

Lisa M. Najavits, PhD

Best Self: A new model for trauma and/or addiction

**Summary**

*Finding Your Best Self* is a new recovery model for trauma and/or addiction that is relevant to a broad array of self-destructive behaviors. It can be used as self-help and also conducted by counselors or peers in group or individual format. It has 35 short chapters that offer flexibility to pace and honor each person's unique recovery. Chapters can be done in any order, in as few or many sessions as time allows, with any client, in any setting. Like *Seeking Safety*, the author's widely adopted model for trauma and addiction, *Finding Your Best Self* evokes hope through emphasis on ideals; provides practical recovery skills; and offers exercises, poignant language, and inspiring quotations to engage patients. It differs from *Seeking Safety* in that it can be self-help or counselor-led; emphasizes personal recovery stories, and offers a different array of topics.

**Table of contents**

1. Moving forward from trauma, addiction or both
  2. Starting out
  3. “Things turn out okay” -- David's experience
  4. It's medical—you're not crazy, lazy or bad
  5. How do people change?
  6. The world is your school
  7. Listen to your behavior
  8. Wish versus reality
  9. Find your way
  10. Possible selves
  11. The language of trauma and addiction
  12. Safe coping skills
  13. Social pain
  14. True self-compassion
  15. Why trauma and addiction go together
  16. Forgiving yourself
  17. Body and biology
  18. Getting to a calm place—the skill of grounding
  19. The culture of silence
  20. Motivation: Leverage one problem to help the other
  21. Tip the scales recovery plan
  22. Every child is a detective
  23. How to survive a relapse
  24. See the link
  25. Practice
  26. Identity: how you view yourself
  27. Perception: how others view you
  28. The decision to grow
  29. Dark feelings: rage, hatred, revenge, bitterness
  30. Imagination
  31. Create a healing image
  32. Find a good counselor
  33. Two types of trauma counseling
  34. What the wounded can give back
  35. “We are all in the gutter, but some of us are looking at the stars”
- Appendix A: How others can help—family, friends, partners, sponsors  
 Appendix B: How to conduct *Finding Your Best Self* as a counseling or peer model  
 Appendix C: Resources

Appendix D: Excessive Behavior Scale

Appendix E: Brief Quiz on Trauma and Addiction

### Further information

[www.best-self.org](http://www.best-self.org) (web)

[info@treatment-innovations.org](mailto:info@treatment-innovations.org) (email)

### Resources

- Substance Abuse Mental Health Services Administration treatment locator: <https://findtreatment.samhsa.gov> and [www.samhsa.gov/find-help/national-helpline](http://www.samhsa.gov/find-help/national-helpline)
- National Child Traumatic Stress Network: [www.nctsn.org](http://www.nctsn.org)
- National Disaster Distress Helpline: [www.samhsa.gov/find-help/disaster-distress-helpline](http://www.samhsa.gov/find-help/disaster-distress-helpline)
- National Domestic Violence Hotline: [www.thehotline.org](http://www.thehotline.org)
- Twelve-step addiction self-help groups: for alcohol ([www.aa.org](http://www.aa.org)); gambling ([www.gamblersanonymous.org](http://www.gamblersanonymous.org)), overeating ([www.oa.org](http://www.oa.org)), overspending ([www.debtorsanonymous.org](http://www.debtorsanonymous.org)), sex addiction ([www.sa.org](http://www.sa.org)), cocaine ([www.ca.org](http://www.ca.org)), narcotics ([www.na.org](http://www.na.org)), nicotine ([www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)), and for family members ([www.al-anon.org](http://www.al-anon.org)). Online searches can yield additional 12-step groups.
- Rethinking Drinking: <http://rethinkingdrinking.niaaa.nih.gov>
- SMART Recovery: [www.smartrecovery.org](http://www.smartrecovery.org)
- National Suicide Prevention Lifeline: [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- HIV/AIDS help from the U.S. Department of Health and Human Services: [www.hiv.gov](http://www.hiv.gov)

