

Be Kind to Yourself in Recovery

Deep Dives · The Recovery Files

A guided intensive on self-compassion, self-forgiveness, and learning to treat yourself the way you would treat someone you love.

Recovery Made Simple • Father Martin's Legacy

Self-Cruelty · Shame, self-attack, relapse risk · Self-Kindness · Compassion, resilience, recovery · A Note Before You Begin

This intensive asks something of you that may feel unfamiliar, even dangerous: to extend the same patience, care, and grace you offer to others inward — toward yourself. You don't have to believe you deserve it yet. You just have to be willing to practice it. Start there.

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Each reading is followed by its check-in questions and exercises, in the same order as the app. Your scored results are shown in the app.

PART 1 OF 5 · READING

What Does It Mean to Be Kind to Yourself?

Most people in recovery have no difficulty extending kindness to others. They can listen patiently to a struggling friend, forgive a family member's misstep, offer encouragement to a newcomer at a meeting. But when the person in front of them is themselves — when the one who stumbled, failed, or fell short is the person in the mirror — that same generosity vanishes, replaced by a relentlessness that they would never inflict on anyone they loved.

Self-kindness is not what many people in early recovery fear it is. It is not letting yourself off the hook. It is not minimizing the harm caused, avoiding accountability, or deciding that the rules don't apply to you. The culture of recovery — with its emphasis on rigorous honesty, making amends, and character defects — sometimes inadvertently teaches people that self-criticism is the price of redemption: that you earn your recovery by being sufficiently hard on yourself. This belief is not just wrong. It is clinically dangerous. Research by Dr. Kristin Neff, the leading scientific authority on self-compassion, consistently finds that self-criticism is associated with higher levels of anxiety, depression, fear of failure, and addiction relapse — while self-compassion is associated with greater resilience, motivation, and sustained behavioral change.

Self-kindness, properly understood, is the practice of treating yourself the way you would treat a dear friend who was going through exactly what you are going through. It means acknowledging your pain without dramatizing it. Recognizing your mistakes without catastrophizing them. Holding yourself accountable without condemning yourself as irredeemably defective. It means meeting yourself where you are — imperfect, struggling, growing — with the same patient, honest, encouraging warmth you would bring to someone you genuinely love.

For people in recovery, self-kindness has three concrete dimensions. The first is self-care — the daily practices that honor your body, mind, and spirit as worth tending to. The second is self-compassion — the ability to acknowledge suffering, failure, and imperfection without collapse or cruelty. The third is self-forgiveness — the willingness to process guilt and shame, make amends where possible, and release what cannot be changed.

Father Martin, whose legacy animates so much of the best in addiction recovery, understood this intuitively. He met people where they were, without judgment and without cruelty, and helped them understand that they were worth recovering. That message — you are worth it — is not just motivational language. It is the clinical foundation of lasting recovery. You cannot sustainably build something you do not believe deserves to exist.

Reflection Questions

1. When you imagine treating yourself with the same kindness you would offer a close friend in recovery, what shifts? What resistance do you notice?

2. What has the voice of self-criticism told you about why you deserve harsh treatment? Where did that voice come from originally?

3. Have you confused self-kindness with avoiding accountability? How are they actually different in practice?

4. On a scale of 1–10, how kind are you to yourself on a typical day? What does a "10" — genuinely kind self-treatment — look like for you?

5. What is one small act of self-kindness you have been withholding from yourself that you could begin practicing today?

CHECK YOURSELF · CHECK-IN 1 OF 5

Compassionate Self-Awareness

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I struggle to observe my own thoughts and feelings without immediately judging them

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. When I am suffering, my first instinct is to push the feeling away rather than acknowledge it with care

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I find it difficult to hold my own pain with the warmth I might bring to a friend's pain

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I tend to minimize my struggles ("others have it worse") rather than acknowledging them

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I lack a regular reflective practice (journaling, prayer, therapy) that helps me check in with myself

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I am more aware of my shortcomings than I am of my strengths and growth

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I find it difficult to be present with my own experience without catastrophizing or analyzing it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I rarely pause in the midst of difficulty to consciously offer myself comfort or care

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Worksheet 1: Self-Compassion Baseline

How Do You Actually Treat Yourself Right Now?

