

## **Chapter 8: How You Can Help Facilitate Recovery**

### **How you help the addicted person**

Recovery doesn't happen by learning some magical formula, or presenting a recovery plan to the addicted person which will prove irrefutable and irresistible. It happens through the behaving in line with reality of your situation, so the reality of the addicted person's situation begins to hit home.

Reading this book, you've already begun to do this, by understanding the disease of addiction, by looking at, and beginning to change deep-seated attitudes and perspectives, by learning how to manage your feelings. These changes in you will have an important effect on the addicted person in your life

Let's go back to some statistics we told you about in the first chapter. The first one is rather depressing - less than 8 percent of alcoholics or drug addicts are recovered. That means, fewer than one in every twelve alcoholics or drug addicts stop drinking or using and are able to lead a normal life. As explained in chapter 2, many addicted people die prematurely. Others live miserable lives, out of touch with reality, their world increasingly cocooned by chemical agents, inflicting misery on those who love them. It is accepted that the alcoholic or addict affects at least four other people in an important way. Taking the conservative estimate that 2.5% of the population are alcoholics or addicts, this means 12.5% of the population are affected by alcoholism or drug addiction. These are real people, just like you - parents, spouses, siblings, children, friends and lovers, who, like you can't help but be affected by the destructive and senseless behaviour of the addicted person.

But you, the person so profoundly affected by the alcoholic or the addict, are also the person in the best possible position to affect him or her. As you change your attitudes and behaviour, the more likely they are to seek effective help. In fact, with the change in you, your alcoholic or addict has more than 50% chance of recovery - 6 times as great as before.

### **How to facilitate recovery**

In the last chapter, it was explained that addicts or alcoholics needed to admit things were going wrong in their lives because of drink or drugs and to realise they cannot control or get on top of the problem on their own. To encourage the addicted person to move towards recovery, you need to grasp two fundamental

principles that will facilitate recovery. These are:

***The addicts need information about what is wrong with them.***

Many alcoholics who recognise that they have a problem with drink, feel they simply have to cut down, or learn to drink 'like other people'. Or else, having recognised that they have a problem with even the smallest amount of drink, they try to stop and can't. Obviously, such people need information on the disease concept, on the help that is available and on recovery. When given such material, any addicted person will be forced to consider at some level that they have a serious problem with drink or drugs and that help is available. It is sometimes said that only alcoholics or addicts have the right to diagnose their own condition. This is simply not true. You have the right to state your views on what you feel is wrong, the right to say that you think the person you love is alcoholic or an addict. The way to present your views is in a calm, detached, non-judgmental way, without the expectation of immediate results. In this way, you make it clear to the person what you think the problem is. It is also important to leave AA or NA literature around for the person to read.

Occasionally this, in itself, will get the addicted person to seek help. Sometimes, it will be ignored or dismissed off-handedly. Sometimes, the person will react in a hostile way. Even if this happens, it does not mean the exercise has been futile. You have stated your point of view. The other person has internalised the knowledge, at some level, for use at the time when he or she is prepared to look at it and accept it to some degree. And even if it angers the addict, it may start him or her thinking.

***Addicts need to experience the full consequences of their behaviour.***

This is a very important way in which you can help the addicted person become receptive to, and move towards recovery. The more protected the addicted person is from these consequences, the less likely he or she is to move to recovery. The people close to addicts need to behave in the way that allows them to experience the consequences of their behaviour. They need to do this in a concerned, but detached way - a difficult thing for anyone to do.

**The realities of the situation**

Alcoholics or addicts will begin to experience the full consequences

of their behaviour as the people close to them begin to behave in line with the realities of the situation. Let's look at an example of how this actually works in practice to bring about recovery.

Take the case of Gillian, a woman in her early 30s, married to Andy, an engineer, had always blamed his alcoholism on undefined 'emotional' problems. Not only did these problems account for his drinking, but, to him, they explained why he had lost jobs, why he no longer working in his professional capacity and why he could no longer do simple, everyday things like sign a cheque in front of people or go shopping. Gillian realised she needed help:

'I knew it was all due to the booze and I went to Al-Anon. I could identify with the way people felt and the things that happen to them, but I saw the solution as being Andy getting sober. I told him all about AA and about alcoholism being a disease and how I didn't blame him and how wonderful it was going to be. I was trying to manage him into sobriety in exactly the same way I'd always managed his drinking and with the same amount of success - none.'

You can see here that Gillian was still, at this stage, operating from her 'me, the rescue or manager' image. She did not really understand alcoholism and had not learnt the importance of looking at herself. But as she learned more, things began to change.

