

Together AZ



SEPTEMBER 2014

Inspiring Success On The Road To Recovery

ROBIN

The Boy Wonder of Improv

By Coach Cary Bayer

Embodying the Infinite Potential of Each Moment

Batman, the Caped Crusader, along with sidekick Robin, the Boy Wonder, fought crime on the Gotham streets. Robin Williams, the Boy Wonder of Improv, fought dullness, rigid thinking, and the idea that Reality was predictable. He made our the world more flexible and happier.



To his mind, the world moved very slowly. That gave the many characters who lived inside that fertile mind plenty of time to find delightful ways to play. He took us to funny places few of us ever

had the Imaginative GPS to find on our own.

One reason he could do this was because in his Cosmic Comic Mind, time didn't exist. Everything he said came out of an infinite field of comic possibilities, and most of it showed us a more fun reality than we saw. He had plenty of realities living inside him, which he could live in at any given moment, and they were hugely enjoyable just to watch. It was a privilege to be invited into this world where anything could happen—and often did. How delightfully he expanded our consciousness, how deliciously he made us see every physical thing around us with polished glasses that could see that thing in a dozen possible new ways.

He was like Charlie Chaplin with the ability to speak. Or Groucho Marx with impish brother Harpo's ability to play imaginatively with things. The first thing you notice about Robin and Groucho in their monologues is the sheer speed of their thought. Groucho was a locomotive, veering off in multiple directions and changing tracks, passing the dispatcher at each station at lightning speed. But then Groucho's great comic riffs in the movies, at least, were written, honed by the best comic minds of his generation in creative brainstorming sessions over time.

With Robin there was no time — *it all happened in the present moment*, a moment that he made rich by mining the mirth that was latent in each and every one of those moments he was on stage. They were comic minds, channeling the Great Comic Mind of their Creator. Unlike Groucho, who honed a defined comic persona over decades, Robin had multiple comic personalities who fought for their space in his crowded crucible of consciousness. So there was never any way to predict where he'd wind up in response to an interviewer's question. Watch the old

ROBIN continued page 2

Celebrating Recovery in the Light

This month marks the 25th year of National Recovery Month Celebrations and the 9th annual Art of Recovery Expo. Tara Conner, this years Keynote Speaker may be best known as Miss USA 2006, but she is also an advocate for recovery. We invite you to hear Tara's inspiring story of hope at 12:30 p.m. For more information visit artofrecoveryexpo.com.

Saturday, September 20th, Phoenix Convention Center.

Tell us a little bit about your background and where you come from.

I am a small town girl from Russell Springs, KY. My family is a loving family that has been deeply affected by the disease of alcoholism. I come from a town of 2300 people. It was a dry county and you had to drive 45 minutes to buy alcohol, so drugs were very present. I was a very active child, and from an early age I discovered the idea of perfectionism. Because I was sexually abused at 3 years old, I identified with feeling of shame, guilt, and being damaged goods. I soon realized that if I performed well in academics, dance, gymnastics, or any other sport for that matter, I would receive praise for being a good girl. I held on to the idea that if I can make everything look good on the outside, maybe one day my insides would catch up.

You went through the rigorous process of the Miss USA contest; what was that like?

Being a contestant for Miss USA was a rigorous process. My pageant was held in Baltimore, Maryland, and we were competing for 3 weeks before the live telecast on NBC. Everyday was filled with press, photo shoots, and rehearsals. To be honest, I wasn't very present during those three weeks because I was using the whole time. It was a time where all my efforts were being judged and documented, and I felt like a fraud amongst all of these beautiful, talented women. Everyday would start as early as 4 am and end as late as 1 am. I had to be "on" which was a skill that I mastered during my pageant days. What people didn't know was that I was masking an ugly addiction. It was a tough experience, but one that ultimately changed my life forever.

Had you had problems with drugs or alcohol before the scandal?

A lot of people think that I moved from a small town to NYC, and lost my marbles, but I started using at 14 years old.

What factors contributed to your ultimate turn to drugs and alcohol? Was it the excitement of NYC? The fame? The pressure?

I don't think anyone wakes up one day and decides that turning to drugs and alcohol to fix their problems is a good idea. For me, I had a lot of trauma and family dysfunction that was suppressed and never addressed, so when I started using, I felt the temporary release it gave me, but after a while, it was no longer a choice. My life was a perfect storm for addiction to manifest. Alcoholism runs in my family, I am a product of divorce, slap some trauma and misdiagnosed depression, and BOOM, I was addicted to anything that made me feel better.

What was it like to have accomplished something so great and respectable, only for it to suddenly be on the brink of being taken away?

Honestly, when I was on the brink of losing everything, a huge part of me was grateful that I didn't have to hide who I was anymore. I was mortified to have all of my skeletons out there, but there was a freedom that came along with being revealed in that way. I could finally just say, "this is me...what you see is what you get, and my way isn't working anymore."

What do you think it was that Mr. Trump saw in you that allowed you to keep your title?

Mr. Trump has had experience with alcoholism in his family, so I think he could see past the sensationalism, and see that what I was dealing with was a much bigger issue then just underage partying.



Tara Conner

How did you cope with every step of your recovery being broadcast in the public eye?

I have always said that my God has a very funny sense of humor. Having my journey to recovery under a microscope may have saved my life. I won't say that I was happy about that. Most people getting into recovery have the option of anonymity, but for me I think it was such a wonderful way of keeping me accountable during the most vulnerable phase of my development. I was able to build a strong foundation because of my experience, and I'm grateful for that.

How did you deal with the criticism? Yet, what positive support did you also receive from fans and speculators?

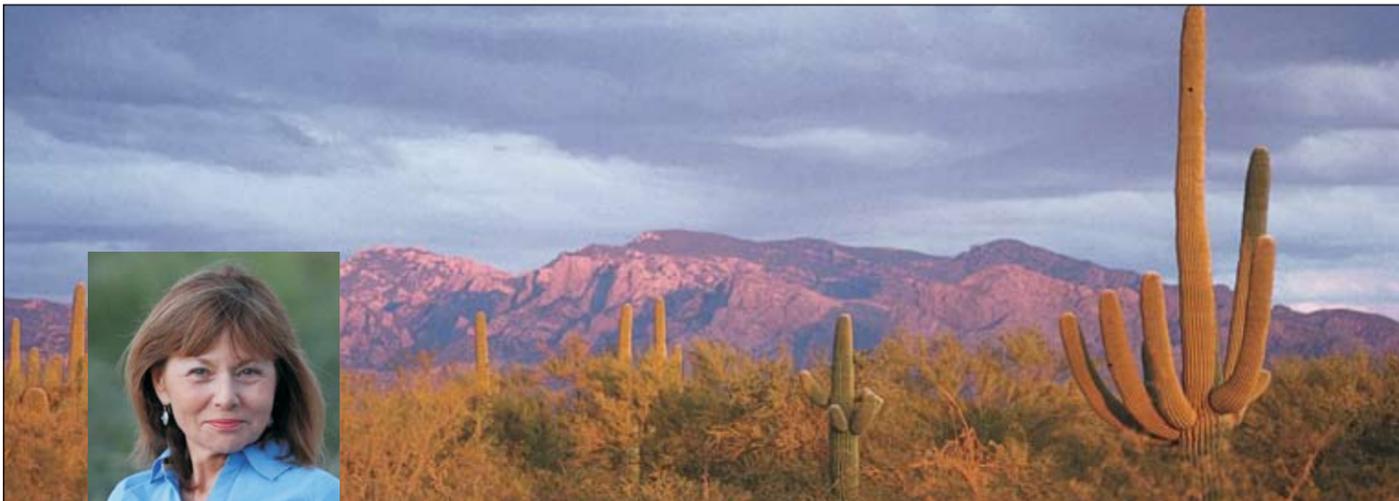
In the beginning dealing with the criticism was tough. I was able to get into acceptance that I made certain choices and decisions, and that I wasn't going to leave a great taste in everyone's mouth. I expected the judgment of others, and the backlash that I received. I have been guilty of being a human being and judging others based on what I hear in the media, and it was a great lesson for me. You never know what is truly going on with someone. I also received a huge amount of support. I received messages and well wishes from all over, especially from the recovery community. I also realized at that time how my story could benefit others. I had so many people open up to me who related to my story. It made me feel a part of. They helped me more than they know. I was able to see that there would be a light at the end of the tunnel, and that there was a bigger reason for all of it. I found purpose in my dysfunction.