Why a Baseline Matters

You cannot change a pattern you haven't clearly seen. This worksheet creates an honest snapshot of how you currently respond to yourself in the moments that matter most.

Missing recovery commitments

Scenario: You miss a meeting you committed to attending

My actual inner response — the first voice I hear:

The physical sensation this response produces in my body:

What I would say to a close friend in this exact situation:

The gap between what I'd say to a friend vs. what I say to myself:

Interpersonal failure

Scenario: You snap at a family member and say something hurtful

My actual inner response — the first voice I hear:

The physical sensation this response produces in my body:

What I would say to a close friend in this exact situation:

The gap between what I'd say to a friend vs. what I say to myself:

Craving or urge experience

Scenario: You have a craving that feels overwhelming and frightening

My actual inner response — the first voice I hear:

The physical sensation this response produces in my body:

What I would say to a close friend in this exact situation:

The gap between what I'd say to a friend vs. what I say to myself:

External loss or setback

Scenario: You receive news of a setback — lost job, relationship breakdown

My actual inner response — the first voice I hear:

The physical sensation this response produces in my body:

What I would say to a close friend in this exact situation:

The gap between what I'd say to a friend vs. what I say to myself:

Relapse

Scenario: You relapse after a period of sustained recovery

My actual inner response — the first voice I hear:

The physical sensation this response produces in my body:

What I would say to a close friend in this exact situation:

The gap between what I'd say to a friend vs. what I say to myself:

Recovery achievement

Scenario: You complete a difficult step in your recovery work

My actual inner response — the first voice I hear:

The physical sensation this response produces in my body:

What I would say to a close friend in this exact situation:

The gap between what I'd say to a friend vs. what I say to myself:

Baseline Patterns

1. Looking across all six scenarios, what consistent patterns do you notice in how you treat yourself when things go wrong?

2. In which scenario was the gap between friend-talk and self-talk widest? What does that reveal about your most vulnerable area?

3. When things go right — like in the achievement scenario — how kind are you then? Is self-kindness only available when you are doing well?

4. Write one sentence that captures your current default relationship with yourself.

PART 2 OF 5 · READING

The Shame Machine: How Self-Cruelty Drives Relapse

Shame is not guilt. This distinction — seemingly simple — is one of the most clinically significant in all of addiction recovery. Guilt says, "I did something bad." Shame says, "I am bad." Guilt is a response to behavior; it motivates repair and change. Shame is a judgment about the self; it motivates hiding, escape, and — for people with substance use disorders — using.

Dr. Brené Brown's decades of research on shame have established something that every clinician and every person in recovery needs to understand: shame is the most highly correlated human experience with addiction, depression, violence, and suicide. Not guilt — shame. The conviction that you are fundamentally defective, unworthy, irredeemable, or beyond repair is not just emotionally painful. It is biochemically activating. Shame triggers the same physiological stress response as physical danger. And for a brain that learned early in the addiction cycle that substances relieve exactly this kind of unbearable internal pressure, shame is among the most powerful relapse triggers in existence.

The shame machine in addiction recovery runs like this: a person makes a mistake — in behavior, in recovery work, in relationship. Instead of processing the event as a failure (something that happened) they process it as evidence of their fundamental nature (what they are). The shame generated is overwhelming. The brain's historical solution to overwhelming internal pressure is the substance. Without the development of specific skills for tolerating and processing shame, the relapse cycle is almost inevitable.

Self-cruelty — the sustained practice of harsh self-judgment, contemptuous self-talk, and relentless internal criticism — is also neurologically destructive. Research shows that self-criticism activates the brain's threat-detection systems just as reliably as external criticism does. The inner critic is experienced by the nervous system as a genuine threat — and the body responds accordingly, with elevated cortisol, fight-or-flight activation, and the cascade of consequences that chronic stress produces.