### References

- Black, C. (2018). *Unspoken Legacy: Addressing the Impact of Trauma and Addiction within the Family*. Las Vegas: Central Recovery Press.
- Briere, J. N., & Scott, C. (2012). *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (2nd edition)*. Thousand Oaks, CA: Sage Publications.
- Hoge, C. W., & Chard, K. M. (2018). A window into the evolution of trauma-focused psychotherapies for posttraumatic stress disorder. *JAMA*, 319(4), 343-345.
- Najavits, L.M. (2017). *Recovery from Trauma, Addiction or Both: Finding Your Best Self*. New York, NY: Guilford Press.
- Najavits, L. M., & Anderson, M. L. (2015). Psychosocial treatments for posttraumatic stress disorder. In P. E. Nathan & J. M. Gorman (Eds.), *A guide to treatments that work* (4th ed., pp. 571–592). New York: Oxford University Press.
- Najavits, L. M., & Hien, D. A. (2013). Helping vulnerable populations: A comprehensive review of the treatment outcome literature on substance use disorder and PTSD. *Journal of Clinical Psychology*, 69, 433–480.
- Najavits, L. M., Hyman, S. M., Ruglass, L. M., Hien, D. A., & Read, J. P. (2017). Substance use disorder and trauma. In S. Gold, J. Cook, & C. Dalenberg (Eds.), *Handbook of trauma psychology* (pp. 195–214). Washington, DC: American Psychological Association.
- Najavits, L. M. (2002). *A Woman's Addiction Workbook*. Oakland, CA: New Harbinger.
- Najavits, L. M. (2002). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. New York, NY: Guilford.
- Shaffer, H., LaPlante, D., & Nelson, S. (Eds.). (2012). *American Psychological Association's addiction syndrome handbook*. Washington, DC: American Psychological Association.
- Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. New York: Simon & Schuster.
- Siegel, R. K. (1989). *Intoxication: Life in pursuit of artificial paradise*. New York: Dutton.
- Stone, R. (2007). *No secrets no lies: How black families can heal from sexual abuse*. New York: Harmony.
- Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS PublicationNo. (SMA) 13-4801, Rockville, MD. [Free download](#) [search "TIP 57"].
- Tanielian, T., & Jaycox, L. H. (2008). *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Santa Monica, CA: Rand Corporation. [Free download](http://www.rand.org/pubs/monographs/MG720.html) [www.rand.org/pubs/monographs/MG720.html](http://www.rand.org/pubs/monographs/MG720.html)
- van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Penguin.



Example of a complete chapter from *Finding Your Best Self*

## Wish versus reality

Sometimes you have to look reality in the eye and deny it.

—GARRISON KEILLOR, American humorist

Trauma and addiction problems are perpetuated by *not* seeing certain truths. There's a wish to believe things are different than they are. Each person's painful truths are unique, yet there are common themes.

*Wanting to make it better than it is.* "I'm fine." "He loves me even though he hits me."

*Wanting control.* "I can quit any time." "I could've saved my buddy if I had been there."

*Wanting to believe.* "I always told myself I liked my father, but I didn't. I gave him qualities he didn't have, made him different than he was."

*Wanting it to disappear.* "If I don't think about it, maybe it'll go away."

*Wanting to be normal.* "It was just part of growing up." "Everyone drinks like this."

*Wanting it to make sense.* "It's all my fault." "I must have done something to deserve it."

*Wanting to fit in.* "Everyone else seems fine, so I pretend I am too."

*Wanting to make it worse than it is.* "Why bother trying? I can't recover."

*Wanting to be stronger than you are.* "My love will cure him." "I can handle a drink."

*Any others? \_\_\_\_\_*

### Courage

It takes real courage to look squarely at trauma and addiction and let yourself see what's really going on. It may feel too hard to admit, "I can never have another drink," or "My mother knew what was going on but didn't stop it." Everything in you may want to fight the truth, may tell you it's too much or too scary, or the flip side, may dismiss it as unimportant. All of these are ways your mind shuts down to protect you from too much truth. You can honor and respect that this helped you survive.

The task now, at your own pace and in your own way, is to let yourself face some of the truths that were too painful to face before. You can decide how, what, and when. This work is often done best in counseling or with the support of people close to you. There's no need to rush or get it all done at once. "Don't take a fence down until you know why it was put up," as the saying goes. And use all the coping skills you can (see "Safe coping skills," Chapter 12).

Know that any truth can be faced. This doesn't mean it's easy; if it were, you'd be doing it already. It may bring up raw feelings like anger and shame. It can make you feel weak or inferior to other people. You may never have learned that facing truth is like pulling off a Band-Aid – it hurts but then gets better. It can lead to good results.

Because your mind tries to protect you from the truth about trauma and addiction, it requires extra effort to shift toward greater awareness. Look for as much factual evidence as you can. Listen to the small, quiet voice within. Hear the feedback of people who know you well.

### What It Sounds Like

Look at the following examples – do you see yourself in any of these?

#### *Addiction Examples*

<u>Facing the truth</u>	<b>instead of</b>	<u>Not facing the truth</u>
"My liver function test is showing a problem."		"My drinking isn't all that bad."
"I have to start today, even if small steps."		"I'll quit tomorrow."

