

**Family Members Know That You Are Going To Relapse  
In Your Addiction Before You Do. Listen Up!  
By Peggy L. Ferguson, Ph.D.**

The family dynamics of recovery is rarely smooth sailing. Relapse, which is a process, has a tremendously negative effect on significant others. Family members who have labored and struggled to remain with the addict through all the active years of addiction, to assist them in finding their way into recovery, find their hopes and dreams dashed in the midst of relapse.

Anyone in a relationship with an alcoholic/addict is affected by addiction. Loved ones would understandably be upset and angry with the alcohol/other drug (AOD) addict when they relapse. Recovering spouses (or parents) who have developed and worked a program of recovery of their own, and who have struggled to mind their own program and practice healthy detachment may feel not only betrayed by the addict for the relapse, but by the sponsors and counselors who have repeatedly told them that it was not their job to work the addict's program for him/her. While they have learned and internalized the fact that they cannot keep the addict sober, they may blame themselves for giving up the hyper vigilance and "letting them relapse".

Warning signs can surface early in the relapse process. The spouse or parent of the addict may think back on the various red flags that they observed which would indicate impending relapse. They may have tried to communicate to the addict that they are observing relapse symptoms.

Alcoholics/addicts usually have difficulty hearing that they are exhibiting relapse symptoms and may feel criticized or controlled. The addict and their family members may engage in escalating conflicts and arguments.

In the midst of the relapse process before the actual chemical is ingested, the addict and spouse or parent may have renewed their struggle over the chemical. An example would be when the family member is attempting to tell the addict that they are afraid and anxious when the addict is once again spending time with the people that they used to use drugs with. They point out that they are also staying up all night and sleeping all day, things they routinely did while in the active addiction. The addict may view this as an attempt to control him/her. The addict may or may not see family members as trying to create a barrier between them and the chemical. In this example, they are in a struggle over the chemical-even before it is used again. The addict, then can justify using because "they are already being accused of it".

These are common examples of what happens in the family dynamics of addiction and recovery, and typical of the relapse process. Simplified, the relapse process, involves a return to old thinking, (e.g., rationalization, minimization, denial, blaming, etc.), old feelings (e.g., resentments), and old behavior.

Family members know long before the addict has any awareness of it that the addict is gearing up to relapse. The relapse process, like the disease, is predictable and preventable. Spouses and parents, who think that they understand addiction, may find themselves confused and angry about how the addict would let themselves get to this position once again.

Family members may think that the addict is consciously, deliberately, and maliciously trying to destroy his/her life and the very fabric and survival of the family. The addict's exhortations that they will not use, mean nothing in light of obvious relapse behavior.

Family members may know that the addict cannot see that they are in the relapse process and that they still believe that they are in control. The addict believes his/her own excuses and justifies going back to "using" places, with "using" friends, and not needing 12 step meetings or counseling. The addict believes that because s/he has decided to quit and stay quit that that is all there is to it. Family members remember when s/he said that before, and then relapsed.

Concerned relatives be sure that the addict is headed to relapse and the addict is positive that s/he is solid in her/his recovery and not thinking about using. They get frustrated in their attempts to verbally reassure the family. The best thing that the addict can do in this situation is to show them by exhibiting recovery behavior. All the verbal reassurance in the world does not stack up to letting the family see their behavior positively changed.

They can show that they are in recovery by using healthy living skills. One of the most important tasks in recovery is to identify the roles that the chemicals have played in your life and to replace the chemical with healthy living skills. If spouses or parents observe that the recovering person is using meetings, relaxation tapes/meditation/yoga, walking/exercise, and talking to others as new ways to manage stress (rather than drinking/using), these relatives will feel reassured about the addict's continuing abstinence and recovery. Compare that to the worried spouse observing the addict's irritability, dishonesty, sleeping until noon, avoiding meetings and not talking to anyone, as a way to manage stress. What would you think?

One of the things that family members learn in their own recovery is to trust their own intuition, observation, and judgment. Family members also learn that they don't have to re-engage in the game of "prove it", where they feel compelled to ferret out the truth, and if they can't, then they must believe the unbelievable. Recovering significant others also learn to identify their own bottom lines. They get to decide what they are willing to tolerate in their own lives. They have every right to decide not to stand by and watch their loved one slide down the slippery slope into relapse.

Significant others are invaluable to a recovering person's ongoing abstinence and relapse prevention. It is recommended that addicts and their close relative (i.e., spouses, parents, children) have a written relapse contract, which includes:

- 1) Permission for the significant other to tell the addict when they see relapse symptoms
- 2) A list of identifiable triggers
- 3) Expectations about what quality sobriety is and what it looks like behaviorally
- 4) Consequences of relapse.

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