MAJIK / RECOVERY

The Secular Path

Twelve practices for understanding patterns, reducing harm, and rebuilding daily life

ZOVERIONS

UNDERSTAND. PRACTISE. REVISE.

It's not MAJIK. It's you.

FREE READING EDITION
Living Edition 2026 · First full manuscript

Contents

Read at your own pace. Use the safety section whenever urgent help or medical advice is needed.

About this free edition

MAJIK Recovery: The Secular Path
Twelve practices for understanding patterns, reducing harm, and rebuilding daily life
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Living Edition 2026 • First full manuscript • 20 September 2026

It's not MAJIK. It's you. A person with needs, history, circumstances, relationships, and choices—not a problem waiting to be given a score.

This is an educational recovery book for adults. It offers a complete reading-and-practice journey, not a complete medical treatment. Its exercises are original, unscored reflection tools, not diagnostic tests. The integrated MAJIK programme has not been clinically validated. This first full manuscript has not received independent specialist clinical or safeguarding review. It cannot assess a condition, prescribe care, supervise withdrawal, or monitor an emergency.

This book is secular by design. It does not require belief in a god, a higher power, a cosmic purpose, or a hidden spiritual force. It does not rename those ideas and ask you to accept them indirectly. Meaning can come from relationships, values, interests, responsibilities, curiosity, and the life you want to make possible. Religious readers are welcome to use the book without making their beliefs a requirement for anybody else.

The twelve practices are original MAJIK organisation, developed from the broader approach in *It's Not MAJIK, It's You*. They are not the official Twelve Steps of Alcoholics Anonymous, a reproduction of SMART Recovery, or a manual for a named psychotherapy. MAJIK is not affiliated with or endorsed by those organisations. Similarities in practical themes do not establish equivalent outcomes.[1][2][22][23]

All named people, conversations, and personal scenes are fictional. They illustrate reasoning and choices, not verified treatment results or testimonials. Numbered references identify research and official guidance used for particular claims. They do not imply that nearby MAJIK exercises were tested in the cited work.

You can use the PDF for reading and printing or the EPUB and complete HTML edition for adjustable text. You may write, speak, listen, reflect without recording, or work with an appropriate supporter. A finished notebook is not the price of care.

When safety comes first

An urgent situation belongs with appropriate help, not a workbook. Put the book down when safety is uncertain or immediate action is needed.

In Canada, call **9-1-1** for suspected overdose, serious breathing problems, an unresponsive person, a seizure, severe confusion, or another immediate danger. For a suspected opioid overdose, give naloxone if available and follow the kit instructions and emergency dispatcher's directions. Stay with the person until help arrives when it is safe. Improvement does not remove the need for emergency help.[7]

Call or text **9-8-8** in Canada for suicide crisis support, including concern about someone else. Immediate danger still requires emergency services. Outside Canada, use the appropriate local emergency and crisis routes; these numbers do not apply everywhere.[15]

This book is not a withdrawal guide. Stopping or sharply reducing alcohol or benzodiazepines after regular use can cause dangerous withdrawal. Ask a qualified healthcare professional before making changes when dependence may be present. If you have already reduced or stopped and feel unwell, seek prompt medical advice. Severe symptoms require emergency care. The absence of the warning signs named here does not establish safety.[5][6]

After a period without opioids, reduced tolerance can increase overdose risk. A familiar amount is not reassurance. Combining opioids with alcohol or benzodiazepines can be

especially dangerous. Ask an appropriate service about treatment, naloxone, and overdose prevention. A coping exercise cannot assess your individual risk.[6][8]

Prescribed medication can be part of recovery. Do not stop, skip, reduce, or replace it to prove independence, satisfy a group, or make your progress look more impressive. Discuss questions with the prescribing professional. Physical dependence on a prescribed medicine does not, by itself, establish addiction.[4][6]

If you are impaired, do not drive or take responsibility for activities requiring safe judgement. Arrange appropriate help with transport and for people depending on you. If there are threats, abuse, or immediate danger in a relationship, prioritise safety and appropriate specialist help rather than a communication exercise.

For non-emergency support in Ontario, **ConnexOntario: 1-866-531-2600** provides information about mental-health, substance-use, and gambling services. **Health811: call 811** offers non-emergency health advice. **211 Ontario** helps identify community and social services. Their roles differ; none replaces emergency response. Wider Canadian and United States routes appear in “Finding help.”[13][14][16][17][18]

A first request can be simple: **“I am concerned about what is happening and need help deciding what to do safely.”** You do not have to diagnose yourself first.

Introduction — You do not need a different universe

Rina opens a notebook and writes: “Why do I keep doing this?”

It is a question she has asked in several forms. Sometimes it means she wants an explanation. Sometimes it means she wants a punishment large enough to make the next decision different. Sometimes it is simply what she says when she is too tired to decide what kind of help to ask for.

The question contains something useful. It also needs company.

What happens before the behaviour? What does it do for her in the short term? What does it cost? Which parts of the situation are outside her control? What support is available? What is the next safe action? Who does she want to be able to show up for? Which answer requires a clinician rather than a page?

This book gives those questions room.

You do not need to believe that the universe is guiding your recovery. You do not need to call a group a higher power. You do not need to prove that you are capable of changing without help. A secular approach can take dependence, vulnerability, affection, grief, and meaning seriously without turning them into supernatural claims or embarrassments to be removed.

The central idea is practical: understand the pattern well enough to respond more usefully, build the support that response needs, and keep revising the account when reality disagrees with it. That does not make recovery an engineering problem with a guaranteed solution. People are not machines with one broken part. Lives include illness, unequal resources, relationships, histories, and needs that no clever diagram can dissolve.

The title deserves care. *It's you* does not mean everything is your fault. It means you belong at the centre of decisions about your life. Your experience matters. Your values matter. Your voice matters alongside appropriate professional knowledge and the rights of other people. You are not a passive object to be classified, and you are not an isolated hero expected to overcome every circumstance alone.

The twelve practices are a route through that work. They begin with an accurate description, a chosen direction, and actual support. They then examine the loop, the space around an urge, the stories you tell, the surroundings that shape choices, and the needs beneath the behaviour. Later practices address repair, a worthwhile daily life, setbacks, and a personal model that can remain open to revision.

You can use the whole sequence or return to the part that is relevant. You do not have to finish a chapter before seeking treatment or meeting an immediate obligation. The safety pages take priority whenever risk is present. This is a book for reflection and practical support around care, not an alternative to care when care is needed.

Some readers are addressing alcohol or other substance use. Others are concerned about gambling or another repetitive behaviour. These situations are not interchangeable. A few shared questions do not establish a shared diagnosis or treatment. We will keep the difference between a difficult habit, a serious disorder, moral distress, and a medical risk visible rather than using one label for everything.

The fictional people in the book have deliberately incomplete lives. Rina is addressing alcohol use with professional support. Eli has been gambling with money needed elsewhere. Cal is concerned about how online activity is crowding out sleep and relationships. Tessa is living with pain and wants a clearer way to discuss her needs without treating prescribed care as a moral failure. Their scenes illustrate decisions; they do not demonstrate that MAJIK produced a clinical outcome.

The book does not promise that every practice will help. It asks you to notice whether a practice is useful, whether it fits your circumstances, and whether it needs to stop or change. A secular method should be willing to learn from a negative answer.

Rina eventually adds a second line to the notebook: “What would make the next part easier to face honestly?”

That question has somewhere to go.

Chapter 1 — The problem is real; the label is incomplete

A name can bring relief. It can explain why something has been difficult and help you find people who understand. It can also become so large that the person disappears beneath it.

This book uses descriptions before verdicts. What is happening? What is harmful? What has become difficult to control? What has been tried? What needs assessment? Those questions remain useful whether you already have a diagnosis, are seeking one, or are addressing a pattern that does not amount to a disorder.

You do not need to decide your entire identity before asking for help.

Describe what another person could understand

“I am broken” communicates distress. It does not explain the pattern. “I repeatedly spend money intended for bills while telling myself I will stop after one bet” gives you and a supporter something more specific to examine.

A description can include frequency, context, intentions, consequences, and uncertainty. It should not become a self-diagnosis disguised as a diary. A qualified professional may need information that a book cannot interpret safely. Use the description to support that conversation.

Rina writes that the first drink often follows the end of a difficult shift. She also writes that drinking no longer stops when she intends and that she has hidden how much it affects the following morning. These details matter more than comparing herself with a stranger's worse story.

Cal's situation is different. He stays online later than he wants and misses sleep, but the book does not decide that he has an addiction. He can examine the pattern and seek assessment if impairment or distress warrants it without borrowing a more serious label to make his concern legitimate.

Four things a label can hide

A label can hide context. A behaviour may be easier to manage in one setting than another. That difference might reveal a useful support, a cue, or an unmet need.

It can hide variation. You may manage some decisions well and struggle with others. The strengths are not proof that the problem is imaginary. They may be resources for the response.

It can hide uncertainty. A compelling explanation can feel complete before it has been tested against what happens. "I do this because I lack discipline" might miss untreated symptoms, a predictable cue, or a plan that depends on resources you do not have.

Finally, it can hide change. Once an account becomes "this is who I am," new information may be treated as an exception rather than a reason to update the account. MAJIK's personal-model approach keeps descriptions provisional enough to learn.[22]

None of this argues against diagnosis or professional knowledge. A careful diagnosis can be useful. The caution is against asking a label to do every job in a life.

Seriousness does not require shame

You can recognise harm plainly. You can acknowledge that a behaviour has damaged trust, health, finances, or obligations. You can seek more intensive support when it is needed. None of that requires describing yourself as disgusting, weak, or beyond repair.

Shame often turns a specific event into a total account of the person. In this book, the practical response is to bring the account back to what happened and what needs to change. This is an ethical and reasoning choice, not a claim that one sentence removes a clinical condition.

Eli initially writes, “I am a terrible partner.” Asked to be specific, he writes that he concealed spending relevant to shared bills. That is serious. It also makes the responsibility clearer. His partner needs accurate information and appropriate practical repair, not a demand to reassure him that he is not terrible.

A compassionate account is not automatically a flattering one. It may be more exacting because it refuses to let self-hatred stand in for action.

Distinguish harm from disapproval

A person can feel ashamed because a community disapproves of their identity or consensual adult choices. That distress matters, but it does not automatically show that the behaviour is disordered.

For example, clinical descriptions of compulsive sexual behaviour distinguish significant impaired control and effects from distress based only on moral disapproval.[12] A strong desire or nonconforming identity is not enough for this book to classify someone. Appropriate assessment should be respectful and nonjudgmental.

Likewise, prescribed medication and physical dependence are not automatically evidence of addiction.[6] Concerns about food, exercise, or body image should not be turned into a blanket abstinence plan; they may need specialised care. A broad recovery vocabulary can become harmful when it erases these differences.

Ask what is being harmed, how you know, and whose standard is being applied. Include consent and effects on other people. If the answer is uncertain, seek suitable help rather than converting uncertainty into a harsh label.

Practice — A description that leaves room

Write three sentences. First, describe the pattern. Second, describe its known effects and any uncertainty. Third, name the help or next action needed.

A fictional example: “I repeatedly stay online later than I intend, especially after a day when I have had little choice over my time. I am losing sleep and cancelling plans, though I do not yet understand the full pattern. I will look at the evening routine and seek appropriate advice if the impairment continues or other concerns appear.”

A substance-use example may need a different third sentence: “I need a healthcare assessment before changing use because I do not know what withdrawal risks apply.” The same page structure does not imply the same risk.

Keep the description open to revision. You are making a useful starting account, not declaring a permanent identity.

Chapter 2 — Change needs a context

Imagine asking someone to cook every evening without checking whether they have a kitchen, money for food, predictable hours, or the energy to stand. The instruction might sound healthy. It might also be useless.

Recovery plans can make the same mistake. They ask for better choices while leaving the conditions of choice unnamed. The result is often a person blamed for failing an arrangement that was never designed for their life.

Context does not remove responsibility. It helps identify what responsibility can realistically involve.

Look at the conditions around the action

A choice happens somewhere, at a time, in a body, among available options. You may be tired, in pain, frightened, isolated, overstimulated, or under pressure. You may also have skills, routines, relationships, and services that make a different response possible.

Ask what changes across settings. Rina finds that some evenings are easier when a meal and a low-demand activity are already arranged. That observation does not explain all of her alcohol use or replace treatment. It identifies one practical condition worth including alongside care.

Tessa can manage an appointment when she has accessible transport and enough time between commitments. When those conditions disappear, she misses things. Calling both situations “poor motivation” would conceal the difference.

An accurate plan makes supports visible rather than treating them as evidence that the person is not really doing the work. A ramp does not invalidate the person travelling up it. A reminder does not make the remembered appointment less real.

A loop is a map, not a complete theory

Later we will map a sequence: context, cue, interpretation, action, short-term result, and later cost. This is an original organising tool for reflection. It is not a claim that every disorder has one loop or that a diagram can replace clinical assessment.

A map is useful when it helps you identify a decision point or a missing support. It becomes misleading when it turns every event into proof of the same theory. Leave space for “I do not know” and for information that does not fit.

Suppose Cal stays online after difficult days. One explanation is avoidance. Another is that online contact is his only reliable companionship. A third is that he has no transition between work and home. These possibilities may overlap. A plan built on one guessed explanation could miss the others.

The answer is not endless analysis. Start with a plausible, low-risk change that addresses a named problem, keep important care in place, and observe what happens. Do not experiment with medication, withdrawal, dangerous exposure, or other clinical decisions through a self-help page.

Your body is not an obstacle to moral achievement

Pain, fatigue, disability, illness, and sensory needs are part of the person a plan must fit. They are not necessarily excuses or hidden resistance. Appropriate healthcare and accommodations may be needed.

Do not require yourself to perform recovery in a way that is physically inaccessible. A written inventory can become a spoken conversation. A walking practice can become seated observation. A long meeting can become a shorter or different form of support. Privacy, language, reading level, and hearing or vision access matter too.

A plan also needs to recognise basic needs. Food, rest, safe housing, and healthcare are not rewards to be earned after perfect behaviour. They are parts of the conditions in which change can be attempted. Official recovery guidance recognises multiple dimensions of support and person-directed goals.[3][11]

Some barriers cannot be solved individually. A person may need services, advocacy, benefits advice, or practical assistance. Naming that need is more honest than insisting that every difficulty can be overcome by better thinking.

Motivation is not the whole explanation

You may want a change and still struggle to carry it out. The task may be unclear, the support unavailable, the habit strongly cued, the treatment insufficient, or the consequences too distant to guide a tired moment. These are possibilities to investigate, not diagnoses made by the book.

Instead of asking only “How much do I want this?” ask “What does the next action require?” Does it require information, transport, privacy, a skill, a conversation, professional assessment, or a simpler first step?

Eli wants to address the debt but avoids opening the letters. He decides he must first become less ashamed. A more useful route may be opening them with suitable support and

obtaining qualified advice while the shame is still present. The feeling does not need to be solved before the practical task can begin.

That does not mean every task can be forced through distress. Some material requires a safer pace or a professional. The point is to distinguish the actual barrier instead of using one explanation for every delay.

Practice — Compare two situations

Choose one situation in which the pattern is stronger and one in which it is weaker or absent. Do not assume the difference proves a cause. Describe time, place, people, bodily state, demands, available support, and what you were trying to achieve.

Ask what difference might be worth exploring. Perhaps the task is easier when its beginning is visible. Perhaps a particular setting brings cues you have not planned around. Perhaps one arrangement includes companionship and the other requires isolation.

Choose one low-risk practical adjustment and a way to observe whether it helps. Keep the conclusion narrow: “This arrangement helped on these days” is more honest than “I have discovered the cause of my problem.”

Context gives you more places to act. It does not guarantee that one adjustment will be enough. Let the map help you ask better questions, including when the next question belongs with a professional.

Chapter 3 — Use the book without becoming its employee

A self-help book can quietly create a second job. Read the chapter. Complete the exercise. Track the behaviour. Record the feeling. Review the review. Before long, the person seeking a more workable life is maintaining an administrative system about having one.

This book should not require that. Use the smallest amount of structure that helps you act more safely and honestly. Add support when needed. Remove tasks that are only producing a record of your inability to keep up.

A route through the twelve practices

The practices have an order, but they are not gates. Start with safety, an accurate description, a chosen direction, and appropriate support. Move into understanding the loop and practising alternatives. Then address repair, meaningful daily life, setbacks, and a revisable personal model.

You can return to any practice when circumstances change. You do not need to wait until Practice Nine to correct a small, safe mistake. You do not need to complete a self-analysis before contacting treatment. The book's order is a reading aid, not a hierarchy of who is allowed to receive care.

The back of the book includes reusable pages and two longer fictional walkthroughs. Use them to see how the questions connect. Do not compare your pace or outcome with invented people whose stories were designed to illustrate a point.