“I need help.”		“I can stop any time I want.”
----------------	--	-------------------------------

*Trauma Examples*

<u>Facing the truth</u>	<b>instead of</b>	<u>Not facing the truth</u>
“The flashbacks and nightmares keep happening. I have to work on this.”		“If I don’t think about it, it’ll go away.”
“I can’t excuse his yelling and hitting me anymore.”		“He isn’t as bad as people say; I know he loves me.”
“Children never deserve abuse no matter what they do.”		“If I had been a better child, I wouldn’t have been abused.”

**What It Feels Like**

Here’s what the process feels like from people who have done it:

- It gets easier the more you do it. Early on, facing a single truth may take huge effort; later, it will come naturally.
- There’s a feeling of surrendering to the truth, of letting go.
- It may feel like a weight is lifted. You don’t have to keep pretending.
- It’s often compared to peeling an onion: each new insight leads to more.
- You may cringe with embarrassment or shame when you see what you’ve been pushing away.
- It’s been called the “point of despair” because at first it may feel awful.
- There are positive feelings, too: clarity in knowing what you need to do next; a sense of pride in facing the truth.
- It is freeing.

**Questions That Help**

To help overcome the mind’s natural tendency to block unpleasant truths, glance through the questions on the next page. You don’t have to answer each one – just let yourself gently explore any that feel useful.

- “Can I own my truth even if others disagree?”
- “What messages do I hear – in my behavior, in my body?”
- “Is it taking a toll to keep up a front?”
- “What would my higher power say?”
- “What feedback am I getting from people who truly care about me?”
- “What would it feel like to stop pretending?”
- “The evidence keeps adding up; why do I not want to see it?”
- “Am I hanging on to something that isn’t helping me anymore?”
- “What would others say if they saw this?”
- “What would happen if I told myself the truth?”
- “Is there something I’m trying to protect?”
- “What feels too hard to say?”
- “Am I trying to make it better than it really is?”
- “What would it mean if I didn’t actually have control?”
- “What feels taboo to think about?”

“Where am I afraid to go in my own mind?”

- ❖ How can facing your truths make the future better?
- ❖ Would it help to work on this chapter with someone else – someone you trust?

### *Explore . . . The good that comes from facing your truth*

This exercise focuses on the good that can arise from facing important truths. If you prefer, use the term *owning* or *admitting* instead of *facing*.

#### Addiction

1. What’s hard for you to face about your **addictive behavior**? \_\_\_\_
2. What **good** can come from facing that truth? \_\_\_\_

#### *EXAMPLE*

1. It’s **hard** for me to face that drinking is destroying my marriage.
2. The **good** that can come from this truth is that I can still save my marriage if I take action now.

#### Trauma

1. What’s hard for you to face about your **trauma(s)**? \_\_\_\_\_
2. What **good** can come from facing that truth? \_\_\_\_\_

#### *EXAMPLE*

1. It’s **hard** for me to face that I wasn’t strong enough to fight off my attacker.
2. The **good** that can come from this truth is that it helps me blame myself less. I was overpowered.

### Recovery Voices

#### **Samantha – “It grows your compassion”**

Samantha endured child abuse, school bullying, and addiction (alcohol, drugs, Internet, and shopping). “It’s sad – terribly, horribly sad – how well ‘Wish versus Reality’ captures what goes on before you can acknowledge the full brunt of reality. Just to keep going you have to pretend sometimes. You can’t just sit down on the sidewalk and start screaming. You have to go to work, you have to get on the subway, you have to pay the rent, you have to keep going. Some of the bullying incidents I went through in high school I’ve kept secret. But recently I’ve been able to admit what they really were and tell someone else about them. Mostly it’s admitting to myself what really happened: being able to say, ‘That wasn’t teasing. That wasn’t joking.’ Back then I needed it to be ‘teasing’; it couldn’t be anything else; absolutely that’s what I wanted it to be. That’s what I held on to all these years. But that’s not what it was at all. It grows your compassion once you admit the reality to yourself and can be gentle with yourself about it. It’s kind of surprising, but it turns into a benefit. You work so hard to suppress so much because you think it’s too painful to know the truth, but acknowledging the reality is what gives you strength and some positive nourishment of your spirit.”

## Possible selves [chapter excerpt]

Most of us have two lives – the life we live and the unlived life within us.

—STEVEN PRESSFIELD, American author

We all have various possible selves, both ones we hope to become and ones we dread becoming. “The possible selves that are hoped for might include the successful self, the creative self, the rich self, the thin self, or the loved and admired self, whereas the dreaded possible selves could be the alone self, the depressed self, the incompetent self, the alcoholic self, the unemployed self, or the bag lady self,” said Hazel Markus and Paula Nurius in an article in *American Psychologist*.