'Gradually, I began to calm down and I began to see my business was to deal with all these emotions and feelings inside me and leave him to confront his problems. I stopped hassling him about how much he drank, and I stopped doing his washing and ironing for him. I figured if he didn't care how he looked, why should I? I told him I wouldn't make excuses for him if he was late to work or sick from a hangover. I don't think he believed me, but the next time he was home sick, I refused to ring up. It was my day off and when his boss rang, we were both in the kitchen. Andy refused to talk to him so I just said he was sick with a hangover. The boss started saying, very carefully, that he thought Andy might have a problem with drink. I said that yes, he did have a problem with drink. And he was just sitting, looking at me while I was talking. It totally through him because it was quite matter-of-fact, and afterwards I wouldn't argue about it. I said if he needed help, he knew where to go. He begged me to ring AA. I told him to ring them himself. I knew it was hard for him, but I knew it wasn't for me to do. He sat in front of that phone for three hours. Finally I couldn't bear at any longer and I went out and got the kids from school. We went shopping and into McDonald's. I was scared. I thought he'd be drunk, or dead when we got home, but he was sitting in the garden, pouring his heart out to an AA member.'

After some emotional confusion, soul-searching and deep, hard thinking, Gillian came to see that Andy had to take responsibility for his drinking and its consequences and even though she felt worried about allowing this to happen, she could see it was the right thing to do. Gillian implemented the practical principle of letting the alcoholic be responsible for his own behaviour, while still coming to terms with her own feelings and perspectives. It's important to know that once you have a grasp of what's involved, you can start actions straight away. After years of lies and evasion, Andy saw very quickly that drink was his problem and realised he needed to take action. This is because the knowledge that he was out of control was not far from Andy's consciousness anyway and Gillian's action reinforced this knowledge. Sometimes, of course, a move from a partner can increase defensiveness and self-deception. But with the right approach, recovery can happen more readily.

### **Strategies that can result in recovery**

The phrases following are suggestions only. You may choose to use some of the phrases verbatim, but more likely you'll understand the principle behind the phrases and develop your own way of getting the point across. You are the person at the coalface, so you will be using your judgment about how to approach your addicted one. These suggestions are meant to help you do this.

It is generally better to move with how the addicted person is seeing and experiencing things, rather than just presenting your point of view. This way you are establishing a line of communication. After acknowledging or clarifying your addicted one's position or point of view, you can then put your point of view or position as you see fit.

What suits one situation may be unsuitable in another, therefore experiment with framing your discussions like this: 'I can see that your drinking is very important to you. Can you tell me what is so satisfying about being intoxicated?' 'It looks to me as if you are unable to stop on your own. Does that seem like a problem to you?' 'I can see that view it is a very attractive experience. However, it's changed your personality without you realising it.'

The following are understandings that you are (hopefully) developing from reading this book. They are accompanied by suggestions of what you can say to your addicted loved one on the basis of these understandings.

You'll understand that his or her personality has been permanently changed by the intoxication experience. You say: 'I

can see by the way alcoholic affects you that you have an escape. It looks to me as if you now treat reality as an option, and you don't appear to realise that...'

You understand that he or she is taken over but doesn't realise it. You say: 'as someone who loves you very much, I can see your personality has changed since you been drinking/using/gambling like this. Do you notice any difference? '

You understand that the intoxication experience is incredibly important to your loved one, but he or she doesn't realise this. You say: 'I can see that whatever you get out of drinking/using/gambling is very important to you - the most important thing in your life by the look of it. Are you aware how important it is to you, and how much your behaviour shows this?'

You understand that from his or her point of view, it is totally natural to inject heroin, or drink large quantities of alcohol, or gamble away all the money. (Intellectually she or he might see that this is not normal, or that it is addictive, but they still experience it through the 'sick' self as the natural and necessary thing to do.) You say: 'as far as I can see, to you it is just natural to drink/take drugs/gamble, even though you can see it doesn't make sense. I don't think you realise how much it has taken you over.'

You understand that he or she is unable to maintain moderate use or abstinence, but you also know they can at any time choose to find and accept help. You say: 'I can see that you can't cut down or stop or stay stopped. I mean, if you could have you would have. Does it feel to you like its out of control?' You then say: 'the fact that you've [have your example ready] shows that you're not in control, no matter what you might think.' (Refer as much as possible to the facts rather than to what you think).

You understand, however, that he or she can recover. You say: 'There are any number of people just like you who have recovered, so you can to. There is nothing stopping you from starting treatment now - if you choose to.'

You understand that if your loved one 'fails' treatment and relapses, this will be because he or she chose not to follow advice from their treatment centre or councillor (or AA or NA or GA as the case may be). You say: 'You chose to have the first drink/hit/gamble rather than find help and remain sober. You know somewhere inside you that you could have avoided starting again.'

You understand how deeply the addictive process has changed your

loved one. You say: 'I have read something about you (about your sickness) that make sense of what I have seen happen to you: the drug has changed your personality without you realising it. You know, I always thought you were still the person I knew before, underneath the mess; but you're not. I can see now that your personality has been changed deep down, and you don't know it. Even though you think you're still you're familiar self, by the way you behave you're clearly not, etc...'