You are such a role model for young women going through a similar situation today; what is the best advice you can give to them?

You are not alone, and we are all perfectly imperfect. I remember how dark and sad my world got, and how isolated and alone I felt. I lost my voice, and just wanted to die. But when I finally opened up and got honest and reached out, help was there. We are all dealing with life on life's terms, and it isn't always an easy road, but we all have a story that can benefit someone else.

What do you do today to maintain your sobriety?

My sobriety is my number one priority. I always put my recovery before everything else, because I wouldn't have anything worth having without it. I attend a 12-step program. I am very active in the recovery community. I try to be of service whenever I can, and I stay brutally honest. My goal is to try and remain teachable. I find that when I feel like I have it all figured out, that's when I get in my own way. The gift of desperation did a lot of good for



Best-selling author; guest consultant on 20/20, Good Morning America and CBS Morning News; featured in The New York Times and People Magazine; and Esquire Magazine's "Top 100 Women in the U.S. who are Changing the Nation", Rokelle Lerner is the Clinical Director of InnerPath Retreats at Cottonwood Tucson.

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ROBIN from page 1

clips and you'll see the best comic minds of television—Carson, Leno, Letterman—simply sit back breathless, unable to keep up with the speed and change of Robin's improvisations. They'd speak only when he finally came up for air. There was his Shakespearean actor, his gay director, his little girl, his French man, his Russian man, his Black man, the list goes on. Out of the consciousness these beings emerged. Like Zeus, he could have comic Athenas come bursting forth from the infinite creative potential of his mind. He showed us the Infinite Creative Intelligence of the Universe in human form.

Otherworldly as he was, Robin had not only the lightning mind that only a few such as Groucho and Mel Brooks had, but the speech rhythm of a bullet train roaring down the track. His improvisational skills, honed at Julliard and in the cauldron of comedy stand-up, transcended even that of his personal comic muse, Jonathan Winters. There's a wonderful "60 Minutes" profile of Winters (www.youtube.com/watch?v=iDjJq0Pd0RM) in which Jonathan is turning objects into newfound comic art — and Robin jumps in, too frenetic to watch from the sidelines any more, eager to play in the sandbox with his fellow improv mate. Winters, the Master, gets left in the lurch, unable to keep up with Robin's rapidly changing riffs.

As rich as his mind was, so too was his heart. He co-hosted numerous Comic Relief fundraisers, helping to bring in more than \$50 million to help the homeless. The depth of his caring for people was also evident in many of his movie roles.

With his lightning-quick mind and his loving heart he helped a world see the infinite possibilities in each moment; he made us laugh and he made us love. Like another Robin — of Sherwood Forest — he will be remembered forever.

Visit <http://carybayer.com>.

publisher's note



There is a VOID

By BARBARA NICHOLSON-BROWN

*I did not personally know him, but the death of the great comic and actor Robin Williams sent shock waves through me — as it did millions of people across the world. **And now there is a void.***

I urge you to tell your story, share your hope & reach out your hand to anyone who may be struggling with addiction and depression.

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5 Realities of College Life Every Parent Needs to Know

By David Sack, M.D.,

Thousands of recent high school grads are stocking up on dorm essentials and packing their bags for college. Since your blossoming young adult may be far from home for the next few years, and they'll be none too quick to call with updates, there's a good chance you'll be in the dark about what really happens at college. Here are five of the less savory aspects of college life every parent should be on the lookout for:

#1 Stress Leads to Drug Use, Binge Drinking

Transitions can be extremely stressful, especially for young people trying to balance a full load of classes, a part-time job, a social life, and new responsibilities like cooking, shopping and cleaning. Whether it's the stress of school, the first taste of freedom or an attempt to fit into an unfamiliar environment, studies show substance abuse and other risky behaviors increase significantly during this time.

Alcohol is by far the most popular drug among college students, more than 40 percent of whom have reported binge drinking at least once in the past two weeks, according to a report by the *National Institute on Alcohol Abuse and Alcoholism* (NIAAA). In a study by the National Center on Addiction and Substance Abuse at Columbia University, 22.9 percent of college students met the definition for alcohol or drug abuse or dependence (significantly higher than the rest of the population, at 8.5 percent).

Although common, heavy drinking comes with serious risks. Per year, the NIAAA cites an estimated 1,700 deaths of college students from unintentional alcohol-related injuries; more than 696,000 assaults by another student who has been drinking; more than 400,000 unprotected sexual encounters that result from drinking; and alcohol-related academic consequences for approximately 25 percent of college students.

Prescription drugs, especially stimulants, pain relievers and sedatives, are also increasingly being abused on college campuses. About one in four college students has illegally used prescription drugs, according to the 2008 National Survey on Drug Use and Health.

#2 Casual Sex Is Common.

For many college students, sex isn't a big deal. With greater freedom, closer living quarters and a wider pool of potential partners, opportunities for hook-ups abound. But because relationships occur more often, move faster and have greater intensity, the stakes can be high.

In addition to the usual risk of heart-break, young people may be at increased risk of unwanted pregnancies, sexually transmitted diseases, date rape or sexual assault, substance abuse, low self-esteem and depression.

#3 Competition Is Fierce.

College is more competitive than ever, as is the job market. While some students find college courses surprisingly similar in difficulty to high school, others find themselves sinking under a pile of homework, papers and tests that they can't get ahead of despite their best efforts.

To get an edge, some college students misuse prescription stimulants, also known as "study drugs." Full-time college students are twice as likely to abuse a stimulant compared to those who aren't in college or only attend part-time, reports the Sub-

stance Abuse and Mental Health Services Administration. Study drug abuse has been associated with consequences ranging from depression, mood swings and psychosis to irregular heart rate and blood pressure and addiction.

#4 Eating Disorders Hit Prime Time.

Eating disordered behaviors often make their first appearance during college. An estimated 95 percent of those who have eating disorders are between the ages of 12 and 25.8, according to the National Association of Anorexia Nervosa and Associated Disorders.

Sometimes prompted by stress or other overwhelming emotions, a need for control or a sense of accomplishment, negative comments from peers or to stave off the "freshman 15," excessive dieting, bingeing and purging are common on some campuses. There are also a few unusual disordered eating behaviors showing up in college, such as "drunkorexia" where students starve themselves all day so they can binge drink at night without gaining weight. If students know their behaviors are unusual, they may hide them and avoid asking for help for fear that it'll affect their reputation or academic standing.