Here is the liberation that research offers: self-compassion is not a weaker response to failure than self-criticism. It is a more effective one. Studies consistently show that people who treat themselves with compassion after failure are more likely to try again, more likely to maintain behavioral change over time, and more likely to reach out for help when they are struggling. Self-compassion activates the brain's caregiving system — and that system is the neurological opposite of the threat system that shame activates. When you practice self-compassion, you are quite literally turning off the machinery that drives shame-based relapse.

Reflection Questions

1. Can you distinguish between guilt and shame in your own experience? Give a specific example of each from your recovery.

2. How has shame — the belief that you are fundamentally defective — driven your substance use or your relapse patterns? Be as specific as you can.

3. What is the voice of your inner critic like? How harsh is it? Would you speak to anyone you loved the way it speaks to you?

4. Have you experienced self-criticism as a relapse trigger — where the shame spiral led directly toward wanting to use? Describe what that cycle looked like.

5. What would it mean for your recovery to treat every failure, mistake, and setback with compassion rather than contempt? What would change?

CHECK YOURSELF · CHECK-IN 2 OF 5

Self-Criticism & Inner Harshness

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I speak to myself more harshly than I would ever speak to a person I care about

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. When I make a mistake in recovery, my first response is to attack or condemn myself

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I find it difficult to move past a failure without extended periods of self-punishment
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. My inner critic is a constant, loud, and often brutal presence in my daily life
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I hold myself to standards of perfection that I would never apply to others
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I believe that being hard on myself is what motivates me and prevents future mistakes
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I replay past failures repeatedly in my mind, revisiting the shame again and again
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. When someone compliments or encourages me, I dismiss or deflect it rather than receiving it
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

CHECK YOURSELF · CHECK-IN 3 OF 5**Shame & Guilt Patterns**

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I believe I am fundamentally flawed or broken in a way that others are not
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I carry a deep sense of shame about who I am, not just about what I have done
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I feel unworthy of the good things that recovery is bringing into my life
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I am afraid that if people truly knew me — all of it — they would reject me
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. My shame keeps me from reaching out for help when I am struggling
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I confuse guilt (what I did was wrong) with shame (I am wrong), collapsing them into one
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I have used shame as a relapse trigger — the shame spiral leading directly toward using
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I believe I need to earn the right to forgive myself before I can practice self-compassion
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE**Worksheet 2: The Inner Critic Audit**

Naming the Voices That Harm You

The Critic Has Many Faces

The inner critic is not one voice — it is a chorus, and each voice uses a different strategy to keep you small, ashamed, and afraid. Naming the voices is not the same as obeying them.

The Punisher

"You deserve to suffer for what you've done. Pain is the price of what you cost others."

How familiar is this voice? Rate its presence (0 = absent, 10 = constant)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What specific words does this voice use with YOU? Write its script:

Where did this voice originate? Who first used these words or this tone with you?

The compassionate response — what truth directly counters this voice?

The Perfectionist

"You should have done better. A truly recovering person wouldn't have made that mistake."

How familiar is this voice? Rate its presence (0 = absent, 10 = constant)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What specific words does this voice use with YOU? Write its script:

Where did this voice originate? Who first used these words or this tone with you?

The compassionate response — what truth directly counters this voice?

The Catastrophist

"This is proof you'll never change. One mistake confirms the whole story."

How familiar is this voice? Rate its presence (0 = absent, 10 = constant)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What specific words does this voice use with YOU? Write its script:

Where did this voice originate? Who first used these words or this tone with you?

The compassionate response — what truth directly counters this voice?

The Comparator

"Look at everyone else in recovery — they're doing so much better. You're the worst case."

How familiar is this voice? Rate its presence (0 = absent, 10 = constant)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What specific words does this voice use with YOU? Write its script:

Where did this voice originate? Who first used these words or this tone with you?

The compassionate response — what truth directly counters this voice?

The Fortune Teller

"It's only a matter of time. You will relapse. You always do. Why even try?"

