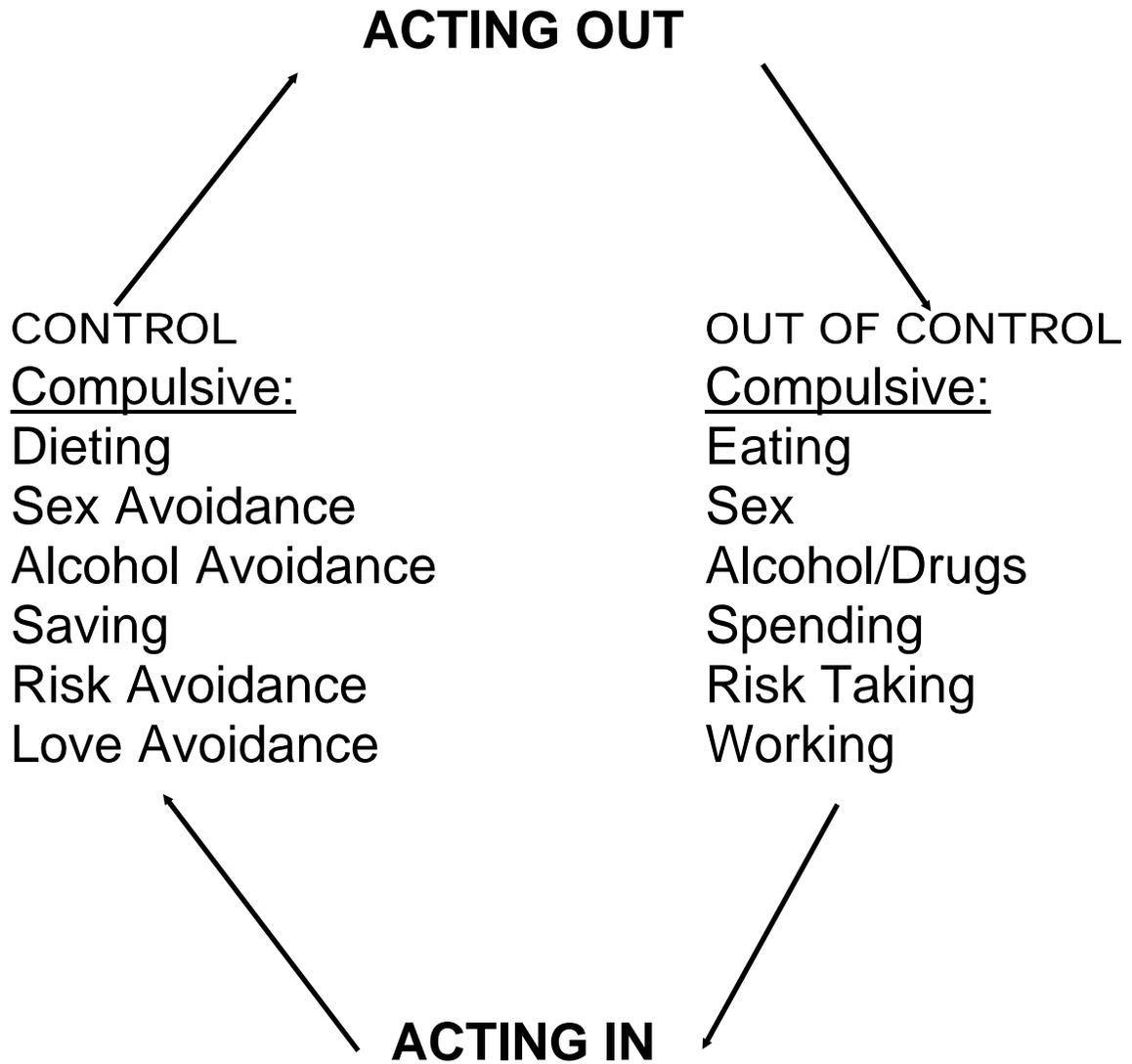
Mother \_\_\_ Father \_\_\_ Self \_\_\_

### DEPRESSION

Mother \_\_\_ Father \_\_\_ Self \_\_\_

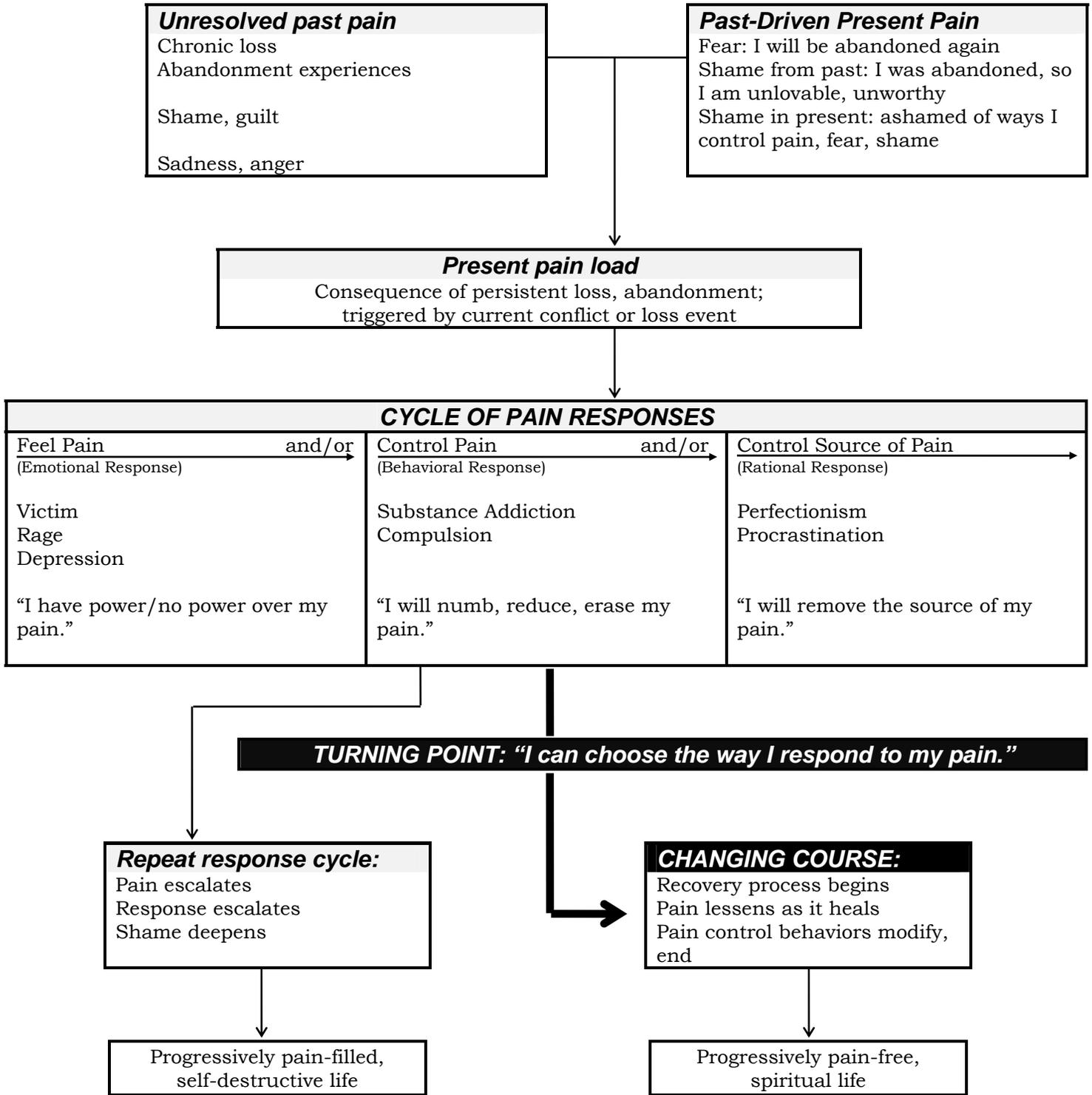


# Shame Cycle



## From a Past of Chronic Loss to the Turning Point

### Pain from an Adult's Point of View



**Causes of past pain cannot be changed.**  
**Responses to pain, both past and present, can change.**  
**Changing responses to pain changes the course of pain in life.**

# Perfectionism



When one is *perfectionistic* to the point it interferes with their life you usually have a person who is what I call Little Ms. or Mr. Perfect who have:

The ability to look good  
The need and drive to do "it" right

Underneath you feel that you really aren't worthy and that people may discover this at any moment:

No matter how well you do, it is never good enough  
Incredible fear, shame and loneliness

The Little Ms. and Mr. Perfects of the world tend to be people who were raised in dysfunctional family systems where children learned:

- To take control of themselves and/or others in order to feel psychologically safe and possibly physically safe.
- To do things "right" in order to receive approval from their parents. "Right" meant perfectly. Mistakes or less than perfect was not acceptable. That translated into the child being unacceptable. These are children raised by parents with unrealistic expectations that the child learned to internalize for themselves. Therefore, the child attempts to gain approval and learns that no matter what he or she does, "it is never good enough."
- That he or she is not acceptable. These are people who have very likely grown up with shame. Shame came at a young age. Shame is learned from feeling like an object versus a person of value. The child perceives themselves as defective. This takes place at a time when the child is not able to externalize the source of behavior and perceives it as their issue.

## **Surrender**

*"I would like my life to be different."*

## **Talk**

About the need to do it "right."  
*Who am I if I'm not performing?*  
*When not "doing it perfectly," what is the self talk?*

## **Go back to the past**

Ascertain sources of:  
*Shame*  
*It never being good enough.*  
*Needing to do it right for approval.*

## **Behavior**

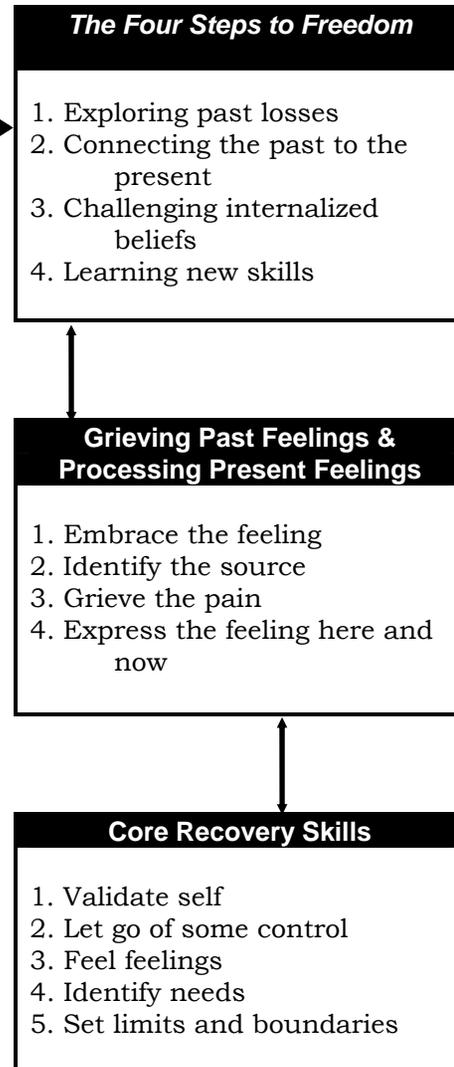
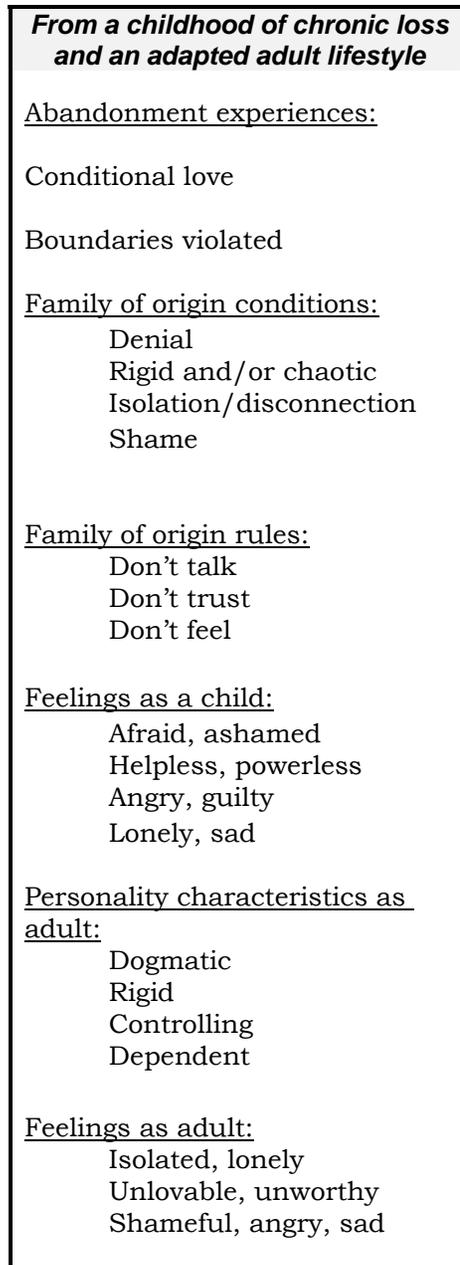
*Intentionally choose to drop a perfectionism.*  
*Dishes must be done before I go to bed.... Leave the dishes.*  
*This report must be perfect..... Hand in the first draft.*  
*Can't try anything unless I already know how to do it. ...*  
*Deliberately try something you are unskilled at.*  
*Always wear clothes that are "perfect" .... Wear a sweatshirt.*

