Adult Children of Alcoholism

TI 001 - Thematic
INTRODUCTION

It isn't given to us to know those rare moments when people are wide open
and the lightest touch can wither or heal.

The Freshest Boy
F. Scott Fitzgerald

Theory and Purpose of the Group

Though each person in an alcoholic family develops in an unique
manner, we can identify some highly common and predictable “themes” that
frequently characterize Adult Children of Alcoholics (ACA). Drawing on the
research and writings in the field, this structured group intervention has
been designed to address these themes or concerns on three levels:

1. Education Through the use of short lectures, information about roles in
the family, difficulty with feelings, control of self and others,
and so on, is shared with group members.

2. Experiential Opportunities Following the lectures, experiential exercises
are introduced so that the participants may explore and
internalize the newly acquired information.

3. Processing Opportunities Following the exercise, the group shares
thoughts and feelings with one another as an aid toward
bettering their communication skills and challenging their
unproductive belief systems.

For many adult children of alcoholic families, entering a therapy group
will generate enormous fear and anxiety as their family patterns of not
talking, feeling, or trusting others are challenged. Because of this difficulty, a
structured group format was chosen that affords a much safer environment
initially so that members may proceed with caution while gradually
increasing their self-disclosure. The structure of such a group also allows the
leaders to manage an environment where self-disclosure and strong feelings
of the members are moderated through the use of pre-planning, as well as managing the actual session time. As members' trust and sense of safety increase, the leaders can move away from the roles of teachers, moderators, and initiators that such structure requires and move into the role of group therapists. This role facilitates more of an unstructured member-to-member interaction, resulting in less focus on the past and more attention to the present process: how group members relate in the "here and now." Having learned through self-discovery in the earlier stages of the group how their present day difficulties are rooted in their past alcoholic family system, members are challenged to work more directly on patterns of behavior that previously have been difficult to address. Some new skills and behaviors might be: giving and receiving feedback; resolving conflict in a healthy manner with other group members; identifying and expressing feelings as they manifest; and relinquishing control of others in the group.

Method Goals for Leaders

The underpinning of this group is the leaders' management of members' anxiety and fear through structure. Only as the group builds cohesion do the leaders move toward a less structured process group. The following steps describe such a progression.

1. Build a supportive, cohesive group that can manage the intense feelings that will arise as the layers of denial are slowly uncovered.
2. Educate members to the etiology of alcoholism and its effects on all family members of that system.
3. Help each member explore his/her unique past as it relates to the common concern of alcoholism, through the use of structured activities and exercises.
4. Begin to increase awareness of the relationship between past and present by connecting past learning in an alcoholic family to current problematic behaviors.
5. Offer less-structured opportunities for members to engage in self-directed interactions as a means of learning more functional relationship skills and behaviors.
6. Continue to challenge belief systems and behaviors that inhibit more satisfying and interpersonal relationships.

Throughout this process the emotions of anger, grief, confusion, fear, hopelessness, and powerlessness must be given freedom of expression if cognitive, behavioral, and emotional healing is to be attained.

Description of the Group

This ten-week group is run throughout the academic year beginning at the start of each semester. A thirty minute pre-group interview is required of all participants. The group is limited to ten members and has two leaders, one of each gender when possible. Each meeting is two hours in length and is roughly structured as described below.

During the first hour of the weekly meeting—

1. The group begins with an individual sharing. Each is asked to share something from the past week that was new and pleasant or that resulted in a good outcome. This is a way to gently increase self-disclosure and also to balance the pain that participants experience with more hopeful and positive experiences.

2. The leaders identify a particular theme or topic related to alcoholism for the meeting and jointly present a fifteen to twenty minute lecture on that subject.

3. An exercise is introduced that can impact either the group, dyads, or, primarily, individuals. Its purpose is to deepen members’ understanding of the lecture information and to create a context in which they can share their self-discoveries with other members.

During the second hour of the weekly meeting—

4. Members are encouraged to enter into a process group where their feelings, reactions, and thoughts generated by the lecture or experiential exercise are shared with the group. Initially, this process time is structured and directed by the leaders; over time, it becomes increasingly less structured and more closely aligned with traditional psychotherapy process groups.
Outreach to ACA Population

An understanding of the isolation, secrecy, and denial that is generated in an alcoholic family will underscore the importance of using a variety of outreach and advertisement formats to attract ACAs to this group. A three-tier approach is used because of the varying degrees of denial that individuals experience.

1. For self-identified ACAs, a simple advertisement will be effective. We advertise in the daily campus newspaper and post flyers around campus. These standard approaches also serve to normalize the concept of receiving assistance as an ACA.

2. For other ACAs a certain amount of encouragement and education is necessary before the group will be a viable choice.
   A. We have designed a sixteen page booklet (Adult Children of Alcoholism) that is free to students, staff, and faculty on our campus. This booklet is a concise and accessible description of ACA characteristics. It suggests a recovery plan and contains a self-administered, self-scored test for identifying ACAs. A resource guide and bibliography are also included.
   B. Public talks on campus, one to two hours in length, offer educational information and experiential opportunities to students, staff, and faculty. They center on a variety of ACA topics and may be presented on an invitational basis once their availability is made known to residence halls and agencies.
   C. The campus 12-Step Al Anon meeting has many participants who are past members of the structured group. Their satisfaction with the group has made them an effective source of referrals for new groups.

3. Advertisements and educational outreach alone will not bring some ACAs into the group. A stronger depth of denial, a fear of groups in general, or a severe presenting concern that appears unrelated to ACA concerns may be at work here. Our individual counseling services often encounter ACAs more appropriate for individual
counseling who later, with more self-awareness and support, are referred to the structured group.

Pre-Group Interview

Each potential member must meet with the co-leaders for a half-hour interview to determine whether this particular group would be a good choice; and if it seems to be, to prepare for the group experience. The interview also provides prospective members the opportunity to query the leaders, express any personal concerns about group experience, and supply pertinent historical information.

Leaders uses this time to determine whether the group or another referral would be most beneficial to the applicant and to begin educating the interviewee as to group structure, goals, expectations and potential benefits. Leaders then share with the potential member their assessment of what specific goals the individual might focus on in the group, such as: becoming more willing to share difficult feelings with others, or challenging oneself to initiate interactions rather than always waiting to be “invited,” and so on.

Below are typical questions that may be used in pre-group interviews.
1. Why are you interested in joining this particular group?
2. Have you ever had therapy before? If so, what kind of experience was it for you?
3. Who is alcoholic in your family? How have you been affected by that?
4. Is the alcoholic in your family in any sort of recovery program?
5. What problems did you experience growing up in an alcoholic family? Were there any losses, deaths, or divorce?
6. What sort of relationship do you now have with your parents? With your siblings?
7. Do you use drugs and/or alcohol? Do you (or others) view this use as a problem?
8. What is your current support system (friends, work, school, family, partner)?
9. What difficulties do you experience in relating with others?
10. Have you or any member of your family experienced physical, verbal, or sexual abuse?
11. Have you ever tried to hurt yourself or others?
12. Do you have any questions about us or the group?

