

Father Martin's Relapse

Father Martin's Chalk Talks · The Recovery Files

"Stinking Thinking Precedes the Drinking"

A Recovery Intensive in the Spirit of Father Joseph Martin · The Recovery Files

Relapse Is a Process · Stinking Thinking · Weeks before · Drift & Isolation · Days-weeks before · The Slip · Final symptom

"The physical slip is merely the final symptom of a process that begins in the mind and spirit." — Father Martin

In this workbook

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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 6 · READING

Relapse Is a Process, Not an Event: The Foundation

There is a profound and liberating truth buried inside one of recovery's most misunderstood concepts: relapse. Most people — and many professionals — speak of relapse as if it were a single moment, a discrete event that either happens or doesn't. The drink is taken or it isn't. The drug is used or it isn't.

This framing is understandable, but it is dangerously incomplete. And Father Joseph Martin, whose life's work was spent cutting through comfortable misunderstanding to reach uncomfortable truth, understood exactly why the incomplete picture kills people.

Father Martin taught, with characteristic clarity and force, that relapse is not an event but a process — a gradual, often subtle, sometimes invisible series of changes in attitude, thinking, behavior, and spiritual orientation that unfolds over days, weeks, and sometimes months before the physical act of drinking or using occurs.

The drink, the drug, the relapse event itself — these are merely the final symptom. They are the visible tip of an iceberg that has been forming underwater for a long time. By the time the slip happens, the person has already relapsed in every meaningful sense except the physical one.

This teaching reframes everything. If relapse is a process, then recovery is also a process — not a destination you reach and then safely occupy forever, but a living, dynamic practice that must be tended continuously, like a fire that will go out if you stop feeding it.

The person who puts down the substance and believes they have "gotten sober" has accomplished something real and significant. But they have completed only the first stage of a journey that has no final destination. The physical sobriety is the beginning, not the end.

Why does this matter for early recovery? Because the relapse process most often begins during a period that looks like success. It begins not when people are suffering — when they are white-knuckling through cravings or navigating early withdrawal — but when things start to feel better.

When the acute physical symptoms have passed. When the relationships are beginning to repair. When the job is stable, the mind is clearer, and the daily terror of active addiction has faded. It is precisely in these moments of apparent stability that the relapse process most commonly takes root.

Father Martin observed this pattern with the consistency of a natural law: as the pain of the past fades, the motivation to maintain the disciplines that produced the recovery begins to erode. The person starts missing meetings — just one, then two. The sponsor calls become less frequent. The prayer life becomes more perfunctory. The step work slows. The honest self-examination that was practiced daily in early recovery becomes weekly, then monthly, then almost not at all.

None of these changes feel dangerous in the moment. Each one feels reasonable, justified, even earned. Together, they represent the beginning of the relapse process — and the person walking this path rarely knows it is happening until they are very far down the road.

The first and most important gift Father Martin's teaching offers is awareness: the ability to recognize the process while it is still a process, before it becomes an event. That recognition is itself a form of protection — because a relapse you can see coming is a relapse you can interrupt. And an interrupted relapse is, in the truest sense, recovery working as it was designed to work.

Reflection Questions

1. Before reading this, how would you have defined relapse — as an event or a process? Has your understanding shifted? How?

2. Can you identify a time in your own recovery when the relapse process had begun — when the attitudes and behaviors were changing — even if a physical slip did not occur? Describe what that looked like.

3. Father Martin observed that relapse most often begins during periods that look like success. Why do you think that is? What is it about feeling better that makes people vulnerable?

4. What does the "iceberg" image — the physical slip as the visible tip of a much larger invisible process — mean for how you think about monitoring your own recovery?

5. If relapse is a process, what are the earliest possible indicators — the deepest, least visible parts of the iceberg — that the process might be beginning in your life right now?

CHECK YOURSELF · CHECK-IN 1 OF 5

Relapse as Process — Early Recognition

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

1. I understand that relapse begins weeks or months before any physical slip occurs
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I can identify the emotional and mental warning signs that precede relapse in my own pattern
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I have experienced a slow drift away from recovery practices before a return to use
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I recognize that changes in attitude — not just cravings — are the earliest relapse signals
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I can honestly describe the thoughts, feelings, and behaviors that characterized my pre-relapse state
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I understand that the physical slip is merely the final symptom of a longer mental and spiritual process
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I monitor my own recovery momentum regularly, rather than only when I feel in danger
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I have a clear picture of what my personal relapse process looks like from beginning to end
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

My Personal Relapse Process Timeline

Mapping the Process Before It Becomes an Event

"

A relapse you can see coming is a relapse you can interrupt. The work of this exercise is to see it coming.

— Father Martin tradition

How to Use This Timeline

For each phase, reflect on your own personal patterns — what YOUR relapse process has looked like or might look like. This is not about rehearsing failure; it is about creating a personal map that makes the early warning signs visible. The earlier you recognize the process, the more options you have to interrupt it.

Phase 1 — Attitude Shifts

The earliest and most subtle phase. Changes in underlying attitude precede all behavioral changes.

1. What attitude changes have I noticed in myself before past relapses or close calls? (More resentful? Less grateful? More entitled?)

2. What does my attitude toward my recovery program look like when I am drifting? How is that different from when I am engaged?

Phase 2 — Thinking Pattern Changes

Stinking thinking begins to organize. Justifications, resentments, and self-pity begin to accumulate.

1. What specific thoughts or thought patterns begin to show up when I am in early relapse process?

2. What does the internal monologue of my stinking thinking sound like? Write it out.

Phase 3 — Behavioral Drift

Recovery practices begin to erode. Isolation increases. The drift is gradual and feels justified.

1. What recovery behaviors are the first to go when I am drifting? (Meetings? Sponsor contact? Prayer? Step work?)

2. What does my isolation look like — do I physically withdraw, or do I stay present but emotionally unavailable?

Phase 4 — Emotional Crisis Point

Emotional pressure reaches a tipping point. The disease presents its solution.

1. What emotional state typically precedes my use or my craving crises? (Rage? Despair? Numbness? Self-pity?)

2. What does the moment of "deciding" to use look like from the inside — is it a deliberate choice or does it feel like something that happens to you?

Phase 5 — The Physical Slip

Father Martin's "final symptom." The physical use that results from everything that preceded it.

1. If you have experienced a relapse, describe what the actual slip looked like — not the circumstances, but the internal experience. What were you feeling in that exact moment?

2. What is the difference between the relapse event and the relapse process that produced it?

My Interruption Points

The Critical Question

At each phase of the relapse process, there is an opportunity to interrupt it. The goal is to catch the process as early as possible — ideally at Phase 1 or 2, before behavioral drift has set in. Below, identify your specific interrupt strategy for each phase.

Phase 1 — Attitude Shifts: My interrupt strategy

Phase 2 — Thinking Pattern Changes: My interrupt strategy

Phase 3 — Behavioral Drift: My interrupt strategy

Phase 4 — Emotional Crisis Point: My interrupt strategy

Phase 5 — The Physical Slip: My interrupt strategy

PART 2 OF 6 · READING

"Stinking Thinking Precedes the Drinking": The Mind as Relapse Ground Zero

Father Martin's most quoted teaching on relapse is also his most precise: "Stinking thinking precedes the drinking." In five words, he captured the entire neuropsychology of relapse that researchers would spend decades documenting.

The mind is not a passive observer of the relapse process — it is the place where relapse is authored, planned, justified, and executed before a single substance enters the body.

Stinking thinking in the relapse context is not simply negative thinking, and it is not identical to the garden-variety cognitive distortions of everyday anxiety or depression. It is thinking specifically organized around a return to use. It is thinking that builds a case — systematically, often unconsciously, with remarkable ingenuity — for why drinking or using is justified, necessary, deserved, or at least understandable given the circumstances.

It assembles evidence. It dismisses counterevidence. It constructs a narrative in which sobriety is the problem and substance use is the solution. And it does all of this while maintaining the surface appearance of rational thought.

Father Martin identified specific emotional and mental states that function as the primary ingredients of stinking thinking in the relapse process.

Resentment is perhaps the most dangerous — the slow accumulation of grievances, real or imagined, that creates a seething sense of injustice demanding relief. The person rehearsing their resentments is not thinking about drinking; they are thinking about being wronged. But the destination of that mental journey, if taken far enough, is inevitably the thought: "Given what I've been through, a drink is the least I deserve."

The resentment does not cause the relapse — it creates the emotional climate in which relapse becomes logical.

Isolation is the resentment's partner. Father Martin understood that community and connection are not simply supports for recovery — they are mechanisms of reality testing. When a person in recovery is regularly in contact with others who know the disease, who have navigated the same mental terrain, and who can recognize stinking thinking on sight, the distorted narratives have a hard time gaining traction. Someone will interrupt them. Someone will say, "That thinking sounds like the disease talking."

But in isolation, those checks disappear. The echo chamber of the mind, uninterrupted, can construct any story it wishes. And for the person with a substance use disorder, the story it most naturally constructs is the one that ends in use.

