Introduction

"Why can't you just say, 'No'?", "Why do you have to drink so much?", and "If you really love me, you'd stop!" These and other similar questions or accusations are common course in the lives of those struggling with substance use disorders. Yet there are in fact several understandable, if perhaps counterintuitive, reasons why individuals continue to use psychoactive substances, even when the costs are so obviously high across their lives (Ahmed & Pickards, 2019; Gire, 2002; Maté, 2011; West, 2005; West, Christmas, Hastings, & Michie, 2019a).

Research points out that one reason that many individuals fail to achieve and/or maintain sobriety is that they have inadequate coping skills for dealing with stressful situations and painful feelings (Marlatt & Gordon, 1980; Miller et al., 1996). Hence, they turn to psychoactive substances as an alternative coping mechanism since alcohol or other drugs provide immediate and quite effective short-term stress relief and comfort. Some researchers believe that the primary reason psychoactive substances are so addictive is because of their capacity for providing stress reduction and emotion regulation (Brewer et al., 1998). For individuals suffering from addiction, substance use often becomes their predominant response for coping with life's challenges (Litt et al., 2003; Maté, 2011).

For those in an addiction recovery process, relapse, despite the best of intentions and efforts to stop, is a daunting challenge in any sustained and

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successful effort to escape addiction (Brewer et al., 1998; Marlatt, 1985a). Individuals working on profound behavior change, like recovery from addiction, are confronted again and again with powerful cravings and compulsive thoughts regarding the maladaptive behaviors they are attempting to change (Brewer, 2017). Research has revealed a direct correlation between relapse to substance use after rehabilitation and deficits in skills for coping effectively with high-risk and stressful situations (Brewer et al., 1998; Connors et al., 1993; Irvin et al., 1999). Therefore, the key to preventing relapse is to gain and practice new skills for coping with both anticipated and potentially unforeseen challenges. Simply put, having reliably accessible and effective coping skills is a crucial predictor for successful and sustained recovery from substance use disorders (Marlatt, 1985b, 1988). For this very important reason, relapse prevention books or programs typically focus on teaching such skills.

Yet, simply acquiring these coping skills does not guarantee sustained recovery. This is evidenced by the fact that addiction treatment and relapse prevention programs have high rates of relapse, despite individuals having a plethora of skills available to them and often being highly motivated for recovery (Xie et al., 2005). What we will demonstrate in *Building Recovery Resilience* is that there is often a mind-body system that hinders individuals in recovery from effectively applying these skills and recovery practices and causes them to veer off their chosen recovery pathways (Block et al., 2016; Du Plessis et al., 2021; Ho & Nakamura, 2017). The approach outlined in this workbook will teach the reader how to recognize and "befriend" this hindrance – so that instead of it being an impediment, it can assist them to stay true to their chosen recovery pathways.

Our Approach

This workbook presents practices derived from the I-System Model and the psychological intervention Mind-Body Bridging which was developed by psychoanalyst, psychiatrist, and physicist Stanley H. Block and his wife and collaborator, Carolyn Block (Block & Block, 2007; Block et al., 2020). Mind-Body Bridging,[1] has successfully been used in the treatment of several mood and behavioral disorders,[2] and has been recognized as evidence-based

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for the treatment of substance use disorders (Block & Du Plessis, 2018; Block et al., 2016; Nakamura et al., 2015).[3]

Three central premises inform the approach presented in this workbook. The first premise, informed by the I-System Model, is that we possess an innate capacity for resilience, self-actualization and flourishing. Patricia Giannotti and Jack Danielian in their book, *Uncovering the Resilient Core*, state that, "[f]rom the very beginning of life, the mind (like the body) is in a continuing process of working to actualize itself. The process is inherent" (Danielian & Gianotti, 2017, p. 3). Yet, the I-System Model highlights that there is a mind-body system that can obstruct and hinder our innate resilience and our natural capacity for self-actualization.[i, 4] The practices outlined in this workbook have a primary focus of teaching the reader how to identify and manage this hindrance as it manifests in their activities of daily living. Clinical experience highlights that by identifying and managing this hindrance, which we refer to as "befriending" it, we can access our natural resilience (Nakamura et al., 2015). This allows one to efficiently apply coping skills and effectively work a recovery program. Our activities of daily living become the *dojo* (the Japanese term for practice hall) for applying these practices, which help unleash our innate resilience and capacity for self-actualization and flourishing, and thus sustain us in reaching our recovery and life goals.

