

QUEEN BABY

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INTRODUCTION

What is *Queen Baby*? It can be defined as the characteristics and roles that result from our unmet needs and feelings of low self-worth. At some point in our lives, we came to believe that being our true selves was not enough to establish and maintain relationships. As women, we often become focused on gaining the approval and validation of others rather than defining and validating our own sense of self. Many of us did so without being conscious of the process or aware of the damaging effects.

By recognizing the loss of developing a sense of self in this process, we begin to gain awareness of the impact on our self-esteem, relationships, and ability to become honest with ourselves and others about who we are and what we want. After years of using manipulative or dishonest behaviors to meet our needs, we must cultivate patience and practice to

build healthier ways of relating. The good news is that it can be done.

How did the term *Queen Baby* come about? It has nothing to do with royalty, but it does have historical roots. Dr. Harry Tiebout, a psychiatrist and pioneer in the field of addictions, borrowed the phrase "His Majesty, the Baby" from psychoanalyst Sigmund Freud. It describes an inborn attitude of being the center of the world, which makes it acceptable to act in whatever way necessary to get our needs met. In 1986, Hazelden published a pamphlet entitled *King Baby*, based on Freud's "His Majesty, the Baby" theory. In this pamphlet, author Tom Cunningham identified our infantile ego in our unconscious minds as King Baby and explained how it interfered with our recovery.

When I used the *King Baby* document with my female clients, I felt there should be a separate edition that would connect more with women and their experiences. The result: this pamphlet entitled *Queen Baby*, which explores King Baby in terms of a woman's relational experience. We will show how

these characteristics affect the way in which women have relationships and in turn how this impacts our self-esteem and, therefore, our recovery.

In this document, we will view the Queen Baby characteristics in two ways:

- *Assessing how Queen Baby characteristics affect our relationship styles.* Because of inhibited emotional development, we have difficulty letting go of the need to feel control. This interferes with our ability to accept our powerlessness over the disease of addiction and over the behaviors and feelings of others.

- *Identifying how we use Queen Baby characteristics attempt to get our needs met through our behavior.* We do this instead of developing healthy adult relationship skills in which we are direct and honest. For most of us, these behaviors and attitudes undermine our self-esteem and prevent us from experiencing true intimacy and trust in our relationships.

Queen Baby characteristics aren't all bad. In fact, we are going to show you how these characteristics, with a little work, can turn into positive attributes. By working a solid recovery program that includes the Twelve Steps, we can tackle Queen Baby and, in the process, improve and build new relationships while taking care of ourselves.

QUEEN BABY AND THE TWELVE STEPS

To succeed in our recovery journey, we must take an honest look at our behaviors and attitudes and then evaluate what they do for us. We must also decide whether they support our recovery or support our addiction. As we begin to work the Twelve Steps, we must be open and willing to allow others—and a Higher Power—to support us in making the changes necessary to sustain a recovery lifestyle. This includes developing relationship skills with which we can identify our needs and seek to get them met honestly and directly.

As we embark on this journey, recognize once again that our Queen Baby characteristics are not a matter of good or bad, right or wrong. Usually, they develop as skills to survive situations and relationships and get our needs met in the best way we know how. In honestly evaluating our personal experience, we learn what needs to change to support our recovery. This is the first step in the change process.

WE START OUT DEPENDENT ON OTHERS

To further understand Queen Baby, we need to start at the beginning. Before birth and early in our lives we are totally dependent on others. We innately see ourselves as the center of the universe and feel as though others exist to take care of us. As we mature, we discover that there are others in the world and that we are all important. The maturation process requires that we develop coping skills to find a balance between our sense of self-importance and the importance of others. Our Queen Baby strives to maintain the total contentment of our every need being met by others on demand. We do this by

relying on several behavioral and attitudinal traits that are woven into our personalities.

To experience the security of early life once again, we continue to function in a way that will manipulate others to meet all our needs. This is viewed as immaturity and is demonstrated by (1) Avoiding conflict, (2) having low tolerance for frustration, and (3) poor impulse control. This limits our ability to maintain sobriety and connect with others.

QUEEN¹⁶ BABY CHARACTERISTICS

As you review the Queen Baby characteristics, try to identify how each one fits for you. You probably will relate to some characteristics more than others. The ones that you identify with most may apply to all your relationships or situations while others may apply just to certain people or situations.