How familiar is this voice? Rate its presence (0 = absent, 10 = constant)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What specific words does this voice use with YOU? Write its script:

Where did this voice originate? Who first used these words or this tone with you?

The compassionate response — what truth directly counters this voice?

The Minimizer

"You don't get to feel good about small progress. Others have done far more with far less."

How familiar is this voice? Rate its presence (0 = absent, 10 = constant)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What specific words does this voice use with YOU? Write its script:

Where did this voice originate? Who first used these words or this tone with you?

The compassionate response — what truth directly counters this voice?

The Unworthy Narrator

"You don't deserve the support you're receiving. Real recovery is for people better than you."

How familiar is this voice? Rate its presence (0 = absent, 10 = constant)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What specific words does this voice use with YOU? Write its script:

Where did this voice originate? Who first used these words or this tone with you?

The compassionate response — what truth directly counters this voice?

The Identity Labeler

"You're an addict. That's what you are. No amount of recovery changes what you fundamentally are."

How familiar is this voice? Rate its presence (0 = absent, 10 = constant)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What specific words does this voice use with YOU? Write its script:

Where did this voice originate? Who first used these words or this tone with you?

The compassionate response — what truth directly counters this voice?

Audit Summary

1. Which voice is loudest and most persistent? What specific situations trigger it?

2. Across all the voices you identified, what is the single core message they are trying to deliver about who you are?

3. Write a direct response to that core message — not from defense, but from evidence and compassion.

4. What would change in your recovery if these voices lost 50% of their power? What becomes possible?

PART 3 OF 5 · READING

The Science of Self-Compassion: Three Components That Change Everything

Dr. Kristin Neff identifies three core components that together constitute genuine self-compassion. Understanding these components — and recognizing how recovery specifically disrupts each one — gives you a precise framework for the work of being kind to yourself.

The first component is self-kindness versus self-judgment. This is the most visible dimension of self-compassion: treating yourself with warmth and understanding rather than harsh criticism when you suffer, fail, or feel inadequate. Self-kindness does not mean you approve of everything you have done. It means you recognize that being imperfect, making mistakes, and encountering difficulties is part of the universal human experience — and you respond to your own pain and failure with the same gentle patience you would bring to a suffering friend.

The second component is common humanity versus isolation. One of the most psychologically devastating effects of addiction is the experience of profound uniqueness in suffering: "No one else has done what I have done. No one else has fallen as far. No one else feels what I feel." This conviction of unique defectiveness deepens shame and cuts people off from the connection that is healing. Common humanity is the recognition that suffering, imperfection, failure, and struggling are not signs of individual brokenness — they are simply the shared texture of human life. You are not uniquely broken. You are a human being who suffered and sought relief and lost your way, as humans do.

The third component is mindfulness versus over-identification. Mindfulness, in Neff's model, means holding your painful thoughts and feelings in balanced awareness — neither suppressing them nor dramatizing them. Over-identification is the tendency to get swept away by negative thoughts and emotions, to become so fused with the narrative of your pain, failure, or shame that you cannot see outside it. Mindfulness interrupts the spiral by creating a small but crucial distance: not pushing the feeling away, but seeing it clearly — as a feeling, not a fact; as a moment, not a life sentence. "I am noticing feelings of shame" is a fundamentally different experience than "I am shameful."

When these three components operate together in response to difficulty — self-kindness, common humanity, and mindfulness — they produce a quality of inner experience that is simultaneously honest, gentle, and grounded. You see clearly what happened. You hold it with care. You know you are not alone in it. This is the ground state from which genuine healing, genuine accountability, and genuine change become possible.

Reflection Questions

1. Of the three components — self-kindness, common humanity, and mindfulness — which is easiest for you to practice? Which is most difficult? Why?

2. How has the experience of isolation in your addiction — the feeling of being uniquely broken — shaped your recovery? What shifts when you hold common humanity instead?

3. Describe a recent experience of over-identification — being swept away by a shame spiral or a catastrophic self-narrative. What triggered it and how long did it last?

