

Situational Sobriety

Deep Dives · The Recovery Files

Breaking the Cycle of Crisis-Driven Abstinence

From the Revolving Door to a Foundation — The Recovery Files

Crisis · Forced stop · Comply · Go through motions · Improve · Pain fades · Return · Use resumes · ♻ · The revolving door — each rotation costs more

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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 4 · READING

The Pattern: Situational Sobriety and the Revolving Door

There is a form of sobriety that is not really sobriety at all. It looks like sobriety from the outside — the person stops drinking, attends meetings, goes to treatment, says the right things, passes the drug tests, satisfies the judge or the employer or the spouse. But it is not recovery. It is situational sobriety — abstinence produced by external pressure rather than internal transformation. And it has a shelf life that is directly linked to the shelf life of the crisis that created it.

Situational sobriety follows a pattern so predictable that clinicians can almost set a clock by it. The pattern has four phases, and they cycle with mechanical reliability:

Phase One is the Crisis. Something breaks — and it breaks badly enough that it can no longer be ignored, minimized, rationalized, or hidden. It might be an arrest. A DUI. A partner who packs a bag. A boss who calls you into the office. A doctor who says the word "liver." A child who says "I hate you when you drink." A blackout that ends in a hospital. A morning where you look in the mirror and don't recognize the person staring back.

The crisis is the moment when the consequences of drinking overwhelm the person's ability to maintain the fiction that everything is manageable. It is the moment of forced clarity — not chosen clarity, but clarity imposed by circumstances that have become impossible to deny.

Phase Two is the Response. The crisis generates action — but the action is reactive, not proactive. The person enters treatment because the judge requires it. Attends meetings because their partner is watching. Sees a therapist because their employer mandated it. Stops drinking because the alternative is jail, divorce, unemployment, or death.

This is not a person who has decided to recover. This is a person who has been cornered by consequences and is doing what is necessary to relieve the pressure. The distinction matters enormously, because the motivation is external — it comes from outside the person, from the consequences, the demands, the ultimatums — not from an internal recognition that their relationship with alcohol is fundamentally incompatible with the life they want.

Phase Three is the Improvement. And this is where the trap closes. Because situational sobriety works — temporarily. The person stops drinking. The consequences begin to recede. The legal situation stabilizes. The partner calms down. Work performance improves. Physical health returns. The fog lifts. The crisis atmosphere dissipates. Life begins to resemble normalcy again.

And here is the critical moment: the very improvement that sobriety produces becomes the evidence the addicted brain uses to argue that sobriety is no longer necessary. "See? Things are fine now. You handled it. The problem was that specific situation, not the drinking itself. You've proven you can stop when you need to. Now you can go back to normal — just more carefully this time."

Phase Four is the Return. With the crisis resolved, the external motivation evaporated, and the addicted brain's rationalization fully operational, the person returns to use. Not always

immediately. Sometimes there is a testing period — a drink at a social event, a beer with dinner, a glass of wine to "prove" control.

But the trajectory is set. The return to use begins, and it follows its own predictable escalation: moderate use → increased use → problematic use → consequences → crisis. And the cycle begins again.

This is situational sobriety. It is not a failure of character. It is not weakness. It is the predictable result of treating the symptoms of addiction — the consequences — without treating the disease itself. It is putting out the fire without fixing the wiring. It is bailing water without patching the hull. It is responding to what addiction does without addressing what addiction is.

And until the person understands this pattern — sees it clearly, names it honestly, and confronts what makes this time different — the revolving door will keep spinning.

Reflection Questions

1. How many times have you been through the four-phase cycle of crisis → response → improvement → return? Count your best estimate and consider what that number tells you.

2. Which type of crisis has most commonly triggered your sobriety attempts — legal, relational, professional, health, or something else? Do you see a pattern in what it takes to get your attention?

3. During Phase Two (the response), were you genuinely pursuing recovery or performing compliance? Be ruthlessly honest about the difference.

4. Can you identify the specific moment in Phase Three (improvement) where your brain began arguing that sobriety was no longer necessary? What did that internal conversation sound like?

5. What is different about this time? — and before you answer automatically, sit with the question. Is something genuinely different, or are you at risk of repeating the pattern?

CHECK YOURSELF · CHECK-IN 1 OF 5

Crisis-Driven Sobriety Patterns

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

1. My attempts at sobriety have typically been triggered by a specific crisis — arrest, health scare, ultimatum, or job loss

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have stopped drinking or using multiple times, but only because the consequences became too severe to ignore

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. When I think about what motivated my sobriety attempts, external pressure was always stronger than internal desire

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I have entered treatment, attended meetings, or seen a counselor primarily because someone else required it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. My sobriety has historically lasted only as long as the crisis that triggered it remained active

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I can identify a clear pattern: crisis happens, I stop using, things improve, I go back to using

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have promised to get sober to keep a relationship, job, or legal status — not because I wanted recovery for myself

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. Looking back honestly, I am not sure I have ever pursued sobriety purely because I wanted it for myself

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

CHECK YOURSELF · CHECK-IN 2 OF 5

Return to Use Patterns

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

1. I can identify a predictable timeline between when the crisis resolves and when I return to using

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. My return to drinking usually begins with the thought "I can control it this time" or "things are different now"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I typically test the waters gradually — starting with small amounts or in controlled settings before escalating

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I convince myself that the problem was the specific type of substance, the amount, or the circumstances — not the substance use itself

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I have returned to use after a period where life seemed to be going well — as if stability itself became a trigger

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. People in my life have expressed frustration or hopelessness about my cycle of stopping and starting

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. Each return to use has typically been worse than the previous episode — the consequences escalate over time

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I often feel a sense of relief or homecoming when I return to using, followed quickly by the realization that nothing has changed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

The Revolving Door Timeline

Mapping Every Cycle of Stopping and Starting

Instructions

Document up to five sobriety attempts — each trip through the revolving door. For each attempt, trace the four phases: what crisis started it, what the compliance looked like, when things improved and the motivation faded, and what the return to use looked like. If you have had more than five attempts, focus on the five most significant ones. Seeing the pattern laid out in sequence is one of the most powerful tools for breaking it.

Sobriety Attempt #1

Approximate date/year and how long did it last?

CRISIS

What crisis or consequence triggered this sobriety attempt? Be specific.

COMPLIANCE

What did "sobriety" look like? What were you doing — and what were you NOT genuinely doing?

IMPROVEMENT

When did things start improving? When did the urgency begin to fade? What thoughts appeared?

RETURN

How did the return to use happen? Was it sudden or gradual? What was the first thought, first drink, first lie?

Sobriety Attempt #2

Approximate date/year and how long did it last?

CRISIS

What crisis or consequence triggered this sobriety attempt? Be specific.

COMPLIANCE

What did "sobriety" look like? What were you doing — and what were you NOT genuinely doing?

IMPROVEMENT

When did things start improving? When did the urgency begin to fade? What thoughts appeared?

RETURN

How did the return to use happen? Was it sudden or gradual? What was the first thought, first drink, first lie?