Work with your capacity

Choose a short, realistic reading period. You may read a few paragraphs, answer one question, or discuss a passage with someone. A chapter can take several sittings. You are allowed to stop while something remains unfinished.

For difficult material, choose an appropriate setting and support. Do not start with your most painful memory to demonstrate sincerity. Reflection about trauma, abuse, or serious consequences may belong with a qualified professional. If a practice becomes overwhelming or unsafe, pause and seek suitable help.

A useful session has a beginning and an end. At the beginning, ask what needs attention and what you have capacity for. At the end, identify one next action or question. Then return to the room and the ordinary day. The work does not become more effective merely because you remain distressed for longer.

Keep roles clear

A clinician provides assessment and treatment within their professional role. A peer supporter may offer experience, listening, and agreed contact. A friend may provide company or practical help. An adviser may help with a specific financial, legal, or social-service issue. Do not assume one person can safely perform all of these roles.

Ask what support is actually offered. How often can you talk? What happens when a message is unanswered? What privacy limits apply? What concerns should go to another service? Clear limits can make support more reliable, not less caring.

You can disagree, decline a practice, or change supporters. A secular label does not guarantee a safe group any more than a spiritual label guarantees an unsafe one. Notice conduct: respect for consent, care, questions, privacy, and people who leave.

Your notes belong to your life, not to the programme

You do not need to upload personal information to use MAJIK. A notebook, an unsaved conversation, or a few words on paper can be enough. Do not include more detail about yourself or another person than the purpose requires.

Consider access before saving. Shared devices, work accounts, cloud services, unlocked phones, and visible paper can expose information. This book does not certify the privacy or security of any device, application, or website. Review those conditions separately.

An AI system is not an emergency monitor or a substitute for a qualified clinician. Its confident language does not prove accuracy, and entering sensitive material may have consequences you have not considered. You can use the entire book without an AI service.

If a record has legal or professional significance, seek qualified advice about handling it. General privacy advice is not permission to destroy records you are required to preserve.

Practice — A small working agreement

Decide what you will use: reading, writing, conversation, or a combination. Choose where notes will be kept, or decide not to save them. Identify the appropriate support route for questions the book cannot answer.

Then write a sentence about how you will judge usefulness. For example: “A practice is useful if it helps me see the situation more accurately, take an appropriate action, or ask a better question without increasing harm.”

Add a stopping rule: “I will pause when the exercise becomes overwhelming, unsafe, compulsive, or a substitute for needed care.” This is not an escape clause from all difficulty. It is a boundary that keeps difficulty from becoming the method’s proof of virtue.

Finally, choose the next page. You do not need to redesign your whole life before beginning. You need an honest enough starting point and a way to obtain help when the book is not enough.

Chapter 4 — Practice One: Describe the pattern accurately

> **The practice:** Name what is happening, what it costs, and what remains uncertain. Use the description to guide help and action rather than to decide your worth.

Eli has three different accounts of his gambling. When speaking to his partner, he calls it a hobby that got out of hand. Alone, he calls it proof that he ruins everything. When thinking about the next bet, he calls it a possible way to repair the money problem.

Each account has a purpose. None gives a reliable picture of what has happened.

Practice One asks for an account that can survive changes in mood and audience. It does not need every detail. It needs the details that matter for safety, understanding, and the next decision.

Start with the visible sequence

Describe the behaviour in ordinary language. Where does it happen? What do you intend? What occurs? How does it affect health, money, time, obligations, or other people? Which parts are known and which need clarification?

Avoid using an explanation as the description. “I gamble because I am lonely” may contain a useful hypothesis, but it leaves out what the gambling looks like and what its consequences are. Start with what happens. Examine the possible function later.

Eli writes: “I open the app after dinner, often intending to watch without spending. I place bets, continue after the amount I planned, and delay checking what remains for bills. I have given my partner incomplete information.” That is uncomfortable to read. It is also more useful than either “hobby” or “ruins everything.”

Rina’s description includes alcohol use and uncertainty about health risks. Her next step is not to count her way to a private diagnosis. She brings the description to a healthcare professional and asks what assessment and care are appropriate. A clear account can support professional judgement without replacing it.

Notice what the account leaves out

Ask what you tend to omit when you want the situation to look better. It might be the amount of time, the effect the next morning, a broken agreement, or the effort spent concealing the pattern. Then ask what you omit when you want to condemn yourself. You might leave out a request for help, an attempt that worked for a time, a practical barrier, or a relevant health condition.

The aim is the same in both directions: a fuller account. You are not balancing good and bad actions into a score. You are gathering the information needed to respond accurately.

Tessa notices that her notes describe missed tasks but not the pain and inaccessible transport around them. Including those details does not prove that no change is possible. It changes the question from “Why am I so unreliable?” to “What arrangement would make this task feasible, and which symptoms need professional attention?”

You may also be missing information because you have not looked. A financial statement, calendar, or relevant record can clarify a practical fact. Use records carefully and respect privacy. Do not turn the exercise into invasive monitoring of yourself or others.

Separate four perspectives

There is what you observe, what you believe about yourself, what you want to become, and what other people expect. These perspectives can overlap without being identical. The distinction comes from MAJIK’s broader approach to a revisable personal model.[22]

“I cancelled two plans” is an observation. “I am incapable of friendship” is a belief about yourself. “I want to become more dependable” is an aspiration. “My family expects me to answer every call” is an outside expectation. Each raises a different question.

The observation needs context. The belief needs evidence and limits. The aspiration needs a practical form. The outside expectation needs examination: is it fair, safe, and agreed? Collapsing the four into one identity statement makes those questions harder to see.

Cal's first page says, "I am lazy." On review, the observable issue is that he stays online late and struggles the next morning. He wants more sleep and more time with a friend. His family expects constant productivity. The expectation may be unreasonable even though the sleep problem is real. He can address one without accepting the other.

Choose useful detail, not total detail

A record should answer a purpose. You may need to know the time of day and the situation around an urge. You may not need to preserve every thought, exact location, private message, or intimate detail. More data is not automatically more understanding.

For a brief observation period, choose only a few things you can record safely and without becoming preoccupied: context, intended action, actual action, immediate result, and a later effect. Do not set a monitoring task that interferes with sleep, care, work, or safety.

If recording itself increases distress, secrecy, compulsive checking, or exposure of sensitive information, stop or change the method. A conversation or a short summary may be more suitable. The person matters more than the completeness of the record.

Do not delay necessary help while waiting to collect enough observations. Serious harm or uncertainty about risk is sufficient reason to seek support now. Data collection is not the entrance exam for treatment.

Practice — A description in three layers

First, write the brief observable account. Second, add the relevant context and uncertainty. Third, name the action or help the account suggests.

A completed example: “I have been avoiding checking the balance after gambling. The avoidance keeps me from facing the loss for a few hours and leaves shared bills uncertain. I need an accurate financial picture and appropriate gambling support. I will ask a suitable person to help me organise the information and seek qualified advice where needed.”

Now read the entry for words such as *always*, *never*, *everything*, or *nothing*. Sometimes they are accurate, but often they make the claim larger than the evidence. Replace them with the situation you actually mean.

Then ask what would change your view. What observation would suggest that your explanation is incomplete? Keeping that question open makes the description more useful. It allows a professional, supporter, or later experience to improve the account.

When you want a final answer too soon

An explanation can feel like relief. You may want to decide the cause and move on. Be careful when the explanation makes every future event fit automatically. If both acting and not acting are interpreted as proof of the same hidden defect, the account cannot learn.

A useful description leaves room for surprise. Perhaps the pattern is weaker in a setting you had not considered. Perhaps a change you expected to help does little. Perhaps a symptom suggests the need for assessment rather than another self-help exercise.

You do not need a complete theory to make the next responsible move. Eli can seek support and stop pretending the money is unaccounted for because of bad luck. Rina can seek care while uncertain about the full pattern. Cal can change an evening arrangement without announcing that he has diagnosed himself.

Take into the next practice: An accurate starting description, one important uncertainty, and one appropriate next action. You are building a map that can be corrected, not a label that must be defended.

Chapter 5 — Practice Two: Choose a direction that belongs to you

> **The practice:** Clarify what you want to protect or build, translate it into realistic goals, and discuss the safety and care those goals require.

A goal can come from fear, love, exhaustion, obligation, pressure, or curiosity. It can also come from someone else's picture of the life you should want.

Before asking how to achieve a goal, ask whose goal it is and what job it is meant to do. You may discover that you genuinely want the change but dislike the language in which it has been offered. You may also discover that you have been promising a change mainly to end a difficult conversation.

Practice Two is not a search for a perfectly pure motivation. It is a way to make the direction honest enough to use.

A value is not a finish line

A value describes a quality you want to bring to life: care, honesty, fairness, learning, connection, autonomy, or dependability. A goal is a more specific outcome or action. You can complete a goal; a value remains something to practise.

“Be a better person” is too broad to guide a difficult afternoon. “Be more dependable” becomes useful when connected to an action: answer accurately before someone makes arrangements around you. “Value health” becomes practical when you ask about care rather than repeatedly trying to manage a concern alone.

Rina wants to remember time with her niece and be able to make plans without concealing the next morning’s condition. The value is presence and reliability. Her care goals need discussion with a professional; the value helps explain why those goals matter to her.

Eli wants his partner to trust him. Trust is partly another person’s response, so it cannot be the sole goal he controls. He can aim to provide accurate information, address obligations, stop hiding spending, and use appropriate support. His partner remains free to decide what trust is possible.

Make room for mixed motives

You may want relief from consequences and a more meaningful life. You may want to stop being watched and also recognise that you have hidden important information. You may resent a recommendation while understanding its purpose.

Write the mixed motives rather than pretending only the admirable ones exist. An honest plan can work with ambivalence. A polished plan that depends on hiding it will be harder to revise when the less admirable motive returns.

Ask what you hope the change will give you and what you fear losing. The loss might be companionship, stimulation, an escape, or a familiar identity. Those fears do not decide the goal, but they help reveal what support the goal will need.

Cal wants more sleep and also wants the online evenings that feel like the only part of the day belonging to him. The goal cannot simply be “remove the evening.” He needs a way to reclaim time without losing sleep indefinitely. That is a more specific design problem than becoming disciplined in every part of life.

Goals must respect risk and other people’s rights

Self-direction does not make every chosen plan medically safe. Substance-use goals, withdrawal, medication, and significant health concerns need appropriate professional assessment and discussion.[4][5][6] A preference for reducing rather than stopping, or stopping immediately rather than gradually, cannot be cleared by a reflection page.

Likewise, a goal cannot require another person to give you access, forgive you, provide money, or remain in a relationship. You can make requests and meet responsibilities. You cannot define their consent as your recovery milestone.

If a recommended plan does not fit your circumstances, raise the mismatch. Ask about options, risks, and support. Seek another qualified opinion when appropriate. Do not quietly replace a clinical plan with an untested alternative because the book emphasises agency.

The aim is informed participation, not lonely certainty.

Use goals on more than one timescale

A long-term direction can matter while being too distant to guide today. Connect it to a nearer task and an immediate action.

For example, the longer direction may be a more reliable relationship with family. The nearer task may be establishing an honest, limited arrangement for contact. The immediate action may be asking whether a weekly call suits the other person. The three levels support one another without requiring you to solve the whole relationship this week.

A health-related direction may require a different sequence: assessment, an agreed care plan, and practical arrangements that make attendance possible. Do not force every goal into the same behavioural template.

Choose few enough active goals that they can compete fairly with the rest of your life. A list of twenty new obligations can conceal which matters most. Ask what is essential, what is useful but optional, and what can wait. If you need more intensive structure, develop it with appropriate support rather than treating this suggestion as a reason to reduce care.

Practice — A goal with a reason and a limit

Write the direction in your own words. Name why it matters, the action you can take, the support required, and how you will recognise whether the action helped. Add what the goal must not require.

A fictional example: “I want to stop hiding information relevant to shared bills. I will organise the figures and discuss a realistic next step through an appropriate conversation. I may need qualified financial advice. I will not promise an outcome I cannot control or demand immediate trust as a reward.”

Another example: “I want evenings that feel like mine without losing the next morning. I will try one accessible, low-demand activity before going online and review what happens. I will not treat one unsuccessful evening as proof that I cannot change. If the problem remains seriously impairing, I will seek appropriate assessment.”

End with a review point. This can be after a practical trial, an appointment, or a meaningful change in circumstances. The review is not a deadline for becoming a new person. It is a chance to ask whether the plan still fits.

When the goal stops fitting

You may learn that a goal was too vague, depended on somebody else, ignored a barrier, or was not truly yours. Revising it can be responsible. The revision should be explicit: what changed, what you learned, and what replaces the old plan.

Do not confuse revision with quietly moving the goalposts to avoid acknowledging harm. If an obligation remains, it remains. If a medical risk has not changed, a more comfortable description does not remove it. A useful revision incorporates those facts rather than hiding them.

You may also outgrow a goal because it has done its job. A routine once requiring deliberate effort may become easier. Another part of life may deserve attention. Let the direction expand without pretending the earlier work was trivial.

Take into the next practice: One direction you can explain without performing for an audience, one action within your influence, and a clear account of the support and limits around it.

Chapter 6 — Practice Three: Build support you can actually use

> **The practice:** Identify the kinds of help the situation requires, make specific requests, and plan for gaps without assigning one person responsibility for everything.

Rina has several people she could theoretically call. She has not asked any of them what kind of contact would work. In her notebook, they form a reassuring list. In a difficult evening, the list becomes a series of guesses.

Support becomes more useful when it moves from possible people to actual arrangements.

This practice is about building those arrangements. It is also about recognising where professional care, emergency response, or practical services are needed instead of expecting friendship to cover every risk.

Different needs require different roles

Start with the need. Do you need clinical assessment, treatment, information about services, transport, a place to stay, financial advice, companionship, or help thinking through a decision? The answer helps identify an appropriate source.

A person with lived experience may understand something important. They may not be qualified to assess withdrawal, prescribe medication, or decide a legal matter. A clinician may help with treatment while a community service helps with food or housing. A friend may be able to offer an ordinary evening together. Each contribution has value without becoming the whole plan.

Peer recovery support is a distinct form of help, not an automatic substitute for professional treatment.[20] The same boundary applies to a book, a website, and an AI system. Use each tool for a role it can responsibly perform.

Tessa asks one service about accessible transport and her clinician about pain-related concerns. She does not require the transport coordinator to solve the health problem or the clinician to become her entire social network. Separating the roles makes the questions easier to answer.

Make a request with an answerable shape

A request should name what you are asking, when or how often, and any relevant conditions. “Could we have a short call on Sunday?” is easier to answer than “Will you be my support system?” “Could you help me find a service?” is different from “Can you tell me what treatment I need?”

Ask whether the arrangement is genuinely workable. Do not assume agreement because a person is kind or uncomfortable saying no. Leave room for a limit, an alternative, or a refusal.

A useful conversation might end this way: “I can receive a message, but I may not answer during work. I can talk on Sunday afternoon. If it is urgent, please use the service you

have identified rather than waiting for me." That is not a smaller form of caring than an unlimited promise. It is a more accurate one.

Write the actual agreement in the support map. Do not quietly upgrade it later when you wish it covered more.

Anticipate the gap

What happens if a phone is not answered, an appointment changes, a meeting is cancelled, or a friend becomes unavailable? A plan that has no answer may work only under ordinary conditions.

Identify another appropriate route. For clinical or urgent concerns, ask the treating service what to do when the usual contact is unavailable. For companionship, have more than one possible activity or connection where feasible. For practical needs, ask about alternatives before the deadline becomes a crisis.

Do not make the fallback unsafe self-treatment or pressure on someone who has declined. The gap may reveal a real service shortage or a need for additional help. Naming that shortage is better than calling it proof that you are not trying.

Rina's friend cannot provide an evening check-in every day. They agree on two days and keep the professional support route separate. Rina also chooses a low-demand activity for the other evenings. The arrangement is less emotionally sweeping than "call whenever," but she knows what it means.

Evaluate a group by its conduct

A recovery group may be religious, secular, mixed, formal, or informal. The label does not answer the practical questions. Can participants decline to speak? Are treatment and medication respected? Is there pressure around money, sex, secrecy, or loyalty? Can concerns be raised? Are people who leave treated with dignity?

Research on a particular mutual-help approach does not guarantee the quality of every meeting, and a new programme does not inherit that research merely by using similar language.[2] Attend to the actual setting as well as the model it names.

You can try a different group. You can use more than one appropriate source of support. You do not need to defend a poor fit indefinitely to prove openness. At the same time, discomfort is not automatically evidence that a group is unsafe. A respectful challenge can be useful. Notice whether you retain the ability to question and choose.

Practice — A support map with limits

Make four sections: professional and urgent care; practical support; peer or personal connection; ordinary belonging. For each entry, record the role, how to access it, what has been agreed, and the fallback. Keep sensitive detail to the minimum needed.

