

Maintaining Abstinence Program: A Curriculum for Families in Recovery*

Session 1 *Stages of Recovery*

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LESSON 1: STAGES OF RECOVERY

The first lesson introduces the *Maintaining Abstinence Programs (MAPS)* and provides an overview of the stages of family recovery, which will be explored in more detail, one stage at a time, in later chapters. You will be at different stages than other families, depending on how long you have been in recovery. Keep these differences in mind, as some aspects of the curriculum may not apply to everyone. We encourage you to take what is relevant for you now, note your own similar and different experiences, and file the rest away for another time.

In the MAPS lessons, we use the terms “alcoholic/addict and coalcoholic/coaddict” to refer to all addictions. We ask the reader to substitute a particular kind of addiction if you wish, such as a “gambling addict”, a “sexual addict,” “sex and love addict”, “relationship addict” or a “compulsive overeater” or “food addict.” Instead of coaddict, you may prefer to think of yourself as the partner of an addict or the parent of an addicted child. Think about what label best fits your experience and feel free to substitute as you go along, especially if you feel that a particular point misses the heart of your experience.

The experiences and tasks of addiction and recovery are similar for all individuals involved in a family’s addiction. However, there are significant differences in hierarchy and equality when the addict is a child, whether young, adolescent or adult than when the addicted person is part of an adult couple. We highlight parents throughout the text when the perspective may be different.

We also recognize that there are many kinds of families. Our guidelines apply to all, though again, the reader may wish to make adjustments to suit your particular circumstances. A single-parent family will be different from a two-parent family. Divorced parents will be different from intact parents. You may see differences based on your ethnic, cultural, social, gender, or religious identities. While we hope you will find that addiction and recovery are more universally similar than they are different, we do recognize important differences and invite you to adapt our materials to fit you.

Key concepts and definitions:

What is an “addicted family”?

An addicted family refers to a family in which the environment, or context of family life, becomes dominated by the anxieties, tensions and chronic trauma of active alcoholism or other drug addiction or out of control behaviors, such as gambling, eating or spending. Alcohol, or someone’s drinking, or other loss of control, becomes the central organizing principle of the family system, controlling and dictating core family beliefs, behaviors and development.

There is considerable dissonance in the addicted family. What is most visible and most problematic, the addiction, is most vehemently denied. The denial operates to say to the world “this doesn’t happen here. This doesn’t exist”, yet members of the family are engaged in a continuing crusade to make the addict well or to simply enable the family to survive despite what is really happening. When the consequences of the addiction become more visible and difficult to resolve (illness, job loss, physical abuse, and drunk driving arrests), the need for secrecy grows, and the family becomes a closed system, cutting itself off from other sources of input and

help.

Individuals within the family develop the same behavioral and thinking disorders as the addict: they are controlled by the reality of addiction and must deny it at the same time. Individual development may be sacrificed to the greater needs of the unhealthy actively addicted family system.

The “addicted family” in recovery.

Much is known about the drinking alcoholic or active addict and what happens to that individual in recovery. The same is true for the coalcoholic, or coaddict, the children and adult children of alcoholics and addicts. The focus on research, and in the 12-step programs of recovery, has been on the individual: what it was like (during the active addiction), what happened (to move the individual into recovery), and what it is like now.

Much less is known about family during active addiction and especially in the developmental process of recovery. In this text, we will outline the normal stages of recovery, with an emphasis on the family in three major domains: the Environment, the System, and Individual Development.

What is it like? What goes on in the **environment** of the drinking, actively addicted and recovering family? What changes occur in the family **system**? How does a family shift from an unhealthy rigid organization to an open, flexible unit with room for healthy individual development and close family ties? And how do individuals grow, relinquishing attachment to the unhealthy family, focusing on their own separation and development as a foundation to return to close relationships inside and outside the family.

This *MAPS* course traces the normal developmental process of recovery in each domain according to four major stages: [Active Addiction](#), [Transition](#), [Early Recovery](#) and [Ongoing Recovery](#).

