

CHAPTER NINE

Writing Tools for Recovery

Following are a number of writing exercises for the self-injurer who wants to recover. There is no one right way of completing the assignments; the key is to make this personal and meaningful to you. This can be a fun experience, if you make it that way. Some may want to share their thoughts and ideas with a trusted friend, therapist, or spiritual director—with someone who will listen, not censure or judge.

Write from the heart and from the mind. Be honest. You will have a much better chance of recovery if you make the time and effort to put some quality work into it. The act of writing things down on paper makes them more "real," instead of fleeting thoughts and images. Once you write something down, it is more likely that you will remember it and that you will actually do what you said you were going to do. It is also greatly reinforcing to take your writings out a year (or however long) later and see how much progress you've made. You will get out of it what you put into it.

The No Self-Destruction Contract, Problem Behaviors and Substances Log, Impulse Manager, and Relapse/Setback Manager are tools that can and should be used in therapy. Samples are included for illustrative purposes, but

feel free to improvise. Come up with your own good ideas also, and make this meaningful and something that will work for you.

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I. *Survival Tools: To Use in Therapy*

1. No Self-Destruction Contract

The No Self-Destruction Contract is a valuable tool to be used in therapy, whether in an outpatient, hospital, or residential treatment setting. The purpose is for the self-injurer to take an active role in making an *agreement* with her therapist and/or other primary treatment staff member(s) and to put it in writing. It is a formal contract, which will be signed, dated, and witnessed.

Violating the contract means breaking a commitment

and breaking a promise. In some instances, there may be definitive rules and consequences set by the primary therapist or by treatment center policy, such as termination from the hospital or residential program if one self-injures or uses alcohol or drugs.

Quite important, the contract needs to be *relevant* and *fully understood* by the particular self-injurer for whom it is intended. For instance, with adolescents, the wording must be straightforward and simple enough for the teen to understand. What is highly effective clinically is for the person in treatment—especially teenagers because they usually have a language (slang words, hip sayings, etc.) of their own—to come up with her own words and ideas, with the assistance of the therapist. However, most kids usually don't like to do the actual pen-and-paper writing part, and if asked, this will likely bring up resistance. It is best for the clinician to offer to do so, right in the beginning.

In order to be personally relevant, with respect to culture, as well as clearly understood, the contract must be written in the self-injurer's primary language (Spanish, Chinese, etc.). One must consider the many people, especially in large cities such as Los Angeles and New York, for whom English is a second language. The use of a qualified translator should be enlisted if necessary.

The No Self-Destruction Contract is *for* the self-injurer, and it is *about* her.

Following are some guidelines regarding important points to be included, some suggested wording, and a sample contract.

1. The self-injurer must *commit* to stop all methods of deliberate self-harm (for example, cutting, burning, hitting herself, etc.)
2. If the self-injurer has other concurrent self-destructive

- addictive behaviors of concern, such as problems with alcohol, illegal or legal drugs, or bulimia, she must make the commitment to stop. Addiction substitution should be clearly understood and prevented.
3. In times of danger of self-injury, and particularly if suicidal ideation is present, the self-injurer should remove, or have someone else remove, all dangerous/lethal items from her immediate environment.
 4. The self-injurer needs to commit to treatment. This may include not AWOLing from a hospital or residential treatment program and following the rules and clinical recommendations; committing to attending outpatient therapy sessions on a regular basis; regularly attending Twelve Step program meetings such as Alcoholics Anonymous or Narcotics Anonymous, as agreed on by the self-injurer and her therapist/primary treatment staff.
 5. If having suicidal thoughts, the self-injurer will immediately call a twenty-four-hour crisis hotline and/or the therapist's emergency number, as agreed on by her and her therapist. The phone numbers should be written into the contract and therefore readily available. If in a hospital or residential treatment center, the self-injurer will immediately seek help from an appropriate staff member within the facility.
 6. If there are consequences to and stipulations regarding breaking the contract, such as being dismissed from a hospital or treatment program, or for missing therapy sessions, this must be spelled out, made clear, and understood.
 7. Positive alternative action plans for when one is feeling the urge to self-destruct should be written into the contract. The self-injurer is to commit to trying these.

