

Coping with Dual Disorders

Addiction and Emotional Or Psychiatric Illness

Dennis C. Daley, M.S.W.
Frances Campbell, R.N., M.S.N., C.S.

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 HAZELDEN®

INTRODUCTION

Many people suffer from both addiction (typically to alcohol or other drugs) and emotional or psychiatric illness. This combination is called a *dual disorder*. If the psychiatric illness isn't treated along with the addiction, it can hurt the chances for recovery. The good news is that many people who have dual disorders can get help and support from doctors, therapists, counselors, case managers, other professionals, and self-help programs.

This recovery guide discusses ways to keep your recovery on track if you have a dual disorder. It looks first at some basic facts about emotional or psychiatric illnesses and then at ways to help your recovery.

Discuss your answers to the questions in this guide with your psychiatrist, therapist, case manager, or sponsor. Ask for a response to your written recovery plan.

The stories in this pamphlet are typical of many people who have dual disorders, but they combine the experiences of many. No story is based on any one person, and names and details have been changed to protect people's privacy.

CAUSES OF PSYCHIATRIC ILLNESS

There's no simple way to explain most emotional or psychiatric illnesses. Having one of these illnesses raises the odds of having an addiction. In some cases, psychiatric problems begin after alcohol and other drugs have been abused for a long time. In other cases, the pain of having a psychiatric disorder causes some people to abuse alcohol and other drugs to forget the pain. Often it's hard to know if the addiction or the psychiatric disorder came first. In fact, these two illnesses may even develop separately and may not be related at all.

Doctors and scientists believe psychiatric and emotional illness may be caused by many different factors, including the following:

- *Biological.* Some psychiatric illnesses run in families. A number of scientists believe some people inherit a predisposition to developing a psychiatric illness. Heredity stacks the deck in these cases. Medical problems, health problems, or the abuse of alcohol or other drugs can also play a role.
- *Psychological.* Our personality—how we handle stress and cope with problems, how we think about ourselves and the world around us, and how we act—may contribute to some psychiatric problems.
- *Social and cultural.* We are affected by our environment and the people around us, especially our parents and caretakers. We are also affected by our life experiences and significant events, such as being abused sexually, physically, or emotionally.

TYPES OF PSYCHIATRIC DISORDERS

Chemically dependent people may have one or more psychiatric disorders. The most common ones are anxiety disorders, including phobic disorders and posttraumatic stress disorder (PTSD); mood disorders; personality disorders; and thought disorders.

Anxiety Disorders

When we feel fear or dread, we have anxiety. We all have these feelings at times. They're normal, and sometimes they can protect us. But some of us feel much more afraid than we should—we dread things. Feeling this way for a long time may keep us from living a normal lifestyle. It can interfere with our relationships, work, school, or even our ability to have fun or relax. This can lead us to avoid situations we feel anxious about. And it can lead us to abuse alcohol or drugs in order to feel better or to face anxiety-provoking situations. Many of us also get depressed along with feeling anxious.

There are many types of anxiety disorders. One type, called *panic disorder*, involves attacks in which many of the following symptoms are experienced for several minutes or longer:

- dizziness or faintness
- inability to catch your breath
- shaking or trembling
- sweating
- an upset stomach
- hot flashes or cold flashes
- a very fast and hard heartbeat
- chest pains or chest discomfort
- a fear of dying
- a fear of going crazy or losing your mind
- a fear that things aren't real

Some of us worry much more than most people. And we worry about many things we don't need to worry about. When this continues for an extended period of time (six months or longer) and interferes with our life, it is called *generalized anxiety disorder*. Signs of this disorder may include the following:

- worrying too much about two or more aspects of our life for six months or longer
- shaking and trembling
- feeling unable to stay in one place for very long
- feeling muscle aches and tension
- having a very fast and hard heartbeat

- having a dry mouth
- sweating
- urinating often
- getting a “lump” in the throat
- feeling keyed up or on edge
- expecting bad things to happen
- finding it hard to concentrate
- having trouble falling asleep or staying asleep

Phobic Disorders

Some of us have a very strong fear of specific objects or situations. The fear is so strong that we avoid these things or situations even if they aren't dangerous. Our fear causes us distress and disrupts our lives. This is called a *phobic disorder*. We could have a *simple phobia*, such as being very afraid of spiders, bugs, snakes, or sharp objects like knives. Or we could have a *social phobia*, such as being greatly afraid of speaking, eating, or writing in public. These phobias cause intense anxiety and interfere with our daily routine, social activities, or relationships. They cause us to worry that others will criticize or reject us. And they make us worried about embarrassing ourselves.

Some of us have an intense fear of being in a place we can't escape or get help should we need it. This is called *agoraphobia*. We may avoid being in a crowd, standing in a line, being on a bridge, or traveling in a car, bus, airplane, or train. The illness can be so severe that we never leave our homes.

