

Self-Acceptance, Self-Compassion and Loving Connection in Recovery Post Detox

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Abstract

Relapse rates back into addiction post detox can be quite high. Ongoing support may be overlooked and individuals who are connected with community groups or have fellow peers who are also in recovery have a higher chance of remaining clean. Quality of life can be limited for those battling to stay clean and is often routed in a lack of self-compassion or acceptance about themselves and their past using history and its ramifications. Vital therapy work may be omitted, and individuals may return to work or family life to make up for time lost in active addiction. It is essential in therapy to understand and make consideration for the lack of resilience brought on by years of addiction. Struggles to regulate emotions can be very difficult in early recovery.

Self-compassion and self-acceptance are key in providing this platform of resilience as well as having loving relationships with people who understand and who those in recovery can share honestly with. Ongoing healthy recovery and happiness is increased for those who demonstrate self-acceptance, hold a compassionate view of themselves, can forgive others, manage resentments and also find a community or at least close friends and family who accept them for who they are and their past.

In 1998, I woke up in a car; the side pocket of the door was filled with blood. I had had a major car accident. At the time of this accident, I was addicted to opiate medication. The accident was not my fault but prompted a journey into recovery. I am now over 20 years later able to share with you my thoughts and research on what really helps people stay clean in recovery from addictions.

To do this I need to highlight my personal insights, learnings and understanding I have gained from working with many people over the years.

One thing I know for sure is that recovery is not about just stopping the drugs.

In early recovery, I started to experience some immense feelings of deep shame, lack of self- acceptance and a crippling tendency to be really harsh on myself in anything I did. I could not absorb my achievements and went into a spiral of self-criticism at the slightest hurdle.

In my research and my work I have found key factors to be difficult for those in recovery, these key factors are shame, managing vulnerability, managing emotions and dealing with the inner self critic.

So what can we do as therapists to help our clients with these difficult feelings in recovery? All of these can be resolved with three key treatment approaches resulting in outcomes highlighted below in this chart. In summary, there are two types of recovery: positive

and negative recovery. Negative recovery is much more likely to lead to relapse.

Positive recovery	Negative recovery
Ability to accept oneself and to let go of the need for perfectionism.	Striving for perfectionism and non acceptance of oneself as a fallible human being with both good qualities and not such good qualities (Tobias, K.2014)(1).
Ability to believe that addiction was a choice at the time which may have been a coping strategy or simply a difficulty in knowing any other way and to accept this.	Self-blame for the past and finding difficulty in being compassionate with oneself about past decisions and behaviours.
Connection with others and feeling loved and cared for.	Lonliness and isolation.

Figure 1.

The three treatment areas required to be in positive recovery are self-acceptance, self-compassion and loving connection. These three areas I am going to cover in further depth in this paper.

This understanding of these three factors has been with me for many years, since my own early recovery in 2001. Consequently, in 2005 I researched the link between self-acceptance and addiction with a group of people who were in recovery. My prediction was that there was a strong link between self-acceptance and recovery from addiction.

This research led to some unexpected findings that there was a high correlation between relapse and loneliness; I therefore call loneliness the ‘silent killer in recovery’

Quote by a client

"It is an isolating illness it wants me to isolate"

It is a likely consequence that if someone cannot manage their emotions, feels shame, struggles with showing vulnerability and has a strong self-critic then they are likely to experience intense loneliness.

I too experienced a great sense of loneliness in my early recovery mainly through feelings of shame but an attempt to be vulnerable and express myself left me crippled with feelings of intense low self-worth. Here is a story of how my sense of loneliness and isolation through a strong inner self-critic left me almost relapsing after many months clean.

"It was a family dinner at which I decided I was going to be brave and say something to the attendees. I felt deeply ashamed at my behavior over the previous years in active addiction but felt that it was the 'right thing to do' to become vulnerable in front of my family and express my gratitude to them. This was a massive risk, I felt, and I was literally shaking with fear. I made my announcement, however, unfortunately, was cut short by a member of the family for whatever reason I don't really know but the impact on me was almost paralyzing. Suddenly I became overwhelmed with thoughts of 'I shouldn't have done that', 'who do you think you are?' 'You stupid idiot what made you think your family would want you to speak?'"

