

Internalized Stigma & Identity After Relapse

Relapse Prevention · The Recovery Files

You Are Not the Label — Reclaiming Who You Are

Your progress 0 of 7 parts done

Labeled · Defined by stigma & relapse · Whole · Identity reclaimed & rebuilt

In this workbook

- Part 1 · What Is Internalized Stigma — And Why Does It Hit So Hard After Relapse?
 - Check-in: Stigma as a Barrier to Recovery
 - Exercise: The Stigma Voice Inventory
- Part 2 · Where Stigma Comes From: The Messages That Built Your Self-Concept
 - Check-in: Perceived & Experienced Social Stigma
 - Exercise: Source Mapping — Where My Stigma Came From
- Part 3 · The Identity Crisis After Relapse: Who Am I Now?
 - Check-in: Identity Disruption & Confusion
 - Exercise: Identity Map — Who I Am Beyond the Label
- Part 4 · Shame Versus Guilt: The Distinction That Changes Everything
 - Exercise: Shame vs. Guilt Sorting Exercise
 - Exercise: The Double Standard Challenge
- Part 5 · The Language of Labels: How Words Shape Identity
 - Check-in: Internalized Shame & Self-Labeling
 - Exercise: Label Audit & Language Reconstruction
- Part 6 · Dismantling Stigma From the Inside Out
 - Check-in: Identity Reconstruction Capacity
 - Exercise: Evidence Against the Verdict
 - Exercise: Rewriting the Narrative
 - Exercise: Daily Stigma Awareness Check-In (7 Days)
 - Exercise: Declaration of Identity

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

What Is Internalized Stigma — And Why Does It Hit So Hard After Relapse?

Stigma is the mark that society places on conditions, behaviors, or identities it considers shameful, undesirable, or morally suspect. For people with substance use disorders, stigma has a long and brutal history — centuries of cultural messaging that frames addiction as a moral failure, a weakness of character, or a choice made by people who simply don't care enough to stop.

Internalized stigma is what happens when you absorb these messages and turn them inward. It is the process by which society's judgment becomes your own self-judgment. It is the moment when the external label — "addict," "junkie," "failure," "weak" — stops being something others say about you and becomes something you believe about yourself.

After relapse, internalized stigma intensifies to a degree that can be psychologically devastating. During recovery, most people engage in an act of profound courage: they begin to construct a new identity. They start to believe — tentatively, cautiously — that maybe they are not the labels. This emerging identity is one of the most important developments in recovery, and it is also one of the most vulnerable.

Relapse attacks this emerging identity at its foundation. The internalized stigma voice roars back: "See? I told you. You ARE the label. You ARE the failure. That new identity was a fantasy. This — this relapse — is who you really are."

The devastation is not just that you used a substance. It is that using the substance seems to confirm everything you feared about yourself. Relapse doesn't just feel like a setback in behavior. It feels like a verdict on identity.

Understanding internalized stigma is the first step toward dismantling it. Once you recognize that the voice telling you "this is who you are" is stigma — not truth — you gain the psychological distance necessary to begin challenging it. The voice is loud, and it is convincing. But it is wrong.

Reflection Questions

1. When you hear the word "addict" — applied to yourself — what images, feelings, and judgments arise? Where did those associations come from?

2. Can you identify the specific moment after your relapse when internalized stigma hit hardest? What did the voice say, and how did it make you feel about your identity?

3. Have you noticed a difference between how you judge yourself after relapse versus how you would judge a friend in the same situation? What accounts for the difference?

4. Before your relapse, had you begun building a new identity in recovery? What did that identity look like? How did the relapse affect it?

5. If internalized stigma is a belief that was installed — not a truth you discovered — what does that mean for your ability to challenge and change it?

CHECK YOURSELF · CHECK-IN 1 OF 5

Stigma as a Barrier to Recovery

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

1. My fear of being judged has caused me to avoid or delay returning to meetings, therapy, or treatment

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have minimized or lied about the severity of my relapse because of shame about how others would react

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. Stigma — either internalized or from others — has made me consider giving up on recovery entirely

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I find it harder to ask for help now than before the relapse because I feel I have used up my chances

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I have withdrawn from supportive relationships because I feel I have let those people down

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. The weight of stigma sometimes makes me feel that using again would be easier than facing the judgment

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I am less willing to be vulnerable and honest in therapy or meetings because I fear additional judgment

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have delayed accessing resources I need because of shame about my status as someone who relapsed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

The Stigma Voice Inventory

Naming What Stigma Says — So You Can Stop Believing It

Why Name the Voice?

