

Father Martin's Recovery & the Family

Father Martin's Chalk Talks · The Recovery Files

"Recovery Is a Journey for the Entire Family"

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

Father Martin's Warning · The Illusion · Sobriety alone heals the family · The Reality · Each member does their own work

"Most divorces occur after the alcoholic achieves sobriety — because families are unprepared for the crisis of change." — 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

The Illusion That Shatters: Why the Whole Family Does Not Automatically Heal

There is a deeply comforting story that many people entering recovery tell themselves, and that many families tell themselves in the first flush of a loved one's sobriety: now that the drinking or using has stopped, everything will get better. The family will heal. The conflicts will resolve. The damage will repair. The love that was always there, buried under the substance, will finally be able to surface and do its work.

Father Martin spent his career gently, firmly, and sometimes not so gently dismantling this illusion — not to take hope away from families, but to replace a false hope with a more durable one.

He understood that the illusion of automatic healing is, in fact, one of the most dangerous beliefs in early family recovery. Families who believe that sobriety alone will heal the damage of addiction are families who are unprepared for what is actually coming. And what is coming is not simple, not linear, and not quick.

His observation — backed by decades of work with families in recovery — was stark: without adequate counseling and support for all members of the family, the majority of divorces in recovery families do not happen during active addiction. They happen after the alcoholic achieves sobriety.

This is not a paradox; it is a predictable consequence of the illusion. The family that has been organizing its entire life around managing a person in active addiction suddenly finds itself confronting a profoundly different situation — a sober person — without the skills, the understanding, or the support necessary to navigate it.

The addiction was the problem the family knew how to handle, at least in the sense of having adapted to it. Sobriety presents a problem the family does not know how to handle at all.

Father Martin called this the "crisis of change." The person in recovery is undergoing a radical transformation — not just the removal of a substance, but a reorganization of personality, priorities, emotions, and relationships. The family, which has spent months or years developing its own compensating patterns — the spouse who became the family manager, the child who became the mediator, the parent who became the enabler — is suddenly asked to relinquish those roles and find new ones.

Nobody has told them how to do this. Nobody has acknowledged that those roles were adaptive responses to a crisis, not character flaws. Nobody has created a space in which their own grief, anger, confusion, and fear can be addressed.

Father Martin's teaching was that recovery is not an individual journey wearing family clothing. It is genuinely a family journey — one in which each person has their own work to do, their own patterns to examine, their own healing to pursue.

The alcoholic's recovery does not carry the family's recovery inside it. Each person must pick up their own burden and walk their own portion of the road. The fact that everyone is walking the same road, toward the same destination, does not mean that any single person's journey absolves the others of the need to make their own.

This teaching is simultaneously the most challenging and the most liberating thing Father Martin offered families. It is challenging because it removes the simple narrative — you stop drinking, everything gets better — and replaces it with something considerably more complicated.

It is liberating because it distributes responsibility. The family does not have to wait for the alcoholic's recovery to determine whether their own healing is possible. Their healing is possible regardless — and is, in fact, their own responsibility to pursue, independent of what the alcoholic does or does not do.

Reflection Questions

1. Before reading this, what did you believe about how your family would be affected by your recovery — or how recovery would affect your family dynamics? Was there an element of the "automatic healing" illusion?

2. Father Martin observed that most divorces in recovery families happen after sobriety is achieved, not during active addiction. Does this surprise you? What does it mean for how you are approaching your family relationships in recovery?

3. What "crisis of change" is your family currently experiencing? What patterns or roles that developed during active addiction are now being disrupted?

4. Who in your family needs their own healing work, separate from your recovery? What are the barriers to them pursuing it? What is your role — and what is not your role — in supporting them?

5. If your family's healing is genuinely their own responsibility — not yours to manage or accelerate — what does that change about how you are approaching your family relationships in recovery?

CHECK YOURSELF · CHECK-IN 1 OF 5

Collective Responsibility — Each Member's Healing

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

1. I understand that the whole family does not automatically heal just because I stopped using
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I recognize that family members need their own recovery work, separate from mine
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I resist the tendency to make my family's emotional wellbeing my responsibility to manage
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I support family members seeking Al-Anon, therapy, or their own support without making it about me
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I understand that my family members have their own "stinking thinking" patterns that developed in response to my addiction
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I recognize that when I focus on family members' healing processes, I am often avoiding my own
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I can distinguish between genuine care for my family and controlling or caretaking behaviors
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I believe each person in my family — including me — is responsible for their own happiness and healing
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

The Automatic Healing Illusion Inventory

Identifying the Beliefs That Leave Families Unprepared

"

The whole family does not automatically get well just because the alcoholic does. This illusion, left unexamined, costs families their recovery.

— Father Martin

Why This Matters

Father Martin observed that the most dangerous beliefs in family recovery are not dramatic or obviously wrong — they are quietly reasonable-sounding assumptions that feel like common sense. This inventory helps you identify which of these beliefs are operating in your own thinking and examine their consequences honestly.

For each statement, rate how much you have believed or currently believe it (1 = not at all, 5 = very much):

"Now that I'm sober, everything in our family will get better on its own."

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

"My family should be grateful — I've done the hard part."

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

"If my family loved me, they'd let go of the past now that I've changed."

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

"My sobriety proves I've changed — they just need to accept that."

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

"Our relationship problems are about the drinking. With drinking gone, the problems should go too."

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

"I've apologized, and that should be enough for my family to move on."

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

"I'm working my recovery — my family's job is just to support me."

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

"My family's ongoing pain is a sign they're holding a grudge, not a legitimate part of their own healing."

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

Illusion Inventory Summary

1. Which belief scored highest? How specifically has holding that belief affected your family's recovery experience?

2. What is the most honest, compassionate alternative belief that could replace your highest-scoring illusion? Write it out in your own words.

3. Father Martin said the automatic healing illusion leaves families unprepared for the crisis of change. In what ways were you and your family unprepared for what recovery actually brought?

4. What would it require — emotionally and practically — to fully release the automatic healing illusion and accept that your family's recovery is genuinely separate from yours?

YOUR EXERCISE

Al-Anon, Support Groups & Collective Healing

Each Person Does Their Own Work — In Their Own Community

"

Al-Anon is indispensable. The family needs its own program, its own tools, its own community — not just the alcoholic's.

— Father Martin

Why Al-Anon Is Non-Optional

Father Martin was explicit: Al-Anon is not a supplement to the alcoholic's recovery program — it is the family's own recovery program. Without it, family members have no tools, no community, no framework for doing their own healing work. Their recovery depends on their participation in their own program, just as yours depends on yours.

Family Awareness of Support Resources

1. Which family members in your household are aware that Al-Anon (or Nar-Anon, or Alateen for children) exists as a resource for them?