STAGE 1: ACTIVE ADDICTION

In the Active Addiction Stage, the family is caught in the double-bind of active addiction. The family is dominated and organized by the realities of drinking/using or other out of control behavior, which everyone must deny and explain at the same time. In essence, the family says: “There is no alcoholism or addiction and here is why we have to drink, take pills, gamble or spend: because of the stress of Dad’s job, because the children fight, or because Mom is such a rotten wife.”

The family focus is:

- To maintain denial of any problem with alcohol or other substance or behavior
- To maintain a core belief that there is no addiction and no loss of control over drinking or other behavior
- To invent explanations for the addicted reality
- To cover up and maintain the family secret

The beginning task for recovery is:

- To break down denial with any family member

The primary focus in the Addicted Stage is on alcohol and other drugs and the drinking/using behavior. The alcoholic/addict has lost the ability and perhaps the desire to stop drinking/using and the coalcoholic/coaddicted family members cannot control the alcoholic/addict. Core beliefs are: (1) there is no alcoholism or addiction of any kind and (2) there is no loss of control over drinking or anything else.

Summary: The family is dominated by an “addicted **environment**”, an atmosphere and “context” of living characterized by anxiety, tension and all the trauma of active addiction. The family denies the drinking and other drug use or loss of control and its consequences as the **system** becomes increasingly rigid and organized around addiction. New information on what addiction is doing to the family cannot be acknowledged because it poses a threat to denial. Instead, the family accommodates to the addiction, altering behavior and beliefs to maintain the addicted system. For example, a non-drinking/using partner or parent may join the alcoholic/addict, or non-drinking/using friends may be replaced with drinkers and users. **Individual** growth and well-being are sacrificed to the needs of the unhealthy addicted system.

STAGE 2: TRANSITION

The individuals or family are beginning to recognize the reality of addiction and the loss of control, i.e., the alcoholic/addict cannot control drinking/using and the coalcoholic/coaddict cannot control the addict. Individuals or family may begin to challenge the old beliefs that supported drinking/using and denial. Individuals or family are moving toward “hitting bottom” and surrender. Primary tasks are:

- To break denial
- To realize that family life is out of control
- To begin a challenge of core beliefs
- To hit bottom and surrender
- To accept the reality of alcoholism/addiction and the loss of control
- To allow the addicted system to collapse
- To shift the focus from the system to the individuals who begin detachment and individual recovery.
- To enlist supports outside the family (e.g., A.A., N.A. Al-Anon, Nar-Anon, Parents Al-Anon, treatment center)
- To learn new abstinent behaviors and thinking

In Transition, the individuals or family as a whole shift from drinking/using to non-drinking/non-using and sometimes go back and forth until abstinence becomes a steadier condition. They develop new behaviors to cope with impulses to drink/use or to control the partner or enable a child such as calling a sponsor, going to a meeting, or taking a walk. All family members are learning to disengage from old behaviors that locked them into an unhealthy addicted system.

Denial is breaking down. As it crumbles, the individuals begin to feel despair. Next, they “hit bottom”, followed by surrender and the acceptance of loss of control. The onset of abstinence is

a time of emotional vulnerability and dependency on external supports (e.g., A.A., Al-Anon, Parents Al-Anon, sponsor).

Individuals in recovery begin to develop new friends and activities that are centered on abstinence and the support of a 12-step program rather than drinking/using or other addicted behavior. Those in recovery may feel they are abandoning old friends and family who do not fully support abstinence or who have not also embarked on their own individual recoveries. This can be particularly difficult for couples in which only one partner is in a process of recovery, or the partners are out of synchronicity, or one is farther ahead than the other. There can be a deep sense of loneliness and loss. Some people cope with these normal feelings by returning to active addiction. Some couples separate. Others weather the threat of change within the family, relying on the experience of others outside the family for support.