*"If all else fails, lower your standards."*  
*"Being less than perfect makes me human."*

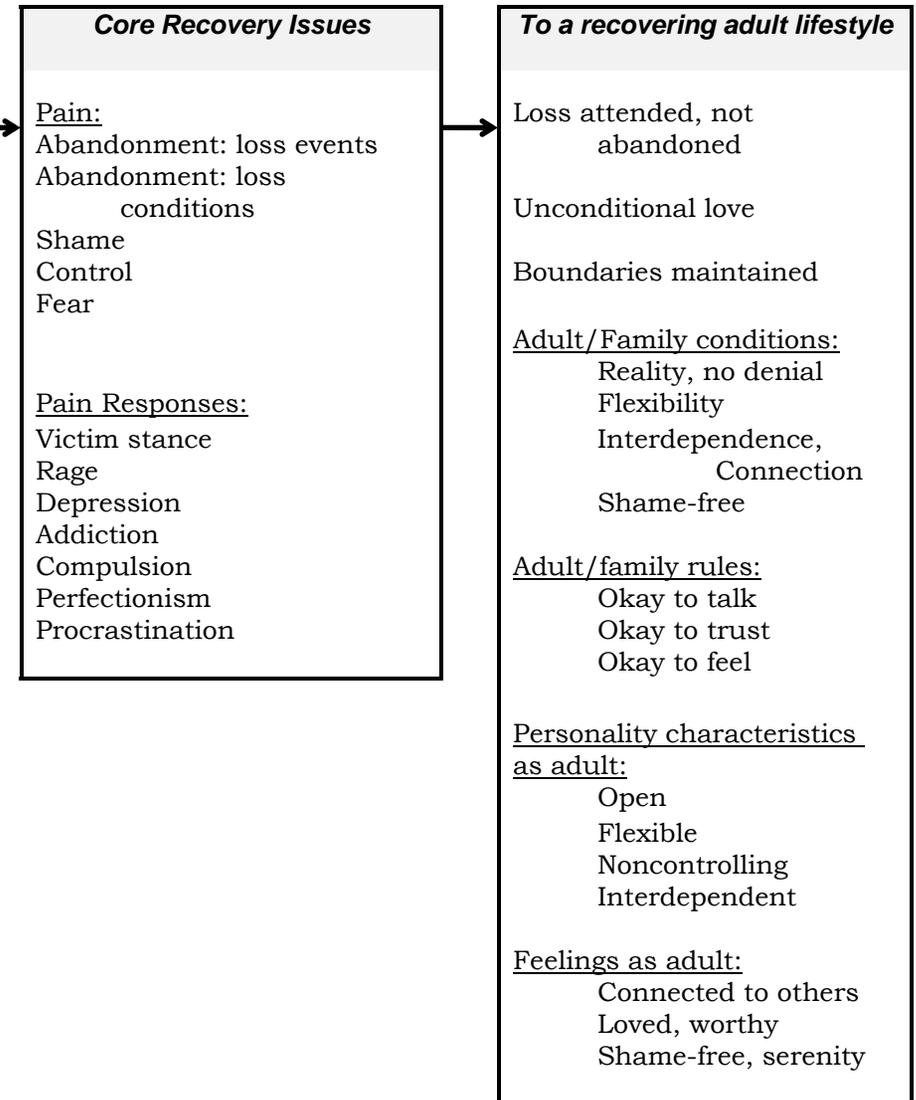
## **Reminder:**

*Acknowledge the little steps.*

## Changing Course



## The Recovery Process



## PERSONAL RIGHTS

*As a person I have a right to:*

1. Be treated with respect.
2. Have and express my own feelings and opinions. "When you \_\_\_\_\_, I feel \_\_\_\_\_."
3. Be listened to and taken seriously.
4. Set my own priorities.
5. Say no without feeling guilty.
6. Ask for what I want.
7. Make mistakes -- and be responsible for them.
8. Be uncertain or uncommitted as to what I want, and need time to make decisions.
9. Ask for information and/or support from professionals, family, and friends when I feel I want it (even though I may be turned down).
10. Say "I don't have the answer."
11. Say "I need some time to think that over."
12. Have my needs be as important as the needs of others.
13. Change my mind.
14. Grow, learn, and change.
15. Feel and express anger.
16. Be competent and be proud of my accomplishments.
17. Say "I don't agree."
18. Be myself.

*Assertive behavior means standing up for what I think and feel while respecting the rights of others.*

# Four Steps to a Recovery Issue

## Example:

### Step One: Explore past losses.

What happened if you tried to initiate as a child?  
What did you fear would happen?

### Step Two: Connect the past to the present.

How does fear and the lack of initiating impact you in different areas of your life today?  
What could you have in your life today if you did initiate?

### Step Three: Challenge internalized beliefs.

As a child, what messages did you get about initiating?  
Cast out the hurtful messages.  
Create new beliefs that support you taking initiative versus being passive.

### Step Four: Learn new skills.

Identify areas in which you would like to take more initiative.  
List identified skills in a hierarchy beginning with those that are the easiest or safest to those that are the most difficult or scariest.  
Now, beginning with the easiest or safest, build up confidence to be able to respond to the most difficult or scariest.

## Example:

### Step One: Explore past losses.

How did you hear *no* as a child?  
Who did you hear it from?  
What did that experience mean to you as a reflection of your worth?  
What did that experience mean to you as a reflection of your parents' care for you?  
What happened when you said *no* as a child?  
How did that make you feel?

### Step Two: Connect the past to the present.

How does your past experience affect you in the different areas of your life today?  
When do you have difficulty saying *no*?  
How do you feel when you say *no*?

### Step Three: Challenge internalized beliefs.

What were the messages you got around *no*?  
Take ownership of the helpful beliefs.  
Cast out the hurtful messages.  
Create new, constructive beliefs around the word *no*.

### Step Four: Learn new skills.

Identify situations when you would like to say *no*.  
Rank these from easiest to most difficult.  
Practice the experience of saying *no*, beginning with the easiest and build up to the most difficult.

### Grief Stages

LOSS: SHOCK ⇒ DENIAL

ANGER SORROW

GUILT

BARGAINING

ACCEPTANCE



### Grief Disruption

LOSS

~~SHOCK~~ ⇒ DENIAL

~~SHOCK~~ ⇒ DENIAL ⇒ ANGER

~~SHOCK~~ ⇒ DENIAL ⇒ ANGER

GUILT & BARGAINING

~~SHOCK~~ ⇒ DENIAL ⇒ ANGER

DEPRESSION



Remembering what was said about the universal grief stages and how people become repeatedly stuck in the grief process,

**What is your pattern of attending to loss?**

**What beliefs and behaviors interfere with your ability to move through a grief process?**

**What acts of self care can you employ to be better able to deal with past, present, and future loss?**

## CONNECT THE PAST TO PRESENT LIFE

Here are some suggested, more specific questions for the general areas of self, relationships, parenting, and your work environment:

1. How does the fact that I was so fearful of making mistakes in my childhood affect me today in my work? in my play? as a parent?
2. How does the fact that, as a child, I was always seeking approval affect me today in my parenting? in my relationships? at work?
3. How does the fact that I spent so much of my childhood in isolation and a fantasy world affect me today? in my expectations of myself? my choice of friends?
4. How does the fact that the only way I could find safety was to create a fantasy world affect me in my choice of careers?
5. How does the fact that I lived with chronic fear affect me today in these areas of my life?
6. How does the fact that it was never safe to express my anger affect me in these areas?
7. How does the fact that I lived with a mother who was emotionally cold, and a father who was never satisfied with what I did, affect me today?

## Loss Graph

Loss Events:

Age:

---

Unattended  
Feelings:

Loss Conditions  
in Family:

Abandonment  
Experiences/Feelings:

### Loss Graph Joyce

Loss Events	Grandmother died	Best friend moved	Parents divorced	Family dog died	Miscarriage	Divorce	Left college prematurely due to stress	Aware of marital infidelity	Loses job promotion
Age	7	10	11	15	21	23	24	36	38
Unattended Feelings	Sad, scared	Sad, lonely unloved	Guilty, angry	Sad, alone	Despair	Despair fear	Sad	Anger frightened insecure	Despair

Loss Conditions in Family:

Mother depressed  
 Mother always in bed  
 Father always at work  
 Unresolved childhood pain  
 Emotionally abusive partner  
 Compulsive overeater

Abandonment Experiences/Feelings:

Guilty for mother's crying  
 Angry because alone  
 No one came to my school events  
 Afraid to bring friends home  
 Guilty, believing I'm at fault  
 Unloved  
 Inadequate  
 Frightened  
 Sad  
 Ashamed  
 Anger

### Loss Graph Tim

Loss Events	Brother died in car accident Tim broke arm & leg Missed half school year	Changed to new jr. high	Vietnam service	Engagement broken	Loses job	Son, 6 years old, diagnosed w/cancer
Age	7	12	18-21	24	26	36
Unattended Feelings	Terror, sadness lonely anger (Dad was driver)	Scared, angry	Fear, powerlessness	Angry sad	Angry frightened	Frightened sad

Loss Conditions in Family:

Father, angry alcoholic.  
 Mother martyr  
 Mother continually blamed father for accident  
 Parents constantly idealized deceased brother.  
 Unresolved childhood and Vietnam pain  
 Wife depressed.  
 Chronic conflict around child's loss of health

Abandonment Experiences/Feelings:

Never good enough compared to brother;worthlessness  
 Chronic fear of dying (not protected by parents)  
 Never a sense of safety from war experience  
 Sadness  
 Fear  
 Futility

## ❧ THE TOP TWELVE TRAITS OF THE INNER CRITIC ❧

- 1) It constricts your ability to be creative.
- 2) It stops you from taking risks because it makes you fear failure.
- 3) It views your life as a series of mistakes waiting to happen.
- 4) It undermines your courage to change.
- 5) It compares you unfavorably with others and makes you feel "less than."
- 6) It is terrified of being shamed and so monitors all your behavior to avoid this.
- 7) It causes you to suffer from low self-esteem, and possibly depression, because it tells you that you are not good enough.
- 8) It can make looking at yourself in a mirror or shopping for clothes miserable because of its ability to create such a negative view of the body.
- 9) It can take all the fun out of life with its criticisms.
- 10) It makes self-improvement a compulsive chore because it bases the work on the premise that something is wrong with you.
- 11) It doesn't allow you to take in the good feelings that other people have toward you.
- 12) It makes you susceptible, and often victim, to the judgments of other people.

*SOURCE: Embracing Your Inner Critic by Hal Stone and Sidra Stone*

## CRITICISM

People who have difficulty accepting compliments are often much more open to accepting criticism.

As you listen to criticism be aware that you only deserve to hear constructive criticism. When criticized by whomever, ask yourself if you think there is validity to the feedback. If you are able to hear and accept feedback but don't know how to behave differently, don't hesitate to ask the person offering criticism for thoughts on how you can do something differently. Constructive criticism is given out of care and if the person offering criticism cares, he will give more thought to your situation if you ask.

We often become our own worst critic and don't need others to make us feel bad about ourselves. We have internalized negative messages about ourselves, and often have a part of self-known as the inner critic. Many of us are accustomed to this inner criticism; it has become an ever-present background music that is not even recognized. To quiet the harsh and negative aspect of our inner critic we must first be able to hear its words.

The following exercise may help you to recognize the words of your critical self:

The trouble with me is \_\_\_\_\_

The trouble with me is \_\_\_\_\_

The trouble with me is \_\_\_\_\_

I am just so \_\_\_\_\_

I am just so \_\_\_\_\_

I am just so \_\_\_\_\_

What I really don't like about myself is \_\_\_\_\_

What I really don't like about myself is \_\_\_\_\_

What I really don't like about myself is \_\_\_\_\_

Where did those statements come from? Whose voices do you hear? How old were you when you began to believe it? With whom does the critic compare you? Where are its favorite resting places, e.g. the bathroom scale, the mirror?

What does your critic look like? How does it sound? What are its favorite noises or words?

Would you be so harsh with someone else you cared for?

With self-criticism — hear it, evaluate its validity, assess how you would respond differently next time and move on. Don't sit in it. Quieting your inner critic is possible once you hear it.