You understand that your loved one is in the grip of an artificial self, but they are deluded into experiencing it as real. You say: 'I can see now that you have lost your true self. You are no longer the person I used to know. I can now see that through your addiction you avoid doing what you know you can do. But you don't need to remain a victim of your addiction. You can choose to get help and follow through to recovery.'

You understand that, no matter how much they might say or believe they want to stop, if they keep doing it this shows they don't want to stop. You say: 'I can see that you really believe that you want to stop and recover. But is that being honest with yourself? What you've been doing shows you really want to go on...'

You understand that you are no more able to control their drinking or drug use than they are. You say: 'I understand very clearly that I can't stop you doing whatever you decide to do.'

They say: 'I can't help it, I've tried so hard to recover.' You say: 'I can see you believe that is true. But you're no less able to recover than the millions who already have. I realise now that as soon do really what you know you need to do, then your recovery will start just like it did for all those other people.'

They say: 'I do care for you and I don't want to hurt you.' You say: 'I can see you believe you don't want to hurt me, but you have just hocked my jewellery [insert your own example] so it's clear that you're sincerely deluded. In fact your needs are more important to you than behaving decently toward me, and you have hurt me very much.'

You understand that your loved one has a disease - a major mental and physical and psychiatric disorder. You say: 'I realise that you can't stop your drinking or gambling but you can do something about your illness.' Start gently applying pressure. Ask whenever you need to: 'when are you going to do something about your disease?'

Remember, you are not asking your loved one to just stop - he or she can't - but to admit they have a sickness and find help for it.

It is useful to be able to say these things in a matter-of-fact way, as though they are just obvious points that need to be made. This is because your addicted loved one is used to responding to attitudes and the emotion when it has a personal edge to it. When you impart an interested or firm neutrality, he or she is much more likely to hear what you are saying. Some of these points can be put in many different ways, so can help to repeat them like a broken record until there is a coherent response.

There are times when you will naturally be emotional, and it is totally appropriate and effective to be so. Being firmly neutral in manner is a matter of balance and practice if your loved one has been able to ' browbeat you' with angry or resentful outbursts, put your self-help process into practice, and recognise that it is a sick person saying these things. You are the sane one, in touch with reality. Just look at his or her behaviour to see how this is true.

### **Strategies that won't result in recovery**

#### **Let's have a look at examples of what doesn't work:**

'What I did was so crazy I still can't believe I did it,' says Nick, the father of a drug addict, Ali, in her early 20s. 'I rang up a rehab in the country and told them I was bringing her and that she wanted to come. Then I told her we were going out to a nursery in the country to get a special plant for her mother for her birthday. She agreed to come, but she realised what I was up to. We had a blazing row and she got out of the car and caught the train back.'

'I'd laid out on the table for him,' explained Amanda, whose husband George was an alcoholic. 'I explained to him why he was an alcoholic, what he had to do, why he should do it. I'd stand over him, making see it, making admit it. He'd even end up in tears, always with promises. He went in and out of recovery, but he never got well till after we separated.'

The reason these approaches were so unproductive is that they gave the addicted people something to react to. This allowed them to ignore the content of what was being said. In one way or another, these people all had the attitude that they knew what was best for the addicted person. Predictably, the addicted person reacted negatively to this attitude.

## **Your attitude to the addicted person**

The attitude 'I know best' is often a difficult one to overcome, simply because, it is obviously best for the addicted person to go in to recovery and you do know this. And, you are actually in a better position to come to terms with things because you are not in the grip of a powerful, chemically-created self-delusion. Having read this book, having become willing to look at yourself and your attitudes, perhaps having attended Al-Anon or Nar-Anon meetings, you obviously have some grasp of what is required. The problem here is that if you let the fact that you do know this become part of your self-image (me who knows best) or your attitude, it will give you the manner of being a little superior, a little above the addicted person. You will appear as the person who's trying to be in charge. To the addicted person, you won't appear just as one person talking to another, but as a slightly superior being.

Addicts being locked in self, are highly attuned to attitudes. It's their territory and they know how to battle it out, how to win, or, simply how to dismiss it. For this reason, your attitude is very important. Look at the case of Bruce, now a recovering addict, and see what an important part the attitudes of others played in his recovery:

'I remember sitting in a doctor's office with my wife and they were talking about whether they should give me shock treatment again, or a lobotomy or whatever. It was like I wasn't there. The doctor turned to me and said, "you know if you gave up the drink and the drugs that things will be better." I thought, "stuff you, mate." People think they can frighten you into going straight. They don't know you've got this magic substance that stops you being frightened. They think they can bully you or push you. But they can't. You score and you're immune.'