Ordinary belonging deserves its own place. Not every useful relationship needs to revolve around recovery. A neighbour, class, volunteer task, or shared interest can provide connection in which you are more than the problem being addressed.

Mark uncertain entries as uncertain. A service you have not contacted is a possibility, not established care. A friend you have not asked is not yet an agreed contact. The map becomes more helpful as those distinctions remain visible.

Choose one action to turn a possibility into an arrangement. Make a call, ask about accessibility, clarify a time, or find out whether a referral is required. You can ask someone appropriate to help you navigate if the task itself is a barrier.

Receiving support without surrendering yourself

You can be grateful and still set limits. A person who helped you does not thereby own your privacy, time, money, or future decisions. A service should explain its role and conditions; it should not require a performance of loyalty to be beyond question.

You also owe respect for the other person's limits. They may need to reduce contact or change a commitment. Discuss the change and update the plan. Do not make them prove they care by becoming permanently available.

A good support arrangement helps you face reality with more resources. It does not require you to become dependent on one person's approval. Independence of thought and the need for help can coexist.

Take into the next practice: A map of actual roles, one clarified agreement, and a fallback for the most important gap. You do not need to do this alone, and no one person needs to become your whole world.

Chapter 7 — Practice Four: Map the loop, not a moral defect

> **The practice:** Trace a manageable example from context to consequence. Identify the short-term job of the behaviour and the places where support or a different response could enter.

A pattern can feel mysterious when you look only at its ending. You intended one thing and did another. The explanation seems to be that something about you is defective.

Look earlier and later. What was happening beforehand? What did the behaviour offer immediately? What did it leave behind? The sequence may reveal a practical problem hidden by the moral verdict.

A loop map is not a diagnosis, a complete theory of addiction, or proof of a cause. It is a way to organise observations so that a more useful question becomes possible.

Six parts of a working map

Begin with context: the broader conditions of the day. Then identify a cue or change that drew your attention. Notice the interpretation that followed, the action you took, the immediate result, and the later effects.

You do not need to draw a diagram. A few sentences can do the job. Keep facts and guesses distinct. “The meeting ended late” is a fact. “Being rushed made the urge stronger” may be a reasonable hypothesis. “I am incapable of handling pressure” is a much larger claim.

Rina’s map describes a difficult shift, arriving home hungry, seeing an unopened message, thinking she could not face one more demand, drinking, feeling temporarily removed from the day, and avoiding the next morning’s responsibilities. The map does not establish the medical nature of her condition. It gives her something concrete to discuss alongside professional care.

Cal’s map uses the same headings but concerns a different problem. After a day of imposed tasks, he goes online for freedom and connection. He delays stopping because bedtime feels like surrendering the only unstructured time he has. The later cost is sleep and an irritable morning. The similar shape does not mean Cal and Rina need the same treatment.

Find the job the behaviour is doing

Ask what becomes easier, more available, or less noticeable in the short term. Relief, stimulation, escape, companionship, certainty, and a sense of control are possible functions. Do not assume one fits merely because it sounds psychologically convincing.

A behaviour may have more than one function. Eli sometimes gambles because he is lonely. At other times he is chasing a loss, avoiding a financial fact, or seeking a sudden change in a day that feels flat. A single replacement activity may address only one of those functions.

Naming the function is not approval. It is a practical requirement for a replacement plan. If the old route supplied companionship and the new plan offers only solitary restraint, an important need has been left unanswered.

The immediate result also helps explain why a behaviour can continue despite later harm. This book does not need to make a detailed claim about your brain to recognise the practical trade-off: something changes now, while the cost arrives later. The plan must make the later value easier to remember and the present need easier to meet safely.

Look for several possible entry points

You may be able to alter the context, reduce contact with a cue, question an interpretation, practise a different action, or obtain support before the sequence becomes harder to interrupt. None is guaranteed to be sufficient alone.

For Rina, preparing food is one practical adjustment. It does not treat alcohol use disorder by itself. Appropriate treatment and support remain separate parts of the plan. The food simply removes a known difficulty from an already difficult hour.

For Cal, the useful question may be how to create chosen time earlier in the evening. A bedtime alarm that only announces the end of freedom might be easy to ignore. An arrangement that includes genuine choice before the alarm may fit better.

For Eli, the loop includes a belief that another bet could repair the financial damage. That belief needs a direct response alongside gambling support and appropriate financial safeguards. A walk might provide connection, but it does not answer the false repayment plan on its own.

Do not turn context into an alibi

A map can become another way to explain why the action was unavoidable. Be careful with that move. Context influences what is difficult; it does not automatically remove every choice or responsibility.

Include what you did after noticing the problem. Did you use or avoid a support route? Did you deliberately find a way around a safeguard? Did you provide misleading information? Those facts belong on the map without being expanded into contempt for yourself.

Equally, do not make agency mean that all barriers are imaginary. A person may lack safe housing, appropriate care, accessible transport, or money for essentials. A useful plan must name those conditions and seek the kind of help they require. “Choose better” cannot manufacture a resource that is absent.

The map should become more accurate in both directions. It should reveal possible actions without pretending that every outcome is under personal control.

Practice — One loop and one revision

Choose a recent example that is manageable to reflect on. Avoid deliberately seeking cues or replaying traumatic material. Write the six parts in brief form. Then underline one point where a different arrangement or support might be useful.

A fictional map for Cal reads: “Long day with little choice. Quiet house after dinner. Thought: this is finally my time, and stopping means losing it. Online activity continues beyond the intended hour. Immediate result: interest and companionship. Later result: less sleep, missed breakfast, and an argument about being late.”

A possible revision is to create a short period of chosen activity earlier and agree on a stopping arrangement with himself that is realistic. He can observe whether it helps. If the impairment remains significant or another concern emerges, he should seek appropriate assessment rather than endlessly redesign the evening alone.

Add a second possible explanation. Perhaps the platform’s social timing matters more than he first thought. Perhaps the routine changes on days he has meaningful contact offline. This prevents the first map from becoming the only account allowed.

What to record after trying a change

Record what you tried, what happened, and what else differed. Keep the conclusion proportional. A good evening does not prove a cure. A difficult evening does not prove that the idea was useless. A small personal observation is not a controlled study.

Ask whether the change was feasible, whether it addressed the intended problem, and whether it created another one. Did moving an activity earlier interfere with a family obligation? Did a safeguard help but make it harder to access a needed service? Did the plan depend on energy you rarely have?

Adjust, keep, stop, or discuss the change with an appropriate person. The goal is a more workable arrangement, not a perfect record demonstrating that you can optimise yourself.

Take into the next practice: One map, one plausible point of intervention, and one unanswered question. You are learning where to place support, not proving that a person can be reduced to a loop.

Chapter 8 — Practice Five: Create room around an urge

> **The practice:** Notice the urge, identify the next safe action, and use appropriate support without waiting for the urge to disappear or treating it as an order.

The thought arrives with an argument attached. Just this once. You have had a difficult day. Nobody needs to know. You can deal with the consequences tomorrow.

You may recognise the argument and still feel its pull. Understanding a pattern does not mean the experience stops. This practice concerns what to do with that gap: the space between knowing a direction and feeling drawn elsewhere.

First, distinguish ordinary coping from a situation requiring care. Do not use an urge exercise to assess withdrawal, overdose, or unexplained symptoms. Seek prompt professional advice when health or safety is uncertain, and emergency help for immediate danger.[5][6][7]

Name the experience without making it the decision

Try a plain description: “I am having an urge to return to the pattern.” You do not need to call the thought irrational, evil, or meaningless. You are simply separating an experience from an instruction.

That separation can be difficult. The urge may feel like the only important thing in the room. Begin with the next action rather than demanding a complete change of feeling. You can contact support while still wanting the behaviour. You can leave a risky setting while annoyed about leaving. You can use an agreed plan without feeling grateful for it.

Do not promise yourself that every urge will last a fixed number of minutes. The experience varies, and a timer is not a medical assessment. The purpose of a pause is to make a different action possible, not to require you to endure distress alone until a deadline passes.

NIAAA's alcohol-related coping resources encourage recognising situations associated with urges and planning responses in advance.[9] The MAJIK practice here is an original way to organise that preparation; it is not a clinical protocol or a guarantee that these actions will be enough.

Change the immediate task

When the urge appears, the imagined task may be enormous: never do this again, prove you can control yourself, decide whether your life will improve. Those are too large for the next minute.

Replace them with a task that fits the moment and the care you have arranged. Move away from the cue where possible. Put down the device. Leave the app. Contact an appropriate person or service. Arrange safe transport. Get to a setting where the next decision is less isolated. Use the specific guidance provided by your treating team when applicable.

Do not drive while impaired or go somewhere unsafe in the name of distracting yourself. Do not substitute another risky behaviour. An alternative should reduce the difficulty without creating a new danger.

Eli puts his phone down and contacts the support route he has identified. He is not suddenly uninterested in gambling. He is choosing not to make the decision entirely within the app and the argument that a win could repair the day.

Use a response you can believe

A grand statement such as “I am stronger than every urge” may feel false when the urge is strong. A smaller response can be more useful: “The next choice still matters.” “An urge is information, not permission.” “I need help with this moment, not a verdict on my whole future.”

Prepare the response when you are calmer. Link it to an action. Words that only begin a long internal debate may leave you in the same setting with the same options. A useful sentence points somewhere: the contact, the doorway, the prepared plan, the appropriate service.

Rina’s response is: “I do not need to renegotiate my care plan alone because today is difficult.” She uses it to remind herself to contact the appropriate support rather than decide that embarrassment is a reason to manage privately.

Cal’s response is different: “I can choose time for myself without giving away tomorrow.” He uses it with an evening arrangement that includes an activity he actually likes. The sentence is not supposed to treat a substance-use condition. The context matters.

Attention can help, and it can also be the wrong tool

Some people find it useful to notice a sensation or thought without immediately reacting. Others find inward attention distressing. You can try a brief, external form: look around the room, identify what you need to do next, or feel the support of the chair without forcing a special state.

Do not require closed eyes, a particular breathing pattern, or prolonged stillness. If inward focus increases panic, intrusive memories, dissociation, or other distress, stop and choose a different approach with suitable support. Meditation and mindfulness are not universally harmless or substitutes for appropriate treatment.[10]

The goal is not to become a person without urges. It is to have more than one available response when an urge appears. A practical phone call may be more useful than a sophisticated attention exercise in a particular moment.

Practice — A next-action card

Prepare a short card or note for a known difficult situation. Include the situation, a believable reminder, the first safe action, the support route, and the fallback. Keep it accessible without adding sensitive detail that is unnecessary.

A fictional example: “When the evening becomes empty after a cancellation, I tend to open the betting app. Reminder: a possible win is not a plan. First action: step away from the app and use the support arrangement I have prepared. Fallback: use the other appropriate route if the first person is unavailable. If health or immediate safety is uncertain, use the relevant urgent service.”

Check the card before relying on it. Does the contact exist? Have they agreed? Is the service open when you need it? Is the action accessible? Does the fallback depend on another untested assumption?

Rehearse the practical arrangement in a calm setting without deliberately exposing yourself to high-risk cues. Make sure you can find the information. The rehearsal is about access to the plan, not a challenge to prove resistance.

After the difficult moment

Attend to any safety issue first. Later, note what happened. Which part of the plan was available? Which part helped? What was missing? What did you avoid? Keep the account specific.

Do not let a strong urge erase the work you have done. Do not let navigating one urge convince you that all support is now unnecessary. Both conclusions exceed what a single event can show.

If urges become more frequent, intense, or difficult to manage, discuss that with an appropriate professional or service. The answer may involve changes to care, support, or circumstances. It does not have to be more solitary effort with the same exercise.

Take into the next practice: A response that leads to action, a real support route, and permission to seek help before you feel composed. The urge does not need to agree with the plan for the plan to matter.

Chapter 9 — Practice Six: Question the story without denying the facts

> **The practice:** Separate what happened from what you infer, consider more than one explanation, and choose an action that remains useful under uncertainty.

A message goes unanswered. The fact is brief. The story can become enormous.

They are tired of you. You have asked too much. Nobody wants to deal with this. There is no point contacting anybody else.

Perhaps the person is tired. Perhaps they are working, sleeping, driving, or dealing with a problem of their own. The unanswered message does not tell you which. A story built from the gap may still decide what you do next unless you notice it.

This practice is not positive thinking. It does not ask you to deny real harm or replace every painful thought with an encouraging one. It asks whether the interpretation is as certain as it sounds and what action would be responsible even while you remain unsure.

Fact, interpretation, prediction, rule

A fact is the event as far as you can establish it. An interpretation explains what you think it means. A prediction says what you expect next. A rule tells you what you believe you must do.

“My friend has not replied” is a fact. “They regret agreeing to support me” is an interpretation. “Nobody else will answer either” is a prediction. “I must handle this alone” is a rule. The four can arrive so quickly that they feel like one piece of knowledge.

Separate them on the page or in a conversation. Ask what supports each claim and what remains unknown. Then identify an action that does not depend on resolving everything: use the other appropriate support route, wait for a non-urgent reply without inventing a verdict, or ask for clarification later.

This is a reasoning practice, not a substitute for treatment of severe or persistent symptoms. If thoughts are overwhelming, frightening, or significantly impairing, seek appropriate professional help rather than turning the page into an endless private argument.

Do not use the practice to gaslight yourself

Sometimes the painful interpretation is well supported. A person may have repeatedly violated your boundaries. A workplace may be unsafe. A service may have treated you badly. The task is not to discover a cheerful alternative that makes the facts easier for someone else to accept.

Ask whether the evidence supports the concern and what response protects safety and dignity. You can acknowledge uncertainty about motives while being clear about conduct. “I do not know why they did this, but they threatened me” is enough to take the threat seriously.

Do not practise cognitive flexibility by remaining in danger to prove that you are not overreacting. Do not let someone use “that is only your story” to dismiss a concrete harm. A good reasoning method distinguishes uncertainty from denial.

Tessa has been told that her pain is merely an attitude problem. Questioning her own interpretation should not mean accepting that claim. She can seek appropriate medical assessment, describe her experience accurately, and question the dismissive response as well as her own assumptions.

Watch for conclusions that close every door

Some thoughts turn an event into a total prediction. “I failed once, so I cannot change.” “The plan was difficult, so it was pointless.” “I still have urges, so I have made no progress.” These claims discard information that may matter.

Replace the total statement with a question small enough to answer. What failed? Which part was difficult? What progress exists alongside the urge? What support was missing? What still needs attention?

Other thoughts create permission: “I have already gone off plan, so the next decision does not matter.” The response does not need to deny the earlier event. It can say that the next action still affects harm. One problem does not make every subsequent choice identical.

Eli recognises this in the thought that another bet cannot make the day meaningfully worse. Looking at the actual consequences shows otherwise. The next loss can affect another obligation. Even after a setback, stopping additional harm and obtaining help remain meaningful actions.

Try an alternative that is plausible, not flattering

An alternative explanation should fit the evidence. “Everybody loves me” is not a useful answer to an unanswered message. “I do not know why they have not answered, and our agreement did not include immediate replies” is more credible.

A balanced response often contains both responsibility and context. “I avoided the call because I was ashamed, and the avoidance left the problem unresolved. I can now make a shorter, more direct request.” Neither part cancels the other.

You may need another person to help you hear the story. Choose someone who can question respectfully without imposing their own certainty. The aim is not to find a supporter who agrees with everything or one who treats every thought as a distortion.

Practice — The story check

Write the event in one sentence. Then write what you are telling yourself it means. Identify the feeling and action the story is pulling you towards. Ask what evidence supports it, what does not, and what other explanation remains possible.

Finish with an action that is useful across more than one explanation. If a friend is busy or uncertain how to help, clarifying the agreement later may be useful in either case. If

a service is unavailable, finding the next appropriate route matters regardless of why access is difficult. If a person is threatening, seeking safety does not require certainty about their inner motive.

A completed example: “Event: the first service could not offer an appointment soon. Story: help is impossible. Evidence: this route is delayed, but I have not checked alternatives or asked about interim support. Action: ask what to do while waiting and use an appropriate urgent route if risk changes.”

Keep the exercise brief. You are not required to solve every thought before taking care of yourself.

When analysis becomes another avoidance

You can spend so long examining an interpretation that the practical issue remains untouched. At some point, ask what information is sufficient for the next responsible action.

You may not know exactly why opening the letters is hard. You can still ask for help organising them. You may not know whether a friend is disappointed. You can still respect the contact agreement. You may not know every cause of a harmful pattern. You can still seek care.

The point of questioning a story is to make action more informed, not to postpone action until your mind is perfectly clear.

Take into the next practice: One story made more precise, one uncertainty left honest, and one action that does not require a flattering answer. Clearer thinking should give your life more room, not demand that you explain it forever.