4. Try this right now: bring to mind something in your recovery you feel bad about. Then apply Neff's three components. What changes about the experience?

5. What would practicing self-compassion as a daily skill — like a recovery tool you deploy deliberately — look like in your life?

YOUR EXERCISE

Worksheet 7: The Self-Compassion Break

A 30-Second Practice for the Hardest Moments

Three Steps. Thirty Seconds. Any Situation.

Dr. Kristin Neff's Self-Compassion Break is one of the most evidence-validated practices in positive psychology. It requires no materials, no privacy, no special state. It requires only the willingness to pause and choose how you respond to yourself.

The Three Steps

1. Acknowledge the Suffering

Say to yourself: "This is a moment of difficulty. This is suffering. This is pain." Just naming it, without running from it or amplifying it. You are naming reality.

2. Connect to Common Humanity

Say: "Suffering is part of being human. I am not alone in this. Others feel this way too." You are locating your pain within the universal human experience.

3. Offer Yourself Kindness

Place a hand on your heart and say: "May I be kind to myself. May I give myself what I need. May I accept myself as I am." The physical gesture activates the caregiving system.

Practice Rounds

Practice the self-compassion break with three specific situations from your recovery.

Practice Round 1

The situation I'm working with:

Describe the difficulty or painful moment...

Step 1 — My acknowledgment:

"This is a moment of..."

Step 2 — My common humanity statement:

"I am not alone because..."

Step 3 — My kindness offering:

"May I..."

What I noticed before vs. after:

Physical sensation, emotional tone, any shift...

Practice Round 2

The situation I'm working with:

Describe the difficulty or painful moment...

Step 1 — My acknowledgment:

"This is a moment of..."

Step 2 — My common humanity statement:

"I am not alone because..."

Step 3 — My kindness offering:

"May I..."

What I noticed before vs. after:

Physical sensation, emotional tone, any shift...

Practice Round 3

The situation I'm working with:

Describe the difficulty or painful moment...

Step 1 — My acknowledgment:

"This is a moment of..."

Step 2 — My common humanity statement:

"I am not alone because..."

Step 3 — My kindness offering:

"May I..."

What I noticed before vs. after:

Physical sensation, emotional tone, any shift...

PART 4 OF 5 · READING

Self-Compassion Is Not Weakness: Clearing the Misconceptions

Nothing blocks the practice of self-compassion more reliably than the misconceptions about what it is. In recovery culture, which prizes rigorous honesty, personal responsibility, and the "tough love" tradition, the idea of self-compassion can feel dangerously soft. These concerns are real and deserve serious engagement. The good news is that they are based on a misunderstanding of what self-compassion actually is and what the evidence actually shows.

Misconception one: Self-compassion means making excuses and avoiding accountability. The opposite is true. Research consistently shows that self-compassionate people are more likely — not less likely — to acknowledge their mistakes and take responsibility for them. Self-criticism, paradoxically, often drives defensiveness: when the consequence of admitting failure is a brutal internal attack, the mind unconsciously resists the admission. Self-compassion creates the psychological safety that makes honest self-assessment possible. You can look clearly at what happened because you know that seeing it clearly will not destroy you.

Misconception two: Self-compassion will make me complacent. Research flatly refutes this. Self-compassionate people show higher levels of personal initiative, persist longer after failure, and report higher motivation for self-improvement. When failure is met with warmth rather than contempt, trying becomes safe — and when trying is safe, growth becomes possible.

Misconception three: Self-compassion is selfish or self-indulgent. In fact, self-compassion is what makes sustained generosity toward others possible. You cannot pour from an empty cup. Self-care is not selfishness; it is maintenance. Self-kindness is not indulgence; it is the minimum necessary care of the person you are and the person you are responsible to become.

Misconception four: I haven't earned self-compassion yet. This is perhaps the most common and the most heartbreaking misconception in recovery. Self-compassion is not a reward for successful recovery. It is the soil in which successful recovery grows. You don't become worthy of self-kindness by achieving milestones. You practice self-kindness, and from that practice — from that fundamental orientation of care toward yourself — the strength to achieve those milestones emerges.