You can see how easily Bruce dismissed the 'I know better' attitude of the doctor and his wife. But, the 'I know' attitude is one people often find hard to let go of. One way of helping yourself to do this is to ask yourself how much credit you can take for not being an alcoholic or addict. None, of course! It's just the luck of the draw that you didn't have the predisposition or the susceptibility. Or, if you find yourself slightly superior about the fact you don't drink, or control your drinking easily, remind yourself of the reason you are able to do so. It's a combination of all sorts of factors operating on you that made you into that kind of person. It's not as if you generated your own qualities and made yourself a particular kind of person. Bruce explains that when someone got through to him, it was not someone who knew better, but a non-judge mental

statement by a concerned stranger: 'One night I was lying in the gutter in the city and this guy nearly drives over me. He got out of his car, really shaken. I was totally unable to move and he rolled me onto the pavement. I can remember him looking down at me, with this scared look and he said, "You shouldn't be here mate, you shouldn't be here." Something touched me and I began to think, no, I shouldn't be here. I'd been lying in gutters and worse for years, but it hit me that night. It really hit me. I got to the point where I was prepared to admit someone might know better.'

Or take the case of Alana, an alcoholic, who didn't see the reality of the situation until after her husband stopped trying to make her admit to her problem. As long as Alana had someone to fight against and at the same time to support her, she was able to keep the focus away from the realities of her own behaviour and inability to manage herself. Here's what happened to her when her husband left after four years of marriage:

'We fought, mainly over my drinking. I'd tell him I could stop, I prove to him I could stop, anytime I wanted to. I'd stop for an afternoon or a day or whatever. Once, for two months. All it proved was I was right and he was wrong. He couldn't hack it in the end and left. Six months later I was out of a job and living in a single room. I was too scared to move. One day, it hit me. I couldn't stop. I knew I really couldn't stop. There was just me and the four walls and I knew I was powerless.'

With both Bruce and Alana, reality penetrated when they could not use their interactions with other people to divert attention from their own knowledge that something was very wrong with them. It is probable that the people close to them could have helped them come to this point earlier had their attitudes been different.

## **Detachment**

Detachment is a technique which means that even though you may care very deeply about whether or not the alcoholic drinks you do not become directly and emotionally involved in dealing with his or her problem. You're detaching from your 'wanting' for your loved one to get well; you're detaching from your control self that tries to make it happen. You remain a person who still has love and caring for your addicted one. Instead of being directed by a basic attitude of 'being against' the person, 'being overpowered' or even 'being for' the person, you simply realise that you are dealing with processes beyond his or her control and beyond yours. Take the case of Colleen, a woman with an alcoholic husband, who used detachment to help her husband to recovery:

'He was a pub drinker. Always promised to be home on time, then he'd ring up, another half an hour, another half hour. Always apologetic about it, so I hated making a scene. But, of course, it got to that and there'd be shouting matches and I'd complain about all the good food going to waste. I'd grab the beer out of his hand and the kids would wake up and there would be abuse and swearing.

'I went to Al-Anon and in very practical terms, I learned what to do. He ring up and say he'd be home in half an hour. I'd say come home when you like, but please stop making the silly calls. That threw him, so he kept ringing. In the end, I took the phone off the hook. Well, the first night, he was spoiling for a fight, but I ignored him. I was pleasant, but distant. Then, over a couple of weeks, it built up into a thing in his mind that I didn't care about him. He told me Al-Anon was where all the wives got together and bitched about the men. I told him if he thought that, maybe he'd like to come to a meeting some time when he was sober. He was very dismissive of that and went on and on about me not caring. I realised there was an element of truth in it and I told him that I was getting to the stage of not caring about him. All these things, I'd rehearse in my mind, before I spoke to him. So while I was actually fairly devastated by what was happening, I could tell him very calmly. It diffused things and I had the feeling it got through to him more.'

'Then he got into a thing that I was after his money. I actually realised I was staying partly for financial security and I admitted that to him. I think it really shook him, because he could see that I might leave if I got myself together, which was happening fairly rapidly.'

Colleen made the decision to treat her husband as a person. 'I knew he was very sick and disturbed, but I made a decision to listen to what he said - for instance, about me being after his money. I acknowledge the truth in that and I believe that attitude can only help because the alcoholic actually forgets that they are a person too.'

'One thing I kept saying to him was that I thought we could make a go of it when he got sober and I left AA material around. We went on like that for 18 months and he had his first shot at recovery. It took another year before he got sober, but I was prepared to stay round because I saw it was getting through. I had great faith in the AA program because Al-Anon had saved me from going crazy.'

Colleen didn't find detachment easy. ' I deliberately made a decision to be very matter-of-fact with him because that was the only way to get through. I thought what I'd say, practice and then say it. Often

I felt very emotional, but I really had to deal with that separately.' It's important to note that detachment isn't a single thing that people suddenly acquire and put into operation. It's a matter of putting into practice the principles described in this book - admitting and recognising things in yourself, letting go of the situation and active acceptance.