Situations can bring out better and worse versions of you. This is hopeful because it means that even if you feel bad about yourself now, that can change. You can gain or regain the best sides of yourself. Sustained recovery means the best sides of you are “driving the car” enough to stay on the right road.

With trauma and addiction you may be cut off from yourself, unsure what you feel, unsure what matters. You may watch yourself doing things you don’t want to be doing or just not caring anymore. As you work on recovery you’ll find greater wholeness: the ability to sustain a better version of yourself and one larger than trauma and addiction.

Research shows that people who (1) imagine a better possible self *and* (2) identify specific ways to move toward it are the most likely to achieve that better self. *Both* parts are needed. Also, consider various categories of possible selves:

- An *emotional* possible self (how you respond to your feelings).
- A *relationship* possible self (how you respond to others).
- A *work or school* self (your achievement goals).
- A *spiritual* possible self (how you relate to a higher connection).
- A *physical* possible self (diet, exercise, etc.).
- A *recovery* possible self (trauma/addiction).

### **Examples of “Who I hope to become”**

“I hope to become a graduate student in a social work program,” “I hope to become abstinent from cocaine,” “I hope to lose 20 pounds,” “I hope to become leader of my division at work,” “I hope to become a partner in a loving relationship,” “I hope to meditate daily,” “I hope to be someone who keeps promises,” “I hope to become a parent.”

### **Examples of “Who I dread becoming”**

“I dread getting divorced,” “I dread becoming homeless,” “I dread becoming a chronic alcoholic,” “I dread losing my job,” “I dread going to jail,” “I dread becoming a college dropout,” “I dread being a bad parent.”

### **Question 1: Who do you hope to become?**

(a) Picture yourself a year from now. Who do you hope to become? *By next year I would like to become someone who:*

(b) What are you doing now to become that person, if anything? \_\_\_\_\_

(c) What more could you do to become that person? \_\_\_\_\_

What will you do today to move *toward* your best self?

### **Question 2: Who do you dread becoming?**

(a) Picture yourself a year from now. Who do you dread becoming? *By next year I would dread become someone who:*

(b) What are you doing now to avoid becoming that person, if anything? \_\_\_\_\_

(c) What more could you do to avoid becoming that person? \_\_\_\_\_

What will you do today to move *away from* your worst self?



Example of a complete chapter from *Finding Your Best Self*

## Dark feelings: Rage, hatred, revenge, bitterness

Feelings have their own kind of wisdom.

—NANCY McWILLIAMS, American psychoanalyst

Trauma and addiction can evoke dark feelings such as rage, hatred, bitterness, desire for revenge, and sadism. You may have your own language for them – cruel, monstrous, ugly, unforgiving, vengeful, furious, spiteful.

.....  
 “I had not learned about pain without wanting to inflict it. I had not endured torture without wanting revenge.”

Survivor of the Cambodian genocide, in *Haing Ngor: A Cambodian Odyssey*

“I carried this home with me. I lost all my friends, beat up my sister, went after my father. I mean, I just went after anybody and everything. Every three days I would totally explode, lose it for no reason at all. I’d be sitting there calm as could be, and this monster would come out of me with a fury that most people didn’t want to be around. So it wasn’t just over there. I brought it back here with me.”

Vietnam veteran, in *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, by Jonathan Shay

.....

### □ How about you?

Do you have intense anger outbursts?

Do you have a lot of thoughts about revenge?

Do you resent people who seem happy?

Do you feel stuck in bitterness?

Do you want to get rid of such feelings but can’t?

Do these feelings take a toll on your life?

Everyone has these feelings at times, but with trauma and addiction they may be so intense and out of control that they scare you or others. You may try to suppress them but then get triggered and explode. You may be obsessed with endless-loop thoughts of revenge. You may feel angry at everyone and everything. You may be ashamed of your dark feelings but have no idea what to do about them. People may say, “Stop thinking about it” or “I don’t want to hear it,” leaving you alone with what’s inside. You may direct the dark feelings at yourself as well as others.

Dark feelings have a magnetic pull. And for some people they’re more than a metaphor; they represent a dark physical place where these feelings arose – a prison, a basement, or a crack den. The feelings can be paralyzing, preventing you from moving on. Yet if understood, they can be directed toward healing. They are important feelings to pay attention to.