8. It is helpful for the self-injurer to come up with a few main, very important reasons for her not to engage in self-destructive behaviors and write these into the contract (for example, "The county may take my children away from me" or "I'll have scars forever and will regret it").

Sample No Self-Destruction Contract
(for a seventeen-year-old girl in outpatient therapy, written with her therapist in family session with her mother)

I, Suzie S., now make the commitment to stop all self-injury and other stuff that hurts me. This means that I will not hurt myself by cutting, burning, hitting, scratching with fingernails, or anything else at all, whatsoever. It also means that I will not drink alcohol or use drugs, no matter what my friends say. If I am in a place where people are using illegal drugs, like at a friend's house, I will leave, for sure. I promise to get rid of all the stuff kept hidden in my room to hurt myself, like mostly razor blades. I will not get any more. I will not bring alcohol or drugs into the house. I also understand that since I'm a minor, my mother can search my room whenever she wants to and that she is doing this because she wants to help me.

I agree to attend all my therapy sessions like I'm supposed to. I can be trusted to take the bus to get there and back after school. I will go to the AA meeting on Monday nights with my sister and her husband.

There are important reasons why I should never hurt myself. For me, these are

1. *I might get kicked out of my high school.*
2. *I might get kicked off my volleyball team and not get a college scholarship.*

3. It would hurt my mom really bad.

If I feel like hurting myself, I know that there are many other things I can try first that have helped other people like me. I agree to do at least one or more of these things that I have chosen:

1. call a friend
2. pray
3. write in my journal

I am not suicidal, but if I ever were, I agree to call a twenty-four-hour crisis hotline. If I am in serious danger of harming myself or if I am feeling out of control, I will call one or both of the following:

Dr. Jones (xxx) xxx-xxxx
Therapist's emergency number

(xxx) xxx-xxxx
Twenty-four-hour crisis hotline

Suzie S. _____ Date _____

Witness:

Anna S. (Mother) _____ Date _____

Dr. Jones (Therapist) _____ Date _____

2. Problem Behaviors and Substances Log

The Problem Behaviors and Substances Log is a tool that will help the self-injurer to track the frequency and severity of her self-destructive behaviors, including self-injury and alcohol and drug use. Over a time period of thirty days she will be able to see patterns, target areas of concern, and

track her rate of improvement. Logs can be reviewed at various designated time periods, starting from the beginning of the recovery process and/or therapeutic treatment. For example, one's rate of progress can be reviewed at thirty days, sixty days, ninety days, six months, and one year. This tool will help the self-injurer to be truly *accountable*. A sample log can be found on page 216, and a blank log is on page 217.

3. Impulse Manager

The Impulse Manager is a simple behavioral log that will help the self-injurer to control and understand her impulses to self-injure. It can also be used for alcohol and drug abuse and other self-destructive behaviors. Those with multiple addictions in addition to self-injury should be sure to include these! This tool addresses the cognitive (factual/situational), the negative thought processes, and the emotional (feeling) components of wanting to act out behaviorally. The goal is to come up with ideas for *positive action* as soon as possible, when one is feeling emotionally escalated and has the urge to self-destruct. A sample Impulse Manager tool is on page 218, and a blank log is on page 219.

4. Relapse/Setback Manager

The Relapse/Setback Manager is a simple tool that will help the struggling self-injurer to track and understand what happened to bring on a relapse and why she acted out. The focus is on acknowledging feelings, seeing both the long-term and short-term consequences, coming up with positive alternatives, and developing strategies for what to do immediately to get back on track and on the road to recovery. A sample Relapse/Setback Manager can be found on page 220, and a blank log is on page 221.