It is also difficult for parents who may not understand the need for a focus on themselves and their own recoveries. Parents may struggle if they disagree about addiction and what is necessary for recovery. They have a particularly hard time “letting go” of their children as it often feels to them like abandonment of a child in need. Parents may not be able to reconcile their roles as protectors with the need for the child to accept responsibility for him or herself.

Individuals may also be struggling with the new concepts of surrender and higher power. These concepts may threaten the individual still clinging to the core belief in control, or threaten the family that is so near to collapse as a drinking/using system. Surrender and the vesting of dependency in a higher power accomplish a yielding to and an acceptance of loss of control that opens the way toward positive, healthy growth and recovery.

Summary: In Transition, the family remains dominated by an alcoholic/addicted environment which may be more anxious, frightening and traumatic than the stable drinking/addicted period. The addicted family **system** collapses allowing the family focus to shift radically from preserving the unhealthy addicted system to **individual development** in recovery. The process of individual growth is characterized by detachment and disengagement from family dynamics with a focus on the self, facilitated and directed by 12-step involvement.

STAGE 3: EARLY RECOVERY

Early Recovery is characterized by steady abstinence, as new attitudes, behaviors, and thinking are integrated. Individual development continues to take precedence over the family system.

Primary tasks are:

- To continue to learn abstinent behaviors and thinking
- To stabilize individual identities: I am an alcoholic/addict, I am a coalcoholic/coaddict, and I have lost control
- To continue close contact with 12-step programs and begin working the steps
- To maintain a focus on individual recovery, seeking supports outside the family
- To continue detachment and a reduced family focus
- To maintain parenting responsibilities

New behaviors are continuously developed and expanded to support abstinence and sobriety. It is

a time of action, which helps individuals cope with uncomfortable feelings and impulses to drink or use or return to coaddicted behaviors. Only when new behaviors are solid and internalized can recovering individuals move from action to reflection, insight and inner exploration through working the steps.

Early recovery is a period of emerging emotions that may feel out of control. Individuals cope with emotions through the structure of the 12-step programs, learning to identify and name feelings and accept an emotion without having to act on it or change it. The individual's new belief structure, "I am an alcoholic/addict and I cannot control my drinking/using", or "I am a coalcoholic/coaddict and I cannot control the addicted person" is more firmly in place.

A fear of drinking/using or returning to coaddictive thinking and behavior is common to all in Early Recovery. Initially, this fear is helpful in providing the motivation and energy to establish supports and to learn new behaviors. It also keeps the focus on the addiction which is necessary to create a safe, sober, clean environment. The coaddict works to focus on detachment and disengagement from a focus on the addict. Later in this stage, when abstinence is strong, fear of drinking, using or becoming obsessed with the addicted person might function as a danger signal that new awareness, conflicts or memories of the past ("more shall be revealed") are emerging. For example, "I've been sober for a year and I'm afraid I will sabotage my sobriety now like my father who couldn't stay sober past a year," or, "I'm afraid my marriage won't survive all this growth in recovery." A parent might feel anxious that a sober child will never come home again or the parent feels intense guilt and sorrow about having an addicted child. People have access to deeper insight and emotion in early recovery which is necessary for growth, but often causes pain as well.

Summary: The family **environment** is becoming more stable and predictable, though some tension continues. The biggest change is still the absence of alcohol, other drugs or out of control behaviors, and some members may be feeling hopeful. The family **system** remains collapsed with reliance on external supports. Basic family responsibilities, especially parenting, are attended to, with help from outside the family desirable. **Individual** recoveries are well underway with detachment strengthened and supported by separate recovery programs. Individuals can begin to explore healthy communication and problem-solving within the couple and family.