Posttraumatic Stress Disorder

Some people who have fought in a war or were exposed to combat casualties may suffer from *posttraumatic stress disorder* (PTSD). If we've lived through an event that made us very afraid, such as an accident, earthquake, tornado, assault, or rape, we too might suffer from PTSD. The symptoms of PTSD can include the following:

- dreaming about, thinking about, and replaying the frightful event over and over in your mind
- acting as if the event were suddenly happening again (having flashbacks)
- losing interest in people and things in your life
- feeling alone and apart from those around you
- being unable to show your feelings for others
- having a hard time concentrating
- being easily startled
- having trouble sleeping
- feeling guilty because you survived when others did not, such as in combat or in an accident

Mood Disorders

A mood disorder involves *depression*, which means feeling very blue or down nearly every day for two weeks or longer. It can also include *mania*, which means feeling very high or euphoric. Some people with mood disorders experience both depression and mania. This is called *bipolar disorder*. (It used to be called manic-depression.)

We all feel sad sometimes, but the illness of depression is much worse than a case of the blues. It can last for weeks or months and keep us from doing normal daily activities. Sometimes depression results from upsetting events. It can also be caused by an imbalance in the natural chemicals in the brain, independent of the things we do or see.

Some people with mood disorders have one bad bout of depression. Others suffer from multiple episodes of depression—a condition that's called *recurrent depression*. Symptoms of depression can include the following:

- feeling depressed or very sad for several weeks or longer
- losing interest in things that usually make you feel good
- gaining or losing a lot of weight unintentionally
- having trouble falling asleep or staying asleep
- sleeping much more than usual
- feeling restless or unable to get going
- losing energy, feeling much more tired than usual
- having less of a sex drive
- feeling worthless or guilty
- having trouble thinking or concentrating
- thinking often of death and suicide
- attempting suicide

After a bout of depression, some people switch to a manic phase. Symptoms of the manic phase can include the following:

- being more cheerful or irritable than normal
- expressing feelings more freely than usual
- showing a sudden increase in work, social activity, or sexual activity
- talking much more than usual
- thinking or talking about things that aren't related
- feeling overly important
- sleeping much less than usual
- being easily distracted
- doing foolish things, like spending too much money, driving recklessly, or being inappropriately sexual

Mania often causes serious problems in work, relationships, or ability to do everyday activities. Some people need to be hospitalized to prevent them from harming themselves and others.

Personality Disorders

Your personality refers to your usual patterns of relating to other people and thinking about the world. Your personality traits show up in how you act toward yourself and others. These traits are ingrained and play a big role in how we get along in life.

Having a *personality disorder* means that some of your personality traits cause very serious problems for yourself and others. Examples of traits associated with different types of personality disorders include the following:

- being very suspicious of others (being unable to trust others or believing they are out to harm you in some way)
- being very impulsive (acting without thinking about the consequences)
- being antisocial or irresponsible (breaking laws or not following through with financial, family, work, or other responsibilities)
- showing rapid and major shifts in moods
- getting involved in unhealthy relationships (being unable to make a commitment; getting into relationships in which others hurt you or you hurt them, physically or emotionally)
- taking advantage of others, lying, cheating, or scheming
- being overly dependent on or submissive to others
- acting cold and angry for no apparent reason
- being very rigid or controlling and having trouble compromising

People with personality disorders may have problems doing the following:

- forming or keeping a relationship that is based on mutual respect
- learning from past mistakes
- taking responsibility for their actions
- handling feelings or emotions
- keeping a job or finishing an important task
- thinking before acting

Thought Disorders

Thought disorders include schizophrenia, a brain disease that causes serious problems with a person's thoughts and ideas about reality. Schizophrenia involves these symptoms:

- *Thinking that doesn't make sense.* For example, we may hear a noise and believe that it represents a special message for us.

- *Hearing, seeing, smelling, or feeling things that aren't there (hallucinations).* For example, we may talk or argue with voices others can't hear.
- *Believing we are someone else (delusions).* If we are suffering from schizophrenia, we may believe we are a famous person in history.
- *Talking about things that aren't related.* When talking, we may skip from one topic to another without making any sense.
- *Showing unusual or strange behavior.* We may talk to ourselves in public or dress in a bizarre way.
- *Keeping to ourselves.* We may withdraw from others and spend most of our time alone.
- *Having great difficulty at home, work, or school.* It can be very hard for us to get motivated to do normal day-to-day things, such as getting up and getting dressed or working around the house.

DURATION OF ILLNESS

Some people experience an *acute episode* of psychiatric illness only once or twice in their lifetime. For example, Steve, an alcoholic, was diagnosed with major depressive illness after having been sober and active in Alcoholics Anonymous (AA) for several years. He was treated with antidepressants and therapy for several months and got better. He had no new episodes of depression and eventually no longer needed medication or therapy.