Colleen's husband, Warren, says that Colleen's attitude was a major factor in his seeking treatment. ' Sometimes, she drove me mad - you know, always so calm. I couldn't get her going. She just kept saying things to me and it got through. One important thing was that I felt she cared. Not in a sappy way, but just she wasn't nasty or at me the way so many wives are.'

What Colleen was doing was letting the reality of Warren's situation come to him, while dealing with the reality of her own situation. She gave up any attempt to make him stop drinking, but presented the facts and made her own position clear about what would happen if he continued to drink.

### **Telling the addicted person about recovery programs**

Failing to point out to alcoholics or addicts the nature of their disease allows them to continue the fantasy that they don't have a problem. You, as a person close to them, have every right to point out what you believe the problem to be.

Communicating this so it is an aid to recovery takes the skill of detachment plus the ability to choose the right time. Colleen admits that she used to abuse her husband before she understood alcoholism. 'I'd yell at him,, "You bloody alcoholic, you can't stop drinking." That was in the days when I thought you have to fight and win, but of course it was totally counter-productive and actually damaging. When I started going to Al-Anon, he was very dismissive of everything I said. But if the time was appropriate, I drop in a few facts about alcoholism and AA and hope something was getting through. On one hand, talking to an alcoholic about their problem, you're threatening everything they've got. On the other hand, you've got a person crying out for help. I found once I started putting detachment into practice, that it was much easier to judge when I could get through.' Colleen had started from an attitude of being superior. This approach was ineffective and it was only when she was able to detach and relate as one person to another that she got through to Warren.

Paul, the father of a drug addict son, went through the same process as Colleen. 'I'd get so furious that I'd tell him that he was

nothing but a junkie - true, but not conducive to any sort of communication. Then I met other parents in the same situation, one with a girl who was recovering and they helped me see that I really did want my son to get well. I got information to help bring that about.'

'The big thing was to establish communication again and that took a while to do. Its very easy to get on the wrong side of a junkie - and they really harbour resentments. But anyway, he decided to come home for Christmas, and on Christmas Day, I went into talk to him. I told him that I was sorry for being so antagonistic to him in the past. Then, I started to say I knew he had a problem. He exploded and told me it was none of my business. I backed off. Later, I wrote him a letter and told him I thought he had a problem and enclosed some NA brochures and some pamphlets from a recovery place up the country. Two months later, he rang and thanked me. I could feel the tension down the line. He was waiting for me to ask what he was going to do, but I knew he'd explode again. I told him I would like to see him again soon. He said he'd be home soon.

'He drops in now and then and he's begun to talk. He still full of all this junkie bullshit and that heroin is preferable to nuclear war. I don't get into it, but I drop in some hard facts about addiction and I've got a feeling it's beginning to get through. But it's hard. The addiction itself is so powerful. That makes it hard to communicate. But the way I reacted in the beginning also added to that. One minute I was the parent, the next I was the enemy. I had to work on my attitudes before any information could get through to him.'

Paul was initially ineffective with his son because he was operating from attitudes of 'me against him' and 'knowing best' - both of which aroused hostility and defensiveness in his son.

### **Communicating with the addicted person**

Paul's perception of the difficulties of communicating with the addicted person sum up the difficulties inherent in the situation. Attitudes of superiority, 'trying to help', 'I know best', come through. These attitudes will alienate the other person, put them on guard and give them something to react against. The important thing is to get in touch with the reality of the situation and then present that, through actions in words, in a non-judge mental way to the alcoholic or the addict. Let's look at how some recovered alcoholics or addicts saw the process from their side.

Take Ian, a middle-aged businessman, successful in his job until the last year of his drinking: 'when my wife started going to Al-Anon, I

thought she was just stupid, a bit of a wowser and she was being led along there by her friends. But after a while, it was great, because she stopped arguing with me and I could drink in peace. She sometimes said some things to me about alcoholism, but I ignored her because I thought, well, what would she know? I did notice we became less close, less able to talk, but I didn't really care. She said a couple of times she might leave me, but I knew she had nowhere to go and no way to support herself, so I thought she was being silly. Then, one day, I came home and she was gone. I could not believe it. I just could not believe it. My wife. Gone. It really shook me.'

Ian was totally self-centred and arrogant, insulated by drink, so the idea of his wife leaving seemed almost incredible. He had got to stage of seeing her as an extension of himself and the idea she might act independently was unthinkable: 'it was even worse when she wouldn't come back,' he said. 'I'd ring her, tell her to stop being silly, tell her to be home by certain date. She wasn't interested. It made me a lot more serious about recovering to have that pulled out from under me.'

Lily, a recovering drug addict, was gradually brought into touch with reality as her father withdrew financial support from her: 'I'd always get a bit of money out of him, one way or another. Like he was the goody, Mum was the baddie. Divide and rule. I did that quite consciously. Dad was convinced that by being loving, he'd stop my drug abuse. He had no idea I was just using him. Then something happened. No more money. One night, I rang up - "do you want me to earn my living on the back seat of a car at Kings Cross?" I could tell he was furious but he just said, "if you want to keep on using, that's the way you end up living."