Self-pity is the third great engine of stinking thinking before relapse. The person in the grip of self-pity is the center of a uniquely cruel and uniquely unfair universe. They have suffered more than others. They have been given less. The ordinary difficulties of life — the traffic, the difficult relationship, the unexpected bill, the bad day — are experienced not as inconveniences but as

further evidence of their cosmic disadvantage.

And from within the victimhood of self-pity, the question "why bother?" becomes compelling. If nothing ever gets better for me, if the effort of recovery yields only more suffering, if sobriety itself has not produced the peace I was promised — why?

Father Martin's radical insight was that these thoughts must be treated with the same urgency and clinical seriousness as cravings and urges. The person who says "I'm having urges to use" gets immediate attention and support. The person who says "I've been feeling resentful and isolated lately" is often met with encouragement rather than alarm — when Father Martin would have recognized the second statement as the more dangerous signal of the two.

The urge to use is the disease knocking loudly at the door. The stinking thinking is the disease that already got inside.

Reflection Questions

1. Identify your three most characteristic forms of stinking thinking — the specific thought patterns you most reliably fall into during vulnerable periods. Name them precisely.

2. How does resentment function in your relapse process? Can you trace a past close call or relapse backward through the resentments that preceded it?

3. Father Martin described isolation as removing the reality checks that keep stinking thinking from gaining traction. In your recovery, who are the people who interrupt your distorted thinking when they see it? How regularly are you in contact with them?

4. Self-pity is described as the "why bother?" generator. When have you experienced self-pity in your recovery, and where did that thinking lead you?

5. If your stinking thinking could be intercepted and examined before it reached its destination, what would it most consistently say? Write out the internal monologue — the narrative your disease builds when it is building toward a relapse.

CHECK YOURSELF · CHECK-IN 2 OF 5

Stinking Thinking as Relapse Precursor

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

1. I can recognize when my thinking patterns are shifting in directions that lead toward use
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I understand how resentment, isolation, and self-pity are forms of stinking thinking that precede relapse
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I notice when I am building mental justifications for abandoning my recovery program
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I have a practice for interrupting distorted thinking before it gains momentum
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I recognize that resentment is among the most dangerous emotional states for my sobriety
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I understand that isolation amplifies stinking thinking and that connecting interrupts it
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I can identify the specific thoughts and mental patterns that have preceded past relapses or close calls
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I treat my thinking patterns as a recovery issue that requires as much attention as my drinking or using
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Stinking Thinking — My Relapse Signature

Not the General Patterns. The Exact Sequence That Is Yours.

"

The stinking thinking precedes the drinking.

— Father Joseph C. Martin

A Signature, Not a Checklist

Lists of distorted thinking are useful and they are also generic, and a generic list will not wake you at the hour you need waking. What protects people is knowing their own sequence — because relapse thinking runs in an order, and the order is remarkably stable across a person's history. The first thought is never about using; it is about the program, or about other people, or about how far you have come. By the time the thought is recognizably about the substance, four earlier ones have already done the work. Reconstruct your five below, in order, and be specific enough that a friend reading them could recognize you.

The Thought That Opens the Door

FIRST — WEEKS OUT

WHAT THIS STAGE TYPICALLY SOUNDS LIKE

Not about using at all. It is about the program, or the people, or how far you have come. "This is taking up a lot of my life." "I am not getting anything out of it anymore."

MY THOUGHT — write it in the first person, as it actually arrives. Your words, your rhythm. A summary of it is no use to you at three in the morning.

WHEN IT SHOWS UP — how far ahead of the slip, and under what conditions? Hour, place, state, who you had or had not spoken to.

How recognizable is this thought to you as a warning, at the moment it occurs? (1 = it just sounds like me thinking; 5 = I would catch it straight away)

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

THE INTERRUPTION — what would actually break the sequence here? Be concrete: a person named, a call made, a room entered, a sentence said out loud to someone.

The Thought That Moves You Away

SECOND

WHAT THIS STAGE TYPICALLY SOUNDS LIKE

The one that makes distance reasonable. "They would not understand this anyway." "I will call when I have something worth saying." Isolation arrives dressed as consideration for other people.

MY THOUGHT — write it in the first person, as it actually arrives. Your words, your rhythm. A summary of it is no use to you at three in the morning.

WHEN IT SHOWS UP — how far ahead of the slip, and under what conditions? Hour, place, state, who you had or had not spoken to.

How recognizable is this thought to you as a warning, at the moment it occurs? (1 = it just sounds like me thinking; 5 = I would catch it straight away)

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

THE INTERRUPTION — what would actually break the sequence here? Be concrete: a person named, a call made, a room entered, a sentence said out loud to someone.

The Thought That Reopens the Question

THIRD

WHAT THIS STAGE TYPICALLY SOUNDS LIKE

The first appearance of the substance as a live option, usually hypothetical. "I wonder whether it would be different now." "Other people manage it." Notice that this is a question, not a decision — the question is the work.

MY THOUGHT — write it in the first person, as it actually arrives. Your words, your rhythm. A summary of it is no use to you at three in the morning.

WHEN IT SHOWS UP — how far ahead of the slip, and under what conditions? Hour, place, state, who you had or had not spoken to.

How recognizable is this thought to you as a warning, at the moment it occurs? (1 = it just sounds like me thinking; 5 = I would catch it straight away)

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

THE INTERRUPTION — what would actually break the sequence here? Be concrete: a person named, a call made, a room entered, a sentence said out loud to someone.

The Thought That Grants Permission

FOURTH — CLOSE IN

WHAT THIS STAGE TYPICALLY SOUNDS LIKE

A reason arrives, and it is almost always a true one. Grief, exhaustion, an injustice, a celebration. "After this, nobody could blame me." The premise is real; the conclusion is the disease.

MY THOUGHT — write it in the first person, as it actually arrives. Your words, your rhythm. A summary of it is no use to you at three in the morning.

WHEN IT SHOWS UP — how far ahead of the slip, and under what conditions? Hour, place, state, who you had or had not spoken to.

How recognizable is this thought to you as a warning, at the moment it occurs? (1 = it just sounds like me thinking; 5 = I would catch it straight away)

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

THE INTERRUPTION — what would actually break the sequence here? Be concrete: a person named, a call made, a room entered, a sentence said out loud to someone.

The Thought at the Moment

LAST

WHAT THIS STAGE TYPICALLY SOUNDS LIKE

Short, flat, and strangely calm. "It does not matter." "I am doing this." "Fine." People often report that by this point it no longer felt like a decision at all.

MY THOUGHT — write it in the first person, as it actually arrives. Your words, your rhythm. A summary of it is no use to you at three in the morning.

WHEN IT SHOWS UP — how far ahead of the slip, and under what conditions? Hour, place, state, who you had or had not spoken to.

How recognizable is this thought to you as a warning, at the moment it occurs? (1 = it just sounds like me thinking; 5 = I would catch it straight away)

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

THE INTERRUPTION — what would actually break the sequence here? Be concrete: a person named, a call made, a room entered, a sentence said out loud to someone.

Your Signature, Read as One Sequence

1. Write your five thoughts out in order, one after another, as a single passage. Read it back. Does it sound like a stranger, or does it sound exactly like you? The second answer is the useful one and the uncomfortable one.

2. Look at your five "how recognizable" ratings. They usually rise toward the end — which means the thoughts you can catch are the ones that arrive too late to help. Which is the earliest one you could realistically learn to catch?

3. Which stage did you find hardest to reconstruct? A gap in the sequence is not an absence; it is the part you were least present for. Who was around at that point who could fill it in?

4. Compare this with your timeline from Exercise 1. Do the five thoughts line up with the five phases? Where they do not, one of the two is wrong — go back and reconcile them.

5. Write your interruption rule for the EARLIEST stage you could catch: "When I hear myself think ___, I will ___, and I will tell ___." One sentence. This is the single most useful line in the exercise.

6. Who gets a copy of your signature? This document is most valuable in the hands of someone who will still be reading clearly when you are not. Name them and name the day you will give it to them.

PART 3 OF 6 · READING

The Three Warning Signs of the Unguarded Moment: Cockiness, Complacency & Irritability

Father Martin was a careful observer of human behavior, and his decades of work with people in recovery gave him an intimate knowledge of the patterns that precede relapse. From all of those observations, he distilled three specific mental states that he identified as the primary warning signs — the conditions of the "unguarded moment" in which nothing stands between the person and a drink or drug except the sober instinct that has or has not been built.

The first warning sign is cockiness — what Father Martin described as overconfidence in one's sobriety. The cocky person in recovery has stopped treating their addiction as a serious, ongoing, cunning condition and has begun to treat it as a problem they have solved.

"I've been sober three years — I think I've got it figured out." "I don't need as many meetings as I used to. That's for people who are still struggling." "I could probably handle myself in a bar now."