As you review these twenty-eight characteristics, think of how they relate to your own experiences and

belief systems and to the Twelve Steps and the need for change. As you read through the following list, check off the seven you relate to most closely and consistently. This will help you identify characteristics that you use most often, which will help you begin the process of change.

☐ 1. We have difficulty Taking directions from others, especially if we see them as authority figures or having more power than we do. We will attempt to work against them through gossip and playing them against each other to get our own way rather than directly challenging them.

☐ 2. We tend to compromise our likes and needs to get approval and acceptance from others.

☐ 3. We can make good first impressions; however, we have a difficult time maintaining the initial behavior and attitude long-term.

☐ 4. We have difficulty accepting feedback that is not positive or indicates that we need to change. We

see it as judgment or criticism. We often become angry, ashamed, or disappointed in ourselves and avoid situations where we receive it.

☐ 5. We have difficulty giving honest feedback for fear that others may not agree or may not like us. We will say what we believe others want to hear, even when it is not in their best interest.

☐ 6. We tend to view ourselves in a harsh, critical way that leaves us feeling alienated, isolated, and hopeless.

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☐ 7. We have difficulty communicating anger and frustration in a direct and honest manner. Instead, we act it out aggressively or passive-aggressively.

☐ 8. We feel alone, even when surrounded by people who love us, care about us and accept us. We are convinced that no one understands us or that we are truly worthy of their concern or love.

☐ 9. We see ourselves as "victims of circumstances and experiences"

without taking responsibility for the choices, we have

made. "If only" events or people would not have harmed us, we would not be struggling now.

☐ 10. We view others or a Higher Power as trying to sabotage us or set us up to fail. We rarely take responsibility for our own struggles and decisions.

☐ 11. We view ourselves as unique and our experiences as much different from the experiences of others. This includes both seeing our positive experiences as more positive than others as well as seeing our negative experiences as worse than others.

☐ 12. We have a strong need to depend on others and become angry and frustrated when they are not there to meet our needs, when and where we want them to.

□13. We do for others with a hidden expectation that we will be getting what we want or need from them later. We become angry and frustrated when others do not meet the expectations we have of them, but of which they are unaware.

□ 14. Catastrophe can be found wherever we look. We view most situations as a crisis or potential crisis that we need to manage. We see ourselves as the one who has to handle it and others as not being able to do so.

□ 15. We¹⁰ are judgmental of others, seeing them for the faults we perceive rather than their positive qualities or gifts.

□ 16. We hang on to resentments and use them to justify our own behavior toward others. This also keeps us from living in the present, as we focus on the past and avoid the future.

□ 17. We have difficulty allowing ourselves to be a "beginner." We expect that we should be able to do

all things well and if we don't, we will not participate at all.

☐ 18. We have limited tolerance for silliness, our own or that of others. We see life as a somber endeavor that requires serious focus.

☐ 19. We base our value on how others see us, with an exaggerated fear of rejection and abandonment.

☐ 20. We place too much value on money and material possessions. We judge others who have less, believing that they "need to work harder" or are inferior. We judge others who have more, believing that they are arrogant and superficial.

☐ 21. We make elaborate plans that include others and have little ability to follow them through.

☐ 22. We become intolerant or even angry when we or others become sick. We focus on the inconvenience of illness and how it interferes with our plans. We question its validity.

☐ 23. We try to ally ourselves with those we see as having power and authority in our work or social situations, and we are intolerant and patronizing to others.

☐ 24. We have little tolerance or willingness to follow rules and expectations, especially if we do not agree with them. As we resist, we pay little attention to the impact on others.

☐ 25. We do not directly express our feelings of anger or ¹²disappointment. Despite this, we expect others to know how we feel and take appropriate measures to comfort us or rectify the situation.

☐ 26. We look for excitement and chaos in our lives and become easily bored. We feel a strong need to be entertained, stimulated, or in a situation that we can control or manage.

☐ 27. We live our lives through and for others, especially our children, spouse, or partners. In the

process, we minimize our needs and then become hurt, angry, and resentful when they are not met.

□ 28. We see ourselves as being responsible for the happiness of others and take responsibility for their successes and failures.