The second premise that informs our approach is how we define addiction,[ii] and how this relates to recovery. There is no agreed upon definition of addiction, but most addiction specialists and researchers agree on some key elements (American Psychiatric Association, 2013; Du Plessis, 2023; West, 2005; West et al., 2019a; West, Marsden & Hastings, 2019b). Our definition is

i We use the term "flourishing" as an umbrella term for "happiness," "well-being," and "quality of life," as we believe this is one of the best constructs to define one of the central aims of the Recovery Resilience Program, and why we have included the Flourishing Scale at the end of each chapter.

ii For the purpose of this workbook we use the terms "addiction" and "substance use disorder" interchangeably. Although the techniques in this book can be applied to both substance use and behavioral addictions, the focus of the book is on the treatment of substance use disorders. In fact, we have found the use of the term "addiction" as sometimes preferable in work with our clients in recovery, insofar as the term derives from the Latin root, *addictus*, which means "bond servant" or "slave." Hence, addiction might be understood as "servitude" or "enslavement," the alternative to which is "liberation" or "freedom" – firsthand experiences with which virtually any individual addicted to substances might readily identify.

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congruent with conventional wisdom, research, and experience, but stresses one important feature that has particular relevance to the practices outlined in this workbook. We define addiction broadly and simply as a *disposition* to use psychoactive substances that is characterized by impaired control and harm. Thus, the definition of addiction we apply in this workbook views it from a dispositional perspective (proneness or tendency) that is context-dependent. Robert West and colleagues (West et al., 2019a, p. 168) define "disposition" in the context of cravings as "a latent characteristic that becomes expressed under certain conditions." This dispositional perspective highlights that individuals can vary in degrees of control depending on the context of the situation.[5] Accordingly, our approach incorporates a resiliency and strength-based approach and highlights that individuals in recovery can have the capacity to influence this disposition either by having awareness of factors that can make this disposition more likely or by having access to resources and practices that can make this disposition less likely.

The third premise, simply put, is that you cannot fix what is not broken. That is, we do not view people who experience addiction as broken. Best-selling author and recovery expert John Bradshaw presents the argument in his book *Healing the Shame that Binds You* that toxic shame is often the motivator behind addictive behaviors (as well as many other dysfunctional behaviors). He states that "[t]oxic shame gives you a sense of worthlessness, a sense of failing and falling short as a human being. Toxic shame is a rupture of the self with the self" (Bradshaw, 2005, p. 29). Toxic shame is a deep-seated belief that one is fundamentally flawed and simply not good enough as a human being. Shame often fuels substance use in a futile effort to medicate the overwhelming feelings associated with shame. Because individuals in recovery often feel flawed, not good enough, or damaged, they may feel that they need to be "fixed." Some of you reading this book might have thought this for so long that you think that it is true, that this shame is "just who I am," which may drive you to continually try and fix yourself. But these efforts are futile because we cannot fix an *illusion* or *fiction*.

The Greek myth of Sisyphus might be a useful analogy here. Sisyphus is depicted as one whose tricks and cunning as well as his hubris condemned him to eternally push a boulder uphill. However, as soon as he reached the top of the hill, the boulder would roll down and Sisyphus had to push it back up again, eternally. In trying to fix ourselves, we, like Sisyphus, keep pushing the

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boulder up the hill, only for it to roll down again. No matter how we try, we are caught in a perpetual cycle of trying to fix the illusory damage induced by a shame-based belief system. All types of addiction could be seen as one of being caught, like Sisyphus, in a futile and perpetual cycle. This workbook will help you to stop trying to "fix what ain't broke," and guide you in liberating yourself from that shame-based cycle. The approach outlined in this workbook does not aim to fix you, because, as you will see, there indeed is nothing to fix.

The Aim of the Workbook

This workbook outlines the **Recovery Resilience Program**, a person-centered, strength and resiliency-based relapse prevention and recovery-oriented intervention designed for individuals in addiction recovery. It will assist you in developing a **Recovery Resilience Practice** that will facilitate your addiction recovery process by enhancing your capacity to effectively work a recovery and relapse prevention program.[6] The practices presented in this workbook enhance **"recovery resilience"** – a term we use to refer to an individual's capacity to effectively apply coping and self-regulation skills in dealing with cravings, triggers, stress, and high-risk situations without reverting to substance use.