#5 Mental Health Is Tenuous.

Many people look back on college as a highlight of their young lives but others find the stress and pressure crushing. Students are reporting higher rates of depression and more use of psychiatric medication to manage mental health issues. Yet many schools have a dire shortage of qualified treatment professionals that has only worsened as a result of recent budget cuts in mental health programs.

Why are parents in the dark about such important health issues? For one, most of these issues are difficult for parents to detect

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because they aren't physically present to see the signs. Meanwhile, new friends lack the frame of reference to know when their classmate is acting uncharacteristically. Anxious to prove themselves, college students are also reluctant to talk about their struggles, especially with their parents.

During the transition from high school to college, it is more important than ever to keep the lines of communication open and to encourage your child to come to you if they're struggling in any way. Although your college student is no longer a child, they may not be fully equipped to handle

young adulthood on their own. They want a close relationship with you, but it has to be based on a realistic understanding of the stresses of their day-to-day life.



David Sack, M.D., is board certified in psychiatry, addiction psychiatry and addiction medicine. Dr. Sack currently serves as CEO of Elements Behavioral Health, a network of addiction treatment centers for adolescents and adults that includes Promises Treatment Centers, The Ranch, Sexual Recovery Institute, The Recovery Place, Right Step, Promises Austin, Lucida, Journey, Sundance, and Clarity Way.

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“The body remembers what the mind forgets”- J. L. Moreno, M.D.

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Sally Acts Out

Sally, the protagonist, (main character) stands in the center of the room with her shoulders caved in enclosing her heart, her head in hands while tears roll down her face.

Heather, her alter ego, is at her right side supportively taking a stand against the life-long disruptive voices that fostered Sally's crippling depression and eating disorder.

Harry plays the role of Sally's most unrelenting critical inner voice standing directly in front of her, his finger pointed towards her. “You are pathetic, no good, just like your mother!” Further away, another peer plays a more distant yet troubling voice that never ceases. “You are no good, you are not thin and nobody will accept you...” Over and over the voices echoed in this symphony of inner chaos as Sally stood quietly while other peers supported her to fight them off. Heather repeats to Sally the words she is working hard to believe, to take in. Sally soon opens up her arms, pulls back her shoulders stamps the ground with one foot forward as she leans into the space that assaults her boundaries and yells, “Get out! You are no longer allowed to live in my head and heart!” Sally motions for these voices to be moved further away

from her boundary space bringing in the voices she is claiming and practicing to become her own. She asks Heather and others to surround her as her inner circle repeating words of love, compassion, and nurturing logic.

The Power of Psychodrama

Here in lies the power of the psychodrama. Such a Cognitive Distortion and Remediation map can be constructed by the client with the skilled assistance of the Director, the group leader. For Sally, this intervention enabled her to claim and strengthen adaptive, fresh beliefs building her motivation for self-acceptance, relational health, and supporting a continued recovery choices and living. The psychodrama work can be referenced to reinforce and maintain this change by connecting heart, mind, and body.

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A Unique Way to Approach Your Inner Critic

By Margarita Tartakovsky, MS

Most of us have a mean — maybe even cruel — inner voice that says everything from “You're too big to wear that!” to “You're so stupid!” Understandably, we may grow to dislike — maybe even despise — this inner voice.

We might dislike it because it sounds like someone who used to bully us. Because it sounds like a parent, past partner or so-called friend. Maybe it sounds like the younger you, who regularly received hurtful remarks about your appearance in school.

I like the approach in the book *Mindful Compassion*, written by researcher Paul Gilbert, Ph.D, and former Tibetan Buddhist monk Choden.

In their book they suggest holding “the critical self with kindness, recognizing that it comes from being threatened or hurt in the past.” For instance, maybe the younger you is just trying to be protective, so you don't receive the same cruel comments and feel so bad today.

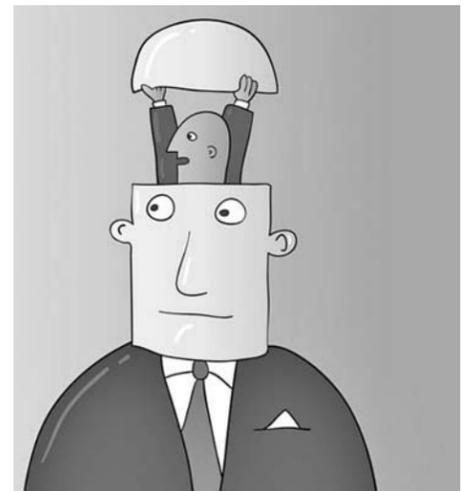
Instead of fighting your inner critic, consider working with it. In fact, talk to it. The authors suggest connecting with the fear underlying your inner critic (going only as deep as you feel comfortable).

They suggest asking your critical self these two questions:

- “What is it that you really need?”
- “If you got what you needed, how would you feel?”

They further explain:

“Now imagine that you direct a flow of energy toward the critical self that takes the form of how it would feel if its needs were met. If the self-critical part needs love and attention, for example, and if it would feel at peace if it received this, then



imagine that the flow of energy takes the form of feeling at peace in whichever way feels best to imagine. As you direct this flow of energy, you can make the following aspiration:

May you be free of the pain that is causing you to be angry and critical of me.

Or, if you prefer:

May I be free of pain that is causing me to be angry and critical of myself.”

As you say these words, imagine a flow of compassion toward your critical self. Let the image of your critical self dissipate. Next tune into your feelings, and notice how they feel in your body. Then let yourself rest, stretch and stand up.

I like this approach because self-compassion seems to be a much more helpful approach than trying to beat down our inner critic. After all, that inner critic is part of us.

It's trying to get our attention. If we listen, if we can engage with our critical self, and try to understand its underlying unmet needs, then maybe we can move forward. Because the best way to approach ourselves is from a place of kindness.



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It's Time To Break The Stigma Of Addiction

“New Paradigm” Addiction Recovery Model Takes Long-Term View

BY CELIA VIMONT

People in recovery from substance use disorders who have had repeated relapses can benefit from being monitored for at least five years after treatment, according to a former head of the National Institute on Drug Abuse.

“Addiction is life-long and treatment is brief,” says Robert DuPont, M.D., President of the Institute of Behavior and Health. “We need to shift our thinking about treatment from the current focus on short-term episodes to long-term recovery management. That should include frequent random drug testing for alcohol or drug use, with serious consequences for failing. That is the lesson from state Physician Health Programs (PHP), which set the standard for good long-term outcomes from substance use disorders.”

He described the model for such care, called the New Paradigm for Recovery, at a recent meeting of the CORE (Clinical Overview of the Recovery Experience) conference. The New Paradigm is not a new treatment program. It is a system of long-term care management for substance use disorders that enhances and extends the benefits of all treatment programs.