Now, on a separate piece of paper, list the seven characteristics that you checked above. Next, provide a specific example of each characteristic. Then list the negative outcome of each characteristic in your ability to perform personally, professionally, or in your³ relationships. After doing so, evaluate whether you can change this behavior and/or attitude and one step you can take through participation in a Twelve Step recovery program that will help you do this. To help get you started, see the following sample answer.

Sample answer: Characteristic #7: difficulty expressing our anger and frustration in a direct and honest manner.

Example: A couple of months ago, my husband canceled our weekend hotel reservations to stay home and complete some work. I was angry with his decision to do so without consulting me. Instead of talking about my anger, I refused to have dinner with him and did not speak to him for two days. Following this event, I felt embarrassed about my behavior and the effect it had on our relationship.

Possible solution: A recovery program could help me change this behavior. If I become this angry in the future, I would tell my spouse that I need some time to gather my thoughts before I talk about the situation with him. I can then call my sponsor and ask for direction in how to respond. We could role-play how to communicate in a respectful manner, and when I feel ready, I will share my feelings with my husband.

FILLING THE VOID

For many addicted women, the internal struggle is that of self-acceptance. Many of us have internalized messages that leave us feeling

incomplete, unworthy, and without value. These feelings are based on shame and inadequacy. We operate out of a place of fear and look to external solutions for internal problems. This approach to feeling better is like that of a child who did not experience an environment that allowed her to develop healthy outlets, behaviors, and relationship skills. We begin to seek out validation by focusing on what we have or who we have. We look to fill the void with compulsive behavior that provides temporary relief from our shame and unhappiness. We may look to chemicals, food, shopping, gambling,¹⁵ exercise, or sex to fill the void and make us "feel better." We become trapped in the cycle of looking to the outside to fix the inside. This child within us, who is trying to get her needs met, is scared and lonely. We have been hurt and will work hard to avoid painful experiences. We grieve the loss of what we thought our lives and relationships should be like. Many of us grieve a childhood that was cut short by parental dysfunction or addiction. We are in a pattern of chronic dissatisfaction and have difficulty experiencing gratitude. Like a child, we engage in magical thinking, believing that if we

look better, do more, or are perfect, then we will achieve true happiness and will be fulfilled. We must come to the realization that fulfillment will occur only when we gain acceptance of ourselves and others in the here and now and accept that everything is how it needs to be.

One addict referred to this void as her "God Space" or "Higher Power Space." She went on to explain that this void can only be filled with a relationship with a Higher Power, which is why a Twelve Step spiritual program is so successful. When we begin working Steps Two and Three, we start to believe in a power greater than ourselves and become willing to take direction. We begin to fill the void with spirituality and a relationship with our Higher Power and no longer rely on external fixes. In seeking a relationship with our Higher Power, we must evaluate our relationships with other people because, for many of us, our Higher Power works through others. Many of us have a history of difficult relationships with both men and women. We must see our role in these relationship difficulties and identify how we can change. When reading the

Relationship Roles listed below, view them from the perspective of relationships with friends, co-workers, and romantic partners and begin to assess those changes you want to work on in recovery.

RELATIONSHIP ROLES

Some of the unhealthy ways in which we participate in relationships are listed here. They are an attempt to get our needs met and avoid pain and rejection. Keep in mind that we are operating out of a shame-based, self-defeating place that sets us up to experience the very feelings we are trying to avoid. The descriptions of the relationship roles that follow focus on behaviors that are unattractive and difficult to accept in oneself. In our self-evaluation, we must attempt to be humble and honest, as identifying a problem is the first step to change. The descriptions offered here are an evaluation of our behaviors in relationships, not an evaluation of whom we are or what we believe. We all do the best we can with what we know. By taking this opportunity to identify the behaviors and beliefs that keep us stuck in addiction and unhappiness, we can begin to move

forward and look at the path of recovery and change. The good news is that we can change. We must remember that we have assumed these roles to get our needs met. We will identify with some of the descriptions and not others. We must also realize that most of us will relate to different roles at different times and in different situations. We may also adopt different roles based on whom we are with. It all comes down to trying to get our needs met while making ourselves the least vulnerable to the risk of rejection.