**Continuum of Control**  
*Control Issues in Rigid, Chaotic, and Healthy Families*

1 ----- 2 3 4 5 6 7 8 9 ----- 10

No Control "1"	Some (S-O-M-E) Control "2 - 9"	Total Control "10"
<p><b><u>Family of Origin:</u></b></p> <p>Chaotic; extreme disorder. Rigid controls attempted to create some safety</p> <p>Abandonment experiences</p> <p>All or nothing thinking</p> <p>Survival dependent on following family rules superimposed on chaos to create appearance of order</p> <p>Family rules: Don't talk; Don't trust; Don't feel</p> <p>Belief: Life is unmanageable</p>	<p>"Normal." Some order; some disorder. Control not a central family issue</p> <p>Few, if any abandonment experiences</p> <p>Life is not experienced as "all or nothing" but a process</p> <p>Survival or parental approval not dependent on family rules</p> <p>Family behaviors: Talk Trust Feel</p> <p>Belief: Some things in life can be managed; some cannot</p>	<p>Rigidity; no apparent disorder. Hidden feelings grow chaotic threaten to emerge, trigger chaotic events</p> <p>Abandonment experiences</p> <p>All or nothing thinking</p> <p>Parental approval and protection dependent on following family rules prohibiting natural disorder</p> <p>Family rules: Don't talk; Don't trust; Don't feel</p> <p>Belief: Life is a matter to be managed</p>
<p><b><u>In Adult Life:</u></b></p> <p>Fear of loss of control of self, fear of feelings</p> <p>Fear of being abandoned by loved ones</p> <p>Attempts to control based on past beliefs, feelings, and behaviors or to act out chaos</p> <p>External approval sought for beliefs and behaviors</p> <p>Poor Inner Adult recovery skills</p>	<p>Loss of control is not primary fear. Confident and accepting of self and feelings</p> <p>Not driven by fear of abandonment. Trust self and others</p> <p>Recognition of where you have the power to affect things and where you don't</p> <p>Internal reference for feelings, behaviors, and beliefs</p> <p>Activated Inner Adult skills: validate self, let go of control, feel feelings, identify needs, set limits and boundaries</p>	<p>Fear of loss of control of self, fear of feelings</p> <p>Fear of being abandoned by loved ones</p> <p>Attempts to control based on past beliefs, feelings, and behaviors or reject all control</p> <p>External approval sought for beliefs and behaviors</p> <p>Poor Inner Adult recovery skills</p>

## GRIEF / NEEDS LETTER

To: \_\_\_\_\_

(Family of Origin: Parent, Sibling, Other)  
(Ex-Partner) (Friend/Coworker)

Body of Letter:

I want to thank you for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I needed you when

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I'm angry that

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It hurts when \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I'm sorry that \_\_\_\_\_

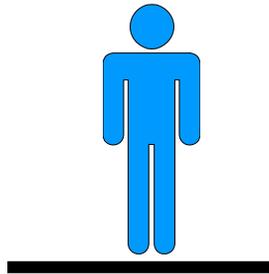
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I HAVE NEEDS**

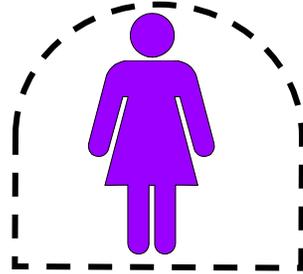
On a scale from 1 to 10 — 10 means to do it well and consistently — 1 means it is not a part of your life. Indicate, in general, where you are in the scale. If you mark below 8, what's getting in the way? If it has been difficult in your life, at what age did you give it up?

**Ability or willingness:**

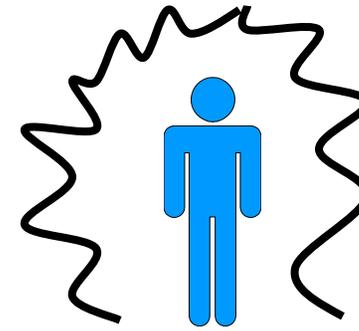
to play...	1—2—3—4—5—6—7—8—9—10
to laugh...	1—2—3—4—5—6—7—8—9—10
to relax...	1—2—3—4—5—6—7—8—9—10
to be flexible...	1—2—3—4—5—6—7—8—9—10
to lead yet feel comfortable when it is time to follow...	1—2—3—4—5—6—7—8—9—10
to question...	1—2—3—4—5—6—7—8—9—10
to talk honestly...	1—2—3—4—5—6—7—8—9—10
to make decisions...	1—2—3—4—5—6—7—8—9—10
to attend to my own needs...	1—2—3—4—5—6—7—8—9—10
to recognize where my power lies...	1—2—3—4—5—6—7—8—9—10
to protect myself...	1—2—3—4—5—6—7—8—9—10
to know and accept my feelings...	1—2—3—4—5—6—7—8—9—10
to be able to express those feelings...	1—2—3—4—5—6—7—8—9—10
to no longer live life in fear...	1—2—3—4—5—6—7—8—9—10
to believe in my specialness...	1—2—3—4—5—6—7—8—9—10
to ask for help...	1—2—3—4—5—6—7—8—9—10
to make time for self...	1—2—3—4—5—6—7—8—9—10
to make time for others...	1—2—3—4—5—6—7—8—9—10
to experience appropriate touch...	1—2—3—4—5—6—7—8—9—10
to be able to set limits...	1—2—3—4—5—6—7—8—9—10
to exercise...	1—2—3—4—5—6—7—8—9—10
to practice spirituality...	1—2—3—4—5—6—7—8—9—10
Other: _____	1—2—3—4—5—6—7—8—9—10
Other: _____	1—2—3—4—5—6—7—8—9—10



No Boundaries



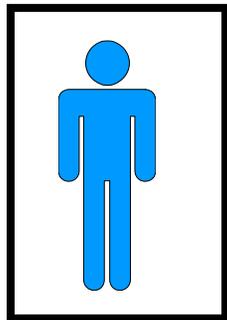
Damaged



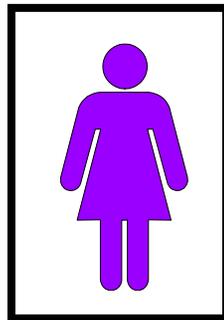
Healthy

# BOUNDARIES

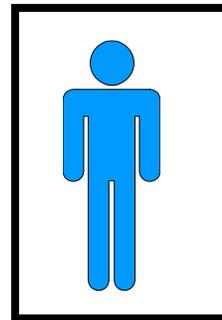
Anger



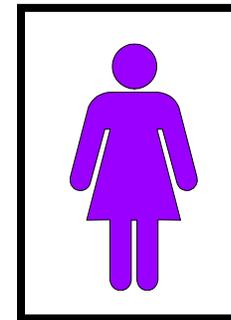
Fear



Silence



Words



Excerpted from: Facing Codependence

HO/Boundaries/Graphics

# BOUNDARIES

As a result of living with chronic boundary violation/distortion, one is often unskilled in setting boundaries or disrespectful and intrusive of others' boundaries.

Typically, you:

## 1. End up with NO Boundaries.

Have difficulty saying no or protecting one's self. This person with no boundaries not only lacks protection but has no ability to recognize another person's right to have boundaries.

## 2. Damaged Boundary System

People with damaged boundaries can at times or with individuals say no, set limits and take care of themselves. At other times they are powerless to set boundaries.

## 3. Walled Boundaries

A system of walls substitutes for an intact boundary. A wall of **anger**, a wall of **fear** in which you retreat from others to keep safe, walls of **silence**, and walls of **words**. You can easily move from one kind of wall to another, switching from anger to fear, words or silence at any time though always remaining invulnerable behind the walls.

Ask participants to identify which of the above descriptions most describes their ability to set boundaries.

When people are raised with unhealthy boundaries, they often normalize hurtful behavior and can't recognize boundary distortion. Give the following examples on a black board and ask them for greater input to each area.

When done with each section ask participants to identify beliefs that allow them to continue to accept this boundary violation or to abuse others with boundary intrusion. Then discuss the emotional price they pay for that belief and to develop a new belief that would offer greater self-care and health.

**Emotional:** feelings denied  
 being told what you can and cannot feel  
 being raged at  
 criticism  
 being belittled  
 lack of expectations  
 being terrorized

**Spiritual:** going against personal values or rights to please others  
 taught to believe in a hurtful higher power  
 no spiritual guidance  
 no sense of prayer or gratitude

**Sexual:** being sexual for partner, not self

lack of sexual information during puberty  
given misinformation about your body, your development  
shame for being wrong sex  
exposure to pornography  
sexualized comments  
all forms of sexual abuse

**Relationship:** falling in love with anyone who reaches out  
allowing someone to take as much as they can from you  
letting others define your reality  
believing others can anticipate your needs

**Intellectual:** denied information  
not allowed to make mistakes  
not encouraged to question  
being called stupid  
encouraged to follow a parent's dream rather than your own

**Physical:** accepting touch you do not want.  
not taught appropriate hygiene  
violence, pushing, shoving, kicking, pinching  
excessive tickling  
hitting  
touch deprivation

A healthy framework for understanding boundaries is:

**A healthy boundary protects without isolation, and contains without imprisoning.**

## NO and Yes Mean

Growing up in my family saying “NO” meant

---

---

Growing up in my family saying “NO” meant

---

---

Growing up in my family saying “NO” meant

---

---

Growing up in my family saying “YES” meant

---

---

Growing up in my family saying “YES” meant

---

---

Growing up in my family saying “YES” meant

---

---

TODAY:

Saying “YES” means

---

---

Saying “NO” means

---

---

# HELPFUL/HURTFUL NO'S AND YES'S

Identify Helpful NO's: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify Hurtful NO's: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify times needed to hear NO and didn't: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify Helpful YES's: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify Hurtful YES's: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify times needed to hear YES and didn't: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## “NO”

To be able to have healthy boundaries it is important to be able to say no and yes freely. Without the ability to say no, you will not be able to establish appropriate limits or boundaries. The inability to say no results in being overextended, feeling victimized and used. More importantly, saying no is a vital part of assuring that your needs are met. If you cannot say no you'll never know if you're saying yes freely.

Complete the following about what happens when you say no:

Examples may be “When I say no, I am afraid that people won't like me.” “When I say no, I sound like my mother.”

**When I say no, I**

---

**When I say no, I**

---

**When I say no, I**

---

**Summarize what beliefs interfere with your ability to say no:**

---

---

## “YES”

Some people have little or no difficulty saying no while yes causes much internal conflict. To assist you toward greater insight, complete the following sentences:

**When I say yes, I**

---

**When I say yes, I**

---

**When I say yes, I**

---

**Summarize what beliefs interfere with your ability to say yes:**

---

---

## PRACTICING “NO” AND “YES”

Now that you have an understanding of what the words “no” and “yes” mean to you, you may discover that you’d like to be able to use either word more frequently and feel good about it. Practice saying the word “no” or “yes” in front of a mirror. Say it loud. Louder. Louder. For people not used to using the words, it’s important to practice saying them in order that when needed, the appropriate word comes “sliding” out. Don’t just practice it prior to knowing that you want to use it. Practice it now so that you’ll have the option to use it at any time.

View these words as a part of you, just as feelings are a part of you. They’re to be your friend, not your foe.

### NO

If no is difficult for you to say, complete the following sentences:

It is okay to say no. When I say no I will feel better about myself because

---



---

It is okay to say no. When I say no I will feel better about myself because

---



---

It is okay to say no. When I say no I will feel better about myself because

---



---

Only after you have come to an understanding of what no has meant in your life, and have become comfortable with verbalizing the word, and believe in the value of the word “no,” will you begin to apply the words “yes” and “no” appropriately.

**YES**

If yes is difficult for you to say, complete the following sentences:

It is okay to say yes. When I say yes I will feel better about myself because

---

---

It is okay to say yes. When I say yes I will feel better about myself because

---

---

It is okay to say yes. When I say yes I will feel better about myself because

---

---

YOUR PERSONAL BAGGAGE CART

BAGGAGE

**What does your baggage look like? The exterior is constructed to protect, hide and contain our feelings, beliefs and skills. Your luggage may be several pieces, circle that which describes your baggage.**

- a knapsack
- a trunk
- an overnight bag
- a paper bag
- hardcover shell

- softcover shell
- tattered
- colorful
- faded color
- with wheels (easier to pull)

FEELINGS

**What are you carrying inside your bag?**

- Anger
- Resentments
- Embarrassments
- Guilt
- Sadnesses
- Fears
- Love for
- Pride about
- Satisfaction with
- Other

BELIEFS - Negative

**Check those you carry in your various bags:**

- I am not important.
- Others are more important than me.
- Good things only happen to others.
- I need someone to take care of me.
- The world owes me.
- You can not trust other people.
- I am boring.
- If people really knew me, they would not like me.
- I am unlovable.
- Other

BELIEFS - Positive

**Check those you carry in your various bags:**

- People are trustworthy.
- It is okay to take risks.
- I can take care of myself.
- I can ask for help if I need it.
- My feelings are important.
- I deserve to be happy.
- I deserve respect.
- The world has many wonderful things to offer.
- Other

TOOLS

**Describe your tool bag:**

- Large
- Small
- Frequently used
- Seldom used
- Other

**Are your tools a variety or limited in type? What tools do you carry?**

**Check those you carry in your bag:**

- Ability to ask for what you need
- Ability to care for others
- Ability to listen
- Problem-solving skills
- Ability to see choices available
- Negotiation skills
- Healthy expression of feelings
- Ability to set limits
- Respect for others' limits
- Clarity around what is important
- Ability to make decisions
- Self-care skills: Basic hygiene / Appropriate clothing/ Ample sleep  
Exercise / Abstinence from addictive behaviors or chemicals (if a specific problem for you)

YOUR CART

**We utilize a cart to carry our bags when they get too heavy. While not everyone has a cart, consider the possibility; what might your cart be?**

- Alcohol and other drugs
- Compulsive work
- Isolation
- Controlled/Controlling behavior
- Gambling
- Other
- Eating disorder
- Compulsive spending
- Depression
- Anger
- Sex

What are your bags carrying? beliefs, feelings behaviors? \_\_\_\_\_  
\_\_\_\_\_

How long have you been carrying them? \_\_\_\_\_  
\_\_\_\_\_

Who packed the bags? \_\_\_\_\_  
\_\_\_\_\_

Do these bags still serve their purpose? \_\_\_\_\_  
\_\_\_\_\_

What does it say about you and the way you still see yourself? \_\_\_\_\_  
\_\_\_\_\_

What do you want to carry with you on this journey? \_\_\_\_\_  
\_\_\_\_\_

What old feelings and beliefs do you need to let go of? \_\_\_\_\_  
\_\_\_\_\_

What beliefs would support you in the way you would like to live your life? \_\_\_\_\_  
\_\_\_\_\_

What feelings would you prefer to be carrying with you? \_\_\_\_\_  
\_\_\_\_\_

What do you need to do to make that happen? \_\_\_\_\_  
\_\_\_\_\_

What tools are you carrying that are useful to keep? \_\_\_\_\_  
\_\_\_\_\_

Do you have some luggage or a tool bag that you would like to go back and pick up? \_\_\_\_\_  
\_\_\_\_\_

Do you need to acquire some new tools you have never had before? \_\_\_\_\_  
\_\_\_\_\_

## RECOVERY

- Recovery is actively taking responsibility for how you live your life today.
- Recovery is being able to put the past behind. It's no longer having your childhood script dominate how you live your life today.
- Recovery is being able to speak the truth about your growing up years.
- Recovery is the process in which you develop skills you weren't able to learn in your childhood.
- Recovery is a process, not an event. Often beginning as a result of a professionally directed treatment or therapy. Or as a result of experiences in self-help groups.
- Recovery is no longer living a life based in fear or shame.
- Recovery is developing your sense of self, separate from survival/coping mechanisms. Your identity is no longer based in reaction, but action.
- Recovery is the process of identifying, owning, and developing healthy ways of expressing feelings; it is the process of learning self-love, self-acceptance. From learning these new ways, a person often learns how to set healthy boundaries and limits, to get needs met, to play, relax, and develop flexibility.
- Recovery is the process of learning to trust yourself and then trusting others, and with trust comes the opportunity for intimacy.