STAGE 4: ONGOING RECOVERY

In Ongoing Recovery, individual recoveries are solid and attention can be turned back to the couple and the family. Primary tasks are:

- To continue abstinent behavior
- To continue and expand alcoholic/addict and coalcoholic/coaddict identities
- To maintain individual programs of recovery; to continue to work the 12 steps and internalize the 12-step principles
- To work through the consequences of addiction and coaddiction to the self and family
- To add focus on couple, parenting and family issues
- To deepen spirituality
- To balance and integrate combined individual and family recoveries

In Ongoing Recovery, abstinent behavior is stabilized. External behavioral controls give way to internalization so that individuals can reflect on an impulse to drink/use or control the partner or child rather than substituting a direct action. Reliance on the steps facilitates emotional and spiritual growth.

This stage is marked by developing new interests or pursuing old ones in a different and more meaningful way, developing new relationships and expanding one's life. Some individuals now construct a social life and support system that includes non-A.A. or 12-step program individuals. They are able to bridge differences that exist in recovery and non-recovery environments. For others, social life remains anchored in A.A., N.A. and Al-Anon, particularly when both partners have strong individual 12-step programs of recovery. Parents maintain their attachment to Parents Al-Anon, reinforcing a focus on themselves and their recoveries.

The individual is actively developing a personal concept of and relationship to a higher power. This spiritual focus alters beliefs, values and attitudes about self and others. Control is vested in a power greater than the individual. This spiritual foundation changes recovering individuals deeply; they now feel a more solid connection with others and the universe.

Strong individual recovery lays the foundation for a return to a couple, parent/child and family focus that will accent a new relationship with a healthy, open communication, equality between adults and possibility of greater intimacy. An appropriate hierarchy between parents and children will be established with clear recovery rules, roles and boundaries in place. Much of Ongoing Recovery involves finding a balance between individual, couple, parent/child and family growth.

Summary: The **environment** is now characterized by a feeling of safety, consistency and predictability, with anxiety or tension minimal. Crises and normal problems of living can be addressed without threatening the stable environment.

Individuals can return to a focus on the family **system**, building healthy communication and more intimate relationships without sacrificing individual recoveries. Crises and normal living can be faced without a return to unhealthy alcoholic/addicted system dynamics.

Individual recoveries are strong and growing, which facilitates the inclusion of a couple and family focus. (A parenting focus should be active from the beginning of recovery.) A sense of independent self need not be sacrificed to the needs of the couple, parents, child or family. Ongoing Recovery permits co-existing individual development and enhanced couple, parent/child and family relationship.

RELAPSE

Relapse can occur at any stage. Relapse is a shift back to drinking/using, and perhaps an addictive mind set. The action to drink/use becomes greater than the desire and support for abstinence. To avoid relapse, the addict must have good external support (A.A./N.A. and a supportive environment), the ability to substitute new behaviors for drinking/using, and the knowledge of how to remain sober ("work the program").

Relapse for the coaddicted partner includes the same shift back to “drinking/using” behaviors and perhaps a “drinking/using” mind set. A partner or parent struggling with individual issues in recovery and the sense of disengagement from the alcoholic/addict that accompanies recovery, may long for a return to active addiction or coaddiction as a way to reinstate an illusion of closeness.¹

Sources of this section: Stephanie Brown, Treating the Alcoholic: A Developmental Model of Recovery. New York, John Wiley & Sons, Inc., 1985.

Steinglass, P. “A Life History Model of the Alcoholic Family.” *Family Process*, 19(3): 211-226.

Steinglass, P., Bennett, L.A., Wolin, S.J., & Reiss, D., The Alcoholic Family, Basic Books. Inc., New York, 1987.

A more detailed explication and results of the research from the Family Recovery Research Project can be found in: Brown, S and Lewis, V. The Alcoholic Family In Recovery: A Developmental Model. New York: Guilford Publications, 1999.