Others experience *recurrent illness*. This means they have three or more episodes of illness over time. Many of these people, however, are able to lead normal lives between episodes, when their symptoms are under control. For example, Shawna, a cocaine abuser, has bipolar illness. She's had several episodes of both mania and depression in which her mood has become quite unstable. Since Shawna has been in treatment for her psychiatric illness, however, her symptoms come back less often. In addition, she is now able to get help *before* her symptoms get as bad as they used to. Due to the nature of her illness, Shawna could have another bout of mania or depression. But taking medication and seeing a therapist help reduce the chances. In other words, treatment has a *preventive* function in her case. It also increases the chances of spotting the early warning signs of relapse. This is a good example of why people with recurrent illness need to stay in out-patient treatment and continue taking their medication, even when they are doing well.

Other people experience what is called *persistent or chronic illness*. They may have some symptoms almost all the time. Even though these people get better, they continue to be affected by their illness. Sometimes they have flare-ups of their symptoms and get sicker. For example, Robert, who abuses alcohol, marijuana, and cocaine, also has schizophrenia. He takes medication for his schizophrenia, sees a psychiatrist and therapist regularly, and attends a day-treatment program. But Robert still has symptoms of his illness, such as hearing voices, having strange thoughts, and isolating himself from other people. Although his illness has affected his life in many ways, he's doing better now and spends less time in the hospital these days. He's learned some ways to live with his persistent symptoms and continues to work hard at spending more time with family and friends.

SOME IMPORTANT RECOVERY TIPS

Find Help

One of the most important things you can do to feel better is find out what psychiatric illness you have. A psychiatrist or mental health specialist (such as a psychologist or therapist) can evaluate you. Sometimes special medical or psychological tests may help with the diagnosis. Being evaluated or tested sometimes takes time. Patience is required. So is trust in the people who want to help you.

And many people can help you. They are found in inpatient, partial hospital, or outpatient care and in self-help groups. (Self-help programs are listed at the end of this pamphlet.)

Some medicine can also help you feel better or think more clearly. Taking this type of medication is different from using alcohol or street drugs to get high.

Make sure you talk about your symptoms and problems with your doctor, and ask questions. The more you know about your dual disorders, the more hope you'll feel. The more you understand your illnesses, the more control you can take over your life.

Don't Blame Yourself

The first step to recovery is to admit that you have a dual disorder and to accept your addiction and psychiatric illness as no-fault illnesses. This means you have little or no control over whether you get them. But it is up to you to recover from these illnesses.

Ann, who suffers from both alcoholism and depression, tells her story.

Alcoholics Anonymous has helped me stay sober and really change. I learned to change my twisted thinking—like always thinking the worst would happen, or thinking things always had to go my way. I also got rid of a lot of guilt and shame when I accepted my disease and made amends to those I had hurt when I was drinking.

I've always had bouts with depression, even before I was drinking. Depression runs in my family. After I stopped drinking I still had the depression, but I managed to live with it. But my last bout was just awful. I couldn't shake it. I had a hard time accepting that I had another illness that wouldn't go away on its own. I blamed myself for being so depressed, and I refused to believe that I needed professional help.

So my depression lingered for a long time. I lost interest in many things, even my AA program. Eventually I felt terrible about myself, like I was a big burden to my family. A few times I wondered if life was worth it.

Finally I got the help of a psychiatrist. Now I take a medication that helps my depression. I also go to psychotherapy. I've improved my life and I'm feeling pretty good again. I was worried that my AA group might look down on me for taking medication. But my sponsor reminded me that AA members aren't doctors, and some of us need medical treatment. This made it easier for me to accept my depressive illness.

Reflection and Writing

If you accept your psychiatric illness, list three ways that accepting it helps you. If you have trouble accepting your illness, write down your thoughts about why this is so.

1.

2.

3.

Use a Counselor or Other Professionals

Many people with dual disorders benefit greatly from seeing a psychiatrist, psychologist, counselor, therapist, case manager, or other professional. These people can help you understand and cope with your illnesses by helping you define your problems, set goals for change, and evaluate your progress. They can show you how to spot relapse warning signs and help you figure out ways to deal with your day-to-day problems, without drinking or using nonprescribed drugs.

You can gain the most help from your treatment if you keep your appointments. During these appointments, talk about your thoughts, feelings, and problems. Let your psychiatrist or counselor or therapist know if your psychiatric symptoms change or worsen. Let him or her know if you use alcohol or other drugs, feel close to using, or if you miss AA, Narcotics Anonymous (NA), Cocaine Anonymous (CA), or other self-help meetings. When you share this information with whoever is treating you, he or she is better able to help you understand your problems and to adjust your treatment plan if needed. That's why it's important that you show up for your appointments and talk about what's bothering you.

Latonya is a twenty-eight-year-old mother of two children. She has been in a psychiatric hospital four times for severe depression and attempts to hurt herself. She has also been in a drug rehabilitation and a dual disorders inpatient program. She talks about her experience with outpatient counseling following her hospital stays.