### The Many Versions of Anger

Many dark feelings are rooted in anger that has mutated into an unhealthy form. Hatred is a deeper, more extreme version of anger. Bitterness is anger mixed with helplessness. Rage is explosive anger. Contempt is anger turned into putdowns of other people. Sadism can be wanting others to feel the hurt that you feel. The term *anger* is used in this chapter because it’s at the core of many other feelings, but choose whatever language fits for you.

### Your Feelings Make Sense

Dark feelings are there for a reason. You may want to get rid of them as if they’re a cancer to be cut out, but anger isn’t bad in and of itself. It’s built into the biology of humans as protection against predators in the wild. Anger is like a

country's army: it gets called up to fight when there's a threat. Respect that it's there to protect you. In fact, not being able to feel anger can keep you just as stuck as too much anger. But when anger is too persistent or too intense, it's not healthy.

.....  
 "My father used to hit me when he was drunk. When I was 15, I decided to fight back. I didn't want to fight my own father, but I needed to feel that he couldn't totally dominate me. It helped me survive. But it's made it hard to be in close relationships, because I instinctively fight when there's a problem – a lot of yelling and sometimes it gets physical, which I'm not proud of. I haven't figured out how to get along without fighting."

Steve, a trauma survivor

.....

**How about you?** On an average day, how many hours/minutes are taken up with dark feelings? \_\_\_\_\_

### **Responding to Dark Feelings**

The goal is to *respond* to your dark feelings. This means you use active methods to transform your relationship with them; you become less consumed by them. Responding also means that you don't go to unhealthy extremes: too little or too much. "Too little" is when you ignore or suppress the dark feelings; then they burst out anyway in some form, such as blowing up or impulsively hurting yourself or others. "Too much" means you let out their full force without any filter; but this gets out of control and is dangerous.

### **Redirect the Energy**

If you direct the energy in your dark feelings toward healing, it can bring you to healthier emotional states.

.....

Michele writes, "I used to be angry at my own PTSD suffering. I used to be angry my trauma happened in the first place; no one shielded me from harm; no one could stop the horrific event from continuing. . . . On a bad day, I could add to my already deep depression with a powerful dose of anger and then – watch out! I was really a sight to behold. That depressive anger I usually turned inward came out with a ferocity that flayed anyone around me. I feel sorry for the people I directed it at, particularly my family. But 7 years ago this New Year's Eve I decided to take that angry energy and use it in a positive way: I decided to pursue joy and . . . it worked! All of that antsy angry energy spilled onto the dance floor and out of me. I became more peaceful, more tolerant; less angry, more . . . well . . . happy. Being angry at others is . . . time and energy that we really need to be channeling toward healing. Using that energy on ourselves can bring relief, so we shouldn't so easily give it away."

From Michele Rosenthal, *PTSD & Anger, Part 1: When We Hate Happy People*

.....

**How about you?** How can you redirect your angry energy?

### **Let Yourself Grieve**

Trauma and addiction come with many losses: loss of hope, innocence, trust, physical integrity, money, relationships, and freedom. You may have no idea how to grieve these. A survivor of child abuse said, "Growing up, if I was upset my parents would say 'Go to sleep and when you wake up your problems will be gone.' " As Jonathan Shay wrote in *Achilles in Vietnam*, during the Vietnam War, "Mourning was dreaded, perfunctory, delayed, devalued, mocked, fragmented, minimized, deflected, disregarded, and sedated." Underneath dark feelings there are often deep layers of hurt and sadness. Release those deeper feelings to convert your anger to a less toxic form.

### **Become Curious**

Explore your patterns . . .

- *Are you addicted to anger?* Rage can be a habit just like other addictions. Revenge fantasies can have an addictive quality – obsessing about them and spending too much time on them. If you're addicted to

anger, there's usually some degree of pleasure in it; it feels good in the moment, powerful and righteous.

- *Is anger part of substance use or withdrawal?* Cocaine, methamphetamine, and other drugs can create out-of-control paranoia and rage.
- *Is anger part of a medical illness?* Anger and rage attacks can be caused by overactive thyroid, traumatic brain injury, dementia, autism, and other conditions. Sometimes these go unidentified for years.
- *Does anger relate to early messages you learned?* Stuffing anger or being demeaned or punished for it can make it grow stronger, like a weed that pushes up through the concrete.
- *Are you part of a subculture that values anger?* For example, gangs live by violence and intimidation. Once you're in that culture it becomes normal.
- *Do you have major ongoing stress?* Erupting in anger may be a cry for help or a way to vent when stress puts you over the top. Trauma and addiction are stressful, and there is often added stress from unemployment, divorce, poverty, bullying, discrimination, and loss.
- *Is anger a way to feel heard?* If you believe that others don't understand you, anger may be a way to try to be heard. But they may listen less because they feel scared of you.
- *Does anger take you by surprise?* It may take over without warning. For example, some military veterans lash out physically at a partner in their sleep, never intending to.
- *Are you mirroring what was done to you?* You may erupt in hatred or rage in ways that mirror how you were treated.