These statements have the grammar of progress but the content of danger. The disease of addiction is patient, persistent, and opportunistic. It is never more dangerous than when the person who carries it believes they have outgrown the need for the very practices that produced their sobriety.

Father Martin was especially sharp on the subject of cockiness because he understood its particular appeal in long-term recovery. Early sobriety is often humbling — the person knows they are fragile, knows they need help, reaches out readily. As the months pass and the years accumulate, a different temptation emerges: the temptation to conclude that the disciplines of early recovery were scaffolding that can now be removed because the structure is self-supporting.

They cannot. The meeting attendance, the sponsor relationship, the step work, the service — these are not scaffolding. They are the structure itself. Remove them, and the building does not stand revealed; it falls.

The second warning sign is complacency — a quieter, subtler danger than cockiness. Where the cocky person actively dismisses the need for recovery practices, the complacent person simply stops engaging with them. Not dramatically, not consciously, not with a decision — but through the gradual accumulation of small failures to show up.

The meeting gets skipped one week because of a reasonable conflict. Then again the next week because of fatigue. Then the pattern of attendance has changed without any deliberate choice, and the person is isolated without having chosen isolation.

Father Martin's famous phrase, "time takes time," contains a warning: the same time that builds recovery can also, if unguarded, allow the things that support recovery to quietly erode. Complacency is dangerous precisely because it feels innocent. The complacent person is not consciously abandoning recovery; they are living their life, managing their responsibilities, handling what comes up.

They have forgotten — and this is the critical word — they have forgotten the pain of active addiction. The physical and emotional torment of the bottom has faded. And because the memory of pain is what motivates the disciplines of recovery, when the memory fades, the motivation fades with it.

Father Martin's counsel was not to keep people in perpetual pain — it was to develop practices that maintain honest awareness of what the disease produces, so that the memory serves its protective function even as the immediate pain heals.

The third warning sign — irritability — is in some ways the most immediately recognizable. Father Martin described it as a return to "E over I": Emotions over Intellect. In healthy recovery, the person has developed enough spiritual and emotional tools that small frustrations remain proportionate — they are inconveniences, not catastrophes; annoyances, not injustices.

But when those tools have not been used, when the meeting attendance has lapsed, when the prayer life has gone quiet, when the sponsor hasn't been called, the tolerance for ordinary frustration erodes dramatically. Small things feel enormous. Minor conflicts feel like threats. The world becomes irritating, unfair, exhausting — and the person who has been here before knows what the disease does with a world experienced that way. It begins to build the case for relief.

These three states — cockiness, complacency, irritability — are the disease's advance team, preparing the terrain for a return to use. They are not inevitable. They are recognizable. And recognition, followed by honest response, is the entire point of Father Martin's warning.

Reflection Questions

1. Which of the three warning signs — cockiness, complacency, or irritability — is most present in your current recovery experience? Give a specific, honest example.

2. Father Martin described the cocky person as believing they have "outgrown" their need for recovery practices. Have you experienced this? What were the signs? What happened?

3. Complacency is described as happening without a decision — through gradual drift rather than deliberate choice. How would you know if you were drifting? What are the earliest signs of your own complacency?

4. Irritability — "E over I" — is described as a sign that spiritual tools are not being used. On a scale of 1 to 10, how irritable have you been this week? What does that number tell you about your recovery practices?

5. Father Martin warned that "time takes time" but that time also allows people to forget the pain that motivated recovery. What practices do you have for keeping honest memory of what active addiction was like — not to stay in pain, but to stay protected?

CHECK YOURSELF · CHECK-IN 3 OF 5

The Three Warning States: Cockiness, Complacency & Irritability

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

1. I have experienced periods of overconfidence in my sobriety — believing I no longer need meetings or a sponsor

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have found myself thinking "I have it licked" or that my addiction is behind me permanently

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I have drifted away from recovery routines gradually — missing meetings, skipping calls to my sponsor

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I have used the length of my sobriety as a reason to relax my recovery practices

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I notice irritability as a sign that something is wrong in my recovery — "emotions over intellect"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. Small frustrations have felt overwhelming to me at times, suggesting my spiritual tools are not being used

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have returned to old attitudes — resentment, entitlement, isolation — without noticing the drift

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have experienced "unguarded moments" where nothing stood between me and a return to use except instinct

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE**Three Warning States Inventory**

Cockiness, Complacency, Irritability — The Unguarded Moment Assembling Itself

"

None of the three feels like a warning at the time. That is what qualifies them as warnings.

— Father Martin tradition

Why These Three

Father Martin named cockiness, complacency and irritability as the three states that reliably precede the unguarded moment. What makes them useful is that none of them is a craving and none of them mentions a substance, so they arrive weeks or months before anything recognizable as danger — and none of them feels like a symptom from the inside. Cockiness feels like recovery working. Complacency feels like stability. Irritability feels like other people being difficult. This inventory is for building your own three-part early warning system, in your own words, while you are well enough to describe it accurately.

Cockiness

The conviction that you have this handled. It does not feel like danger — it feels like progress, which is exactly the problem.

HOW IT SOUNDS

"I could be around it now and it would not bother me." · "I am doing better than most of the people in that room." · "I do not really need to go every week anymore."

HOW IT SHOWS

Testing yourself unnecessarily. Advising others while skipping your own work. Telling the story of your recovery more often than working it.

How present is this in you right now, this week? (1 = not at all, 5 = clearly present)

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

MY VERSION — write the sentences this state actually uses in your head. Not the examples above. Yours.

Your own internal monologue in this state...

THE BEHAVIORAL SIGN — what do you do, or stop doing, when this state is running? Something observable, not a feeling.

What another person could see...

WHO NOTICES FIRST — which person in your life sees this before you do, and what do they say when they see it? Recall their actual words; you have probably dismissed them.

A name, and what they say...

THE HISTORY — was this state present before a previous slip or close call? How long before, and what did you make of it at the time?

What it preceded, and by how long...

THE COUNTERMEASURE — what specific action answers this state? Write it as an instruction you could follow while in the state, when you will be least inclined to agree that you are in it.

An instruction, not an intention...

Complacency

The quiet one. Nothing is wrong, which is precisely why nothing is being done. Cockiness makes a claim; complacency just stops showing up.

HOW IT SOUNDS

"I will go next week." · "There is nothing to share right now." · "Things are fine — I do not want to take up the time."

HOW IT SHOWS

Meetings attended later and left earlier. Calls returned instead of made. Step work postponed to a better week. Routines that have quietly stopped without a decision ever being taken.

How present is this in you right now, this week? (1 = not at all, 5 = clearly present)

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

MY VERSION — write the sentences this state actually uses in your head. Not the examples above. Yours.

Your own internal monologue in this state...

THE BEHAVIORAL SIGN — what do you do, or stop doing, when this state is running? Something observable, not a feeling.

What another person could see...

WHO NOTICES FIRST — which person in your life sees this before you do, and what do they say when they see it? Recall their actual words; you have probably dismissed them.

A name, and what they say...

THE HISTORY — was this state present before a previous slip or close call? How long before, and what did you make of it at the time?

What it preceded, and by how long...

THE COUNTERMEASURE — what specific action answers this state? Write it as an instruction you could follow while in the state, when you will be least inclined to agree that you are in it.

An instruction, not an intention...

Irritability

The one other people notice first. Often the last of the three to arrive and the first to be visible from outside — which makes the people around you an instrument you are not currently reading.

HOW IT SOUNDS

"Why does everyone need something from me." · "That meeting is full of people who love the sound of their own voice." · "I am fine. I said I am fine."

HOW IT SHOWS

A short fuse over small things. Contempt for the program or the people in it. Arguments you start and then feel justified by. Withdrawal presented as needing space.

How present is this in you right now, this week? (1 = not at all, 5 = clearly present)

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

MY VERSION — write the sentences this state actually uses in your head. Not the examples above. Yours.

Your own internal monologue in this state...

THE BEHAVIORAL SIGN — what do you do, or stop doing, when this state is running? Something observable, not a feeling.

What another person could see...

WHO NOTICES FIRST — which person in your life sees this before you do, and what do they say when they see it? Recall their actual words; you have probably dismissed them.

A name, and what they say...

THE HISTORY — was this state present before a previous slip or close call? How long before, and what did you make of it at the time?

What it preceded, and by how long...

THE COUNTERMEASURE — what specific action answers this state? Write it as an instruction you could follow while in the state, when you will be least inclined to agree that you are in it.

An instruction, not an intention...

Your Early Warning System

1. Which of the three comes first for you? People generally have a sequence, and knowing yours converts three separate warnings into one alarm with three stages.

2. Which is hardest for you to see in yourself? That one needs an outside observer rather than better self-monitoring — which person will you ask, and in what words?

3. Look at your three "who notices first" answers. Have you ever given any of those people permission to say it plainly? Write the sentence you would need to say to grant that permission, and name the day you will say it.

4. Complacency is the quietest and therefore the most dangerous of the three. What is the earliest measurable sign of it in you — a meeting missed, a call not made, a number of days since you last spoke honestly to anyone?