In some instances, you may determine that an interviewee should not be referred to the group, such as: cases of substance abuse that requires primary intervention before addressing ACA concerns; or other concerns that leaders believe would be detrimental to the individual or the group. In such cases, a more appropriate referral or an additional referral (individual therapy, Al Anon, substance abuse treatment program, abuse group, eating disorder program, and so on) should be made at the end of the interview.

The following pages describe a ten-session model that has been designed over a period of five years. We encourage practitioners to use their own judgement as to how much structure to incorporate and at what pace to move toward the less structured process group. This model continues to be formed and changed as the leaders and members grow in their respective understanding of alcoholism and its effects on family members We invite you to view your work with this model in a similar manner.
Session One

Introduction and Ground Rules

GOALS

• To introduce members
• To facilitate the beginning of self-disclosure
• To discuss expectations and begin setting norms for group meetings

PROCESS

Members are asked to share their names and one thing that happened in the past week that was both new and pleasant or that had a good outcome (a “new and good”). Leaders introduce themselves, also share a “new and good”, and talk about their interest in running an Adult Children of Alcoholics group. Leaders discuss members’ Rights and Responsibilities handout emphasizing the importance of: regular attendance; calling beforehand when unable to attend; attaining group agreement on confidentiality of all group meetings. (See handout, #1.)

Leaders discuss these features of group meetings:

A. Begin with a “new and good” sharing each week
B. Short (15-20 minutes) lecture on topic related to alcoholism
C. An experiential exercise related to the lecture material
D. Remaining time (approximately one hour) devoted to discussion of feelings, reactions, and thoughts tapped during the first hour of group activities

Note: It is explained to members that, over the course of the group, the lecture and experiential exercise portion of the meeting time will be reduced in length and focus. A less structured group process time will take its place. This change will be initiated in a slow, planned manner, allowing time for members to build cohesion with one another.
Extended Introductions

GOALS
- To increase members' self-disclosure
- To begin direct, open discussion of alcoholism and its effects on members
- To begin participant-to-participant interactions

PROCESS
Each member is asked to answer six questions—
1. What brings you to this group?
2. Who is alcoholic in your family?
3. What effect has it had on you?
4. What do you most like about yourself?
5. What is most difficult or frightening about being in group?
6. What do you want to gain from being in this group?

The next member to answer the questions is asked also to share one feeling the previous member's sharing evoked. When all have finished answering, they are asked to query one other member concerning something shared earlier.

Leaders comment on the similarities revealed in the sharing and sanction the differences, making the points below when appropriate and accurate.
1. Normalize fear: "It is normal to be scared in a new group that may be discussing information never discussed at home."
2. Normalize uniqueness: "Though we come from alcoholic families, our individual experiences are unique and personal."
3. Acknowledge strengths: "Though we will be talking about the negative aspects of living with alcoholism, each person has obviously gained positive resources that empowered him or her to enter this group and continue the recovery process."

Lecture on Alcoholism

GOALS
- To introduce the concept of alcoholism as a disease
- To discuss the prevalence of alcoholism and its difference from "social use" and "abuse"
- To present information on recovery

**PROCESS**

Leaders present the points below, using blackboard and/or overhead projector where helpful. Personal examples are an excellent way to make the information more powerful and meaningful.

- 15 million Americans suffer from alcoholism; 500,000 people are added each year; only 15% of alcoholics are receiving formal treatment; only 3-5% live on "skid row."
- An alcoholic is a person who continues to drink despite negative consequences in any area of life (social, work, family, health, legal).
- Discuss the confusing contradiction that society presents regarding alcohol use. Alcohol use is falsely portrayed as being stimulating and exciting, as offering sexual appeal, as leading to success and well being. Yet those who begin to have difficulty with it are seen as weak and shameful. Society denies any role in the alcoholic's difficulty and expects that person to solve the problem alone or with little support.
- Three definitions: "Social use" of alcohol enhances a pleasurable experience without negative consequences. "Abuse" of alcohol is use that compensates for something negative such as insecurity or the management of stress; it may or may not have negative consequences; and it is a one-time occurrence rather than a habitual pattern. "Alcoholism" is that use which continues regardless of negative consequences.
- "Social use" and "abuse" have permeable boundaries; one can cross back and forth between them. Alcoholism, on the other hand, has only a one way, impermeable boundary.
- Addictiveness might be considered a state of disease. One can become addicted to a substance (food, alcohol, drugs) or a behavior (spending, gambling, sex).
• Alcoholism affects us on three levels:
  
  **physical**  progressive disease affecting general health, including heart, liver, and gastrointestinal system

  **mental**  diminishes capacity for self-observation and honesty

  **emotional**  denial, blaming, rationalization

• Discuss different patterns of drinking that can be alcoholic, emphasizing the importance of assessing the consequences of the drinking rather than the amount drunk.

• Differentiate between “abstinence” and “full recovery”. Abstinence, ceasing to drink, (the “dry alcoholic”) does not equal recovery; often there is cross addiction, the substitution of another addictive substance or behavior. Full recovery requires abstinence and dealing with underlying reasons for the addiction.

Allow time for clarifications, questions, and comments. After processing the information in this manner, move on to the experiential portion of the meeting.

**Experiential Exercise**

**GOALS**

• To generate many feelings, reactions, and judgements about the use of alcohol on members’ lives

• To highlight the contradictory views people often have regarding use of alcohol

**PROCESS**

Form a circular pattern with all the members sitting and explain they are to share a word or phrase that comes to mind when they think “alcohol.” They are to respond as quickly as possible. Continue this rapid circling four or five times, until members have had a chance to share many varied reactions. Leaders use the remaining time to process this exercise. Encourage members to engage with one another as well as with the leaders, who can pose some or all of the following questions.

1. What did you learn about what you choose to share?
2. What similarities and differences do you sense among group members?
3. How do you understand the contradictions that were shared?
4. What feelings did this exercise evoke in you?
5. How might this exercise have been different for people who didn’t grow up in an alcoholic family? How might it have been similar?

At the end of the meeting, share your own view of how group progressed today and any common themes that were shared. Ask if there are any questions or comments and encourage all members to notice what feelings and thoughts surface during the coming week, with the intent of sharing them at the next meeting. If time allows, ask each to share one thing learned about themselves in group. As members leave, pass out the booklet *Adult Children of Alcoholism* and ask them to read it during the week to come.
Session Two

Feelings and Alcoholism

GOALS
- To reiterate the importance of consistent attendance and confidentiality
- To continue self-disclosure and balancing of painful experiences with positive experiences (Note: In the early stages of group, it is very easy for group members to become sunk in their distress and believe there is no option other than leaving group prematurely, therefore it is important to monitor how much anxiety and distress group members are generating, and how capable they are of dealing with it effectively.)

