

Journaling for Relapse Prevention

Journaling has been practiced since human kind began to create paintings on cave walls showing the day's hunting activities. Today, journaling continues to be a popular activity to record one's daily activities and thoughts. The act of journaling is very different from talking to someone or thinking about life. The act of writing down the day's thoughts, emotions and behaviors seems to cause a different type of personal reflection. When journaling is incorporated into the life of a person who is striving to improve the quality of their life, journaling becomes a very powerful self-help tool.

Journaling when in recovery is a valuable therapeutic process in which every recovering person can participate. By simply sitting down at some point during the day writing down the meaningful thoughts, feelings and behaviors of one's self, many discoveries and behavioral reinforcements may be recognized which would otherwise go unnoticed.

Many individuals will report self-discovery when participating in the journaling process. After writing a journal, they will revisit what has been written and discover something about the way they are thinking, feeling or behaving that they would not have recognized any other way. Often times issues may come up that were not previously noticed. When this happens, it is an incredible opportunity for contemplation and program work to address the otherwise unrecognized issue.

Journaling is also an excellent method of exposing resentments, jealousy, guilt and shame related feelings. These feelings can easily lead to unmanageability of life in the recovering person, so exposing and turning over these feelings to a higher power is empowering to the individual. The simple act of writing down these emotions can have a significant impact on reducing the compulsive nature of thoughts these strong emotions tend to produce. Other emotions may also become apparent when journaling: particularly those that one may not have been aware of.

Both healthy and unhealthy thoughts and behaviors may be uncovered through the act of journaling. For someone in recovery, it is very beneficial to recognize the healthy thoughts and behaviors and consider the series of healthy choices and actions taken in order to create a better quality of life. Conversely, it can also be beneficial to recognize unhealthy thoughts and behaviors and give time to contemplating how a more healthy series of choices may have created a better quality of life than what has been realized.

For those in recovery from alcoholism, addiction, and impulse control disorders I advocate journaling on a daily basis as an integral component of one's daily relapse prevention plan. As previously discussed in this article, the ability to bring better self-awareness through analyzing one's feelings and behaviors can prove priceless when intervening at any point in a relapse process. In

order to understand more fully how journaling can help as an intervention tool in the relapse process, it may be helpful to describe what is happening during a relapse process.

Relapse is often thought of as an event, such as taking a drink or using a drug: however, relapse is actually an extended process that begins long before the use of a chemical substance. There are significant and identifiable phases of relapse.

Terrence Gorski and Merlene Miller collaborated on the development of eleven phases of relapse, and they write about it in their book *Counseling for Relapse Prevention*, Herald Publishing House.

Phase 1: Internal Change

Looking good on the outside, but beginning to use unhealthy and addictive thinking to manage feelings of negative self-image. Intervene if some of the following warning signs are present:

- Increased stress – can be due to a major circumstance or little things building up.
- Change in thinking – working a recovery program is not as important any more.
- Change in feelings – mood swings and exaggerated positive or negative feelings.
- Change in behavior – not working a program like before, knowing something is wrong.

Phase 2: Denial

I begin to overlook what I am thinking and feeling, and I stop honestly telling others what I am thinking and feeling. Intervene if some of the following warning signs are present:

- Worrying about myself – feeling afraid of using drugs, and dismissing the fear because the thought is too uncomfortable.
- Denying that I am worried – persuading one's-self that everything is OK, when it really is not.

Phase 3: Avoidance and Defensiveness

Avoiding anyone or any situation that will force the honest evaluation of one's thinking, feelings and changes in behaviors: and if confronted, being defensive and not listening. Intervene if some of the following warning signs are present:

- Believing alcohol or drugs will never be used again – convincing one's-self that not much energy is needed to maintain sobriety, and keeping this though a secret.
- Worrying about others – focusing more on the sobriety of others than on one's-self, judging other's programs, and keeping it all a secret.
- Defensiveness – avoiding discussions of personal problems for fear of being criticized or confronted.
- Compulsive behavior – reverting to old, rigid and self-defeating ways of thinking and acting.

- Impulsive behavior - using poor judgment and causing problems due to impulsive behavior without thinking things through.
- Avoiding people – feeling uncomfortable around others and changing behavior to be alone, making excuses not to socialize, and feeling lonely.

Phase 4: Crisis Building

Working hard to solve problems but seemingly having two new problems arise for every one solved. Intervene if some of the following warning signs are present:

- Tunnel vision – focusing on one small part of life to the exclusion of everything else.
- Minor depression – feeling down, sleeping too much and lacking energy without talking about the mood depression.
- Loss of constructive planning – not looking ahead or thinking about what to do next.
- Plan failure – plans begin to fail and each failure causes an overreaction creating new problems and feelings of guilt and remorse.

Phase 5: Immobilization

Feeling trapped in an ongoing stream of unmanageable problems and feeling unmotivated to take action. Intervene if some of the following warning signs are present:

- Wishful thinking – having fantasies of escape or rescue if only a person will help or an event will happen.
- Defeat – feeling like a failure, someone who cannot get anything right.
- Immature wish to be happy – desire to be happy but have no idea how to make it happen or any will to make it happen.