Sobriety Attempt #3

Approximate date/year and how long did it last?

CRISIS

What crisis or consequence triggered this sobriety attempt? Be specific.

COMPLIANCE

What did "sobriety" look like? What were you doing — and what were you NOT genuinely doing?

IMPROVEMENT

When did things start improving? When did the urgency begin to fade? What thoughts appeared?

RETURN

How did the return to use happen? Was it sudden or gradual? What was the first thought, first drink, first lie?

Sobriety Attempt #4

Approximate date/year and how long did it last?

CRISIS

What crisis or consequence triggered this sobriety attempt? Be specific.

COMPLIANCE

What did "sobriety" look like? What were you doing — and what were you NOT genuinely doing?

IMPROVEMENT

When did things start improving? When did the urgency begin to fade? What thoughts appeared?

RETURN

How did the return to use happen? Was it sudden or gradual? What was the first thought, first drink, first lie?

Sobriety Attempt #5

Approximate date/year and how long did it last?

CRISIS

What crisis or consequence triggered this sobriety attempt? Be specific.

COMPLIANCE

What did "sobriety" look like? What were you doing — and what were you NOT genuinely doing?

IMPROVEMENT

When did things start improving? When did the urgency begin to fade? What thoughts appeared?

RETURN

How did the return to use happen? Was it sudden or gradual? What was the first thought, first drink, first lie?

Timeline Pattern Analysis

1. Looking at all your attempts laid out in sequence, what is the dominant pattern? What repeats? What is predictable?

2. How has the cycle changed over time — are the crises getting bigger? Is the time between cycles getting shorter? Are the consequences escalating?

3. What is the average time between "improvement" and "return to use"? Is there a predictable window where the revolving door opens?

4. What does this timeline tell you about the effectiveness of crisis-driven sobriety as a long-term strategy?

5. Looking at this timeline, what would you say to someone who told you "I can stop whenever I want to"?

YOUR EXERCISE

Crisis Catalog & Trigger Map

What It Took to Get Your Attention

The Escalation Pattern

Situational sobriety is triggered by crises — but not all crises are created equal. Most people find that it takes progressively larger crises to produce the same response. The first DUI was

terrifying. The second was alarming. The third was expected. This escalation is a hallmark of the disease: your tolerance for consequences increases alongside your tolerance for the substance.

Legal Consequences

Examples: DUI, arrest, court dates, probation, incarceration, protective orders

Have you experienced consequences in this category? Describe the most significant ones:

Did this consequence produce a sobriety attempt? How long did the sobriety last?

How long did the emotional impact of this consequence last before it faded enough for you to consider using again?

Relationship Consequences

Examples: Ultimatums, separation, divorce threats, custody issues, family interventions

Have you experienced consequences in this category? Describe the most significant ones:

Did this consequence produce a sobriety attempt? How long did the sobriety last?

How long did the emotional impact of this consequence last before it faded enough for you to consider using again?

Professional Consequences

Examples: Job loss, write-ups, performance reviews, EAP referrals, missed promotions

Have you experienced consequences in this category? Describe the most significant ones:

Did this consequence produce a sobriety attempt? How long did the sobriety last?

How long did the emotional impact of this consequence last before it faded enough for you to consider using again?

Health Consequences

Examples: Hospitalization, ER visits, diagnoses, physical collapse, medical warnings

Have you experienced consequences in this category? Describe the most significant ones:

Did this consequence produce a sobriety attempt? How long did the sobriety last?

How long did the emotional impact of this consequence last before it faded enough for you to consider using again?

Financial Consequences

Examples: Bankruptcy, eviction, debt, loss of assets, inability to pay bills

Have you experienced consequences in this category? Describe the most significant ones:

Did this consequence produce a sobriety attempt? How long did the sobriety last?

How long did the emotional impact of this consequence last before it faded enough for you to consider using again?

Social/Reputational Consequences

Examples: Public embarrassment, lost friendships, community standing, social isolation

Have you experienced consequences in this category? Describe the most significant ones:

Did this consequence produce a sobriety attempt? How long did the sobriety last?

How long did the emotional impact of this consequence last before it faded enough for you to consider using again?

Internal/Psychological Crisis

Examples: Suicidal thoughts, complete despair, moment of clarity, inability to look in mirror

Have you experienced consequences in this category? Describe the most significant ones:

Did this consequence produce a sobriety attempt? How long did the sobriety last?

How long did the emotional impact of this consequence last before it faded enough for you to consider using again?

Crisis Pattern Analysis

1. Which category of crisis has historically been the strongest trigger for sobriety? What does that tell you about what you value most — or what you fear losing most?

2. Have the crises needed to get bigger over time to produce the same response? Describe the escalation.

3. Are there categories where you have experienced significant consequences but still did NOT stop drinking? What does that reveal about the disease's power to override evidence?

4. What crisis has not yet happened that you are afraid might be next if the pattern continues? Be honest about where the trajectory is pointing.

PART 2 OF 4 · READING

The Fading Effect: Why Pain Doesn't Teach What It Should

One of the most confounding features of addiction is this: the very pain that drives a person to stop drinking loses its power to keep them stopped. The crisis that felt like the end of the world in January feels like a distant memory by June. The morning that was supposed to be "the last time" becomes a faded photograph — still technically visible, but drained of the color and urgency that once made it unbearable.

The pain teaches a lesson, but the lesson doesn't stick — and understanding why is essential for anyone who has ever found themselves returning to use after swearing they never would.

The fading effect operates on multiple levels. The first is neurochemical. Human memory is not a recording device — it is a reconstruction engine. Every time you recall an experience, your brain reassembles it from fragments, and each reassembly is subject to editing. Painful memories are particularly subject to this editing, because the brain has a built-in mechanism — called the fading affect bias — that diminishes the emotional intensity of negative memories more rapidly than positive ones.

This is actually a useful adaptation for general psychological health. Without it, humans would be paralyzed by the full emotional weight of every painful experience they ever had. But for the person with addiction, this bias becomes a loaded weapon aimed at their recovery. The pain that motivated sobriety literally fades faster than the pleasurable memories associated with use.

Six months after a crisis, the terror of the emergency room has softened to a dull echo, while the memory of the warm relaxation of that first drink remains vivid and inviting.

The second level is psychological — the operation of what recovery literature calls "selective memory" and what clinicians recognize as cognitive distortion in service of the disease. The addicted brain is not a neutral observer of its own history. It is an advocate for the substance, and it selects, edits, and curates memories accordingly.

It remembers the golden hour — that window of time between the first drink and the onset of consequences, when the alcohol was working exactly as promised. It forgets the blackout. It remembers the camaraderie of the bar. It forgets the argument that happened afterward. It remembers the relief. It forgets the morning.

This is not a failure of memory. It is the disease of addiction doing what it does best — manufacturing justification for the next use.

The third level is social. As the crisis recedes, the people around the person begin to relax. The partner who issued the ultimatum starts to trust again. The employer who was watching closely turns their attention elsewhere. The probation officer's visits become routine. The family atmosphere shifts from crisis to cautious optimism.