The traditions of recovery themselves support this understanding. Step Eleven asks us to improve our conscious contact with a Power characterized by compassion, love, and grace rather than contempt and condemnation. The spirit of recovery is one of profound, courageous, humble care for a life worth living.

Reflection Questions

1. Which of the four misconceptions resonates most with your own resistance to self-compassion? Where did that belief come from?

2. Have you ever used self-criticism as a shield against fully acknowledging your mistakes? How did self-judgment protect you from seeing the truth clearly?

3. Can you think of a time when self-compassion actually helped you take more responsibility — not less? What made that possible?

4. What would you say to a newcomer in recovery who told you they don't deserve self-compassion yet? Does your answer apply to you?

5. How does your understanding of a Higher Power (or the spirit of recovery) align with or conflict with self-compassion? What do your spiritual or recovery traditions actually say about how you deserve to be treated?

CHECK YOURSELF · CHECK-IN 4 OF 5

Self-Forgiveness & Letting Go

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. There are things I have done in active addiction that I do not believe I can forgive myself for

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I understand intellectually that forgiveness is important, but I cannot access it emotionally

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I believe holding onto guilt and shame is a way of honoring those I have hurt
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. The weight of my past behavior is a significant current barrier to my recovery
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I confuse self-forgiveness with excusing my behavior or minimizing harm caused
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I have made amends where possible, but I still cannot release the weight of what happened
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I am more willing to forgive others for serious wrongs than I am to forgive myself
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. When I try to let go of past mistakes, I feel as though I am betraying accountability
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Worksheet 4: The Self-Forgiveness Letter

Writing Toward Release

What Self-Forgiveness Actually Is

Self-forgiveness is not a declaration that what happened was acceptable. It is the decision — made consciously, often painfully — to stop using your past as a weapon against your present self. It does not erase accountability. It releases you from the punishment that accountability has already satisfied.

Before You Write: Honest Inventory

1. What specific act, pattern, or period of addiction are you most struggling to forgive yourself for?

Name it specifically and honestly...

2. What accountability have you already taken? What amends or repair has already occurred?

Give yourself credit for what you have already done...

3. What has continued self-punishment actually accomplished?

An honest accounting...

4. What is still left unaddressed — genuinely — that self-forgiveness would require you to act on first?

If there is still legitimate action needed, name it...

5. What would releasing this weight make possible in your recovery and your life?

What becomes available when you put this down...

Your Self-Forgiveness Letter

Write a letter of forgiveness to yourself. Address it to the version of you that needs to receive it most. Include: an honest acknowledgment of what happened without minimizing or catastrophizing; compassion for the circumstances that led to it; recognition of the accountability you have already taken; and a genuine declaration of release. Write until you have nothing left to say.

To myself...

After the Letter

1. What was it like to write this letter? What emotions surfaced?

2. What line in the letter feels most true — most like something you genuinely believe?

3. Is there anything in the letter that you wrote but don't yet fully mean? What would need to happen for you to mean it?

4. Who might you share this letter with — a therapist, sponsor, or trusted person in recovery?

PART 5 OF 5 · READING

Daily Practices of Self-Kindness: Making It Concrete

Self-compassion is not a feeling you wait to have. It is a practice you choose to do — repeatedly, imperfectly, and with increasing skill over time. Like any practice in recovery — attending meetings, calling a sponsor, making amends — self-kindness requires deliberate, consistent action even when you don't feel like doing it, and especially when you feel most like you don't deserve it.

The self-compassion break is perhaps the simplest and most powerful practice available. When you notice you are suffering — when the inner critic is loudest, when shame is rising, when a mistake feels unbearable — pause and consciously apply Neff's three-step sequence. First, acknowledge the suffering: "This is a moment of difficulty. This is pain." Second, connect to common humanity: "Suffering is part of being human. I am not alone in this. Others go through this too." Third, offer yourself kindness: "May I be kind to myself in this moment. May I give myself what I need." This sequence takes thirty seconds. It can be done anywhere. It does not fix anything. It changes the relationship to what is happening, and that change is everything.