These thoughts were very dangerous at the time to me and nearly led me to alcohol use to cover up the shame.

With our clients, we need to check out their negative self-talk. I have commonly found clients will quietly say some extremely negative and self-punishing things to themselves, but we may not be aware of this unless we actually check this out. These thoughts can be such as "I am a bad person", "I always 'f' up", "I am not good enough", and "I am not funny enough or intelligent enough".

In many of our workshops we help our clients to deeply experience their negative talk and the impact this has. The approach is that clients speak to others as if they were looking in a mirror saying all the negative things that they say to themselves. The receiving person records how it feels to hear and absorb the negative messages that the client is giving to themselves.

Here is some feedback from a client's experience of this particular session

"Something that really affected me, and I still remember was the exercise where we sat in pairs and told the other person all the negative things we told ourselves and then the positive things. I noticed such a dramatic shift in my physical state between the positive and the negative...it was amazing... I never forget that"

I emphasise that this particular client had a physical reaction to this exercise. How we talk to ourselves is so psychotherapeutically impacting. The mind and hence the body react as if we are being attacked when we say horrible things to ourselves.

I quote below a feedback from another client, 4 years clean from Ketamine, following the exercise above of naming the inner critic.

"I learnt that it was a lot more important than I thought before, it made me question how I talk to myself because I learnt it affects me more than I thought. I try not to do this so much"

We need to help our clients rationalize these thoughts. Self-acceptance comes with rational self-talk such as "I am a fallible human being made up of both good and not such good qualities". In the case of an addiction, there may be much evidence to support the belief of being a bad person however, it was the behaviour that was bad at the time and that they are not fundamentally a bad person. We can support our clients to balance out their beliefs and focus on the fact that they have achieved something incredible by getting clean and if we investigate deeper, they will all have qualities that perhaps are missed as a result of the negativity taking over. We need as well to make our clients aware of the negativity bias and that it takes some work and practice to bring in more positive thoughts but that it is certainly possible [1, 2].

In my work as a Rational Emotional Behaviour Therapist (REBT), self-acceptance comes up time and time again, not self-esteem but accepting yourself for who you are regardless of achievement or failure.

Albert Ellis the founder of REBT refers to the serenity prayer used in 12 step fellowships as a prayer of acceptance. The prayer goes like this...

"Grant me the serenity to accept the things I cannot change the courage to change the things I can and the wisdom to know the difference"

We can break this down into accepting the failures I have made, make changes now but also understand that I cannot change my past behavior and know that I cannot change that.

This may sound like a simple concept but in the heart of an addict who is full of shame and fears, vulnerability and accepting their past can be a huge challenge.

Windy Dryden, (leading practitioner and trainer in REBT) said...

"It will greatly help you to overcome your addiction if you learn to put into practice the principles of self-acceptance [3]."

A second essential treatment approach is building self-compassion.

"Self-compassion involves treating yourself the same way you would treat a friend who was having a hard time" [4].

Positive self-compassion can be divided into 3 elements

1. The ability to cultivate a mindful observation of one's own thoughts and feelings with a non-judgmental approach
2. Being able to do things that are kind and loving to oneself
3. To be able to see oneself as part of humanity

Point One: Clients in early recovery will often experience extremes in emotions due to the previous variations of drug-induced emotions from their use. Balanced emotional regulation is something, which can be a struggle for addicts in recovery. Developing an ability to mindfully 'ride' the wave of emotions and thoughts can only be beneficial.

Teaching our clients mindfulness is a process and requires regular sessions of only perhaps 1-2 minutes per day to start with. An anchor can be used such as focusing on the breath or a part of the body, e.g the foot. Mindfulness of senses, body, behaviours such as eating, and thoughts and emotions can then gradually be introduced.

By becoming mindful of their thoughts and emotions, addicts in recovery can start to ‘detach’ from difficult emotions, seeing them as reactions or results of thought processes they are able to recognise, such as self-criticism. This in turn can help with impulsive or reactive behaviours such as using or outbursts of anger. When one is, able to recognise and note to themselves how they are feeling or what they are thinking almost like an observer an ability to have less attachment to this becomes second nature. For instance, in an argument with a family member a client may be able to recognise their frustration levels rising, name that to themselves and make a decision to take some time out to allow themselves to calm down.