Problem Behaviors and Substances Log

Date: _____

In the last thirty days

Problem behaviors and substances	Severity level 1 = low to 10 = high	Number of days I used	Number of times I was high or out of control	Number of times I successfully avoided urge to use	Comments
Self-injury					
Alcohol					
Amphetamines					
Barbiturates					
Cocaine					
Designer drugs					
Inhalants					
Hallucinogens					
Heroin/opiates					
Marijuana					
Pills: over-the-counter					
Pills: prescription					
Anorexia					
Bulimia					
Compulsive overeating					
Other:					

Problem behaviors and substances	Severity level 1 = low to 10 = high	Number of days I used	Number of times I was high or out of control	Number of times I successfully avoided urge to use	Comments
Self-injury	9	11 or 12	11 or 12	1	This is serious-I need to get help
Alcohol	3	4 or 5	3		Weekends only-parties and out with friends
Amphetamines					
Barbiturates					
Cocaine					
Designer drugs					
Inhalants					
Hallucinogens					
Heroin/opiates					
Marijuana					
Pills: over-the-counter					
Pills: prescription					
Anorexia					
Bulimia	5	3 or 4			Can't keep my weight down
Compulsive overeating	1		1		Other: shoplifted

Sample Problem Behaviors and Substances Log

Date: June 24 '01

In the last thirty days

Sample Impulse Manager

Date, time, location	I see and hear	I think	I feel	Positive actions taken	Results and comments
Saturday, 6/9/01 5:00 P.M. At home, in kitchen	Roommate spilled coffee on my term paper	Did she do it on purpose? Wish she'd leave. I was stupid for leaving my stuff there.	Angry Resentful Mad at her Mad at myself	Went to other room to chill out Called my sister and calmed down Reprinted my term paper from my computer	Calmed down and did not self-injure
Sunday, 6/24/01 6:30 P.M. At parents' house	Dad's drunk again He yelled at Mom and threw dinner plate on floor	He'll never stop	Scared Sad Hopeless		Burned hole in my hand with cigarette Should have called somebody.

Results and comments	Positive actions taken	I feel	I think	I see and hear	Date, time, location

Impulse Manager

Relapse Manager

What Happened, Why, and Getting Back on Track

Date, time, location	Triggering situation	Feelings	Negative behavior(s)	Consequences (short-term)	Positive alternatives	What I'm going to do now to recover
				Consequences (long-term)		

Date, time, location	Triggering situation	Feelings	Negative behavior(s)	Consequences (short-term)	Positive alternatives	What I'm going to do now to recover
Saturday, 6/23/01 3:00 P.M. The mall	Saw my boyfriend at the mall, making out with another girl	Anger Rage Jealousy	Left my friends there and walked home, got high (coke), slashed arm with knife, stole bottle of Dad's whiskey from cabinet and drank some	Painful cut on my arm Got blood on my new shirt Threw up from the whiskey Consequences (long-term) The cut will probably leave an ugly scar	Pray Call a friend Cry Call crisis hotline	Call my sponsor right away Tell my therapist the whole truth Get to some meetings and meet new people Break up with my boyfriend

Sample Relapse Manager
What Happened, Why, and Getting Back on Track

II. Independent Writing Exercises for the Recovering Self-Injurer

1. Negative Beliefs and Positive Alternatives

Negative beliefs and attitudes are self-destructive in and of themselves. They may come to us from our parents, our religion, our culture, influential others from childhood such as teachers, or from jealous peers and so-called friends. Particularly if one has been abused as a child (physically, sexually, or emotionally/verbally), these negative beliefs can become internalized. The fact is, none of these core negatives need be true. The key to recovery is to make a conscious effort to change; to come up with positive alternative beliefs and attitudes.

There is such a thing as a self-fulfilled prophecy; that is, what one believes can come to materialize. For example, if one has the core belief that "No one will ever love me," one may present herself in a negative way to others, and thus push people away.

Even if you can't see the positive right now, think in terms of, "What would I like to be? How *can* I be?"