Whatever the reasons for your dark feelings, staying curious about them can reveal new ways to work on them. For addictive anger, you can take strategies you're learning about addiction recovery and apply those to anger too. If your anger is based in stress, you can find better ways to manage stress. If you have a medical condition, you can seek help for it. If anger takes you by surprise, you can learn greater awareness. And so on.

**How about you?** What are your anger patterns?

### **Find a Mission Greater Than Your Rage**

People with dark feelings are often highly idealistic, valuing respect and fairness. Trauma and addiction erode these ideals, but you can rekindle them by finding some important mission. This is the basis for AA, Mothers Against Drunk Driving, domestic violence shelters, rape crisis programs, homelessness programs, and nonprofits of all kinds that have been created and nurtured by people in recovery from trauma or addiction. Pursuing a meaningful goal also creates distance between you and your dark feelings, which helps reduce their too-strong hold over you. You lose perspective when caught up too strongly in dark feelings; a life mission can bring that back. See "What the wounded can give back" (Chapter 34) for more about helping others while reinforcing your own recovery.

**How about you?** What goal is more important to you than your dark feelings?

### **Learn Flexibility, Like an Athlete**

If you're stuck in feelings, you need to gain flexibility. Just for an athlete, it takes a lot of practice, coaching, and exercise to develop that. With dark feelings, learn how they build up, how to coach yourself through them, how to shift out of them, how to be with others without letting the feelings take over. Find people who do it well and learn from them. Keep learning new, flexible methods.

**How about you?** How flexible are you with your dark feelings?

### **Protect Others from Your Rage**

Dark feelings such as rage can be scary to others, especially those close to you. Once you're in that zone you're no longer "you" – you're in a primitive brain, closer to a wild animal than your best self. You may feel justified, but your perception has narrowed to where you can't be reasonable and fair; you can't see another person's point of view.

So try to prepare ahead of time, while calm, for what others should do if you get that way. This keeps them safer and helps you preserve important relationships. If there's no preparation, they may cower, try to appease you, or lash out, which can incite your anger even more.

One idea is to create a code word or phrase that allows them to distance if they need to, such as “I need to be on my own right now” or just a word like “safe.” Then they can go to another room, out for coffee, or to any other safe place. This lets them set a boundary for self-protection, and it buys you time to calm down. Other plans can be developed based on the type of relationship and your own patterns. There might be a time limit in which you talk (but not yell) about your feelings and then stop; this prevents an endless retelling of gripes that reinforces rather than relieves the dark feelings. Another option is to collaborate on preparing a sequence of easy, low-key calming activities to do together such as watching TV or taking a walk but with no discussion of what you’re angry about until your feelings come down. Working with a couple or family counselor may help too.

**How about you?** Can you try any of the ideas in this section?

**Learn from Revenge Fantasies, but Don’t Act on Them**

Revenge fantasies are a sign of unmet needs. They can be a source of growth if you handle them the right way. There are three basic steps.

1. *Be clear that you can never act on the revenge fantasy in any way that would actually damage someone.* Fantasies are normal, whether they are about revenge, sex, or wish fulfillment, for example. Everyone has fantasies. But acting on them in any way that is unethical, illegal, or causes physical or emotional damage is never acceptable. Acting on a revenge fantasy, moreover, keeps you bound up with people who hurt you; it robs you of time; and it reinforces your powerlessness by keeping you stuck in a victim–perpetrator dynamic. It can also lead to jail and other real-world consequences.

2. *Explore the underlying needs in the fantasy.* Typical needs in revenge fantasies include:

- Wanting to have power over others or render them powerless.
- Having others feel the pain that you felt.
- Wanting others to acknowledge what they did to you.
- Getting an apology.

3. *Find ways to get your needs met in the present.* There’s no way to change the past, but you can find healthy, real ways to get your needs met now rather than focusing on the fantasy.

.....  
Mike was physically abused by his father and then bullied and humiliated by an older boy in middle school. “I want to find that kid now and set his house on fire. I’d leave a message in black char with the word ‘fag’ on it, which is what he tormented me with in school.” Mike went as far as researching where the man lived and how he would do it, which scared him.

Mike opened up to his counselor about the fantasy. They established that they could talk honestly about it but it could never, ever be acted on (step 1). Then they worked to identify Mike’s underlying needs (step 2): he wanted to feel respected rather than humiliated, powerful rather than powerless, and to have his sexuality accepted.