2. Have you actively encouraged family members to attend Al-Anon? If not, what has prevented you from doing so?

3. Are there family members who have attended Al-Anon or other support groups? What was their experience?

4. Father Martin said the family needs its own tools and community. What tools does your family currently have for navigating the recovery process without making it entirely dependent on you?

Professional Treatment & Therapy

1. Is your family engaged in any professional therapeutic support — individual therapy, family therapy, or a family treatment program?

2. Which family member do you believe most urgently needs professional therapeutic support? What is the barrier to them receiving it?

3. Have you participated in family therapy as part of your own recovery program? If not, is it available and accessible?

4. Father Martin co-founded a treatment center (now Ashley Addiction Treatment) that integrated medical and spiritual care for both patients and families. What integrated support is available to your family, and what are you doing to help them access it?

Collective Responsibility in Practice

1. Father Martin challenged the illusion that recovery is the alcoholic's responsibility and the family's job is to wait and support. How has that illusion operated in your family?

2. What does collective responsibility look like in your specific family right now — what is each person doing, or what could they be doing, for their own healing?

3. How do you support family members' independent healing work without making it about you or trying to manage their process?

4. What would it mean for your family to have a culture of collective recovery — where everyone's healing is valued, supported, and not dependent on any single person's progress?

A Resource Note

Al-Anon Family Groups (al-anon.org) offer in-person and online meetings for family members and friends affected by someone else's drinking. Alateen is available for teenagers. Nar-Anon (nar-anon.org) serves families affected by drug addiction. These programs provide the 12-step tools, community, and framework that Father Martin considered indispensable for family recovery. If your family members do not yet attend, consider printing a meeting list and leaving it accessible — without pressure or expectation.

PART 2 OF 6 · READING

The Crisis of Change: Living with a Brand New Person

When Father Martin described what happens to a family when a person enters recovery, he used a phrase that is simultaneously obvious and startling: the family is suddenly living with a brand new person.

The individual who drank or used — who organized their life, their emotions, their relationships, and their daily existence around the substance — is gone. In their place is someone who is genuinely different: more present, potentially more emotional, taking up more space, making more demands, expressing more needs.

For families who have spent years adapting to the person in active addiction, this new presence is not simply welcome. It is disorienting, sometimes frightening, and often destabilizing.

This is counterintuitive to many people in recovery, who expect their sobriety to be experienced by their families as unambiguous good news. And in some senses it is good news — the danger has reduced, the chaos has quieted, the most acute damage has stopped accumulating.

But good news that produces unfamiliar demands is still experienced as demanding. The family that has been protecting itself from an unpredictable, sometimes dangerous person does not instantly relax its defenses when that person gets sober. The defenses were built over years. They do not dissolve in months.

Father Martin described the specific ways that the crisis of change manifests in families.

First, the roles that family members developed during active addiction become suddenly inappropriate — but they do not feel inappropriate, because they have become identity-level patterns. The spouse who became the household's sole competent adult may resist, consciously or not, the recovering person's attempt to resume shared responsibility.

From the outside, this looks like sabotage. From the inside, it is the natural defensiveness of someone who learned, through painful experience, that sharing responsibility with this person led to disaster. The pattern protects against a threat that may no longer exist — but the nervous system does not yet know that.

Children are particularly vulnerable to the crisis of change, and Father Martin drew attention to this with characteristic directness. The child who has organized their personality around managing, mediating, achieving, or hiding — patterns that kept them safe during the active addiction years — does not automatically release those patterns when a parent gets sober.

In many cases, the child's symptoms actually intensify in early family recovery, because the change in the family system destabilizes whatever equilibrium the child had found. This is not a sign that recovery is harmful to children. It is a sign that children, like all family members, need their own support in navigating the change.

Second, the recovering person's new emotional availability — the presence and expressiveness that was unavailable during active use — is experienced by families not always as welcome but

sometimes as overwhelming.

Family members who have learned to live without genuine emotional contact from this person may not have the skills or the capacity to receive it suddenly. They may need time, support, and their own therapeutic work before they can receive what is being offered.

The recovering person who interprets this reticence as rejection is likely to become resentful — and resentment, as Father Martin never tired of pointing out, is a luxury that no one in recovery can afford.

Third, expectations — on both sides — almost inevitably outpace reality. The recovering person expects their family to notice and appreciate the change. The family expects the recovering person to understand and compensate for the harm.

Neither expectation is unreasonable. Both are likely to lead to disappointment if they are held in isolation from the other. The work of family recovery is, in part, the work of helping each person understand and make room for the legitimate expectations of every other person — a process that requires time, professional facilitation, and the willingness to trade the story of blame and victimhood for something considerably more nuanced and more true.

Reflection Questions

1. In what specific ways have you noticed your family struggling to adjust to you as a "brand new person" in recovery? What behaviors or responses from family members suggest that their patterns are still organized around the person you were in active addiction?

2. Which family member do you think has been most disoriented by the crisis of change? What role did they develop during your active addiction, and how is that role now being challenged?

3. Father Martin described the children in recovery families as often showing increased symptoms in early recovery, not decreased ones. If there are children in your family, what have you noticed? What support is available for them?

4. How have you responded when family members' emotional defenses or caution have felt like rejection? Has your response been recovery-informed, or has it generated resentment?

5. What expectations — yours and your family's — are most likely to lead to disappointment if they remain unexamined? What would a more realistic and compassionate set of expectations look like for all parties?

CHECK YOURSELF · CHECK-IN 2 OF 5

The Crisis of Change — Family Adaptation in Recovery

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

1. I understand that when I got sober, my family was suddenly living with a significantly different person

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I recognize that my family developed patterns and coping strategies around my using that are now disrupted

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I have witnessed or experienced family members struggling to adjust to my sobriety

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I understand that family members' roles (caretaker, enabler, scapegoat) developed over years and do not simply dissolve when I stop using

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I recognize that my family's instability and conflict may have increased, not decreased, since I got sober

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I understand that family members may have their own grief, anger, and unresolved pain independent of my recovery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I have noticed that expectations — mine and my family's — about what recovery would look like have not matched reality

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I understand that the crisis of change in my family is a normal part of recovery, not a sign that recovery is failing

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Mapping My Family's Crisis of Change

Understanding What Sobriety Has Disrupted

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When the alcoholic gets sober, the family is suddenly living with a brand new person. That is destabilizing — even when it is good news.

— Father Martin

Mapping the Disruption

Father Martin's 'crisis of change' is not a failure of recovery — it is a predictable consequence of it. The map you create here will help you see where the disruption is happening in your specific family, what each person is navigating, and where targeted support is most needed.

Unmet Expectations

What did you expect recovery to bring to your family relationships? What did your family expect? Where have those expectations collided with reality?

What you observe in your family right now:

Who is most affected by this dimension of the crisis? What do they appear to be experiencing?

What specific support — for you, for them, or for the family system — is most needed in this area?