Following is an example of what Stephanie, a young adult struggling with the beginning stages of recovery, put on her list. At the time, she was getting over (yet another) bad relationship, had put on a few extra pounds, and was stressed about dealing with her five-year-old hyperactive son, who was always getting into trouble and breaking things. Stephanie was effectively working on changing her negative attitude and building her overall self-esteem and self-confidence in therapy.

Negative Beliefs	Positive Alternative Beliefs
I'm not smart.	I have my diploma and am good at my job.
I'm not attractive.	People tell me I'm pretty. I could do more to improve my looks.
No one will ever love me.	My mother loves me, my kids love me, and God loves me. I'll meet the right man someday.
I can't stop drinking/drugging/using.	I can be clean and sober. If I really want to.
I can't control my temper.	I can control my temper, if I count to ten.
It's too late for me.	It's never too late. Mrs. Smith got sober and went back to get her college degree when she was fifty-two.

2. Gratitude

It is important to remember to have and maintain an "attitude of gratitude." No matter how bad things may seem, they could always be worse. If you have your life, you have a lot to be thankful for. If you compare yourself to everyone else around you, sure, you can always find someone else who seems to have it better than you do. Most of us tend to buy into the "greener grass" syndrome: the grass is always greener on the other side. For example, one may think, "I wish I had her good fortune, good looks, rich parents, or perfect boyfriend, instead of what I have." Accepting the

things that you cannot change and making positive changes where you can are the key.

Start by making a list of ten things to be grateful for and repeat it every night before you go to sleep. You can also keep adding to the list, to see how many things you can come up with. If so inclined, you may offer it as a prayer of thankfulness to God or your Higher Power. This exercise will change your frame of mind, especially if practiced regularly.

In the very beginning of my recovery, it was hard for me to think of even two or three things to be grateful for. Within a very short time, and with continued recovery, the lists expanded exponentially. My first lists were pretty basic, but functional. (See example below.)

One word of caution: Don't say or even think "yeah, but . . ." after any of the items on your list. That would defeat the purpose!

Things to Be Grateful For

*I have food in my refrigerator
I have a roof over my head
my cat
my sobriety
good friends
good job
am in good health
lunch was good
I now have hope
I didn't relapse today*

3. Journaling/Life Writings

Many people find it useful to keep a journal or a personal diary to write about their thoughts, feelings, ideas, and

events that happened. Do what works for you—some people like to write every day, once a week, or only when they want to. If it becomes a required, nagging obligation that you do not want to deal with, or merely a way to self-criticize on paper, it will not be productive. Use whatever format you want to—words, phrases, poetry, drawings, etc. Make it an enjoyable experience, something that you look forward to doing. Sharing this with a therapist, if so desired, can be greatly beneficial also.

As a clinician, I have had much more success in asking teenage girls to write in their journals only when they felt like it, not every day, and emphasizing that they did not "have to." This was for them and about them, and nobody else. They did not have to show me what they wrote about, but if they wanted to, I would be very much interested and would listen to what they had to say. They usually did, without my even having to ask during the next therapy session. They could write slang or bad words if they wanted to, and were told not to worry about spelling, punctuation, grammar, or whether it looks neat or sloppy. They could draw pictures if they wanted to or write short stories, poetry, or whatever came to mind.

A seventeen-year-old boy on my counseling caseload in a nonpublic school asked me, "What if I wrote a rap song? Would you want to read it?" He ended up writing numerous rap songs over the course of the school year and enthusiastically shared them with me as well as with his most trusted teachers. Edwin's songs were quite good and expressive of his deepest thoughts, fears, and feelings that he otherwise could not share with anyone. Much of it was about his father, who recently died of a gunshot wound, and whom he missed very much. His mother was depressed and preoccupied, and could not "be there" for him. Edwin made significant progress in therapy and graduated from high school successfully.

4. Reasons to Get Better

Sometimes staying in the problem (of self-injury, or alcohol or drug addiction, or even a physical illness) serves a purpose, albeit on a subconscious level. However, such purposes are negative and further destructive to one's life and character. Not to mention, this is utterly shattering to one's self-esteem.