Internalized stigma operates most powerfully when it is unconscious — when it speaks as 'the truth' rather than 'a voice.' By making the stigma voice explicit, you gain psychological distance from it. A thought you can name is a thought you can challenge.

"I Am" Statements

COMMON EXAMPLES

"I am a failure." "I am broken." "I am unlovable." "I am weak."

THE STIGMA VOICE SAYS:

List the "I am" statements that your internal stigma voice says about you:

THE MORE ACCURATE TRUTH:

For each statement, write a more accurate alternative that describes behavior or condition rather than identity:

"I Will Always" / "I Will Never" Statements

COMMON EXAMPLES

"I will always relapse." "I will never be trusted again." "I will never have a normal life."

THE STIGMA VOICE SAYS:

List the predictions your stigma voice makes about your future:

THE MORE ACCURATE TRUTH:

For each prediction, write an alternative that opens the future rather than closing it:

"I Don't Deserve" Statements**COMMON EXAMPLES**

"I don't deserve help." "I don't deserve another chance." "I don't deserve happiness."

THE STIGMA VOICE SAYS:

List what your stigma voice says you don't deserve:

THE MORE ACCURATE TRUTH:

For each statement, write what you would say to a friend who believed they didn't deserve these things:

"Unlike Other People" Statements**COMMON EXAMPLES**

"Other people can recover but I can't." "I'm different — worse." "Nobody else has messed up this badly."

THE STIGMA VOICE SAYS:

List the ways stigma tells you that you are uniquely defective:

THE MORE ACCURATE TRUTH:

For each statement, write what the evidence actually shows:

PART 2 OF 6 · READING

Where Stigma Comes From: The Messages That Built Your Self-Concept

Internalized stigma does not emerge from nowhere. It is constructed over time through repeated exposure to stigmatizing messages from multiple sources.

THE FAMILY SOURCE: Long before you ever struggled with substances, you absorbed your family's beliefs about addiction, mental health, and "the kind of people" who have those problems. "Your uncle was a drunk — we don't talk about him." "Addiction is a choice." These messages create a pre-existing framework of judgment that you carry into your own struggle.

THE MEDIA SOURCE: For decades, popular culture has portrayed people with substance use disorders through a lens of moral failure, criminality, and hopelessness. The language itself is stigmatizing: "substance abuser" implies agency and blame, "clean" implies that active addiction makes someone "dirty."

THE HEALTHCARE SOURCE: Research consistently documents that healthcare providers hold stigmatizing attitudes toward patients with substance use disorders. When the people who are supposed to help you treat you as less-than, the message is powerful.

THE LEGAL SYSTEM SOURCE: The criminalization of substance use converts a medical condition into a criminal identity. A felony record, a mugshot, a probation requirement — these are identity markers that follow you into every relationship for the rest of your life.

THE RECOVERY COMMUNITY SOURCE: The well-intentioned focus on "picking up a white chip" and starting over can, for some people, feel like a public humiliation rather than a fresh start.

Finally, YOU yourself have become a source of your own stigma. Through years of absorbing external messages, you have developed an internal stigma engine that operates automatically — generating shame and self-contempt without any external input needed.

Reflection Questions

1. What messages about addiction and "addicts" did you absorb from your family of origin — before you ever had a substance use problem yourself?

2. How have media portrayals of addiction shaped the way you see yourself? Can you identify specific images or narratives that contributed to your internalized stigma?

3. Have you experienced stigma from healthcare providers, the legal system, or institutions? How did those experiences affect your sense of self?

4. Has your recovery community been a source of healing or an additional source of stigma after your relapse — or both?

5. When your internal stigma engine generates shame without any external trigger, what specific messages does it produce? Can you trace those messages back to their original source?