I've been in a lot of institutions because of my psych problems and my crack addiction. When I got better and was discharged from the hospitals, I was supposed to see a counselor and doctor for outpatient treatment. Sometimes I would go for a couple appointments, but I canceled a lot of times. Or I just didn't show up. When the counselor would call me, I'd lie about why I missed my appointments. I had trouble trusting others and taking responsibility for myself.

The last time I was in the hospital, my treatment team and outpatient counselor sat down with me and asked me to look at my pattern. They said I didn't have much of a chance to stay well unless I took responsibility for continuing my treatment. They asked me to agree to a contract saying I'd attend regular appointments for three months, just to give it a chance to help me.

So I figured, what the hell? I went to a couple sessions and began really getting into some good stuff with my counselor. She even got me to make a deal with her that I'd call her directly anytime I felt like missing my appointments or stopping treatment. It didn't bother me that they sometimes took a urine test 'cause I knew all they were trying to do was help me.

I've been in counseling for over eight months now. It's helped me stay out of the hospital. We talk about a lot of things, like being depressed, wanting to get high real bad, being angry at my boyfriend. We also talk about how to make things better in my life and how to control thoughts of hurting myself when I'm real upset. My counselor is helping me feel better about myself and make good changes. Once in a while I think about blowing her off, but I always keep my appointments. Plus, I'm not taking hits off the crack pipe.

Reflection and Writing

List three benefits of meeting regularly with a counselor, therapist, or other professional in your ongoing recovery.

1.

2.

3.

List three of your problems or concerns that you could discuss in ongoing treatment sessions.

1.

2.

3.

What can you do to avoid missing your counseling or treatment appointments when you don't feel like going? Or, if you stop treatment and need to get back in, what steps can you take to reconnect with treatment?

Use Support Groups and Twelve Step Programs

Support groups are available for people with dual disorders. What groups you'll find depends on where you live. Some areas have dual disorders groups that go by a lot of different names, such as "Double Trouble," Mentally Ill Recovering Alcoholics (MIRA), Mentally Ill Substance Abuser (MISA), Chemical Abusing Mentally Ill (CAMI), Substance Abusing Mentally Ill (SAMI), and others. Many areas have Emotions Anonymous (EA), AA, NA, and CA groups. In addition there are support groups for specific psychiatric disorders, such as manic-depression, schizophrenia, obsessive-compulsive disorder, and other disorders. Members of these various support groups can talk to each other about their disorders and recovery. Because they understand your problems, they can help you improve your life. Some members are available to be sponsors, people who can offer you friendship and advice in your recovery and teach you the ropes.

Dwayne has gone to self-help meetings for years. He goes to AA for his alcoholism and to EA for help dealing with his schizophrenia and depression.

I've had a lot of problems—alcoholism, schizophrenia, depression, anxiety, low self-esteem. My drinking was out of control until I finally joined AA and gave up booze. Although I managed to stay sober, I was pretty miserable because of my psychiatric problems. It seemed like they were controlling my life just like alcohol once did.

My therapist told me about a program called Emotions Anonymous and said it helped a lot of people with different types of mental problems. So I decided to give it a chance. After all, AA helped me, so I figured EA could too.

I found a lot of support and understanding in EA, even from people who don't have schizophrenia. People there know what it's like to have roller-coaster mood swings. Some people have hallucinations like me. I can talk about my problems at EA. Me and my sponsor talk every day—not just about my problems, but about other things too. He's helped me feel better about myself. He's also helped me focus on my talents and strengths, which I always used to ignore. I'd used my illness as an excuse not to do anything with my life.

Now I feel stronger, more in control, although I still have bad times. Sometimes I hear voices, but I'm able to ignore them now. I still get depressed and nervous too. But I'm able to deal with these feelings now—they don't run my life and my thinking like they used to, or give me reason to drink. The support I get from EA and my sponsor is a big part of my recovery.

Reflection and Writing

List some of the self-help groups that are available near where you live.

If you are going to them now, write down three ways they have helped.

1.

2.

3.

If you have not yet attended any support group meetings, list the reasons.

1.

2.

3.

Do you have a sponsor? If so, list three ways that talking to him or her has helped you in your recovery. If you don't have a sponsor, how do you feel about getting one?

1.

2.

3.

Take Psychiatric Medication as Prescribed

Some people with psychiatric illness need to take medication prescribed by a psychiatrist. Some need it for only a short time; others need medicine for an extended period in order to prevent or reduce the likelihood of getting sick again.

If you have a dual disorder and are taking medication, drinking alcohol or using other drugs not prescribed by a doctor can make your illness worse. Or it can temporarily cover up your symptoms, only to make things worse in the long run. Two of the primary reasons people relapse to psychiatric illness are (1) they drink alcohol or take street drugs, and (2) they stop taking prescribed psychiatric medications. You should never stop taking your medicine on your own, even if your symptoms are a lot better. Always talk to your doctor and therapist about your desire to stop medication. If you have side effects or feel really good and don't think you need medicine, talk it over first. Some people with recurrent or persistent psychiatric disorders get sick when they stop taking their medicine, even though they did well for a long time.