A number of these roles developed because of being in situations that were unsafe or unpredictable. They can reflect our "survival skills" to get through a difficult situation where we were afraid to directly ask for what we needed.

As you explore each of these roles, journal any examples that fit your life. Include relationships in which you assumed a role and your feelings about each Experience. Also, identify the need you believe you were trying to meet through that role. After journaling, you may benefit from reviewing each

role and identifying one behavioral change you can make in your Twelve Step program of recovery that will help you get your needs met in an honest and direct way which is respectful of you and others.

Role 1: The Tomboy

The Situation: We identify with our masculine side and deny our feminine side in relationships. We feel that we work with and get along better with men and prefer to be in their presence. We tend to view feminine women as inferior, as competition, as a sexual conquest, or as people with whom we cannot identify. We are judgmental of other women and describe them as "catty" or superficial. While doing so, we act out the behavior that we object to in others.

The Strategy: We take on this role to be accepted by men or to compete for the attention of women to whom we are sexually attracted. In many ways, this role can also be used to achieve "success" by aligning ourselves with men and avoiding emotional intimacy with other women.

The Problem: We are looking for love and acceptance and are under the mistaken belief that all our needs for intimacy and relationships can be met through our primary relationship. By rejecting other women and femininity, we are also rejecting ourselves.

The Solution: This does not mean that we cannot experience friendships with men or enjoy traditionally masculine interests. However, it does suggest that we may be more fulfilled with a balance of relationships in recovery with both men and women. We need to embrace our androgyny and balance our energies. As a result, we begin to see other women as a resource and asset instead of a threat or sexual conquest.

Role 2: The Mother and Caretaker of All

The Situation: We live to take care of others. We do this out of love for them, inadvertently disrespecting ourselves and those we care for. Consider Tracy, thirty, a stay-at-home mother who has dinner plans with a high school friend she has not seen in years. Her husband agreed to watch the children when she

made the plans three weeks ago. However, today, as she is excitedly getting ready to meet her friend, her husband calls to say he'll be home very late because of an overdue company project. Without considering her own wants and needs, Tracy agrees to reschedule her dinner to accommodate her partner. Tracy feels lonely and resentful about rescheduling but believes she is the "bigger person in the relationship" by putting her partner's needs before her own.

The Strategy: We take care of others with good intentions; however, our intentions are often somewhat misguided. We are willing to compromise our wants and needs as though the wants and needs of others are more important. We believe that if we take good enough care of others, they will have a better life because of us.

The Problem: We will do whatever we can for others, regardless of the cost to us. By continuing to take care of others, we send the message that others are unable to cope and care for themselves and need us, which undermines their need to develop skills to manage their own lives.

The Solution: Recovery is about balance. How do we feed our souls when we give everything to others? We need to learn how to care for others, but then to let go. In doing so, we give a gift not only to ourselves in the form of self-care but also to others in that they become responsible for their own success and failures. We learn and demonstrate that we can "care for others" without "taking care of others." If

we are persistent and patient, we recognize and appreciate the benefits of doing so.

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Role 3: Got More Than You Have

The Situation: Our identity is centered on what can be accumulated, as opposed to what can be accomplished. Consider Katie, a forty-five-year-old unemployed woman who was once a highly accomplished attorney who loved her profession. Katie grew up in a blue-collar family where money was in short supply. While the family never went without food or shelter, there was rarely any money left over for conveniences and luxuries. At age forty, Katie married James, a powerful and wealthy man.

After two years of a difficult marriage, he requested that she quit her job to accompany him on his many business trips. Katie struggled with her decision but decided to quit her job, in part to maintain the lifestyle James provided for her.

The Strategy: We derive our value from what we have and not who we are. We attempt to meet our needs for success and recognition with material goods and status symbols.

The Problem: Because of our choices, our lives lead to spiritual emptiness and lonely relationships. We are always looking to the outside to fill the void on the inside. We view our worth by dollars and status rather than by character.

The Solution: Recovery is about relationships. These are the relationships that we enjoy through Twelve Step fellowship. As we grow in our recovery, our relationships with others become much more valuable than any object we can possibly acquire. We can still enjoy material pleasures, but we must always place them as a lower priority if we want to

experience true communion with ourselves, others, and a Higher Power.