For example, having an affliction can be used as a viable excuse to not take responsibility for oneself (for example, financially, by not being able to work and relying on parents' resources long after it is appropriate) or to not take responsibility for one's actions (for example, "I didn't know what I was doing, I was drunk!"). Staying in the problem may also function as a way to get sympathy, help, or caretaking from other people in nonhealthy ways.

The alternative is to come up with reasons to get better. This needs to be brought to the forefront of consciousness, remembered, and reinforced. Keep adding to the list as time goes on, as you think of new things.

Here is an example of what Sherry, a single mother in early recovery from a multitude of addictions, put on her list. At the time, she was on a leave of absence from her job for stress-related depression.

Reasons to Get Better

1. *Be there for my daughter*
2. *Get back to work*
3. *Have some savings in case of an emergency and for my daughter's college*
4. *Am losing my friends*
5. *Am dependent on state disability, which makes me more depressed*

5. My Goals and Aspirations

Writing about goals and aspirations for your future is an extremely beneficial exercise. It is also a lot of fun. This will keep you focused on moving forward, always toward bigger and better things. Reviewing these writings months or even years later can be a great positive reinforcement, especially if you accomplish even some of the things you set out to do.

One very effective exercise is to set goals for designated time periods. For example, one may want to start with "Just for Today," and move on to three months, six months, one year, five years, and ten years from now.

Following are some examples of areas that you may want to cover:

1. About my recovery (from self-injury, alcohol or drugs, etc.)
2. Health; physical fitness; well-being
3. Emotional (for example, control my anger)
4. Work or school
5. Family
6. Friendships; social life
7. Love; dating; romantic relationships; marriage
8. Spiritual
9. Finances (start a savings account and watch it grow, etc.)
10. Things I want to do for fun (for example, travel, take up a sport)
11. My daily routine (for example, get up earlier, keep the house clean)

In my experience in working with both teenagers and adults in therapy, I have found that a good way of doing this writing exercise is to tell the client to "start at the top and work your way down toward reality." This works well

especially for people who are not motivated or who have a tough time getting started.

Rosa, a seventeen-year-old girl in residential placement who was struggling with severe alcohol and drug addiction (including heroin) among other things, had a hard time getting started. At that time she was not showing much motivation or enthusiasm about anything. However, because of being exceptionally bright and having a lot of God-given potential, she still managed to slide by and do well in school with minimal effort. Working on this list together in a counseling session, with her houseparent present, I told her: "I would not ask you kids to do anything that is too hard or that I wouldn't be willing to do myself. If you promise not to laugh (of course knowing we all would and that it would lighten up the atmosphere and get her motivated), I'll tell you something I put on my list: I fly over all the traffic, in my own personal helicopter, and land on the rooftop of this agency to come to work. So don't be afraid to sound too grandiose or unrealistic; have some fun with this." What she came up with on her own, after stating several times, "No, that's not realistic," was that she would graduate as valedictorian from her high school in one and a half years. She did.

Rosa also met or at least made significant progress toward her smaller, more easily attainable goals along the way. We set her goals for three months, six months, one year, and into the future. We reviewed the goals several times along the way, sometimes revising, adding to, or checking off things that she accomplished. Rosa's goals included the following: Get good grades; Don't AWOL from the group home; Don't use drugs; Get a part-time job; Open a savings account; Use better judgment about boys.

Another strategy for doing this exercise is to make a list (for example, write down four or five goals or resolutions that you want to accomplish for the New Year), and send it

or e-mail it to a friend. Have the friend send his or her list to you. Putting it in writing, and sharing it with another person, makes it more real, keeps you accountable, and will put you in the right frame of mind to actually do what you set out to do.

6. Controlling My Anger

Anger management is a problem for many people in today's world, not only for self-injurers. However, for self-injurers, it is even more so, because self-injury is often an outward expression of suppressed, unacceptable internal feelings. Not being able to control one's anger usually involves, for most people, lashing out at others, for example, verbally or physically. Self-injurers typically lash out at themselves, sometimes exclusively. Sometimes they may also lash out at others, usually either verbally or by giving them the "silent treatment" (suddenly avoiding and not talking to someone, without giving the person any explanation).