Phase 6: Confusion and Overreaction

Trouble with thinking clearly and managing thoughts, feelings and actions. Intervene if some of the following warning signs are present:

- Difficulties thinking clearly – usually simple problems are perplexing due to a mental shut down or an uncontrolled frenzy of thought.
- Difficulty managing feelings and emotions – overreacting or feeling numb, crazy thoughts.
- Difficulty remembering – remembering things from the past can be difficult at times and learning new things can be a challenge.
- Confusion – periods of not knowing what is right or wrong, healthy or unhealthy, and not knowing how to solve a problem.
- Stress mismanagement – feeling numb and not recognizing it, feeling overwhelmed for no apparent reason, not being able to relax regardless of the situation or environment.
- Strained relationships – being annoyed when friends, family, counselors and others in recovery talk about changes they see in my behavior and mood; or not caring what they say.
- Anger – loss of temper for illegitimate reasons and feeling guilty afterward.

Phase 7: Depression

Feeling, at times, that life is not worth living or thinking about self-medicating with drugs or alcohol to avoid the depression. Intervene if some of the following warning signs are present:

- Irregular eating – overeating or loss of appetite, replacing healthy meals with junk food.
- Unmotivated – not being able to get started or get anything done and feeling trapped.
- Difficulty sleeping – not able to fall asleep, having disturbing dreams and un-restful sleep.
- Loss of daily structure – daily routine becomes haphazard.
- Deeply depressive periods – depression is noticed by others and cannot be easily denied, feeling that nobody cares or understands.

Phase 8: Behavioral Loss of Control

Inability to control one's thoughts, feelings and behaviors. Intervene if some of the following warning signs are present:

- Irregular attendance at meetings – finding justified excuses not to go to therapy meetings, self-help meetings and to meet with a sponsor. Making other things more important.
- Unconcerned attitude – not caring about problems in order to hide feelings of hopelessness.
- Rejection of help – actively cut off people who can help.
- Dissatisfaction with life – Feeling like going back to alcohol and drugs because things can't get any worse.
- Powerlessness – Feeling as if there is nothing that can be done and there is no way out.

Phase 9: Recognition of Loss of Control

Denial breaks down and a realization occurs that life is unmanageable, problems are severe, and there is little control over circumstances. Fear and anxiety result due to isolation and a feeling there is no one to turn to for help. Intervene if some of the following warning signs are present:

- Difficulty with physical coordination – dizziness, poor balance, hand-eye coordination and slow reflexes cause clumsiness and accidents.
- Self-pity – believing that there is no hope and feeling sorry for one's self.
- Thoughts of social use – hoping that returning to social drinking and recreational drug use can be controlled and may be the only alternative for feeling better.
- Conscious lying – lying with the knowledge that things being said are lies, and not being able to stop lying.
- Loss of self-confidence – believing one's self is useless, incompetent and will never be able to manage life.

Phase 10: Option Reduction

Believing there are only three ways out: insanity, suicide, or self-medication with alcohol and/or chemical substances. Intervene if some of the following warning signs are present:

- Unreasonable resentment – anger resulting from the inability to behave in unhealthy ways.

- Discontinuance of treatment – stops attending all meetings with counselors and self-help groups and discontinues any pharmacotherapy treatments.
- Overwhelming loneliness, frustration, anger and tension – feeling helpless, desperate and about to go crazy.
- Loss of behavioral control – inability to control thoughts, emotions, and judgments.

Phase 11: Alcohol and Drug Use

Return to alcohol and/or chemical substance use and quickly lose control. Intervene if some of the following warning signs are present:

- Attempting controlled use – plan to use socially or short-term.
- Disappointment, shame and guilt – the alcohol and drug use do not produce the desired results and disappointment is followed by shame and guilt due to the relapse.
- Loss of control – alcohol and chemical substance use spirals out of control.
- Life and health problems – quality of life plummets as severe problems with relationships, jobs, finances, mental and physical health grow to require professional treatment.

If an addict is self-aware and informed on these phases, it is possible to intervene at any point in the relapse process in order to return to the state of remission. So it follows that journaling is an excellent tool for creating that self-awareness through observing thoughts and behaviors communicated through their journal. Together, with a good relapse intervention plan, journaling can literally be the catalyst for intervening in the relapse process.

Technology can also be used to help the recovering person recognize thoughts and behaviors associated with the relapse process. At Serene Center a web-based software program has been developed that puts technology to use in a very productive way. The website, www.serenitylog.com, allows subscribers to enter a journal on a daily basis. During the evening, a software algorithm scans the journal entry and identifies words that are related to relapse process thoughts and behaviors. The following day, there is a ‘Daily Meditation’ and a ‘Daily Affirmation’ that are directly linked to those thoughts and behaviors.

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The feedback given through the ‘Daily Meditation’ and the ‘Daily Affirmation’ can reinforce healthy thought processes and healthy behaviors. On the other hand, it may be enough to cause the self-awareness the recovering person needs to implement a relapse intervention.

Borrowing again from Terrence Gorski and Merlene Miller’s *Counseling for Relapse Prevention*, *Herald Publishing House*, the relapse intervention can take place at any time in the process. Below are summarized recommended intervention steps:

Relapse Intervention

At the first sign of a potential relapse symptom, follow the following intervention steps:

1. **Identify the Problem** – explore what is really going on, think accurately and candidly.
2. **Clarify the Problem** – in concrete and specific terms, describe the problem in detail.
3. **Identify Alternatives** – determine different ways the problem can be addressed, write down several options. If the problem cannot be solved, work on acceptance.
4. **Examine the Alternatives** – what are the consequences for each potential action?
5. **Decision** – make a commitment.
6. **Action** – make a plan of action and implement it.
7. **Evaluation** – is the plan of action working or does it need modification?
8. **Accountability** – share the plan of action with a sponsor or friend and ask them to help monitor progress.

In summary, I hope you can recognize the importance of journaling for those in recovery. The potential for creating a better quality of life is immense. If you are not already journaling, I am hopeful that you will choose a healthier course of action today.