And as the external pressure decreases, the internal motivation — which was never strong to begin with, because it was situational rather than foundational — decreases proportionally. The

surveillance lifts. The leash lengthens. And the space that was held by consequences is now empty, available to be filled by the addicted brain's whispered suggestion: "You're fine now. You've learned your lesson. You can handle it."

The fading effect explains why insight alone is not sufficient for recovery. You cannot pain yourself into permanent sobriety, because pain fades. You cannot scare yourself into permanent change, because fear attenuates. You cannot crisis your way into a recovered life, because crises resolve.

Something more durable than pain must take its place — a fundamental understanding of the disease, a restructuring of identity, a daily practice that doesn't depend on the volume of yesterday's consequences to maintain today's sobriety.

This is the difference between situational sobriety and genuine recovery: situational sobriety runs on the fuel of crisis, and when the fuel runs out, the engine stops. Recovery runs on a different fuel entirely — and learning to generate that fuel is the central project of early recovery.

Reflection Questions

1. Can you identify a specific instance where the pain of consequences faded and was replaced by selective positive memories of drinking? How long did the fading take?

2. What is your "golden hour" memory — the drinking experience your brain returns to when it wants to romanticize use? Describe it in detail, then honestly describe what happened after.

3. How have the people around you contributed to the fading effect — relaxing their vigilance, restoring trust prematurely, or stopping the conversations about your drinking once things improved?

4. If pain doesn't teach lasting lessons, what does? What would need to replace crisis as your primary motivation for sobriety?

5. Have you experienced the fading effect during your current sobriety? Are the consequences that brought you here already losing their emotional intensity? What are you doing about it?

CHECK YOURSELF · CHECK-IN 3 OF 5

Fading Consequences & Selective Memory

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

1. Once the immediate crisis passes, I find it difficult to remember how bad things actually were
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I notice that the pain, fear, and desperation that motivated my sobriety fades surprisingly quickly
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I start to question whether things were really that bad or whether I overreacted
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I find myself remembering the good parts of drinking while minimizing or forgetting the consequences
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. Other people seem to remember the damage of my drinking more clearly than I do
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I have caught myself thinking "it wasn't that bad" about situations that were, in fact, that bad
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. The further I get from the crisis, the less urgency I feel about staying sober
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I have returned to drinking partly because I convinced myself that the previous consequences were exaggerated or unlikely to happen again
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

The Fading Pain Inventory

Preserving What the Disease Wants You to Forget

Why This Exercise Exists

The fading effect is one of the most dangerous features of addiction. The pain that motivated your sobriety will diminish — this is neurologically certain. This exercise creates a written record of the consequences in their full emotional intensity, so that when the fading effect begins (and it will), you have something more reliable than your memory to consult.

Your Worst Moment

Describe in full detail the single worst moment of your active addiction — the moment that carried the most pain, shame, fear, or desperation. Write it as vividly as you can, including sensory details, emotions, and the exact thoughts running through your mind.

How intensely do you feel this memory right now (1-10)? Be aware that this number will decrease over time — that is the fading effect.

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

What "Bottom" Looked Like

Describe the circumstances that brought you to this current sobriety attempt. Not the sanitized version. Not the version you told the intake counselor. The real version — what it looked, smelled, tasted, and felt like.

How intensely do you feel this memory right now (1-10)? Be aware that this number will decrease over time — that is the fading effect.

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

The Faces You Hurt

Describe the faces of the people who were most affected by your drinking. Not their names — their faces. The expression on your child's face. The look in your partner's eyes. The disappointment on your parent's face. The concern on your friend's face. Write what you saw.

How intensely do you feel this memory right now (1-10)? Be aware that this number will decrease over time — that is the fading effect.

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

What Your Body Remembers

Describe the physical experience of your worst mornings — the shaking, the nausea, the dread, the inability to hold a cup of coffee steady, the sweat, the pounding heart. Your body carries memories that your mind will try to soften.

How intensely do you feel this memory right now (1-10)? Be aware that this number will decrease over time — that is the fading effect.

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

The Mirror Moment

Describe the moment when you looked at yourself — literally or figuratively — and did not recognize or could not tolerate what you saw. What did you see? What did you feel? What truth became undeniable?

How intensely do you feel this memory right now (1-10)? Be aware that this number will decrease over time — that is the fading effect.

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

Fading Effect Countermeasures

1. Create a plan: When will you re-read these entries? (Suggestion: weekly for the first 90 days, monthly thereafter.) Write your specific schedule.

2. Who in your recovery support system can you ask to remind you of these truths when the fading effect begins? Name them and describe what you want them to say.

3. Write a letter from your current self to your future self — the version of you who has started to forget, who is beginning to think "it wasn't that bad." What does your future self need to hear?

4. What is the earliest sign that the fading effect is active — the first thought or feeling that indicates the emotional weight of consequences is lifting? Name it so you can recognize it.

YOUR EXERCISE

Cumulative Cost Calculator

The Total, Not the Installment

Why Cumulative

Addiction is paid for in installments small enough to approve one at a time. No single night looks like a catastrophe, and that is exactly how the total gets so large without ever being examined. This exercise adds it up. Work in real numbers wherever you can — hours, dollars, names, years. A vague answer here is the same defense mechanism that let the total accumulate. If a figure frightens you, write it down anyway; that reaction is the finding.

Time Cost

Hours drinking or using, hours recovering, hours planning around it, hours lost to the fog of the next morning. Estimate a weekly figure, then multiply it out across the years.

Hours per week × weeks per year × number of years =

Describe one specific instance of this cost that you have never fully accounted for. One event, in detail.

How much of this cost is recoverable, and how much is permanent? Answer honestly — false hope and total despair are both ways of not looking.

Money Cost

Not only what you spent on the substance. Add the replacements, the repairs, the fines, the deposits lost, the jobs that paid less than the one before, the interest on what you borrowed.

Direct spend + consequential spend + income foregone =

Describe one specific instance of this cost that you have never fully accounted for. One event, in detail.

How much of this cost is recoverable, and how much is permanent? Answer honestly — false hope and total despair are both ways of not looking.

Relational Cost

Name the people. The ones who left, the ones who stayed but changed, the ones who never found out but got a smaller version of you anyway. Count the events you were absent for, physically or otherwise.

People lost, relationships altered, occasions missed:

Describe one specific instance of this cost that you have never fully accounted for. One event, in detail.

How much of this cost is recoverable, and how much is permanent? Answer honestly — false hope and total despair are both ways of not looking.

Health Cost

Sleep, liver, heart, teeth, weight, memory, the injury that never fully healed, the condition you were told about and did not act on. Include the mental health cost — the anxiety, the low mood, the years of it.

Current known damage, and the damage still accumulating:

Describe one specific instance of this cost that you have never fully accounted for. One event, in detail.

How much of this cost is recoverable, and how much is permanent? Answer honestly — false hope and total despair are both ways of not looking.