CHECK YOURSELF · CHECK-IN 2 OF 5

Perceived & Experienced Social Stigma

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

1. I believe that people treat me differently — with less trust, respect, or openness — because they know I relapsed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have experienced actual judgment, rejection, or punishment from others because of my relapse

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I avoid telling people about my relapse because I am afraid of how they will see me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I feel like I have been "demoted" in my recovery community because of the relapse

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I worry that employers, family members, or institutions will define me by my relapse rather than my efforts

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I have been spoken to or spoken about in ways that reduced me to my addiction rather than seeing me as a whole person

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I sense that some people in my life are "waiting for me to fail again" and that this expectation follows me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I feel pressure to perform recovery perfectly in order to counteract the stigma of having relapsed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Source Mapping

Tracing Where Your Internalized Stigma Originated

Why Trace the Sources?

Stigma feels like truth because it has been repeated so many times from so many directions that it seems self-evident. Tracing each stigma message back to its source reveals that it was installed, not discovered. Beliefs that were installed can be uninstalled.

Family of Origin

What messages about addiction, mental health, or "weakness" did your family teach you — explicitly or implicitly?

How did your family respond to your addiction? How did they respond to your relapse?

What family beliefs about addiction do you still carry, even if you intellectually know they are inaccurate?

Culture, Media & Society

What cultural messages about addiction have you internalized?

Can you identify specific media portrayals — movies, TV, news, social media — that shaped your view of people with addiction?

How does the societal narrative of "once an addict, always an addict" affect your belief about your own potential for change?

Professional & Institutional

Have healthcare providers, employers, or institutions treated you in stigmatizing ways?

Has the criminal justice system attached labels or consequences that continue to affect your identity?

How has workplace or professional stigma affected your willingness to be honest about your recovery needs?

Recovery Community

Has your recovery community been a source of support or stigma after your relapse — or both?

Are there messages within the recovery community that inadvertently reinforce shame about relapse?

How does the "day count" system affect your identity when that count resets?

Self — The Internal Engine

How have all these sources combined to create your internal stigma engine?

Do you recognize that your self-judgment may be an internalization of messages from outside yourself?

What would it take to begin separating your authentic self-assessment from the stigma that has been projected onto you?

PART 3 OF 6 · READING

The Identity Crisis After Relapse: Who Am I Now?

Recovery involves one of the most profound psychological transformations a human being can undergo: the reconstruction of identity. When you enter recovery, you are not simply stopping a behavior. You are dismantling an entire way of being in the world and attempting to build something new in its place.

Relapse creates what psychologists call an "identity threat" — a fundamental challenge to the self-concept you have been building. The identity crisis that follows relapse is not merely about guilt or regret. It is about the disorienting experience of not knowing who you are. If I relapsed, was my recovery identity genuine? Was I fooling myself?

The identity crisis is compounded by the multiple roles affected by the relapse. You may have been building identity as a parent, partner, employee, community member — and the relapse feels like it contaminates all of these roles simultaneously. The relapse becomes a master narrative that overwrites all other narratives, reducing your complex, multidimensional self to a single, devastating label.

There is a psychological concept called "narrative identity" — the idea that your sense of self is essentially a story you tell about who you are. Healthy narrative identity is flexible, complex, and capable of integrating difficult experiences into a larger story of growth and meaning. Unhealthy narrative identity is rigid, simplistic, and dominated by a single theme — in this case, the theme of failure.

Your relapse is a chapter in your story. It is a significant chapter — perhaps the most painful one so far. But it is not the entire story, and it does not get to write the ending. Identity after relapse is not something you discover. It is something you build.

Reflection Questions

1. Describe the identity you were building during your recovery before the relapse. What did "the recovery version of me" look like — in terms of values, roles, relationships, and daily life?

2. How did the relapse affect that emerging identity? What specifically feels lost, damaged, or called into question?

3. Do you experience the relapse as contaminating all of your identities — parent, partner, friend, employee — or is it contained to your recovery identity?

4. If your identity is a story you tell about yourself, what is the current version of that story? Is the relapse the central theme, or can you hold it as one chapter among many?

5. What parts of the recovery identity you built are still intact? What survives the relapse — what qualities, values, and growth persist regardless of what happened?