Marge is a thirty-two-year-old mother of two children. She tells how medication helped treat her illness.

My problems began when I was about twenty-four. I was at a grocery store when suddenly I became very afraid. My heart began to beat very fast, and I felt like I could hardly breathe. It was terrifying. I had a hard time just getting out of the store and going home.

It was a panic attack, and they happened over and over again. They sometimes came out of the blue. I lived in fear that I'd have another. Sometimes I think the worry about an attack was worse than the attack itself. I grew fearful of being trapped in places where I had no control. I was even afraid of being in a car on the highway. I avoided bridges, tunnels, and elevators. I stayed away from places that might be crowded and stopped going to church and to my card club. I made up excuses so I wouldn't have to go to my kids' school. I became a prisoner in my house. I was just too afraid to leave. I also became depressed. I thought I was going crazy and wanted to die. Sometimes I thought that the only thing holding me together was the booze. I began to hit the bottle real hard and got hooked pretty bad.

My husband finally got me to get help. After I got detoxed I saw a psychiatrist who gave me some medication that helped control my psychiatric symptoms. The panic, depression, and terrible fears began to fade. I started to feel better. I went to therapy, and I slowly began doing things that used to terrify me, such as going shopping at the mall and going to church. I was even able to go to AA meetings. In time I learned to get control of this condition and stay sober. I'm proud of what I've done. Now I'm going out more, and I feel safe.

Reflection and Writing

If you are taking medication, are you taking it as your doctor prescribed? If no, why not?

List three ways your medication has helped you.

1.

2.

3.

List three ways that drinking alcohol or using other drugs (like cocaine, crack, speed, heroin, or downers) can mess up your recovery.

1.

2.

3.

Change Your Thoughts and Beliefs

How you feel and act depends partly on what you think and believe. You have probably heard that “stinking thinking” can hurt your recovery. It can even be a factor in relapse.

Thoughts and beliefs sometimes contribute to depression and anxiety. For example, you might say to yourself things like the following:

- *To be happy, I have to be successful in whatever I do.*
- *To be happy, I must be accepted by all people at all times.*
- *If I make a mistake, I am bad or incompetent*
- *If people disagree with me, they don't like me.*
- *Things will never improve; I'll always be miserable.*

These kinds of thoughts make it harder for you to feel good about yourself. Challenging your negative thinking and replacing negative thoughts with new ones that focus on the positive will help you in your recovery.

Catherine is recovering from drug addiction and an anxiety disorder. She tells how she dealt with the thoughts and beliefs that caused some of her anxiety.

I've always been nervous, turning things over in my mind again and again. I always expected the worst to happen. I think I lost a couple of job opportunities because I told myself I couldn't handle the interview and that I would fail. My anxiety sometimes caused my heart to race, and I felt dizzy. A couple of times I thought I might pass out.

In trying to control my anxiety, I got addicted to downers and alcohol. But even after I stopped using drugs and got involved in NA, I was still pretty anxious. With the help of a

psychologist, I slowly learned to control my anxiety—I learned how to relax. This made it easier to concentrate on changing my thinking. I learned to catch myself when I had thoughts like, *My anxiety is going to control me and make me ill.* I would ask myself if I had proof that this was true. Then I would take deep breaths and practice new thoughts like, *My anxiety isn't going to control me. I will control it. I refuse to become sick or upset. There's really not much to be worried about.*

Today I no longer believe that I'm a failure if I make mistakes. I used to expect to fail. Now I say to myself, *Everybody makes mistakes, and making one doesn't mean I'm a failure. I need to make mistakes to learn.* I have no doubt that changing my thinking has helped me. My anxiety has gone way down. I feel more in control of my feelings. It's like a big burden has been lifted from my shoulders.

Reflection and Writing

Do you often have negative thoughts, such as expecting the worst to happen or only seeing the negative side of things? If so, write down three of them.

(Example: "When I make a mistake, I worry that I'll get criticized and other people will think I'm dumb.")

1.

2.

3.

Now try to replace these negative thoughts with positive thoughts.

(Example: "Making a mistake doesn't mean I'm dumb. Besides, everyone makes mistakes. Plus, I can learn from them.")

1.

2.

3.

Express Your Feelings and Emotions

Half the battle in handling emotions is admitting them. Start by admitting what you feel. Ask yourself, *Do I feel angry, bored, anxious, empty, depressed, lonely, guilty, or shameful?* This opens the door for you to take action. You can take action in many ways. You can talk about your feelings with another person. Or you can try changing how you see or react to a situation.

Catherine continues her story, talking about how she handles anger.

I used to be too nice and took too much crap from other people. What a great doormat I made! I believed that it was bad to feel angry and that others wouldn't like me if I got mad at them. For years I kept all my anger inside.

To change I had to become aware that this kind of thinking is unhealthy. Now I've come to accept anger as a normal emotion. I tell some people when I feel upset and angry. My husband and daughter had to get used to me letting them know when I felt angry. But since I've learned to be honest and direct, problems don't build up like they once did. I feel better about myself. When I stand up for myself, people don't take advantage of me; they respect me.