Role 4: The Little Girl

The Situation: We act as though we need someone to take care of us and do not have the ability to care for ourselves. Vicki, a fifty-three-year-old homemaker, has relied on her husband, Bruce, for financial support while staying home and taking primary responsibility for the children. Bruce discloses that they are deeply in debt due to his gambling and that they need to sell their home. Vicki is shocked²⁴ at this

news. She has allowed Bruce to manage their finances. She viewed herself as being incompetent with financial or business affairs because she didn't attend college and had minimal work experience. As a result, Vicki would like to leave the marriage but feels trapped.

The Strategy: We rely on others to make the difficult decisions. This keeps us from having to take responsibility when things do not work out well.

The Problem: We fear that if we assert ourselves, especially with those we are interested in romantically, we will be less attractive. Our feelings of shame and unworthiness keep us from accepting that even if others do not agree with us, our own opinion or decision is still valid. We resent our significant other and others who have taken control of our lives when we end up on a path that is not necessarily where we would choose to go.

The Solution: In recovery, we must assume our own power. This doesn't mean we can't have a meaningful, fulfilling relationship with a partner. However, we need to learn to work together as equals in the decision-making process. We express our opinions whether they are popular or accepted by others and do not operate in a stance of right and wrong. We learn we can agree to disagree and validate our own beliefs and values in the process.

Role 5: The Barbie Doll

The Situation: What we are is defined by someone else. We want others to tell us how to look and act. Beth, thirty-three, is a single, successful

stockbroker. She recently became engaged to a well-known celebrity. Because of his celebrity status, her fiancé has many opportunities to take part in other relationships. While Beth is an attractive woman by most people's standards, she feels a great deal of pressure

to maintain and enhance her physical appearance. She feels she must do this to please her significant other, as opposed to personal satisfaction. As a result, she's had numerous plastic surgeries and devotes most of her time to physical exercise, even though it keeps her from participating in other activities that are meaningful to her.

The Strategy: We become a Barbie doll of sorts for others to dress up and then show off just like an accessory like the Rolex watch, the Lexus parked in the driveway, or the Prada purse. We begin to believe that our most valuable asset is how we look. As a result, others do the same. We minimize what we know and who we are to fulfill this role.

The Problem: When we live in this role, we lose ourselves and our "inner style." At first, it seems a

small sacrifice to wear those stiletto heels for our significant others, even though doing so may be uncomfortable and leave us feeling self-conscious. In the end, we are often discarded like other material possessions.

The Solution: There is nothing wrong with dressing up and looking nice, but whom we do it for and the ultimate cost are what matter. Recovery is about celebrating in both our internal and external beauty. We can be who we are and dress the part. We have the freedom to be ourselves and express ourselves accordingly. We become comfortable in our "own skin" and value our beauty and style while not being defined by it.

Role 6: The Sexual Satisfier

The Situation: When we assume this role, we attempt to meet our needs for intimacy, acceptance, and approval. Gail, thirty, recently acknowledged her sexual identity as a lesbian. Because she is fearful of her family's disapproval, she continues to date and is sexually active with men. The experience

leaves her feeling disgusted and unfulfilled. We participate in sexual activities either outside of our value system or when we really don't want to.

The Strategy: We appear to be the sexual ideal that our significant other or sexual partner is looking for. We respond to the sexual needs and desires of others with little consideration for what we need at the time.

The Problem: We are willing to do what others ask of us regardless of the emotional cost. This is especially²⁸ damaging if we have a history of trauma or abuse. We act as though we are ready for sex at any time to hold the interest of others and maintain the relationship. This comes at a significant emotional cost to ourselves and often violates our value system. The needs of our partners are placed before our own, even though they often conflict with our belief systems.

The Solution: In recovery, we recognize that we have a right and a privilege of doing what is right for

us. We begin to enjoy a healthy sense of sexuality, one that is comfortable and consistent with our values. In early recovery, we must first have a relationship with ourselves before engaging in a sexual relationship with others. If we are already in a committed relationship, we must be willing to sit down with our partner and express our needs and wants and set limits and boundaries that support our values and our recovery.