CHECK YOURSELF · CHECK-IN 3 OF 5

Identity Disruption & Confusion

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

1. I am unsure who I am now — the relapse has shaken my sense of self and I feel like I am starting from zero

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I feel caught between my "addict self" and my "recovery self" and don't know which one is the real me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I had begun to build a new identity in recovery, and the relapse makes me question whether that identity was genuine

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I struggle to reconcile the person I was trying to become with the person who relapsed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I feel like I am performing recovery rather than authentically living it — like I am wearing a mask

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I am unsure what values, goals, and relationships belong to my genuine self versus the disease

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. My sense of purpose and direction has been disrupted, and I don't know what I am building toward anymore

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I find myself comparing who I am now to who I was before the relapse and feeling like a lesser version

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Identity Map — Who I Am Beyond the Label

Mapping the Full, Multidimensional You

Why Map Your Identity?

Stigma reduces you to a single dimension — your addiction, your relapse. This exercise deliberately expands the frame, mapping the full complexity of who you are across six dimensions.

My Core Values

What values matter most to you — honesty, loyalty, compassion, courage, creativity, service, family, growth? Name 5-7 values that represent who you genuinely want to be.

How does the relapse affect this dimension of your identity? Does it erase it, or does it persist despite what happened?

My Roles & Relationships

What roles do you occupy in the world? Parent, partner, friend, worker, sibling, community member, creator, student? List all the identities you hold beyond "person in recovery."

How does the relapse affect this dimension of your identity? Does it erase it, or does it persist despite what happened?

My Genuine Strengths

What personal qualities, skills, or talents are authentically yours — things that exist independent of your addiction status? What are you genuinely good at or known for?

How does the relapse affect this dimension of your identity? Does it erase it, or does it persist despite what happened?

My Interests & Passions

What lights you up? What topics, activities, or pursuits genuinely interest you when the disease isn't running the show?

How does the relapse affect this dimension of your identity? Does it erase it, or does it persist despite what happened?

My Contributions & Impact

How do you make the world around you better? What do you give to others? What has your existence meant to the people who matter to you?

How does the relapse affect this dimension of your identity? Does it erase it, or does it persist despite what happened?

My Growth Story

What have you learned, overcome, or become that demonstrates growth? Include pre-addiction, recovery, and even post-relapse growth.

How does the relapse affect this dimension of your identity? Does it erase it, or does it persist despite what happened?

PART 4 OF 6 · READING

Shame Versus Guilt: The Distinction That Changes Everything

There is a distinction in psychology that, once understood, has the power to fundamentally alter how you relate to your relapse. It is the distinction between shame and guilt.

GUILT says: "I did something bad." SHAME says: "I am something bad."

Guilt is about behavior. It is the uncomfortable recognition that an action you took was harmful, wrong, or inconsistent with your values. Guilt is painful, but it is productive. It motivates change.

Shame is about identity. It is not the recognition that you did something wrong — it is the belief that you ARE something wrong. Shame does not motivate change. It motivates hiding, avoidance, self-punishment, and — paradoxically — continued use.

Brené Brown's extensive research has demonstrated that shame is positively correlated with addiction, depression, aggression, and suicide, while guilt is inversely correlated with these outcomes. More shame leads to worse outcomes, while appropriate guilt leads to better outcomes.

Here is how shame distorts reality after relapse: it takes a behavior (using a substance) and converts it into a character trait (being a failure). It takes a moment in time (the relapse) and converts it into a permanent state (who you are forever). Every one of these conversions is a distortion.

The antidote to shame is not self-forgiveness — at least not initially. The antidote to shame is exposure: bringing shame into the light of relationship, speaking it aloud to someone who will not reinforce it. Shame cannot survive being spoken in the presence of empathy.

Your relapse is a behavior. It is not an identity.

Reflection Questions

1. Can you identify specific moments when you experience guilt about your relapse versus shame about your relapse? What does each feel like in your body?

2. When shame arrives, what specific identity statements does it make? ("I am ____." "I will always be ____." "People like me don't ____.")

3. Has shame about your relapse led you to hide, withdraw, or avoid the people and activities that could support your recovery? How?