Mike worked with his counselor to brainstorm ways he could feel respected and powerful now (step 3). They tried having him rehearse in his mind standing up to the boy, creating a new ending to what happened back then. They tried having Mike become a “big brother” volunteer to a middle-school boy who was being bullied. They worked on writing a letter to the man who had bullied him, though they didn’t mail it. Mike also began to work out to feel physically stronger; and he and his counselor explored how he had been affected first by his father’s abuse and then by the bullying. The combination of these helped to lessen the intensity of his revenge fantasy by directing his energy back to the present in growth-oriented ways.  
.....

**How about you?** Do you have revenge fantasies? Can you go through the three steps either alone or with someone you trust?

**If There’s Danger of Violence, You Must Get Help**

If you’re in danger of harming yourself or others, it means you’re not able to manage your feelings on your own. Call

a hotline, go to an emergency room, make an appointment with a counselor – whatever ensures that you’re not alone with the darkness that has taken over. It will get easier if you get help.

Recovery Voices

***Brad – “I try really hard now to take responsibility for my feelings.”***

“I served three tours of duty in Iraq, and by the time I returned to civilian life I had a truckload of rage. That actually worked for me pretty well in the military for what I had to do. But when I came back, I saw the toll it took in everyday life. My friends stopped hanging with me; but the worst part was what it did to my wife and kid. Even though I never hit them, I could see fear replace the love that had been there. Behavior that felt so instinctive for me in the military was destroying my family. It dawned on me that I would scar them like I’d been scarred. My father was in the Army in World War II and came home a rageaholic; I didn’t want to become like him.

“This chapter reminds me that I’m not the only one who deals with feelings like this and that there are some ways out. So what do I do now? Anything and everything! I see the rage as part of my PTSD, and I can’t let it devour me. I’ve also come to see my rage attacks as an addiction just like substance addiction, and that’s helped me too. The biggest part of my growth has been to accept my flaws but to own my actions. I try really hard now to take responsibility for my feelings rather than directing them toward whoever’s in my path. I’m still triggered, but I try to remember that I can either choose to bully those around me or just try to relax in the face of stress and handle it without blowing up. Sometimes I walk away so I won’t take it out on people. I see the efforts my wife makes, and I love her for that, and I love my kid unconditionally. His lifelong happiness will depend on the choices I make, just like mine were by my dad’s. These days my family still sees a somewhat sullen and depressed man, but the love is starting to replace the fear in their eyes, and that means the world to me.”

## Excessive Behavior Scale [chapter excerpt]

### **PART A: TYPES OF EXCESSIVE BEHAVIORS**

Almost any behavior can become a problem *if you engage in it too much*. For example, some people have problems from excessive gambling, eating, sex, shopping, work, exercise, Internet use, pornography, hair-pulling, skin-picking, tanning, or tattooing. You may notice an excessive behavior in yourself based on any or all of the following:

- Spending too much time on it
- A feeling that you can't stop
- The toll it takes – money, medical, or legal problems; family or social problems (people complaining about it)
- Control issues: sometimes it makes you feel more in control but at other times out of control
- The compulsion to do it
- The pleasure you take in it

**On the next pages, circle each behavior that *may have been excessive for you for at least one month in the past year*. You do not have to be certain about it.** You can base it on what you notice about yourself or what others say about you. Be honest, even if you are embarrassed or unsure.

	<b>Excessive for at least 1 month in the past year?</b>
<b>a. Gambling</b> (lottery, keno, sports betting, poker, etc.)	Yes / Maybe / No
<b>b. Alcohol or drugs</b> (cocaine, marijuana, heroin, oxycodone, etc.) List which (if more than one, pick the worst one):	Yes / Maybe / No
<b>c. Working</b>	Yes / Maybe / No
<b>d. A leisure activity</b> (such as TV, watching sports, a hobby such as fishing, going to psychics, fantasy football, etc.). List which:	Yes / Maybe / No
<b>e. Exercising or doing a sport</b> (such as running or baseball)	Yes / Maybe / No
<b>f. Food</b> (too much or too little, i.e., bingeing or restricting). List which:	Yes / Maybe / No
<b>g. Use of electronics</b> (texting, email, web surfing, computer games). List which:	Yes / Maybe / No
<b>h. Body improvement</b> (such as tattooing, plastic surgery, tanning). List which:	Yes / Maybe / No
<b>i. A nervous habit</b> (e.g., hair pulling, skin picking, chewing ice, etc.). List which:	Yes / Maybe / No
<b>j. Sex-related activities</b> (such as pornography, sex, sexual fetishes). List which:	Yes / Maybe / No
<b>k. “Too loose” with money</b> (such as shopping or overspending). List which:	Yes / Maybe / No
<b>l. “Too tight” with money</b> (such as acquiring or hoarding money). List which:	Yes / Maybe / No
<b>m. Hurting self or others physically</b> (cutting, burning, hitting, etc.) List whether self or others: List which type of behavior:	Yes / Maybe / No
<b>n. Criminal activity</b> (such as stealing, setting fires, etc.) List which:	Yes / Maybe / No
<b>o. Relationships</b> (“co-dependency” or “love addiction”). List which:	Yes / Maybe / No