**J & K Seminars**

**Healing from Loss & Abandonment**

**Handouts for Friday September 12, 2008**

**Claudia Black Ph.D.**

[www.claudiablack.com](http://www.claudiablack.com)

## Claudia Black's Books / CDs / Game / DVDs

For those of you not familiar with Claudia's writings, it is easy to be overwhelmed with all she has available. The following information may make it easier to decide which materials are most beneficial for your needs.

### Books:

*It Will Never Happen To Me* and *Changing Course* are recommended if you are totally unfamiliar with her work. *Changing Course* is a good sequel to *It Will Never Happen To Me* and addresses much of what Claudia will be covering.

*The Strategies Series – Anger, Depression, Family & Relapse Toolkit* are for professionals only and are hands-on strategies to be used with individuals and/or groups. Each includes reproducible handouts and a guided imagery CD.

*Repeat After Me* is a wonderful self-help tool to explore family of origin issues; it is also a great format for a therapist to use interactively with clients.

*A Hole in the Sidewalk* is a self-help tool similar to *Repeat After Me* but with the focus on relapse prevention.

*My Dad Loves Me My Dad Has A Disease* is for children ages 5 through 12 when either parent is a substance abuser.

*Straight Talk* offers recovering parents direction in parenting skills and how to talk to their kids of all ages about their addiction and addiction in general.

*It's Never Too Late to Have a Happy Childhood* is a lovely inspirational book that speaks to the heart and soul – not specific to addiction.

*The Stamp Game* is a therapy game for people of all ages designed to help them identify and talk about their feelings; a variety of formats are given with the instruction booklet. It also gives therapists the opportunity to be creative in working with individuals, couples and/or groups in multiple settings.

### Audio CDs:

*Putting the Past Behind* and *A Time for Healing* are a great combination. They are most reflective of what is in *Changing Course*.

*Emotional Baggage* is reflective of the Baggage Cart presentation presented in many of Claudia's workshops and here at this event.

*Trauma in the Addicted Family* is reflective of Claudia's presentation on the opening of day two.

*Imageries* and *Letting Go Imageries* are the two CDs within the *Strategies Series*, but are great stand alone pieces. They each offer a series of individual imageries to focus on specific issues and/or offer insight.

### DVDs:

While not available for purchase at this event, Claudia has 20 DVDs available to preview and purchase through her website [www.claudiablack.com](http://www.claudiablack.com)

**All of Claudia Black's materials are available for purchase at [www.claudiablack.com](http://www.claudiablack.com)**

- Children of alcoholics have increased feelings of pleasure and relaxation from alcohol ingestion
- They have increased elation and decreased muscle tension in response to alcohol ingestion.
- They have decreased feelings of intoxication at the same blood alcohol level compared to children of non-alcoholics.
- They experience possible serotonin deficiency or an exaggerated level of serotonin when ingesting alcohol.

\* Schuckit, M. 1998. Educating yourself about alcohol and drugs. University of California San Diego: Plenum Trade

\* Begleiter, Henri. 2001. *Hazelden Voice* by Patricia Owen. Butler Center for Research at Hazelden [www.hazelden.org/research/person](http://www.hazelden.org/research/person) November 27, 2002

### **In the United State these children...**

- Are at higher risk for placement outside of the home.
- Are more likely to enter foster care and remain there longer than do other children.
- Exhibit signs of depression and anxiety more than do other children.
- The rate of total health care costs for children of alcoholics is 32% greater than for children of non-alcoholics.
- Admission rates to hospitals are 24% greater and hospital stays are on average 20% longer.
- In general, children of alcoholic families do less well on academic measures.
- They have a higher rate of school absenteeism and are more likely to leave school.

\*NACOA *Children of Addicted Parents: Important Facts*. [www.nacoa.org](http://www.nacoa.org)

### **Children of Addiction are 4 times more likely to be sexually abused. They are prime for victimization as they...**

- Are often starving for attention
- Are less apt to speak up because of fear of not being believed.
- Give others the benefit of the doubt.
- Don't trust their own perceptions.
- Don't know what they feel and can't use feelings and cues as signals.
- Are confused about appropriate boundaries.
- Experience shame upon shame which fuels powerlessness

\* Black, Claudia. 2001 *It Will Never Happen to Me*. Mac Publishing.

## Multiple Addictions Worksheet

**Patient:** \_\_\_\_\_ **Group:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Select from the following menu of addictive disorders and write in the appropriate blank at the head of each column, both the number and the addiction. Start with the most difficult addiction for you, then, rank the others in order of their difficulty. When each addiction is listed, by making a check mark, record which addiction criteria fit for you. Notice any patterns that are constant for you. A sample worksheet has been included to guide you.

1. Alcohol - compulsive drinking
2. Drug - compulsive drug use, specify drug(s)
3. Nicotine - compulsive use of nicotine including smoking and chewing
4. Caffeine - abuse of coffee or tea
5. Gambling - compulsive betting, wagering
6. Risk - high risk sports, business ventures, dangerous activities
7. Sex/love - compulsive sex or love
8. Spending/debting - compulsive use of money
9. Working - compulsive working and/or compulsive "business"
10. Exercise - compulsive athleticism and working out to excess
11. Co-dependency - compulsive relationship behavior with other addicts
12. Eating Disorder
13. Other

All addictions have the following general characteristics:

1. Loss of Control: clear behavior in which you do more of it than you intend or want
2. Compulsive Behavior: a pattern of out of control behavior over time
3. Efforts to Stop: repeated specific attempts to stop the behavior which fail
4. Loss of Time: significant amounts of time lost doing and/or recovering from the behavior
5. Preoccupation: obsessing about or because of the behavior
6. Inability to Fulfill Obligations: the behavior interferes with work, school, family and friends
7. Continuation Despite Consequences: you do not stop the behavior even though you have problems because of it (social, legal, financial, physical, work)
8. Escalation: a need to make the behavior more intense, more frequent, or more risky
9. Losses: because of the behavior, you have lost, given up, or limited things you value in your life including hobbies, family, relationships and work
10. Withdrawal: you experience any of the following when you stop the behavior: distress, anxiety, restlessness, irritability or physical discomfort

Now complete the following multiple addictions worksheet. To be an addict, you must have three of the criteria met. Most addicts have five. Over half, have seven or more.

Criteria	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
1. Loss of Control										
2. Compulsive Behavior										
3. Efforts To Stop										
4. Loss of Time										
5. Preoccupation										
6. Inability To Fulfill Obligations										
7. Continuation Despite Consequences										
8. Escalation										
9. Losses										
10. Withdrawal										

### Addiction Interaction Disorder

Most addicts have more than one addiction. These addictions not only coexist, they also interact. We call this "addiction interaction disorder" or AID. When the addictions interact they become a "package". For example, a cocaine addict who is also a sex addict might fuse the two addictions together. The addict would never do them separately - that is, no cocaine without sex; no sex without cocaine. When such packages occur, treatment including a first step and relapse prevention plan must be around the combination of addictions. To help you think about your issues we have listed below criteria by which we measure addiction. They include:

1. Cross Tolerance: You can see this in two ways. First, both addictions get worse at the same time. Or, one addiction will replace another with little time between them.
2. Withdrawal Mediation: One addiction is used to blunt the withdrawal from another addiction. An example would be the use of nicotine for a newcomer at AA meetings.
3. Replacement: One addiction replaces another over time - Minimum of three months in between, but usually it is a year or more.
4. Alternative Addiction Cycles: Use of addictions alternate over time in a distinct pattern you can see. An example would be the food anorexic/sex addict who gets married and becomes a compulsive overeater/sex anorexic. When divorced, returns to food anorexia and sex addiction.
5. Masking: Use of one addiction to cover up for another. An example would be the alcoholic who covers up sex addiction by saying, "I did it because I was drinking".
6. Ritualizing: When the rituals of one addiction merge with another. A good example is sex addict cruising rituals coinciding with a drinking ritual.
7. Numbing: This occurs when one addiction is used to calm or relax from other addictive behavior. Example would be marijuana or alcohol or compulsive eating after high-risk sex or compulsive stressful work.
8. Disinhibiting: Using one addiction as a way to disinhibit another form of addiction.
9. Combining: Putting addictions together to create a unique high or to preserve a certain state or edge. The example here would be a "speedball" or using methamphetamines to preserve sexual high.

---

## HANDLING MULTIPLE ADDICTIONS

---

*The same principles apply in every addiction. If sex addiction is the main focus, the others fall in line. Expressing feelings is what keeps me alive.*

*Find some people with similar compulsive patterns to check in with.*

*Compulsive behaviors are interrelated, like gears in a machine. If one becomes active, the others are close behind.*

*Work on the most threatening addiction first, then, after reaching some stability with it, work on the next most threatening.*

*When I become burned out with meetings and programs, I focus on the primary addiction.*

*Get a sponsor for each addiction; have a solid home group in each program, and remember, if you slip in one program, you don't have to slip in them all.*

*Learn how the addictions interact, and how each addiction is stimulated, and the reason for the behavior. Take one addiction at a time and allow the recovery from each one to strengthen the ability to stop the others.*

*They all are connected to shame - as shame is faced and worked, the addictions fade.*

*I must remember that sobriety in one program does not give me sobriety in another.*

*Trying to take it all at once is simply foolish. We need others to share in our struggles. For me, personal accountability to others is essential.*

*I cannot expect any one group to fill all of my needs; I take what I need from all my groups.*

*Keep a steady, even discipline - no big crash programs: stay open to change and avoid a rigid mind-set toward a given concept of recovery.*

**Family Powerlessness / Unmanageability / Enabling**

<b>Attempts to Control</b>	<b>In the long run – Did it make a difference?</b>	
<input type="checkbox"/> Silent treatment	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Lying	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Making threats	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Accommodating	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Canceling plans	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Assuming responsibility	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Pretending	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Lecturing	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Avoiding	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Relocating	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Hiding or dumping (alcohol/drugs/food/sex paraphernalia/ etc.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<b>Unmanageability</b>
<input type="checkbox"/> Loss of sleep
<input type="checkbox"/> Headaches
<input type="checkbox"/> Stomach problems
<input type="checkbox"/> Destructive eating patterns
<input type="checkbox"/> Inappropriate expression of anger
<input type="checkbox"/> Silent rage
<input type="checkbox"/> Excessive crying
<input type="checkbox"/> Isolation
<input type="checkbox"/> Job impacted
<input type="checkbox"/> Martyrdom
<input type="checkbox"/> Mental impairment
<input type="checkbox"/> Total preoccupation
<input type="checkbox"/> Destructive behavior
<input type="checkbox"/> Alcohol or drug abuse
<input type="checkbox"/> Depression
<input type="checkbox"/> Walking on eggshells
<input type="checkbox"/> Other (name)
_____
_____
_____

<b>Enabling</b>
<input type="checkbox"/> Cover up
<input type="checkbox"/> Lie
<input type="checkbox"/> Make excuses
<input type="checkbox"/> Bribe
<input type="checkbox"/> Maintain Don't Talk Rule
<input type="checkbox"/> Not follow through on consequences
<input type="checkbox"/> Other (name)
_____
_____
_____

## **ENABLING EXERCISE**

The addicted person always goes first

### **ADDICTED PERSON** (list for each family member)

One way that you have enabled me is:

That enabling behavior tells me:

### **CO-DEPENDENT**

One way that **I have enabled you** is:

My enabling behavior tells you and me:

I commit to:

Enabling process is any behavior that supports the addict's delusion that their drug or behavior is not the problem and aids them in avoiding responsibility for their behavior.