Chapter 10 — Practice Seven: Design the surroundings and practise the skill

> **The practice:** Make a useful action easier to begin, reduce avoidable cues and friction, and learn the skill the new arrangement requires. Keep safeguards consensual, proportionate, and compatible with ordinary life.

A plan can ask you to make the hardest decision at the hardest moment. The device is in your hand. The old route is one tap away. The alternative requires finding a number, arranging transport, deciding what to eat, and explaining why you need help.

Practice Seven moves some of that work to a time when you have more room to choose. It asks what can be prepared, simplified, or changed before the difficult moment arrives.

The aim is not to build a prison around yourself. It is to stop making the desired action unnecessarily difficult.

Look for friction in both directions

Friction is anything that makes an action harder to start or continue. Some friction is useful: an extra moment before opening an app, a reminder of a chosen boundary, or a setting that removes a persistent cue. Other friction gets in the way of care: a number you cannot find, a form you do not understand, an appointment you cannot reach.

Ask where the current arrangement makes the harmful route easy and the helpful route complicated. Then choose one change. Put support information somewhere accessible. Prepare a simple meal. Charge a device outside a place associated with unwanted use if that is safe and practical. Change a routine that repeatedly passes a strong cue. Use appropriate voluntary restrictions where they fit the problem.

No environmental change guarantees an outcome. A person can find ways around a barrier, and some risks require clinical care rather than household adjustments. Treat the arrangement as one layer of support, not a certificate that the problem is solved.

Cal moves the charger away from the bed. The first evening is easier. The next evening he brings it back. The result does not mean that environmental changes are useless. It reveals that the arrangement did not yet address what made stopping difficult or how he would respond when he wanted to undo it.

Keep safeguards from becoming control

A safeguard should have a clear purpose and limits. Who agrees to it? What information or access does it involve? Can it be reviewed? Does it interfere with necessary communication, healthcare, work, accessibility, or emergency contact?

Do not hand permanent control of money, devices, or private information to a person who is coercive, unsafe, or unqualified for the role. Do not accept surveillance merely

because it is described as accountability. Appropriate professional advice may be needed where financial or legal arrangements are involved.

A consensual temporary arrangement can be useful in some circumstances. Its usefulness depends on the actual agreement and risks, not on how restrictive it looks. More restriction is not automatically more care.

Eli discusses ways to limit access to gambling and protect essential obligations with appropriate support. The plan must still allow ordinary necessary transactions and respect his partner's boundaries. It should not turn the partner into an unpaid enforcement system responsible for preventing every bet.

The new route may require a skill

Sometimes the environment is not the only issue. You may need to practise refusing an invitation, correcting an overpromise, asking for help, tolerating an unfinished task, or leaving a conversation without creating more conflict.

Choose a skill with a clear action. "Have better boundaries" is broad. "Say I need to check before agreeing" is something you can practise. "Be honest" becomes "give the relevant information before the other person makes plans around me."

Rehearse in a low-stakes setting. You can speak the sentence aloud, practise with a trusted person, or write a short version. Do not use a threatening relationship as a training ground for assertiveness. Safety and specialist support come first where coercion or violence is present.

Rina practises responding to an invitation: “I am not drinking, and I would like to meet somewhere else.” She does not need to explain her whole history. If the person presses, she can repeat the boundary or decline the invitation. The skill is not persuading everyone to approve; it is making the choice clear.

Design for a tired version of yourself

Plans are often written when energy is high. The future person in the plan can cook, journal, exercise, attend a meeting, call three people, and respond thoughtfully to every feeling. The actual person arrives home exhausted.

Make a lower-demand version. What information should already be visible? Which task can be prepared? What can be simplified? Which optional activity can be removed without abandoning important care?

Tessa keeps an appointment note in a format she can use when pain makes concentration difficult. She arranges questions in advance and asks about accessibility rather than assuming she will manage on the day. The preparation respects her capacity instead of treating symptoms as an interruption of the real plan.

You may need help designing this version. A clinician, occupational therapist, disability service, community worker, or trusted person may be relevant depending on the situation. A book cannot know which support is available locally, but it can help you name the barrier clearly enough to ask.

Practice — Redesign one decision point

Choose a specific moment where the plan often becomes difficult. Describe the current setup, the action you want to make easier, and the action you want to make less automatic. Identify one environmental change and one skill to practise.

A fictional example: “At the end of the evening, I keep opening one more discussion because stopping feels abrupt. I will choose an ending activity in advance and place the device outside the bedroom after it. I will practise telling an online friend that I am leaving rather than waiting for the conversation to end by itself.”

Add the boundaries: the device remains available for necessary and emergency communication; no one else receives access to private messages; the arrangement will be reviewed if it is impractical. The exact design belongs to the person’s needs, not to a universal rule about phones.

After trying it, ask whether the new action was easier, whether the barrier was simply moved elsewhere, and whether another need remained unmet. Adjust one part rather than rebuilding everything after one difficult night.

Do not confuse convenience with commitment

A safeguard can make a decision easier without making you less responsible for it. Conversely, choosing the hardest possible route does not prove greater sincerity. You do not need to keep every cue nearby to show that you can resist it.

Some people feel that using reminders, treatment, transport assistance, or practical restrictions means the recovery is not really theirs. The better question is whether the arrangement supports informed, responsible action and respects people's rights. Support can be part of agency rather than its opposite.

The design should also leave room for learning. If a barrier is repeatedly bypassed, ask what is happening instead of merely adding another lock. Is the plan acceptable to you? Is the underlying need unaddressed? Is more appropriate care required? Are you avoiding a fact that needs to enter the conversation?

Take into the next practice: One easier route, one proportionate safeguard, and one skill you can rehearse. A good plan meets the person who will use it, including on an ordinary tired evening.

Chapter 11 — Practice Eight: Meet needs without punishing feelings

> **The practice:** Notice feelings and needs, distinguish them from demands or instructions, and seek safer ways to respond. Treat overwhelming or persistent difficulties as reasons for appropriate support, not as proof of moral failure.

Eli is lonely. He dislikes the word because it sounds passive and needy. He prefers to say he is bored, restless, or looking for entertainment. The different labels make it easier to avoid asking for connection.

Naming loneliness does not tell him exactly what to do. It does tell him that a plan made only of financial barriers is incomplete. The money needs protection, and the loneliness needs an answer that does not depend on another bet.

This practice makes room for the human need without letting the need excuse every route used to meet it.

Feelings provide information, not automatic instructions

Anger may draw attention to a boundary, an injustice, frustration, or fear. It does not establish that your interpretation is correct or authorise aggression. Anxiety may signal uncertainty or danger, but it does not by itself tell you which is present. Shame may tell you that you fear judgement, not that the judgement is accurate.

Ask what the feeling is pointing towards and what other information is needed. You can respect the experience while questioning the action it urges.

Rina feels ashamed before an appointment. The shame tells her the conversation feels exposed. It does not mean she should cancel or hide relevant information. She can prepare a brief note and tell the clinician that embarrassment makes it hard to speak plainly.

Tessa feels angry after a dismissive response to pain. She can take the anger seriously as a reason to seek clearer care and communicate a concern. She does not need to suppress the feeling to be a cooperative patient, nor treat it as proof that every possible provider will dismiss her.

Needs, wants, and strategies are different

A need is something important to functioning or a worthwhile life: food, safety, rest, connection, autonomy, care. A want is a preferred experience or outcome. A strategy is a particular way of pursuing it.

The categories can overlap, but separating them helps. “I need that person to answer immediately” may contain a need for connection and reassurance, a wish for a particular reply, and a strategy that depends on one person’s availability. The need can be real even when the demand is not fair or workable.

Ask what other routes might serve the need. Connection could include an agreed call, a group, a shared activity, or a service. Rest may require reducing an optional task rather than finding a more impressive relaxation exercise. Autonomy may need a real choice in the day, not only an escape late at night.

Do not make substitution sound effortless. Some needs are difficult to meet, especially under poverty, discrimination, disability, or isolation. A list of alternatives is not proof that the resources exist. Seek practical and professional support where the gap cannot be addressed alone.

Painful feelings do not need a punishment added

You may respond to distress by cancelling everything enjoyable, skipping basic care, or assigning yourself a harsh routine. The punishment can feel like action. It may also leave the underlying need less likely to be met.

Ask what response would help you act responsibly rather than merely feel that you have paid for having a difficult day. Food, rest, appropriate care, a clear boundary, or a supportive conversation may be more useful than an evening of self-criticism.

This does not remove consequences. A bill still needs attention. An apology may still be appropriate. A care plan may need review. The point is to avoid adding suffering that serves no practical repair.

Eli can acknowledge financial harm and still eat dinner. Rina can take a setback seriously and still accept company. Tessa can be frustrated about limitations without treating rest as a moral defeat.

Trauma requires care, not an amateur excavation

You may notice that a current pattern connects with earlier harm. That observation can be important. It does not mean you should force detailed memories onto a page or tell a group everything in order to recover.

Choose a safe pace and appropriate professional support. You can work on present-day routines, boundaries, and care without proving the full origin of every response. An explanation can remain incomplete while a useful action becomes possible.

Do not interpret freezing, fear, avoidance, or other responses to abuse as evidence that you caused or deserved it. Responsibility for abuse belongs with the person who chose it. You can examine your present choices without manufacturing blame for what was done to you.

If reflection brings overwhelming distress, dissociation, panic, or thoughts of self-harm, pause and seek appropriate support. Use urgent or emergency routes when needed. A workbook is not a substitute for trauma treatment.

Practice — From feeling to a respectful request

Choose a current, manageable feeling. Name it as accurately as you can without requiring a perfect word. Describe the situation and the need it may be pointing towards. Then distinguish the request you could make from the outcome you cannot control.

A fictional example: “I feel lonely after the evening plan was cancelled. I need connection and something to look forward to. I can ask a friend whether another time works and use the other support options available. I cannot require the friend to abandon their own responsibilities to remove my loneliness tonight.”

Another example: “I feel overwhelmed by the letters. I need a manageable first task and qualified advice. I can ask someone suitable to sit with me while I organise them. I do not need to understand every financial consequence before beginning that practical step.”

Choose one action that meets the need more safely. Keep its scope honest. A walk may offer movement and company; it does not replace treatment for a serious condition. A conversation may help you feel heard; it cannot guarantee that the material problem is solved.

When the feeling does not change

A useful action may not produce immediate relief. You can make the right call and remain frightened. You can set a boundary and feel guilty. You can rest and remain tired. The feeling is one part of the outcome, not the only judge of the action.

Notice whether the action improved safety, clarity, support, or your ability to meet a responsibility. Also notice when symptoms persist or worsen and need professional attention. Do not use this distinction to tolerate an ineffective plan indefinitely.

Some needs require repeated care rather than one satisfying solution. Connection, food, rest, and boundaries recur. That is not a defect in the person. It is part of living.

Take into the next practice: A feeling named, a need respected, and a request that leaves other people free. You can care for yourself without making every feeling a command or every unmet need a personal failure.

Chapter 12 — Practice Nine: Repair harm and protect relationships

> **The practice:** Take responsibility for concrete effects, make safe and appropriate repair, and respect the other person's right to boundaries, silence, or a different future.

Eli wants the conversation to end with his partner saying they can start again. He has prepared an apology and a plan. The plan matters, but he notices that he is treating the desired response as part of the arrangement.

It is not his to assign.

Repair is about responding to harm, not obtaining the emotional ending you want. It may improve a relationship. It may also clarify that the relationship needs limits or will not continue. The other person remains a participant with their own needs, not the audience for your progress.

Name what happened in their life

Begin with the action and its effect. What did you do? What information did you withhold? What obligation did you neglect? How did that affect someone else's choices, time, money, safety, or trust?

Avoid a vague account that sounds remorseful without identifying the issue. “I let you down” may be true, but “I used money for gambling after we agreed it was for the bill, and I gave you an inaccurate balance” provides the information repair needs.

Distinguish known effects from assumptions. You may not know everything the person experienced. Where contact is appropriate, be prepared to listen. Do not insist your intention should determine the size of the harm.

Also keep responsibility accurate. You do not need to accept blame for another person’s abuse or every problem in a relationship. Your harmful action and their harmful action can both be real. Taking responsibility for one does not erase the other.

Stop ongoing harm before staging a conversation

An apology is weak when the same behaviour continues without attention. Ask what needs to stop, what information needs correcting, and what immediate practical action is required. Seek qualified help where financial, legal, safeguarding, or health matters exceed your role.

Do not promise a repair you cannot carry out. A dramatic repayment schedule may be less responsible than a modest plan built with accurate figures and appropriate advice. A promise never to struggle again may sound loving while being impossible to guarantee.

Eli first needs a truthful picture of the money and a plan that does not depend on future gambling. His partner should not be asked to accept a reassuring story while the figures remain hidden. The apology and the practical work belong together.

Consent applies to repair

Before contacting someone, ask whether communication is welcome and whether it could create harm. Respect no-contact requests and legal restrictions. Do not use a new account, a mutual friend, a gift, or an emergency-sounding message to bypass a boundary. Where legal or safeguarding issues are involved, obtain qualified advice before acting.

A wish to apologise does not create entitlement to a meeting. If ordinary contact is appropriate but a difficult conversation has not been invited, ask permission and accept the answer. The person may prefer a written account, a practical channel, a later time, or no conversation.

You may need an intermediary or professional process. A peer supporter cannot clear a complex situation simply by deciding that direct repair is emotionally healthy. The actual risks and obligations matter.

Where contact would be unsafe for you because the person is abusive or threatening, prioritise safety and specialist advice. Accountability is not a requirement to place yourself in danger.

Make the apology clear and undemanding

A useful account can be brief: what you did, the effect you recognise, what you are doing to address it, and what you are offering or asking about practical repair. Leave the other person's response open.

Avoid attaching a request for reassurance. "Please tell me I am not a bad person" moves the emotional work back to the person harmed. "I need closure" describes your wish, not their duty. "After all the work I have done" turns the apology into a bill for recognition.

You can explain relevant context without using it to remove responsibility. "I was ashamed and avoided the messages" may help explain the sequence. It should not become "therefore you should not be upset."

A fictional example: "I gave you information about the money that I knew was incomplete. You made plans on that basis. I am sorry. I am assembling the accurate figures and seeking appropriate advice. I would like to discuss a realistic way to address the obligation, through a channel that works for you. I understand that this does not require you to trust me immediately."

Let the response remain theirs

The person may be angry, quiet, doubtful, relieved, or unwilling to continue. Listen where it is safe and appropriate. Correct genuinely important inaccuracies without using a dispute over one detail to avoid the main responsibility.

You do not have to accept threats or humiliation. A conversation can be paused or ended when it becomes unsafe. Seek support elsewhere rather than trying to resolve every aspect alone.

A boundary after an apology is not necessarily a rejection of your humanity. A person may care about you and still decline shared finances, overnight visits, childcare responsibilities, or further contact. Their caution may reflect a longer history than the event you are currently focused on.

Do not make renewed access the measure of whether your repair counted. Following through responsibly has value even when the relationship does not return to its previous form.

Practice — Repair, boundary, follow-through

Choose one manageable harm. Record the action, known effects, ongoing issue, consent and safety constraints, appropriate advice needed, and a feasible next step. Include a sentence naming what the other person does not owe you.

Then review the proposed action from their perspective. Could it interrupt their life, expose private information, pressure them to respond, or require them to manage your feelings? What could make it more respectful or indicate that no direct contact should occur?

A practical example: “I cancelled repeatedly after someone relied on my agreement. I can acknowledge the disruption, address any appropriate practical cost, and stop accepting tasks before checking my capacity. The person does not owe me another opportunity to prove myself.”

Record any agreement accurately and follow it. If you cannot meet it, communicate promptly through the appropriate channel rather than hide until the original problem is repeated. Repair often becomes credible in the ordinary weeks after the important conversation.

When direct repair cannot happen

The person may have died, be unreachable, or want no contact. You can still address relevant obligations through appropriate channels and change the behaviour. An unsent letter can clarify your thinking, but it does not substitute for a duty or repayment that remains possible and appropriate.

Service to an unrelated person can express a value. It does not transfer forgiveness or erase a debt. A symbolic gesture should not be mistaken for the practical work the original harm requires.

You may need support with the grief of an unfinished relationship. Seek it without requiring the harmed person to provide the resolution. A life can continue responsibly even when a particular story does not receive a tidy ending.

Take into the next practice: A concrete repair where appropriate, a boundary respected, and a commitment you can follow through. Accountability is a way of living with other people's reality, not a method for controlling their response.

Chapter 13 — Practice Ten: Make room for a life worth living

> **The practice:** Build ordinary sources of connection, interest, rest, and purpose alongside reducing harm. Let the life being protected become visible in the plan.