5. Write your three-line warning card: "I am cocky when _____. I am complacent when _____. I am irritable when _____." Then say where you will keep it and who else will have a copy.

YOUR EXERCISE

Mapping My Unguarded Moments

Six Vectors, and the Point Where They Cross

"

The unguarded moment is not a moment of weakness. It is a moment of arrangement.

— Father Martin tradition

Conditions, Not Character

People describe the unguarded moment as something that came over them, and the description is sincere and it is wrong. It is a convergence: a particular hour, in a particular place, in a particular company, in a particular state of body and feeling, with something specific missing. Any one vector alone is usually survivable. Three or four together are what produce the moment that feels like it arrived from nowhere. This exercise maps the six separately, then puts them together at the end — because the composite is what you actually need to plan for, and the composite is what nobody plans for.

Time

Which hours and which days? Be exact. For most people it is a narrow window — a particular evening hour, the gap between finishing work and arriving home, Sunday afternoon, the first hour after everyone is asleep.

What is currently scheduled in that window? If the answer is nothing, that is the finding.

How exposed does this vector leave you, on its own? (1 = manageable, 5 = this one alone is dangerous)

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

THE GUARD — what specific arrangement reduces this vector? Not vigilance, which fails exactly when you need it. An arrangement: something scheduled, removed, changed, or given to someone else to hold.

Place

Which physical locations lower your guard? Include the neutral ones — a car, a hotel room, a kitchen after everyone has gone up, a route home that passes something.

Which of these can be changed, and which have to be planned around because you cannot avoid them?

How exposed does this vector leave you, on its own? (1 = manageable, 5 = this one alone is dangerous)

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

THE GUARD — what specific arrangement reduces this vector? Not vigilance, which fails exactly when you need it. An arrangement: something scheduled, removed, changed, or given to someone else to hold.

People

Who are you least guarded around? Both kinds count: the people connected to using, and the people whose company makes you feel you have earned an exception.

Is there one person whose presence reliably precedes trouble, and have you ever said so out loud to anyone?

How exposed does this vector leave you, on its own? (1 = manageable, 5 = this one alone is dangerous)

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

THE GUARD — what specific arrangement reduces this vector? Not vigilance, which fails exactly when you need it. An arrangement: something scheduled, removed, changed, or given to someone else to hold.

Physical State

What state is your body in when your guard is lowest? Tired, hungry, in pain, ill, wired after a shift, or physically well and looking for something.

Which of these do you currently treat as a recovery matter rather than as an ordinary inconvenience?

How exposed does this vector leave you, on its own? (1 = manageable, 5 = this one alone is dangerous)

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

THE GUARD — what specific arrangement reduces this vector? Not vigilance, which fails exactly when you need it. An arrangement: something scheduled, removed, changed, or given to someone else to hold.

Emotional State

Which feelings open the gate? Name them precisely — and include the good ones. Elation and relief have ended as many attempts as despair.

Which feeling on your list surprises you to see written down?

How exposed does this vector leave you, on its own? (1 = manageable, 5 = this one alone is dangerous)

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

THE GUARD — what specific arrangement reduces this vector? Not vigilance, which fails exactly when you need it. An arrangement: something scheduled, removed, changed, or given to someone else to hold.

What Is Missing

The unguarded moment is often defined by an absence rather than a presence. How many days since you last spoke honestly to someone, attended anything, slept properly, or ate a real meal?

What is your threshold — the number of days after which you know you are exposed?

How exposed does this vector leave you, on its own? (1 = manageable, 5 = this one alone is dangerous)

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

THE GUARD — what specific arrangement reduces this vector? Not vigilance, which fails exactly when you need it. An arrangement: something scheduled, removed, changed, or given to someone else to hold.

The Convergence

Now assemble them. Take your highest-rated answer from each of the six vectors and build the single scenario in which all of them are true at once. This is your unguarded moment, described in advance.

Write the composite scenario as a short narrative, in the present tense. "It is Thursday, about nine. I am _____. I have not _____ since _____. I am feeling _____."

Describe it as though it is happening...

How often do these six actually line up? Once a week, once a month, only on certain occasions? And when did they last converge?

Frequency, and the last occurrence...

Which single vector is easiest to remove from the composite? You do not have to dismantle all six. Breaking one reliably is usually enough to make the convergence fail.

The one you can actually break...

The Plan for That Hour

1. Write the instruction for the scenario you just described. What do you do, in what order, starting with the first thing. Write it as steps a tired person could follow.

2. Who is on the other end of it? Name the person, and say whether they know they are in this plan. A plan naming someone who has not agreed is not yet a plan.

3. What has to be arranged in advance for this to work — a number saved, a meeting known, a key given to someone, something not in the house?

4. When does this hour next occur in your calendar? Name the date. Then say what will be different about it this time.

PART 4 OF 6 · READING

The Internal Triple View of Self: Alignment, Divergence & Honest Recovery

Among Father Martin's more psychologically sophisticated teachings was his description of what he called the Triple View of Self — three distinct perspectives on identity that, in healthy recovery, ought to be roughly aligned, and whose divergence he identified as both a symptom and a cause of relapse.

Understanding this framework requires a kind of honesty that does not come naturally to most people with substance use disorders — and that is precisely why Father Martin made it central to his relapse prevention teaching.

The first view is who you think you are. This is the self-image — the story you tell yourself about yourself. In active addiction, this view is often profoundly distorted in one of two directions: either the grandiose self-image that minimizes the problem ("I'm not like those people — I can handle it") or the catastrophically negative self-image that makes recovery seem impossible ("I'm too broken, too far gone, too different from people who actually get better").

Both distortions serve the disease. The grandiose self-image prevents the person from seeking help. The catastrophically negative one prevents them from believing help is possible. What they share is a fundamental estrangement from reality.

The second view is who others think you are. This is perhaps the most uncomfortable of the three for people in recovery, because it requires a willingness to be genuinely seen — to allow the perceptions of others to inform your self-understanding, even when those perceptions are unflattering.

Father Martin was clear: the person in active addiction and early recovery typically suffers from a significant and systematic failure to take others' perspectives seriously. Denial is, at its core, a refusal to integrate what others see. "You have a problem." "No I don't." The outer view is rejected because it conflicts with the inner narrative that protects the drinking.

In recovery, the capacity to genuinely hear and receive others' perceptions is both a sign of health and a protection against relapse.

The third view is who you truly are — the authentic self that addiction has buried under layers of defensiveness, denial, manipulation, and shame. Recovery seeks not simply to remove the substance but to excavate this authentic self and support its emergence into the light. This is the work of the steps — the fearless moral inventory, the admission of wrongs, the amends — all oriented toward greater authenticity, greater alignment between the presented self and the real one.

Father Martin taught that relapse characteristically begins in the growing divergence between these three views. The person starts telling themselves one story while others observe a different one. The gap between the internal narrative and the external reality widens. The self-deception deepens.

"I'm fine." "No, I'm not — but I won't admit it." "Everything's under control." But the sponsor notices the withdrawn energy, the missed calls, the defensive responses to gentle inquiry. The home group sees less of you. The therapist hears that you're "doing well" as your life begins to unravel.

The prevention is regular, structured honesty — what Father Martin's tradition calls "taking inventory." Not the annual or occasional dramatic confession, but the daily, humble practice of examining the three views and asking: Are they consistent? Where is the gap? What am I telling myself that those who know me best would recognize as a distortion?

This practice, sustained over time, is one of the most powerful protections against relapse — because it makes the early drift visible before it becomes a dangerous distance.

Reflection Questions

1. How would you honestly describe who you think you are in recovery right now — your self-image, your inner narrative? Write it out fully.

2. How do you think the people who know you best would describe your current recovery? What would your sponsor, your home group, your family notice that you might be minimizing or missing?

3. Is there a gap between those two views right now? Where is the divergence? What is your inner story that others would challenge or complicate?

4. Father Martin described divergence between the three views as both a symptom and a cause of relapse. Have you ever experienced a period when your self-perception and others' perception of you were dramatically different? What happened during that period?

5. What does your authentic self — the person underneath the defenses and the story — most need right now in recovery? What would "uncovering" more of that authentic self require?

CHECK YOURSELF · CHECK-IN 4 OF 5

The Triple View of Self — Alignment & Honesty

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

1. My self-perception is honest and consistent with how people who know me well see me
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I am aware of the gap between who I think I am and who I actually am in recovery
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I have been willing to accept feedback from others about my recovery behaviors, even when uncomfortable
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I have recognized moments when I was lying to myself or others about my feelings or behaviors
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I regularly check my self-image against reality — through step work, honest prayer, or sponsor conversations
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I understand that divergence between my three "selves" is a warning sign, not just a personality quirk
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I am genuinely open to feedback about my recovery from my sponsor, group, or treatment team
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I can honestly assess whether my authentic self and my presented self are aligned right now
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

The Triple View of Self

Mirror Work — Three Views, and the Distance Between Them

"

Denial is, at its core, a refusal to integrate what others see.