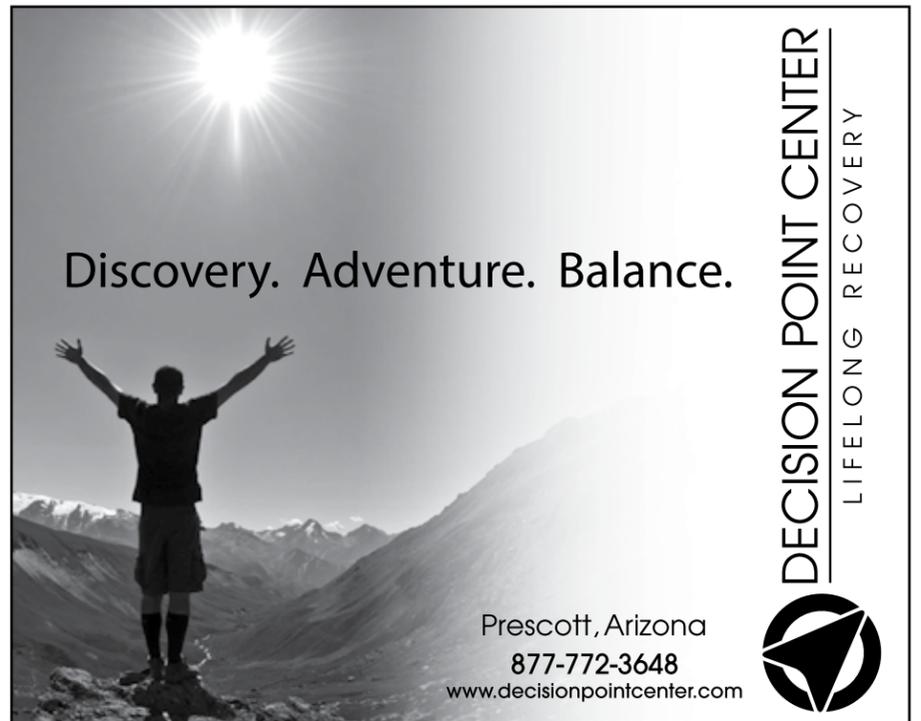
Currently, formal episodes of substance use disorder treatment are relatively brief, even though addiction is a life-long disorder. In a recent report, the institute stated the median length of stay of a person who completed treatment in 2008 ranged

from four days for detoxification, to 124 days for outpatient treatment and 197 days for outpatient medication-assisted opioid therapy. “Whether or not an episode of treatment is completed, the large majority relapses to alcohol and drug use,” the report noted. “Relapse after episodes of treatment is so common that it is often defined as a central element of this chronic disorder.”

The model for the New Paradigm is the Physician Health Program (PHP), which helps addicted doctors get the drug, alcohol and mental health treatment they need to keep their licenses and return to practice. If a doctor in the program uses alcohol or drugs even once, the consequences are swift and serious. They are pulled out of practice, evaluated, and if they are told they need residential treatment they must comply, or risk losing their licenses.

Doctors in the program routinely are monitored for five years after treatment. DuPont’s organization conducted the first national study of PHPs. In a follow up, they found that even five years after the required monitoring stopped, the large majority of physicians reported being completely abstinent from alcohol and other nonmedical drug use. “Most physicians after completing the PHP program are still abstinent and still going to 12-step meetings. The large majority report that the PHP program saved their lives and their

continued page 11



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CELEBRATING RECOVERY from page 1

me, so I always try to keep an open mind, and an open heart.

*On the subject of pageants, what is your reaction to the display of such young kids on TV shows like *Toddlers and Tiaras*?*

I think we live in a society where we all strive for perfection. I can relate to being put on a pedestal at such a young age, and it was a lot of pressure. I only felt good about myself, or worthy if I was being praised on a high level. I think kids should be able to be kids.

I feel like I was put in adult situations too young, and my childhood struggled because of it. I feel sad for some of these young girls because I don't feel like they are being taught that as they are they are enough.

*How were you chosen to be a voice in the movie *Anonymous People*?*

Greg Williams is a friend of mine through the Caron Treatment Center. I have known him for years, and have a lot of respect for his optimism for recovery. He asked me to do an interview, and I was extremely grateful to be a part of such a powerful movement.

Why do you think so many people still associate alcohol and drug problems to being flawed of character?

I think most people think that it's a choice. There isn't a lot of education and true understanding about the disease of alcoholism and addiction. The media focuses so closely on the negative aspects of the disease that a lot of people don't see great examples of long-term recovery. The mostly see relapse, arrest, suicide, etc. It is rare that you see a story of someone celebrating milestones in their sobriety because it isn't a sexy story. I think if more people can be more open about their journey in

recovery, we may be able to breakdown the stigma attached to this disease and shed some light and hope.

What are your plans for the future? Personally and professionally?

My life has been an incredible roller coaster. I feel like I have accomplished so much, and realized most of my dreams, and I have my recovery, and the Big Guy to thank for that. My personal plans are to remain teachable everyday, and also live in the moment. I want to be a light in the lives of those that I am close to, and I want to inspire them as they inspire me. I feel like I have attained the ability to dream big again, so I am currently throwing myself into acting and theatre. I am also in the process of writing a book about my journey. This has been an interesting process, because I learn something new about myself, and my recovery everyday. At the end of the day, I just want to be happy, and healthy, and present, and motivated. I love the life that I have been given, and I feel like it's only going to get better and better.

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Robin Williams' Death Highlights Increasing Suicide Rate Among Adults 45 to 64

U.S. health officials say Robin Williams' death highlights the increasing rate of suicide among American adults ages 45 to 64, *The Wall Street Journal* reports.

Suicide risk increases in people who are struggling with drug and alcohol use and depression. Williams had dealt with all of these, according to *The New York Times*. After a period of cocaine use early in his career, Williams quit in the mid-80s. He sought treatment for alcohol abuse in 2006, and had recently been treated for severe depression.

According to the Centers for Disease Control and Prevention (CDC), suicide rates for adults ages 45 to 64 increased 40 percent from 1999 to 2011. Jill Harkavy-Friedman, Vice President of Research at the American Foundation for Suicide Prevention, says the suicide rate for people in middle age to late middle age is higher

than any other group. "We don't hear about middle-age or older people who kill themselves unless they're a star like Robin Williams," she said. "Because it's so shocking when a younger person dies, there's a tendency of re-reporting and romanticizing."

Possible reasons for the increased suicide rate in this age group could include economic pressures, health problems and the increased use and abuse of prescription drugs, Julie Phillips, Associate Professor of Sociology at Rutgers University, told the newspaper. She noted social isolation may also play a role.

Efforts to prevent suicide have largely focused on young people and the elderly, according to Alex Crosby of the CDC. "Middle-aged adults got kind of left out in the thinking of where to focus to resources for suicide prevention," he said. "It's important for us to examine more closely and put more resources into that population."

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You are the Hero

By Dr. Dina Evan

In a world filled with chaos and uncertainty, we can easily lose sight of and connection with the wise woman or man inside who has all of our answers. It's easy to begin looking for a guru, a master teacher or anyone else who will just provide us with the solutions we seek.

When intense feelings arise it's easy to want to turtle in and ignore them. And then there are those of us who sit with our feelings, we invite them in and negotiate a détente. We agree to stop those feelings from leading us around by the nose. After all they are just feelings. The feelings are not our enemy, how we handle them might be. Those people who manage their feelings are the heroes and heroines of our time.

There are many kinds of heroes and heroines, like the woman whose 12 years of sobriety we celebrated in my office this week. She had a horribly abusive mom. Out of the love she felt for her own children, twelve years ago, she checked her self into St. Luke's determined to never cause her children the kind of pain she had endured as a child. She hasn't had a drink since. Heroes and heroines are those people who stop drinking once or once again, and again until the alcohol and shame are no longer running their lives. The wise mind inside of each of these people knew what to do.