4. Have you had the experience of speaking shame aloud to someone who responded with empathy rather than judgment? What happened to the shame?

5. If you could convert your shame statements into guilt statements — moving from identity ("I am broken") to behavior ("I made a choice that caused harm, and I can make different choices") — how would that change your relationship with your relapse?

YOUR EXERCISE

Shame vs. Guilt Sorting Exercise

Separating "I Did Something Bad" From "I Am Something Bad"

The Critical Distinction

Guilt says: 'I did something bad — I can change my behavior.' Shame says: 'I am something bad — nothing I do will fix the defective thing that I am.' Guilt motivates change. Shame motivates hiding, giving up, and continued use.

I used substances after a period of recovery

SHAME RESPONSE — "I Am..." (identity-based)

GUILT RESPONSE — "I Did..." (behavior-based)

I lied to people who trusted me about my relapse

SHAME RESPONSE — "I Am..." (identity-based)

GUILT RESPONSE — "I Did..." (behavior-based)

I let down my children / family members

SHAME RESPONSE — "I Am..." (identity-based)

GUILT RESPONSE — "I Did..." (behavior-based)

I broke a promise to myself about my recovery

SHAME RESPONSE — "I Am..." (identity-based)

GUILT RESPONSE — "I Did..." (behavior-based)

I returned to behaviors I had worked hard to stop

SHAME RESPONSE — "I Am..." (identity-based)

GUILT RESPONSE — "I Did..." (behavior-based)

I didn't reach out for help when I knew I needed it

SHAME RESPONSE — "I Am..." (identity-based)

GUILT RESPONSE — "I Did..." (behavior-based)

I hurt someone I care about because of my using

SHAME RESPONSE — "I Am..." (identity-based)

GUILT RESPONSE — "I Did..." (behavior-based)

I wasted time, money, or opportunities during my relapse

SHAME RESPONSE — "I Am..." (identity-based)

GUILT RESPONSE — "I Did..." (behavior-based)

YOUR EXERCISE

The Double Standard Challenge

Exposing the Compassion Gap Between Self and Others

The Double Standard

One of the most revealing features of internalized stigma is the double standard: the ability to offer compassion, perspective, and hope to others while denying those same things to yourself. If the compassion applies to them, it applies to you too.

Scenario 1

Your closest friend in recovery calls you and says they relapsed last night. They are devastated and say "I'm a complete failure. I can't do this. I should just give up."

What would you say to this person? Write exactly what you would tell them.

Now — can you say the same thing to yourself? Write it out, directly to yourself, in the second person ("You").

Scenario 2

A newcomer at a meeting shares that they relapsed after 90 days. They are crying and say "I wasted everyone's time. I'm not worth helping. I'm broken."

What would you say to this person? Write exactly what you would tell them.

Now — can you say the same thing to yourself? Write it out, directly to yourself, in the second person ("You").

Scenario 3

Imagine your child (or a child you love) grows up, struggles with addiction, achieves some recovery, and then relapses. They come to you and say "I'm disgusting. I'll never change."

What would you say to this person? Write exactly what you would tell them.

Now — can you say the same thing to yourself? Write it out, directly to yourself, in the second person ("You").

Scenario 4

A person with diabetes tells you they had a blood sugar crisis because they ate poorly during a stressful week. They say "I'm a failure at managing my health. I don't deserve treatment."

What would you say to this person? Write exactly what you would tell them.

Now — can you say the same thing to yourself? Write it out, directly to yourself, in the second person ("You").

PART 5 OF 6 · READING

The Language of Labels: How Words Shape Identity

Language is not neutral. The words you use to describe yourself do not merely reflect reality — they actively construct it.

After relapse, labels tend to intensify and rigidify. The language shifts from descriptive to prescriptive, from "I have a substance use disorder" to "I am an addict who can't stop," from "I experienced a relapse" to "I failed again." Notice the structural difference: the first version in each pair describes a condition or experience. The second version makes an identity claim. Conditions can be treated. Experiences can be integrated. But identity claims feel permanent, and permanent feels hopeless.