New Emotional Presence

How has your increased emotional presence (or volatility) in early recovery been received by your family? Where has it been welcome and where has it been disorienting?

What you observe in your family right now:

Who is most affected by this dimension of the crisis? What do they appear to be experiencing?

What specific support — for you, for them, or for the family system — is most needed in this area?

Power & Authority Shifts

How have the power dynamics in your family shifted since you got sober? Who has had to give something up? Who has had to take something on?

What you observe in your family right now:

Who is most affected by this dimension of the crisis? What do they appear to be experiencing?

What specific support — for you, for them, or for the family system — is most needed in this area?

Intimacy & Connection

How has the quality of intimacy and emotional connection in your closest family relationships changed in early recovery? Where is it growing and where is it strained?

What you observe in your family right now:

Who is most affected by this dimension of the crisis? What do they appear to be experiencing?

What specific support — for you, for them, or for the family system — is most needed in this area?

Trust & Safety

How does your family's sense of physical and emotional safety in the relationship appear to be changing (or not changing) since you got sober?

What you observe in your family right now:

Who is most affected by this dimension of the crisis? What do they appear to be experiencing?

What specific support — for you, for them, or for the family system — is most needed in this area?

Conflict Patterns

Have conflict patterns in your family increased, decreased, or changed in character since your sobriety began? Describe what you observe.

What you observe in your family right now:

Who is most affected by this dimension of the crisis? What do they appear to be experiencing?

What specific support — for you, for them, or for the family system — is most needed in this area?

Crisis of Change — Priority Summary

1. Which dimension of the crisis of change is currently most acute in your family? What evidence supports that assessment?

2. Which family member appears to be struggling most with the crisis of change? What do they need that is not currently being provided?

3. Father Martin said the crisis of change is normal — not a sign that recovery is failing. How does framing your family's disruption as normal and predictable change how you approach it?

4. What is the single most important action you could take in the next two weeks to support your family through the crisis of change without taking over their healing process?

PART 3 OF 6 · READING

Damaged Patterns & Shifting Roles: The Architecture of Family Addiction

Father Martin understood families through a systemic lens that was ahead of its time in popular addiction education. He recognized that active addiction does not simply damage a family — it reorganizes it.

Every member of a family system, in the presence of a substance use disorder, develops a role, a function, a way of being in the system that serves the dual purpose of keeping the system together and managing — often unconsciously, always imperfectly — the chaos that addiction produces.

These roles are not chosen. They are assigned by circumstance and reinforced through repetition until they feel not like roles at all but like identity itself.

The most commonly described roles in the addiction literature — the enabler, the hero, the scapegoat, the lost child, the mascot — were not invented by Father Martin, but he gave them life in his teaching in a way that made them immediately recognizable to the families he worked with.

He helped families see that no member, in any role, is acting out of weakness or bad character. Every role is an adaptation. Every role makes sense in the context of the system it developed to serve. And every role, in the context of recovery, is both unnecessary and resistant to change.

The enabler — most often but not exclusively a spouse or parent — has organized their entire relational identity around managing the consequences of the addict's behavior. They cover up. They make excuses. They absorb the shocks. They keep the family afloat. They tell themselves — and genuinely believe — that they are holding things together because the addict cannot.

When the addict gets sober, the enabler's role is suddenly without a function. But the habit of managing, protecting, anticipating, and over-functioning does not dissolve with the substance. The enabler often continues to enable — now managing the recovering person's emotions, protecting them from consequences, over-explaining to others on their behalf — simply because that is what they know how to do.

The hero child presents a particular kind of heartbreak. This child — typically the oldest, typically high-achieving — has taken on the task of proving to the outside world that the family is fine. Their achievements are not simply personal accomplishments; they are family survival strategies. They redirect the family's shame into pride.

When the addiction becomes public and the family system begins to change, the hero's extraordinary performance continues — but now it serves a function that no longer exists, and the exhaustion underneath the performance begins to surface.

Father Martin was particularly moved by the scapegoat — the child who absorbed the family's displaced pain by acting out, getting in trouble, drawing negative attention. In the family system, the scapegoat performs a crucial function: by providing a problem that is visible and manageable, they draw focus away from the addiction, which is neither.

When recovery begins, the scapegoat's behavior often escalates before it improves, because they are the family's primary pressure valve and the system is under more pressure than ever.

Recovery requires all of these roles to change — not immediately, not by decree, but gradually, through education, honest conversation, and sustained therapeutic work.

Father Martin's counsel to families was patient and realistic: these patterns developed over years. They will not change in weeks. The goal is not to eliminate the roles through a single act of understanding but to begin the long, necessary work of loosening their grip — making space for each person to develop a more authentic way of being in the family system, one that does not depend on the addiction for its meaning.

Reflection Questions

1. Which role — enabler, hero, scapegoat, lost child, or mascot — can you identify most clearly in your family system? Which role did you play, and which roles did other family members take on?

2. Father Martin taught that every family role in addiction is an adaptation, not a character flaw. Thinking of the family members who enabled your addiction — can you see their behavior as an adaptation to a crisis rather than simply a personal failing? How does that change how you think about them?

3. Which role in your family do you believe is creating the most difficulty in early recovery? What would shifting out of that role require, for the person in it?

4. Have you noticed your own enabling patterns toward family members — ways in which you manage their emotions or over-function in your family relationships even in recovery? What might those patterns be protecting?

5. Father Martin said these roles take years to change. What is your realistic expectation for your family's role adjustment, and what support — individual therapy, family therapy, Al-Anon — is available to support that process?

YOUR EXERCISE

Family Roles — Identification & Transition

Understanding the Architecture of Your Family's Adaptation

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Every family role in addiction is an adaptation to a crisis, not a character flaw. Recovery asks each person to find a new way of being.

— Father Martin tradition

Why Roles Matter in Recovery

Father Martin taught that these roles do not dissolve when the addiction stops — they persist, seeking new ways to express themselves in the changed family environment. Understanding which role each family member has been playing is the first step toward helping everyone find a healthier way of being in the family system.

The Enabler / Caretaker

DURING ACTIVE ADDICTION

The family member who organized their identity around managing the consequences of the addiction. They covered up, made excuses, kept the family afloat, and over-functioned to compensate.

IN RECOVERY — THE CHALLENGE

In recovery, the enabler may continue enabling — now managing the recovering person's emotions, protecting them from consequences, doing for them what they should do themselves.

1. Who played this role in your family during active addiction? What specific behaviors characterized it?

2. How is this role showing up now in your family's recovery? What enabling behaviors have continued despite your sobriety?

3. What does this person need to gradually release this role? What support exists for them?

The Hero Child

DURING ACTIVE ADDICTION

Typically the oldest child. Their high achievement, good behavior, and success served as proof to the outside world that the family was fine — redirecting shame into pride.