FAMILY DEVELOPMENTAL MODEL

	ACTIVE ADDICTION	TRANSITION		EARLY RECOVERY	ON-GOING RECOVERY
OVERVIEW					
ENVIRONMENT					
FAMILY SYSTEM					
FAMILY					
COUPLE/PARENTS					
INDIVIDUAL					
ALCOHOLIC/ ADDICT					
COALCOHOLIC/ COADDICT					
CHILDREN					

Session 1
Client Handouts

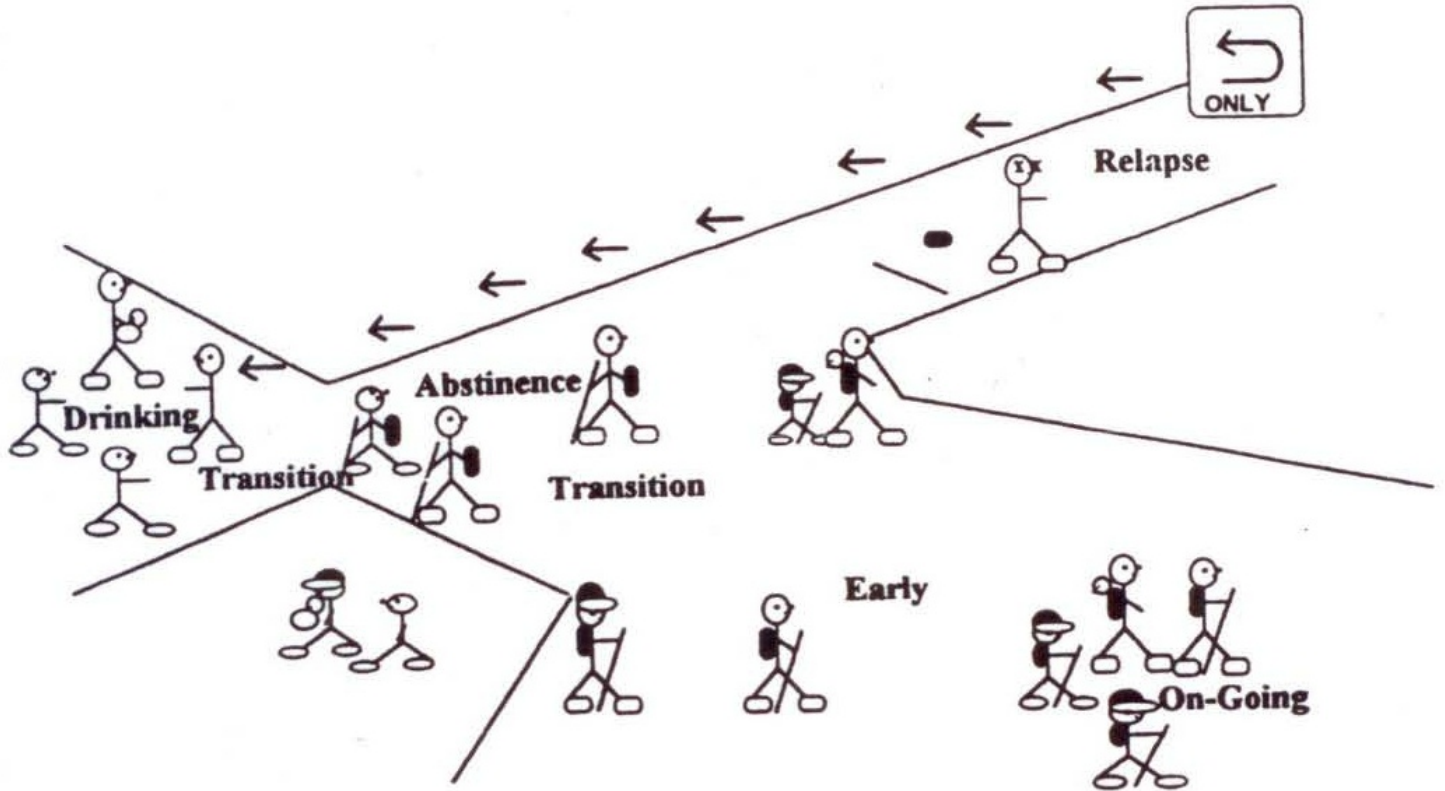
Stages of Recovery

1. Do you define your family as an alcoholic/addicted family? Why or why not?

2. How do you define recovery for yourself and for your family?

3. What, if any, stages have you noticed in the process of recovery for you and/or your family?

ROAD MAP



FAMILY BELIEFS

What are your family's beliefs about recovery? List as many as you can think of below.