Stopping a behaviour can create space. Space is not automatically relief. An evening may become empty. A familiar social circle may no longer fit. A person may be safer and still lonely, bored, grieving, or unsure what to do with the hours.

Practice Ten asks what belongs in that space. The answer does not need to be impressive. It needs to be real enough that you can begin living it.

This is not a reward stage available only after perfect abstinence or completed worksheets. Building a more workable life can happen alongside treatment and the earlier practices, with goals suited to your risks and circumstances. [3][11]

Meaning can be close enough to touch

A secular account of meaning does not need to solve the purpose of the universe before making dinner matter. A relationship matters because there are people in it. A promise matters because someone may organise a day

around it. Learning matters because you are curious. Pleasure matters because a life includes experience, not only obligation.

You can find meaning in affection, contribution, craft, play, justice, care, or attention to a small part of the world. You do not need to choose one source for the rest of your life. Meaning can be plural and change with circumstances.

Rina wants to follow a film with her niece and remember their disagreement about the ending. That wish is not a lesser goal than a grand statement about becoming her best self. It describes a relationship she wants to be present for.

Cal wants time that feels chosen. The task is not simply to remove the screen. It is to create genuine choice in a life where much of the day is organised by other people. The alternative has to contain some of what he values, not only an absence of the unwanted behaviour.

Build a menu, not a moral timetable

Choose a small range of activities at different levels of effort. Some should require little money, planning, mobility, or social energy. A plan that works only when you are energetic and well resourced will be unavailable on many difficult days.

Consider an activity for connection, one for interest, one for rest, and one that makes the surroundings more workable. These are suggestions, not mandatory categories. A single activity may do more than one job. Cooking with a friend can include food, skill, conversation, and a reason to leave the house.

Try things without requiring immediate enjoyment. An activity can be tolerable before it becomes satisfying. It can also be a poor fit. You are allowed to stop a class you dislike or choose a different form of company. Discuss persistent loss of interest, low mood, or other significant symptoms with a qualified professional rather than assuming another hobby will solve them.

Do not fill every hour. Unstructured time can be part of a worthwhile life. The goal is enough support and choice that empty time is not automatically handed to the old pattern.

Protect pleasure from becoming another achievement

A person can turn a hobby into a test of whether recovery has made them exceptional. The walk must become a fitness programme. The drawing must become a business. The book must be finished on schedule. Soon the replacement life is another place to feel inadequate.

Let some activities remain unproductive. You can cook an ordinary meal, watch a match, listen to music, or make something badly. Enjoyment does not have to become evidence in a case for your improvement.

This also matters for comparison. Other people may describe dramatic changes after recovery. Their experience does not set your task. A quieter life can be meaningful. A life with disability, ongoing care, or limited resources is not disqualified from flourishing because it cannot resemble a promotional story.

Tessa begins keeping a small plant near the window. Some days that is the only optional thing she tends. The plant does not cure pain or prove resilience. It gives her one relationship with the day that is not a symptom log.

Belonging does not have to revolve around the problem

Recovery-focused support can be important. So can a place where you are known for something else. A class, neighbourhood task, cultural community, shared interest, or ordinary friendship may give you room to be more than a person explaining what went wrong.

Choose settings that respect your boundaries and care. You do not need to disclose your history to participate unless a specific legitimate requirement applies. You can say you are not drinking, do not gamble, or prefer a different activity without turning every invitation into a personal briefing.

Some old relationships may adapt; others may not. That loss deserves attention. You can grieve a social world while recognising that parts of it no longer fit the life you are trying to build. Do not interpret the grief as proof that the change was wrong.

Start with one connection rather than demanding a complete new community. Repeated ordinary contact can give a relationship room to form. It does not have to arrive as instant intimacy.

Practice — A worthwhile-week sketch

Look at a typical week and identify a few moments that could support the life you want. Include one connection, one enjoyable or interesting activity, one practical care task, and some rest if those categories fit. Keep clinical instructions and essential obligations visible rather than treating them as optional entries on the same list.

For each chosen activity, ask what makes it feasible. Cost? Transport? Energy? Privacy? Someone else's agreement? If the conditions are missing, the next action may be arranging them rather than adding the activity to a calendar and hoping.

A fictional example for Rina includes a planned appointment, a meal prepared for a difficult evening, a short visit with family by agreement, and a quiet activity she likes. It does not require every evening to become social or every free hour to become recovery work.

After the week, ask what actually helped and what became another burden. Adjust without turning the review into a judgement of how well you used your free time.

Contribution without self-erasure

You may want to help others. Choose a role that fits your capacity and respects theirs. A small task, a limited conversation, or sharing a resource that was requested can matter. You do not have to become an unpaid emergency service or persuade others to follow your method.

Notice when helping becomes a way to avoid your own needs or purchase belonging. Can you say no? Can the other person decline the help? Does the role leave room for care, rest, and relationships that are not organised around usefulness?

A worthwhile life includes giving and receiving. It also includes moments that do not need to be justified by either.

Take into the next practice: One ordinary part of life you want more room for, one feasible arrangement that supports it, and permission for that part to matter without becoming a performance.

Chapter 14 — Practice Eleven: Learn from setbacks without erasing progress

> **The practice:** Respond to immediate risk, describe the event accurately, address its consequences, and revise the plan using what actually happened.

A setback can make two misleading stories available. One says it was nothing and needs no response. The other says it proves everything is lost. Both can prevent the next useful action.

This practice begins between them: something happened. Its risks and effects matter. Appropriate help may be needed. Previous effort has not been erased, and the next decision still has consequences.

A return to use or a harmful behaviour is not an inevitable lesson you must experience. It is not a required stage. When it occurs, respond to the particular situation rather than a story about what recovery is supposed to look like.[11]

Safety before analysis

For substance use, attend to overdose, withdrawal, medication, and other urgent health concerns through the appropriate services. Call emergency services for immediate

danger. Reduced tolerance after a period without opioids can increase overdose risk, so a previously familiar amount is not reassurance.[7][8]

Tell the appropriate professional what you know, including what you are uncertain about. Do not wait until you can explain the event in a way that sounds responsible. A clear first sentence can be enough to begin the conversation.

For a non-substance behaviour, there may still be urgent practical consequences. Further spending, impaired caregiving, threats, or exposure of another person's private information may require prompt action and qualified advice. A journal is not a substitute for protecting people or addressing a serious obligation.

Do not add punishment as a second risk. Extreme exercise, food restriction, sleep deprivation, abrupt medication changes, or spiritual or moral self-punishment do not repair the original event. Additional support may be appropriate; suffering for its own sake is not the same thing.

Give the event an accurate size

Describe what happened without minimising or expanding it into your whole identity. "I gambled again and used money needed for a bill" is serious and specific. "I will never change" predicts far more than the event can establish.

Name consequences that need attention. Who requires information to make a safe or practical decision? Which care contact should be informed? What obligation has been affected? Keep public disclosure separate from relevant disclosure. You do not owe an audience a dramatic story, but you may owe a particular person accurate information.

Eli wants to delay telling his partner until he has solved the money problem. That delay would leave the partner making decisions without information they need. He can acknowledge what is known and seek appropriate help with the unresolved part rather than conceal it until the account sounds better.

The response should match the risk. A missed optional journal entry is not the same as a dangerous return to substance use. Do not collapse every departure from a plan into the same category of failure.

Reconstruct the sequence when it is appropriate

Once immediate care and practical safety are addressed, review the event with suitable support. Start before the final action. What changed? What did you notice? What did you tell yourself? Which support was available? Which part of the plan was not used, not workable, or not enough?

Include deliberate choices without turning them into proof of permanent badness. Eli found a route around a restriction. That fact matters. It also raises a question about what the restriction was expected to do without adequate support for the underlying pattern.

Include practical failures without treating them as the only cause. Rina's usual plan was disrupted. That matters too, but the disruption did not make every subsequent choice inevitable. The account should help her and her care team understand where a fallback or a different level of support is needed.

Distinguish facts from hypotheses. You may suspect that an argument, a poor night's sleep, or a cancelled appointment contributed. The notebook cannot calculate their exact causal weight. Keep the hypothesis useful and revisable.

A revision should answer a named problem

"Be more committed" is not a sufficient revision when the problem is that the contact route was unavailable. "Avoid stress" is not useful when the stress is an unavoidable part of caregiving. "Never make a mistake again" cannot be implemented.

Choose a change that addresses what you found. Clarify the fallback. Prepare an accessible contact card. Ask about treatment options or a care-plan adjustment. Arrange a more realistic practical safeguard. Practise the conversation you avoided. Seek support for a barrier that cannot be solved alone.

Clinical changes belong with the relevant professional. This page should organise the information needed for that decision, not make the decision independently.

Do not assume that the answer always requires more tasks. Sometimes a plan failed because it was overloaded. Sometimes it was too thin or the care insufficient. The response should follow the actual problem, not a rule that seriousness is measured by the number of new obligations.

Practice — The event-and-revision record

Use five headings: safety and care; factual sequence; consequences; what needs to change; next review. Keep the first heading first. If safety remains uncertain, use appropriate help rather than proceeding with the exercise.

A fictional entry: “I have contacted the relevant service and am following the agreed next steps. The event followed a disrupted evening, but I also chose not to use the support route because I felt ashamed. A practical commitment to another person was affected and needs an honest correction. I will ask the service about a fallback and make the contact details easier to reach. I will review the ordinary evening plan after discussing the care concerns.”

Add what remains useful from before the event. A supportive relationship, a skill, or a successful arrangement does not automatically become worthless. Keep it if it still fits. Change it if the evidence indicates a problem.

The page should end with an action, not an insult.

Returning to support

You can return to a group or supporter with a simple account: “There has been a setback. I am addressing the safety and care issues and need help reviewing the plan.” You can decide what further detail is appropriate.

Notice whether the response makes honesty easier or punishes it. A setting can take the event seriously without humiliation. Seek another source when the available one undermines care or uses the event to claim control over your life.

Other people may change boundaries. That can be painful and may require discussion, but their choices do not determine whether you remain worthy of care. Keep their freedom and your need for support separate. Do not make them responsible for proving that your progress still counts.

Take into the next practice: An accurate event, a proportionate response, and a revision tied to a real problem. You can learn without calling the harm necessary or calling yourself finished.

Chapter 15 — Practice Twelve: Keep a personal model that can change

> **The practice:** Retain useful observations about your patterns, context, values, and support while keeping them provisional, private by choice, and open to correction.

At the beginning, Rina wrote that she could not manage evenings. After several conversations and observations, the sentence is too broad.

Some evenings remain difficult. Others are more workable with care, food available, fewer unnecessary decisions, and a support route she has actually agreed. The original sentence contained a real concern. It also hid differences that matter.

A personal model keeps those differences visible. It is not a diagnosis, personality score, permanent profile, or prediction engine. It is a small, revisable account that helps you make a decision or ask a better question.

Keep observations smaller than identities

Write what appears useful now and the context in which it applies. “I am more likely to avoid a difficult call when I think I must explain everything perfectly” is more useful than “I am avoidant.” It suggests a possible response: prepare a short opening and allow the conversation to begin imperfectly.

Include the source. Did you observe this yourself? Did somebody else suggest it? Is it a professional assessment, a record, or your interpretation? These are different kinds of information. Keeping their origins clear prevents a casual comment from becoming a clinical fact.

Include what does not fit. You may be able to make difficult calls at work but not about your own care. That difference may point towards shame, role clarity, or another factor worth examining. Do not force all examples into one explanation.

The model should help you notice change. An entry can be useful, uncertain, disputed, no longer current, or removed from ordinary use. These are organisational labels, not scientific confidence scores.

A model earns its place by helping

Ask what the entry is for. Will it help you plan an evening, prepare for an appointment, understand a communication pattern, or identify a need? If it has no practical purpose beyond repeatedly proving something negative about you, it may not deserve space.

Cal's model initially contains a long list of failures to stop using a device. A more useful entry describes when stopping becomes difficult, what the online time provides, and which arrangements he is testing. The change turns the page from a record of blame into a tool for planning.

Do not collect information simply because it can be collected. A complete record of mood, movement, spending, sleep, and messages could expose a great deal while still failing to answer the next question. Use the minimum detail needed for the purpose.

You may choose not to keep a model at all. The practices can be used through conversation or occasional reflection. The model is a tool, not a requirement for being a responsible participant in your own life.

Separate knowledge from permission

Knowing something about yourself does not mean everyone else may know it or use it for any purpose. You might share a short observation with a clinician while keeping the full notebook private. You might explain a scheduling need at work without disclosing your entire recovery history.

Before sharing, ask what information is necessary, who will receive it, what they may do with it, and whether you understand the privacy limits. A supportive intention does not automatically make broad data collection appropriate.

This is particularly important with digital systems. The MAJIK books do not require an account or AI processing. A device or service may store, sync, or expose information in ways that are not obvious. Check its actual practices; do not assume that a comforting interface guarantees confidentiality.

Where records have legal, clinical, or professional significance, seek qualified advice about handling and retention. Personal control does not remove applicable obligations. The point is deliberate use, not careless collection or destruction.

Practice — One revisable entry

Use seven brief fields: observation; source; context; supporting examples; exceptions or alternatives; purpose and sharing permission; review trigger.

A fictional example:

Observation: “I delay asking for help when I think I must already know what kind of help I need.”

Source: My own account, discussed with a supporter; not a diagnosis.

Context: Calls about my own care, particularly when I am embarrassed.

Supporting examples: I postponed two calls while searching for the right explanation.

Exceptions or alternatives: I ask practical questions more easily when the task is clear. Access barriers may also matter.

Purpose and permission: Use this to prepare a short opening for appointments. Share only the relevant summary with the person helping me; no need to upload the full notebook.

Review trigger: Revisit after trying the opening or if the description stops fitting.

Notice the entry does not say you are permanently incapable of seeking help. It records a pattern and leaves a route for learning.

Review without becoming a project under surveillance

Choose a review rhythm that fits your life. You might revisit an entry after a trial, an appointment, or a change in circumstances. You do not need to update it every time a feeling changes.

At review, ask whether it is still accurate enough, whether it has been useful, what new information matters, and whether the purpose remains. Keep, revise, archive appropriately, or stop using the entry. Do not defend it simply because you spent time writing it.

A model should also contain what is working. Which conditions support honesty, connection, rest, or a useful decision? These observations are not trophies. They are resources you may want to preserve when life changes.

Avoid a final score for the whole person. A number can conceal that one area is improving while another needs urgent attention. Keep the important dimensions separate and involve appropriate professionals where assessment is needed.

Carry the practices into a larger life

The twelve practices can now work as a cycle. Describe the situation. Choose a direction. Build support. Map the pattern. Make room around an urge. Question an interpretation.

Change a practical arrangement. Meet a need. Repair harm. Create worthwhile daily life. Learn from setbacks. Update the account.

You do not need to perform the whole cycle for every small decision. Use the part that helps. Some days that will be one question: “What is the next appropriate action?” Other days it will be recognising that the answer belongs with a professional rather than another private analysis.

The result is not a finished person. It is a person with a more honest way to keep learning. You can retain continuity without insisting that every old description remains true.

Take into the next chapter: A model that belongs to your life, not a life that must obey the model. Keep the lesson small enough to use and open enough to revise.

Chapter 16 — When the week will not slow down

On Monday, Rina makes a plan for the week. On Tuesday, a shift changes. On Wednesday, the bus is delayed and she reaches home after the shop has closed. By Thursday, the plan looks like evidence that she does not understand her own life.

The problem is not necessarily that planning was pointless. The plan may have described a week with fewer demands than the one she actually has. This chapter uses the twelve practices to build something that can survive ordinary disruption.

It does not replace clinical care or tell you which health needs can wait. Where symptoms, substance use, medication, or safety are involved, use appropriate professional advice. The work here concerns the practical arrangements around that care.

Sort the load before adding another task

Look at what the week requires. Separate essential care and safety, obligations affecting other people, practical maintenance, and optional ambitions. The categories will not decide every conflict, but they make the conflict visible.

An appointment, a child's safe care, or an urgent housing issue is not the same kind of task as reading another chapter. An optional exercise should not displace the action needed to keep the day workable. You can return to the book later.

Rina has been treating cooking from scratch as proof that she is taking care of herself. When the shift changes, she has no energy for it and feels she has failed before eating. A simpler meal can meet the actual need. The ambition to become a different kind of cook can wait.

Ask which task has become symbolic. Are you doing it because it helps, or because it makes the plan look like recovery? A task can be useful and still need a less demanding version.

Build a minimum workable day

A minimum day preserves what matters while reducing optional demands. It is not a rule that everybody should do less, and it is not permission to abandon needed care. Some situations require more support or a higher level of care; that decision belongs with appropriate professionals.

For ordinary planning, identify what must be accessible when energy is low: relevant contact information, the care arrangements you have agreed, food, safe transport, and essential responsibilities. Add one low-demand form of connection or rest where possible.