IN RECOVERY — THE CHALLENGE

In recovery, the hero may continue over-achieving, or may experience a collapse now that the emergency that organized their identity has shifted.

1. Is there a hero child in your family? What does their high performance protect the family from acknowledging?

2. What does this child's life look like now that the family is in recovery? Are you paying attention to what they actually need?

3. How can you create space for this child to have needs, struggles, and imperfections without putting the family's image at risk?

The Scapegoat

DURING ACTIVE ADDICTION

The family member who acted out, creating a visible, manageable problem that drew attention away from the addiction. They were often identified as "the real problem" in the family.

IN RECOVERY — THE CHALLENGE

In recovery, the scapegoat's behavior often intensifies before it improves — they are the family's pressure valve, and the system is under more pressure than ever.

1. Who was the scapegoat in your family during active addiction? What behaviors served this function?

2. How is this person doing now in your family's recovery? Has their behavior changed — in what direction?

3. How do you take responsibility for your role in creating a family environment that required someone to be the "identified problem"?

The Lost Child

DURING ACTIVE ADDICTION

The family member who disappeared — became quiet, independent, invisible. They asked for nothing and drew no attention, protecting themselves through withdrawal.

IN RECOVERY — THE CHALLENGE

In recovery, the lost child may remain invisible — their needs unacknowledged — because they have learned that needs are dangerous and that taking up space leads to pain.

1. Who was the lost child in your family? What did withdrawal look like for them?

2. Is this person still withdrawing now? What would it mean to genuinely invite them into the family recovery process?

3. What responsibility do you carry for this person's learned invisibility? What would making it right look like?

The Mascot / Clown

DURING ACTIVE ADDICTION

The family member who used humor, performance, and lightness to relieve tension and protect the family from fully experiencing its own pain.

IN RECOVERY — THE CHALLENGE

In recovery, the mascot may continue deflecting — using humor to prevent genuine emotional contact — or may become disoriented when the family no longer needs the relief they provided.

1. Is there a mascot in your family? What tension did their humor or performance relieve?

2. How is this person adapting to the recovery environment, where more genuine emotional presence is possible?

3. What does this person need permission to feel that they have been performing their way around?

Family Roles — Summary & Transition Planning

1. Which role in your family system is creating the most difficulty in recovery right now? What specifically needs to change for that role to begin shifting?

2. What role did you play during your active addiction — beyond the addict? Caretaker of your own illness? The one who created the need for all the other roles? How do you acknowledge that?

3. Father Martin said these roles take years to change. What is a realistic 6-month goal for role transition in your family? What professional support would help?

4. Write a statement of acknowledgment — not an apology, but an acknowledgment — to the family member whose role you most recognize as a direct consequence of your active addiction.

PART 4 OF 6 · READING

"Time Takes Time": Patience, Trust & the Pace of Family Healing

"Time takes time." It is perhaps the simplest phrase Father Martin ever used, and among the most profound. He deployed it in many contexts — in the context of personal recovery, in the context of character transformation, in the context of waiting for the gifts of sobriety to become fully visible.

But nowhere was it more urgently needed than in the context of family recovery, where the impatience of the person in recovery can itself become a source of damage to the very relationships they are trying to repair.

The person in recovery experiences their sobriety as a transformation. And it is. They have made a fundamental change — the most important change of their life. They are working steps, attending meetings, talking to sponsors, growing in ways they could not have imagined in active addiction.

The growth is real. The effort is genuine. The change is visible, at least to people who know them in recovery contexts.

And so it can feel incomprehensible — sometimes even enraging — when family members do not appear to notice, or notice but remain cautious, skeptical, watchful, unconvinced.

Father Martin was gentle and firm about this: the family is right. Not because the recovery is not real — it may be entirely genuine. But because the family has been told before, often many times, that things were going to be different.

The family has a different relationship with promises of change than the recovery community does. The recovery community has seen transformation and believes in it. The family has seen promises.

The family's caution is not cruelty — it is the reasonable, protective response of people who have been injured, and who are not yet certain whether the source of the injury has genuinely changed.

Father Martin challenged people in recovery on this point with characteristic directness. He asked: do you have a track record in this family of using "I've changed" as a manipulation? Do you have a history of getting sober for short periods and then using the brief sobriety to extract concessions — forgiveness, trust, financial support, reduced consequences — before returning to use?

If so, why would your family assume this time is different? Their skepticism is not paranoia. It is pattern recognition. And the response to pattern recognition is not argument — it is evidence, accumulated slowly, over time.

He also spoke to the specific cruelty of demanding forgiveness on the recovering person's timeline. Forgiveness is a complex human process that cannot be rushed without being damaged.

A family member who has experienced years of broken promises, financial harm, emotional abuse, physical danger, or all of the above has an authentic grief that requires its own time to process.

The recovering person who says "I've been sober eight months — when are you going to forgive me?" is, however unconsciously, making the family member's healing about the recovering person's comfort. It is not. Each person's healing belongs to them.

Father Martin's prescription for this dimension of family recovery was straightforward: do the work. Show up. Be consistent. Make amends not as a single act but as a sustained practice. Accept the family's pace without resentment. Understand that you are not owed trust or forgiveness on any particular schedule.

And use the gap between where the relationship is and where you hope it will be as motivation to continue growing — not as evidence that recovery is not working, but as evidence that recovery takes exactly as long as it takes.

Reflection Questions

1. How patient are you being with your family's pace of healing and trust rebuilding? On a scale of 1-10, how resentful are you about their ongoing caution or skepticism?

2. Do you have a history of using brief periods of sobriety to extract forgiveness or trust from family members, before returning to use? How might that history be affecting their current response to your recovery?

3. Father Martin said demanding forgiveness on your timeline makes the family member's healing about your comfort. Have you been doing this, consciously or not? What would stopping look like?

4. What evidence — not promises, but actual evidence accumulated over time — have you provided to family members that this time is genuinely different? Be honest about the difference between what you have said and what you have demonstrated.

5. "Time takes time." What does this phrase mean specifically for your family relationships right now? What timeline are you working with, and is it realistic given the depth and duration of the damage?

CHECK YOURSELF · CHECK-IN 3 OF 5

Patience, Trust & "Time Takes Time"

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

1. I genuinely understand that trust broken over years of active addiction cannot be rebuilt in weeks or months

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I resist demanding that family members forgive me or trust me on my timeline

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I can tolerate family members' ongoing skepticism without becoming resentful or defensive

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I understand that my family's caution is a reasonable response to their history with me, not a personal attack

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I practice patience with the pace of family healing rather than trying to accelerate or control it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I recognize that I have a history of using "I've changed" as a manipulation — and that my family is right to want proof, not promises

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I can separate my own recovery progress from my family's response to it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I understand that the phrase "time takes time" is as true for family healing as it is for personal recovery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Patience & the Trust Timeline

"Time Takes Time" — Rebuilding What Was Broken Over Years

"

You cannot demand that your family trust you on your timeline. Trust broken over years is rebuilt over years — not weeks.