PROCESS

Leaders reiterate why consistent attendance is important and restate last week’s agreement on confidentiality. Members are asked to say their name again, share a “new and good,” and one thing about themselves that no one in the group knows about them yet.

Lecture on Feelings

GOALS
- To define “feelings”
- To identify the importance and purpose of feelings
- To identify how an alcoholic family creates confusion around the natural expression of feelings
- To identify the way feelings are defended against
- To identify the importance of feelings in recovery

PROCESS

The lecture imparts the following informative points.
Feelings are an important way of translating an experience of our environment into an unique bodily reaction. Feelings help sort out what we do and don't like, based in large part on our past experience.

Whenever a child is hurt (emotionally, physically, verbally), the resultant feelings of sadness, anger, confusion, rage, grief, embarrassment, shame, or fear are very naturally discharged through the physical process of crying, shaking, or laughing. Done in the safety and presence of a supportive, understanding adult, the feelings of the hurt are released and the natural clarity and intelligence of the child returns. Left unexpressed, the child's thinking in that area becomes more and more clouded, until eventually the actual feelings and/or memories of the event become occluded because of repeated exposure and no corresponding offer of attention that allows for healing. This is particularly common for ACAs.

In studies, 57% of ACAs are not even aware of their feelings (compared to 35% of non-ACAs). Feelings are strongly denied, yet many decisions are made based upon them in an unaware manner.

An alcoholic often avoids painful feelings, in part by using alcohol as a depressant, or as a way to numb the feeling. Not infrequently, the spouse comes to believe that certain feelings should not be expressed, due to negative consequences of past expression, such as increased drinking, escalation of arguments to the point of physical/verbal abuse, decreased communication, and so on.

Children of such a family have no experience with successful resolution of feelings, because there are no role models nor enough energy and attention available to support the child's surfacing feelings. The parents, directly or indirectly, teach the child not to express feelings.

The problem can differ for each ACA. For some, it is difficulty with identifying, acknowledging, accepting, communicating, acting or not acting on their feelings; for others it may be the inability to feel certain emotions because their expression was not allowed or learned.

Most ACAs have been taught directly or by omission to fear feelings. As the child becomes an adult, certain means have been developed to distort or occlude feelings—because this was the healthiest way to survive in his/her family. Among them are these.
• Defenses (denial, rationalization, intellectualization)
• Physical suppressants of the expression of feelings (tightening the jaw, slowing or stopping one's breath)
• Behaviors—that encourage suppression of awareness or expression of feelings (leaving the room during an argument; refusing to partake in certain experiences or challenges; not allowing fun time or relaxation in order to avoid guilt or insecurity feelings)

Some important points to make regarding feelings as they pertain to the recovery process:

• Feelings are a part of one’s individual identity, unique to his/her experience. Being such a major part of that person, they deserve recognition and communication.
• Feelings also help us identify and deal more effectively with the "grey" area of life rather than allowing only the "black and white" aspects to be considered.
• It is very difficult to cut off certain feelings and retain full awareness of the others. Therefore, such positive feelings as caring, compassion and love are strengthened by dealing directly with the more negative ones, such as fear, anger, and sadness.
• Mobilizing feelings such as anger and using it in a healthy manner can result in a new found sense of power.
• The process of identifying feelings is directly linked to that of identifying and communicating needs and wants.
• Intimacy is created in part by an expression of vulnerability, which includes the sharing of feelings.
• Feelings help us identify the hurtful and painful areas of our lives so we can make needed changes.
• Crying has been mistakenly identified as part of the pain of a hurtful experience, whereas it is actually part of the healing of that hurt. Unfortunately this misperception leads adults to aim toward stopping a child's tears, as if this will also stop the hurt. Just the opposite occurs. Consistently urged to “stop crying” the child shuts down this healing process and may carry that tendency into adulthood.
Note: In conclusion, emphasize that our work in the next few months will generate many difficult feelings. Members are encouraged to allow themselves to feel and to allow themselves to heal the emotional hurt through crying, shaking, laughing out of embarrassment, and so on. Leaders should communicate their own understanding of the importance of emotional healing and their role in encouraging this expression when appropriate during the next eight weeks.

Experiential Exercise

GOALS

- To identify areas of difficulty members have with particular feelings
- To distinguish between “feeling an emotion” and “expressing an emotion”
- To begin making insightful connections between early family learning and current adult difficulties
- To create a context in which members can talk about difficulties with emotional expression that alcoholism in their families may have caused

PROCESS

Each member is asked to fill out the "Feeling list", (handout #2). They are to check off in the three boxes any feelings they experience difficulty in expressing, under the appropriate heading. When they finish with all twenty-eight feelings, they are to go back and circle the three they most want help with in the group; then fill in the reverse (parent side) in a similar manner, based upon the appropriate headings.

When finished, members are to take some time seeing if there is a connection between difficulties they have with particular feelings and ones that their mother or father have had difficulty with. In the remaining time, engage the members in a process group so that the exercise and/or lecture can be discussed. Points or questions to pose include:

- What did you discover through this exercise?
- What three feelings were circled?
• How would you like help with these feelings?
• In your fantasy, what might happen if you were to feel or express these emotions to someone in group?
• What did you discover about the parent side of the check list?
• Was there any difference in the expression of feelings between drinking and sober times in your family?
• What did you learn about feelings in your family?
• What experiences did you have regarding crying in your family?
• Was there a difference in response toward crying in your family that depended on the gender of the person crying?
• What do you imagine might happen if you cried in group?

Note: At the end of group, ask each member to pick one other member and share:

• One thing you like about that person
• One way in which you think you may be similar to that person

End by handing out the bibliography (handout #9).
Session Three

Lecture on AA and Al Anon

GOALS

- To explain the history and purpose of both AA and Al Anon
- To describe the "12 step" process of Al Anon
- To identify the similarities and differences between Al Anon and this group
- To identify common obstacles to Al Anon participation
- To seek agreement from members to attend at least 3 weekly Al Anon meetings

PROCESS

The lecture imparts the information that follows.

AA began in 1935 as a support system to counteract the isolation, hopelessness, and denial that is characteristic of alcoholism. It is a very powerful recovery tool for those who have stopped or want to stop their drinking.

Al Anon grew out of AA’s recognition that alcoholism was a family disease. It is open to anyone who is affected by another’s drinking (spouse, family member, friend, lover, co-worker). Its purpose is not to learn how to change the alcoholic’s behavior, but to focus on the Al Anon member’s feelings, thoughts, and behaviors. Al Anon is not connected to any religious organization, and is open to people of any social, economic, and cultural background.

