

SELF-SABOTAGE STANDING IN YOUR OWN WAY

By Sr Beverley Dye – Psychiatric Nurse Specialist

“Shooting yourself in the foot” or “standing in your own way”. Have you heard these expressions before? Surely they refer to self-sabotage. The easiest explanation for self-sabotage is ‘unconsciously working against oneself’. Why would we work against ourselves when life is about success, fulfilment and moving forward? Clearly there are functions, or rather, dysfunctions, that cause a gap between these aspirations we have for ourselves, and our reality.



Self-sabotage is just one of many contributing factors to misery and a lack of fulfilment in our lives. But it is one we can manage when we become aware of it. An initial response to the idea of self sabotage may cause us to immediately distance ourselves from our perception of it. “I never do that”, we are quick to respond. However we should ask ourselves:

- *What frustrates me, and what do I do with my frustration?*
- *Would others describe me as a procrastinator?*
- *Why can I never lose weight and keep it off?*
- *Why do I not keep friends or are able to build meaningful relationships?*
- *Why do I keep going back to addictions like pornography, gambling, food or drugs?*
- *Why do I keep going back to people who are emotionally unavailable to me?*
- *Why do others seem able to save money but I never have any to spare?*

Do any of the above sound familiar? Another way to observe or identify our own self-sabotage and self-destructive behaviour, is by listening to the ‘tapes we play in our head’. The thoughts are messages we play over and over until they become our belief system. Belief systems want to be proven true, so we deliberately find evidence for them in our behaviour and lives. Do you recognize any of these messages?

- *I won't be happy until I have lost 10 kgs, found a partner or bought that new car.*
- *I won't trust anyone, they will only hurt me again.*
- *Making any mistake is terrible. It means I am not good enough.*
- *I will fail if I try something new, because I'm not really good at anything.*

These tapes / messages can play on a constant loop, over and over again, until we feel so overwhelmed by them that it incapacitates us and we feel unable to make changes. It becomes second nature, that when there is a stressor, one reverts to the familiar, even though you know it is detrimental to yourself, your family, your relationships, your job, your future etc. This is often seen in those recovering from addictions. Onlookers can often see when the addict makes choices to set themselves up for a relapse. For example, someone who has been in recovery for a while decides that they will visit an old friend who still uses drugs, knowing at some level that this is a very high risk situation that may lead to a relapse. Similarly, the person who is trying to lose weight may still keep all their favourite sweets and snacks in the cupboard or not pack a lunch to work, leaving them to have to eat at the canteen where healthy options are limited.

It makes no sense to the onlooker that a person would sabotage their own progress but another aspect to self-sabotage is the secondary gain that we get from this behaviour. The self-sabotage serves a purpose otherwise we would not keep on doing it. For example, the addict may think that they will lose close friends when they give up their old lifestyle whilst a relapse will keep them in touch with their old friends. The compulsive over-eater continues to use food as a way to not deal with unresolved issues or unpleasant feelings in their lives. Giving up overeating will result in weight loss but it will also leave the person without their diversion (food) and they will be forced to deal with the real issues.

Tips on how to break the cycle of self-sabotage

1. **Set achievable and realistic goals:** For example if you want to lose weight and keep it off, you may want to aim for 2 kg loss every month. If you aim to do something that is achievable it will give you a sense of success which can affirm your commitment to lose weight.
2. **The goals need to be time limited:** If you want to reach a fitness goal for example, you may decide to start with a 15 minute brisk walk everyday. At the end of every month you may increase it with another 15 minutes if your aim is to get to your goal of 60 minutes per day in 4 month's time.
3. **Look at what is working instead of at what is not working:** For example; I managed to save money on take-aways two nights this week by cooking at home. Acknowledging the things we get right, no matter how small the achievement, prevents us from getting to the state of wanting to give up.
4. **Listen to the words that you use:** Are they complaints and woes or uplifting and grateful? Take a realistic inventory of your blessings, and speak them out aloud by telling others – this reinforces the good things and it also becomes contagious to those around you.
5. **Surround yourself with mentors and people who get things done:** Make yourself accountable to someone responsible, or someone you respect – be ready to submit to their strengths, acknowledging your weakness.
6. **Give yourself the space to not be perfect:** Making mistakes creates learning opportunities so we can do better or different in the future.