— Father Martin

Father Martin's Challenge

Father Martin asked a direct question of people in recovery: Do you have a history of using brief periods of sobriety to extract concessions from your family before returning to use? If so, your family's current skepticism is not a character flaw — it is pattern recognition. The response to pattern recognition is not argument. It is evidence, accumulated over time.

The History of Promises

1. How many times have you told your family that things would be different? What happened after those promises?

2. Have you ever used a brief period of sobriety to extract forgiveness, trust, or financial support from family members before returning to use? Be completely honest.

3. From your family's perspective, why should this time be different from every previous time you promised to change? What is your honest answer to that question?

4. What specific evidence — not promises, but verifiable behavioral change over time — have you provided to family members in this recovery period?

Resentment About Their Pace

The Dangerous Trap

Father Martin warned that the recovering person who becomes resentful about their family's pace of trust-building is generating exactly the kind of stinking thinking that threatens their sobriety. Resentment about a family's reasonable caution is a luxury nobody in recovery can afford.

1. Rate your current resentment about your family's pace of healing and trust-building (1 = none, 5 = significant). Be honest.

2. What specifically triggers your resentment? What do you wish your family would do or say that they are not doing or saying?

3. When you feel resentful about your family's pace, what does that resentment feel like in your body and in your thinking? Where does it lead if unchecked?

4. What is the recovery-informed alternative to resentment in this situation — what thought or practice could replace the resentment when it arises?

Understanding Their Forgiveness Timeline

1. Father Martin said demanding forgiveness on your timeline makes the family member's healing about your comfort. Where have you been doing this — explicitly or implicitly?

2. Choose one family member whose forgiveness feels most important to you. What did you specifically do that they are still carrying? Write it as honestly as you can.

3. From that family member's perspective, what would genuine forgiveness require — not just from you, but from themselves? What internal process are they working through?

4. What would it mean to support their healing process without requiring it to produce a particular result for you? What would that look like in practice?

PART 5 OF 6 · READING

The Three Selves in Family Recovery: Amends as the Bridge

Father Martin's teaching on the "Three Selves" — who you think you are, who others think you are, and who you truly are — takes on particular depth when applied to family recovery.

In the context of intimate family relationships, the gaps between these three perspectives are often at their widest and most painful, because family members have had years of close observation through which to develop their view of who you actually are — a view that may differ significantly from the self-image you carry and from the authentic self that recovery is attempting to uncover.

The gap between who you think you are and how your family members experience you is often the most immediately troubling for people in early recovery. You may experience yourself as genuinely changed — more honest, more present, more emotionally available, more committed to the relationship.

Your family members may experience you as unfamiliar, unpredictable, trying too hard, or not trying hard enough, depending on the specific dynamics of your family system.

These are not simply different opinions about the same reality. They are genuine perceptions shaped by different positions in the relationship — and both perceptions contain truth, even when they seem contradictory.

Father Martin taught that amends — genuine, action-based amends rather than simple verbal apologies — are the bridges that begin to close the gaps between the three selves in family relationships.

An amend is not "I'm sorry I hurt you." It is "I understand specifically what I did, I acknowledge the harm it caused you, I have made changes in my behavior to prevent it from happening again, and I am available to hear whatever you need to say about it."

This is a considerably more demanding thing than an apology. It requires the capacity to sit with another person's pain without becoming defensive. It requires the willingness to hear a version of yourself that may be quite different from the self-image you are constructing in recovery.

It requires patience — because the person receiving the amend may not be ready to receive it, and the offer itself may trigger pain, anger, or skepticism before it can begin to produce healing.

He was also clear that amends in the family context carry a unique complexity: the people to whom you owe the most significant amends are the same people you live with, depend on, and whose responses directly affect your daily recovery environment.

This is genuinely difficult. The person making amends to a distant professional contact is doing something relatively uncomplicated. The person making amends to a spouse who is still in the house, to a child who is still in their care, to a parent who is still in daily contact — that person is navigating an ongoing relationship while trying to repair the damage within it.

Father Martin's counsel here was to seek professional support — family therapy, not just individual therapy — because the work of closing these gaps in an active, continuing relationship requires guidance that is beyond what most individuals can provide for themselves.

The concept of the authentic self — who you truly are, beneath the disease and beneath the performance and beneath the story — is perhaps the most tender dimension of Father Martin's teaching.

He believed, with the conviction of a man who had walked this path himself, that the authentic self of the person in recovery is good. Not perfect. Not without flaw or sin or damage done. But genuinely, fundamentally good — and worth knowing.

The family members who have watched the disease perform in the shape of their loved one deserve the opportunity to meet the authentic person underneath. And that meeting, when it happens, is the true gift of recovery — the moment when the person the family always hoped was there finally makes themselves fully, sustainably visible.

Reflection Questions

1. Describe the gap between who you think you are in recovery and how you believe your family currently experiences you. What accounts for the difference?

2. Have you made genuine amends — action-based, not just verbal — to the family members most harmed by your addiction? What specific amends remain unmade? What is preventing you from making them?

3. Father Martin described sitting with another person's pain without becoming defensive as a core requirement of genuine amends. How able are you to do this with your family members? What happens inside you when they express pain or anger about your past behavior?

4. What does your authentic self — the person beneath the disease, beneath the performance, beneath the family role — have to offer your family that they have not yet fully received? What would meeting your authentic self require you to do?

5. Father Martin recommended family therapy for navigating the complexity of making amends within an ongoing family relationship. Is professional support available to your family? If not, what are the barriers, and what are the alternatives?

CHECK YOURSELF · CHECK-IN 4 OF 5

The Three Selves — Amends & Bridging Divides

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

1. I understand that amends are the primary bridge between who I think I am and who my family experiences me as

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have made or am working toward genuine amends — not just apologies — with the family members I have harmed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I can acknowledge the gap between my self-perception in recovery and how family members actually experience me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I understand that amends require changed behavior over time, not just verbal acknowledgment

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I can hear feedback from family members about my impact on them without becoming defensive or dismissive

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I recognize that honesty — even painful honesty — is required to begin closing the gap between my three selves

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I understand that the process of making amends may temporarily increase conflict before it decreases

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I accept that some family members may not respond positively to my amends, and that I make them for my own recovery, not for their reaction

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

The Family Amends Planner

Amends as the Bridge Between Who You Were and Who You Are

"

Amends are not apologies. They are the bridge — built over time, through changed behavior — between who you were in active addiction and who you are becoming in recovery.