Role 7: The People Pleaser

The Situation: We do it all for "the good of others" with little ²⁹regard for ourselves. Kristi, a mother of six, made sure that her children were all well fed to the point of them being slightly overweight. Meanwhile, Kristi weighed a mere one hundred pounds and was continually hungry. As she and her family sat down to eat pork chops one night, one of her children wanted more than one pork chop, so she automatically replied, "Here, you can have mine; I don't need it anyway." You can bet that Kristi often went to bed hungry, self-righteous, and resentful.

The Strategy: At the expense of self, we will take care of the needs of others. We also demonstrate to others that we are selfless, even though many times our motives are selfish. Although it looks like our motive is to please others, it is to feel better about us.

The Problem: Just like Kristi, we say that we don't care what happens to us, but we ultimately do. Living this role keeps us stuck in anger, resentment, and self-pity. We smile through our pain.

The Solution: In recovery, life is about balance. For a relationship to work, we must be capable of giving and receiving. The balance of give and take is what will sustain our recovery and spiritual fitness. Review Steps Two and Three, in which we must believe in something greater than ourselves and ask for help. We learn to believe that people in our lives have a Higher Power and others they can go to for help; therefore, they don't benefit from becoming dependent on us to meet all their needs. We work toward balance in mind, body, and spirit in all areas of life. The Steps help us do this.

Role 8: The Perfect Hostess

The Situation: We can throw the perfect party with just thirty minutes' notice. We invest our energy in presenting a social picture second to none. Karin, a sixty-six-year-old retired woman who is active in charity work and a caretaker to her grandchildren and husband, has recently been diagnosed with cancer. As Thanksgiving approached, Karin felt increasing anxiety about hosting the dinner for her family, including both her and her husband's extended families. Karin felt overwhelmed by all her responsibilities and the lack of time she had to prepare for the dinner. However, because she is driven by the praise she receives for planning the perfect holiday, she moves forward, resentful and fatigued.

The Strategy: Our goal is to gain recognition for our ability to serve and entertain. We become completely preoccupied and obsessed with making everything an event to be remembered. When things work out, we have the satisfaction of a job well done as an entertainer and event planner. As a result, we

may establish an extensive social network and feel socially connected.

The Problem: When things don't work out, we become exhausted, angry, and resentful about the expectations of others and easily disappointed in ourselves. We feel responsible for everyone having a good time. We overextend ourselves to gain acceptance and approval and praise for our efforts. We extend ourselves to the point of not being able to enjoy ourselves at social gatherings. This leads to resentment and feelings of being used.

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The Solution: While it is healthy to interact and enjoy social events, even to plan and facilitate them, it is not if we do it at the expense of our emotional well-being and physical energy. In recovery, we must consider limits on our time and energy and not overcommit-become willing to do things "well enough" and not expect "perfection." This allows us to be present and enjoy the time with others.

Role 9: The Insignificant One

The Situation: We feel we are without gifts to offer. We exist and trudge forward without significant contribution to the world. Although we care for our children, maintain our relationships, and hold down a job, we really have little value. Cindy, thirty-nine, is a factory worker, mother of two, and wife to an over-the-road truck driver. Her income is necessary to meet the family's financial needs. She sees herself as lucky to have a job and a family who treats her well. She continually compares herself to others and believes her husband is satisfied with their relationship but could have done better.

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The Strategy: We minimize our importance to our family, our employer, and the world. We have difficulty seeing that what we do every day is a contribution. We attempt to gain affirmation from others rather than from within.

The Problem: When we feel that we are not changing the world with our actions and don't really believe we can, that's a problem.

The Solution: In recovery, we must recognize that we have a need to contribute to others and to the

world. We must learn not to compare ourselves and our deeds to those of others. To change the way we approach this, we need to reach out to others for support and encouragement. We can ask them how we are important in their lives and accept their feedback. We must realize that anytime we touch the life of another in a positive way, we are doing our part. We need to trust that the world is a better place because we are in it.

Role 10: The Teacher/Counselor

The Situation: We are available for others and have the answers. We can be there for others and provide direction. Others seek us out, knowing that we will listen. We take minimal time to discuss ourselves or our issues because we are the "professional" or the "listener." Johanna, a fifty-five-year-old woman, is employed as a therapist who works with adolescents. She is in private practice and works fifty hours a week. Her children are grown and are now starting families of their own. Raising the children proved difficult, as her daughter struggled with attention-deficit/hyperactivity disorder (ADHD) and her son with chemical dependency.