p. A specific emotion (anger or sadness, etc.). List which:	Yes / Maybe / No
q. Others? List which:	Yes / Maybe / No

## **PART B: SCREENING**

**Step 1:** Take the *first* excessive behavior that you checked off as Yes or Maybe in Part A and answer the grid of eight questions below in relation to that behavior. For example, if you checked off Yes or Maybe to *gambling*, answer each of the eight questions below in relation to *gambling*. In the *Comments* box, you can list any details that help you clarify your answers.

<b>When you think about your worst month* of that behavior in the past year</b>	0 Not at all	1 Some what	2 A lot	3 A great deal	<i>Comments?</i>
1. How much were you “caught up” in the behavior (doing it, thinking about it, etc.)?					
2. How ashamed are/were you about the behavior?					
3. How serious a problem was the behavior?					
4. Did you have losses from the behavior? ( <i>e.g., relationships, job, home, time, money, physical / emotional health</i> )					
5. How successful have you been at decreasing the behavior?					
6. How much control have you had over the behavior?					
7. How much did others say you had a problem with the behavior?					
8. Any other sign that the behavior was excessive? List the sign: Rate it on the scale					

\***“Worst month”** means the month in which you were most excessive in the behavior. For example, if your behavior was gambling, it would be the month in the past year in which you spent the most time/money on gambling or had the most severe consequences of gambling (getting into a major fight over it, losing your job over it, etc.). Note that “worst” is not a judgment of you – it is just identifying the most severe month of the behavior, in your opinion.

**Step 2:** Scoring. The higher your score, the more likely it is that you have a problem with the behavior. This scale is still being researched. For updates, email [info@treatment-innovations.org](mailto:info@treatment-innovations.org).

**Step 3:** Now go back to your list in Part A, take the next behavior you said Yes or Maybe to, and fill in the same eight-question grid for that behavior. *Continue after that to fill out a grid for each behavior you said Yes or Maybe to in Part A.*

## Body and Biology [chapter excerpt]

Circle one answer in each row in the table on the next page, thinking about the past 3 months. Use the words in the top row to guide your answers: *not at all/a little/moderately/a lot*. Don't focus on the numbers, as some rows have the numbers reversed for scoring purposes.

	Not at all	A little	Moderately	A lot
1. Are you physically healthy?	0	1	2	3
2. Do you take good care of your body?	0	1	2	3
3. Do you feel positive about sex?	0	1	2	3
4. Do you have any current physically oriented addictions (e.g., substances, food, shopping, sex, tanning, surgery, exercise)?	3	2	1	0
5. How much stress do you have in your life?	3	2	1	0
6. Is anyone, including you, directly harming your body (e.g., self-harm, domestic violence)?	3	2	1	0
7. How safe do you feel in your body?	0	1	2	3
8. When you look in the mirror, do you feel positive about your body (body image)?	0	1	2	3
9. Do you pursue high-risk physical activities (e.g., unsafe sex, dangerous sports, reckless driving, driving under the influence)?	3	2	1	0
10. Do you feel comfortable being touched by someone you like?	0	1	2	3
11. How aware are you of your body (its "moods," sensations, changes)?	0	1	2	3
12. Do you get necessary medical care (doctors and dentists, following up on their advice, etc.)?	0	1	2	3
13. Do you have any current medical conditions that affect your body in an ongoing way (e.g., chronic pain, diabetes, cancer, traumatic brain injury)?	3	2	1	0
14. Do you have any current mental health conditions that affect your body in an ongoing way (e.g., eating disorder, hair-pulling, skin picking)?	3	2	1	0
15. Do you ignore body pain or injury that you need to attend to?	3	2	1	0
16. How much do you appreciate your body, even with its flaws?	0	1	2	3



*Scoring:* Add up the numbers you circled. What is your total? \_\_\_\_\_ The closer your number is to 48, the more positive your relationship with your body.