## Family Addiction

***Addiction:** a compulsive behavior with something external to our self and a continuation of that behavior in spite of consequences to our self and/or others.*

Disease Symptoms	Disease Behaviors	Feelings
Preoccupation	Rationalizing	Frozen Feelings
Increased Tolerance	Minimizing	Anger
Loss of Control	Blaming	Loneliness
Denial	Euphoric Recall	Sadness
Blackouts	Sneaking / Lying	Disappointment
Craving	Hiding / Secrets	Guilt
Self Defeating Behavior	Isolation	Fear
Decreased Tolerance		Shame
Medical Problems		

## Sentence Stems

These are variations of a similar theme. You would not need to use each statement. Pick the one that you think is most relevant to the client. All of these issues fuel codependent behavior. The key to the value of sentence stems is that the client takes a sentence and completes it several different times. Typically after they move beyond the first few statements they will get to the underlying issues.

**In my growing up years, in order to be safe I had to...**

**In my growing up years, in order to protect myself, had to...**

**In my growing up years, in order to be loveable I had to...**

**In my growing up years, in order to be loveable I could not...**

**In my growing up years, saying No meant...**

**In my growing up years, saying Yes meant...**

# Sharing the Disease

## Addict

- How long have you had the disease of (name the addiction)?
- How long have you been dealing with addiction generationally? (i.e. father was alcoholic, grandfather was workaholic, etc.)
- How and in what ways have you seen your addiction progress?
- What do you think is the biggest consequence that addiction and codependency has had on you and your family?
- Give two examples of defenses you've used that have kept you in denial.
- Share your recovery practice. (i.e. 12 Step involvement, therapy, meditation, etc.)

## Codependent / Co-addict

- How long have you been codependent?
- How long have you been dealing with addiction generationally? (i.e. father was alcoholic, grandmother was compulsive overeater, etc.)
- How and in what ways have you seen your codependency progress?
- What do you think is the biggest consequence that addiction and codependency has had on you and your family?
- Give two examples of defenses you've used that have kept you in denial.
- Share your recovery practice. (i.e. 12 Step involvement, therapy, meditation, etc.)



Often there are problems in relationships because what is expected of each partner is not clear. Assumptions also prevent effective communication. When we assume something about the other person or assume she/he knows something about us, we base our behavior on something which may be incorrect. In fact they may not know. When communication becomes strained, many topics are avoided. We keep “secrets” for many reasons but they can be very destructive to relationships.

Think of some topics that you avoid talking about, or feelings that are uncomfortable for you to discuss.

Complete each of the following sentences with a maximum of 5 statements for your family member.

***In our relationship I would like from you***

***I have assumed you knew (but in case you do not) I would like to tell you***

***These are some topics I hesitate to bring up with you***

***I have difficulty sharing these feelings with you***

***My use of drugs and alcohol has affected our relationship in these ways***

***Your use of drugs and alcohol has affected our relationship in these ways***

***I feel distant from you when***

***I feel close to you when***

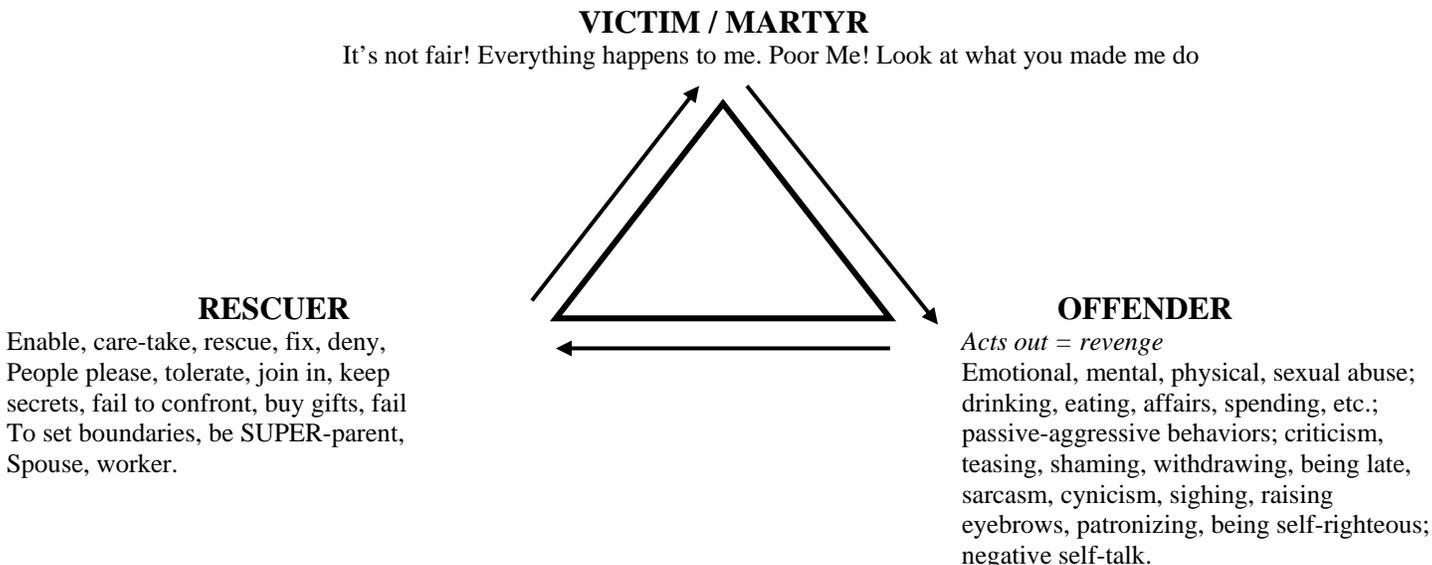
***In order to improve our relationship, I am willing to***

***These are the traits I value in myself***

***These are the traits I value in you***

## DRAMA TRIANGLE

Can be done with self or another i.e. spouse, child, friend, co-worker, etc.



### THE WAY IN

- Unrealistic expectations
- Cognitive distortions

### THE WAY OUT

- Explore how I move around the triangle
- Have realistic expectations of self and others
- Learn to nurture self and practice self care of  
the body, mind, and spirit
- Learn about boundaries, then set and maintain them
- Take responsibility for self and stop blaming others

### PAY-OFFS

Victim	Rescuer	Offender
<ul style="list-style-type: none"> <li>• Receives pity</li> <li>• Taken care of by rescuers</li> <li>• Controls others by guilt</li> <li>• Avoids responsibility by blaming</li> <li>• Feels helpless and trapped</li> <li>• Lacks personal power to get needs met</li> <li>• Low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Feels saintly</li> <li>• Concentrates on others and can avoid self</li> <li>• Gains respect of other rescuers</li> <li>• Feels superior</li> <li>• Gets tired and depleted</li> <li>• Feels unappreciated</li> <li>• Consumed with resentments</li> <li>• Low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Avoids discomfort and feelings by offending others</li> <li>• Feels a sense of “pseudo power and self esteem” by scaring victims</li> <li>• Feel superior</li> <li>• Experiences loneliness</li> <li>• Lacks helpful, honest feedback because of others’ fear</li> <li>• Lack of respect from others</li> <li>• Low self-esteem</li> </ul>

**As an adult, I have choices. Getting off the triangle is a way to get into “RECOVERY”**

## Feelings Meter

On the meters, mark the levels for the feelings listed as you experience them in your family.

### Fear Meter

Very Fearful  
Fearful  
Somewhat Fearful  
Rarely Fearful  
Never Fearful

### Loneliness Meter

Very Lonely  
Lonely  
Somewhat Lonely  
Rarely Lonely  
Never Lonely

### Guilt Meter

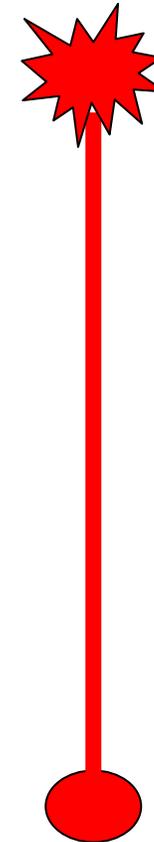
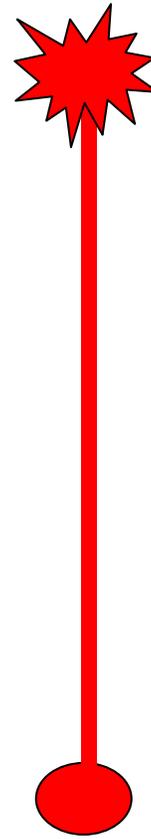
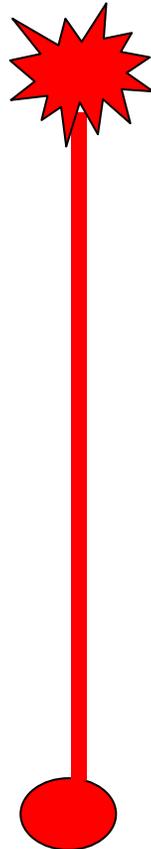
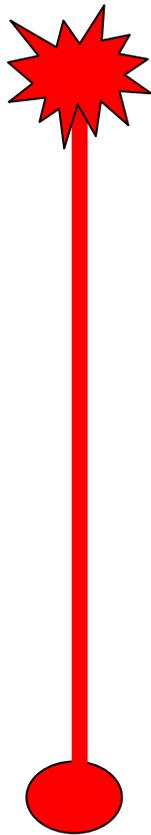
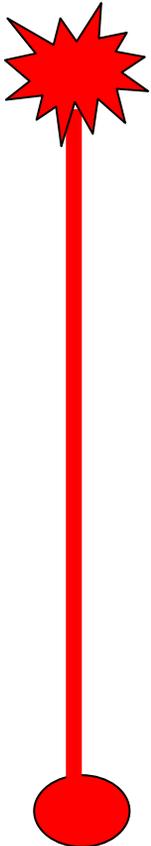
Very Guilty  
Guilty  
Somewhat Guilty  
Rarely Guilty  
Never Guilty

### Sadness Meter

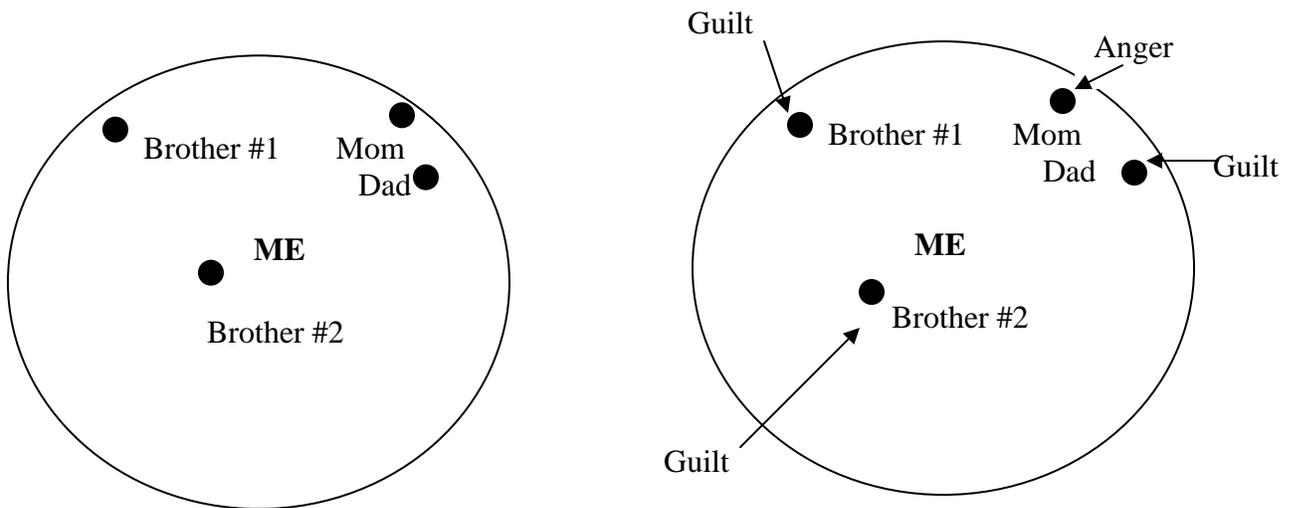
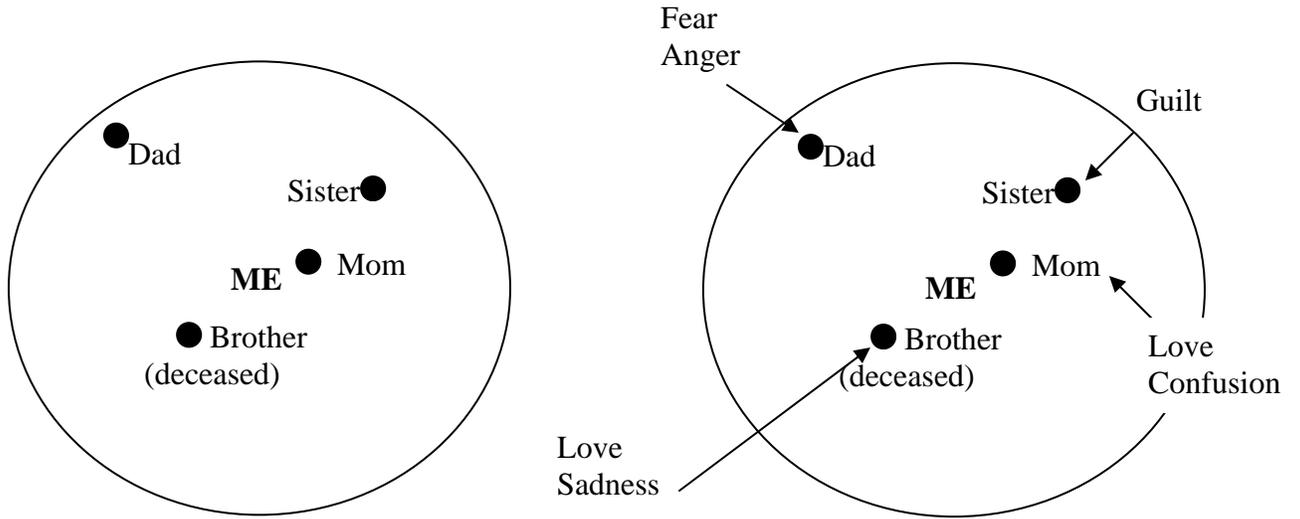
Very Sad  
Sad  
Somewhat Sad  
Rarely Sad  
Never Sad