— Father Martin tradition

The Difference Between an Apology and an Amend

An apology says 'I'm sorry.' An amend says 'I understand what I did, I acknowledge the harm it caused, I have changed the behavior that produced it, and I am available to hear whatever you need to say.' An apology takes minutes. An amend takes months to years of consistent behavioral evidence. Father Martin was clear: your family deserves the amend, not the apology.

Spouse / Partner / Intimate Partner

Name the specific person(s) and the specific harms you caused them during active addiction. Be concrete.

What changed behaviors — sustained over time — constitute the action portion of this amend?

Is there anything you owe this person materially — financial restitution, repaired property, returned property — as part of this amend?

Have you made a verbal component of this amend? If so, what was their response? If not, what is your plan — including timing and context?

What is the most difficult part of making this amend? What does it require of you that you may not yet be ready to provide?

Child / Children

Name the specific person(s) and the specific harms you caused them during active addiction. Be concrete.

What changed behaviors — sustained over time — constitute the action portion of this amend?

Is there anything you owe this person materially — financial restitution, repaired property, returned property — as part of this amend?

Have you made a verbal component of this amend? If so, what was their response? If not, what is your plan — including timing and context?

What is the most difficult part of making this amend? What does it require of you that you may not yet be ready to provide?

Parent(s)

Name the specific person(s) and the specific harms you caused them during active addiction. Be concrete.

What changed behaviors — sustained over time — constitute the action portion of this amend?

Is there anything you owe this person materially — financial restitution, repaired property, returned property — as part of this amend?

Have you made a verbal component of this amend? If so, what was their response? If not, what is your plan — including timing and context?

What is the most difficult part of making this amend? What does it require of you that you may not yet be ready to provide?

Sibling(s)

Name the specific person(s) and the specific harms you caused them during active addiction. Be concrete.

What changed behaviors — sustained over time — constitute the action portion of this amend?

Is there anything you owe this person materially — financial restitution, repaired property, returned property — as part of this amend?

Have you made a verbal component of this amend? If so, what was their response? If not, what is your plan — including timing and context?

What is the most difficult part of making this amend? What does it require of you that you may not yet be ready to provide?

Other Close Family Member

Name the specific person(s) and the specific harms you caused them during active addiction. Be concrete.

What changed behaviors — sustained over time — constitute the action portion of this amend?

Is there anything you owe this person materially — financial restitution, repaired property, returned property — as part of this amend?

Have you made a verbal component of this amend? If so, what was their response? If not, what is your plan — including timing and context?

What is the most difficult part of making this amend? What does it require of you that you may not yet be ready to provide?

Amends Summary & Priority

1. Which family amend is most urgent — where is unaddressed harm creating the most ongoing damage to the relationship and to your recovery?

2. Which amend are you most tempted to avoid or postpone? What are you protecting by not making it?

3. Father Martin said some amends are living amends — sustained behavioral change over time without a specific verbal component. Which of your family amends is primarily a living amend, and what does that mean in practice?

4. Do you have a sponsor, therapist, or spiritual director supporting you through the process of making family amends? If not, what is your plan for getting that support?

YOUR EXERCISE

The Three Selves — Family Mirror Work

Who You Think You Are · Who Your Family Sees · Who You Truly Are

"

Amends and honesty are the bridges that heal the divides between the three selves — within us and within our family relationships.

— Father Martin tradition

Three Mirrors, One Family System

In the family context, the Three Selves exercise is particularly powerful because family members have had years of close observation. Their view of who you are may be significantly more accurate than your self-image — and significantly more painful to hear. This exercise requires the courage to hold all three mirrors up at once without flinching.

Mirror 1: Who You Think You Are in Your Family

1. How do you see yourself as a family member in recovery — as a parent, spouse, child, or sibling? Write the self-narrative you carry.

2. What are the most positive qualities you believe you are now bringing to your family relationships in recovery?

3. What are the most significant remaining limitations or failures you honestly acknowledge in your family role?

4. Where in your family self-image do you suspect you are most self-serving or most dishonest with yourself?

Mirror 2: Who Your Family Sees

1. How do you believe your spouse or partner currently experiences you — not as you wish they did, but as you honestly believe they do based on their behavior?

2. How do you believe your children (if applicable) experience you in early recovery? What do you observe in their behavior that reflects their experience?

3. What feedback — direct or indirect — have you received from family members about how they experience you in recovery? Include what was difficult to hear.

4. Where is the biggest gap between your self-image and what your family appears to actually be experiencing?

Mirror 3: Who You Truly Are — The Authentic Self

1. Beneath your self-presentation and beneath your family's perceptions, what do you most honestly know to be true about where you are in recovery as a family member?

2. What qualities of your authentic self — genuine warmth, capability, care, humor — is your family not yet fully receiving because of the damage that preceded this recovery period?

3. What does your authentic self most need from your family that you have not yet been able to ask for honestly?

4. Write a letter to your family from your authentic self — not the addict, not the performance, but the real person — saying what that person most needs them to know.

Dear [Family Name]...

Alignment & the Bridge

1. What is the most significant gap between your self-image (Mirror 1) and your family's perception (Mirror 2)?

2. What specific amend — verbal, behavioral, or material — would most directly begin to close that gap?

3. Father Martin said honesty is the bridge between the selves. What truth, if you told it to your family, would begin to align your three selves more closely?

4. What would your family relationships look like in one year if your three selves were in substantially better alignment? Be specific — who would be different, how, and doing what?

PART 6 OF 6 · READING

Intellect Over Emotion: Restoring I/E in Family Relationships

Father Martin used a memorable formula to describe the relationship between intellect and emotion in the context of addiction and recovery: I/E versus E/I.

In healthy human functioning, intellect — in the broad sense of reason, wisdom, measured judgment — has a modulating influence on emotion. We feel things powerfully, and we are guided by reason in how we respond to what we feel. The emotion informs; the intellect directs. This is not the suppression of emotion — it is emotion in its proper relationship with rational agency.

Active addiction reverses this formula completely. Under the influence of substances, and increasingly even in the absence of substances as the disease deepens, the ratio becomes E/I — Emotion over Intellect.

Emotional reactivity drives the ship. Fear drives decisions. Anger drives interactions. Shame drives behavior. The rational, reasoned, considered response becomes increasingly unavailable — and the pattern of responding to everything with immediacy, intensity, and proportionality-free emotion becomes the governing mode of the person's relational life.

For families, the consequences of years of E/I in the person with the substance use disorder — and, increasingly, in the family members who have adapted to it — are profound and lasting.

The family develops its own patterns of emotional reactivity. Conflict management becomes crisis management. Communication becomes defensive. Trust becomes impossible because emotional unpredictability makes everything feel unsafe.

The family system becomes organized not around connection and genuine relationship but around the management of emotional volatility — whose volatility it is does not particularly matter; the pattern is the problem.