Self-Worth Cost

The promises broken to yourself, the standards quietly lowered, the version of you that you stopped expecting to become. This is the cost people report as the heaviest and quantify the least.

What you now believe about yourself that you did not believe before:

Describe one specific instance of this cost that you have never fully accounted for. One event, in detail.

How much of this cost is recoverable, and how much is permanent? Answer honestly — false hope and total despair are both ways of not looking.

Opportunity Cost

The career that went to someone else. The training not taken, the move not made, the relationship not pursued, the business not started. Not what was taken from you — what never happened because you were occupied.

The doors that closed while you were elsewhere:

Describe one specific instance of this cost that you have never fully accounted for. One event, in detail.

How much of this cost is recoverable, and how much is permanent? Answer honestly — false hope and total despair are both ways of not looking.

The Total

Having written all six, how heavy is the true total compared with what you carried in your head before starting this exercise?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

1. Which of the six is largest? Is it the one you talk about, or is the one you talk about simply the easiest to say out loud?

2. Which cost were you most reluctant to put a real number on? What does the reluctance protect?

3. Every relapse is a decision to add another installment to this total. Write what the next installment would cost, in the terms you just used — not in general, in numbers.

4. This exercise is the antidote to Exercise 3, the fading of pain. Which single figure from these six do you most need to keep in front of you when the memory starts to soften?

5. Write a closing statement of account: "Addiction has cost me ___ hours, ___ dollars, these people ___, this health ___, and this version of myself ___. What I am not willing to add to that total is ___."

PART 3 OF 4 · READING

Compliance vs. Commitment: The Difference Between Not Drinking and Recovering

There is a distinction that every person in early recovery must eventually confront, and the longer it takes to confront it, the more dangerous the delay becomes. The distinction is this: there is a vast and consequential difference between not drinking and recovering.

They look similar from the outside. They can occupy the same physical space — the same treatment center, the same meeting room, the same sober household. But they are fundamentally different experiences, driven by fundamentally different motivations, producing fundamentally different outcomes.

Not drinking is the absence of a behavior. Recovery is the presence of a transformation.

Not drinking removes the substance. Recovery addresses the person.

Not drinking responds to external pressure. Recovery responds to internal recognition.

Not drinking says "I can't drink right now because the consequences are too high." Recovery says "I don't want to live the way I was living, and I understand that the substance was central to that way of living."

The difference is not academic. It is the difference between a revolving door and an exit.

Compliance is the most common form of not-drinking-without-recovering. The compliant person attends the required sessions. They answer the therapist's questions without revealing anything that might extend their treatment. They attend the number of meetings their probation officer requires. They pass their drug tests. They show up to family therapy and say enough to keep the peace.

They perform recovery — they adopt the vocabulary, they follow the schedule, they produce the appearance of engagement — while internally, they are unchanged. They are waiting. They are serving a sentence. They are enduring an interruption to their drinking career, biding their time until the external constraints are removed and they can safely return to use.

Compliance feels rational to the person engaged in it. From their perspective, they are doing what is required to resolve the crisis. The crisis was the problem — not the drinking, not the person, not the disease — and compliance with the requirements of the crisis is a logical strategy for crisis resolution.

The compliant person is not lazy or unmotivated. They are applying their intelligence and adaptability to what they perceive as the actual problem: not addiction, but consequences. Fix the consequences, and the problem is solved.

This is why compliance produces such predictably poor outcomes. The person was never trying to recover. They were trying to resolve a crisis. Once the crisis is resolved — the charge is dismissed, the partner is reassured, the job is saved, the health improves — the purpose of sobriety has been fulfilled. There is no reason to continue, because sobriety was never the goal. Crisis resolution was the goal, and sobriety was merely the tool used to achieve it.

Commitment, by contrast, operates on entirely different logic. The committed person has arrived at a recognition that transcends the current crisis — a recognition that their relationship with alcohol is not a series of unfortunate incidents but a pattern that will not change regardless of how many times they promise to manage it better.

Commitment says: "The consequences are not the problem. The consequences are the symptoms. The problem is the disease, and the disease does not resolve itself through periods of abstinence. It requires ongoing, active, daily engagement with a process of change that addresses not just the behavior but the thinking, the emotional processing, the relational patterns, and the identity that supported the behavior."

The committed person attends therapy not to check a box but to understand themselves. They go to meetings not for attendance credit but for the mirror that other people's stories provide. They engage with the process not because they have to but because they have recognized, at a level deeper than intellectual understanding, that the alternative is the continuation of a pattern that has already cost them more than they can afford and will cost them more still.

Can a person begin in compliance and arrive at commitment? Absolutely. Many people do. The path from compliance to commitment often passes through education, through hearing stories that shatter the illusion of uniqueness, through moments of honesty that crack the armor of performance.

But the transition requires awareness — awareness that compliance alone has a predictable endpoint, that the revolving door is waiting, and that something fundamentally different must happen this time for the outcome to be fundamentally different.

Reflection Questions

1. In your previous sobriety attempts, would you characterize yourself as compliant or committed? What is the evidence for your answer?

2. Can you identify specific ways you "performed" recovery without genuinely engaging — things you said, behaviors you adopted, or appearances you maintained that were strategic rather than authentic?

3. What was the internal experience of compliance — what were you actually thinking and feeling while going through the motions of recovery? What were you waiting for?

4. If compliance has predictable limits, what would genuine commitment look and feel like for you? What would be different in how you engage with treatment, meetings, relationships, and your own internal process?

5. Where are you right now on the spectrum between compliance and commitment? Be specific about which aspects of your current recovery are genuinely engaged and which are still performative.

CHECK YOURSELF · CHECK-IN 4 OF 5

Compliance vs. Commitment

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

1. During previous sober periods, I was physically abstinent but not genuinely engaged in changing my thinking or behavior

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have attended meetings, therapy, or treatment primarily to satisfy someone else's requirements rather than my own growth

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I know the difference between "not drinking" and "recovering" — and I have spent more time doing the former

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. During sober periods, I was counting days until I could safely use again rather than building a new way of living

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I have gone through the motions of recovery — saying the right things, checking the boxes — without genuine internal change

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I resented the recovery process during sober periods because I felt forced into it by circumstances rather than choosing it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have been praised for my sobriety by people who did not realize I was simply waiting for the coast to clear

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. If I am honest, my previous "recoveries" were more like hostage situations — I was sober against my will

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Compliance vs. Commitment Audit

An Honest Inventory of Your Engagement

The Audit

This exercise asks you to examine six areas of your recovery and honestly assess where you are operating in compliance versus commitment. This is not about judgment. It is about awareness. Compliance is a starting point — many people begin there. But staying there is the revolving door. This audit helps you identify exactly where the transition from compliance to commitment needs to happen.

Therapy / Counseling

COMPLIANCE LOOKS LIKE

Attending sessions, giving surface answers, withholding key information, telling the therapist what they want to hear

COMMITMENT LOOKS LIKE

Being radically honest, raising topics that are uncomfortable, using sessions to challenge your own thinking, doing the homework

Where are you RIGHT NOW in this area — compliance, commitment, or somewhere in between? Provide specific evidence for your answer.