It's just as important to feel and express good feelings. Anthony describes how he started to deal with the problems he had with intimacy.

Even after I'd been sober a long time, I felt that something was missing in my life. I'd always had trouble getting close to people. I was afraid that if I really got close to someone, I'd get dumped or hurt. I was scared, so I jumped from one relationship to the next. All the while I felt lonely and depressed.

By going to therapy and Twelve Step meetings, however, I learned about myself. I stopped running away from my feelings. I gained the courage to try to get close to someone else. I met a wonderful woman and finally allowed myself to love. It was scary at first, but the closeness and the love we share have added more to my life than I ever could have thought. I've even gotten closer to my mother, sister, and friends. Used to be, I didn't care for anyone but myself; now I can tell people I care for them.

Reflection and Writing

Which feelings are hardest for you to express? On this page and at the top of page 17, write a few notes about two feelings that are difficult for you to express.

1.

2.

Write the name of a person you can share these difficult feelings with.

Write the name of a person you can share good or positive feelings with.

Change Your Behaviors and Character Defects

There's no quick fix for your problems. You must work hard to change. This includes changing how you deal with your thoughts or feelings and how you act. How you act is often tied to your personality or character. Working on character defects is often a big part of recovery. Working the Twelve Step program with a sponsor, especially Steps Four and Ten, helps you figure out what defects you have and how to start changing them.

Dave, recovering from antisocial personality disorder and heroin addiction, talks about how changing his behavior and working on character defects helped his recovery.

I have what they call serious personality problems. When I was a kid, I conned and lied to my teachers, my parents, and just about everyone else. I quit school because I was always hassling teachers. Ripped off my parents, my neighbors, and stores. Ended up in Juvenile Detention once. Didn't care about anyone, didn't trust anybody, not even the people I got high with.

I couldn't hold a job and got fired a couple times for blowing off work. Once I even punched out my boss. My fuse was short—and I mean short! I was put in jail twice. I robbed and did all kinds of shit to get dope 'cause I was shooting up every day. The second time I went to jail was for violating parole—drugs showed up in my urine test. Rather than accepting responsibility for my own behavior, I blamed my probation officer for putting me in jail.

I started going to NA meetings just to get out of my cell. At first I didn't pay much attention. Then one night something happened to me. I heard this dude talk about his dope habit and problems being antisocial. I swore he was talking about me. This man was straight and enjoying it. I couldn't believe it. I started taking the program seriously, even reading about addiction and recovery. I still had thoughts about getting high and scamming to beat the system, but for the first time in my life, I saw that things could change for me.

In time, I tackled my addiction head-on. I wanted to get straight and stay straight. I dealt with a lot of my character defects; sometimes it was hard but I kept at it. I made amends to some of the people I'd hurt, and I learned to get along better with others by trusting and listening. I haven't been in a fight in a long time. Most of my anger was out of line. I'm much more patient now, and I deal with things like an adult. It helps me stay clean and stay out of jail! I went from being a dope fiend and con to being responsible. I feel like I'm somebody now. Before, I didn't give a shit.

Reflection and Writing

List two character defects you need to change, and for each one state one way it has caused you problems.

(Example: "I'm self-centered and don't care about what I say or do to other people. Because of this I have trouble keeping a relationship more than a few months.")

1.

2.

What can you do now to begin changing one character defect?

On this page and page 19, list two benefits of changing one of your character defects.

(Example: "If I start listening more to other people and being less self-centered, I'll get more respect and get along better. This will help me keep my relationships.")

1.

2.

Ask for Support from Your Family

Before your family can help you in your recovery, you must realize their limits. Think of how you have affected your family before asking for their help. Take an honest look at all the things you did (or failed to do) that hurt them as a result of your addiction and/or your psychiatric disorder.

Steps Eight and Nine of the Twelve Steps can help you in this process. In Step Eight you list those you have hurt, becoming willing to make amends for your behavior. In Step Nine you make amends to those you've hurt, whenever possible, unless you'd hurt someone even more in the process by telling him or her what you did.

If you make amends and help your family members learn more about dual disorders, they will be more likely to support your recovery. You can invite them to open AA or NA meetings or other mental health support groups. You can also invite them to counseling or therapy sessions. Or you can give them reading materials that describe dual disorders, how they affect people, and what steps families can take to cope with their feelings.

Jack's case shows how asking for support from the family can help a lot.

When I stopped drinking and got into AA, things changed a lot. I slowly put my life back together. My recovery went well until I started dealing with my family. I thought that an apology or two would make everyone forgive and forget. But it wasn't that easy for my oldest son, Rich. When I tried to get him to understand why I did some of the things I did, it seemed to go well. I thought he had accepted my apology. But I didn't listen to his side of the story; I didn't ask him how he felt.