The clinical community has increasingly recognized the power of language. The shift from "substance abuser" to "person with a substance use disorder" is not political correctness. Research demonstrates that healthcare providers who read case studies using the term "substance abuser" are more likely to recommend punitive interventions, while those using "person with a substance use disorder" are more likely to recommend therapeutic interventions. The language literally changes how people are treated.

What is true for how others see you is equally true for how you see yourself. If your internal dialogue consistently uses totalizing, stigmatizing language ("I'm a screw-up," "I'm damaged goods," "I'm a lost cause"), that language builds a self-concept consistent with those labels.

"I relapsed" is precise. "I am a failure" is not. "I am struggling with a chronic condition" is precise. "I am broken" is not.

Reflection Questions

1. What words and labels do you most frequently use to describe yourself in relation to your addiction and your relapse? List them honestly.

2. For each label you listed, ask: Is this word describing a condition or behavior, or is it making a permanent identity claim? Is it precise or is it a distortion?

3. How does the language you use internally change how you feel about yourself and your ability to recover?

4. If you could rewrite the language you use about yourself — moving from identity claims to behavioral descriptions — what would the new language sound like?

5. Is there a term or label that the recovery community uses that has been helpful for you? Is there one that has been harmful? What makes the difference?

CHECK YOURSELF · CHECK-IN 4 OF 5

Internalized Shame & Self-Labeling

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

1. I refer to myself as an "addict" or "failure" in ways that feel like a permanent identity verdict rather than a description of a medical condition

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I believe that relapsing proves something fundamentally defective about my character

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I catch myself using words like "hopeless," "worthless," or "pathetic" when I think about myself after relapse

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I believe that other people who relapse deserve compassion, but I hold myself to a different, harsher standard

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I feel that my relapse has permanently damaged how others see me and that I can never recover their respect

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I carry a sense of disgust or contempt toward myself for what happened

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I believe that I should have been strong enough to prevent the relapse, and the fact that I wasn't proves weakness

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I sometimes feel that I don't deserve the help, support, or second chances that others offer me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Label Audit & Language Reconstruction

Examining the Words That Shape Your Self-Concept

Language Constructs Identity

The words you use to describe yourself are not neutral reflections of reality — they actively build your self-concept. Stigmatizing language closes doors. Precise, person-first language opens them.

Current Labels I Carry

List every label, term, or descriptor you use — or that others use — to describe you in relation to your addiction and relapse.

List all labels: addict, failure, weak, junkie, screw-up, lost cause, disappointment... be thorough and honest

Label Analysis #1

The label:

Is this label describing a behavior/condition or making a permanent identity claim?

Where did this label come from? (Family, media, healthcare, self, other?)

What does this label cost you? How does carrying it affect your self-concept and recovery?

Reconstructed language: Rewrite this label using precise, person-first language.

Label Analysis #2

The label:

Is this label describing a behavior/condition or making a permanent identity claim?

Where did this label come from? (Family, media, healthcare, self, other?)

What does this label cost you? How does carrying it affect your self-concept and recovery?

Reconstructed language: Rewrite this label using precise, person-first language.

Label Analysis #3

The label:

Is this label describing a behavior/condition or making a permanent identity claim?

Where did this label come from? (Family, media, healthcare, self, other?)

What does this label cost you? How does carrying it affect your self-concept and recovery?

Reconstructed language: Rewrite this label using precise, person-first language.

Label Analysis #4

The label:

Is this label describing a behavior/condition or making a permanent identity claim?

Where did this label come from? (Family, media, healthcare, self, other?)

What does this label cost you? How does carrying it affect your self-concept and recovery?

Reconstructed language: Rewrite this label using precise, person-first language.

Label Analysis #5

The label:

Is this label describing a behavior/condition or making a permanent identity claim?

Where did this label come from? (Family, media, healthcare, self, other?)

What does this label cost you? How does carrying it affect your self-concept and recovery?

Reconstructed language: Rewrite this label using precise, person-first language.

PART 6 OF 6 · READING

Dismantling Stigma From the Inside Out

Dismantling internalized stigma is not a single breakthrough. It is a sustained practice — a daily discipline of recognizing stigma-based thoughts, challenging them with evidence and compassion, and gradually replacing the stigmatized self-concept with one that is more accurate, more flexible, and more conducive to recovery.