The prescription for recovery is the “12-steps.” They are a progression of increasingly difficult stages (a road map) that a person can go through in order to relate directly, responsibly, intimately, and openly with others and oneself.

Discuss the difficulties some people have with the concept of “God” or a "higher power" in Al Anon meetings and suggest that they may still gain much from the meetings by re-interpreting the 12-steps (see handout #3).
Present similarities between Al Anon and this group:

- Alcoholism is understood to be a disease.
- Since it is a disease, no one is to blame, though the alcoholic is responsible for his/her own recovery. This is often a confusing point. ACAs are encouraged to have all their feeling about what occurred in their families due to alcoholism, and, at the same time, to learn that blaming is counterproductive.
- Alcoholism involves the entire family, and responsibility for change rests with each person individually.
- Support is needed to make these changes.
- Education about the disease, learning to identify and express feelings, and changing unhealthy patterns of living are an important part of recovery.

Discuss differences between Al Anon and this group. Al Anon uses:

- the 12-steps
- sharing in leaderless groups
- participation/attendance is optional
- time frame is open-ended
- confrontation is minimal
- members' relationships with each other not explored in a formal manner
- major focus is on the 12-steps, past family experiences, and current difficulties in life

Discuss the common obstacles to participation in Al Anon:

- Waiting for others to encourage you to participate. This doesn't happen in Al Anon.
- Not talking at meetings will build up strong feelings over time and increase a person's sense of isolation.
- The use of concepts of "spirituality," "God," or "higher power" at meetings leads some to think if you don't believe in a God, then there is nothing to gain from the meetings.
Experiential Exercise

[To leaders: The purposes of this exercise are to give members a chance to do something creative; create a forum for discussing the issue of spirituality and its impact on some members' reluctance to attend Al Anon; to normalize the reality that most people have a unique expression of their spirituality and there is no attempt to have members conform to one view; and to have a light-hearted yet personal discussion about a difficult topic.]

Each member is given a blank sheet of paper and a variety of colored pencils. They are asked to take five-ten minutes to draw their image of what "God" or "higher power" is to them. Give permission for the exercise to be as abstract as a person wants. Use the remaining group time to have members share their drawings and talk about them in response to these and other queries.

- What does "God" mean to you?
- How does your drawing capture that image?
- Why did you pick the colors you used?
- What would be difficult for you at an Al Anon meeting if the concept of a "higher power" was used?
- How do you imagine you would react?
- If you have difficulty with the words "God" or "spirituality," is there another interpretation of these words that makes you feel more comfortable?

Use this time to encourage member-to-member interaction and have those that already attend Al Anon meetings talk about their experiences there. Talk about advantages of using Al Anon in conjunction with this group (chance to practice listening and communication skills, frequent meetings throughout the week, good support system, prevalence of meetings throughout the city, and an opportunity to learn about the 12-steps, which won't be used in this group). Hand out a list of Al Anon meetings in the community, a copy of the 12-steps and possible interpretations, and attempt to seek commitments from members to attend 3 Al Anon meetings before deciding against such meetings.
Session Four

Control

GOALS
- To continue expression of self-disclosure and group cohesion
- To inquire about Al Anon experiences

PROCESS
Members share a new and good; mention one thing that went well with Al Anon this week; one difficulty they had with their meeting. Leaders may want to suggest that members pair-up if they have a difficulty in attending Al Anon due to transportation or fear or lack of support. Members are asked to share one thing related to alcohol that was very scary for them when young.

Lecture on Control

GOALS
- To define “control”
- Discuss concept of “all or nothing” behavior and its influence on the issue of control
- Explain the etiology of control
- Describe ways that ACAs may control
- Discuss issues in recovery as it relates to control

PROCESS
Control is the compulsive need to be in charge of everything and/or others. It results in a tight rein on the expression and awareness of thoughts, feelings, and behaviors. Control is often seen as: working to make people be a certain way or respond in a certain manner; discomfort with surprises; avoidance of other’s criticism; difficulty in identifying or expressing feelings; and/or not being aware of, or admitting to, one’s own needs.
In alcoholic families, the alcoholic may have been very inconsistent around times of drinking (strongly in control at one moment and then out of control when drinking heavily). For ACA this can result in an “all or nothing” attitude around issues of control. This past inconsistency can strongly influence the ACA when he/she begins to give up control and often will experience great fear that it will result in “being totally out of control.”

Etiology: When the alcoholic’s behavior is unpredictable and not in control, the spouse often compensates by being tightly in control of behavior. The child sees emotional expression as being either explosive (the alcoholic) or tightly controlled (the spouse); and generally learns that controlling emotions creates safety. In addition, the family may create more and more rules in an attempt to create more consistency in the environment, which actually results in more restrictive control. Over time, the issue of control broadens to encompass much of the child’s life.

ACAs control their feelings, thoughts, and behaviors as a means of controlling others’ reactions, opinions, responses, behaviors, feelings, and thoughts. They do this, not in a conscious desire to manipulate, but because of the learning environment of the alcoholic system. ACAs can exert control in many ways: talking excessively; silence; authoritarian leadership; always being “right”; not being vulnerable; not showing feelings; attempting to make others feel guilty. Remember, life and people have been unpredictable for ACAs, therefore they have had to learn to control themselves, events, and other people in order to survive—not because there was something wrong with them, but because their environment necessitated this response.

Issues in recovery:
- Recognize the high price for being in control (lack of spontaneity, likely to engage in one-up and one-down relationships, precluding equal, mutually supportive ones)
- Work to recognize and give up “all or nothing” behavior
- Experiment with relinquishing, negotiating, or sharing control in the group during process times
- Realize what we do have control over (how we will cope with and respond to our feelings)
• Realize what we don’t have control over (how others respond and cope; as well as what we will feel)

Experiential Exercise

GOALS

• To recognize how the issue of control works in their life
• To create a context for discussing various experiences with anger and resultant fear
• To normalize the difficulty others have with control
• To identify the survival benefits of having learned control in an alcoholic family
• To discuss the possible negative consequences of being tightly in control as adults

PROCESS

Each member, one at a time, is to move to the center of the circle where a pillow has already been placed, and pick up the “encounter bat” that is on top of the pillow. With one strike onto the pillow, the members are to “express” the frustration or anger they feel having grown up in an alcoholic family. Following this, the member is to return to the circle and the next person moves to the pillow until all have had a turn. Each member then fills out handout #4.

Note to leaders: The purpose of this exercise is not to be active in releasing anger, but rather to give each member a bodily experience of how they control themselves around strong emotions. In truth, very few will express a strong amount of anger in the exercise. What is important is to create a context in which to begin talking about anger/control/fear in the group and its connection to what was experienced in their families.