Later I learned that Rich had a lot of resentment toward me. So I talked to my sponsor about this. He asked me to make a list of how my addiction affected Rich. Recalling a few of the things I did made it plain to me why Rich resented me. At the advice of my sponsor, I asked Rich if he would talk to me about what it was like for him when I was using. I wasn't going to ask for his forgiveness yet. I'd just listen to what he had to say. It was painful to hear what Rich said, even though it was all true. He really gave me an earful. But in time, Rich got over a lot of his anger. He even went to some open AA meetings with me and some Al-Anon meetings with his mother.

After listening to Rich, I went to other family members and listened. These talks helped us all get closer. I believe my family supports my recovery now. We can talk about things. We are working with each other instead of against each other.

Reflection and Writing

List four ways your family has been affected by your alcohol or drug use, your psychiatric disorder, and/or your behaviors.

(Example: "I was very irritable and nasty when depressed, even more so than when I was drinking. My wife felt on edge most of the time and my daughters were afraid of me.")

1.

2.

3.

4.

Do you need to make amends to any family members? Write down their names. What would you like to say to them? Don't worry about how they might respond.

List four benefits of making amends to your family.

(Example: “My son would be less angry at me and might not avoid visiting me, always giving excuses as to why he can’t come home.”)

1. ,

2.

3.

4.

Learn to Spot Addiction Relapse Warning Signs

As the AA Big Book says, chemical dependency is a “cunning, baffling” disease. Relapse, which means going back to using alcohol and other drugs, is always a threat.

Relapse is a process that builds over time. You can build up to a relapse over weeks or months. Learning about relapse warning signs, and what to do about them, should be part of recovery. Sometimes these warning signs are easy to notice, like when you miss or stop going to AA or NA meetings and don’t have a good reason for doing so. Another relapse warning sign could be stopping into a bar or visiting old friends who still get drunk or high.

Other relapse signs aren’t as easy to notice. These may include feeling restless or unhappy about yourself or your recovery. You also need to beware of cravings for your drug of choice and thoughts of getting high.

Most relapse warning signs show up as changes in thoughts, attitudes, moods, or actions. Learning about the things that make relapse a threat can help your recovery. Some of these signals include the following:

- feeling angry, bored, depressed, lonely, ashamed, or empty
- thinking too much about alcohol, other drugs, or partying
- having frequent dreams about alcohol or other drugs
- developing another addiction, like gambling or sex, to escape the pain
- having serious relationship troubles
- going through a major change in your life, like starting a new job or moving to a new city
- getting pressure from family or friends to get high or drunk, or hanging out with people you used to get high with
- skipping or cutting down on counseling sessions or self-help meetings
- experiencing a relapse of your psychiatric illness
- not having any routine or structure in your day-to-day life
- not having any goals for yourself

Once you learn what things can cause you to relapse, you can work on dealing with them. Lamont, a sixty-two-year-old widower, tells how he handled the threat of relapse.

I've been in and out of treatment and AA for many years. Once I was sober for over two years. But since my wife died five years ago, I've had trouble staying sober for more than a few months at a time. It's especially hard for me on weekends, holidays, and my wedding anniversary.

The last time I was in treatment I learned that my relapses were tied closely to memories of my wife's death. Only when I faced my sadness and grief head-on was I able to stay sober. Visiting the cemetery and talking with my sponsor, my minister, and my daughter Eunice about my feelings really helped me.

Now when I feel sadness over the loss of my wife, I don't try to ignore it or cover it up with liquor. Instead I pray, or I remember how blessed I was to share many years with her. If I feel really blue, I'll talk to others who care about me. It also helps to be with my family during holidays and on my wedding anniversary. I still miss my wife a lot, but I'm dealing with things much better now.

Reflection and Writing

Have you ever had an addiction relapse? If so, on this page and at the top of page 23, list three warning signs you had. If you haven't had a relapse, list three possible warning signs.

(Example: "Before shooting drugs again, I told myself a few beers and a joint weren't a big thing.")

1.

2.

3.

How could you handle each warning sign without using alcohol or other drugs?

(Example: "I'll remind myself that my addiction is trying to whip me again. There's no way I can drink or smoke herb without messing up my recovery. I'll call my sponsor right away.")

1.

2.

3.

Learn to Spot Signs of Psychiatric Relapse

You can use some of what you've learned about relapsing with alcohol and other drugs to become aware of relapses with your psychiatric illness. Many of the relapse signs listed in the previous section (pages 21-22) also apply to psychiatric relapse. Some common relapse signs are using alcohol or other drugs, missing treatment sessions, or cutting down on or stopping support group meetings. This can cause you to get sick again. Knowing the warning signs and causes of a relapse of your psychiatric illness can help prevent it or stop it early. Carol is twenty-eight years old and has been in the hospital many times for symptoms of borderline personality disorder, major depression, and drug abuse. She tells about her emotional problems and how she learned to manage them.