Some heroes and heroines are the parents of children who have been lost to diseases or accidents. One mother, who has also remained sober since the loss of her teenage son, celebrates and mourns the loss of him from the accident in which a drunk driver hit and killed him. Every year she sits with me, her heart continues to break and she recommits to living clean and sober beyond the pain.

Two, among the bravest I know, balance grief and gratitude with such grace every minute of their lives. Each day they get up and face the world and the reality that they will never again in this lifetime hold their teenage daughter who lost her fight with cancer. And their daughter, Samantha, was an amazing heroine in her own right who left them at age eighteen.

Our heroines and heroes are not always in the headline ticker tapes that stream across the bottom of your TV screens. They start newspapers like this one. They hand out water to the homeless in the dead heat of summer. They pull people out of cars engulfed by rushing waters. They sit in chemo rooms. They face life's most momentous challenges.

They also face life's lesser tests. They bring up uncomfortable issues to find resolutions. They risk being the voice that is different so they can stay aligned with their own principles. They pay their bills on time and stop making excuses. They let go of resentment and simply ask for what they need and stop expecting others should intuit their needs. They make sure they give as much as they get in the way of support, understanding and acceptance. They stop being a victim and they create relationships that are balanced and equal.

They give back the extra money they accidentally get from the cashier. The catch their judgments mid-thought and turn them into loving blessings. They notice when they have emotionally shut down and gone away and they address the fear that motivated that and they get back to presence and connection.

As Kermit the frog might say, "It's not easy being a hero or a heroine." But it's what we need right now.

There is no one that knows more than you do. There is no one other than you who has your answers. Inside each of us there

"There is no one that knows more than you do. There is no one other than you who has your answers. Inside each of us there is a wise master just waiting to be heard. He or she knows exactly what you need to do and how you need to do it. That hero or heroine wants us to stop playing small — stop pretending we don't know what is right."

is a wise master just waiting to be heard. He or she knows exactly what you need to do and how you need to do it. That hero or heroine wants us to stop playing small — stop pretending we don't know what is right.

Most of us are silent heroes and heroines. We don't talk about our acts of courage, large or small. So here is to all of you who are changing the world in not so outrageous, but incredibly profound ways. Thanks for being the real heroes and heroines and please keep doing the amazing things you do. After all we are in this all together.



Dr. Evan is a life/soul coach in Arizona working with individuals, couples and corporations. She specializes in relationships, personal and professional empowerment, compassion and consciousness.

For more information 602-997-1200, email drdabe@attglobal.net or visit www.DrDinaEvan.com.

Events Calendar

SEPT. 3 — 8:00 - 9:00 am —St. Luke's Behavioral Health Center, Clinical Breakfast Series. *An introduction to Arizona Adult Protective Services* by Heather Patnode, Adult Protective Services District 1 Program Manager. 1800 E. Van Buren, Phoenix. St. Luke's Behavioral Health Center Auditorium. 602-794-8977. E: lgonzalez@iasishealthcare.com

SEPT. 10 — 8 - 10:00 a.m. Phoenix Area Professionals' Breakfast, Sponsored by Sierra Tucson. "Educational Consulting-Who, What, Why". Speakers: Lynn Presley, M.A. and Brenda Loring, Certified Addiction Specialist and Family Systems Trained Interventionist. The Pointe Hilton Squaw Peak Resort, 7677 N. 16th Street (& Morten Ave), Phoenix. 2.0 CE Credits available. Pre-registration at www.SierraTucson.com by 9/3/14: \$15 per person with pre-registration (no refunds after this date). At door: \$25 per person (cash or check only). For info, visit www.SierraTucson.com or contact Chrissy Lamy at 480-231-0260 or CLamy@CRHealth.com.

SEPT. 15-19 – Tucson – Cottonwood Tucson – InnerPath Women's Retreat. This five-day retreat has been designed especially to meet the needs of women who are re-evaluating their relationships, their priorities, and their sense of self. Facilitated by Rokelle Lerner. Visit www.cottonwoodtucson.com or call Jana at 520-743-2141 or email at jmartin@cottonwoodtucson.com for information and registration.

SEPT. 22-26 – Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat. This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by Rokelle Lerner. Visit www.cottonwoodtucson.com or call Jana at 520-743-2141 or email at jmartin@cottonwoodtucson.com for information and registration

Every Week – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Families Workshop. Five-day workshop is for families impacted by addictions, psychiatric disorders, anger & rage, and trauma. Facilitated by Cottonwood staff. Visit www.cottonwoodtucson.com or call Jana at 520-743 2141 or email jmartin@cottonwoodtucson.com for information.

Merritt Center Returning Combat Veterans Retreat Program. Free 4 weekend program for combat Vets. With the assistance of Vet mentors, and healing practitioners, returning vets will begin to release the experiences of war, and to create the dream of a new life. Betty Merritt, betty@merrittcenter.org. 800-414-9880 www.merrittcenter.org

On Going Support

NEW MEETING FOR CHRONIC PAIN SUFFERERS — "Harvesting Support for Chronic Pain," held the third Saturday of the month, from 12 noon - 1 p.m. Harvest of Tempe Classroom, 710 W. Elliot Rd., Suite 103, Tempe AZ 85284. Contact Carol 480-246-7029. Next meet-

ing Saturday, August 16.

COSA (12-step recovery program for men and women whose lives have been affected by another person's compulsive sexual behavior)— **Being in Balance.** Thursday 11:00 am-Noon. 2210 W. Southern Ave. Mesa, 85202. Information 602-793-4120.

Co-Anon Family Support Group - Carrying the message of hope and personal recovery to family members and friends of someone who is addicted to cocaine or other mind altering substances. "Off the RollerCoaster" Meeting, Thursdays, 6:30 - 7:45pm, 2121 S. Rural Road, Tempe, Our Lady of Mount Carmel Church. Donna 602-697-9550 or Maggie 480-567-8002

Gamblers Anonymous Meeting — ACT Counseling & Education. 11:00 am to 12:30 pm. Call 602-569-4328 for details. 5010 E. Shea Blvd. D202, Phoenix.

Emotional Healing Journaling Workshop. Strategies to manage unwanted habits, compulsive behaviors. Thursdays 7-8:30pm. Elisabeth Davies, MC. \$20 Includes copy of *Good Things Emotional Healing Journal: Addiction*. 9401 W. Thunderbird Road. Suite 186. Peoria (602) 478-6332 www.GoodThingsEmotional-Healing.com

Incest Survivors Anonymous—North Scottsdale Fellowship Club, Saturdays, 1:30-2:30pm. Gloria, 602-819-0401.

COTTONWOOD TUCSON. Ongoing Alumni Meeting: first Wednesday of

month 6:00-7:30 p.m. **Cottonwood campus in Tucson.** 4110 W. Sweetwater Drive. Come at 5:00 p.m. for dinner. Contact Jana Martin 520-743-2141 or email jmartin@cottonwoodtucson.com

ACOA (Adult Children of Alcoholics) Thursdays, 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale. 602-403-7799.