Her ex-husband had minimal involvement in their lives. Her friends and colleagues view her as the perfect parent and seek her counsel when dealing with their own children. She has always made herself available to give information and advice. In recent years, Johanna has at times felt taken advantage of and responsible for other people's parenting struggles. This creates a great deal of stress and limited time for her own self-care.

The Strategy: We present ourselves as though we have minimal struggles in our lives. While we are genuinely helpful to others and have a positive impact on their lives, we do not validate our needs or our vulnerability. We attempt to fulfill our need of being valued by being available to others.

The Problem: We are seen as a good friend and great support. We make ourselves available to many without taking time for ourselves. We minimize our need to lean on others.

The Solution: In recovery, we can learn to meet our needs through reciprocal relationships with others. We do not have to stop being supportive and helpful, but we will also ask for this in return. We learn to risk asking for guidance, knowing that we risk losing the facade of being the one with the answers. When we do take the risk, others begin to see us as having more wisdom and will seek relationships with us on a more genuine level. We have an opportunity to say, "I don't know" or "I am not in a place to give you direction" and find that others are able to direct their own lives, while we take care of ours.

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WE TAKE ON THESE ROLES FOR A REASON

Each of these ten relationship roles prohibits us from getting in touch with and appreciating our genuine self. Instead, we present a façade of the person whom we believe others want to see and be with. We also may attach strings to what we do for others and have expectations of what they should give back. To recover, we must step back from the

characteristics and roles we have identified with here in this document and develop a plan for change. This is where recovery comes into the picture.

RECOVERY

Recovery from the behaviors and attitudes that have interfered with our relationships with self, others, and a Higher Power start in a Twelve Step recovery program and will become an ongoing process. As with our addiction to chemicals, recovery is not only about abstaining from chemicals³⁷ but also about replacing the unhealthy behaviors with healthy behaviors. In Step One, we identify the behaviors and attitudes that resulted from and were exaggerated by our chemical use.

Our next step is to identify what we want to change and move to Steps Two and Three to seek the support and guidance from a power greater than ourselves. Many of us experience this connection to a Higher Power through our relationships with other women and men in the fellowship of the program. We go on to take our inventory and discuss

ourselves and our behaviors with another person and our Higher Power. Then, we become willing to let go of these "defects of character" that have interfered with successful, intimate relationships. With humility, we ask for assistance in letting go and making changes.

To begin this process of change, we need the support of others, especially other women. As women, we need to begin to appreciate each other's strengths and struggles and learn from each other. We must look to each other for feedback and the opportunity to grow. We will benefit from the wisdom of women who have identified the Queen Baby characteristics in their own lives and been able to make changes to support recovery.

In recovery, we move from competition to a level of compassion for other women. This requires an honest evaluation of self and a fair evaluation of others. Rather than compare differences, we must look for our similarities. We must see ourselves through the eyes of other women rather than men.

We must seek the power of other women in recovery who can affirm us and nurture us.

SUMMARY

Once we accept that our lives are the result of our choices, we are free to change. We can look at those characteristics and relationship styles that we identified with and develop a plan for change. For the change to occur, we must also believe that it is possible. We learn to revisit our previous choices and see how they fit in recovery. We realize that our past relationship roles have been misguided attempts to get our needs met while minimizing our vulnerability. We need to be realistic and accept that changing our roles will also change our relationships. There may be people in our lives who are uncomfortable with the change and who choose to leave or redefine the relationship. Our priority must be recovery as we work toward decreasing behaviors and attitudes that undermine our self-esteem and ability to honestly get our needs met.

The process of change is a journey, not a destination. We claim "spiritual progress, not spiritual perfection." This allows us to move forward at our own pace and determine our own path. We will take one step forward and two back at first. As we grow in our recovery program, we find that we are taking two steps forward and one back. As we continue, we take fewer steps back. This process will be the result of a rigorous program of sobriety and involvement in a Twelve Step fellowship along with a solid commitment to relationships with our sponsor, fellow Twelve Steppers, Higher Power, and, most important, a truthful, intimate relationship with ourselves.

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol-that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

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4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12: Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.