The remaining time is spent processing the lecture and exercise. Some questions to pose include:

• What was your experience with this exercise?
• Would you be willing to share with us something important that you filled out on the sheet?
• What did you learn to control in your family? What were the survival benefits of controlling yourself?
• In what ways do you tend to control yourself when with others?
• Are there any benefits to loosening your control over thoughts or feelings?
• What goals, if any, do you want to reach during the remaining weeks regarding the issue of control?
• What was your experience of anger in your family?
• How was it expressed? Was it directed toward you? In what manner?
• How do people feel about anger being expressed in this group?

Note: In an ACA group, the issue of anger is extremely important. For some members, virtually no anger was expressed openly at home. These particular members tend to want to increase their expression of anger. On the other hand, many members have seen enormous amounts of abusive anger being expressed at home, often towards themselves, and feel extremely fearful of being in a group that may verbally express anger. It is imperative that the leaders pay close attention to this issue and fully process this area of concern. The above exercise encourages everyone to participate to some degree in this issue through full discussion of the subject. In closing the discussion, it may be helpful to reiterate that while anger will not be expressed in any physical ways whatsoever in this group, angry feelings may frequently surface and it is appropriate to discuss and explore them verbally.
Session Five

The Family

GOALS

• To follow-up on the discussion of “control”
• To further develop member-to-member interaction

PROCESS

Members share a “new and good” and then briefly describe what they learned about themselves regarding “control” this week. Each is then asked to query another member about something he/she wants to know about the other.

Lecture on the Family

GOALS

• To discuss the theory of family systems
• To explain how children learn in a family
• To describe the “functional” family
• To describe the alcoholic family

PROCESS

The family system offers members the benefits of interdependency, including: economic, safety, emotional support, information sharing and social learning, sharing of common tasks, creativity, and so on. All members are influenced by and influence one another (minor influences such as the “sharing” of a case of chicken pox and much more major influences, such as the family-wide effects of the alcoholism of one of its members).

Within this system, children learn through imitation of behavior and through identification of values. If, for example, there is no expression or discussion of certain feelings, the child does not learn the language that would communicate that feeling. This also relates to the area of alcohol if no
one in the alcoholic family is talking about alcohol use as the problem, resulting in denial as a logical consequence for the children.

Though not a complete list, these are some qualities shared by "functional" families:

- No rigid rules or roles; much flexibility allowed
- Relatively consistent, predictable, and minimally arbitrary, only occasionally chaotic
- No family secrets
- Feelings are acknowledged and conflict resolved directly
- A right to privacy
- An appropriate delegation of authority

An alcoholic family, on the other hand, is characterized by:

- Denial
- Inconsistency and unpredictability
- Repression of spontaneity
- Many decisions based upon a predominant unexpressed feeling (fear, anger, sadness, guilt)

Experiential Exercise

GOALS
- To identify the family constellation of each member regarding variables such as: closeness, status, alliances, and so on
- To document the changes in family configuration that occurred from one important life period to another
- To increase understanding of how alcoholism impacts family relationships
- To explore similar aspects of members' families regarding alcoholism
- To explore unique aspects of members' families regarding alcoholism

PROCESS

Have each member "sculpt" their families in a 2-dimensional way, using Handout #5. They are to include all members of their family and place a
name beside each member. Convey the importance of diagramming the family in their own manner; and that there is no one "correct" way to do this exercise.

Use the remaining time in group process to explore the diagrams, encourage the members to show their sculpture, and talk in general about what it depicts. Encourage further exploration of the family by the use of the following questions.

- How did you experience the closeness/distance with members of your family?
- How consistent and predictable were the alliances in your family? Were they influenced by alcoholism?
- In what ways was your family "functional/dysfunctional"?
- Who had the power in your family? Does it seem to be gender related? How might it be seen to be related to alcoholism?
- Did you notice any changes in the family sculpture between the two time periods? How do you feel about that?
- What role did alcohol play in the family sculpture?
- Would your diagram tend to be different during drunk/sober periods? If so, in what ways?
- What would you have liked to be different in the sculpture?
- In what ways is your sculpture similar to others?
- In what ways is your sculpture unique to yourself?
- In what ways do your current difficulties in relating to others make sense to you, given the two diagrams you drew?

Note: This is an excellent exercise (and stage in group development) in which to begin encouraging members to formulate insights about the role of alcoholism in their lives and to make connections between the past and the present. Both the positive changes in the diagram between different time periods and the rigid, unyielding and negative aspects of the diagram can be highlighted. In addition, there will be many opportunities to facilitate member-to-member interaction, rather than leaders' statically acting as "switchboard operators" for all of members' comments. ("What are others
feeling toward___________ when she talks about having virtually no alliances at home when she was 7 years old?"; or "________, you look puzzled when __________ was talking about feeling excited when he was young, and his father would begin drinking. Could you share that puzzlement with him?"
Session Six

Roles in the Family

GOALS
- To mark the half-way point of the group's life
- To re-evaluate members' commitment to goals originally set when they entered the group
- To begin the discussion of termination

PROCESS
Begin with a "new and good". Announce that the group is half-way through its 10-week commitment and ask each member to evaluate the progress they've made toward meeting their goals and any re-orienting of goals that may need to occur. Ask members to share, briefly, what they anticipate they will feel when group is ended in 5 weeks.

Lecture on Roles

GOALS
- To define the concept of "roles"
- To describe how roles can be either functional or dysfunctional
- To describe Claudia Black's roles and their positive and negative aspects
- To identify ways ACAs can use alcohol to step outside these roles
- To discuss the recovery process utilizing an understanding of roles

PROCESS
There are many needed roles in a family (money, chores, planning, emotional needs of members, social contact, education, play, meal preparation, and so on). In a healthy environment, the parents share these
roles (note: alcohol greatly diminishes their abilities) and, as the child becomes older, she or he takes on these roles as a way to mature and develop - it is a socialization process. These roles are taken on with support, patience, and flexible choice.

In a functional system, roles are:

- A way of sharing responsibility; allocating power; an efficient use of resources
- Acquired by children through parents’ modeling of the roles through consistent behavior
- Eventually enacted by everyone, in order to develop all parts of themselves
- Flexibly shared, resulting in an increase in everyone’s self-esteem
- Shared to increase communication, intimacy, and a sense of cohesion

In a dysfunctional system, roles are:

- An attempt to deal with family stress resulting in part from the alcoholism; children unfortunately take on roles through parental inaction or demand
- Seldom combined or share due to little support, patience, choice, or ability to negotiate; eventually roles come to indicate a gap in developmental growth
- An attempt to deal with inconsistency
- Become unequal and result in unequal self-esteem in members
- Ultimately a way to get attention; power; decrease stress in the environment; decrease communication, sharing, intimacy, and sense of cohesion
- Taken on long before the child is developmentally prepared for them

Claudia Black’s Roles:

*The Responsible One*

Positive aspects: leadership, self-reliant, achievement-oriented, goal-directed, quick decisions
Negative aspects: rigid, controlling, difficulty listening well, difficulty tolerating not being in charge