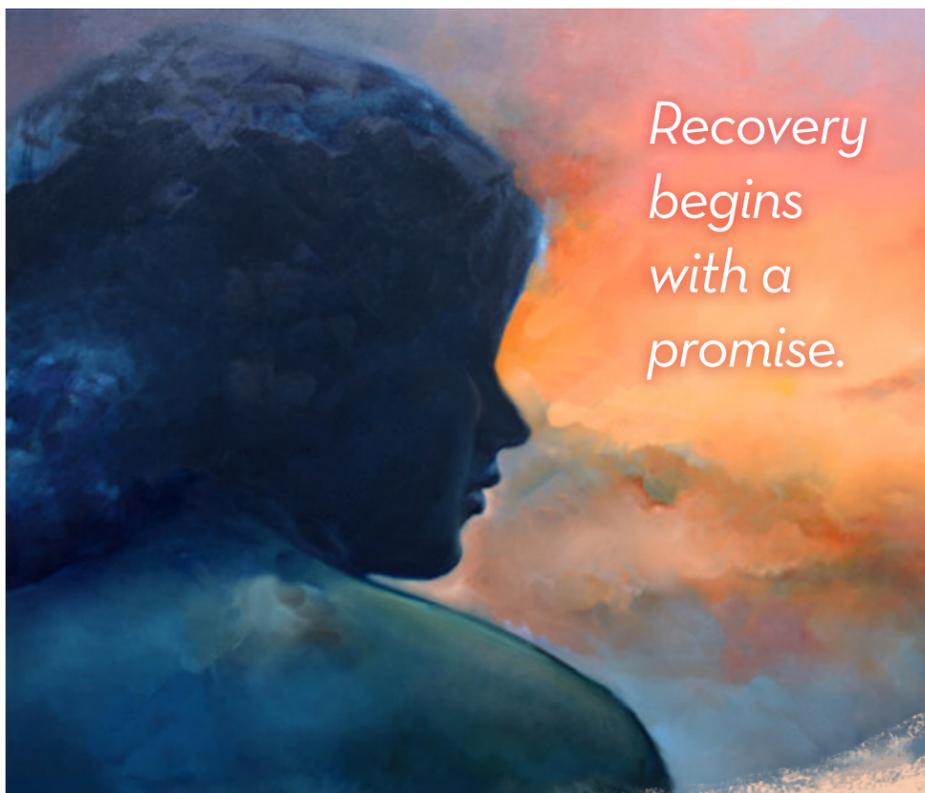
ACA meeting. Tucson. Wed. 5:30-7:00 p.m. *Streams In the Desert Church* 5360 E. Pima Street. West of Craycroft. Classroom A (Follow the signs). Michael 520-419-6723.

Overeaters Anonymous - 12 Step program that deals with addictions to food and food behaviors. 18 meetings scheduled per week. For information 520-733-0880 or www.oasouthernaz.org.

Families Anonymous—12-step program for family members of addicted individuals. Phoenix/Scottsdale. 800-736-9805.

Pills Anonymous—Glendale Tues. 7:00-8:00 pm. HealthSouth Stroke Rehab 13460 N 67th Ave. (S. of Thunderbird) Education Room. Rosalie 602 540-2540. **Mesa** Tues. 7:00-8:00 pm, St. Matthew United Methodist Church. 2540 W. Baseline. B-14. Jim, 480-813-3406. Meggan W 480-603-8892. **Scottsdale**, Wed. 5:30-6:30 pm, N. Scottsdale Fellowship Club, 10427 N. Scottsdale Rd., Room 3. Tom N. 602-290-0998. **Phoenix**, Thurs. 7:00-8:00 pm. First

EVENTS continued page 14



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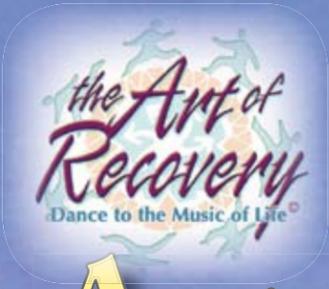
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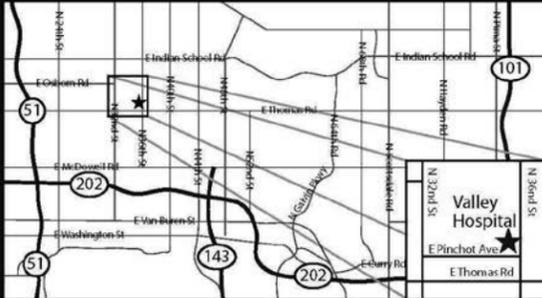


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- ACA aca-arizona.org
- Aurora Behavioral Health 623-344-4400
- AzRHA 602-421-8066
- AWEE 602-258-0864
- Bipolar Wellness Network 602-274-0068
- Calvary Addiction Recovery 866-76-SOBER
- Chandler Valley Hope 480-899-3335
- Cocaine Anonymous 602-279-3838
- Co-Anon 602-697-9550
- CoDA 602-277-7991
- COSA 480-232-5437
- Commun. Info & Referral 1-877-211-8661
- Community Bridges 877-931-9142
- Cottonwood Tucson 800-877-4520
- Crisis Response Network 602-222-9444
- The Crossroads 602-279-2585
- Crystal Meth Anonymous 602-235-0955
- Emotions Anonymous 480-969-6813
- EVARC 480-962-7711
- Gamblers Anonymous 602-266-9784
- Greater Phx. Teen Challenge 602-271-4084
- Grief Recovery 800-334-7606
- Heroin Anonymous 602-870-3665
- Marijuana Anonymous 800-766-6779
- The Meadows 800-632-3697
- Narcotics Anonymous 480-897-4636
- National Domestic Violence 800-799-SAFE
- NCADD 602-264-6214
- Nicotine Anonymous 877-TRY-NICA
- Office Problem Gambling 800-639-8783
- Overeaters Anonymous 602-234-1195
- Parents Anonymous 602-248-0428
- Psychological Counseling Services (PCS) 480-947-5739
- The Promises 866-390-2340
- Rape Hotline (CASA) 602-241-9010

- Remuda Ranch 800-445-1900
- Runaway Hotline 800-231-6946
- Sexaholics Anonymous 602-439-3000
- Sex/Love Addicts Anonymous 602-337-7117
- Sex Addicts Anonymous 602-735-1681
- SANON 480-545-0520
- Sober Living of AZ 602-478-3210
- Suicide Hotline 800-254-HELP
- Start Fresh 855-393-4673
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- Cocaine Anonymous 520-326-2211
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- Taste of Peace 520-425-3020
- Tucson Men's Teen Challenge 520-792-1790
- Turn Your Life Around 520-887-2643
- Workaholics Anonymous 520-403-3559

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SPOTLIGHT on DEPRESSION: What to do if you or a loved one needs help

The sad news of Robin Williams' death has brought new attention to a disorder that is painfully familiar to so many: depression. Here are some resources if you or a loved one needs help.

If someone is contemplating suicide:

Be on the lookout for warning signs such as expressions of suicidal thoughts, talk of feeling trapped or hopeless, dramatic mood changes, increased substance use, struggles with anxiety or insomnia, expressions of anger or rage, loss of interest in people, work or hobbies.

Suicide Helpline

"Firmly, but gently, remind the person that as bad as it may feel at a given time, depression tends to pass. Suicidal thoughts always pass. They may return, but you have to have the courage to wait till they go away," says Emanuel Maidenberg, director of cognitive behavioral therapy in the department of psychiatry at the University of California, Los Angeles.

If you or someone you know is in imminent danger, call 911.