Tessa's minimum day may look different from Rina's. Pain and accessibility affect what she can do. A plan that requires standing, travelling, or lengthy concentration may need adaptation. The measure is whether the arrangement fits her needs, not whether it resembles someone else's productive day.

Write the minimum plan while you have some capacity. Make it concrete enough to use but short enough to find. A five-page emergency-looking document may be less accessible than a small card linking you to the appropriate professional plan and practical contacts.

Prepare for the predictable disruption

Some events are uncertain in timing but familiar in kind. Work runs late. A friend cancels. A child becomes ill. A service changes an appointment. You cannot prevent every disruption, but you can prepare for one likely category.

Ask what the disruption removes. Time? Transport? Food? Privacy? The presence of another person? The answer suggests the fallback. If the plan depends on a lift, identify another suitable transport route. If an appointment requires privacy, discuss how to access it. If an evening activity may be cancelled, choose an alternative that does not depend on the same person.

Do not confuse a fallback with an unlimited list. Too many options can become another decision burden. Choose a small number of realistic alternatives. Check that they exist, are affordable, and are available at the relevant time.

Rina keeps food that requires little preparation and a short list of appropriate contacts. She does not promise to compensate for a disrupted evening with twice as much recovery work the next day. The purpose is continuity, not catching up on a moral debt.

Make requests before the pressure peaks

You may need to tell someone that an arrangement is becoming difficult. Early communication can be uncomfortable, especially if you want to appear capable. It may still give the other person more room to plan.

A useful sentence is: “The current arrangement is not reliable for me under these conditions. Here is what I can offer, and here is the help or change I need.” Keep it specific. Do not bury the request in an apology so long that nobody can tell what you are asking.

The answer may be no. That matters. It does not prove that the need is illegitimate, but it means another arrangement is required. A plan should reflect the answer you received, not the one that would make the week easier.

At work or in a setting with legal or professional obligations, obtain appropriate advice about disclosure and arrangements. This book cannot determine your rights or duties. It can help you describe the practical issue clearly enough to seek that advice.

Practice — Repair one part of the week

Choose one recurring disruption rather than redesigning everything. Write the present plan, the condition it assumes, the way that condition often fails, and a feasible fallback. Add what requires another person’s agreement or professional input.

A fictional example: “My plan assumes I get home early enough to cook. That fails when the shift changes. I will keep an accessible simple meal available and discuss the difficult evening pattern with my care support. I will not decide that missing the preferred meal makes the whole plan pointless.”

Another example: “My appointment plan assumes the usual transport is available. I will check an alternative in advance and ask the service what options exist if transport fails. I will not silently miss the appointment because I am embarrassed to explain.”

Try the revised arrangement and observe what happens. The result may reveal another barrier. That is information, not proof that planning is futile. Work through the barriers in a manageable order with appropriate help.

Leave room for ordinary imperfection

A workable week will still contain annoyance, boredom, mistakes, and tasks you would rather avoid. The aim is not a smooth emotional state. It is enough support and clarity that the next responsible action remains possible more often.

You can celebrate a useful change without turning it into a promise that every week will now go well. You can acknowledge a hard week without erasing the parts that worked. A care appointment kept during a difficult period matters. So does a boundary communicated earlier than usual.

At the end of the week, ask only what needs to carry forward. Keep one useful arrangement, address one unresolved concern, and let the optional backlog go. You do not need to compensate for exhaustion by becoming a better administrator of it.

Chapter 17 — Different problems need different kinds of help

The same question can be useful in several situations without making the situations the same. “What does this behaviour do for me?” can illuminate gambling, late-night online activity, or avoidance of a difficult call. It cannot establish that they share a diagnosis or need the same treatment.

This chapter applies the practices to several common concerns while keeping their differences visible. Use the examples to ask better questions, not to assign yourself a condition from a paragraph.

Alcohol and other substances

For substance-use concerns, individual assessment matters. Withdrawal, overdose risk, medicine interactions, co-occurring conditions, and treatment options cannot be settled by a general loop map.[4][5][6][8]

The book can help you prepare an accurate account, clarify goals, arrange support, and reduce practical obstacles around care. It should not tell you how to taper, how much is safe for you, or which medication to use. Discuss those matters with a qualified professional.

Do not make abstinence from prescribed treatment a definition of independence. Medication for a substance-use disorder or another condition can be part of an appropriate

plan.[4] If you have concerns, bring them to the treating professional rather than a group vote or a private experiment.

Harm reduction and respect for people who are still using are compatible with taking risks seriously.[19] You do not have to refuse all help until you are ready for a particular goal. At the same time, a chosen goal does not establish that a level of use is medically safe. Seek informed discussion about the options and risks.

Rina uses the practices to understand a difficult hour and to communicate more clearly. The clinical decisions remain with her and the qualified professionals involved in her care. The book does not claim that preparing dinner treats her condition or that one personal insight replaces ongoing support.

Gambling and financial harm

Gambling can create a particular distortion in planning: the behaviour that caused the loss is presented as a possible way to repair it. A chance of winning is not a reliable plan for meeting obligations.

Begin with accurate information and appropriate support. What money is available? What obligations exist? What has been concealed? What urgent practical consequences need attention? Obtain qualified financial or legal advice where the situation requires it. The book is not a debt-management manual.

Consider voluntary safeguards and support appropriate to the gambling problem. Do not assume an app restriction or payment barrier is sufficient by itself. Ask what happens

around the urge, which alternatives meet the underlying need, and what to do if you seek a route around the safeguard.

Protect other people's rights. A partner should not have to accept secrecy about shared obligations, but they also should not be assigned total responsibility for stopping the behaviour. Any shared arrangement should be clear, consensual, and appropriately advised.

Eli's useful next step is not a promise to recover all the money. It is to stop calling another bet a financial strategy, get an accurate picture, and seek the kinds of help the picture requires.

Screens, gaming, and online life

Online activity can provide work, friendship, creativity, information, pleasure, and access that may be difficult to find elsewhere. A useful assessment should not treat all screen time as empty or every strong interest as pathology.

Ask what is being crowded out, where control feels difficult, and whether there is significant impairment or distress. The number of hours alone does not tell the whole story. A person whose social life is accessible online may need a different plan from someone avoiding every other part of life through an activity they no longer enjoy.

Cal wants more sleep and fewer cancelled plans. His first adjustment is not to remove all online connection. He examines timing, ending routines, the need for chosen time, and the expectations of the people he interacts with. If difficulties remain significantly impairing or suggest a clinical concern, appropriate assessment is warranted.

Use technical settings as tools, not as punishment or proof that you can never be trusted. Keep necessary communication and accessibility needs in view. A practical barrier should help the chosen goal rather than create new isolation or dependence on somebody else's monitoring.

Sexual behaviour, identity, and shame

Sexual concerns require particular care because moral disapproval can be mistaken for clinical evidence. Strong desire, orientation, gender identity, consensual adult practices, or discomfort with inherited religious rules do not by themselves establish a disorder.

The clinical source cited here emphasises impaired control and significant effects, and specifically distinguishes distress based solely on moral judgement.[12] This book cannot diagnose compulsive sexual behaviour. Seek a qualified professional who can assess the concern without imposing shame or confusing identity with pathology.

For personal reflection, focus on consent, honesty, control, safety, obligations, and effects. Are you acting against agreements you freely made? Is the behaviour interfering significantly with life? Are others being harmed? Are you distressed because of the behaviour's effects or because someone taught you that a consensual part of your identity is unacceptable? More than one issue may be present.

Do not treat recovery as a requirement to confess graphic details, submit to intrusive monitoring, or abandon all sexuality. Personal boundaries can be chosen thoughtfully. They should not be presented as universal clinical prescriptions.

Where consent has been violated or another person harmed, obtain appropriate professional guidance and take accountability seriously. A label does not remove responsibility. An apology should not expose the harmed person to unwanted detail or pressure to help you feel forgiven.

Food, exercise, and body-related concerns

An abstinence model should not be transferred casually to essential human needs. Food is not an optional behaviour to eliminate. Concerns about eating, exercise, body image, or compensatory behaviours may require specialised assessment and treatment.

This book offers no calorie rules, fasting plan, weight target, or exercise punishment. Do not use its language of goals and safeguards to create a restrictive regimen without appropriate care. If a practice becomes a way to intensify self-surveillance or punishment around the body, stop and seek qualified help.

The broader question remains useful: what need, fear, or context is involved, and what support is appropriate? The answer may be a specialist service rather than another self-help exercise.

Pain, medicine, and physical dependence

Tessa wants to discuss her pain treatment without being told that needing medicine means she has failed. Physical dependence can occur with prescribed medication and does not, by itself, establish addiction.[6]

She can still raise concerns about side effects, control, functioning, or use outside the agreed plan. Those concerns deserve a careful clinical conversation. They should not be dismissed, and they should not be settled by an informal instruction to stop.

A useful preparation page describes what she takes as prescribed, what she notices, what concerns her, and what she wants to ask. She does not use the book to design a taper or prove she can manage pain without help.

Work with the actual concern

The lesson across these examples is not that all problems are unique beyond comparison. Shared questions can be useful. The lesson is that shared questions do not erase the need for specific assessment, context, and care.

Before applying a practice, ask: What is the concern? What risk could be missed by treating it as a habit? What ordinary need must still be met? Which professional knowledge is relevant? What would make the proposed exercise unsafe?

Use the answer to choose the next route. A secular approach should be precise enough to admit that one book cannot serve as every kind of treatment.

Chapter 18 — Living with other people's choices

You can work carefully on your own behaviour and still live among people who disagree, disappoint you, need things, make mistakes, or choose a different path. Recovery does not provide a way to control that part of life.

It can provide a clearer way to respond. You can make requests, offer support, set limits, meet obligations, and seek help. You can also recognise when a relationship is unsafe or when a matter requires professional advice rather than a better conversation.

This chapter concerns the space between caring about someone and becoming responsible for directing them.

A request is not a disguised command

A request leaves the other person able to decline. If refusal will lead to punishment, guilt, threats, or repeated pressure, the interaction is no longer a straightforward request.

You may have a serious need. That does not automatically make one particular person responsible for meeting it. Ask what they can offer and use the answer to build a realistic support plan.

Rina asks a friend to avoid offering her alcohol. That is a clear boundary around their interaction. Asking the friend to reorganise every social relationship around Rina's recovery would be a different demand. Some accommodations may be possible and welcome; others need a different arrangement.

The same care applies when someone asks something of you. You can say no without proving that their need is unimportant. “I cannot provide that, but I can help you find an appropriate service” may be an honest answer. Do not offer the alternative unless it is something you can actually do.

Boundaries describe your participation

A boundary can say what you will do, what you will not provide, and what conditions you need for a particular interaction. It is not a magic sentence that makes another person behave differently.

“I will leave a conversation that becomes threatening” describes your response, subject to what is safe and possible. “You are not allowed to feel angry” tries to control their internal state. “I cannot lend money for this” describes your participation. “You must recover in the way I choose” reaches beyond it.

Some boundaries require planning and support. Leaving an unsafe household may be difficult or dangerous. Financial dependence, caregiving, housing, and legal arrangements can constrain options. Seek appropriate specialist assistance rather than treating a boundary as a simple act of courage anyone can perform immediately.

Do not blame yourself when another person violates a clearly stated limit. Their action remains theirs. The next question is what support or protective response is needed, not how to say the sentence perfectly enough to guarantee compliance.

Loved ones can care and remain cautious

Eli wants his partner to recognise that he is making an effort. His partner does recognise it and still does not want shared financial access restored. Eli hears the limit as a refusal to believe in change.

There is another interpretation: care and caution can coexist. The partner may need time, evidence, or a different arrangement. They may also decide that some form of sharing will not return. Eli can discuss the practical issue and obtain appropriate advice without treating their caution as a moral injury inflicted on him.

A person affected by your behaviour may remember a longer history than the event you are currently addressing. They may not experience your new beginning on the same date you do. That difference can be painful without being unfair by definition.

Keep your support for that pain separate from the person whose boundary you are learning to respect. They should not have to remove the boundary to reassure you that you are still worthy of care.

Children and dependants are not recovery supervisors

When other people rely on you, safety and practical reliability matter. Appropriate adults and services may need to help with arrangements. Do not ask a child to monitor your use, keep secrets about unsafe situations, manage medication, or become responsible for whether you continue recovery.

An age-appropriate explanation can acknowledge a problem without graphic details or burdensome promises. A simple message might be that adults are getting help, the child did not cause the problem, and the adults are arranging what happens next. Seek qualified guidance when family circumstances are complex or safety is involved.

Do not promise access, visits, or activities until the relevant adults and arrangements have been agreed. A careful promise is kinder than a reassuring one that cannot be relied on.

Caregiving also includes older adults, disabled relatives, and other dependants. The question is practical: who needs what support, and what arrangement can safely provide it? Recovery language should not obscure those needs.

Supporting someone who is also struggling

You may be working on your own recovery while a friend or partner is struggling too. Shared understanding can help. It can also create pressure to become each other's only support.

Make roles clear. You can listen, share relevant resources, and offer agreed practical help. You should not prescribe, supervise withdrawal, conceal danger, or promise that you will always be available. Encourage appropriate care and use emergency routes when immediate danger is present.

Do not make your own progress dependent on their choices. "I can only change if you change first" may describe a real environmental difficulty, but it can also leave your next action entirely outside your control. Ask what support, boundary, or safer arrangement is available to you even while their decisions remain unresolved.

Where the environment is unsafe, obtain specialist help. Do not turn this principle into a demand to remain in danger while proving independence.

Practice — Three circles of responsibility

On a page or in a conversation, separate what is yours to do, what can be negotiated, and what belongs to another person. This is an original reflection tool, not a legal determination of duties or authority.

Your actions might include telling relevant truths, using appropriate care, meeting an obligation, or declining to provide something harmful. Negotiated matters might include contact frequency, household arrangements, or practical support, subject to safety and applicable advice. Another person's choices include whether to forgive, how they feel, and whether they want a particular relationship to continue.

Now choose the issue causing the most confusion. Are you neglecting something that is yours, assuming an agreement that has not been made, or trying to control a response that is not yours? Name one appropriate action in the right category.

A fictional example: "I can provide accurate information about the bill and seek advice. We can discuss a practical arrangement if my partner wishes. I cannot require immediate trust or decide when their concern should end."

The exercise should reduce confusion, not become a way to deny genuine obligations. When duties are disputed or legally significant, get qualified advice.

Connection without ownership

A healthy support arrangement leaves both people with a life beyond the arrangement. You can care deeply without knowing every detail. You can accept help without promising permanent loyalty. You can disagree about a method without withdrawing basic respect.

This is part of a secular understanding of meaning: relationships matter because the people in them matter, not because they are instruments for producing your recovery. Their freedom is not an obstacle to the work. It is one of the things the work should teach you to respect.

Chapter 19 — A life that changes will need a changing plan

A plan that helped during one season may become less useful during another. Work changes. A relationship begins or ends. Someone dies. A body needs different care. A move removes familiar routes. Even a welcome event can alter the conditions that made a routine work.

Long-term recovery does not require predicting every change. It requires noticing when the situation has changed enough that the plan should be reviewed.

You are allowed to revise without declaring the earlier plan false. It may have been useful in the circumstances for which it was built.

Review transitions before they become invisible assumptions

Before a significant change, ask what support will remain, what will disappear, and what new demands are likely. Check practical details rather than relying on a general feeling that things will work out.

A move may change service access, transport, privacy, and ordinary companionship. A new job may alter the difficult hour of the day. A relationship may provide support while creating new expectations. A holiday may remove routines that were doing more work than you noticed.

Do not assume that an online option, a familiar number, or an old agreement still applies. Verify the relevant arrangement. For treatment or medication continuity, plan with the appropriate professional rather than improvising from a book.

Rina reviews her support when her shift changes. The evening she had prepared for is no longer the hardest part. She does not need to repeat the whole programme. She needs to update the part of the plan that depended on the old schedule.

Grief does not need to become a lesson

Loss can make familiar coping difficult. You may feel numb, angry, frightened, lonely, or unable to find the meaning that once seemed obvious. You are not required to call the loss necessary or discover what it was meant to teach you.

A secular approach can leave the event without a cosmic explanation and still ask what care is needed now. Who can be with you? What practical tasks need help? Which parts of the recovery plan are harder to use? Is professional support appropriate?

Do not make a major life philosophy the immediate task when food, sleep, companionship, or urgent care is needed. Meaning can remain uncertain while practical care continues.

You may want to remember the person or event through a ritual, an object, a conversation, or an ordinary act. A ritual does not need a supernatural claim to matter. It also does not have to make grief smaller on schedule.

Illness and disability can change the shape of progress

A plan may need to become less demanding because health or capacity changes. That does not mean your life has become less valuable. It means the plan must remain answerable to the person using it.