The concept of recovery resilience has commonality with the notion of *recovery capital*, a phrase used in recovery communities to refer to the sum of all internal and external resources that a person has available to initiate and maintain their ongoing recovery process (Cloud & Granfield, 2004). William White defines recovery capital as "conceptually linked to natural recovery, solution-focused therapy, strengths-based case management, recovery management, resilience and protective factors, and the ideas of hardiness, wellness, and global health" (White & Cloud, 2008, p. 23). The notion of recovery capital reflects a move away from a focus on pathology or brokenness to one of a resilience-based recovery approach – which is congruent with the Recovery Resilience Program presented in this workbook. White defines three types of recovery capital: personal recovery capital – which includes an individual's physical and human capital; family/social recovery capital – these resources relate to intimate relationships with friends and family,

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relationships with people in recovery, and supportive partners; and cultural capital – these resources resonate with an individual's cultural and faith-based beliefs (Foote et al., 2014; White & Cloud, 2008).

Although the Recovery Resilience Program acknowledges the importance and value of all three types of recovery capital, the primary focus is on strengthening personal recovery capital.[7] Recovery resilience specifically relates to the internal resources of the individual, and the aim of a Recovery Resilience Practice is to strengthen your internal resources, by removing what hinders your capacity to draw upon or use other facets of your recovery capital (e.g., skills, tools, knowledge), which will help prevent relapse, promote flourishing[8] and enable you to live the good life.[9]

The Recovery Resilience Program outlined has one simple aim – to help you stay true to your recovery pathway and to help you reach your recovery and life goals, thus enabling you to flourish. Although there is a hindrance that can steer you off course, we will teach you how to "befriend" it, which will allow you to course-correct moment to moment as you go about your activities of daily living. In this way, the hindrance becomes a compass that helps you stay on your recovery pathway.

How to Use This Workbook

This workbook is designed to be an adjunct to relapse prevention programs and the recovery practices of individuals in addiction recovery.[iii] The Recovery Resilience Program is ideally suited for individuals who have undergone initial inpatient or intensive outpatient treatment and continue to be motivated for sustained recovery.[10] Additionally, it may also be useful for individuals following a harm reduction approach, as a Recovery Resilience Practice is about "progress not perfection"[11] and therefore can serve as an adjunct to harm reduction programs.[12]

iii The authors would like to acknowledge and express their gratitude to Dr. Stanley Block and Carolyn Block, the developers of the I-System Model and Mind-Body Bridging, for their input in the writing and conceptualization of this workbook.

The Recovery Resilience Practice you will develop by completing this workbook is not meant to replace any of your existing recovery practices, but instead is designed to positively augment your unique recovery pathway and help you access and optimally use your recovery capital. A Recovery Resilience Practice is compatible with most recovery pathways, as well as harm reduction approaches. And its compatibility with Twelve-Step programs is emphasized because in addition to us being advocates of Twelve-Step programs, many readers of this workbook will already be engaged in a Twelve-Step fellowship and/or be participating in a Twelve-Step-oriented treatment program. Thus, a Recovery Resilience Practice is designed to support and enhance these programs. We strongly recommend that you participate in a community-based support group like the Twelve-Step program or a similar peer support group.

The workbook outlines a structured approach to progressing through the Recovery Resilience Program that can be completed within a concentrated time frame – we recommend a minimum of four to eight weeks. Each chapter in the workbook serves as a building block for the next, introducing a sequence of exercises that teach, through direct experience, aspects of a Recovery Resilience Practice as well as providing the underlying rationale for each of these practices. For all the exercises in the workbook, we will provide examples that serve as a guide for completing the exercises. We have included two scales at the end of each chapter to help you to monitor your Recovery Resilience Practice development and improvement in your subjective well-being or flourishing (Diener et al., 2010).[13]

We recommend you directly experience and live the practices introduced in each part for at least one to two weeks before moving onto the next chapter. As jazz saxophonist Charlie Parker observed: "If you don't live it, it won't come out of your horn." Which is to say: your Recovery Resilience Practice and your recovery will be sustainable only if you "live it."

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