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Treatment Advocacy Center: 1-800-SUICIDE (1-800-784-2433)
- Text Telephone: 1-800-799-4TTY (1-800-799-4889)
- Military Veterans, Spanish: 1-800-273-TALK
- LGBT Youth: 1-866-4-U-TREVOR

If you or a loved one is depressed:

Families of someone who may be struggling should be on the lookout for signs of trouble like sleeping all day or missing work, and "not be persuaded there is nothing wrong when their hearts tell them otherwise," said Lloyd Sederer, Medical Director of the New York State Office of Mental Health.

If you see someone suffering, Sederer suggests gathering a family together and giving support like housing or money to insist that a loved one gets care. "It is hard, really hard, but no less can move a person who may not see his/her illness, or feel too ashamed, or hopeless, or guilty to get treatment that can be lifesaving."

- Mental health services locator. Visit <http://findtreatment.samhsa.gov/>
- Find out about involuntary commitment laws. Visit <http://www.treatmentadvocacycenter.org/get-help/know-the-laws-in-your-state>
- National Alliance on Mental Illness Helpline: 1 (800) 950-NAMI (6264)
- The National Alliance on Mental Illness also organizes support groups for family members and loved ones of people suffering from depression or mental illness. Visit http://www.nami.org//template.cfm?section=NAMI_FAMILY_SUPPORT_GROUP

PARADIGM from page 6

careers," says DuPont, who was also the second White House Drug Chief. "This study shows the way to make recovery, not relapse, the expected outcome of addiction treatment."

New Paradigm programs treat addiction as a chronic illness. Just as blood sugar is monitored in a person with diabetes or blood pressure is measured for a person with hypertension, drug testing should be regularly conducted, eventually and ideally as part of routine medical care for patients in recovery from a drug or alcohol disorder, DuPont says. Two differences however, he notes, are the random nature of the drug testing, and the swift and certain consequences of a positive test result.

Some private addiction treatment programs, as well as independent monitoring services, use the New Paradigm. Several criminal justice system programs, including drug courts, also use the model. The New Paradigm can be especially useful in this setting, he observed. "In the criminal justice system today, a person on probation is tested on scheduled visits (not randomly) and they commonly have eight, 10 or even 15 substance abuse violations before being sent to prison often for long periods of time. That system of delayed, uncertain and draconian punishment does not work in anyone's interests," he says.

The New Paradigm begins with a signed mutual agreement between the person and the supervising entity (such as the family, an employer, or legal authority) to abstain from alcohol and drugs, and spells out the consequences of a failed drug or

alcohol test. A successful program makes the consequence subject to the signed agreement, DuPont notes. "For example, teens who fail drug tests could have their driving privileges revoked." Employing such a system of a signed agreement enforced by frequent random testing makes it practical for families, employers, probation and others to support recovery far more effectively, he says.

The program strongly encourages, and usually requires, participants actively to engage in community-based support meetings, such as AA or NA.

The New Paradigm is not needed for everyone being treated for a substance use disorder, DuPont says. While it helps everyone, it is most needed for those who have had repeated relapses. "Even after a person has had terrible problems with substance use, the brain's memory of the reward experience of using alcohol or drugs hijacks the person's thinking. They believe they can go back and manage their alcohol and drug use this next time." That is why DuPont is critical of treatment programs, including some medication-assisted treatment programs, which tolerate continued alcohol and other drug use while in treatment. "When a person comes into treatment, they seldom want to stop using alcohol and drugs—they want to cut down or to have a respite from the pain their use is causing them."

Greek Gods, Narcissists and Psychopaths: What Do They Know about Empathy?

By Debra Kaplan, MBA, MA, LPC, CSAT-S

I am often asked how I went from Wall Street commodity option trader to trauma and sex addiction therapist. The leap might sound rather incongruous, but in reality it was natural in a left-hemisphere, right-hemisphere kind of way. I began my business career in the early 1980s trading physical commodities for what was at the time, the world's largest commodity trading firm. I eventually made my way to Wall Street where I began to trade for a large investment bank in high-yield bonds (also known as junk bonds due to their less-than investment grade status), and later to the floor of the New York Commodity exchange. The world of floor trading gave new meaning to intensity—adrenaline, sex, drugs, and money.

Gradually, I grew more fascinated with human behavior than I was with the markets and I became captivated by the dynamics in the trading pit when fear took over or cold and calculating intensity switched on in the height of a trading frenzy. While not perhaps in those moments, the markets do exhibit psychological states. In 2002 that thinking led two researchers, Daniel Kahneman of Princeton University and Vernon L. Smith, George Mason University, to be awarded the Nobel Prize in Economics for their work on human judgment and decision-making under uncertainty.

Of Mere Mortals

Those years of experience on Wall Street introduced me to a wealth of men who engaged in power grabbing behaviors and impression management. (Greater numbers of women eventually climbed their way to loftier bastions of power but that wasn't until a decade or so later.) In the go-go years of the '80s and '90s, investment banks were brimming with throngs of young, gluttonous traders and bankers riding the crest of financial excess and glory. The stories of men who enjoyed a meteoric rise to professional and personal heights, only to then plunge into a financial and personal crash and burn (known as a "blow-out"), were legendary. Some men saw their "fall from grace" as a painful summons to a deeper, more introspective place, yet many more continued to addictively pursue the never-ending cycle of self-destructive behaviors—financial shenanigans, moral superiority, and sexual excess—while remaining oblivious to the inevitable; refusing to believe their shameless monetary and sexual escalation would once again inevitably lead to collapse. And as they repeated this self-destructive downward spiral one could only postulate what fueled their never ending pursuit of all things gluttonous.

It was on Wall Street that I first came into contact with individuals who were blindly driven by an inner compulsion for success and excess and an ambition that was inured to



empathic sentence. Addicts of all types, especially sex addicts who are in the throes of their addiction often exploit with sex and money, regardless of their level of wealth or income, and they don't have to be psychopaths or even narcissistic to do so. But, what do addicts, narcissists and psychopaths share in common?

Kevin Dutton, a psychologist and Research Fellow of the Faraday Institute at St. Edmunds College, UK, believes that psychopathy often flourishes in professions like politics and finance, where the ruthless, fearless, and (dare I say) charming qualities typically lead to success, power, and prestige.

If, according to Dr. Dutton, psychopathy flourishes in professions like politics and finance, then none of this is a revelation—to most, that is. Early childhood psychosocial dynamics can set in motion a person's continuous and ever increasing need for external approval. Left to its natural progression, that level of self-promotion and fulfillment will ultimately fall short, necessitating a need for an even greater level of psychological reward in an all-out effort to mask one's inner void—the core belief that one is inherently unworthy.

Empathy's God Particle

So what happens to empathy in this unending quest for greater levels of psychological reward? Did the narcissist discard empathy after it was doled out or did he never learn it in the first place? The answer may be in the nature versus nurture debate. A recent study was conducted by researchers at the Max Planck Institute for Human and Cognitive Brain Sciences (October 9, 2013). The study

ascertained that the tendency to be egocentric is innate for human beings—but that a part of your brain recognizes a lack of empathy and autocorrects. That specific part of your brain is called the right supramarginal gyrus. When this brain region doesn't function properly—or when we have to make particularly quick decisions—the researchers found one's ability for empathy is dramatically reduced. This area of the brain helps us to distinguish our own emotional state from that of other people and is responsible for empathy and compassion. The supramarginal gyrus is a part of the cerebral cortex and neurobiologically speaking, without a properly functioning supramarginal gyrus—our brains have a tough time "seeing" itself in someone else's shoes.