Alcohol use: loosens up the rigidity of the role (more in touch with feelings, playful, laughs more easily, lets others take on responsibility, less alone, more equal to others)

The Adjuster

Positive aspects: accommodating, creative, flexible, works well in chaos, able to adjust, be spontaneous

Negative aspects: little investment emotionally, socially, physically, trouble with commitment, lives in fear, accepts powerlessness, “hides” in workplace, sees no choices

Alcohol use: decreases feelings of inadequacy, increases confidence, easier to feel and talk with others

The Placater

Positive aspects: empathetic, good listener, friend, close to others’ feelings

Negative aspects: difficulty with self-care and knowing own needs, diverts attention away from self

Alcohol use: more able to talk about self, assertive of own needs, able to feel or display anger

Acting Out

Positive aspects: anger reaction is more congruent with the state of the family

Negative aspects: socially isolated, legal difficulties, acts out confusion and fright with strong angry behavior resulting in negative attention

Alcohol use: increases probability of abusive acting out, decreases isolation, can result in excuse for acting out

Recovery Process

ACAs generally identify with more than one of the roles, each of which is rigid and has negative consequences. The task is not to give up positive aspects but to look at the consequences of each role. In this group, notice how you enact the roles. Begin to loosen up the role by changing its negative
aspects. Notice, also, if alcohol or drug use is used to support the dysfunctional aspect of the role.

Experiential Exercise

GOALS

• To help members share more personally one-to-one
• To encourage “stepping outside themselves” to view their life from another perspective
• To increase awareness of roles enacted in their early family life and how this relates to current roles in their lives
• To create a context where the group can use process time in a more unstructured manner

PROCESS

Members are asked to pair off together, (preferably with someone they have had little contact with before), and choose a letter “A” or “B”. Member A is to use handout #6 to interview member B. Member B is to choose the role of his/her mother or father and answer the questions posed by member A. The questions explore what member B was like as a 7-year old child. Member A’s questions are not restricted to the handout, but should be used as a guide only. At the end, the roles are reversed.

When the dyads are finished, the remaining time is spent in a group process format. Leaders are to take less of an educating, moderating role and more of a role in encouraging members to engage with each other, to share their reactions about the exercise. Leaders also begin helping members see how the childhood roles that they identified in the exercise are at play in the group.

Note: This is an important transition session. We began the session asking members to re-commit to taking more responsibility for their goals. The process group time slowly disengages leaders’ strong role in structuring the time and, instead, encourages members to increase their direct work with one another. It also helps members discover and identify the anxiety and fear that arise as their group interactions (whether support or challenge) increase.
This shift takes place progressively over the remaining weeks of the group, so leaders need not force a transition too quickly, or prematurely.

A helpful guide in making this transition is to avoid initiating questions ("What did you learn from the exercise?") and begin to comment and question so as to bring members' awareness to the "here and now" ("I've noticed that you seem to wait until the end to share your thoughts, can you talk about what could be difficult for you to initiate earlier in the discussion?"). In addition, finding ways to get members to talk directly to one another will help lessen the strain on leaders to be overly responsible in this area.
Session Seven

Boundaries and Trust

GOALS

• To continue decreasing leaders’ role in structuring group time and increasing unstructured process time
• To begin minimizing the lecture material as a way to increase group process time
• To move the focus away from the past and more into the “here and now”

PROCESS

After the sharing of a “new and good” offer a brief talk on boundaries and trust that includes the concepts below.

Boundary-setting is a psychological process that is healthy and necessary. A young child attempts to act on his/her feelings of like or dislike by opening to or pushing away (with words or behavior) the outside stimulus. If this is generally respected and supported, healthy boundaries are developed.

If, on the other hand, the child is violated, ignored, shamed or coerced around efforts to set boundaries, his/her trust of others is also disrupted. This can result in an adult who sets boundaries in unfavorable ways: avoiding people; using anger to repel; using guilt to manipulate; setting of boundaries in such a rigid manner that few outside resources can be accessed; or, the opposite, setting such loose boundaries that it is difficult to have a strong sense of oneself in relation to another. Instead of experiencing empowering reciprocal relationships, the person unable to set clearly defined and appropriate boundaries is likely to view personal needs, beliefs, thoughts, feelings, and goals as somehow less important or valid than those of the other. (Note: Because this issue is also related to gender, it should not be
evaluated only on the basis of family interactions. Wider social context must also be considered.

In group therapy, members have many opportunities to clarify, risk, and challenge themselves to experiment with setting more appropriate boundaries with each other. Here they can experience the resulting trust that can develop from that process if it is respected.

**Experiential Exercise**

**GOALS**

- To make explicit the importance of boundary setting and how it connects to the issue of trust in relationships
- To experience, in a physical sense, one type of boundary setting
- To encourage members to share their feelings that arise from setting a boundary and having a boundary set

**PROCESS**

Members are asked to pair off and decide on who will be Partner "A" and who "B." Partner "A" is to sit with her/his back against the wall. Partner "B" is to stand facing Partner "A" about 20-25 feet away. In one-step intervals "B" is to move toward "A," looking at "A" all the while. After each step, "B" stops, still looking at "A," and waits while "A" decides if he/she wants "B" to take an additional step. If "A" feels comfortable with "B" taking another step, Partner "A" simply says "yes" and the process is repeated. When she/he does not feel comfortable with Partner "B" moving another step closer, Partner "A" simply says "no" and the exercise is ended.

For some dyads, the response of "no" may come very early in the exercise (2-3 steps taken). For others, this exercise may feel comfortable for Partner "A" until Partner "B" is quite close to him/her. Give much permission to Partner "A" to say "yes" only if it is comfortable to do so - otherwise a "no" is the appropriate response at any time.

After the exercise is finished, fill out handout #7 and then switch roles. At the end of the second exercise, the partners fill out a second copy of handout #7, and the remaining time is spent in group process time.
Note: Only a small amount of lecture time has been used today. This moves the group further into the unstructured process time, where the leaders act much more in the role of facilitators of the "here and now" process time and less in the role of educator and initiator. A helpful way of beginning the process time is not to pose a series of questions, but rather to ask members to share whatever they would like to about the experiential exercise. Appropriate questions or statements during the process time would include:

- "How do others experience ___'s difficulty with setting boundaries here in group?" (This could be in response to ___'s remarks about difficulty in saying "no" during the exercise.)
- "Have there been other times when you felt that pang of rejection from someone in group?" (In response to a member's discussion of feeling slightly rejected when "A" said "no").
Fear of Vulnerability

GOALS

- To deepen members' self-reflection skills
- To help members identify those aspects of themselves that they are reluctant to express or show to others
- To identify how this reluctance makes sense, given their childhood and family experiences

PROCESS

Begin with a “new and good” sharing, then ask members to complete the front of handout #8 in the following manner.