— Father Martin tradition

Three Views, and Why the Gap Matters

Who you think you are. Who others think you are. Who you actually are. Father Martin held that in healthy recovery these three sit roughly together, and that their separation is both a symptom of relapse and one of its causes — because maintaining a gap takes work, and the work is exhausting, and exhaustion is how people end up looking for relief. Note that the gap opens in both directions. A grandiose self-image keeps a person from asking for help; a crushing one keeps them from believing help would work. This exercise measures the distance in five domains. The second column is the hard one: answer it as they would answer, not as you would want them to.

As Someone in Recovery

Start here. Divergence in this domain is the one that most directly precedes a slip.

VIEW ONE — WHO I THINK I AM

VIEW TWO — WHO THEY THINK I AM

Name one specific person in this domain and answer as they would, in their words, including the parts that are unflattering. If you do not know, that is itself the answer and you should write that.

VIEW THREE — WHO I ACTUALLY AM

Not a compromise between the first two. What does the behavioral record show — what you have actually done in this domain over the last three months?

How far apart are the three views in this domain? (1 = closely aligned, 5 = three different people)

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

WHAT THE GAP COSTS — keeping two versions going takes effort. What does this particular gap require of you: managing what you say, avoiding a person, rehearsing, keeping something from someone?

At Home

The people who live with you have the longest observation record and the least reason to flatter it.

VIEW ONE — WHO I THINK I AM

VIEW TWO — WHO THEY THINK I AM

Name one specific person in this domain and answer as they would, in their words, including the parts that are unflattering. If you do not know, that is itself the answer and you should write that.

VIEW THREE — WHO I ACTUALLY AM

Not a compromise between the first two. What does the behavioral record show — what you have actually done in this domain over the last three months?

How far apart are the three views in this domain? (1 = closely aligned, 5 = three different people)

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

WHAT THE GAP COSTS — keeping two versions going takes effort. What does this particular gap require of you: managing what you say, avoiding a person, rehearsing, keeping something from someone?

At Work

Often the domain where the self-image and the outside view are furthest apart in either direction — and the one people least expect to matter.

VIEW ONE — WHO I THINK I AM

VIEW TWO — WHO THEY THINK I AM

Name one specific person in this domain and answer as they would, in their words, including the parts that are unflattering. If you do not know, that is itself the answer and you should write that.

VIEW THREE — WHO I ACTUALLY AM

Not a compromise between the first two. What does the behavioral record show — what you have actually done in this domain over the last three months?

How far apart are the three views in this domain? (1 = closely aligned, 5 = three different people)

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

WHAT THE GAP COSTS — keeping two versions going takes effort. What does this particular gap require of you: managing what you say, avoiding a person, rehearsing, keeping something from someone?

As a Friend

Consider who has stayed, who has drifted, and whether you know which of those you chose.

VIEW ONE — WHO I THINK I AM

VIEW TWO — WHO THEY THINK I AM

Name one specific person in this domain and answer as they would, in their words, including the parts that are unflattering. If you do not know, that is itself the answer and you should write that.

VIEW THREE — WHO I ACTUALLY AM

Not a compromise between the first two. What does the behavioral record show — what you have actually done in this domain over the last three months?

How far apart are the three views in this domain? (1 = closely aligned, 5 = three different people)

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

WHAT THE GAP COSTS — keeping two versions going takes effort. What does this particular gap require of you: managing what you say, avoiding a person, rehearsing, keeping something from someone?

Alone

The third view has no witness here, which is exactly why this domain is where honesty is hardest and most necessary.

VIEW ONE — WHO I THINK I AM

VIEW TWO — WHO THEY THINK I AM

Name one specific person in this domain and answer as they would, in their words, including the parts that are unflattering. If you do not know, that is itself the answer and you should write that.

VIEW THREE — WHO I ACTUALLY AM

Not a compromise between the first two. What does the behavioral record show — what you have actually done in this domain over the last three months?

How far apart are the three views in this domain? (1 = closely aligned, 5 = three different people)

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

WHAT THE GAP COSTS — keeping two versions going takes effort. What does this particular gap require of you: managing what you say, avoiding a person, rehearsing, keeping something from someone?

Reading the Distance

1. Where is your widest gap? Name the domain, and say which direction it runs — is your self-image larger than the record, or smaller? Both are dangerous and they fail differently.

2. In which domain was the second view hardest to write? Difficulty there usually means one of two things: either you have never asked, or you already know and have decided not to look. Which is it?

3. Father Martin tied divergence directly to relapse. Look back at your own history: before a previous slip, which of the three views had drifted first?

4. Pick the domain with the widest gap and name one person there you could actually ask. Write the question you would put to them — something more specific than "how am I doing" — and the day you will ask it.

5. Where are the three views closest? That domain is evidence that alignment is available to you. What is different about it — more honesty, more contact, less at stake, or someone who tells you the truth?

6. Write one sentence about who you actually are today, built from view three only, that you would be willing to have read aloud by any of the people you named.

PART 5 OF 6 · READING

Building the Sober Instinct: Meetings, Service & the Powerless Moment

Father Martin was practical in a way that not all teachers of recovery are. He understood that principles without practices are insufficient — that the person who understands recovery intellectually but has not built the daily habits of recovery is a person walking a tightrope without a net.

The central practical construct of his relapse prevention teaching was what he called the "sober instinct" — a deeply embedded, automatically accessed, non-deliberate orientation toward sobriety that operates even in the "unguarded moment" when nothing else stands between the person and a drink.

The unguarded moment is Father Martin's name for those situations in which conscious defenses are down — when the person is tired, stressed, alone, blindsided by an unexpected emotional trigger, placed unexpectedly in proximity to substances, or simply caught in a moment of vulnerability they did not anticipate.

In those moments, the careful planning that characterizes intentional recovery is unavailable. There is no time to call the sponsor, no opportunity to attend a meeting, no possibility of consulting a recovery plan. There is only the accumulated character of what has been practiced — the depth or shallowness of the sober instinct.

Father Martin described the sober instinct as something that is built, not granted. It develops through consistent attendance at meetings — not the meetings you feel you need when you're in crisis, but the regular, sometimes "boring," steady attendance that is maintained whether you feel like it or not.

It is developed through the sponsor relationship — not just crisis calls but regular, substantive contact that makes the sponsor's voice and perspective an internalized presence. It is built through step work, through prayer and meditation, through service to others in recovery.

Each of these practices, maintained over time, contributes a layer to what eventually becomes an instinctual orientation — a self that, in the unguarded moment, turns away from the substance not because it has calculated the reasons but because that is simply what it does.

The service dimension of building the sober instinct is particularly important in Father Martin's framework, and it receives less attention than it deserves. He taught that helping others creates an instinct to refuse drink or drug — not through willpower or commitment, but through the transformation of identity that service produces.

The person who has sponsored others, who has shared their story, who has shown up for a newcomer at 2 a.m. when the newcomer was in crisis — that person has built a recovery identity that makes returning to use feel not just harmful but fundamentally incongruent with who they have become. The service relationship anchors the sober identity in a way that nothing else quite matches.

Father Martin also offered what he described as the entire prevention strategy in seven words: "Trust God, clean house, and help others." This distillation — drawn from the tradition of Alcoholics Anonymous but expressed in Father Martin's particular register — contains the full architecture of the sober instinct.

"Trust God" addresses the spiritual dimension: the surrender of self-will and the development of a relationship with a power greater than oneself that provides the orientation and stability the person cannot provide from within their own resources.

"Clean house" addresses the internal dimension: the ongoing work of inventory, amends, and honest self-examination that prevents the accumulation of stinking thinking, resentment, and shame.

"Help others" addresses the relational and service dimension: the movement out of isolation and self-preoccupation into genuine contribution to the recovery of others.

Together, these practices do not just support sobriety — they build the sober instinct that makes sobriety available even in the moment when it is most tested.

Reflection Questions

1. Father Martin described the "unguarded moment" — a situation where your conscious defenses are down and only instinct stands between you and a return to use. What are your most likely unguarded moments? When and where are you most vulnerable?

2. How would you honestly assess the strength of your current sober instinct? Is it being actively built through consistent practice, or is it being passively eroded through drift and complacency?

3. How regularly do you attend meetings — not only when you feel you need them, but as a consistent practice? What would it take to make attendance as non-negotiable as eating or sleeping?

4. Father Martin said service creates an instinct to refuse drink or drug. What service work are you currently doing? How has helping others shaped your recovery identity?

5. "Trust God, clean house, and help others." Which of these three is most active in your current recovery? Which is most neglected? What would developing the neglected one look like in practice?