'I went on using for another year, on casual prostitution, and I often used to think of him saying that. One day, I went home and I was really strung out. I started crying and carrying on. He said to me, "you've got a disease, it's up to you to seek treatment. I don't want to listen to all your symptoms and your terrible life. I want you get well." I felt really alone, but it also came to me that I had to do something. I just had to.'

The action of Lily's father in refusing to submit to emotional blackmail eventually had the effect of making Lily see what was happening in her life was her responsibility. Hillary, a middle-aged addict, had to have this demonstrated even more forcibly: 'I had all sorts of problems. I was shy. I had panic attacks. My physical health was poor. But I hung onto the fact that I was a good mother. Then my oldest son said he wouldn't bring his girlfriend home

because he found my behaviour embarrassing. I couldn't relate to that because I had so many blackouts that I didn't even know how I behaved. Then he told me he'd be leaving home as soon as he left school, because he couldn't cope with the way I was. I truly had no idea what he meant, because I believe I was just this wonderful mother. He laid it out for me in some detail - broken promises, temper tantrums, fear of accidents, the house always in such a mess, disruptions to study, the humiliation of his father. I was furious. I told him he was exaggerating. He turned on me and said what I thought was irrelevant. I lived in fantasy on pills so how the hell would I know what was exaggeration and what wasn't. The rest of the family happened to live in the reality I created. I cried, but he took no notice and I could see you was fed up. I began to see for the first time how I was living and then I was even more frightened because I knew I couldn't stop. I broke down in front of the family one night and told them I didn't know what to do. They knew I was genuine and my husband went to see a drug counsellor and found out where to get help.'

Like other addicted people, Hillary was completely out of touch with the reality of her situation. But when reality hit her, coming from someone close to her, it penetrated and made her look at what was really happening in her life.

### **Not excepting unacceptable behaviour**

If you have a relationship with an alcoholic or an addict, there will almost certainly be times when you find his or her behaviour unacceptable. There will also be times when you feel powerless to stop this. As you begin to apply the principles in this book, you will find, automatically, these occurrences become fewer because of the change occurring in your attitude, understanding and behaviour.

June is the wife of a multiple addict - alcohol, heroin and pills. June was very dependent on her husband for financial support and had a basic image of herself as someone who needed support: 'The worst thing was our sex life. He'd come in, doped up to the eyeballs and he'd want sex. Over the years, he became rougher and rougher with me and I became more and more terrified, not only of refusing him, but also of sex itself. It such a personal thing and I became very ashamed. I realised it was unacceptable, but I sort of put it out of my head. I started to become quite phobic about other things and I knew it was connected. Like I couldn't get my haircut and I was frightened of going to the bank.

'I knew I had to do something so went to see a counsellor. She suggested I talk to him when he was straight, but that was so rare

that I could forget it. But one night, I told him I didn't like what he did to me in bed and I wasn't going to take any more. He told me I was his wife and I had no say in it. I left home and I rang him and told him I wasn't coming back till he'd agreed to it that our sex life was on my terms. I thought he'd just tell me to forget the whole thing but he blustered and carried on for a while, then said, okay, he'd accept me on those terms. I went back and it was okay for a while, then one night it started again. I left, right there and then. I'm finished now with the relationship, but friends told me he's gone into recovery. Personally, I not interested, but I'm glad he's seeing the light.'

Take the case of Simon, a young drug addict who used his homosexual partner's house as a base for dealing drugs. His partner, Alex, feebly protested that it wasn't right and told Simon he didn't want him to do it. Alex was terrified of losing Simon and felt overwhelmed and powerless in the face of his drug taking: 'I got to Nar-Anon and realised just how sick the relationship was. At that time, I wasn't capable of letting go of Simon altogether, but I was very scared of everything going on in my house. The people at Nar-Anon made me realise it was unacceptable behaviour and I had to put my foot down. I did. I threatened Simon that I'd get the police and he knew I meant it. You see, one thing I found out was that in spite of all dramatics and posturing druggies go on with, I had one advantage - I'm clear headed, he's not. So I stick to the point and he jumps around making threats and going of his skull. I actually have the advantage - as long as I'm not in there with him.'

Simon was forced to move his dealings out of Alex's house: 'suddenly, he was dealing on the street to support his habit. He realised he was a lot more vulnerable. He had always been terrified of going to jail and he realised that might happen. He's gone bush at the moment, but he still keeps in contact. He knows I am here if he wants to get straight. I believe that if he gets to recovery, my actions will have played a part in that. You get into such a racket, helping people maintain their addiction.'

Both the stories illustrate that accepting unacceptable behaviour can only encourage an addicted person to continue it. Refusing to accept it not only brings you back to reality, but also brings the addicted person in contact with the reality of his or her own behaviour.