Recovery, in Father Martin's framework, is the gradual restoration of I/E — the process of rebuilding the capacity for intellect to moderate emotion in a way that produces healthier, more honest, more sustainable relationships.

This does not happen overnight. Years of E/I have left their traces in the nervous system, in the habitual patterns of communication, in the reflexive responses that fire before thought has a chance to intervene.

The person in recovery must practice — actively, deliberately, with support — the capacity to pause before responding, to feel without immediately acting on the feeling, to seek counsel rather than reacting, to choose their words with care rather than deploying them as weapons.

In the family context, this restoration is genuinely bidirectional. Family members who have been living in a high-E/I environment for years have often developed their own elevated patterns of reactivity — their own hair-trigger anger, their own anxiety spirals, their own fear responses that fire at the slightest disruption.

The family system does not heal simply because the primary source of volatility has become sober. The family system heals when each person in it does their own work on their own reactivity — developing, slowly and with support, more of the I/E ratio that produces the kind of communication that makes genuine relationship possible.

Father Martin's practical counsel for restoring I/E in family relationships was consistent with his broader teaching: use the tools. Call the sponsor before the difficult conversation. Attend the meeting before the family gathering that feels threatening. Work the steps that specifically address the resentments and fears that are driving reactivity.

Seek family therapy in which both the individual and the family's patterns can be addressed by someone with the skills to see all of it clearly.

And practice patience — not just with the family's pace of healing, but with your own gradual, imperfect, entirely necessary restoration of rational agency in your most important relationships.

Reflection Questions

1. Where in your family relationships is E/I — Emotion over Intellect — most active right now? Give a specific recent example of emotional reactivity driving a family interaction.

2. Which specific emotions — anger, fear, shame, grief — are most likely to override your judgment in family interactions? What are the triggers that most reliably produce the reactive response?

3. Father Martin described family members also developing E/I patterns in response to living with active addiction. Which family members do you see this in? How is their reactivity interacting with yours?

4. What does the practice of restoring I/E look like for you personally, in your family relationships? What specific tools — pausing, calling your sponsor, attending a meeting first — have you used, and which do you most need to develop?

5. Write a specific family interaction from the past month in which you wish you had responded with more I/E — more reasoning, more patience, less reactivity. What would it have looked like to use the recovery tools available to you before or during that interaction?

CHECK YOURSELF · CHECK-IN 5 OF 5

Intellect Over Emotion — I/E in Family Relationships

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

1. I am developing the ability to respond to family conflict with reason rather than reactivity

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I can notice when my emotions are overriding my judgment in family interactions and choose a different response

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I understand that years of E/I (Emotion over Intellect) in active addiction have damaged my family relationships in specific ways

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I practice pausing before responding in family conflicts — creating space between stimulus and response

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I use recovery tools (calling my sponsor, attending meetings, step work) to process emotions before bringing them into family interactions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I can tolerate family members' emotional expressions — anger, grief, fear — without reacting defensively or shutting down

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I distinguish between genuine family communication and emotionally reactive patterns that both I and my family have developed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I am gradually replacing emotional reactivity in my family with measured, honest, recovery-informed communication

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Restoring I/E in Family Relationships

From Emotional Reactivity to Recovery-Informed Response

"

Alcohol reversed Intellect over Emotion to Emotion over Intellect. Recovery is the gradual restoration of the ratio that allows reason to lead.

— Father Martin

I/E in Practice

For each high-trigger family scenario below, you will describe your current reactive response (E/I — Emotion over Intellect) and then design the recovery-informed response (I/E — Intellect guided by Emotion). The gap between those two is the work of family recovery in real time.

When a family member expresses anger at you

Trigger scenario: Anger directed at you — about the past, about your current behavior, about their frustration with the pace of recovery.

E/I — My CURRENT reactive response (Emotion over Intellect)

I/E — My RECOVERY-INFORMED response (Intellect guided by Emotion)

What specific recovery tool — calling your sponsor first, attending a meeting, prayer, step work — would create the space for the I/E response?

When you feel unappreciated or unacknowledged

Trigger scenario: Feeling invisible, taken for granted, or that your recovery effort is not being recognized.

E/I — My CURRENT reactive response (Emotion over Intellect)

I/E — My RECOVERY-INFORMED response (Intellect guided by Emotion)

What specific recovery tool — calling your sponsor first, attending a meeting, prayer, step work — would create the space for the I/E response?

When a family member is struggling emotionally

Trigger scenario: A spouse in grief, a child in crisis, a parent in fear — and you feel responsible, helpless, or resentful.

E/I — My CURRENT reactive response (Emotion over Intellect)

I/E — My RECOVERY-INFORMED response (Intellect guided by Emotion)

What specific recovery tool — calling your sponsor first, attending a meeting, prayer, step work — would create the space for the I/E response?

When old patterns reassert themselves

Trigger scenario: A family interaction that feels exactly like the worst periods of active addiction — the same argument, the same dynamic, the same ending.

E/I — My CURRENT reactive response (Emotion over Intellect)

I/E — My RECOVERY-INFORMED response (Intellect guided by Emotion)

What specific recovery tool — calling your sponsor first, attending a meeting, prayer, step work — would create the space for the I/E response?

When family members doubt or test your recovery

Trigger scenario: A comment about whether you're really going to meetings, checking on you, expressing skepticism about your sobriety.

E/I — My CURRENT reactive response (Emotion over Intellect)

I/E — My RECOVERY-INFORMED response (Intellect guided by Emotion)

What specific recovery tool — calling your sponsor first, attending a meeting, prayer, step work — would create the space for the I/E response?

I/E Restoration — Personal Practice Plan

1. Which of the five scenarios produces the most intense E/I reactivity in you? What is it about that scenario specifically that bypasses your ability to pause?

2. What body sensations signal that E/I is taking over in a family interaction — what physical cues tell you that emotion is overriding your judgment before you act?

3. What is your personal "pause protocol" — the specific, step-by-step sequence you will use to interrupt E/I and choose an I/E response in family interactions?

4. How will you practice I/E restoration in low-stakes family situations so that it is more available in high-stakes ones? What is a specific, low-intensity daily practice?

YOUR EXERCISE

Stinking Thinking in Family Recovery

Identifying Distorted Patterns That Threaten Family Healing

"

Self-pity and resentment are luxuries that no one in recovery — and no family in recovery — can afford. They are expensive, and the family pays the price.

— Father Martin tradition

Family-Specific Stinking Thinking

Father Martin's concept of stinking thinking applies not just to the individual in recovery but to their family relationships. The thought patterns that threaten the family recovery process are specific, recognizable, and treatable — if they can be named.

The Deserving Trap

"I've been sober [X months]. I deserve more credit / forgiveness / trust than I'm getting from my family."

Why it's dangerous: Converts legitimate recovery effort into an entitlement claim that the family cannot satisfy.