First, it is important to acknowledge that one is angry. "Okay, so I'm angry—but I don't have to act on it." Many of us, especially girls and women, were taught through our upbringing that anger in itself is a "bad" thing. However, it is just an emotion, just another feeling, and only bad if it is expressed in a negative way (or if it is suppressed and results in ulcers, headaches, etc.).

Then, gain some *understanding* about what made you angry and why. Come up with positive alternative coping strategies for next time. A counselor or therapist can be very helpful with this and may provide you with valuable insights that you may otherwise miss on your own. You may want to ask yourself and write about such questions as the following:

1. What triggering events, memories, associations, thoughts, and other emotions preceded my anger?
2. At what point did I explode? Why?
3. What negative behaviors did I engage in when I was angry (for example, yelled, punched the wall, drank, hurt myself or someone else)?
4. What coping and relaxation skills can I use next time to control my anger (for example, take three long deep breaths, count to ten, take a walk)?
5. Is there a way to solve the problem (that I am having at the time)?
6. How can I avoid conflict (with the person I am angry at)?
7. What are the personal consequences of my anger? How has my anger affected me? How has my anger affected my physical health and well-being, including stress? How has my anger affected my mental and emotional health? How has anger endangered me (for example, reckless driving)? How has my anger affected me at work, at school, at home, in the community? How has anger affected me spiritually? (This may include, for example, my relationship with God or my Higher Power, negative behaviors that go against my sense of right and wrong, etc.)
8. What are the consequences of my anger to other people? How has my anger hurt my family, my friends, my spouse or significant other, my co-workers or classmates, people I don't know such as those I pass by in traffic or see in the grocery store?

7. How Self-Injury Has Harmed Me

In Steps Eight and Nine of the Alcoholics Anonymous pro-

gram, we make a list of all persons we have harmed and to whom we are willing to make amends. The self-injurer may initially think that she did not harm anyone, except for herself, by indulging in this particular type of behavior. However, other people are always affected by our actions, in some way or another, whether it is for good or for bad.

At the very least, self-injury keeps one distant and alienated from other people, even if one does not do anything deliberately or directly to cause harm. Addicts and alcoholics often hear the complaint from family, friends, and significant others, "You weren't there for me!" Perhaps most significant, the self-injurer is harming herself, in a lot of other ways besides just cutting on herself. In recovery, it is therefore very important for her to remember to make amends to *herself* as well as to other people.

In writing about How Self-Injury Has Harmed Me, it is useful to think of the physical, the emotional, and the spiritual. One may ask herself the following questions:

1. How has self-injury harmed me physically (visible scars, burns, damage, bleeding, infections, etc.)?
2. How has self-injury harmed me emotionally (for example, damaged my self-esteem and self-confidence; affected my mental health; increased my feelings of depression and hopelessness; and fear; kept me isolated from other people)?
3. How has self-injury harmed me spiritually (for example, addictive behavior becoming more important to me than my relationship with God or my Higher Power and my fellow human beings)?

About a year and a half before my sobriety date, when I was really struggling with making an attempt at recovery and having multiple relapses, I wrote the following list:

How Self-Injury Has Harmed Me

- caused myself physical hurt
- left ugly scars, bruises, and bleeding
- inconvenienced and frustrated by having to hide this by wearing long sleeves, etc., in the hot summer
- inconvenienced and frustrated by having to buy new (actually used, from the thrift store) summer clothes with long sleeves for work, which have been extremely difficult to find and hard on my meager fellowship salary budget
- having the pain of having a secret and feeling separate from and not understood by even my closest friends
- always afraid of "getting busted" by someone who sees my visible battle scars
- always afraid of "getting busted" when trying to find isolated enough places to hide and self-injure
- constant fear of "getting busted" by someone who doesn't understand and getting locked up in a hospital last year and a half to two years when it's been real bad, I made sure to keep potential romantic relationships away with recent scars present
- it's gotten in the way of my health—mental: at least I know my self-esteem is low and I *should* stop it but can't—probably physical: I've probably done damage to my nervous system and may have taken years off my life at times when I had to do it to the point of losing consciousness; danger of having a heart attack or stroke at my most escalated; it's left physical damage (burns, scars) all over me
- always the fear recently that it may get worse and one more incident may do me in and I might die and then God wouldn't be too happy with me and I might have to do some time in purgatory or hell