CHECK YOURSELF · CHECK-IN 5 OF 5

Building the Sober Instinct — Recovery Maintenance

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

1. I attend meetings consistently — not only when I feel like I need them, but as a regular practice
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I have a sponsor I contact regularly, not only in crisis
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I engage in service work — helping others in recovery — as part of my ongoing program
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I maintain spiritual practices (prayer, meditation, step work) that reinforce my recovery identity
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I understand that consistent meeting attendance builds an "instinct" to refuse a drink or drug
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I recognize that the sober instinct is built over time and can erode if the practices stop
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I have a home group and people in recovery who know me and would notice if I disappeared
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. My recovery is maintained by daily action, not by willpower alone
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Recovery Routine Audit

What You Intend, and What the Last Thirty Days Actually Show

"

Nobody decides to stop doing the things that keep them well. They simply stop, and the decision is reconstructed afterward.

— Father Martin tradition

Count, Do Not Estimate

Phase three of the relapse process is behavioral drift, and drift is difficult to see from inside because it never involves a decision. No one resolves to stop calling their sponsor. The calls simply get returned instead of made, and then made less, and at no point is there a moment you could point to. The only reliable instrument is counting. Use real numbers for the last thirty days — check your phone, your calendar, your messages if you need to. Where you cannot produce a number, write that you cannot; a practice you cannot count is a practice you are not really running.

Meetings or Groups

THE DESIGN — what did you intend this to be, when you last thought about it properly? How often, and for how long?

THE COUNT

How many did you attend in the last thirty days? A number, not an impression.

How wide is the gap between design and count? (1 = none, I am doing what I intended; 5 = it has effectively stopped)

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

WHEN IT STARTED SLIPPING — approximately when, and what else was happening in your life at that point?

THE REASON YOU GAVE — each skip had a justification, and each one was probably true. Write the reason you have been giving yourself.

Sponsor or Mentor Contact

THE DESIGN — what did you intend this to be, when you last thought about it properly? How often, and for how long?

THE COUNT

How many times did you initiate contact — not answer it — in the last thirty days?

How wide is the gap between design and count? (1 = none, I am doing what I intended; 5 = it has effectively stopped)

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

WHEN IT STARTED SLIPPING — approximately when, and what else was happening in your life at that point?

THE REASON YOU GAVE — each skip had a justification, and each one was probably true. Write the reason you have been giving yourself.

Service

THE DESIGN — what did you intend this to be, when you last thought about it properly? How often, and for how long?

THE COUNT

How many times did you do something for someone else in recovery, however small?

How wide is the gap between design and count? (1 = none, I am doing what I intended; 5 = it has effectively stopped)

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

WHEN IT STARTED SLIPPING — approximately when, and what else was happening in your life at that point?

THE REASON YOU GAVE — each skip had a justification, and each one was probably true. Write the reason you have been giving yourself.

Step or Written Work

THE DESIGN — what did you intend this to be, when you last thought about it properly? How often, and for how long?

THE COUNT

How many sittings, and when was the last one?

How wide is the gap between design and count? (1 = none, I am doing what I intended; 5 = it has effectively stopped)

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

WHEN IT STARTED SLIPPING — approximately when, and what else was happening in your life at that point?

THE REASON YOU GAVE — each skip had a justification, and each one was probably true. Write the reason you have been giving yourself.

Prayer, Meditation or Reflection

THE DESIGN — what did you intend this to be, when you last thought about it properly? How often, and for how long?

THE COUNT

How many days out of thirty? Use whatever form of this is genuinely yours.

How wide is the gap between design and count? (1 = none, I am doing what I intended; 5 = it has effectively stopped)

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

WHEN IT STARTED SLIPPING — approximately when, and what else was happening in your life at that point?

THE REASON YOU GAVE — each skip had a justification, and each one was probably true. Write the reason you have been giving yourself.

Sleep, Food and Movement

THE DESIGN — what did you intend this to be, when you last thought about it properly? How often, and for how long?

THE COUNT

How many of the last thirty days would you call adequately slept and fed?

How wide is the gap between design and count? (1 = none, I am doing what I intended; 5 = it has effectively stopped)

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

WHEN IT STARTED SLIPPING — approximately when, and what else was happening in your life at that point?

THE REASON YOU GAVE — each skip had a justification, and each one was probably true. Write the reason you have been giving yourself.

One Honest Conversation

THE DESIGN — what did you intend this to be, when you last thought about it properly? How often, and for how long?

THE COUNT

How many times in thirty days did you tell someone something true that was hard to say? And when was the most recent?

How wide is the gap between design and count? (1 = none, I am doing what I intended; 5 = it has effectively stopped)

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

WHEN IT STARTED SLIPPING — approximately when, and what else was happening in your life at that point?

THE REASON YOU GAVE — each skip had a justification, and each one was probably true. Write the reason you have been giving yourself.

What the Audit Shows

1. Which practice went first? Compare your "when it started slipping" answers and put them in order. That order is your drift sequence, and it will be the same next time.

2. Read your seven reasons together. Do they name the same circumstance — a period at work, a change at home, a person, a stretch of feeling well? Drift usually has one cause wearing seven explanations.

3. Which practice has the widest gap? And separately: which gap worries you most? If those are different, say why — the discrepancy is worth understanding.

4. Which single practice, restored, would pull the others back with it? For most people one practice is load-bearing and the rest follow it in both directions.

5. Compare this audit with your Exercise 1 timeline. Does the drift you just counted match phase three as you described it? If the counting is worse than your narrative, trust the counting.

6. Name the one practice you are restoring, the exact frequency, the start date, and the person who will know whether you did. One practice. A plan to restore all seven is a plan to restore none.

YOUR EXERCISE

Building the Sober Instinct

What You Do Before You Have Decided Anything

"

In the powerless moment you will not rise to the occasion. You will fall to the level of what you have practiced.

— Father Martin tradition

Why Instinct and Not Resolve

There is a moment in every relapse where deliberation is not available — the craving is loud, the news has just landed, the glass is already in someone's hand. Father Martin's point about meetings and service was never sentimental: they are repetitions, and repetitions are what convert a decision into an instinct. An instinct is simply a response you have run so many times that it arrives before the argument does. Addiction already installed several. This exercise is about installing competing ones, deliberately, for the five moments that most reliably produce a slip. Note the fourth. Good news is the most under-prepared moment in recovery.

The Craving Arrives

It comes without warning, in the middle of an ordinary hour, and it is physical before it is verbal.

THE INSTALLED RESPONSE — what do you currently do first, automatically, in this moment? Answer from your history, not your intentions.

THE TRAINED RESPONSE — what should happen instead? One action, physical and immediate. Stand up. Leave the room. Say the prepared sentence. Press the name at the top of your phone.

THE WORDS — if this moment involves other people, write the exact sentence. Short, unapologetic, and rehearsed. You will not compose one on the spot.

How trained is this response right now? (1 = I would be improvising; 5 = it would happen without deciding)

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

THE REPETITIONS — where do you get practice at this before you need it? Naming it out loud in a meeting, saying it to a friend, rehearsing it in the car, doing the smaller version of it this week.

It Is Offered to You

A room, a hand, a glass, an ordinary social moment where refusing requires a sentence you have not prepared.

THE INSTALLED RESPONSE — what do you currently do first, automatically, in this moment? Answer from your history, not your intentions.

THE TRAINED RESPONSE — what should happen instead? One action, physical and immediate. Stand up. Leave the room. Say the prepared sentence. Press the name at the top of your phone.

THE WORDS — if this moment involves other people, write the exact sentence. Short, unapologetic, and rehearsed. You will not compose one on the spot.

How trained is this response right now? (1 = I would be improvising; 5 = it would happen without deciding)

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

THE REPETITIONS — where do you get practice at this before you need it? Naming it out loud in a meeting, saying it to a friend, rehearsing it in the car, doing the smaller version of it this week.

The Bad News

A death, a diagnosis, a job, a call from a school or a lawyer. The moment when nobody would blame you.

THE INSTALLED RESPONSE — what do you currently do first, automatically, in this moment?
Answer from your history, not your intentions.

THE TRAINED RESPONSE — what should happen instead? One action, physical and immediate.
Stand up. Leave the room. Say the prepared sentence. Press the name at the top of your phone.

THE WORDS — if this moment involves other people, write the exact sentence. Short, unapologetic, and rehearsed. You will not compose one on the spot.

How trained is this response right now? (1 = I would be improvising; 5 = it would happen without deciding)

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

THE REPETITIONS — where do you get practice at this before you need it? Naming it out loud in a meeting, saying it to a friend, rehearsing it in the car, doing the smaller version of it this week.

The Good News

A promotion, a reconciliation, a milestone, a celebration where everyone else is marking it the usual way. This one ends as many attempts as the last one and gets a fraction of the preparation.

THE INSTALLED RESPONSE — what do you currently do first, automatically, in this moment?
Answer from your history, not your intentions.

THE TRAINED RESPONSE — what should happen instead? One action, physical and immediate. Stand up. Leave the room. Say the prepared sentence. Press the name at the top of your phone.

THE WORDS — if this moment involves other people, write the exact sentence. Short, unapologetic, and rehearsed. You will not compose one on the spot.