Each person is to use their non-preferred writing hand to finish writing the sentence that begins, “As an adult, I rarely show others the part of me that. . . .” They are to finish the sentence with whatever comes to mind; it need not “make sense.”

After the sentence has been finished, members are to re-write the entire phrase: “As an adult, I rarely show others the part of me that. . . .” and then to finish the sentence in a different way, again with whatever thoughts surface. Members are encouraged not to “think” an answer but to let it flow naturally as their unconscious takes over. They are to continue writing new endings to the sentence stem until they have filled the page.

At this point, they are to pick one sentence that they want to explore more deeply and transfer that onto the back page. Referring to that new sentence, they are to complete this one: “When I was young and showed this part of myself, I learned that. . . .” Again, they rewrite the sentence and end it with a new ending that seems to arise from the unconscious. They continue to write
new endings to "When I was young and showed this part of myself, I learned that..." until the reverse of the sheet is filled.

The remaining time is spent in a group process, sharing whatever members would like, regarding this exercise.

Note: This exercise moves attention away from the specifics of alcoholism, and toward an understanding of more diverse causes of the fear of vulnerability. This will help leaders continue to form bridges between the members' past experiences in an alcoholic family and their current difficulties in relating to each other in group. Helpful questions include:

- How does that past fear keep you from being more open now?
- Can you share with us whose reaction you most fear in this group?
- Any other questions that bring the group's attention to the present, using the past material as guide.

Note: This will begin to acknowledge the ways that members may have been dis-empowered when they attempted to be "themselves." Bringing this to conscious awareness will greatly benefit individuals and the group process, for it will help them talk more freely about their experiences and their results. At this stage of the group, this exercise can be a strong stimulus for exploring and healing uncomfortable group experiences of earlier stages.
Session Nine

Group Feedback to Members

GOALS

• To increase the time spent in group process
• To eliminate the lecture portion of the session
• To introduce a whole group exercise that simulates the power of group process
• To demonstrate the multitudinous ways members can give and receive feedback

PROCESS

With the entire group attending, each member in turn chooses another member and provides to him or her the following information.

• What I like about this member
• What risks I've seen him/her take in group
• What risks I'd like to see her/him take in group
• What feelings seem difficult for him/her to express
• What role I imagine she/he played in her/his family when young
• What role I've seen him/her play in this group
• Anything else you want to say to this person

The member who received the feedback is to talk about the feelings and reactions that surfaced while hearing it. Following this, he or she turns to a member (not the one that just gave the feedback) and gives feedback based on the same guidelines. This sequence continues until all have given and received feedback. The group then enters into an unstructured process time.

Note: This exercise challenges members to be direct and honest in the "here and now," with additional time spent exploring how difficult and anxiety-producing this activity can be. Leaders should underscore the depth of
the feedback that occurred and, when possible, model the power of direct, non-abusive feedback.

Be sure to clarify that the group will end next week. This is a good session in which to begin encouraging open discussions of their feelings about the group’s disbandment. If they are unable or unwilling to talk about the impending ending, leaders can express their own feelings or “interpret” the group’s reluctance in terms of past experiences. (“A few times now I’ve mentioned ending next week and noticed that no one seems to respond directly to this, yet the group lost momentum and other discussion sort of "stumbled." I don’t imagine many of our families planned or discussed endings much, so it’s hard to know how to talk about the feelings and thoughts endings bring about. What do others think about this?)
Session Ten

Ending of Group

GOALS

• To educate members as to the healthy aspects of an ending
• To encourage member-to-member expression of feelings about each other regarding the ending today
• To consolidate members' gains during the past 10 weeks
• To set goals for future work in therapy
• To prepare members for further treatment in therapy

PROCESS

Begin with a “new and good” sharing, after which leaders talk about today's ending, mention their own feelings, and talk directly with the other co-leader about the experience of working together. Some specific points are discussed about healthy endings.

Members will have time to share what went well for them in the course of the group, share any regrets, share any goals they might have for future therapy work, share any feelings that are left unspoken or unfinished with any members or leaders, and ask for anything they might be needing from group today.

A statement about endings is offered, such as: endings are difficult for everyone, particularly for ACA who had so many unplanned and unprepared endings as the environment was altered by alcohol abuse on a daily basis.

A rule of thumb is offered: anything that you anticipate you may later regret not having shared with an individual or the group as a whole, would best be shared now.

Members are given time to say goodbye in whatever manner makes sense for them. The leaders may choose to say something personal to each member, and share a hope or suggest a goal for future therapy. This is a good way to model a healthy ending for other members.
The importance of future therapy is discussed:

- Some may want to continue with Al Anon meetings.
- Some may want to join a therapy group that is not educationally or exercise-based, but much more unstructured and offering more time for group process time, similar to the way the group has been run the past few sessions.
- Some may desire individual therapy to explore their current difficulties.
- Some may want a break from therapy and come back to it in the future.

Note: In closing remarks, leaders may choose to discuss the importance of ACAs balancing an exploration of their individual experiences with alcohol abuse in the family, with a broader awareness and exploration of how each person in society has/is influenced by issues such as:

- Women's oppression
- Gay and Lesbian oppression
- Men's oppression
- Oppression based upon class
- Racism
- Religious/Ethnic oppression

Group leaders will be challenged to keep the focus on saying goodbye and away from new material that members often try to initiate. Endings are very difficult. The more leaders draw members' awareness and attention to how they may be avoiding the powerful feelings of endings—and also to how normal it is to be reluctant to do this—the more the group will participate in talking directly about feelings evoked by the ending of an experience that, for most members, has been very new, powerful, and healing.
RIGHTS AND RESPONSIBILITIES FOR PERSONS ENROLLED IN GROUP PROGRAMS AT THE COUNSELING CENTER

As a member of a group sponsored by the Counseling-Psychological Services Center you have certain rights and responsibilities. Among your rights are:

A. VOLUNTARY PARTICIPATION

You should not participate in a group other than on a voluntary basis. The group facilitators will protect your right of honorable withdrawal from the group without being subjected to undue pressure from other group members.

1. The primary purposes, the basic guidelines, the potential benefits, and the potential risks involved in the group experience will be established and discussed candidly with you prior to the beginning of the group or at the first group session.
2. The facilitators will support your freedom of choice and see that you are not required or unduly urged to participate in any specific activity of the group against your better judgment.

B. PHYSICAL AND EMOTIONAL WELFARE

The group facilitators will protect the physical and emotional welfare of the individuals in the group.

1. The facilitators will take the responsibility to observe, attend, and intervene on your behalf should it become apparent that emotional stress has developed to a point that it threatens your well-being.
2. Competent referral sources will be arranged for you in the event you require help beyond that which is being received in the group.