Now list your personal beliefs about recovery:

STAGES AND TASKS OF RECOVERY

DRINKING/ACTIVELY ADDICTED STAGE

1. abusing alcohol or other drugs or out of control behaviors for the addict and coaddict
2. tasks:
 - a. to maintain denial: there is no problem
 - b. to maintain non-alcoholic/addicted identity: “I am not an alcoholic/addict and I can control my drinking/using”
 - c. to maintain non-coaddicted identity: “I am not a coaddict; I can control my obsession with the addict”
 - d. spouse/partner/parent: to cover-up for the addicted person(s), and to worry

TRANSITION STAGE

1. starting and stopping abstinence for addict and coaddict
2. tasks:
 - a. to break denial
 - b. to recognize family life is out of control
 - c. to begin challenge of core beliefs
 - d. to hit bottom – surrender
 - e. to begin shift in identity “I am an alcoholic/addict and cannot control my drinking/using”
 - f. to begin shift in identity “I am a coalcoholic/coaddict partner or parent and cannot control the addict”
 - g. to recognize that spouse/partners/parents are out of control and perhaps depressed and anxious

EARLY RECOVERY STAGE

1. abstinence for the addict and coaddict
2. tasks:
 - a. substitute non-drinking/using behaviors, e.g., going for a walk, meeting, calling a sponsor, reading 12 step literature
 - b. work on stabilizing the identity “I am an alcoholic/addict or coaddict and cannot control my drinking/using or enabling behavior”
 - c. each family member develops and maintains close contact with a 12 step program to support a vulnerable and “shaky” self. These programs include A.A., Al-Anon, Parents Al-Anon, Ala-Teen, Ala-Kid, and Ala-tot as well as 12 step programs for addictions other than alcohol
 - d. all family members continue “loving detachment”
 - e. begin to form new ways to communicate and to problem-solve in daily family life

ONGOING RECOVERY STAGE

1. abstinence for addict and coaddict
2. tasks:
 - a. maintain stable alcoholic/addict or coaddict identity

- b. continue to work the 12 steps and integrate into daily living
- c. maintain internalization of 12 step principles and slogans that help contain
- d. continue to learn to work as a couple, parent/child and family more effectively, e.g., better communication and problem-solving skills.
- e. continue to work through consequences of drinking/using or coaddiction to self and family
- f. continue to deepen one's sense of spirituality
- g. continue to learn to balance independence and dependence in relationships (intimacy)

RECOVERY

- 1. abstinence
 - a. abstinence from the individual's addiction or coaddiction
Examples: 1) alcohol, 2) drugs, 3) relationships, 4) food, 5) work
- 2. developmental process
 - a. recovery issues, behaviors and tasks change over time. It is an ongoing process that proceeds in stages.
- 3. a way of life
 - a. "full" recovery involves changes in the individual's:
 - 1) physical world (abstinence from choice of addiction)
 - 2) mental/emotional world, i.e., how one thinks about self and others and how one deals with self and others' feelings
 - 3) social world, i.e., developing/selecting safe and healthy social support systems
 - 4) spiritual, i.e., awareness of a connection with a power greater than one self and a connection with the universe

RELAPSE

- 1. is a shift back to drinking/using or coaddiction and an addictive/coaddictive mind set
- 2. the action to drink or use or engage in coaddiction becomes greater than the desire and support for abstinence
- 3. to avoid relapse the alcoholic/addict and coaddict must have good external support (A.A., or Al-Anon and a supportive environment); and the knowledge of how to remain sober ("work the program")

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