What specific action would move you from compliance toward commitment in this area? Name one concrete step you can take this week.

Meetings / Support Groups

COMPLIANCE LOOKS LIKE

Sitting in the back, checking a box, leaving immediately, not sharing, not getting a sponsor

COMMITMENT LOOKS LIKE

Arriving early, participating honestly, getting a sponsor, doing service, being accountable to others in the room

Where are you RIGHT NOW in this area — compliance, commitment, or somewhere in between? Provide specific evidence for your answer.

What specific action would move you from compliance toward commitment in this area? Name one concrete step you can take this week.

Family / Relationships

COMPLIANCE LOOKS LIKE

Saying sorry, performing change, hiding resentment, waiting for them to stop watching

COMMITMENT LOOKS LIKE

Making amends through changed behavior, being transparent, accepting accountability, rebuilding trust through consistent action

Where are you RIGHT NOW in this area — compliance, commitment, or somewhere in between? Provide specific evidence for your answer.

What specific action would move you from compliance toward commitment in this area? Name one concrete step you can take this week.

Work / Professional Life

COMPLIANCE LOOKS LIKE

Doing the minimum to keep the job, passing drug tests, showing up on time while internally checked out

COMMITMENT LOOKS LIKE

Rebuilding professional integrity, addressing the damage honestly, investing in growth, being present and engaged

Where are you RIGHT NOW in this area — compliance, commitment, or somewhere in between? Provide specific evidence for your answer.

What specific action would move you from compliance toward commitment in this area? Name one concrete step you can take this week.

Internal / Personal Growth

COMPLIANCE LOOKS LIKE

Not drinking but not changing, white-knuckling, counting days as a sentence, maintaining the drinking identity without drinking

COMMITMENT LOOKS LIKE

Examining the beliefs, patterns, and wounds that drove the drinking, building a new identity, developing genuine coping skills

Where are you RIGHT NOW in this area — compliance, commitment, or somewhere in between? Provide specific evidence for your answer.

What specific action would move you from compliance toward commitment in this area? Name one concrete step you can take this week.

Honesty & Transparency

COMPLIANCE LOOKS LIKE

Telling people what they need to hear, managing information, maintaining the appearance of recovery

COMMITMENT LOOKS LIKE

Being honest even when it is uncomfortable, asking for help, admitting when the disease is talking, sharing the whole truth

Where are you RIGHT NOW in this area — compliance, commitment, or somewhere in between? Provide specific evidence for your answer.

What specific action would move you from compliance toward commitment in this area? Name one concrete step you can take this week.

Audit Summary

1. Across the six areas, where is your engagement strongest (most genuinely committed) and where is it weakest (most compliant)?

2. What is the cost of staying in compliance in your weakest area? What happens if that area doesn't transition to commitment?

3. Is there someone in your recovery support system who would be willing to hold you accountable for the compliance-to-commitment transition? Who, and what would you ask them?

4. Write a statement of honest self-assessment: "My current recovery is approximately ___% compliance and ___% commitment. The areas where I am still performing rather than engaging are ___. What I am willing to do about it is ___."

YOUR EXERCISE

The Voice of the Disease Transcript

Writing Down What It Says, Before It Says It Again

Why Write It Down

The disease does not announce itself. It arrives in your own voice, using your own reasoning, at the moment you are least inclined to argue. That is its whole advantage — it sounds like you thinking. Written down and read cold, months before you need it, the same sentences are obvious. This transcript is a record made by the sober version of you, for the version who will be talked to later. Write what it actually says to YOU, in your words, not what it says in a pamphlet.

Stage One — The First Thirty Days

WHAT IT TYPICALLY SOUNDS LIKE AT THIS STAGE

This is temporary. You only need to do this until things settle down. You are not like the people in that room. You could stop any time you actually wanted to — look, you are stopping right now. That proves it.

TRANSCRIPT — write what the disease says to you at this stage, in the first person, in your own words. Not a summary of it. The actual sentences.

COUNTER-STATEMENT — the truth, written by you now, while you can see clearly. Use evidence from your own history, not slogans.

How convincing is this voice to you right now, today?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Have you heard this exact argument before, in a previous attempt? What happened the last time you believed it?

Stage Two — One to Six Months, When Things Start Working

WHAT IT TYPICALLY SOUNDS LIKE AT THIS STAGE

See how much better everything is? Your job is steadier, your family has relaxed, you sleep. Clearly the problem was the stress, not the drinking. A person who had a real problem could not have turned it around this easily.

TRANSCRIPT — write what the disease says to you at this stage, in the first person, in your own words. Not a summary of it. The actual sentences.

COUNTER-STATEMENT — the truth, written by you now, while you can see clearly. Use evidence from your own history, not slogans.

How convincing is this voice to you right now, today?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Have you heard this exact argument before, in a previous attempt? What happened the last time you believed it?

Stage Three — Six to Eighteen Months, The Plateau

WHAT IT TYPICALLY SOUNDS LIKE AT THIS STAGE

You have proved the point. The meetings are repetitive, the check-ins are a formality, nobody is watching anymore. You have earned the right to stop organizing your whole life around something you clearly have handled.

TRANSCRIPT — write what the disease says to you at this stage, in the first person, in your own words. Not a summary of it. The actual sentences.

COUNTER-STATEMENT — the truth, written by you now, while you can see clearly. Use evidence from your own history, not slogans.

How convincing is this voice to you right now, today?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Have you heard this exact argument before, in a previous attempt? What happened the last time you believed it?

Stage Four — The Crisis, or the Celebration

WHAT IT TYPICALLY SOUNDS LIKE AT THIS STAGE

After what you have been through today, nobody would blame you. / You have come so far — you should be able to mark it like a normal person. This one is different. This one you have earned.

TRANSCRIPT — write what the disease says to you at this stage, in the first person, in your own words. Not a summary of it. The actual sentences.

COUNTER-STATEMENT — the truth, written by you now, while you can see clearly. Use evidence from your own history, not slogans.

How convincing is this voice to you right now, today?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Have you heard this exact argument before, in a previous attempt? What happened the last time you believed it?

Reading the Transcript Back

1. Read all four transcripts in order. What does the voice have in common across every stage — what is the single argument underneath all four versions of it?

2. At which stage is the voice most dangerous for you specifically? Not most frequent — most persuasive. Why that one?

3. The voice always offers something. Across the four stages, what is it actually promising you — relief, normalcy, proof, permission, escape? Name the thing you want badly enough that the argument works.

4. Who is one person you would be willing to read a transcript out loud to? What would stop you, and is that reason good enough?

5. Write the sentence you want to read first, at the moment you next hear this voice. One sentence. Make it something you will believe from the inside of a bad day.

PART 4 OF 4 · READING

What Makes This Time Different: Building Recovery That Doesn't Depend on Pain

Every person who has cycled through situational sobriety faces an inevitable question — from others and from themselves: "What makes this time different?"