C. RESPECT FOR THE INDIVIDUAL

The group facilitators will strive to establish and maintain a climate of respect within the group for your values, principles, and beliefs.

D. CONFIDENTIALITY

The group facilitators will respect the confidentiality of information obtained about individual members of the group.

1. The facilitators will discuss a group or individuals within the group only with fellow professionals clearly concerned with the group, and then only for professional consultation.
2. Although guarantees cannot be provided by the group facilitators, group members have a mutual responsibility to refrain from revealing outside the group any information obtained from fellow group members.
3. On occasion, a video or audiotape of group sessions may be requested by the group leaders. However, this will not be done without your signed consent.

E. RESPONSIBILITIES AFTER TERMINATION OF THE GROUP

The group facilitators’ responsibilities for the members do not automatically end with the termination of the group experience. The facilitators will make themselves available to deal with individual members’ needs arising at the end of a group or refer the individual to more appropriate sources when deemed necessary.
In order to better guarantee these rights, you as a group member have certain responsibilities. Among these are:

A. TO ACTIVELY PARTICIPATE

In order for a group to be more effective, it is necessary for you to take an active role in the process. Being open and honest with the group facilitators, discussing concerns about the group process, working on outside assignments when appropriate, and providing feedback to the counselor are some of the ways that this may happen.

B. TO ATTEND GROUP MEETINGS

For a group to work effectively, it is important that you attend all scheduled sessions and be on time. If an emergency arises and you cannot attend a particular group session, or if you will be late, please call the Counseling Center receptionist, 471-3315, and leave a message for the group facilitators as much in advance as possible.

C. TO CONTACT THE GROUP FACILITATORS SHOULD YOU DECIDE TO WITHDRAW FROM THE GROUP

If, during the course of your group experience, you decide to withdraw, you should discuss your decision with the group facilitators. This will enable the facilitators to make alternate arrangements for you, if necessary, and to obtain feedback from you which is more important in planning future group programs.

D. YOUR COOPERATION IS EXPECTED IN EVALUATING THE SERVICES YOU HAVE RECEIVED

The evaluation may be in the form of a brief interview or questionnaire conducted after you have finished participation in the group.

Thank you for taking the time to read this list of rights and responsibilities. We believe that this information will help make your contact with us more productive and satisfying.
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THE 12 STEPS

- 12 steps is a progression of increasingly difficult stages (a road map) that a person can go through in order to reach a place in his/her life of relating directly, responsibly, intimately and openly with others and oneself as a way to overcome one's co-dependent nature.

The 12 steps and possible interpretations:

1. **We admitted we were powerless over alcohol**—that our lives had become unmanageable. Begin to break the family rules and admit there is a problem—breaking through denial by seeking help.

2. **We came to believe that a Power greater than ourselves could restore us to sanity.** In order to make the necessary changes we need to find support beyond ourselves (i.e., Al Anon, group therapy, some entity bigger than our own internal resources).

3. **We made a decision to turn our will and our lives over to the care of God as we understood Him.** To get support and help from any group we have to trust in the process, which means taking risks and being vulnerable with others.

4. **We made a searching and fearless moral inventory of ourselves.** We begin to recognize the parts of ourselves that make us unhappy; depressed; isolated; distant from our feelings; often at odds with others; unable to relate directly, openly, and honestly with others in order to receive and give what is needed or wanted.

5. **We admitted to God, to ourselves, and to another human being, the exact nature of our wrongs.** In the safety of the group we begin to accept our responsibility for the difficulties in our relationships. We do this by talking about our responsibility (vs. blaming the other).

6. **We were entirely ready to have God remove all these defects of character.** Now we allow ourselves to be vulnerable enough to ask for help from others (their reactions; suggestions; alternative ways of seeing the situation; their support as we go through this difficult process of accepting responsibility for our part).
7. We humbly asked Him to remove our shortcomings. After receiving help, we decide what is realistically workable in terms of what we could do differently next time in the difficult situation and commit to ourselves (and others) to try to do this as best we can.

8. We made a list of all persons we had harmed, and became willing to make amends to them all. We become willing to see how these unhealthy patterns operate with many people we have difficulty relating with. We begin to look at ways to change future interactions and heal past wounds with all of them.

9. We made direct amends to such people wherever possible, except when to do so would injure others. Having thought of appropriate ways to heal past wounds with others, we take direct action to correct the situations.

10. We continued to take personal inventory and, when we were wrong, promptly admitted it. Now that we've (1) been through the process of healing the past, and (2) having new skills for future potential difficulties, any time we slip up and revert to old patterns we (3) deal with it in the moment rather than waiting until later.

11. We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out. We develop self-reflective techniques to continually monitor our relationships in order to maintain clarity and responsibility for our actions (this can be in the form of talking to others, meditation, prayer, journal writing, therapy, etc.).

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs. As a result of improved relationships with others as well as with ourself, it is a natural desire to carry this awareness to all areas of our lives and to offer help and support when we can to those that desire it.
CONTROL EXERCISE

What percentage of your anger did you express? _______%

What percentage of your anger did you not express? _______%

Finish this sentence:
I fear that if I let out much more of my anger in this group, then I would...
______________________________
______________________________

Estimate:
In this group, how many people expressed all their anger? _______

In this group, how many people expressed 50% of their anger? _______

In this group, how many people expressed less than 25% of their anger? _______

How did you feel about expressing your anger?
FAMILY SCULPTURE EXERCISE

Diagram your family. (Use size and placement to depict closeness, status, alliances, etc., among members.) For example, if your mother was a person with a lot of influence, you might depict her by drawing a large circle. If you were close to your father, you might draw your circle close to your father's circle.

A. In the space below, diagram your family as you may have experienced it when you were between the ages of 6 - 8 years old.

B. On the opposite side, diagram your family as you may have experienced it when you were between the ages of 12 - 14 years old.
PARENT INTERVIEW EXERCISE

1. What do you like about ______________________?

2. What role(s) did ________________ play in the family?

3. How was ___________________________ rewarded for being in that role?

4. How was ___________________________ different with you than with his/her friends?

5. What parts of him/herself were not shown to you?

6. What made __________________________ angry?

7. How did ___________________________ show sadness?
BOUNDARY EXERCISE

To be filled out by partner "A":

In your fantasy, what was your fear about the other person getting closer?

What did you feel immediately upon telling your partner "no", or not to come any closer?

How does this experience relate to your family?

* * * * * * * * * *

To be filled out by partner "B":

What was your feeling after being told "no", not to come closer?

How does this experience relate to your family?

What emotion did you hear in the other person's voice? What did you see in his/her face? Did it change after he/she said "no"?
FEAR OF VULNERABILITY EXERCISE

As an adult, I rarely show others the part of me that ________________________________

____________________________________________________________________________

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From the front side: "As an adult, I rarely show others the part of me that


When I was young and showed this part of myself, I learned that
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