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## Motivation

### for Maintenance

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## MAKING SOBRIETY PERMANENT

by Scott Wisenbaker

With the very best of intentions three men leave treatment honestly believing that relapse is not possible after all that they have seen and learned.

The first man returned to his upper middle class home, to his wife and lucrative career. On top of the world the man dismisses any need of 12-step meetings or any other activity that would put him in direct contact with other alcoholics/addicts. With a firm resolution he is done forever. Within three months however, divorce papers have been filed, the career is in jeopardy, and our man has not drawn a sober breath for nearly two months.

The second man returns to his family's home where a safe cocoon-like atmosphere exists. A nice safe automobile waits in the garage, while all members of the family are eager to congratulate and lend their support. No one dares to make life difficult or stressful for him. Our man is using within weeks despite the perfect

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## Healthy Sexuality for Women in Recovery *Crossing the Bridge*

by Silvia V. Jason

*The first problem for all of us, men and women, is not to learn, but to unlearn.*

Gloria Steinem

What is it to be a sexually healthy woman? What does it mean to heal our sexuality? What does healthy sexuality look like? How well do we know our sexualselves? These are questions many women in recovery from addictions ask and struggle with. They are not easy questions to answer, particularly in our culture at this moment in time.

These questions are probably the most poignant for women recovering from sex related addictions: sex addiction, co-sex addiction, sex and love addiction. Sexuality is a fundamental expression of who we are. It touches our core as individuals. When sexual energy becomes entangled with our needs to cope with stress, to avoid pain, to manage our moods, to manage our relationships, to engage our partners, etc., we end up using sexual energy addictively. At the same time, we end up bringing about experiences that violate our own values and become traumatic. As our

sexual energy becomes distorted, our own sexuality becomes traumatized. It also becomes traumatizing, both for ourselves and others in our lives. As a result, our inner selves – and our lives – are damaged.

We seem to have some clarity about what healthy sexuality is not: a mood altering experience, a “fix”, the most important sign of love, a way to engage and secure a partner, the ultimate goal of a relationship, a form of currency, a way to solve a problem, etc.; figuring out what healthy sexuality looks like is a lot more elusive.

Most people do not learn about healthy sexuality from their families of origin. We know from our experience and the literature in the field that most families fail to provide healthy models of sexuality for their children.

The contributions of the field of traditional sex therapy have provided only a partial understanding of healthy sexuality. With a strong emphasis in behavior, it has neglected to understand the richness of the relational dimensions of sexuality, as well as the addictive use of sexual energy, on the other side of the spectrum.

Correspondingly, there seems to be very few models of healthy sexuality in the mainstream culture, if any at



all. There is tremendous ambivalence and contradiction between the media's portrayal of sex and sexiness, with its unlimited amounts of images and messages of unrealistic, unhealthy and many times abusive sexuality, and the silence and shaming messages of most of our social institutions.

The experience of people in recovery from addiction, researchers and therapists in the fields of sexual addiction, trauma and sexual abuse has provided some insights into what

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## Motivation for Maintenance *Session in Progress*

by George DuWors

Luke showed up without his wife this week. They have been working on their relationship, participating in structured dialogs while she begins Alanon and he has returned to NA. A thirty-something alcoholic-addict, he once had about two years clean and sober in NA. Prior to this session, we had spent more time motivating him to pick up his socks than trying to get or keep him clean. And our method was more one of developing his empathy through communication than “motivational enhancement” as

described in “TIP 35.”

But he does not waste any time.

“Might as well tell you – I screwed up again.”

“How?” I ask.

Luke reveals that he had “two beers.” But they turn out to be of the 20 ounce 8.5% variety, which comes out to the alcohol content of over a six-pack. His wife and son were out of town. He had been working seven days a week for almost two months, trying to get caught up financially. Three NA meetings that week, but no AA, he says. If he has a sponsor, he does not call him.

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setting with a family willing to do anything.

The third man has burned every bridge with family and friends. No one awaits his return. While in treatment he was given a few phone numbers. By a twist of fate the only option that materialized was a structured halfway house. Within days the director of the house reminds the man that he came to them for help and insists that he take immediate action in a 12-step program. As a rule of the house each resident must take part in book studies and/or speaking engagements at various treatment centers, jails, or hospitals.

It is important that we understand that all three men had the very best of intentions upon entering treatment. The unfortunate truth is that self-knowledge will never suffice, without action the real alcoholic/addict will never remain permanently sober. Even when an alcoholic is able to abstain for a prolonged period of time, when his/her life becomes difficult the alcoholic will always return to the one thing that makes their life bearable. The drugs and alcohol is their only solution for coping with this type of pain or stress. Although many medications address the physical craving nothing but a new solution can alleviate this particular mental twist. This is where so many fail believing that neither treatment nor a 12-step program will ever help them. Their future is grave unless a new solution is found and action is taken at once.

Returning to our man at the structured halfway house. He is painfully aware that if he takes a drink that he will be removed from the facility and it could be the fear of his own lack of control that motivates him at first. In a short time he finds himself tagging along with his new acquaintances. They explain this whole "new solution" thing to men and women who are at the end of their ropes and feel hopeless. In the corner he sees the young man who returned to his family's home. The young man is in worse shape than ever and believes that his place on this earth is to suffer. A mere second passes as the younger man recognizes the man in front of him from treatment. He had been positive that

his chances of recovery were far better than the third man who had nowhere to go. He had been sure that his family and money would save him. What he now could clearly see was that the third man with nothing had the answer. Our younger man immediately asked what it was that he was doing to stay sober and if he would help him. Over the next few weeks the two men worked together and in no time the younger man was tagging along looking for someone who he could work with.

Two years have passed as they have found many alcoholics to work with and have not had a drink despite a personal tragedy as the younger man's mother passed away. He did not mask his pain with a drink, he reached out to work with another.

Our first man was not so fortunate, after his wife divorced him and his career was forever lost, he took his own life.

This is a life or death struggle. We cannot afford to waste time with blame; the truth is that it is not the fault of treatment centers or any 12-step program. This problem is widespread and at epidemic proportions.

As people in the "helping" industry or family members of those gravely affected, it is our obligation to point these men and women in a direction of structure and required actions. Whether an intensive IOP followed up by a 12-step program of action (not just meetings) or a structured transitional living program; it is imperative that the alcoholic is held accountable and learns to stand on their own two feet. Isolation, resentment, and self-pity are as dangerous as the drink itself.

We have found through experience that making life too easy always fails when dealing with real alcoholics and drug addicts. We want to save them until we learn that we are not helping them, in fact we are helping them kill themselves and prolonging their misery.

If you are using slogans like "90 meetings in 90 days" or "Meeting makers make it" please stop. It is imperative that we send them where a solution can be found. This would be a 12-step group that actually studies the literature and carries the message of hope. If you are a loving family member who is trying to cushion every blow, I beg of you to stop, for you are not helping. As long as you are there to help them you are cheating them out of any real consequences and possibly the very thing that will save their life. If you are the addict or alcoholic and you fail to take action and replace your solution, you will never find what you are looking for.

*Scott Wisenbaker works with alcoholics and addicts includes speaking engagements whenever possible as well as weekly commitments to various treatment centers, jails, and hospitals. The Jefferson County Juvenile Detention Center in Lakewood, Colorado and The Green Villa Treatment Center in Greenville, Texas. Scott can be reached by e-mail at [www.solutionsofnorthtexas.com](http://www.solutionsofnorthtexas.com)*

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