It is the most important question in early recovery, and it deserves an answer that is more than hopeful, more than sincere, and more than optimistic. It deserves an answer that is structural — an answer that identifies specifically what will be different about the foundation being built, not just the intentions being declared.

Hope is not a strategy. Sincerity is not a structure. Good intentions are not a plan.

Every previous cycle began with hope, sincerity, and good intentions — and every previous cycle ended with return to use. The question is not whether you mean it this time. You meant it every time. The question is whether you are building something this time that your previous attempts did not build — something durable enough to sustain recovery when the crisis fades, when the pain diminishes, when the consequences resolve, and when the addicted brain begins its inevitable campaign to bring you back.

The first structural difference is understanding the disease itself — not as a series of bad decisions, not as a character flaw, not as a problem of willpower or self-control, but as a chronic, progressive, neurological condition that does not resolve through periods of abstinence.

Understanding addiction as a disease changes the calculus entirely. You do not treat diabetes by avoiding sugar for six months and then returning to your previous diet. You do not treat hypertension by taking medication until your blood pressure normalizes and then stopping. You treat chronic diseases with ongoing, daily management — not because you are weak, but because the disease is persistent.

Understanding this — really understanding it, not just intellectually acknowledging it — removes the foundation on which situational sobriety is built. If the disease doesn't resolve, then the resolution of any single crisis doesn't resolve the need for ongoing recovery.

The second structural difference is building a recovery identity rather than maintaining a drinking identity in temporary suspension. The situationally sober person still thinks of themselves as a drinker who happens to not be drinking right now. Their identity — their self-concept, their social world, their default stress response, their recreational patterns, their internal monologue — remains organized around alcohol. They are a drinker on pause.

Recovery, by contrast, requires building a new identity — a self-concept that does not depend on the substance, a social world that supports sobriety not as an obligation but as a value, coping mechanisms that work without chemical assistance, and an internal narrative that makes sense of the past and provides direction for the future. This is not a cosmetic change. It is a reconstruction of the self.

The third structural difference is developing a daily practice that does not depend on the intensity of yesterday's consequences to generate today's motivation. This is where the rubber meets the road.

In situational sobriety, motivation is proportional to proximity to crisis. The closer you are to the crisis, the more motivated you are. The farther away, the less. This produces a decay curve — motivation that diminishes over time until it can no longer sustain abstinence.

A daily practice — whether it involves meetings, therapy, sponsorship, prayer, meditation, journaling, service, or some combination — replaces the crisis-driven motivation with something renewable. It generates its own energy. It builds its own momentum. It is not powered by fear but by engagement, by connection, by the daily experience of living differently and discovering that the different life is worth protecting.

The fourth structural difference is honesty — not the performed honesty of compliance, but the radical, uncomfortable, vulnerable honesty that the revolving door has never allowed.

Honest about the pattern. Honest about the number of times you have been through it. Honest about the fact that your previous attempts were situational. Honest about the part of you that is still waiting for the coast to clear. Honest about the fear of genuine recovery — the fear that if you really commit, if you really change, you will have to live the rest of your life without the one thing that reliably provided relief, however temporary and destructive that relief was.

This honesty is the hardest part of early recovery, and it is the part that situational sobriety always skips. It is also the part that determines whether this time is actually different.

Reflection Questions

1. Answer the question directly: What makes this time different? And then challenge your own answer — is it structural, or is it just sincere?

2. Do you understand your addiction as a chronic disease that requires ongoing management, or do you still partially believe it is a problem you can solve and move on from? What is the evidence for your honest answer?

3. Is your current recovery identity being built from the ground up, or are you a "drinker on pause"? What specific evidence supports your answer?

4. Do you have a daily practice that generates its own motivation — something that sustains your sobriety independent of how scared or desperate you feel on any given day? If not, what needs to be built?

5. Where in your current recovery are you still performing rather than engaging? Where is compliance hiding behind the appearance of commitment? What would it take to close that gap?

CHECK YOURSELF · CHECK-IN 5 OF 5

Unmanageability Awareness

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

1. I have difficulty recognizing unmanageability in my life until it reaches crisis proportions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I tend to define unmanageability only in terms of dramatic consequences rather than daily erosion of functioning

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I can manage certain areas of my life well enough to convince myself that I don't have a problem

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I use the areas of my life that are still functioning as evidence that my drinking isn't that bad

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I wait until things are falling apart before I consider that my substance use might be a problem

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. There are patterns of unmanageability in my life — financial, relational, emotional, physical — that I have normalized

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have a high tolerance for chaos, dysfunction, and crisis that prevents me from recognizing unmanageability early

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. Other people saw my unmanageability long before I did — and I dismissed their concerns as overreaction

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Unmanageability Spectrum

It Is Not One Line You Cross — It Is Six Dials, Moving Slowly

Why a Spectrum and Not a Verdict

People wait for unmanageability to look like the worst version of itself, and measure themselves against that picture: no arrest, no job lost, therefore fine. But unmanageability is a dial in six separate areas, and each one moves on its own. The revolving door turns because a person reads one dial at crisis, deals with that one, watches it drop back to moderate, and calls the whole thing handled. Read all six. The subtle column is where the honest answers usually are.

Money

SUBTLE

Vague about what you spend. Small amounts unaccounted for. Paying the minimum and not looking at the balance.

MODERATE

Borrowing to cover ordinary bills. Hiding purchases. Income disappearing with nothing to show for it.

CRISIS

Overdrafts, collections, money taken from people who trusted you, or from your own household.

Where is this dial for you right now? 1 is untouched, 5 is crisis.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your evidence for that rating? Specific facts, not impressions — the kind of thing another person could verify.

Where was this dial at your lowest point, and where was it during your longest stretch of sobriety?
What does the difference tell you?

Relationships

SUBTLE

Editing what you tell people. Avoiding one specific conversation. Being present in the room but not in the house.

MODERATE

Repeating apologies. Someone close has started managing you. Friendships narrowing to the ones who do not ask.

CRISIS

Someone has left, or is about to. Children adjusting their behavior around your mood. Trust that no longer resets.

Where is this dial for you right now? 1 is untouched, 5 is crisis.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your evidence for that rating? Specific facts, not impressions — the kind of thing another person could verify.

Where was this dial at your lowest point, and where was it during your longest stretch of sobriety?
What does the difference tell you?

Physical Health

SUBTLE

Sleep is unreliable. Meals are irregular. You have stopped noticing how you feel in the morning.

MODERATE

Symptoms you do not investigate. Appointments missed. A number from a lab you decided not to think about.

CRISIS

An ER visit, a diagnosis, a withdrawal that frightened you, or a doctor who said something you have not repeated to anyone.

Where is this dial for you right now? 1 is untouched, 5 is crisis.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your evidence for that rating? Specific facts, not impressions — the kind of thing another person could verify.

Where was this dial at your lowest point, and where was it during your longest stretch of sobriety? What does the difference tell you?