Beverley Dye

In conclusion, If you have tried all the above and are still struggling with self-sabotaging thoughts and behaviour, it is no shame, but rather a courageous step, to get help through counselling and/or therapy. Doing so can allow someone to help you process the roots of your behaviour. Facing your fears, vulnerabilities and self-sabotaging behaviour can only help you to enjoy a more meaningful life, and as a result of that, those around you, whom you love, will also benefit!

BEVERLEY DYE, is a Psychiatric Nurse Practitioner. She has opened a Psychiatric Step Down Facility in Benoni, called “The Loft”. This therapeutic and homely environment caters for short term, long term and day care. Beverley networks with the referring professionals and their team, to ensure optimal recovery and benefit to the resident. She can be contacted on: 084 699 2136 or 011 969 0146 or email: theloft101@gmail.com

Sorika de Swardt



My own worst enemy

By Sorika de Swardt – Addiction Consultant at Elim Clinic

"Self-sabotage is when we say we want something and then go about making sure it doesn't happen". It sounds nonsensical, but in truth there are many reasons a person would become their own worst enemy. If we can become aware of these reasons in a non-judgemental way, we may understand them better and be able to change our behaviour to be more constructive. I came across a blog by Carole Bennet² a substance abuse councillor who wrote passionately about her ex-husband, who had everything and then set out to sabotage himself to the point where he had nothing. "So what motivates an individual to purposely put an invisible, destructive gun to their head, and pull the trigger time and time again," she asks? And like our newsletter writer Sr Beverley Dye suggests, we may all quickly distance ourselves from this concept until we look at our own behavioural patterns. There are some things that are so universal, that we can all identify with it. Here are some reasons behind self-sabotaging behaviour:

The **familiarity of failure or disappointment** is something most of us know. Whether it has to do with relationships, addiction, money, our studies or employment, we may be fairly used to disappointment and it puts so much less pressure on us than success. We believe that once you are successful, you need to keep it up, and are not allowed any mistakes. "Keeping up the good work" is a lot of pressure.

An **unconscious need to be in control**. If we feel something is bound to fail because it's 'too good to last', we might engineer its failure somehow. The anxiety and uncertainty of when the bubble will burst just gets too much and then, we ourselves, burst the bubble just to get rid of the anxious anticipation. If we initiate failure or rejection, we somehow feel that we are still in control.

Feeling unworthy may drive people to feel they 'don't deserve' success or happiness. Especially if they did some things in the past of which they are

ashamed or regretful. Sometimes a person will then sabotage the good things in their life as means of self-punishment for the things they have not forgiven themselves for yet.

Letting go of pain is harder than holding on to it. ³Kahlil Gibran once said "much of our pain is self-chosen". Just like the person we love may be on a path to self-destruction, so are we when we allow them to pull us in and shift the blame for their behaviour onto us. They may also try to shift the responsibility for saving them onto us and leave us laden with guilt should we choose to not take their responsibilities. They may blame us for the consequences of their behaviour when we don't save or protect them from those natural consequences. Just because we may understand the reasons behind someone's self-sabotage, does not mean we have to put up with it and allow it to put us on a path of self-destruction too.

So, if you are in a relationship with someone who is hell bent on playing Russian roulette with self-sabotage, know that once a person decided to become their own worst enemy, it's solely and completely up to them to take and keep control of their life. They may do this by joining a recovery program or they may choose the slippery slope of relapse and self-destruction. As a caring partner, friend or councillor you can only observe compassionately and ensure that you are not drawn into your own pattern of self-sabotage by being an enabler or co-dependant in this relationship. Seek professional help and in the case of addiction, a structured intervention (see article) may confront the addict with the effect their self-destructiveness has on them and those who love them.

And remember that no pain has to be seen as useless, for "The deeper that sorrow carves into your being, the more joy you can contain". Sometimes, our self-sabotaging behaviour may just be part of a process along the way of getting to know ourselves and our belief systems, whilst learning to get out of our own way so we can connect with our inner strengths.