Seek appropriate care and accommodations. Adapt reading, writing, movement, meetings, and practical tasks to your needs. Do not use recovery as a reason to ignore pain, fatigue, or symptoms that require assessment.

Tessa's useful routine changes during a difficult period. She keeps essential care and asks for more practical help. Some optional goals are paused. The change is not a retreat from responsibility; it is a way to keep responsibility possible under different conditions.

Avoid comparing your current capacity with a healthier or less burdened version of yourself as though the circumstances were identical. The comparison may reveal grief. It does not automatically provide a sensible plan.

Let success become ordinary

There may be a period when the practices become less noticeable. You answer more honestly. You use support earlier. You know which arrangement helps with a difficult evening. The work is still present, but it is less theatrical.

You do not need to create a new challenge to prove that you are progressing. Stability can have value. So can pleasure, rest, and relationships that no longer revolve around explaining the problem.

Continue appropriate care for as long as it is indicated. Feeling better is not a reason to change medication or treatment without professional discussion.[4] Ordinary improvement and ongoing support can coexist.

You can also stop using an optional worksheet that has done its job. The book should not require permanent attention to itself. Keep a route back to useful practices without making them a lifelong administrative duty.

Practice — A seasonal review

Choose a meaningful interval or transition. Ask what has changed in your circumstances, what remains useful, what risks or needs require attention, and what support should be updated. Include one ordinary part of life you want to protect or grow.

Separate actions into those you can take, those requiring agreement, and those requiring professional input. Choose a small number of next steps. A review is not a request to rebuild every area at once.

A fictional example: “My schedule has changed, so the old evening plan no longer fits. I will discuss the care implications with the service, clarify a new contact time with my friend, and arrange food for the new difficult hour. I also want to keep the weekly film with my niece because it matters beyond recovery.”

Date the review and leave room for correction. A future entry can disagree without making the present one dishonest.

The work belongs to the life

The twelve practices offer a way to respond: describe, choose, connect, understand, pause, question, design, care, repair, build, learn, and revise. You do not have to remember the words in order to use the underlying questions.

What is happening? What matters? What help is needed? What is the next responsible action? What have I learned that should change the plan?

No hidden force has to approve those questions. No final identity has to be discovered before they are useful. You can remain uncertain about many things and still care for a person, keep a promise more carefully, ask for help, or make a choice that reduces harm.

Rina eventually finds the first notebook page. “Why do I keep doing this?” is still there. She does not cross it out. She adds a line beneath the second question: “I do not need one final answer to keep learning how to live.”

That is the secular path offered here. Not certainty. Not isolation. Not a person reduced to a programme.

A life, with more room for you to take part in it.

Appendix A — Twelve reusable practice pages

These pages are original, unscored reflection tools. They do not diagnose a condition, assess withdrawal, or certify that an action is safe. Read the relevant chapter for context. You may answer privately, aloud, with an appropriate supporter, or without saving anything. Use only the detail needed for the purpose.

Page 1 — Describe the pattern

Purpose: Make a starting account that can be checked and revised. See Chapter 4.

What happens, in ordinary language?

What do I intend, and what happens instead?

What effects do I know about? What remains uncertain?

What do I leave out when I want to minimise the problem? What do I leave out when I want to condemn myself?

Which questions require professional assessment or advice?

What is the next appropriate action?

Example: “I have been hiding spending relevant to shared bills. I need an accurate financial account and appropriate gambling support. I do not yet know the full consequences, and I will not call another bet a repayment plan.”

Keep the description narrower than your identity. You are naming something to respond to, not deciding everything about who you are.

Page 2 — Choose a direction

Purpose: Connect a personal value to an action and its limits. See Chapter 5.

What do I want more room for in my life?

Why does this matter to me, apart from what other people expect?

What do I hope the change will give me? What do I fear losing?

Which action is within my influence? What needs another person's agreement or professional input?

What must the goal not require—for example, unsafe changes to care or control over someone else's response?

When will I review whether the plan fits?

A goal can be meaningful without being grand. "Give accurate information before someone makes plans around me" may be more useful than "become a completely trustworthy person." The value is broad; the action needs a shape.

Page 3 — Map actual support

Purpose: Turn possible help into clear arrangements. See Chapter 6.

What clinical or urgent route applies to my situation?

What practical support is needed with money, food, transport, housing, accessibility, or appointments?

Who has agreed to personal or peer contact, and what are the limits?

Where can I find ordinary connection that is not only about recovery?

What is the fallback when the usual route is unavailable?

Which entries are established and which are still possibilities?

Choose one action that clarifies an uncertain entry. A person who is kind has not automatically agreed to an unlimited role. A service listed online has not automatically become available care. Accuracy makes the map more useful.

Page 4 — Trace a loop

Purpose: Understand one sequence without pretending it explains everything. See Chapter 7.

Context: What was happening in the wider day?

Cue: What changed or drew my attention?

Interpretation: What did I tell myself?

Action: What did I do?

Immediate result: What did it provide or remove in the short term?

Later effects: What happened afterwards, including effects on others?

Where could a different support or arrangement enter? What alternative explanation should remain open?

Choose a manageable example. Do not deliberately seek risky cues or force traumatic memories. The map should identify a useful question or action, not become a reason to delay care until every cause is understood.

Page 5 — Prepare for an urge

Purpose: Make the next safe action easier to find. See Chapter 8.

What familiar situation am I preparing for?

What believable reminder can I use without demanding that the urge disappear?

What is the first safe action?

Which appropriate support route will I use?

What is the fallback if it is unavailable?

What circumstances mean this is a health or safety issue requiring professional or emergency help rather than an ordinary coping exercise?

Check that the plan is accessible, affordable where relevant, and based on real agreements. A timer does not establish safety, and the book does not prescribe a period you must endure before asking for help.

Page 6 — Check the story

Purpose: Separate evidence from interpretation and choose a useful action under uncertainty. See Chapter 9.

What happened, as far as I can establish?

What am I telling myself it means?

What prediction or rule follows from that story?

What supports the interpretation? What does not? What else remains possible?

Is there concrete harm I must not explain away?

What action is responsible across more than one possible explanation?

Example: “The person has not answered. I do not know why, and our agreement did not include immediate replies. I will use the appropriate alternative route for my present need and clarify the contact arrangement later if necessary.”

The goal is not a positive story. It is a more accurate and useful one.

Page 7 — Redesign one decision point

Purpose: Make a chosen action easier without building unnecessary control. See Chapter 10.

Where does the present plan become difficult?

What makes the harmful route easy and the helpful route complicated?

What one environmental adjustment could help?

What one skill do I need to practise?

Does the safeguard respect consent, privacy, accessibility, necessary communication, and other obligations?

How will I notice whether it helps or creates another problem?

Do not change medication, withdrawal plans, or other clinical care through this exercise. A practical setting or reminder can support a plan without replacing the professional decisions the situation requires.

Page 8 — Notice the need

Purpose: Respond to a feeling without making it a command or a reason for punishment. See Chapter 11.

What am I feeling, in the best words I have?

What situation is the feeling connected with?

What need may be present?

What particular outcome do I want, and which parts depend on somebody else?

What request can I make respectfully?

What safer route could meet part of the need? What support is missing?

A need can be real while one proposed strategy is harmful or unavailable. Loneliness deserves attention; it does not require one person to become permanently available. Pain deserves care; it is not proof that you have failed at independence.

Page 9 — Repair with boundaries

Purpose: Respond to harm without making a demand for forgiveness or access. See Chapter 12.

What did I do, and what effect do I recognise?

Is any harm still occurring?

Is contact welcome and safe? Are there restrictions or safeguarding concerns requiring qualified advice?

What practical repair is feasible and appropriate?

What changed behaviour will follow?

What does the other person not owe me?

How will I record and meet any actual agreement?

Do not use an apology to bypass no-contact boundaries. An unsent letter may clarify thought, but it does not replace a practical obligation that can and should be addressed appropriately.

Page 10 — Make room for life

Purpose: Put something worth protecting into the plan. See Chapter 13.

What connection, interest, pleasure, rest, or contribution matters to me now?

What is a low-demand version that could fit a difficult week?

What resources or agreements does it need?

Am I choosing it because I want it or because it looks impressive?

What would tell me it is useful, unhelpful, or simply a poor fit?

What can remain enjoyable without becoming a project?

A meaningful activity does not need to treat a condition or prove progress. Its value can be that it is part of the life you want. Keep appropriate care in place alongside it.

Page 11 — Respond and revise

Purpose: Learn from an event after immediate safety and care are addressed. See Chapter 14.

What safety, care, or urgent practical response is needed or underway?

What happened, without minimising or turning it into my whole identity?

Which consequences need attention, and who needs relevant information?

What was unavailable, avoided, unrealistic, or insufficient in the plan?

What specific revision addresses the problem found?

What remains useful and should be kept?

When and with whom will the revised plan be reviewed?

“Try harder” does not identify a change. “Clarify the backup route with the service and make the details accessible” does. Clinical changes require the appropriate professional.

Page 12 — Keep a revisable model

Purpose: Retain a useful observation with context and limits. See Chapter 15.

Observation: What seems to be a pattern?

Source: My observation, another person’s suggestion, a record, or a professional assessment?

Context: When does it appear to apply?

Supporting examples: What information supports it?

Exceptions and alternatives: What does not fit?

Purpose and permission: What is it for, and what, if anything, do I choose to share?

Review trigger: What new information or event should prompt revision?

The model is not the person. It should help with a decision or a conversation. You can keep it small, change it, stop using it, or work without saving it at all.

Appendix B — Two complete fictional walkthroughs

These examples show how the practices connect. They are invented, not clinical case reports, testimonials, or demonstrations of effectiveness. They leave medical and other professional decisions with appropriately qualified people. Your route, pace, and outcome may differ.

Rina: from a global accusation to a usable care conversation

Rina begins with the belief that she cannot manage evenings. She works changing hours, often reaches home with little energy, and has been drinking beyond what she intended. She is concerned about her health and unsure what would be safe when changing her use.

The first action is a healthcare contact. She does not use the book to decide whether withdrawal will be safe. She prepares a short, accurate account and asks about assessment and care. The book becomes a way to organise questions around that professional work.

In Practice One, she replaces “I have no self-control” with a description of what happens and what she has hidden. She includes the following morning because the pattern is not confined to the evening. She marks uncertainty rather than guessing details she does not remember.

In Practice Two, she names what she wants: time with family she can remember and commitments made more reliably. These values do not prescribe her clinical plan. They help her explain why the plan matters and what practical outcomes she wants to work towards.

Practice Three reveals that her list of supportive people is mostly a list of unasked questions. She makes one specific request and clarifies its limits. The friend agrees to a regular call but not immediate replies. Rina asks the appropriate service what route to use for concerns outside that arrangement.

The loop map in Practice Four includes arriving home hungry, seeing messages, interpreting them as more demands, and seeking relief. This does not establish the cause of her condition. It identifies an ordinary difficulty that can be addressed alongside care.

For Practice Five, she prepares a short reminder and the contact information she needs. The reminder is not “I will never want this again.” It is “I do not need to make this decision alone.” She keeps the clinical and urgent routes separate from personal companionship.

Practice Six helps her examine the thought that asking a basic question proves she is not serious. The thought has been making appointments harder. She prepares an opening sentence that does not require an impressive explanation: “I am embarrassed, and I am worried I will leave important information out.”

In Practice Seven, she simplifies the evening. Food is available without a large cooking task. The support details are easy to find. The arrangement is reviewed when her shift changes rather than treated as a universal routine.

Practice Eight identifies a need for an end to the workday. She experiments with an accessible transition that she finds tolerable, without expecting it to replace treatment or provide the same immediate effect as alcohol. She also notices when persistent symptoms need to be raised with her clinician.

Practice Nine concerns a missed commitment to her sister. She corrects the relevant information and makes an appropriate apology. Her sister does not immediately restore the old arrangement. Rina seeks support for the disappointment without requiring her sister to remove the boundary.

Practice Ten adds something that matters independently of recovery: a film with her niece, by agreement and within safe arrangements. The evening is not used as a test of whether the programme works. It is part of the life she wants to protect.

When a later week is difficult, Practice Eleven keeps the response specific. Safety and care come first. The review asks what changed, what support was used or avoided, and what practical arrangement needs revision. It does not treat the difficulty as either meaningless or proof that all previous work was false.

Practice Twelve updates the first sentence. Rina no longer writes that all evenings are unmanageable. She records which circumstances are difficult, what support is in place,

what appears useful, and what remains uncertain. The entry helps her plan and communicate. It does not claim to predict her future or diagnose her.

The example ends with a better account and a more concrete route for support, not a declaration that Rina has been cured. That limit is part of the example's honesty.

Eli: repair that does not depend on being forgiven

Eli begins by wanting the money problem to disappear before he tells his partner how it happened. He has been gambling, concealing losses, and imagining another bet as the fastest route to repair.

Practice One identifies the contradiction. Avoiding the financial facts protects him from shame briefly and leaves someone else making decisions with incomplete information. He needs appropriate gambling support and qualified help with the financial consequences where necessary.

His first goal is "make my partner trust me." Practice Two helps separate a desired response from actions within his control. He can provide accurate information, seek support, address obligations, and stop making unsupported promises. Trust belongs partly to his partner's experience and choice.

Practice Three identifies different roles. A friend may provide company while he organises the papers. A suitable service can help with gambling concerns. A qualified adviser may be needed for debt questions. His partner should not be assigned all three roles merely because the problem affects the household.

The loop in Practice Four is not only about the excitement of betting. It also includes loneliness, the shame after a loss, and the thought that a win could erase the need for an honest conversation. The map reveals several needs and decisions rather than one simple trigger.

For Practice Five, he prepares an action that moves the decision out of the app and towards the support arrangement. He does not assume that a short pause will remove every urge. He uses the pause to make another action possible.

Practice Six examines “the next choice cannot make this worse.” The actual obligations show that it can. The response is not a cheerful slogan; it is a factual limit: further losses still have consequences, and a possible win is not a financial plan.

Practice Seven considers safeguards with appropriate help. The design must protect essential functions and avoid turning his partner into an unlimited monitor. If he seeks ways around a barrier, that information belongs in the review rather than being hidden behind the existence of the safeguard.

Practice Eight gives loneliness a place in the plan. He makes one specific request for company and respects the answer. The need for connection remains real even when a particular person is unavailable. He works on other appropriate routes rather than treating refusal as permission to gamble.

Practice Nine is the centre of his repair. He names the misleading information and the practical effects. He proposes only what is feasible and appropriately advised. His partner sets limits on shared finances. The apology does not include an invoice demanding renewed trust in return.

Practice Ten keeps the future larger than debt and monitoring. Eli chooses an ordinary activity with other people that does not revolve around gambling. It does not solve everything. It gives one part of the week a different purpose.

When he avoids another difficult conversation, Practice Eleven helps him notice the smaller recurrence before turning it into the same old concealment. He corrects the information and asks what made the request difficult. The relevant response is a clearer arrangement, not a public confession.

His personal model records a useful pattern: when he believes he must repair the whole problem before speaking, he delays information other people need. The entry includes its source, context, exceptions, and purpose. It helps him prepare shorter, more honest conversations.

Eli's partner may or may not forgive him. The example does not decide. His responsibility continues without that guarantee. The practices are useful only insofar as they support an accurate account, appropriate help, less harm, and real follow-through—not because the story receives the ending he wants.

Appendix C — A flexible way to work through the book

This is a reading rhythm, not a treatment timetable. Twelve practices do not mean twelve weeks to recovery. You may use a chapter across several sessions, return to earlier work, or pause for appropriate care. The safety section and your professional care plan take priority over the order of reading.

Begin with safety and scope. Read the opening pages and Chapters 1–3. Identify appropriate support, decide how you will protect notes or avoid saving them, and choose an accessible way to read. Do not wait for a complete account before seeking help with a serious concern.

First passage: description, direction, and support. Work through Practices One to Three. The aim is an honest starting account, a goal you can explain in your own words, and at least one clearer support arrangement. An unanswered request is information to use, not proof that help is impossible.

Second passage: the pattern in motion. Work with the loop, urges, and interpretations in Practices Four to Six. Choose manageable examples. Do not expose yourself to risky cues or traumatic memories to test the method. Keep clinical questions with qualified professionals.

Third passage: practical change and care. Use Practices Seven and Eight to adjust one decision point and address a need more safely. Try a small, low-risk change and observe whether it is feasible. Keep the conclusion modest and revisit the plan if it does not help.

Fourth passage: repair and a worthwhile life. Read Practices Nine and Ten. Repair requires its own preparation; do not initiate contact to keep pace with this schedule. Work on ordinary connection, interest, and rest alongside appropriate accountability.

Fifth passage: learning and continuity. Use Practices Eleven and Twelve to review what happened and retain only the observations that help. A personal model is optional. The purpose is a more accurate and workable life, not a permanent file about every feeling.