Work & Responsibilities

SUBTLE

Doing the minimum well enough. Mondays rebuilt from scratch. Ambition quietly retired.

MODERATE

Deadlines slipping. Absences that need explaining. A reputation you are now maintaining rather than earning.

CRISIS

A warning, a demotion, a job lost, or a license, contract or duty at risk.

Where is this dial for you right now? 1 is untouched, 5 is crisis.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your evidence for that rating? Specific facts, not impressions — the kind of thing another person could verify.

Where was this dial at your lowest point, and where was it during your longest stretch of sobriety?
What does the difference tell you?

The Practical & Legal Machinery of Life

SUBTLE

Mail unopened. Renewals late. A drawer of things to deal with later.

MODERATE

A lapsed policy, an unpaid fine, a document you cannot find, a bill in someone else's name.

CRISIS

A charge, a court date, a license suspended, a tenancy or custody arrangement in question.

Where is this dial for you right now? 1 is untouched, 5 is crisis.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your evidence for that rating? Specific facts, not impressions — the kind of thing another person could verify.

Where was this dial at your lowest point, and where was it during your longest stretch of sobriety?
What does the difference tell you?

Inner Life

SUBTLE

Flatness. Lower tolerance than you used to have. Less interest in things that once held you.

MODERATE

Dread on waking. Shame you cannot set down. Relief only in one place, and you know which.

CRISIS

You do not recognize the person you have become, or you have had thoughts about not continuing.

Where is this dial for you right now? 1 is untouched, 5 is crisis.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

What is your evidence for that rating? Specific facts, not impressions — the kind of thing another person could verify.

Where was this dial at your lowest point, and where was it during your longest stretch of sobriety? What does the difference tell you?

Reading All Six Together

1. List your six ratings in order, highest to lowest. Which domain is highest, and is that the one you have been giving your attention to?

2. Which domain did you rate lowest — and are you certain, or is it simply the one you examine least? Go back and check it before answering.

3. Unmanageability in one area props up the appearance of management in another. Which of your six is being paid for by another one?

4. If someone who lives with you filled in these six dials about you, where would their numbers differ from yours? Be specific about which domain and by how much.

5. Name the domain where a single concrete change this month would move the dial down one step. What is the change?

YOUR EXERCISE

Daily Motivation Source Check-In

Seven Days of Asking What Is Actually Holding the Line

External Fuel and Internal Fuel

Situational sobriety runs on external fuel: a court date, an angry spouse, a supervisor watching, a health scare still fresh. External fuel is real fuel and it works — right up until the situation resolves. Then the tank is empty and nobody notices until the door swings again. Internal fuel is what holds when nobody is watching and nothing is at stake. This week you are not judging yourself; you are taking a reading. Fill it in the same day, not from memory on Sunday.

EXTERNAL FUEL SOUNDS LIKE

I cannot lose this job. She will leave. The test is Thursday. My mother would find out. I have to prove them wrong.

INTERNAL FUEL SOUNDS LIKE

I like who I am on this side of it. I want to remember today. This is who I am now. I am not willing to go back to that person.

Day 1

How much of today's sobriety ran on EXTERNAL fuel — consequences, obligation, someone watching?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How much ran on INTERNAL fuel — wanting this life for its own sake?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

In one sentence: what actually kept you sober today? Name the real reason, not the respectable one.

Was there a moment today when the thought came? What was happening just before it?

Day 2

How much of today's sobriety ran on EXTERNAL fuel — consequences, obligation, someone watching?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How much ran on INTERNAL fuel — wanting this life for its own sake?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

In one sentence: what actually kept you sober today? Name the real reason, not the respectable one.

Was there a moment today when the thought came? What was happening just before it?

Day 3

How much of today's sobriety ran on EXTERNAL fuel — consequences, obligation, someone watching?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How much ran on INTERNAL fuel — wanting this life for its own sake?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

In one sentence: what actually kept you sober today? Name the real reason, not the respectable one.

Was there a moment today when the thought came? What was happening just before it?

Day 4

How much of today's sobriety ran on EXTERNAL fuel — consequences, obligation, someone watching?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How much ran on INTERNAL fuel — wanting this life for its own sake?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

In one sentence: what actually kept you sober today? Name the real reason, not the respectable one.

Was there a moment today when the thought came? What was happening just before it?

Day 5

How much of today's sobriety ran on EXTERNAL fuel — consequences, obligation, someone watching?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How much ran on INTERNAL fuel — wanting this life for its own sake?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

In one sentence: what actually kept you sober today? Name the real reason, not the respectable one.

Was there a moment today when the thought came? What was happening just before it?

Day 6

How much of today's sobriety ran on EXTERNAL fuel — consequences, obligation, someone watching?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How much ran on INTERNAL fuel — wanting this life for its own sake?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

In one sentence: what actually kept you sober today? Name the real reason, not the respectable one.

Was there a moment today when the thought came? What was happening just before it?

Day 7

How much of today's sobriety ran on EXTERNAL fuel — consequences, obligation, someone watching?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

How much ran on INTERNAL fuel — wanting this life for its own sake?

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

In one sentence: what actually kept you sober today? Name the real reason, not the respectable one.

Was there a moment today when the thought came? What was happening just before it?

The Week in Review

Read your seven days back before answering. Look at what you wrote, not at your impression of the week.

1. Across seven days, which fuel was carrying more weight — external or internal? Compare your actual ratings, not your sense of it.

2. On your highest external day, what was the situation driving it? Now ask the hard question: what happens to your sobriety on the day that situation resolves?

3. Look at your seven one-sentence reasons. How many name a consequence, and how many name a person you want to be? Count them.

4. Which day had the highest internal fuel, and what was different about it? That day is evidence — it tells you what genuinely feeds you.

5. Your last attempt ended when an external motivator disappeared. Which external motivator in this week's readings is the one most likely to disappear first?

6. Name one specific thing you could do this month to convert one unit of external fuel into internal fuel. Not a sentiment — an action with a day attached.

YOUR EXERCISE

Recovery Identity Builder

Becoming Someone, Not Merely Stopping Something

Why Identity Is the Load-Bearing Wall

A person who has stopped drinking but has not become anyone else is a drinker who is not currently drinking, and the identity will eventually reassert the behavior. That is the mechanism of the revolving door, stated as plainly as it can be. Six pillars hold up a recovery identity. Most people have two or three and assume the rest will follow. They do not follow — they are built, deliberately, in the ordinary weeks when nothing is on fire. Build them now, while nothing is.

Values

What you will and will not do, independent of who is watching. Not aspirations — the rules you already keep.

Name three values you actually live by, and give one piece of evidence for each from the last month.

Which value did addiction most consistently override? What would keeping it look like on an ordinary Tuesday?

How solid is this pillar today? 1 is barely there, 5 is load-bearing.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Purpose

What the sobriety is FOR. A recovery with no purpose beyond not drinking is a life organized around an absence.

Finish this honestly: “I am staying sober so that I can ____.” If the only answer you have is “so that nothing bad happens,” write that — it is important information.