How trained is this response right now? (1 = I would be improvising; 5 = it would happen without deciding)

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

THE REPETITIONS — where do you get practice at this before you need it? Naming it out loud in a meeting, saying it to a friend, rehearsing it in the car, doing the smaller version of it this week.

The Empty Hour

Nothing is wrong. Nothing is happening. There is time, and no plan for it.

THE INSTALLED RESPONSE — what do you currently do first, automatically, in this moment? Answer from your history, not your intentions.

THE TRAINED RESPONSE — what should happen instead? One action, physical and immediate. Stand up. Leave the room. Say the prepared sentence. Press the name at the top of your phone.

THE WORDS — if this moment involves other people, write the exact sentence. Short, unapologetic, and rehearsed. You will not compose one on the spot.

How trained is this response right now? (1 = I would be improvising; 5 = it would happen without deciding)

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

THE REPETITIONS — where do you get practice at this before you need it? Naming it out loud in a meeting, saying it to a friend, rehearsing it in the car, doing the smaller version of it this week.

Where the Repetitions Come From

Father Martin named two engines: meetings and service. Both work the same way — they put you in the room often enough that the responses become automatic, and they attach other people to your recovery so that the instinct has somewhere to go.

1. Meetings as repetition rather than obligation: what are you actually practicing when you go — saying your name, telling the truth out loud, listening to someone whose story is not yours, sitting still? Name what you rehearse there that you rehearse nowhere else.

2. Service is the fastest exit from your own head that recovery offers. What is one concrete act of service available to you this month? Not in principle — which one, when, and for whom.

3. The powerless moment is the one where you have no resources of your own left. Write the name and number of the person you would reach for, and say whether they know they are in that position. Then say where that number is saved so you do not have to search for it.

4. Which of your five trained responses is weakest? That is the drill to run this month. What does running it actually look like this week?

YOUR EXERCISE

Trust God, Clean House, Help Others

Three Legs — and a Stool Does Not Stand on Two

"

Trust God. Clean house. Help others.

— The program, as Father Martin taught it

Why All Three

Three instructions, short enough to be remembered in a bad hour, and each one fails in a characteristic way without the other two. Trust without house-cleaning becomes a spirituality that changes nothing in the record. House-cleaning without help becomes a private project that turns inward and eventually into self-punishment. Helping others without the first two is the most common failure in recovery communities: a person busy with everyone else's recovery and quietly out of contact with their own. Work all three below, and be careful about the leg you are strongest on — people compensate with their strongest leg, and the compensation hides the missing one.

Trust God

WHAT IT MEANS

To stop running your life entirely on your own resources. Father Martin was a priest and meant it in his own terms; he was also clear that nobody has to borrow his terms to recover. If the word is unusable for you, the working version is narrower and harder to argue with: self-reliance has been tried, and you have the results.

Where do you actually stand with this, today? Devout, uncertain, angry, done with it, or working something out. Write the honest position — an honest refusal is more use here than a borrowed affirmation.

The honest answer...

What are you actually doing about it — prayer, silence, a meeting attended without speaking, asking for help before you need it, anything that acts as if something outside you matters? Frequency, not intention.

What the record shows...

How strong is this leg right now? (1 = not standing on it at all, 5 = load-bearing)

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

ONE STEP — what will you do about this leg, with whom, by when? One line, with a date in it.

An action with a date...

Clean House

WHAT IT MEANS

To keep your own record current: the wrongs named, the amends made or in progress, the resentments not allowed to accumulate, the secrets not permitted to build a floor under your recovery. A house left uncleaned does not stay level — it fills, and the weight of it is what people eventually want relief from.

What is currently accumulating? Name the specific thing you have not said, not made right, or not put down — the one that came to mind before you finished reading the question.

The honest answer...

What have you actually cleaned in the last three months — an amend made, a truth told, a resentment worked through with someone? And what has been on the list the whole time without moving?

What the record shows...

How strong is this leg right now? (1 = not standing on it at all, 5 = load-bearing)

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

ONE STEP — what will you do about this leg, with whom, by when? One line, with a date in it.

An action with a date...

Help Others

WHAT IT MEANS

The one people postpone until they feel qualified, which is the wrong test and reliably arrives too late. Helping someone else is not a reward for being well; it is one of the mechanisms by which people get well, because it is the fastest available exit from your own head.

What is your honest reason for not doing more of this — not feeling ready, not having time, not wanting the responsibility, or not wanting to be known in that way?

The honest answer...

What have you actually done for another person in recovery in the last month? Setting up a room counts. Answering a message at an inconvenient hour counts. Be specific.

What the record shows...

How strong is this leg right now? (1 = not standing on it at all, 5 = load-bearing)

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

ONE STEP — what will you do about this leg, with whom, by when? One line, with a date in it.

An action with a date...

Which Leg Is Short

1. Which of the three is strongest for you, and which is weakest? Write the two, and note whether the strong one has been quietly doing the work of the weak one.

2. Take the weakest. Is it weak because you do not believe in it, because you have not got to it, or because doing it would cost something you are not ready to pay? Those are three different problems.

3. Clean house is where most relapse risk actually accumulates, because it is the only one of the three that fills up on its own if nothing is done. What is the oldest item on your list, and what has kept it there?

4. Help others is commonly postponed until a person feels qualified. Test that: who helped you when they were not qualified either, and would you say they should have waited?

5. Write the three-line version you could say to yourself in a bad hour: "I trust _____. I owe _____ an honest conversation. I can be useful to _____." Fill in all three with real names where names apply.

PART 6 OF 6 · READING

The No-Shame Return: Handling a Slip with Radical Compassion

Father Martin was fierce — there is no other word for it — in his opposition to shame-based responses to relapse. He had seen too many people fail to return to recovery after a slip not because they had lost the desire to be sober, but because the shame of returning — of facing the community, the sponsor, the counselor, the family after having "failed" — was simply too overwhelming to endure.

They stayed away. And in staying away, they died. Father Martin found this unacceptable.

He believed, and he said so plainly, that the recovery community's attitude toward those who relapse is not a minor cultural preference — it is a life and death issue.

His teaching on shame and relapse rests on a clear understanding of how shame works psychologically. Shame — unlike guilt, which says "I did something bad," — says "I am something bad." It is not the feeling of having made a mistake; it is the feeling of being a mistake.

And the person who believes they are fundamentally defective, irredeemably broken, beyond the reach of the community's welcome, is the person who does not come back. They have already absorbed the judgment they feared receiving, whether or not it was actually delivered. They have concluded that their relapse has confirmed what they always secretly suspected: that they are not like the people who stay sober, that recovery is for people who are better than they are, that they have proven once and for all that they don't deserve it.

Father Martin's antidote was radical acceptance — an atmosphere of unconditional welcome that makes returning not just possible but urgent. He did not advocate for minimizing the seriousness of a relapse, or for pretending that it carries no consequences. He was too honest for that. A relapse does carry consequences — physical, relational, professional, spiritual. They must be acknowledged and addressed.

But the person experiencing those consequences is still a person in recovery, still deserving of the community's support, still capable of choosing a different path. The relapse is information. It is a teacher about where the work still needs to happen, what the warning signs look like for this particular person, where the recovery program was insufficient or insufficiently practiced. It is not evidence of fundamental unworthiness.

He was equally critical of what he called "hurtful, unkind attitudes" within recovery communities toward those who slip. The eye-roll at the meeting when someone returns. The whispered commentary about how many times this person has tried and failed. The withdrawal of trust and warmth from someone who has relapsed.

Father Martin understood these responses as expressions of the community's own discomfort with vulnerability — its own denial that any of its members could slip. And he called them by their true name: cruelty. Whatever form it takes, the unkind response to a person returning from relapse makes recovery harder and death more likely. It is a community failing, not a virtue.

The practical implication of Father Martin's no-shame teaching is that people in recovery must do two things:

First, build personal relationships in which they know, before a slip ever happens, that they can return without being destroyed by shame. This is the sponsor's promise, and the home group's promise, given not in the abstract but in specific, personal terms: "If you ever find yourself in that place, you call me, and we come back together."

Second, they must cultivate enough compassion for themselves to believe they are worth returning. Shame can become so internalized that the community's welcome, however genuine, cannot penetrate it. Building the self-compassion that makes the return possible is as much a part of relapse prevention as any other practice.

Reflection Questions

1. How do you honestly feel about returning to recovery after a relapse? Is shame a barrier? What specific fears would stop you from calling your sponsor or returning to a meeting after a slip?

2. Have you ever witnessed or experienced an unkind response to someone who returned from a relapse — in a meeting, from a sponsor, from family? What effect did it have?

3. Father Martin said a relapse is a teacher, not a moral failure. What has your most difficult recovery moment — whether a relapse or a close call — taught you about yourself and your recovery?

4. What would you need to believe about yourself — about your worth and the community's welcome — to be able to return to recovery without shame after a slip? What are the barriers to believing those things?

5. Write out what your "no-shame return" plan would look like — specifically who you would call, what you would say, and what the first three steps back into active recovery would be. Don't wait until you need it to design it.