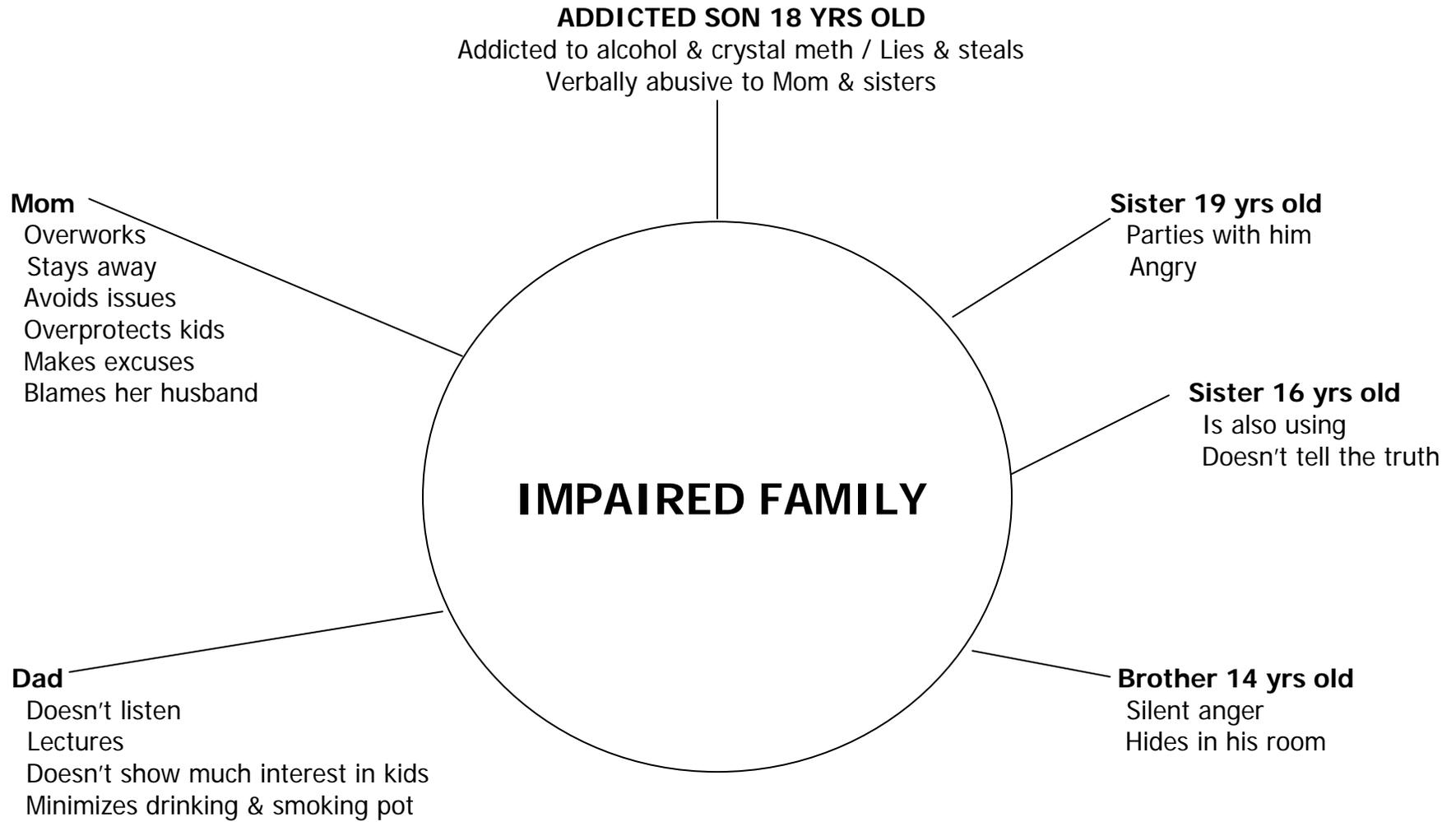
### Embarrassment Meter

Very Embarrassed  
Embarrassed  
Somewhat Embarrassed  
Rarely Embarrassed  
Never Embarrassed



### Emotional Sociogram





# FAMILY ROLES

In an addictive or depressed family system the disease becomes the organizing principle. The affected person becomes the central figure from which everyone else organizes their behaviors and reactions, usually in what is a slow insidious process. Typically family members do what they can to bring greater consistency, structure and safety into a family system that is becoming unpredictable, chaotic or frightening. To do this they often adopt certain roles or a mixture of roles.

Original work regarding family roles was by Virginia Satir, then adapted by Claudia Black and Sharon Wegscheider Cruse to fit the addictive family. Over the course of years the names vary, yet the descriptions fit. You are welcome to rename that which best describes you. ♦



## **FAMILY HERO ♦ RESPONSIBLE ONE**

STRENGTHS	DEFICITS
Successful Organized Leadership skills Decisive Initiator Self disciplined Goal oriented	Perfectionist Difficulty listening Inability to follow Inability to relax Lack of spontaneity Inflexible Unwilling to ask for help High fear of mistakes Inability to play Severe need to be in control

## **PLACATER ♦ PEOPLE PLEASER**

STRENGTHS	DEFICITS
Caring/ compassionate Empathic Good listener Sensitive to others Gives well Nice smile	Inability to receive Denies personal needs High tolerance for inappropriate behavior Strong fear of anger or conflict False guilt Anxious Highly fearful Hypervigilant



## **SCAPEGOAT ♦ ACTING OUT ONE**

### **STRENGTHS**

Creative  
 Less denial, greater honesty  
 Sense of humor  
 Close to own feelings  
 Ability to lead  
 (just leads in wrong direction)

### **DEFICITS**

Inappropriate expression of anger  
 Inability to follow direction  
 Self-destructive  
 Intrusive  
 Irresponsible  
 Social problems at young ages (i.e.)  
 truancy, teenage pregnancy,  
 high school dropout, addiction  
 Underachiever  
 Defiant / rebel

## **LOST CHILD ♦ ADJUSTER**

### **STRENGTHS**

Independent  
 Flexible  
 Ability to follow  
 Easy going attitude  
 Quiet

### **DEFICITS**

Unable to initiate  
 Withdraws  
 Fearful of making decisions  
 Lack of direction  
 Ignored, forgotten  
 Follows without questioning  
 Difficulty perceiving choices and options

## **MASCOT**

### **STRENGTHS**

Sense of humor  
 Flexible  
 Able to relieve stress and pain

### **DEFICITS**

Attention seeker  
 Distracting  
 Immature  
 Difficulty focusing  
 Poor decision making ability

***The following are some examples of beliefs we hold that drive our behavior.***

**Beliefs of the Responsible Child:**

"If I don't do it, no one will."

"If I don't do this, something bad will happen, or things will get worse."

**Beliefs of the Adjuster Child:**

"If I don't get emotionally involved, I won't get hurt."

"I can't make a difference anyway."

"It is best to not draw attention to yourself."

**Beliefs of the Placater Child:**

"If I am nice, people will like me."

"If I focus on someone else, the focus won't be on me and that is good."

"If I take care of you, you won't leave me or reject me."

**Beliefs of the Mascot Child:**

"If I make people laugh, there is no pain."

**Beliefs of the Acting Out Child:**

"If I scream loudly enough, someone may notice me."

"Take what you want. No one is going to give you anything."

***Here are some examples of responses to feelings as affected by our roles:***

**The Responsible Child:** "I must stay in control of my feelings."

**The Adjuster Child:** "Why should I feel? It's better if I don't."

**The Placater Child:** "I must take care of others' feelings."

**The Mascot Child:** "I must take the pain away."

**The Acting Out Child:** "I am angry about it, whatever it is."

***Another way roles restrict our lives is that they dictate the way shame may manifest itself in our adult years.***

**The Responsible Child** shows shame with control, perfectionism, and compulsivity.

**The Adjuster Child** shows shame with procrastination, and victimization.

**The Placater Child** shows shame with victimization, depression, and perfection.

**The Mascot Child** shows shame with depression and addiction.

**The Acting Out Child** shows shame with rage, addictions, and procrastination.

***While the statements above are subjective generalizations, they describe the reality that many people live.***

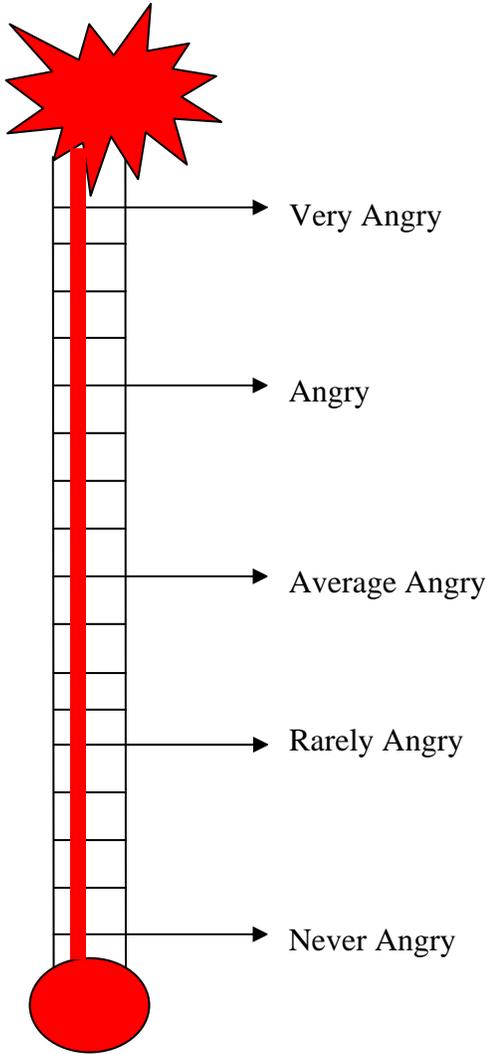
## **Primary Roles – (name)**

## **Secondary Roles – (name)**

- As a result of being the family hero I \_\_\_\_\_  
(strengths) (vulnerabilities)
  
- As a result of being the family mascot I \_\_\_\_\_  
(strengths) (vulnerabilities)
  
- As a result of being the family placater I \_\_\_\_\_  
(strengths) (vulnerabilities)
  
- As a result of being the family lost child I \_\_\_\_\_  
(strengths) (vulnerabilities)
  
- As a result of being the family scapegoat I \_\_\_\_\_  
(strengths) (vulnerabilities)

# Anger and You

In general, I consider myself as (mark your level of anger on the meter below):



How was anger expressed in your family when you were growing up?

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How has that been helpful or harmful to you?

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# ANGER CONTINUUM

*Words represent:*

Mild Anger



Most  
Volatile

ANNOYED



IRRITATED



UPSET



MAD



ANGRY



FURIOUS



ENRAGED



MURDEROUS

## ANGER SENTENCE STEM

When my dad got angry he \_\_\_\_\_

When my dad got angry he \_\_\_\_\_

When my dad got angry I \_\_\_\_\_

When my dad got angry I \_\_\_\_\_

When my mom got angry she \_\_\_\_\_

When my mom got angry she \_\_\_\_\_

When my mom got angry I \_\_\_\_\_

When my mom got angry I \_\_\_\_\_

When I got angry at my mom she \_\_\_\_\_

When I got angry at my mom she \_\_\_\_\_

When I got angry at my dad he \_\_\_\_\_

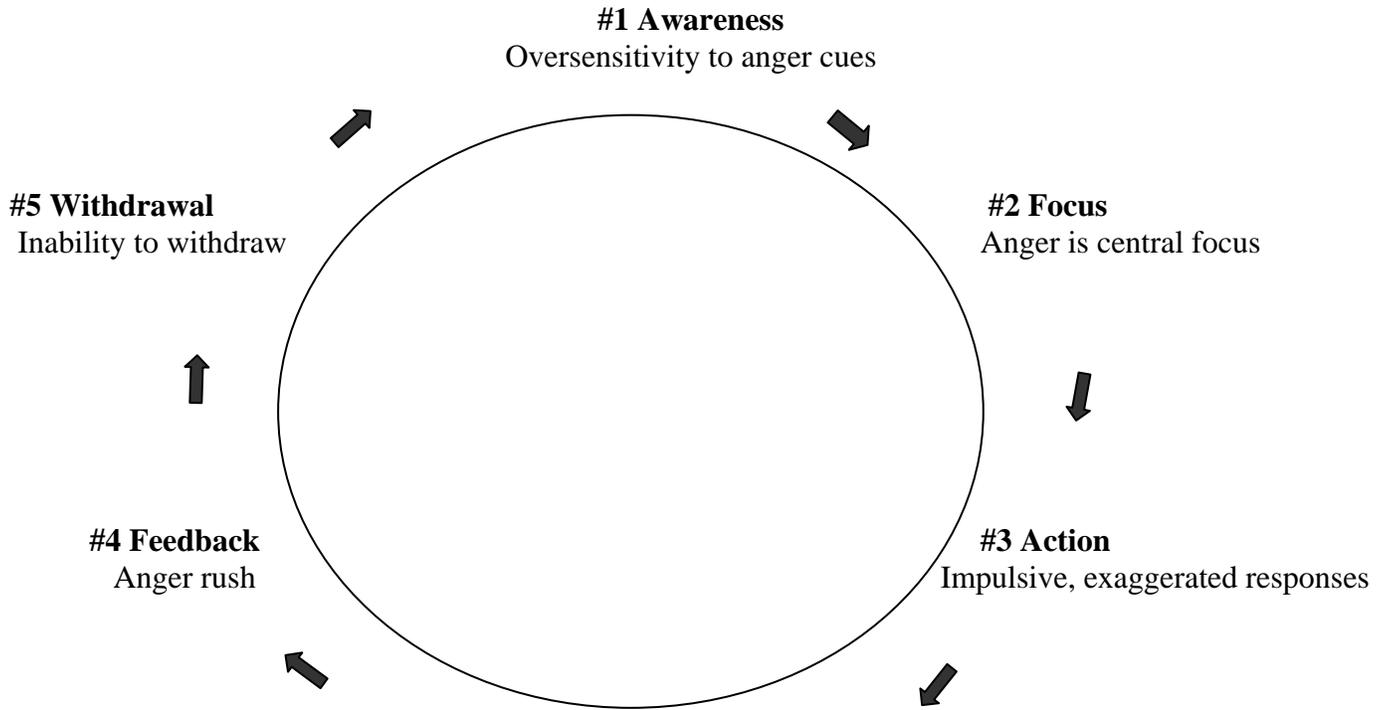
When I got angry at my dad he \_\_\_\_\_