How present is this pattern in your current family recovery experience? (1 = not at all, 5 = very much):

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

1. Write a specific recent example of this thinking pattern in your own words.

2. What is the recovery-informed alternative — the more honest, more compassionate thought that could replace it?

3. When this pattern arises in your thinking about your family, what recovery action will you take immediately?

Family Victimhood

"My family is making my recovery harder. If they were more supportive, I'd have an easier time staying sober."

Why it's dangerous: Places responsibility for recovery in the family's hands, setting up resentment when they inevitably fail to provide perfect support.

How present is this pattern in your current family recovery experience? (1 = not at all, 5 = very much):

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

1. Write a specific recent example of this thinking pattern in your own words.

2. What is the recovery-informed alternative — the more honest, more compassionate thought that could replace it?

3. When this pattern arises in your thinking about your family, what recovery action will you take immediately?

The Sabotage Narrative

"My family doesn't want me to get well. They preferred me when I was drinking because it gave them something to control / complain about."

Why it's dangerous: Converts normal family adjustment difficulties into evidence of malicious intent, generating dangerous resentment.

How present is this pattern in your current family recovery experience? (1 = not at all, 5 = very much):

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

1. Write a specific recent example of this thinking pattern in your own words.

2. What is the recovery-informed alternative — the more honest, more compassionate thought that could replace it?

3. When this pattern arises in your thinking about your family, what recovery action will you take immediately?

Unfair Comparison

"Other recovering people have families that supported them. Mine is harder than everyone else's."

Why it's dangerous: The terminal uniqueness that isolates and amplifies self-pity.

How present is this pattern in your current family recovery experience? (1 = not at all, 5 = very much):

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

1. Write a specific recent example of this thinking pattern in your own words.

2. What is the recovery-informed alternative — the more honest, more compassionate thought that could replace it?

3. When this pattern arises in your thinking about your family, what recovery action will you take immediately?

Compulsive Fixing

"If I could just fix my family's problems / emotions, then I could focus on my recovery."

Why it's dangerous: Caregiving as avoidance — focusing on the family's process as a way of not looking at one's own.

How present is this pattern in your current family recovery experience? (1 = not at all, 5 = very much):

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

1. Write a specific recent example of this thinking pattern in your own words.

2. What is the recovery-informed alternative — the more honest, more compassionate thought that could replace it?

3. When this pattern arises in your thinking about your family, what recovery action will you take immediately?

"It'll Never Be Enough"

"No matter what I do, my family will never be satisfied. Why keep trying?"

Why it's dangerous: Hopelessness that rationalizes abandoning the relationship or the recovery program.

How present is this pattern in your current family recovery experience? (1 = not at all, 5 = very much):

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

1. Write a specific recent example of this thinking pattern in your own words.

2. What is the recovery-informed alternative — the more honest, more compassionate thought that could replace it?

3. When this pattern arises in your thinking about your family, what recovery action will you take immediately?

Paralysis by the Past

"I've done too much damage. Nothing I do now can matter. My family will never really recover from what I did."

Why it's dangerous: Shame-based hopelessness that sabotages the amends process by concluding it is pointless before it is complete.

How present is this pattern in your current family recovery experience? (1 = not at all, 5 = very much):

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

1. Write a specific recent example of this thinking pattern in your own words.

2. What is the recovery-informed alternative — the more honest, more compassionate thought that could replace it?

3. When this pattern arises in your thinking about your family, what recovery action will you take immediately?

Family Stinking Thinking — Priority Summary

1. Which two or three patterns are most active in your family recovery thinking right now? What is the sequence — which one triggers the others?

2. Who could you call when you notice these patterns emerging — someone who will interrupt the stinking thinking rather than validate it?

3. What meeting, step work, or recovery conversation most consistently interrupts your stinking thinking about your family?

4. Write your commitment: "When I notice [specific stinking thinking pattern] about my family, I will immediately [specific recovery action]."

YOUR EXERCISE

My Family Recovery Blueprint

Father Martin's Principles, Applied to My Family

"

Recovery is not a solo journey that the family watches from the sidelines. It is a family journey — with each person walking their own portion of the road.

— Father Martin tradition

Your Personal Blueprint

This final exercise asks you to personally apply each of Father Martin's core family recovery teachings to your specific family situation right now. A blueprint that is not specific to your family is not a blueprint — it is a brochure. Make this yours.

Principle 1

"The whole family does not automatically get well just because the alcoholic does."

1. What is the most important thing you are doing — separate from your own recovery — to support your family's independent healing process?

Principle 2

"Most divorces occur after the alcoholic achieves sobriety — families are unprepared for the crisis of change."

2. What specific dimension of the crisis of change is most active in your family right now, and what is your recovery-informed response?

Principle 3

"The family is suddenly living with a brand new person — and that is destabilizing even when it is good news."

3. Which family member is most disoriented by the person you are becoming in recovery? What do they need that you can genuinely provide?

Principle 4

"Every family role is an adaptation to a crisis — not a character flaw."

4. Which role in your family system most urgently needs to begin shifting? What is your realistic plan for supporting that transition?

Principle 5

"Time takes time — trust broken over years is rebuilt over years."

5. Rate your current patience with your family's pace of healing (1–10). If it is below 7, what recovery work do you need to do to increase it?

Principle 6

"Amends are the bridge — not apologies, but sustained behavioral change over time."

6. Which family amend is most urgently needed and most honestly incomplete? What is your specific next step?

Principle 7

"Intellect over Emotion — recovery restores I/E in family relationships."

7. Where is E/I most active in your family interactions right now? What tool will you use before the next difficult family conversation?

Principle 8

"Al-Anon is indispensable — the family needs its own program, not just the alcoholic's."

8. Which family member most needs their own recovery support right now? What is your specific plan to help them access it without controlling their process?

My Family Recovery Declaration

Write Your Declaration

Synthesize everything from this intensive into a personal family recovery declaration — who you are committed to becoming as a family member, what you will do differently, how you will meet the crisis of change with patience, honesty, and the tools of recovery. Make it personal, make it specific, make it true.

1. Write your complete family recovery declaration — your commitments, your understanding, and your vision for your family's healing journey.

2. Which one teaching from Father Martin, across this entire intensive, most changed how you approach your family relationships in recovery? Why that one?

3. Name one family member you will check in with this week — not to manage their process, but to genuinely ask how they are doing and listen without defensiveness. Who is it, and what will you say?

The family is worth the work.

Father Martin spent his life telling a truth that families needed to hear: that recovery does not simply return things to how they were before the addiction — it creates the possibility of something better. A family that does its own work alongside the recovering person's work has the chance to build relationships that are more honest, more resilient, and more genuinely loving than what existed before the crisis. That is not guaranteed. It requires time, patience, professional support, and the willingness of every member to do their portion of the road. But it is possible. Father Martin believed that. You are invited to believe it too.