YOUR EXERCISE

My No-Shame Return Plan

Written Now, By the Version of You Who Is Well

"

The slip is not what ends most attempts. What ends them is the week of silence afterward.

— Father Martin tradition

Read This First — What This Plan Is and Is Not

This is not permission and it is not an expectation. Writing a fire escape plan does not mean you intend to have a fire. What it means is that nobody designs an escape route while the building is burning, and nobody in the hours after a slip is in any condition to work out who to call, what to say, or what is medically safe. Shame moves faster than judgment and its entire argument is that since the thing is already ruined, there is no point stopping — which is how one night becomes a month. So you write this while you are clear, and you give a copy to someone, and most likely you never use it. Fill it in as concretely as you can. Vagueness here is the same as having no plan.

The First Hour

Before anything else, safety. Tolerance falls during abstinence, which means the amount that was ordinary before may not be ordinary now — this is the mechanism behind a large share of overdose deaths after a period of sobriety. Withdrawal from alcohol and from benzodiazepines can be medically dangerous and is not something to manage alone.

Write your first hour. Where do you go, what do you stop, and at what point do you call a doctor or emergency services rather than a friend? Name the specific signs that mean medical help rather than support.

How ready is this part of the plan today? (1 = nothing arranged, 5 = arranged, and the people in it know)

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

The First Call

The single variable that most determines whether a slip stays a slip is how many hours pass before another person knows. Shame's whole strategy is delay.

Name the person. Then write the exact words you will use, because you will not compose them in that state — something as short as "I drank last night and I am telling you now." Write the sentence, and say where their number is saved.

How ready is this part of the plan today? (1 = nothing arranged, 5 = arranged, and the people in it know)

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

What Shame Will Say

It arrives fast and it is fluent, and every sentence it uses drives toward the same conclusion: that since you have already failed, there is no reason to stop now. That argument is what converts one night into a month.

Write what shame will actually say to you — in your own words, in the first person. Then write your counter to each one, now, while you can think clearly. "I have ruined it all" is answered by a fact, not by a slogan.

How ready is this part of the plan today? (1 = nothing arranged, 5 = arranged, and the people in it know)

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

The First Day

A day with no structure in it will be filled by the thing you are trying to stop. This part of the plan is logistics, not insight.

What happens in the twenty-four hours after? Where do you sleep, what do you eat, which meeting or appointment do you get to, who stays with you or checks in, and what do you cancel? Write it as a schedule.

How ready is this part of the plan today? (1 = nothing arranged, 5 = arranged, and the people in it know)

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

Who Else Needs to Know

Some people need to know for your safety, some for their own, and some do not need to know at all. Deciding this now, in advance, protects you from both concealment and from a confession spree you will regret.

List who is told, in what order, and roughly when. Then list who is NOT told, and be honest about whether that is a considered decision or the start of concealment. Include anyone with a professional or legal stake, and note what your obligations actually are.

How ready is this part of the plan today? (1 = nothing arranged, 5 = arranged, and the people in it know)

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

What It Is Allowed to Teach You

Once you are safe and other people know, a slip becomes information about the process that produced it — and you have already mapped that process in Exercises 1 through 6.

Write the questions you will ask yourself once you are steady, and name who you will answer them with. Which phase of your timeline did you miss? Which warning state was running? Which practice had already drifted? Set this for a specific number of days afterward — not the same night.

How ready is this part of the plan today? (1 = nothing arranged, 5 = arranged, and the people in it know)

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

The Return

The hardest room to walk into is the one you were doing well in. It is also, reliably, the one where the walking-in turns out to be the whole difficulty.

Which room do you go back to, and when — how many days? What do you say when you get there? And who will be with you, or waiting for you, so that going is not a decision you have to make alone on the day?

How ready is this part of the plan today? (1 = nothing arranged, 5 = arranged, and the people in it know)

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

The Letter

Write to the version of yourself who would be reading this the morning after. He or she will be ashamed, frightened, and looking for a reason to stay silent. You are the only person who can write with that authority, and you can only do it now.

Write the letter. Say what you need them to know, what you need them to do first, and why the silence is the actual danger.

1. Who holds a copy of this plan, and where is your copy kept? A plan you would have to search for in that state is a plan you do not have. Name the person and the place.

2. Look at your readiness ratings. Which part is least arranged, and what would it take to arrange it this week — a conversation, a number saved, a meeting schedule looked up?

3. Is there anyone named in this plan who does not yet know they are in it? Name them, and write the day you will ask.

4. Having written all of this: does looking at it make a slip feel more likely or less? Answer honestly. Most people find that naming the escape route makes the fire less frightening and the building easier to stay in — but if your honest answer is the other one, that is worth telling someone this week.

YOUR EXERCISE

My Relapse Prevention Blueprint

Nine Exercises, Assembled Into One Document Somebody Else Can Read

"

A relapse you can see coming is a relapse you can interrupt.

— Father Martin tradition

Why It Has to Be One Document

Nine exercises have each found something. Left as nine, they will be nine things you once knew. The blueprint is the assembly, and it exists to be read by someone other than you — which is the whole point, because relapse is a process that runs partly in the dark and the most reliable light available is another person who knows what to look for. Every part below sends you back to an exercise for something you have already written. Go and read what you actually wrote. The version produced during the work is more honest than the version you would reconstruct today, and honesty is the only ingredient this document has.

My Process, Named

FROM EXERCISES 1 AND 3

THE SIGNAL — Write your process in one short paragraph: the five phases from your timeline, and the five thoughts from your signature, reconciled into a single account. If they disagree anywhere, say which you trust and why.

THE RESPONSE — What is the earliest phase you could realistically catch? Name it, and name what catching it looks like in practice on an ordinary Tuesday.

How much of this part is genuinely arranged today? (1 = nothing yet, 5 = arranged, and the people in it know)

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

My Three Warning States

FROM EXERCISE 2

THE SIGNAL — Copy your three-line warning card: cocky when, complacent when, irritable when. Use the version you wrote, not a tidier one.

THE RESPONSE — For each of the three, the countermeasure and the person who will name it out loud if they see it. Say whether each person has actually been asked.

How much of this part is genuinely arranged today? (1 = nothing yet, 5 = arranged, and the people in it know)

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

My Unguarded Moment

FROM EXERCISE 5

THE SIGNAL — Copy the composite scenario — the hour, the place, the company, the state, the absence. In the present tense, as you wrote it.

THE RESPONSE — Which vector are you breaking, and how? Plus the step-by-step instruction for that hour, written so that a tired person could follow it.

How much of this part is genuinely arranged today? (1 = nothing yet, 5 = arranged, and the people in it know)

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

My Routine Floor

FROM EXERCISE 6

THE SIGNAL — Not your ideal week — your floor. The minimum count of meetings, calls, service, written work, and honest conversations below which you are, by definition, drifting. Give numbers.

THE RESPONSE — Who checks the floor, and how often? Name the person and the interval. A floor nobody measures is a preference.

How much of this part is genuinely arranged today? (1 = nothing yet, 5 = arranged, and the people in it know)

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

My Trained Instincts

FROM EXERCISE 7

THE SIGNAL — Your five trained responses in one list — craving, offer, bad news, good news, empty hour — each in a single line, with the words where there are words.

THE RESPONSE — Where do the repetitions come from this month? Name the meetings and the act of service, with days.

How much of this part is genuinely arranged today? (1 = nothing yet, 5 = arranged, and the people in it know)

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

My Three Legs

FROM EXERCISES 4 AND 8

THE SIGNAL — Which of trust, clean house and help others is shortest, and where is the widest gap between your three views of yourself? These two findings are usually related — say how, in your case.

THE RESPONSE — The one step for the short leg and the one question you are putting to the person who sees you most clearly. Names and dates for both.

How much of this part is genuinely arranged today? (1 = nothing yet, 5 = arranged, and the people in it know)

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

Who Holds It, and When It Gets Read

Exercise 9 gave you a return plan for the worst case. This section decides who holds both documents and when they are next opened — because a blueprint nobody has read is a blueprint you can quietly revise, and quiet revision is how the last attempt ended.

1. Who gets a copy of this blueprint? Name them, and name the day you will give it to them. Then say what you are asking of them — "tell me if you see number two" is an ask; "keep an eye on me" is not.

2. Look at your six readiness ratings. Which part is least arranged? That is where the next process will run, because it is the part with nobody watching it.

3. Set the review date. When do you read this again — a month, a quarter? Write the actual date.

4. Set a second date six months out, when everything will be going well and reading this will feel unnecessary. Write that date too. Complacency is the state in which this document is least likely to be opened and most needed.

5. Count your responses. How many name a person and a date, and how many are intentions? Give the number, then go back and fix the ones that failed.

The Closing Statement

Write it in your own words: "My relapse is a process, and it begins with _____. The first thing anyone would see is _____. My most exposed hour is _____, and what is now scheduled in it is _____. My floor is _____. The people who hold this are _____ and _____. If it happens anyway, the first call is to _____."