Today when I get angry I \_\_\_\_\_

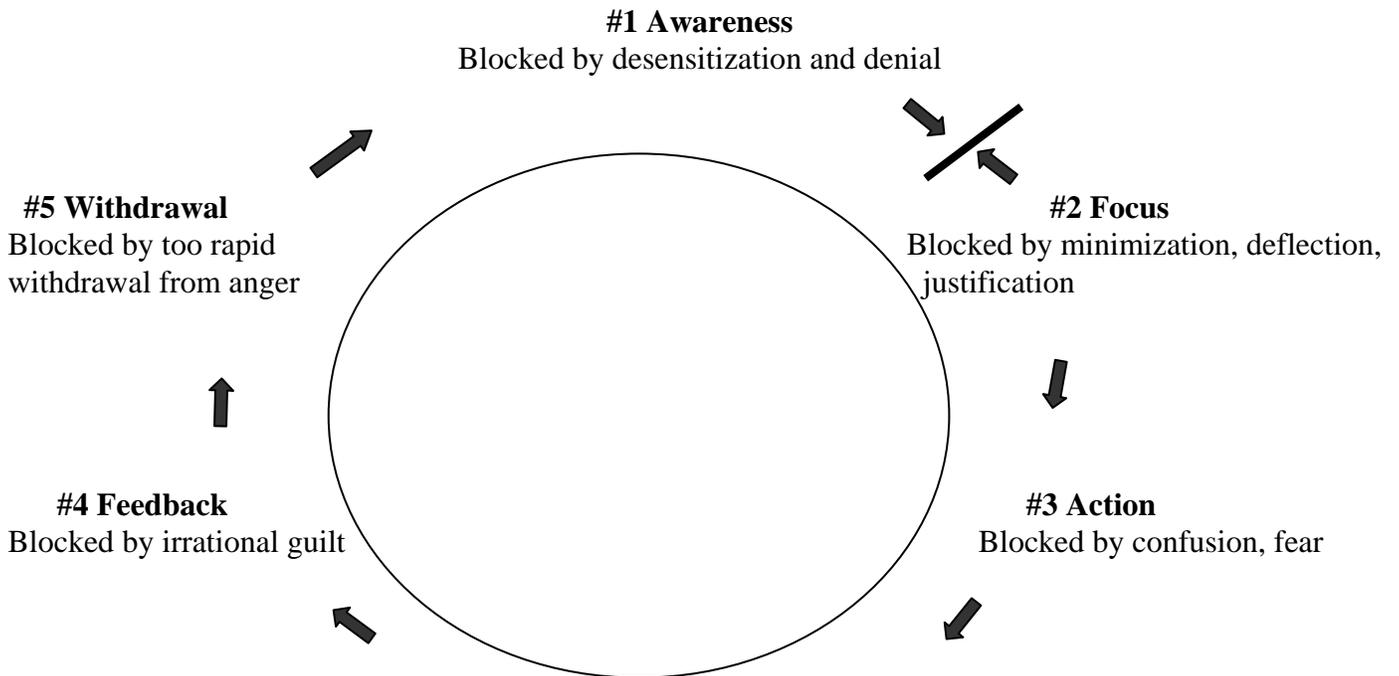
Today when I get angry I \_\_\_\_\_

# Awareness Cycle

## *Chronically Angry Position*

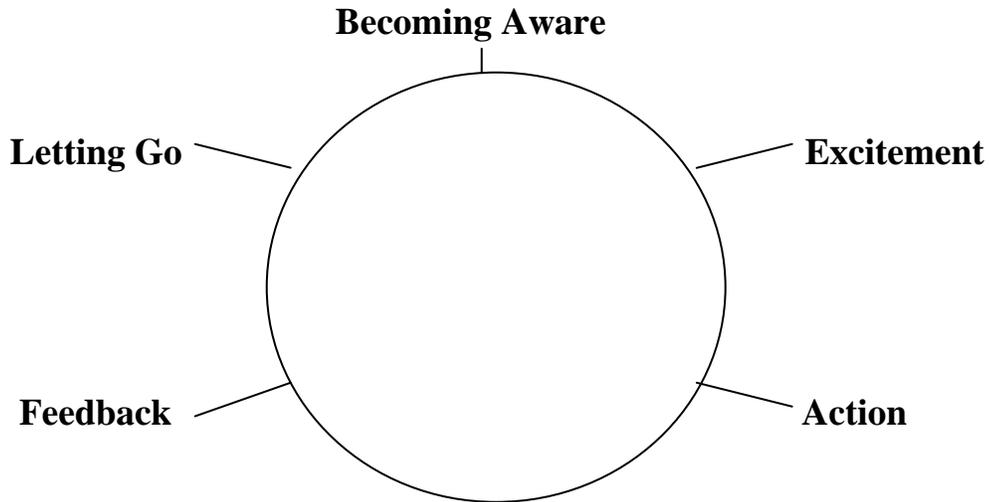


## *Anger Avoidant Position*



# Anger Analysis

1. Place an "x" on the cycle of awareness pointing to where you need to learn a new way to deal with your angry feelings. Do this for each incident in your anger diary.



2. Now that you have looked at some every day incidents of anger, describe the patterns that you see yourself repeating.

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3. Where in the cycle do you do the best in being appropriate with your anger?

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4. Where in the cycle do you have the most difficulty in being appropriate with your anger?

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5. List the problems you see in your own words, and then list your goals. For example, if the problem is that when you are angry you act impulsively, a goal might be to think things over before acting on angry feelings.

Problem:

- (a)
- (b)
- (c)

Goal:

- (a)
- (b)
- (c)

SOURCE: *Anger, Alcoholism and Addiction*  
by Ronald and Patricia Potter-Efron

HO/Anger/Awareness Cycle

## ANGER CYCLE DIARY

Date: \_\_\_\_\_

Description of the Anger Incident: \_\_\_\_\_

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1. In this incident, I (a) noticed; (b) ignored; (c) looked for my angry feelings in the following way(s): \_\_\_\_\_

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2. In this incident, I (a) focused on; (b) minimized; (c) emphasized my anger in the following way(s): \_\_\_\_\_

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3. In this incident, I (a) took a reasonable action; (b) did not act; (c) acted impulsively on my angry feelings in the following way(s): \_\_\_\_\_

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4. In this incident, I (a) shared my anger clearly and tactfully; (b) felt badly about sharing my anger; (c) had a strong rush of anger and liked expressing it, in the following way(s): \_\_\_\_\_

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5. In this incident, I (a) let go of my anger as soon as the problem was resolved; (b) guiltily took back my anger as soon as I could; (c) hung on to my anger and resentment even after I expressed it.

6. Now that I have had time to think more about this incident, I can tell myself \_\_\_\_\_

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7. The main thing that I will do to change how I deal with my anger in the future is \_\_\_\_\_

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## BELIEFS THAT DENY ANGER

What are the beliefs that deny your anger? You need to identify those beliefs and ascertain if that is a belief that is hurtful or helpful to how you want to live your life today. It means taking ownership of your own belief system. The following are common beliefs that help to minimize or discount anger. Check those you identify with and add others to that list. On the right, with those you checked, indicate what factor(s) helped to create that belief. Be specific -- give names. Describe the earliest situation you remember that fueled this thought. You may need more paper.

### BELIEFS

### WHERE DID THIS BELIEF COME FROM?

- I am a bad person if I am angry. \_\_\_\_\_  
\_\_\_\_\_
- Being angry means being out of control. \_\_\_\_\_  
\_\_\_\_\_
- It is my fault therefore I have no reason to be angry. \_\_\_\_\_  
\_\_\_\_\_
- Nice people don't get angry. \_\_\_\_\_  
\_\_\_\_\_
- Bad things happen when people get angry. \_\_\_\_\_  
\_\_\_\_\_
- No one is going to listen to me. \_\_\_\_\_  
\_\_\_\_\_
- If I show my anger, the consequences will be worse. \_\_\_\_\_  
\_\_\_\_\_
- Other(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## BELIEFS THAT FUEL ANGER

What are the beliefs that fuel your anger? You need to identify those beliefs and ascertain if that is a belief that is hurtful or helpful to how you want to live your life today. It means taking ownership of your own belief system. The following are common anger fueling beliefs. Check those you identify with and add others to that list. On the right, with those you checked, indicate what factor(s) helped to create that belief. You may need more paper.

### BELIEFS

### WHERE DID THIS BELIEF COME FROM?

- People are out to get me. \_\_\_\_\_
- You can't trust anyone. \_\_\_\_\_
- Take advantage of others before they take advantage of you. \_\_\_\_\_
- They don't really like me. \_\_\_\_\_
- They are just being nice because they have to. \_\_\_\_\_
- I am not responsible, someone else is. It is their fault. \_\_\_\_\_
- I can't do anything about my anger. It is just me. \_\_\_\_\_
- Anger never hurt anybody. \_\_\_\_\_
- I am just an angry person. \_\_\_\_\_
- Other(s) \_\_\_\_\_

After discussion, ask group for beliefs that are more helpful to reducing an angry stance.

# The Seven Steps

## Step One

Admit we are angry and our lives have become problematic as a result of the destructive and unhealthy expression of anger.

## Step Two

Demonstrate a willingness to do something about your anger

## Step Three

Take a personal inventory of how your anger has affected your life.

## Step Four

Using the written inventory as a tool, admit to yourselves and to another human being, how it is you have been hurtful with your anger.

## Step Five

Make a written list of those you have harmed, yourself included and be willing to make amends.

## Step Six

Make direct amends to such people whenever possible, except when to do so would injure them or others.

## Step Seven

Continue to take a personal inventory of whether or not you are angry, and when you are, promptly admit it.

## Depression Considerations

### Significant times for medication monitoring

1. At the initiation of the use
2. When there is a change in dosage or type of medication
3. If a medication is discontinued

### Prime Risk Factors for Suicide

- A history of previous attempts
- A lethal suicide plan
- A family history of suicide
- Marital status  
Those never married are at greatest risk, followed by those separated, divorced, widowed, married with no children, and married with children.
- Health status  
Those who have recently undergone major surgery and are in physical pain, and those with chronic or terminal illness.
- Recently surviving a spouse or partner
- Failure at or loss of occupation
- Having an addiction

*The greatest risk for suicide is a client who is beginning to emerge from a profound depression and has sufficient energy to act on the deadly impulse.*

### Causes & Indicated Treatment for Depression

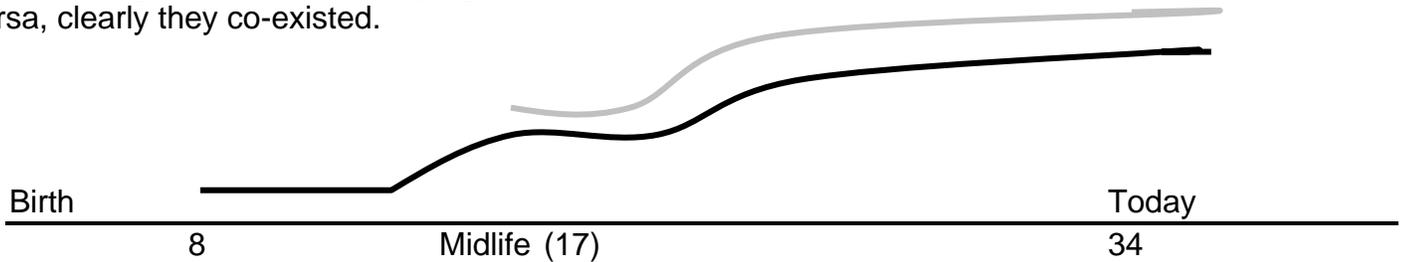
- A biochemical imbalance or disordered neurochemistry  
*Indicated treatment:* pharmacological medication
- A habitual pessimistic and disordered way of viewing the world  
*Indicated treatment:* cognitive behavioral strategies
- The inability to do the grief work necessary to bring completion to the feelings of sorrow  
*Indicated treatment:* grief work and trauma therapy

## ADDICTION / DEPRESSION HISTORY GRAPH

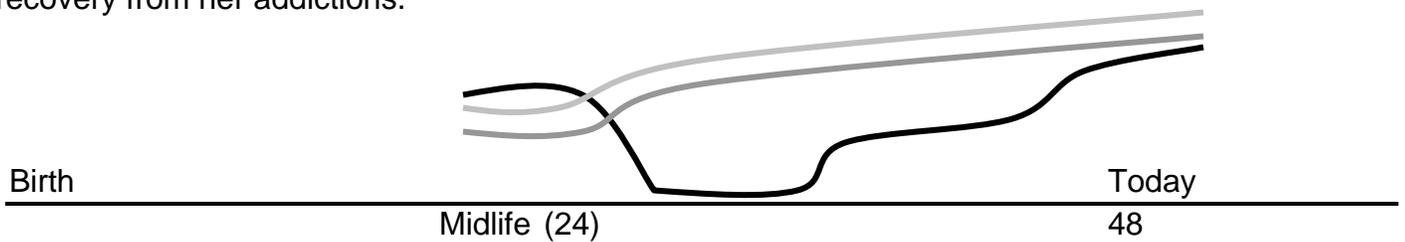
Refer to the Depression Graph you created and do an overlay (using a different color pen or pencil) of any addictive process such as alcohol or drugs, spending, eating, sexual, work relationship, etc. If you have multi addictions, use different colors for each addiction.