ON THE COGNITIVE LEVEL: When the internal voice says "You are a failure," you learn to respond: "That is a stigma-based generalization. The facts are: I have a chronic condition, I experienced a relapse, and I am engaged in treatment." One of the most powerful techniques is the "double standard" method: asking whether you would apply the same harsh judgment to someone else in your situation.

ON THE EMOTIONAL LEVEL: When shame arises, the practice is to notice it without being consumed by it. "I notice that I am feeling shame right now. Shame is telling me that I am fundamentally defective. I can feel this feeling without believing this thought." This is the application of mindfulness to stigma.

ON THE RELATIONAL LEVEL: Every time you share your honest experience with someone who responds with empathy, you gather evidence that contradicts stigma's central claim: that you are unacceptable. This is why isolation is stigma's best friend — because in isolation, there is no contradictory evidence.

ON THE BEHAVIORAL LEVEL: Dismantling stigma requires you to take actions that are inconsistent with a stigmatized identity. If stigma says you are worthless, you volunteer and contribute. If stigma says you are alone, you reach out and connect.

The goal is not the elimination of stigma. The goal is to reduce stigma's power over your choices, your self-concept, and your recovery to the point where it becomes background noise rather than the dominant signal.

Reflection Questions

1. When you apply the "double standard" technique — comparing how you judge yourself to how you would judge a friend in the same situation — what do you notice?

2. Can you recall a moment when someone responded to your honest disclosure with empathy rather than judgment? What did that experience do to your shame?

3. What behavioral evidence already exists that contradicts the stigma verdict? What have you done — today, this week, in your lifetime — that proves the stigma wrong?

4. What is one specific stigma-based thought you can commit to challenging every time it appears? What will you replace it with?

5. If you could reduce internalized stigma's influence over your life by 50%, what would become possible that currently feels impossible?

CHECK YOURSELF · CHECK-IN 5 OF 5

Identity Reconstruction Capacity

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

1. I believe I am more than my addiction and more than my relapse — even if I don't always feel it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I can identify values and qualities that are genuinely mine, independent of my addiction or my recovery status

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I have moments where I can see the relapse as part of my story rather than the entirety of my story

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I am willing to do the work of rebuilding my sense of self even though it feels uncertain and uncomfortable

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I have at least one relationship where I am seen as a whole person — not just as someone who relapsed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. I can imagine a future identity that integrates my experience with addiction into a larger, more complete sense of who I am

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I believe that my identity is something I am actively constructing, not something that was permanently decided by my worst moment

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have interests, relationships, roles, or pursuits outside of recovery that contribute to my sense of who I am

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Evidence Against the Verdict

Building a Counter-Case to Stigma's Claims

Stigma Is a Prosecutor — You Need a Defense

Stigma operates like a relentless prosecutor, presenting only the evidence that supports its verdict. But a fair trial requires a defense — someone who presents the counter-evidence. In this exercise, you become your own defense attorney.

Stigma Claim: "I am a failure."

"I am a failure."

List every piece of evidence that contradicts this claim. Include accomplishments, efforts, kindnesses, and moments of integrity from ALL areas of your life — not just recovery.

Stigma Claim: "I will never change."

"I will never change."

List evidence of change you have already demonstrated — changes in behavior, thinking, relationships, self-awareness, and choices — no matter how small.

Stigma Claim: "I don't deserve help or another chance."

"I don't deserve help or another chance."

List evidence that you have helped others, contributed to your community, and acted with integrity. List times you offered second chances to others.

Stigma Claim: "My relapse proves I'm not serious about recovery."

"My relapse proves I'm not serious about recovery."

List everything you have done in pursuit of recovery — meetings attended, therapy sessions, honest conversations, difficult choices, days sober.

Stigma Claim: "People only see me as an addict."

"People only see me as an addict."

List people who see you as more than your addiction. List the roles, qualities, and contributions they value in you.