Point Two: Of a similar nature to self-acceptance, self-kindness is about talking to ourselves with a compassionate view. When I was in treatment, we were told to buy ourselves flowers and to give ourselves this gift. It felt so awkward but was so important to learn to do this and to have a positive relationship with myself. Clients need to know that self-care, taking care of their needs and being nice to themselves is essential for positive recovery.

Doing nice things for themselves is not easy for our clients.

Quote from client

“The only nice things I did for myself was take drink and drugs, even in the first bit of clean time I was always panicking about the future. I suppose giving up drugs was doing a nice thing for myself. Now the nicest thing I do is get up every day and start the day the right way by meditating and walking the dog, plus give myself a bit of time”

Many addicts come into recovery with feelings of shame and guilt so often the ability to do nice things for themselves can be limited. But also based in a sense of deservingness. I had a client who had the belief that it would be fundamentally selfish to do nice things for herself in recovery, as she needed to make amends for her previous absence during her addiction.

Point Three: Seeing ourselves as part of humanity. It is often a struggle for addicts in recovery to see themselves as a part of humanity due to their behaviour often having been unacceptable in terms of societal values. To be self-compassionate and see themselves as a part of the wider human race is essential. One can only imagine the consequences of feeling that you are sub-human and not worthy of being seen in a similar category as other human beings but somehow inferior.

It can help sometimes to mix recovery groups with mental health groups of people who are not addicts. This only helps to challenge stigma from both sides but also can support addicts in recovery to understand and accept their difficulties as something that a lot of people have to deal with.

Client quote....

“I learnt that lots of other people feel that way, feel a bit better because other people were worse than me”.

Although a little counterintuitive, this does emphasize that this client recognized that he was not alone in his struggles and that others too struggled with their emotions and thoughts.

This can also go for appreciation of strengths as highlighted by Neff and Germer. Addicts may feel insecure, undeserving and shameful of their gifts and hence reluctant to share them as again perhaps feeling undeserving of the recognition.

“Common humanity is when we remember that having good qualities is part of being human, we can acknowledge our strengths without feeling isolated or better than others” [5, 6].

This leads to discussion of the concept of loving connection. It has been researched and evidenced that outcomes for remaining in recovery are increased by those who connect with a support group in recovery [7, 8].

Johann Hari’s in his ted talk speaks of the opposite to addiction being connection [9]. An addition to this is the ‘loving’ aspect. To really feel “connection” it needs to be without judgement, safe, flexible to vulnerability and supportive Galanter also suggested that there are mechanisms in Alcoholics Anonymous that provide relief from negative perspectives [10]. He suggests that meeting attendance provides relief through warmth and love. The body produces feel good hormones such as oxytocin, dopamine and serotonin, helping individuals in recovery to ‘feel’ happier and more content in their lives.

Loving connection allows our clients to address shame and be vulnerable as people, to feel safe in the support of a group that helps them and that they feel connected to. The loving connection allows them to be honest about their feelings and share if they are feeling bad, the inner critic will tell a person full of shame that they should not share these things.

Another client commented that connection with others and doing an activity with a group of others helped her to feel supported. She felt connected to those people as they carried out a common activity. It helped her to feel peace and oneness.

“It was really good being connected in a group with other people. I like the intimacy. It is something I need in my life. It is part of the puzzle, being with a group of people doing an activity that is the same; it provides some form of connection for me”

Conclusion

Ongoing recovery requires emotional management. Death, relationship breakdowns, home loss, changes in the state of affairs politically can cause struggles for addicts to manage and/or cope. When working with addicts we need to assess and make sure that each client therapeutically has the opportunity to work on their self-acceptance, understand self-compassion, and how to implement it into their lives as well as mindfulness and to form a loving connection with a group of people where they feel safe to be real and honest.

All individuals featured in this talk gave full permission for their quotes to be included. These are people who admirably are willing to break down shame and show their vulnerability.

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