1 Alyce P. Cornyn-Selby at <http://www.uncommonhelp.me/articles/stop-self-sabotage-behaviour/#sthash.7yBzTdHO.dpuf>
 2 Carole Benet at <https://www.psychologytoday.com/blog/heartache-hope/201209/the-alcoholicaddicts-art-self-sabotage>

3 Kahlil Gibran: The Prophet. 1983 A.D Donker publisher.
 4 Kahlil Gibran: The Prophet. 1983 A.D Donker publisher.

Forthcoming events

Look out for our next training dates:

- 5th June 2015 – Your love is my drug
- 25th and 26th June 2015 – Introduction to sex addiction
- 24th July 2015 – Emotional blackmail (Fear Obligation and Guilt)
- 6th August 2015 – Multi-orientation marriages.

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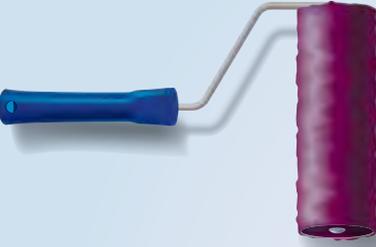
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The New Face of Elim Clinic

By Elize Smith, Managing Director at Elim Clinic



Elize Smith

New times call for new measures. The face of addiction has changed completely over the last few years. Our patients are younger, they use different kinds of drugs, there are more and more awareness of the behavioural addictions, and patients have more and more choices regarding treatment options. Agility is the name of the game and as a service provider you need to change with the times to stay relevant.

Elim Clinic is known for being proactive. We are focussed on continuous development and quality improvement. We implemented a multi-pronged approach to address the changing needs. We started with the therapeutic environment and giving our facilities a face-lift.

Next we are attending to the treatment offering in terms of type of addictions we treat but also therapeutic approach culminating

in staff and stakeholder training and development. During 2014, after research and developmental work, we implemented the LivSmart programme. LivSmart is (acronym for Live Sober Motivated Active and Recovery Tuned) based on an experiential approach and aimed at the younger drug addict. We stand amazed at the positive outcomes of this programme.

If you now arrive at Elim Clinic you will notice a new vibe – literally a new face! Elim Clinic was established in 1958 and we aim to balance the rich history and timeless feeling of the facilities with a modern look and feel. The message when one arrives on the premises is that this Clinic is relevant, keeping up with times, creating an environment conducive for healing and recovery.

The Programme development to address “new” addictions is an exciting process – at last there is recognition for behavioural addictions such as sex, pornography, gambling, eating, shopping, exercise, internet addiction and compulsive working. We are ensuring that we are ready for the new challenges.

So, we have a new face – structurally; a new face in the treatment programmes; a new face in our approach to certain patients groups and also a new face in terms of training and development. Elim Clinic would like to share the launch of the “New Elim Clinic” with our network. International expert in behavioural addictions, Robert Weiss agreed to visit South Africa in March 2016. He will train Elim Clinic staff and will present CPD accredited training to which YOU will be invited. Make sure you receive our newsletter and invitations to workshops so you do not miss this exciting opportunity!



By Pastor Morwa Lovemore Mabena,
Pastoral counsellor at Elim Clinic



Lovemore Mabena

“Beloved, I wish you above all things that you may prosper and be in health even as your soul prospers”. (John 1:2) Whereas God is concerned about our spiritual growth, He also wants us to prosper in health because a healthy mind will always make healthy spiritual decisions. He is concerned about our health because our bodies are the temples of the Holy Spirit; He bought us with a high price. We might have fallen on the way, but let us start all over again, let us make a NEW START. I want to use this word **NEW START** as an Abbreviation:

Nutrition: Make sure that what you eat or drink brings glory to God and nourishes the body.

Exercise: Make time to do some physical exercise whether by walking, running or going to the gymnasium.

Water: Water is the means of transportation in our bodies, if there is not enough water in the body, it will not be balanced. Drink at least 8 glasses of water every day.

Sunlight: The sun has some healing benefits which are much needed by our bodies. Make time to sunbathe especially in the early hours of the morning.

Temperance: Be able to say no when situations tell you to “do it”, and be able to say yes when required.

Air: It is important to ventilate our houses and have fresh air to breathe.