8. My Ideal Day

A useful writing exercise is to think of what your ideal day would be like, including things you like about your life as it is now, and adding or changing things with the goal of striving for how you would ideally like to have it be.

Start with this sentence: "I would wake up at (you name the time) in the morning . . ." and walk through your day, ending with the time that you go to bed at night. For example, Mimi wrote: "I would wake up at 5:30 in the morning because I wouldn't be depressed anymore, have a glass of orange juice, and go for a morning run around the block with my dog." Include whatever you want to, even if it sounds impossible or grandiose (like meeting and marrying a millionaire)—remember, this is "the ideal." Also include simple goals and things you want that are more easily attainable and that you have some control over, and make them happen (for example, "I bought a new CD to listen to on the way home from work"; "I feel better now because I eat healthy most of the time"; "I watched the sunset at 7:30 this evening and thanked God for another day of sobriety"). This makes it more real and likely that good things will happen.

Surprisingly, a lot of people find out, after completing this writing exercise and reviewing what they've written, that they are really a lot happier than they thought they were. Additionally, sometimes the seemingly impossible things do happen, at least on some level. This is because goals, dreams, and aspirations are more clearly stated and you know what you really want and are willing to work for.

9. Things I Like to Do and Things to Look Forward To

Especially when one is feeling down, and ideally on a regular basis, one should make time to do some of the things that she likes to do and can really look forward to. Whether

too busy because of work, school, children and household, or whatever your daily routine may be, or not motivated to get up and do much of anything, you should always try to include some fun in your life. This should be something for you, by your definition of what is fun and what you enjoy.

Do something in addition to, or at times instead of, those obligations and things people say you "should" do and "should" enjoy doing but do not. Remember, this is about your recovery. For example, twenty-three-year-old Rhonda, a compulsive overeater in recovery, would always feel emotionally drained after visiting her parents every single Sunday for dinner. Her mother and father constantly fought and argued with each other. The truth is, they would have fought and argued with each other whether or not she was there. These Sunday excursions took up most of her day, and working six days a week left her little time for anything else. Being single, Rhonda wanted to spend some time with her friends, have fun, and meet new people. One Sunday afternoon she got an invitation to go shopping with a group of girls from work. Deciding to do something about it was initially difficult, mostly because she felt guilty (or, as she would say, "My parents made me feel guilty!"). Eventually, it got easier to think not only about pleasing others, which she naturally did, but also about what was good for her and for her optimal recovery.

You may want to simply make a list of things you enjoy doing (for example, working out, reading mystery novels) and things to look forward to (a vacation on a tropical island, getting in shape physically, etc.). Or, you may want to use the following format, which includes some examples.

I Like/Look Forward To	Last Time I Did This	Action Plan: When, with whom, etc.
Browsing at a bookstore	About four months ago	Saturday morning for an hour or two before grocery shopping; bookstore at mall; on my own
Go on an African jungle safari	Never	Sometime in the next two years, with my husband when he finishes his project; save money; contact travel agency; get brochures
Gardening	Two or three years ago	Next spring; see what Aunt Nancy did with her garden
Having my nails done	A few weeks ago	Make appointment for this afternoon or tomorrow; see if Alicia wants to go
Watching the sunset	I can't remember	Tonight at 6:30; look out the window

It is important to remember that you do have choices. The exercises in this chapter were designed to give you hope and inspiration for a bright future in your recovery. Keep your journal or notebook handy. You'll be surprised at what it reveals after you review what you've written over time.