### **Al-Anon and Nar-Anon**

Once again, I cannot stress too strongly the usefulness of joining Al-Anon and Nar-Anon. Membership of these organisations will

provide anyone who wishes to help the alcoholic or addict in their life to adopt attitudes and actions most likely to lead to recovery, as well as providing help and support. By facing and coping with the reality of your situation, you will make it difficult for the addicted person to avoid the reality of his or her situation.

As the person moves into recovery, it is essential to understand the basic principles of the AA and NA program. This can be done most effectively by attending Al-Anon or Nar-Anon, where you will find help and support to deal with the problems that arise in recovery.

### **Dealing with recovery**

If the alcoholic or addict gets into recovery, it's very important to remain free of attitudes such as 'I know best,' or self-images where you see yourself as correcting the other person or being the 'kindly overseer' of their recovery. These sorts of attitudes will damage communication, but just as important, they will hinder the continued recovery of the addicted person. You need to focus on yourself, on your own attitudes and perspectives. This will bring you in touch with the way things are and will allow you to communicate effectively with the recovering person about the reality of your situation.

### **Learning to be part of reality**

Recovering alcoholics or addicts are people who, for many years, have not had to deal with reality. Drugs and alcohol allow them to live in a world where reality has not impinged on their thinking. They have seen themselves as separate from or above the rest of humanity. The problems that other people have had to deal with, the efforts people have had to make, were not relevant to them.

This means that when alcoholics or addicts embark on recovery, even though they are no longer drinking or using, they have a natural, underlying tendency to feel they should not have to cope with the reality. They have a tendency to think they should not have to put up with things that don't suit them, because, for so long this has actually been true for them in their minds.

Addicts never had the imagined 'choice' about reality that they thought they did. Their actions when drunk or stoned did affect them. Many alcoholics end up divorced, unemployed, broke or in jail. The notion of escape from reality was a delusion. The practicing alcoholic only thought he or she was escaping from reality. There is no escape from reality. But the idea that there is or there should be

then still play a part in recovery. You, the person who loves the addicted person, therefore must continue to behave in line with the reality of your situation. This will help bring home reality to the addict.

Let's look at Roy, the husband of a recovering pill addict, Sheila: 'For 10 years, the family had been living with the woman who was out of it, on a daily basis. The kids didn't know what it was like to have a normal mother. So, it took a bit of adjusting to. She was in hospital for six weeks because the withdrawal from pills can be very tricky. She was fine in there, although her moods were very topsy-turvy. Then she came home, and we were treading on egg shells. Little things like breaking a cup would upset her and she'd be all teary. Then she'd be flying high over some mad plan would sail round the world next school holidays. If I said, "we can't afford that," she'd slam doors and tell me I never wanted to do anything she suggested. I began to see why a lot of marriages breakup at this stage. I realised it couldn't go on and I found a way to cope was to ask myself how an ordinary person would act in her situation and how an ordinary person would act in my situation. Things like getting the kids off to school, getting food in so we weren't all living on toast and tea, doing things she said she do, like to take the kids to sport. I didn't ask a lot, because she was very emotional, but I'd talk to her about the things I thought she could do and we began to agree on guidelines. It was hard, because it had been so abnormal for so long and she was pretty sick.'

Roy realised that he and Sheila had to live like a normal family. He realised that while Sheila was a very distorted person, it was essential for all of them that she comes to terms with the reality of the situation. Roy sensed that unless he made clear his wishes about the way they lived, the marriage would be under even greater pressure.

Cathy is the wife of an alcoholic, Harry, who got to recovery when he was sacked from his job. Cathy started going to Al-Anon as soon as Harry went to hospital, but she found her financial priorities conflicted with Harry's new-found spiritual ones:

'He came out of hospital on a high about AA. He found it. It was the second go at AA. He tried two years earlier and had the same reaction, then gone back to drinking. So while I wanted it to work, I wasn't over the moon about it. The thing that worried me was that we were in debt and we were in danger of losing the house. I told Harry this and suggested he get a job - just casual work like taxi driving to tide us over. He kept quoting AA at me - 'let's go, first things first'. He made me feel I was grasping because I wanted him

to earn money. I know some people really aren't capable of working when they come out of hospital, but I knew he was. I felt there was something phoney about the way he was going on, although I never felt it was intentional. But I couldn't get through to him. I sat down and worked it out. I realised we'd be better off selling the house before we defaulted on the mortgage, so I set down all the figures and put them to him. I said if he wasn't prepared to take financial responsibility for me and the children I didn't think there was any future in the marriage. I meant it too. He knew it and he went out and got a job. He's done well and it settled him down. It was good for me too - to be able to say just what I needed instead a worrying about what he thought and how he'd react.'

Cathy realised that Harry was returning to the same sort of unreal thinking that had characterised his drinking and his earlier attempt at recovery. She recognised that she was not prepared to put up with any more, especially with the threat of losing the house. She worked out what was realistic and was able to present it to her husband in a non-judgmental, matter-of-fact way.