YOUR EXERCISE

Rewriting the Narrative

Telling Your Story in a Way That Includes But Is Not Dominated By Relapse

Narrative Identity

Your sense of self is fundamentally a story — a narrative about who you are, where you came from, and where you are going. Stigma writes a story in which relapse is the central and defining event. This exercise invites you to rewrite your story — not by erasing the relapse, but by placing it in the context of a larger, more complete, more honest narrative.

Version 1: The Story Stigma Tells

Write the story of your life as stigma would tell it — the version where relapse is the central theme, where your worst moments define you, and where the ending is predetermined.

The stigma version of my story...

Version 2: The Full Story

Now write a more complete version — one that includes the relapse but also includes your strengths, your growth, your relationships, your contributions, your courage, and your capacity for change. The relapse is a chapter, not the whole book.

The full, honest, multi-dimensional version of my story...

Version 3: The Story I Am Writing Now

Write the next chapter of your story — the one you are actively choosing to create.

The chapter I am writing from this moment forward...

YOUR EXERCISE

Daily Stigma Awareness Check-In

Seven Days of Tracking Stigma's Influence

Why Track Daily?

Stigma operates most powerfully when it is invisible — when it shapes your thoughts and decisions without you noticing. Daily tracking makes the invisible visible.

Day 1

Stigma Intensity Today (1-10)

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

Identity Clarity Today (1-10)

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

Self-Compassion Level (1-10)

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

A moment when shame or stigma showed up today

How I challenged or responded to it

One thing that is true about me beyond my addiction

One honest connection I made today

Day 2

Stigma Intensity Today (1-10)

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

Identity Clarity Today (1-10)

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

Self-Compassion Level (1-10)

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

A moment when shame or stigma showed up today

How I challenged or responded to it

One thing that is true about me beyond my addiction

One honest connection I made today

Day 3

Stigma Intensity Today (1-10)

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

Identity Clarity Today (1-10)

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

Self-Compassion Level (1-10)

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

A moment when shame or stigma showed up today

How I challenged or responded to it

One thing that is true about me beyond my addiction

One honest connection I made today

Day 4

Stigma Intensity Today (1-10)

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

Identity Clarity Today (1-10)

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

Self-Compassion Level (1-10)

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

A moment when shame or stigma showed up today

How I challenged or responded to it

One thing that is true about me beyond my addiction

One honest connection I made today

Day 5

Stigma Intensity Today (1-10)

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

Identity Clarity Today (1-10)

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

Self-Compassion Level (1-10)

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

A moment when shame or stigma showed up today

How I challenged or responded to it

One thing that is true about me beyond my addiction

One honest connection I made today

Day 6

Stigma Intensity Today (1-10)

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

Identity Clarity Today (1-10)

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

Self-Compassion Level (1-10)

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

A moment when shame or stigma showed up today

How I challenged or responded to it

One thing that is true about me beyond my addiction

One honest connection I made today

Day 7

Stigma Intensity Today (1-10)

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

Identity Clarity Today (1-10)

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

Self-Compassion Level (1-10)

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

A moment when shame or stigma showed up today

How I challenged or responded to it

One thing that is true about me beyond my addiction

One honest connection I made today

YOUR EXERCISE

Declaration of Identity

Claiming Who You Are — Beyond the Label, Beyond the Stigma

Why a Declaration?

A declaration is an act of authority. It is you exercising the right to define yourself — a right that stigma has been exercising on your behalf for too long.

Who I Am

Drawing from your identity map, write a comprehensive statement of who you are — your values, roles, strengths, passions, and contributions. This section should make no reference to your addiction.

What I Have Survived and Learned

Acknowledge what you have been through — including the addiction and the relapse — and name what it has taught you.

What I Refuse to Believe

Name the stigma messages you are choosing to reject. Be specific and direct. These are the labels, verdicts, and predictions you are no longer willing to accept as truth.

What I Am Choosing

Declare the values, actions, and identity you are actively choosing. Not promises about the future — choices about who you are being today and the direction you are moving.

Your Complete Declaration

Now bring all four sections together into a single, unified Declaration of Identity.

My Declaration of Identity...

"You are not the label that was placed on you. You are the person who survived what the label describes."

Every exercise in this intensive has been an act of resistance — against the stigma that tried to reduce you to a single story, a single word, a single moment. You are more than that.