### Examples

Tom had begun to use alcohol by age 16 and as his depression escalated so did his addiction, or vice versa, clearly they co-existed.



Lucia has an eating disorder, bulimia anorexia, and is a compulsive spender. She didn't connect her addictive processes to her depression, as they over rode her awareness of depression, until she was in recovery from her addictions.



HO/Depression/Addiction Depression History Graph

## LOSS EVENTS

The following list of events that are often traumatic frequently fuel depression. Note whether or not you experienced any of them and indicate your approximate age or age range.

- Living with addiction (alcohol, drugs, work, gambling, sex addiction)      Age\_\_\_\_\_      Age Range\_\_\_\_\_
- Living with mental illness      Age\_\_\_\_\_      Age Range\_\_\_\_\_
  - depression      schizophrenia      other
- Physical abuse (hitting, slapping, pushing, shoving)      Age\_\_\_\_\_      Age Range\_\_\_\_\_
- Sexual abuse      Age\_\_\_\_\_      Age Range\_\_\_\_\_
- Emotional abuse (being raged at, called names, left alone, covert sexual abuse - no touching but inappropriate nonetheless)      Age\_\_\_\_\_      Age Range\_\_\_\_\_
- Witnessing abuse of others in the family (physical, sexual, emotional)      Age\_\_\_\_\_      Age Range\_\_\_\_\_
- Accidents (auto, falls, fire, tornados, floods, etc.)      Age\_\_\_\_\_      Age Range\_\_\_\_\_
- Death of a pet      Age\_\_\_\_\_      Age Range\_\_\_\_\_
 

Your relationship to pet
- Death of a loved one      Age\_\_\_\_\_      Age Range\_\_\_\_\_
 

Your relationship to this person
- Important separations (Describe)      Age\_\_\_\_\_      Age Range\_\_\_\_\_
- Significant moves (Describe)      Age\_\_\_\_\_      Age Range\_\_\_\_\_
  - Home
  - School
  - Work

## DEPRESSION INDEX

Match symptoms with your age ranges.

Hopelessness ("Why bother? It won't get any better.")	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Helplessness ("I can't take it any more.")	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Fatigue / lethargy	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Lack of motivation or drive	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Insomnia (inability to fall or stay asleep or early waking)	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Excessive sleep	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Disturbances in sleep	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Disordered eating (overeating or lack of eating)	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Isolation (avoiding others, limiting conversation)	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Thoughts of suicide	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Repetitive feelings of sadness or irritability	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Difficulty concentrating or making decisions	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Consistent feelings of guilt / worthlessness	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Grandiose thoughts	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Excessive talking	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>
Loss of interest or pleasure in hobbies or activities	Child <input type="checkbox"/>	Adolescent <input type="checkbox"/>	Throughout Adulthood <input type="checkbox"/>	Presently <input type="checkbox"/>

## Reinforcing the First Step

Ask your clients to identify the ways in which they have attempted to manage or control their disease that were ultimately hurtful to themselves. Clients might answer:

Discontinued medications without discussion with a physician

Went to a family doctor, not a physician who specializes in depression

Did not tell therapist the extent of my abuse history

Told myself to just handle things, this is life

Medicated myself with drugs, spending, eating or other compulsive behaviors

Assist clients in distinguishing what they have the power to change. "I am powerless over the disease, but I have the power to affect my recovery."

## Powerlessness

Power lies in the acts of recovery, and recovery begins with acceptance of powerlessness over the disease.

Examples: A picture of...

The face of a person with food smeared all across it may represent the use of food to soothe one's emotional pain.

Cars, clothes and boats may represent buying sprees the depressed person goes on in an attempt to feel good about him or herself.

A lock on a door may represent feeling trapped in one's depression.

An empty house may reflect the loneliness of depression.

## Co Addictive Traits

- Feeling crazy
- Not trusting self
- Feeling anguished
- Walking on eggshells
- Being depressed
- Experiencing health problems
- Feeling inadequate
- Being obsessive
- Having rageful thoughts and behaviors
- Acting out via food, alcohol, drugs, spending, affairs
- Lying to self, to others
- Having emotional outbursts
- Denying suspicions
- Being emotionally numb
- Defending with busyness, perfectionism
- Burying head in sand, ignoring signs
- Changing self to please, accommodate, pacify
- Socially withdrawing

## Shared Codependency Traits

- Need for outside approval
- Fear of rejection and abandonment
- Inability to identify and ask for what you need
- Fear of conflict
- Feelings of inadequacy
- Inability to identify and express a wide range of feelings
- Shame bound defenses, i.e. control, procrastination, victim, etc.
- Fear of specific feelings
- Rigidly ascribed to roles learned in impaired family

## Cognitive Conditions of Stress

- Poor memory
- Inability to concentrate
- Poor judgment
- Anxious or racing thoughts
- Loss of objectivity
- Indecisiveness
- Trouble thinking clearly
- Seeing only the negative
- Constant worrying
- Dread

## Illnesses Related to Stress

- Headaches or backaches
- Nausea, dizziness, fatigue
- Chest pain
- Rapid heartbeat
- Skin breakouts
- Grinding teeth (TMJ)
- Ulcers
- Hair loss
- Depression
- Hyperthyroidism
- Rheumatoid arthritis
- Diarrhea or constipation
- Sleep disturbance
- Weight gain or loss
- Frequent colds or flu
- Shortness of breath
- High blood pressure
- Chronic back pain
- Sweats
- Anxiety disorder
- Heart disease
- Tooth and gum disease
- Asthma

## FORGIVENESS

Before forgiveness of others is truly possible, you must own what happened to you. You must acknowledge the losses, feel the feelings.

Forgiveness is not...

- forgetting
- condoning
- absolution They are still responsible for what they did to us.
- a form of self sacrifice
- never again being angry about the abuse
- a clear cut, one time decision

Forgiveness is...

- recognizing we no longer need our grudges and\_resentments, our hatred and self pity
- no longer wanting to punish the people who hurt us
- what happens naturally as a result of confronting past\_painful experiences and healing old wounds
- an internal process. It happens within.

With forgiveness, we no longer build an identity around something that happened to us in the past.

Forgiveness is remembering, and letting go.

**Deceived**

Claudia Black Ph.D.

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**Family of Origin**

- Overlook (deny, rationalize, minimize) behavior which hurts deeply
- Appear cheerful when hurting
- Make excuses for the hurtful behavior
- Avoid conflict to minimize further anger
- Tolerate inappropriate and hurtful behavior
- Prioritize needs of others over your own
- Caretake others
- Fault self for family's problems
- Discount own perceptions, give others benefit of doubt
- Believe have no options available
- Believe you are at fault, it is your job to find the answers
- Not ask for help
- Accommodate

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### Shared Codependency Traits

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### Stockholm Syndrome

1. The presence of a perceived threat to one's physical or psychological survival and the belief that the abuser would carry out the threat.
2. The presence of a perceived small kindness from the abuser to the victim.
3. Isolation from perspectives other than those of the abuser.
4. The perceived inability to escape the situation.

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- Shortness of breath
- High blood pressure
- Chronic back pain
- Sweats
- Anxiety disorder
- Heart disease
- Tooth and gum disease
- Asthma

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### Cheap Forgiveness

An act that deepens the denial process by promoting an illusion of closeness when nothing has changed, has been faced or resolved.

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### How Can I Forgive You?

*“Cheap forgiveness is when you try to preserve the relationship at any cost, including sacrificing your integrity and safety. Silencing your anguish and indignation only silences your heart and soul. On the surface you may act like nothing is wrong, but inside you’re bleeding out.”*

Janis Spring

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### Forgiveness

- You no longer build an identity around something that happened to you. You realize that there is more to you than your history with your partner. The past is put into its proper perspective as one part of who you are in the present.
- You recognize that you no longer need your grudges and resentments, your hatred, your self-pity.
- You don't need these negative emotions as excuses for getting less out of life than you want or deserve.
- You do not need them as a weapon to hurt those who hurt you or to keep other people from getting close enough to hurt you again.
- You no longer want to punish the people who hurt you.
- You realize that you truly do not want to even the score; forgiveness is the inner peace you feel when you stop trying to do so.

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### Forgiveness Is Not

- Forgiveness is not forgetting what has happened.
- Forgiving the people who hurt you does not mean you condone or absolve them of their behavior.
- Forgiveness does not mean you are never angry again about what occurred.
- Forgiveness does not happen by making a one-time decision.
- Forgiveness does not mean reconciliation.

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### The Teachings of Don Juan

*“Does this path have a heart? If it does, it is good; if it doesn't then it is of no use.”*

Carlos Castaneda

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### Spiritual Questions to Consider

- If you practice a particular faith, how can it support you in your healing process?
- If you have no specific faith or religion, what spiritual practice might you try?
- What form of physical spiritual practice appeals to you? Are you willing to try it?
- Do you find sound or silence conducive to a sense of spiritual connection?
- Have you or could you establish any personal daily rituals?

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### Walk the Walk

- Do the footwork
- Be present in the here and now
- Stay attuned to your inner guidance
- Be authentic
- Put forth the effort
- Let go of the attachment to the results
- Believe in divine guidance and the choice it offers
- Engage regularly and repetitively

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## Shame Reduction Exercise

What is a shame based message you give to yourself?

*The trouble with me is...*

*I am just so...*

*What I really do not like about myself is...*

- **What's a shame based message you give yourself?**
- **where does that come from?**
- **Give an example of it not being true.**

## Saying Goodbye to a Defense

Write *Dear Defense...*

Thank the defense for what it has done.  
Tell the defense how it is getting in the way.  
Tell the defense that you need to let it go.

Dear Perfectionism,

I want to thank you for the help you have given me over the years. I needed you when ... I needed you when I was a child. I was so scared and didn't want anyone to know. I had to do the right thing or teachers wouldn't have noticed me. I didn't want anyone to think there was anything wrong. Because of you, Perfectionism, I got some good attention. I learned to get a lot done.

But now you are getting in my way. Because of you, I cannot get close to other people. I expect too much from them. I cannot share in projects. I don't have fun because everything has to be done right. You once protected me from my fear, now you are the source of my fear- I can't be good enough.  
I need to let you go.

## Saying Goodbye to a Defense

Dear Procrastination,

Thank you so much for the opportunity that you have given me — the time for introspection. Thank you for having me think seriously, in depth, cogently.

But now you are in my way. You cause me to stop in my tracks for naught but fear itself. This is not good enough — not anymore. I've thought as in depth as anyone who may wish to be so, so analytical. I need to move on now, to put these thoughts and fears into real action.

I have a dream to complete, a drive that needs to be followed. Release me, that I may be myself.

## RECOVERY FROM SHAME ATTACKS

- **Identify it for what it is.**  
This is a Shame Attack. I am feeling less than and catastrophizing (only seeing the worst).
- **Stop the thinking.**
- **Objectify:** What is the reality here?
- **Get outside feedback.**  
In a Shame Attack you are distorting the reality. You have lost sight of what is real, true...versus your fear.
- **Look at the origin of the shaming statement.**  
This is another important long-term tool in stopping a Shame Attack. After you've garnered a more realistic perspective, ask yourself: What were the harsh words I used against myself? They are usually words such as "I am stupid." "I can't do anything right." When did you first come to believe those things about yourself?

## RECOVERY FROM SHAME ATTACKS

- **Check bouncing situation**
- **Reality:** you bounced a check. You made an error in your arithmetic. You were stressed and not thinking when you wrote the check.
- **Reality:** most people at some time will bounce a check.
- **Reality:** you can call the source to which the check was made and tell them of your plan for repayment.

## RECOVERY FROM SHAME ATTACKS

- **Fear of presenting work project**
- **Reality:** you feel insecure. Another person made a good presentation. You have worked hard on this but are anxious. You want your superior to be impressed. None of this means you are incompetent. It says you are anxious. Past experience says your confidence shows once you begin your presentation.