Coming to terms with the realities of your situation with the recovering addict or alcoholic is usually less complicated than it seems at first. Often problems which is seen insoluble can be dealt with in a straightforward way, once pre-set attitudes and perceptions are recognised.

### **A disordered person**

People who are newly recovering from alcoholism and drug addiction are still very disordered in the way they think, feel and react. Old patterns of thought and feeling persist, and often, they feel very raw and vulnerable emotionally. Feelings which have been chemically blocked off flood in. All sorts of issues and ideas come to mind. Fears and phobias, caused by drink or drugs and also cured by drink or drugs will surface. The idea of signing a cheque in front of people, getting on a bus, getting a haircut or buying clothes seems all too much. For the person living with or involved with the addicted person is often seems horrendously difficult to cope with.

Jill is a middle-aged woman with a heroin addicted son who went into recovery a year ago and then came to live with her: 'He was a very, very sick person when he came home. He suffered badly from depression and couldn't cope with everyday things. It first hit me how serious it was when I found him in the kitchen, crying, because he kept burning the toast. This was my son, a 25 year-old man. And he had terrible nightmares, and fears during the day. I found that so hard to cope with that I suggested to him that he live in a

halfway house. He didn't want to do that, because the ones he knew of had a lot of people busting and he found that very demoralising. We didn't really resolve the problem, except we had a long talk on what he found upsetting and what I found upsetting. I could see he couldn't just pull himself together and he could see I found some of his behaviour very difficult. I had to let go of mothering and organising and I had to fulfil my own needs.'

Jill realised that her son was very disordered, and, that to him, his fears and phobias were very real. She was sympathetic, but able to explain that she found the situation difficult to handle. Over time, the situation resolved itself: 'He made enormous improvement in the first year and we really managed to develop a healthy, very close relationship in spite of all the difficulties. He's moved out now and got a job. He really works at recovery and I get a great joy out of it, I think, partly, because I saw him at his worst.'

At the beginning of recovery, many people do experience problems which seem to crowd in on them from every direction. Unmanageable fears, strong feelings and moods that sweep them up and down. To those close to them, they may seem very fragile and in need of protection. It is generally true that even though recovering alcoholics or addicts are disordered, often very sensitive, they are not fragile. After all, look at what they put themselves through when actively addicted. In fact, they are quite capable of coping, given the resources and support available in AA, NA and GA. While keeping in mind the difficulties of recovery in the early stages, it's important to remember that it is very likely in the alcoholic's mind somewhere that he should have to or can't cope with reality, simply because this has been his thinking over such a long period. It is important that those close to him are not drawn into this, but keep looking at and examining their own attitudes and perspectives to keep in touch with reality of their situation.

Here is a particular attitude to watch out for. Avoid feeling sorry for your loved one, or thinking they're doing a great job. I have frequently come across family and friends who say of a recovering person: 'He's doing so well, I'm proud of him'. This is a natural response, but misguided; your loved one is in recovery for his own sake, because necessity requires that. If you praise someone for being normal, you're feeding the idea that they are not meant to be normal. Do we say people needing medication or some other form of treatment, that it is great of them to have the treatment, or foolish of them not to? We may be very pleased that he or she is doing what is needed to restore himself or herself to normal functioning, but it would be foolish of them to know how to recover and choose not to do what is required. So give encouragement,

interest and support, but not praise, for being normal. Remember, an addicted person is giving up pathological self-indulgence and destructive behaviour.

### **Recovery long-term**

In the long-term, it is important to keep using the same principles. Eventually, as alcoholics or addicts recover, they will function in a normal way. Working their program, they will cease to be victims of the pathological self and gain new attitudes and perspectives on life. But because the tendency to fall back into the old way of thinking, and because the danger that this could lead to drinking or drug use, it is important for them to keep attending AA or NA meetings.

Using the principles outlined in this book is not something you stop doing simply because the addicted person in your life has recovered. These principles are vitally important to anyone living in a stressful and difficult situation, but they are also principles on which to base a happy and fulfilling life. Looking at yourself, seeing underlying attitudes and perspectives, knowing how to manage your feelings, being in touch with reality, are obviously vitally important in getting the most out of life.

### **Summary: remind yourself for these important points**

- You need to learn to respond to the realities of your situation, not to your hopes and feelings about it.
- The alcoholic or addict needs to experience the consequences of his or her actions.
- The alcoholic or addict need information about his or her illness.
- Detachment comes with realising that you are dealing with processors beyond your own control and beyond that of the alcoholic or addict.
- Detachment is not closing off or being uncaring.
- Don't expect the unacceptable.
- Self-help groups give help and understanding.
- Let go of being the 'corrector' or the parent figure.
- Recovery is slow. In early recovery the addict or alcoholic may seem normal, despite being a very disordered person.

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