Since I was fourteen, I've had serious mental problems. I've been in psych hospitals four times, and I tried to kill myself twice. One time I cut my wrists; the other, I tried overdosing on pills and vodka. Both times my suicide attempts came after a boyfriend ditched me. I just couldn't stand being alone. I felt like I was nobody unless I was attached to someone.

I've had just about every kind of treatment you can think of. What's finally helped me is that I've stayed with the same psychologist for almost two years. She's helped me understand myself much better and helped me work on my problems. She also got me into NA, where I have a sponsor who understands what I've been through.

I've learned to accept what I feel and to control my reactions. I'm learning to control the rage that used to control me. Now I stop to look at why I feel the way I do. There usually isn't any need for rage. My psychologist is still helping me with this problem. I've caught myself a few times—and don't blast my parents like I used to do.

I'm starting to have friendships that aren't based on sex or getting high. I've learned to catch myself before I jump into a relationship for the wrong reasons. I can make better choices now. I also know how to use my psychologist during times of high stress. Facing these problems early on has helped me gain control of my life and stay out of the hospital.

Reflection and Writing

Have you ever had a relapse of your psychiatric illness? If so, write down three warning signs you had. If not, list three possible warning signs.

1.

2.

3.

If you noticed the warning signs, how could you cope with them?

1.

2.

3.

Make Your Family Aware of Relapse

Some types of psychiatric illness can hurt your judgment. If your illness can affect your judgment, prepare your family members so they can help you during these times. (But ask them for help while you are well, while your judgment is good.) They can help you take action when you may not see the need. Sometimes this means they will have to put you in the hospital. This is called an *involuntary commitment*.

James talks about how his family stepped in to help him.

I'm a cocaine addict who also suffers from bipolar illness. When I'm not depressed, I sometimes switch into a manic phase. My mood gets really high, even when I'm clean from drugs. During this phase, I act recklessly: I drive too fast, I act foolishly at work. I spend money on things I don't need or can't afford, and I risk my family's savings on bad investments. I hit on women. My mind races, and I can't sit still or slow down. Sometimes I go without sleep because I'm bursting with energy.

I was hospitalized last year because my moods and actions got out of control. The doctor put me on lithium, a medicine that controls my symptoms. It really helped, and I felt good for a long time. My moods became stable. In fact, I felt so good that I thought I didn't need the medication any more. So I stopped taking it—without talking to my doctor. After a while some of my manic symptoms returned. I even thought about getting some cocaine. I was convinced I could handle it because I was in such good spirits.

Lucky for me, my wife and kids learned about my illness when I was in the hospital. Even though I told them I was fine and didn't need any help, they took me to see my psychiatrist. When I told him I'd stopped taking my medicine, he helped me get back on track by taking my lithium again. I probably would have had a full-blown relapse if my family hadn't stepped in to help me. I wasn't aware of my behaviors, but they were. They had to take control.

Reflection and Writing

Have you discussed with your family the possibility of relapse? Explain your answer.

What do you want your family members to do if they notice that you're displaying relapse warning signs?

What should family members do if you refuse to listen to them when they point out that you're showing relapse warning signs?

CONCLUSION

If you devote yourself to your recovery, you have a good chance of getting better. Getting professional care and going to self-help groups need to be a part of your effort. Even if change comes slowly, you can get better.

As a result, you will make positive changes in your life. With these changes you will feel better about yourself, and you will have better relationships with other people. As you work on your recovery, remember to give yourself a pat on the back for your progress.

HELPFUL ORGANIZATIONS

The following organizations focus on problems with alcohol, other drugs, or mental health. Write or call them for more information. Many of these groups have state or local chapters that can be found in the Yellow Pages of your telephone book.

Alcoholics Anonymous World Services, Inc.
Box 459, Grand Central Station
New York, NY 10163
(212) 870-3400

Anxiety Disorders Association of America
6000 Executive Boulevard
Suite 513
Rockville, MD 20852
(301) 231-9350

Dual Recovery Anonymous
Central Service Office
P.O. Box 8107
Prairie Village, KS 66208
(913) 676-7226

Emotional Health Anonymous
2420 San Gabriel Boulevard
Rosemead, CA 91770
(818) 240-3215

Emotions Anonymous International
P.O. Box 4245
St. Paul, MN 55104
(612) 647-9712

GROW, Inc.
2403 West Springfield
Champaign, IL 61821
(217) 352-6989

Hazelden Foundation
P.O. Box 176
Center City, MN 55012
(800) 257-7800

Narcotics Anonymous World Service Office
P.O. Box 9999
Van Nuys, CA 91409
(818) 773-9999

National Alliance for the Mentally Ill
2101 Wilson Boulevard
Suite 302
Arlington, VA 22201
(703) 524-7600

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20857-2345
(800) SAY-NO TO
(800) 729-6686

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314
(703) 684-7722

Obsessive Compulsive Foundation, Inc.
P.O. Box 9573
New Haven, CT 06535
(203) 772-0565

Recovery, Inc.
802 Dearborn Street
Chicago, IL 60610