What could you contribute, build, or be responsible for that would make the sober life worth the cost of maintaining it?

How solid is this pillar today? 1 is barely there, 5 is load-bearing.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Strengths

What you are actually good at. Addiction erodes the memory of this faster than it erodes the capacity.

List four things you are genuinely good at. Include ones that have nothing to do with recovery.

Which strength did you use to survive the worst of it? That capacity is still yours — what could it be pointed at now?

How solid is this pillar today? 1 is barely there, 5 is load-bearing.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Relationships

Who you are to specific people, and who they are to you. Identity is not built alone; it is held in place by other people.

Name the people who know the true version of your history. If the list is very short, say so plainly.

Who would you want to be able to call at 11pm on the worst night? Do they know that, and have you ever actually called?

How solid is this pillar today? 1 is barely there, 5 is load-bearing.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Activities

What fills the hours. Drinking was not only a substance, it was a schedule, a place, and a set of people. Something has to occupy that space.

What did you do with the hours that drinking used to take? If the honest answer is “nothing, I waited them out,” write that.

What did you enjoy before, or have never tried and quietly wanted to? Name two things and what would be needed to start one.

How solid is this pillar today? 1 is barely there, 5 is load-bearing.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

Narrative

The story you tell about what happened. Not a cover story and not a confession — an account you can give without flinching or performing.

In five sentences, tell the story of your addiction and recovery as you would tell it to someone you respect and are not trying to impress.

Where does the story currently end? A narrative that ends at the last crisis leaves you as its victim; one that ends in the present makes you its author. Which is yours?

How solid is this pillar today? 1 is barely there, 5 is load-bearing.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

The Person You Are Building

1. Which two pillars are strongest, and which two are weakest? A recovery standing on two pillars is the shape most previous attempts had — does yours look like that?

2. Take your weakest pillar. What is one concrete thing you could do in the next thirty days to move it up a single point? Name the action and the date.

3. Describe the person you are becoming, in the present tense, as though introducing them to someone. Not the person you hope to be — the one these six answers describe.

4. What would that person do differently in the situation that ended your last attempt? Be specific about the situation and specific about the difference.

5. Write one sentence you could say, out loud, that begins “I am someone who ...” and is true today. Not aspirational. True today.

YOUR EXERCISE

The “What’s Different” Blueprint

The Only Question That Decides Whether the Door Turns Again

Answer It With Structures, Not Feelings

Everyone entering recovery believes this time is different, and the belief is sincere every time. Sincerity is not the variable — structure is. This blueprint asks the question six times, and each time it wants an answer another person could inspect: a name, a time, a written plan, a changed arrangement. “I want it more” is what the last attempt said too. Work through every pillar against what actually happened last time, which you have already mapped in Exercises 1 and 2.

Honesty Infrastructure

Not the intention to be honest — the arrangements that make concealment difficult. Who has permission to ask you a direct question and get a true answer?

LAST TIME — In the last attempt, who did you keep fully informed? If the answer is nobody, that is the finding.

THIS TIME — what is concretely different? Name the arrangement, the person, or the written plan. If nothing is different yet, write “nothing yet” — that is the honest and useful answer.

How strong is this pillar as it stands today? 1 is nothing in place, 5 is genuinely built.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

ACTION — one step to strengthen this pillar. What, with whom, by when. One line, with a date in it.

Structure & Routine

The shape of an ordinary week. Wake time, meals, work, movement, sleep. Drinking supplied a structure; its absence leaves hours that have to be filled by design rather than by default.

LAST TIME — What did an ordinary Tuesday look like in your last attempt, hour by hour? Where were the unguarded gaps?

THIS TIME — what is concretely different? Name the arrangement, the person, or the written plan. If nothing is different yet, write “nothing yet” — that is the honest and useful answer.

How strong is this pillar as it stands today? 1 is nothing in place, 5 is genuinely built.

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ACTION — one step to strengthen this pillar. What, with whom, by when. One line, with a date in it.

Connection & Accountability

Named people, at named intervals, who would notice within days rather than months. Not a general intention to stay connected — a schedule.

LAST TIME — Who noticed last time, and how long did it take them? What would have made it days instead?

THIS TIME — what is concretely different? Name the arrangement, the person, or the written plan. If nothing is different yet, write “nothing yet” — that is the honest and useful answer.

How strong is this pillar as it stands today? 1 is nothing in place, 5 is genuinely built.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

ACTION — one step to strengthen this pillar. What, with whom, by when. One line, with a date in it.

Internal Motivation

The fuel from Exercise 8. What holds when the situation resolves, the court date passes, the marriage steadies, the scare fades.

LAST TIME — Name the external motivator whose disappearance ended the last attempt. Be exact about it.

THIS TIME — what is concretely different? Name the arrangement, the person, or the written plan. If nothing is different yet, write “nothing yet” — that is the honest and useful answer.

How strong is this pillar as it stands today? 1 is nothing in place, 5 is genuinely built.

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ACTION — one step to strengthen this pillar. What, with whom, by when. One line, with a date in it.

Crisis Response Plan

What happens on the worst night — written now, in advance, because nobody designs a plan well while inside the thing it is for.

LAST TIME — What did you do the last time something genuinely bad happened? Trace the sequence from the event to the first drink.

THIS TIME — what is concretely different? Name the arrangement, the person, or the written plan. If nothing is different yet, write “nothing yet” — that is the honest and useful answer.

How strong is this pillar as it stands today? 1 is nothing in place, 5 is genuinely built.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

ACTION — one step to strengthen this pillar. What, with whom, by when. One line, with a date in it.

Environment

Places, people, times of day, and what is in the house. The situations that reliably precede use, and what has actually changed about your exposure to them.

LAST TIME — Which environment ended the last attempt? Is anything different about your access to it today?

THIS TIME — what is concretely different? Name the arrangement, the person, or the written plan. If nothing is different yet, write “nothing yet” — that is the honest and useful answer.

How strong is this pillar as it stands today? 1 is nothing in place, 5 is genuinely built.

☐ 1 Not at all ☐ 2 A little ☐ 3 Somewhat ☐ 4 Quite a bit ☐ 5 Very much

ACTION — one step to strengthen this pillar. What, with whom, by when. One line, with a date in it.

The Blueprint, Read Back

1. Count your six “this time” answers. How many name something concrete and verifiable, and how many are statements of intent? Give the count, not an impression.

2. Which pillar is weakest? That is the one the next relapse will come through — the door turns at the weakest hinge, not the strongest.

3. Look at your six actions. Are they scheduled, or are they aspirations with no date? Rewrite any that lack a date and a named person.

4. Who will you show this blueprint to, and when? A plan nobody else has seen is a plan you can quietly revise. Name the person and the day.

5. When will you read this blueprint again? Set the date now — and set a second one for six months out, when everything will be going well and reading it will feel unnecessary. That is precisely when it matters.

6. Write the closing statement in your own words: “What is different this time is not that I want it more. It is that ___, ___, and ___ are now in place, and ___ knows about all three.”