Self-talk auditing is the practice of noticing and deliberately changing the language you use toward yourself. Begin by simply listening — as if from a slight distance — to the internal monologue. Notice its tone, its content, its volume. Most people in early recovery are shocked when they first truly hear the savagery of their inner critic. Then practice translation: every time you catch a harsh self-statement, translate it into the language you would use with a person you genuinely love. "You're pathetic" becomes "You're struggling, and struggling is hard." The translation is not denial. It is a choice to speak a different language.

Self-care as self-respect is the practice of treating your physical, emotional, and spiritual needs as legitimate and worth meeting — not as indulgences you earn, but as basic maintenance of a life that matters. This includes sleep, nutrition, movement, and medical care. It includes emotional nourishment: time with people who see and value you, experiences that bring genuine joy or meaning, creative expression, spiritual practice. Self-care is not a reward for good recovery behavior. It is the platform on which recovery behavior becomes possible.

Finally, the gratitude practice is worth naming specifically in the context of self-kindness, because it is easy to confuse. Genuine self-kindness includes turning the gratitude practice inward: becoming genuinely grateful for yourself — for the courage that got you to a meeting when you didn't want to go, for the honesty in a hard conversation, for the step you took that you didn't have to take. The capacity to notice and honor your own effort and growth is not arrogance. It is the necessary acknowledgment that a human being is working hard to become someone worth being proud of.

Reflection Questions

1. Have you ever tried the self-compassion break or anything similar? What happened? If you have not, what stops you from trying it?

2. Spend a few minutes genuinely listening to your inner self-talk. What does it say? What tone does it use? Would you speak to anyone else this way?

3. What basic self-care practices have you been neglecting? Which of these feels most urgent? What one step could you take this week?

4. What is one thing you have done in your recovery — however small — that you genuinely deserve credit for? Can you hold that acknowledgment without deflecting or minimizing it?

5. What would a self-kindness practice look like built into your daily recovery routine? Be specific: when, what, and how?

CHECK YOURSELF · CHECK-IN 5 OF 5

Self-Care & Basic Needs

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I regularly neglect sleep, nutrition, or physical health as a low priority

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I find it difficult to set aside time for activities that bring me genuine rest or enjoyment

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I feel guilty when I attend to my own needs, as if I have not yet earned that right
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I struggle to identify what I actually need — emotionally, physically, or spiritually
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I prioritize the needs of others to such an extent that my own needs go unmet
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. My daily routine lacks structure or practices that reliably restore and nourish me
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I use self-neglect — not eating well, not sleeping, overworking — as a form of self-punishment
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I would describe my current relationship with my body and its needs as neglectful or adversarial
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Worksheet 10: My Self-Kindness Commitment

Building the Practice Into Your Recovery Life

Commitment Makes Practice Real

Insight without implementation is just information. The work you have done in this intensive only becomes recovery if it moves from the page into your daily life.

Daily Self-Kindness Architecture

Morning practice (within 30 minutes of waking):

A self-kindness practice to begin the day...

Mid-day check-in:

A brief pause to check in with yourself — what do you need right now?...

Evening reflection:

A nightly acknowledgment of effort and growth — what did you do well today?...

Emergency protocol:

What you will do the moment you notice the shame spiral or inner critic taking over...

Weekly practice:

A longer weekly self-kindness practice — journaling, therapy, a compassionate check-in...

My Self-Kindness Commitment Statement

Write your personal commitment statement — a declaration of how you choose to treat yourself in recovery, why it matters, and what you are committed to practicing. Write it in the present tense. Write it as if it is already true.

I choose to treat myself with kindness because...

A Reminder to Carry with You:

"You yourself, as much as anybody in the entire universe, deserve your love and affection." — Attributed to the Buddhist tradition. Self-kindness is not the reward for successful recovery. It is the soil from which recovery grows. Begin now. Not when you have earned it. Now.