Rest: God even gave us a day to rest and made a commandment in the bible to prove the importance of rest. It has also been scientifically discovered that when we work for six days and break the cycle by taking a 24 hour rest from our everyday duties and do something different like worship, the immune system multiplies. Also have at least 8 hours of rest every day.*

Trust: Trust is a risk that we all have to take because we also want to be trusted, but above all we have to trust God for safe travelling in all our life's journeys.

* SOURCE: The amazing 7 day-cycle by Kenneth Westby

BREAKING THROUGH THE DENIAL

Staging an intervention

By Adri Dreyer, Clinical Manager at Elim Clinic



Have you heard, or are you of the opinion, that “nothing can be done with addicts until they hit rock bottom”? Would you allow a loved one to jump off a bridge before you reach out a hand to stop him/her? Of course not. Neither should we stand by and watch the chemically dependent person plumb the depths of suffering and despair before doing something about it. Maybe you had several one-on-one conversations with the chemically dependent person confronting him/her with the substance abuse problem, but with no lasting effect.

Action through a process called intervention has proven to be highly successful. This is the process by which you assist the person to move toward reality, recovery and eventually a meaningful life. The goal of intervention is to break down the various defences by presenting reality (specific facts) to the person in such a way that he/she can no longer deny it. This is done in an objective, caring and non-judgemental way. For the

chemically dependent person the intervention is the “moment of truth”. A structured intervention, if done properly, will lead the dependent person to the help needed to begin the process of recovery.

The intervention should be conducted by a team comprised of two or more persons who are meaningfully close to the addict and have witnessed his/her behaviour while under the influence. An old saying goes: “He will laugh if one person tells him he has a tail. If three people tell him, he may turn around to look!”

When staging an intervention, the following points are crucial:

Seek professional help.

A social worker or psychologist in the field of addiction can assist as an interventionist. The interventionist works as a coach and helps the family plan for this tough conversation. The interventionist provides guidance throughout the process to help ensure success. In order to do the job properly, an interventionist must meet with the family (sometimes several times) before the intervention is held. During these planning sessions, the interventionist will provide information on the nature of addiction and give background information on the nature of interventions.

Set up the team.

Get concerned people around who will help. Each person has to be willing to look the addict in the eye and say, “You have a problem, and you need help.” If one person feels uncomfortable about that, he/she might be a weak link who should not be involved in the process.

Confront factually, but with love, care and concern.

A written list of data should be prepared and brought to the intervention. These intervention letters describe in detail the evidence that the addict and his/her loved ones are negatively affected by the substance. Confront him/her with content, not argument. Remember that you are talking to the drugs, not the person. Any time someone is chemically dependent, the substance takes over their reasoning and problem solving and creates all types of paranoia and anger.

Create a crisis for the troubled person.

Remember that arguments are a comfort zone for a person on substances because it allows him/her to stay in denial. Bring it to a head by giving him/her a choice to get treatment, or face the undesirable alternative, such as jail, getting kicked out of the house, having no contact with family, etc.

Focus only on substance-related issues.

Keep it focused on the fact that the person has a disease for which he/she needs professional help. Be specific about when, where and with whom a substance-related incident happened. Stay on point without emotions or distractions. It's all about facts.

Get a commitment to go to treatment or be prepared to break contact.

Be prepared for the hard decision of letting that person go if treatment is refused. It doesn't just affect the addict, it takes a toll on the entire family.

Have a firm, immediate plan.

No time should be wasted after the person commits to treatment. If the person agrees to get help, have a treatment centre set up to admit him/her immediately. If the person does not agree to get treatment, know in advance how to respond.

Intervention always has some effect, and that effect is invariably positive. It offers a chance for recovery where before none existed. It even mobilizes the whole intervention team. A new dynamic is established; knowledge about the disease is conveyed and team members will be more skilled in breaking down the person's defences. Intervention, if properly done, works every time!

With acknowledgements to:

Johnson V. E. (1986). Intervention. Published by Johnson Institute Books, Minneapolis.

<http://www.interventionsupport.com/intervention-steps/meet-with-an-interventionist/>

Preparing for a Structured Intervention at <http://drphil.com/articles/article/199>

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