Read Chapters 16–19 whenever the practical situations are relevant. The fictional walkthroughs can help you see connections without making them a template your life must match.

At a review point, ask what is safer, what remains concerning, which supports are actually available, and what ordinary part of life needs attention. Choose a small number of next actions. A completed chapter does not certify recovery; an unfinished page does not remove your right to care.

Appendix D — Reading with a supporter or group

A reading group can discuss the book and practise asking useful questions. It is not automatically a treatment service. This text does not train facilitators to diagnose, manage withdrawal, respond clinically to trauma, or provide crisis care. An organised public MAJIK programme should obtain appropriate specialist review, local safeguarding arrangements, and professional advice before operating.

Start with a clear agreement

Explain the purpose, the limits, and the right to pass. A possible opening is: “We are discussing an educational recovery book. Nobody has to disclose personal history or accept another person’s interpretation. We speak from our own experience, respect appropriate care, and use professional or emergency services when a concern exceeds this group’s role.”

Make privacy expectations explicit without promising absolute confidentiality. Informal groups cannot guarantee what every participant will do, and organisations or professionals may have duties that need to be explained accurately. Do not invite sensitive disclosure before these limits are clear.

Avoid collecting detailed inventories, intimate stories, or identifying information about third parties. The group should not become a source of personal data for a platform or AI system. Any necessary recordkeeping requires a clear purpose and appropriate protections and consent.

Keep the meeting practical and accessible

Choose a predictable length and an accessible format. Read a short passage, discuss the fictional example, and offer an optional reflection. Allow people to listen, speak, write, use an alternative format, or pass.

End by asking what action, question, or boundary each person is taking away. Do not require a commitment or public promise. Make clear that personal contact after the meeting requires separate agreement; attendance does not make somebody continuously available.

Consider transport, childcare, mobility, sensory needs, language, privacy, and reading access. A welcoming statement is not enough if the practical conditions exclude the people it is meant to welcome.

Advice needs permission and a role

Ask before offering advice. Distinguish a personal example from a general claim. “This helped me” does not prescribe for another person. Do not recommend medication changes, private detoxification, exposure to traumatic material, or contact with someone who has set a boundary.

When a concern exceeds the group's role, acknowledge the limit and identify an appropriate route. Confidence does not make an unqualified answer safer. A facilitator should not be rewarded for always having something to say.

Be alert to financial, sexual, social, and emotional pressure. A person in a support role should not use vulnerability to obtain access, loyalty, or control. Provide a way to raise concerns outside the immediate relationship with the facilitator.

Use questions that allow disagreement

Ask what the passage clarifies, what it assumes, where it might not fit, and what would make it unsafe. Ask which information is missing and what support the practice requires. These questions make the book answerable to real circumstances.

Do not interpret criticism as proof that the participant is resisting recovery. A secular programme should remain willing to revise its methods. Agreement with the book is not the outcome being sought.

If someone reports immediate danger, stop treating the situation as a discussion exercise. Use appropriate emergency or crisis routes and the organisation's actual safeguarding procedures. The meeting's schedule is less important than safety.

Appendix E — A small glossary

Agency: Participation in choices and action within real constraints. It does not mean controlling every outcome or needing no help.

Accountability: Taking an accurate, practical responsibility for actions and effects. It includes repair where appropriate, not humiliation or unlimited surveillance.

Context: The circumstances around an event: time, place, resources, health, relationships, demands, and available options. Context informs a plan without automatically removing responsibility.

Cue: Something associated with a response or urge. A cue can be external or internal. Identifying one may help planning; it does not prove a single cause or make an action inevitable.

Goal: A specific direction, outcome, or action being pursued. It should be connected to a value, realistic conditions, and appropriate care.

Harm reduction: An approach focused on reducing adverse consequences and supporting people without making abstinence the condition of all help. It is not a declaration that any particular use is safe.[19]

Hypothesis: A possible explanation that remains open to correction. A useful hypothesis can be questioned by evidence; it does not make every result proof that it was right.

Loop map: This book's organising tool for context, cue, interpretation, action, immediate result, and later effects. It is not a diagnosis or a complete model of addiction.

Need: Something important to functioning or a worthwhile life. A need can be legitimate while a particular way of pursuing it is harmful, unavailable, or unfair to someone else.

Personal model: A small, revisable set of useful observations about patterns, context, values, and support. It is not the person, a clinical score, or an authority that overrides the person.

Recovery: A process towards a safer, more workable, self-directed life, with care and goals appropriate to the individual. It has more than one possible pathway and does not mean every risk is gone.[3]

Repair: An appropriate response to harm, which may involve acknowledgement, practical action, changed behaviour, or a formal process. Forgiveness and renewed access remain separate matters.

Secular: In this book, a method that does not require supernatural beliefs or spiritual authority. It does not mean emotionless, isolated, hostile to religious people, or certain about every question.

Setback or recurrence: A departure from a plan or a return to a harmful pattern. The specific event and risk matter more than the label. It is not an inevitable requirement of recovery.

Support: Help with a defined role, which may be clinical, practical, relational, informational, or peer-based. One kind should not be assumed to perform every other kind.

Value: A quality or direction that matters to you, such as care, honesty, fairness, curiosity, or connection. Unlike a single goal, it can be practised repeatedly without being finished.

Appendix F — Evidence and the right to revise

The central ethical commitments here are self-direction, dignity, consent, honest inquiry, appropriate accountability, and access to care without a required belief. These commitments guide the book; they are not presented as findings from a clinical trial.

The twelve-practice organisation, exercises, fictional scenes, and personal-model pages are original educational material. The integrated MAJIK programme has not been clinically evaluated. This book makes no claim about success rates, diagnostic accuracy, or equivalence with a tested treatment.

Some practices resemble broad strategies used in established forms of care: identifying cues, planning responses, clarifying goals, examining interpretations, building support, and reviewing setbacks. That resemblance is not permission to call the book cognitive behavioural therapy, motivational interviewing, or another professional treatment. Those approaches involve training, judgement, and evidence that a set of self-help pages does not inherit.

Research on Alcoholics Anonymous and Twelve-Step Facilitation for alcohol use disorder is included to keep the wider recovery landscape in view, not to claim that secular MAJIK practices receive its results.[2] SMART Recovery is listed as an independent nonreligious support option; its programme and materials are not reproduced here.[23]

Official health sources support limited statements about withdrawal, overdose, medication, treatment, coping resources, and service routes. They do not provide a personalised assessment. A citation near a fictional example does not turn that example into a clinical case report. A source near an exercise does not establish that the exercise was tested.

The mindfulness reference includes cautions as well as possible benefits. The book does not claim that a short attention practice is universally safe, cures trauma, or produces a specified brain change.[10] The sexual-behaviour reference supports diagnostic caution around moral disapproval and impaired control; it does not authorise self-diagnosis from the chapter.[12]

The broader intellectual source is *It's Not MAJIK, It's You*, particularly its separation of observation, identity, expectation, values, and context.[22] The open spiritual companion draws on *The Harmonistic Bible*, but no claim or practice in this secular book requires accepting that work's spiritual ideas.[21]

Before using these manuscripts as an organised public programme, obtain independent specialist review in addiction care, mental health, safeguarding, and accessibility, with input from people who have relevant lived experience. Review the referral information, clinical boundaries, cultural assumptions, examples, and practical usability. File validation is not a substitute for that review.

Sources and service details were checked on 20 September 2026. They should be verified again before distribution and when used. A living edition should record meaningful corrections, not silently replace claims and imply that the evidence was always there.

The method should remain answerable to the person and the world. If a practice is unhelpful, inaccessible, coercive, or unsafe in a particular context, the response should be to examine and change the practice—not to decide that the person has failed to deserve it.

Finding help — Canada, Ontario, and beyond

For immediate danger in Canada, call 9-1-1. Suspected overdose or other serious symptoms are not a situation to manage through a book, a website contact form, or a routine appointment. The safety section at the front explains the main distinctions.[7][13]

For suicide crisis support in Canada, call or text 9-8-8. You can contact the service about yourself or concern for another person. Immediate danger still requires emergency help. The official service describes access options and privacy information on its website.[15]

For substance-use help across Canada, use Health Canada's service directory. It provides national and provincial or territorial routes. Ask about the kind of care you need, cost, referral requirements, accessibility, and what to do while waiting. A listing is a starting point, not a guarantee that a service is immediately available or appropriate for every situation.[13]

In Ontario, ConnexOntario provides service information for mental health, substance use, and gambling concerns. Call **1-866-531-2600**. Its role is information and navigation, not emergency medical assessment. The official contact page lists other contact methods.[14]

For non-emergency health advice in Ontario, call Health811 at 811. Use emergency services when the situation is urgent or dangerous. The Ontario government's health information page describes the service.[16]

For Ontario community and social services, use 211 Ontario. Housing, food, transport, financial hardship, and other practical needs can be part of the situation. A recovery plan should not treat them all as problems of attitude.[17]

In the United States, SAMHSA's National Helpline is 1-800-662-HELP (4357). It provides treatment referral and information; FindTreatment.gov is another official route. For suicide or mental-health crisis support in the United States, call or text **988**. Use local emergency services for immediate danger.[18][24]

For peer support, there is more than one route. Alcoholics Anonymous provides its own alcohol-focused programme and meeting information. SMART Recovery describes free support meetings without religious content. These are independent organisations, not MAJIK services. Check the current meeting format, accessibility, privacy expectations, and whether the setting respects your care and boundaries.[1][23]

Outside these locations, use your country's health service, emergency number, and established local recovery organisations. Do not assume that a Canadian or United States number works elsewhere. Contact details and availability can change.

Before a first contact

You can say: "I am concerned about a pattern involving a substance or behaviour. I need help deciding what kind of support is appropriate." Add whether there may be immediate risk, withdrawal concerns, medication questions, or responsibilities for someone else's safety. If you are unsure, say so.

Ask what the service provides and what it does not. Ask about cost, waiting time, confidentiality limits, accessibility, language, cultural safety, and whether you need a referral. Ask what to do if the situation becomes more urgent before the appointment.

A brief note can help you remember your questions. You do not need to deliver an entire life story at the first contact. Relevant, accurate information is more useful than a polished performance.

A contact card you can complete locally

My local emergency number: _____

My appropriate urgent health or recovery route:

_____

My treating professional or service: _____

My agreed personal or peer contact and their limits:

_____

My backup when the usual route is unavailable:

_____

My next appointment and transport arrangement:

_____

Keep only the information needed for this purpose. Store it where you can find it and where sensitive details are appropriately protected. Check the card when services, numbers, or your situation change. The card is a navigation aid, not a monitoring service or a personalised medical safety plan.

References and further reading

Public source information was checked on **20 September 2026**. Undated web pages are identified by organisation and title rather than an invented publication date. Numbered references distinguish source-supported claims from this book's original reasoning and exercises. Links are provided for further reading; they do not imply endorsement of MAJIK by the organisations named.

1. The traditional twelve-step source

Alcoholics Anonymous Great Britain. *The 12 Step Programme*. Official source for the traditional sequence and its wording. MAJIK statements are original wording, not official AA steps. Read the official source.

2. Research on AA and Twelve-Step Facilitation

Kelly, J. F., Humphreys, K., and Ferri, M. (2020). *Alcoholics Anonymous and other 12-step programs for alcohol use disorder*. Cochrane Database of Systematic Reviews, 3, CD012880. DOI: 10.1002/14651858.CD012880.pub2. Evidence concerning the interventions and populations studied, not a validation of MAJIK. Read the indexed review.

3. Recovery as a person-directed process

Substance Abuse and Mental Health Services Administration (SAMHSA). *Recovery and Recovery Support*. Official overview of recovery and its multiple dimensions. Read the overview.

4. Treatment and medication

SAMHSA. *Treatment Options for Substance Use Disorder*. Overview of individualised treatment, including medication and behavioural care where appropriate. Read treatment information.

5. Alcohol withdrawal

Centre for Addiction and Mental Health (CAMH). *Alcohol Use: Managing Alcohol Withdrawal.* Professional guidance supporting the warning that withdrawal requires appropriate assessment and may be dangerous. It is not a home-detox plan. Read the clinical guidance.

6. Benzodiazepines, dependence, and stopping medication

CAMH. *Anti-anxiety Medications (Benzodiazepines)*. Information on dependence, withdrawal, interactions, and the need to discuss medication changes with a clinician. Read the medicine information.

7. Opioid overdose response

Health Canada. *Opioid Overdose*. Official information about recognising overdose, emergency response, and naloxone. Read overdose guidance.

8. Overdose prevention and reduced tolerance

CAMH. *Preventing an Opioid Overdose*. Information about overdose risk, reduced tolerance, substance combinations, naloxone, and care. Read prevention information.

9. Coping with alcohol-related urges

National Institute on Alcohol Abuse and Alcoholism (NIAAA). *Handling Urges to Drink: Plan Your Strategies*. A public planning resource. MAJIK exercises are not reproductions of its worksheets. Read the coping resource.

10. Mindfulness: evidence and cautions

National Center for Complementary and Integrative Health (NCCIH). *Meditation and Mindfulness: Effectiveness and Safety*. Overview of the varied evidence and possible adverse experiences. Read the evidence and safety overview.

11. Continuing recovery support

NIAAA. *Support Recovery: It's a Marathon, Not a Sprint*. Guidance on individual differences, ongoing support, treatment, and responses to drinking episodes. Read the professional resource.

12. Sexual behaviour and diagnostic caution

Kraus, S. W., Krueger, R. B., Briken, P., First, M. B., Stein, D. J., Kaplan, M. S., Voon, V., Abdo, C. H. N., Grant, J. E., Atalla, E., and Reed, G. M. (2018). *Compulsive sexual behaviour disorder in the ICD-11*. World Psychiatry, 17(1), 109–110. DOI: 10.1002/wps.20499. Relevant to distinguishing impaired control and significant effects from distress based solely on moral disapproval. Read the paper.

13. Canadian service directory

Health Canada. *Get Help with Substance Use*. National and provincial or territorial service routes. Find Canadian support.

14. Ontario service navigation

ConnexOntario. *Contact Us*. Current contact methods for mental-health, addiction, and gambling service information. Contact ConnexOntario.

15. Canadian suicide crisis support

9-8-8: Suicide Crisis Helpline. *What to Expect When You Call or Text 9-8-8*. Information about Canadian crisis support, access, and privacy. Read about Canadian 9-8-8.

16. Ontario non-emergency health advice

Government of Ontario. *Your Health*. Includes information about Health811. Read Ontario health information.

17. Ontario social and community services

211 Ontario. Community and social-service navigation. Find community services.

18. United States treatment navigation

SAMHSA. *Find Substance Use Disorder Treatment* and *National Helpline*. Official treatment-referral routes. Find treatment information and read about the National Helpline.

19. Harm-reduction principles

Canadian Mental Health Association, Ontario. *Harm Reduction*. Overview of an approach concerned with reducing harm while respecting people's circumstances and choices. Read the overview.

20. Peer-support roles

SAMHSA. *What Are Peer Recovery Support Services?* Information about peer recovery support. Read about peer support.

21. The Harmonistic spiritual source

ZOVERIONS (2026). *The Harmonistic Bible: A Testament of Connection, Becoming, and the Unfinished Divine*. Living Edition. An intellectual and ethical source for the open spiritual companion. It is not clinical evidence and is not required reading for either MAJIK recovery book.

22. The broader MAJIK source

ZOVERIONS (2026). *It's Not MAJIK, It's You*. Living Edition, provenance-reconciled EPUB dated 18 September 2026. Source of the broader MAJIK emphasis on context, self-direction, practical reflection, and revisable understanding. It is not a clinical validation of the recovery books.

23. A nonreligious peer-support option

SMART Recovery. Official website and meeting finder. The organisation describes free support meetings without religious content. Its programme is separate from MAJIK; its handbook or tools are not reproduced here. Explore SMART Recovery.

24. United States crisis and support routes

SAMHSA. *Find Support*. Includes the United States 988 Suicide & Crisis Lifeline and treatment-navigation information. Find United States support.

Edition note

This is a standalone companion in the MAJIK recovery pair. Both books are intended to be available in full without requiring the other. The spiritual volume follows a twelve-step progression through an open Harmonistic interpretation. The secular volume uses twelve original practices without a required spiritual premise. Neither is a prerequisite for the other, and neither has been clinically validated as a MAJIK treatment.

The PDF, EPUB, HTML, and Markdown editions are generated from the same manuscript text. The production record identifies the source hash and format checks so that later revisions can be traced. Structural checks are not clinical review or a guarantee of accessibility in every reading system.

No website deployment, account creation, payment requirement, or collection of recovery notes is part of these books. The full text is supplied for later website reading as well as offline use. Readers remain free to use paper, their own tools, an appropriate conversation, or no saved record at all.

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