The twenty-first century versions of Narcissus and Icarus are the type-A personalities I used to see on Wall Street and that I now see many days in my therapeutic practice. These mostly men and women are driven by their inner compulsions for success, domination, and admiration. They operate from a sense of entitlement and false power, and they are compelled to reenact their deep psychological wounds for attention and adulation.

To simply label these individuals as narcissistic or addicted does not capture the full breadth of the internal psychological discrepancies that are at odds within them. Essentially, these men can, with outward impunity, engage in their self-protective behaviors at the expense of their authentic selves—sometimes never examining their deeper issues. Perhaps finding the neurobiological roots of empathy vs. psychopathy can help us find ways to teach the ruthless and cold-hearted to experience the glow of warm empathy.



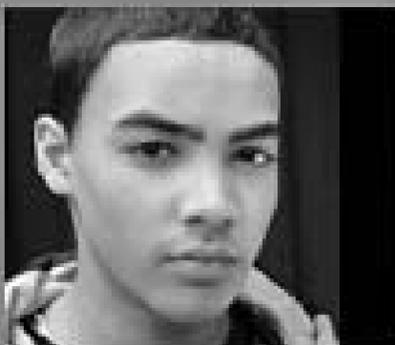
Debra L. Kaplan, MBA, MA, LPC, CMAT, CSAT-S is a licensed therapist in Tucson, Arizona. She specializes in attachment and intimacy, complex traumatic stress and sexual addiction/compulsivity; issues that are often rooted in unresolved childhood trauma. Debra is a Certified EMDR clinician and incorporates advanced EMDR protocols in her work with trauma and addiction.

*Debra lectures internationally on trauma and addiction and authors articles and blog publications. Her book, *For Love and Money: Exploring Sexual & Financial Betrayal in Relationships* was published in 2013.*

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Choice Conversations

BY ALAN COHEN

Do you know anyone who is so firmly fixed on what he or she wants to talk about that you don't stand a chance to talk about anything else with that person?

I know a CEO who is interested only in sales statistics. If you want to talk to him, the conversation must be about spreadsheets, price points, and returns on investments. I know another fellow who is into yoga. If you want to discuss gurus, devotional ceremonies, and meditation techniques, he's there. If not, there is nothing else to talk about. Another guy is a classic narcissist. All he cares to talk about is himself. If the conversation drifts to you, it will be back on him quickly. That's his subject.

While some of the above examples speak of dysfunction, there is an important principle behind these practices. You have the power to establish the ground upon which you communicate with others. Not so much the subject matter, but the kind of energy you value. Many people tell me they have a hard time with their argumentative family or their spouse's family. Or with depressed and depressing co-workers. "They are so negative," my clients tell me. "All they want to talk about is bad news and gossip. I can't stand being around them." I tell such clients, "These people are moving you to choose the frequency you want to dwell in and hold fast to it. You do not need to slide into the gutter with them. Invite them to higher ground by staying in your chosen domain. Some will join you and others will not. That doesn't matter. What matters is that you hold your space no matter what others choose for themselves."

Think for a moment about why you would sacrifice your inner peace to join people who have set up camp in a sewer. Perhaps they are your family, and you feel guilty about not participating in their dark repartee. But you have two kinds of family: biological family and spiritual family. In his brilliant book *Illusions*, Richard Bach declares, "The bond that links your true family is not one of blood, but of respect and joy in each other's life. Rarely do members of one family grow up under the same roof." It is a wonderful

thing when your biological family is also your spiritual family. But if it is not, you must place yourself where you belong. You must gravitate to your just right tribe. You must take care of your spirit. If your family interactions are tattering your soul, you cannot afford to indulge them. You may need to step away for now. Hopefully at some point you can reconnect on higher ground. For now, you must establish yourself on higher ground regardless of what they choose for themselves. Send them love and know they are capable of better. When you have done your part, you invite them to do theirs.

You might also indulge in negative interactions because you feel obligated to do so. These are your co-workers and this is the Christmas Party. Pip pip, good cheer, socialize appropriately. No job is worth the price of your aliveness. I am not suggesting you quit, although that might be a realistic alternative. I am suggesting that you don't drop into negativity with them. All relationships, interactions, and conversations are like Velcro Tape. The little hooks on one side of the tape fit with the hooks on the others side of the tape, and the flap sticks together. Likewise, your conversations are by agreement. If you agree to go to a dark place, you get to be there. If you do not agree, you get to not be there instead. The power to hook or not hook is entirely yours. No matter what others are choosing for themselves, you have the right, power, and responsibility to choose for yourself.

You might also stay in the dregs because you fear to lose a friend. You have known this person for a long time, you have a history together, and she might be hurt or offended if you don't spend as much time together as you used to. Yet what was is not what is. If you do not match now, you do not match. People change and grow in different directions. No one is wrong. You are both right, and



you both have to be in your right place. Friendships, like marriages, should continue only if both partners choose to be together. If you both want to connect, that's a good enough reason. If one of you doesn't want to connect, that's a good enough reason. Trust that if you follow your spirit you will be in your right place and so will your friend.

Here are some ways to create choice conversations: (1) **Diplomatically change the topic.** (2) **Reframe the conversation with kindness.** "I know he's been grumpy, but I am guessing he is still in pain about his divorce." (3) **Direct truth:** "I am not really into politics or gay-bashing. Can we talk about something else?" (4) **Withdrawal: leave the room.** Any of these will work, as long as you have the confidence to move with your inner guidance.

As we enter a new school and business season, followed by the holidays, you will have plenty of opportunities to participate in interactions that match you, and those that don't. This is your life. Make every encounter count.



*Alan Cohen is the author of **I Had it All the Time: When Self-Improvement Gives Way to Ecstasy**. If you would like to become a professional life coach or incorporate life coaching skills in your career or personal life, join Alan's celebrated Life Coach Training Program beginning in January 2015. For more information about this program, Alan's books, free daily inspirational quotes, and his weekly radio show, visit www.alancohen.com.*

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The Guilt Cycle

By LAURA PRINS, MA, DIP PSYCH

The cycle of guilt is the ultimate Catch-22 situation, an emotional prison where no matter what you do, you end up feeling bad.

The “shoulds”

The cycle is composed of three components: should, action/inaction, and guilt. It doesn't matter where you begin, as these things influence and feed off each other, but for clarity's sake let's say that you become aware of a “should,” as in “I should call my mother.” The “should” stems from a desire to gain and maintain approval; this includes self-approval as well as approval from others.

Out of this “should” comes the opportunity for either action or inaction. When action is taken, it involves following the script and doing what you think the other person, group, organization, and perhaps even a part of yourself wants you to do. The action of calling your mother keeps the peace and attempts to sidestep guilty feelings. Inaction means shutting down, holding back, or staying stuck, in order to avoid guilt.

Guilt is Unavoidable

The whole point about the cycle is that you aren't living life in your own best interest anymore. You're running on the wheel, but you're letting someone else spin it. For as long as you're in the guilt cycle, there is no escape, because all decisions lead to the same conclusion in this closed circuit: you're going to feel guilt.

Guilt is an issue around self-acceptance. What happens in certain relationships is that we are loved conditionally — you have to do something for someone in order for them to love you. If the other's wishes aren't followed, approval and love are withheld.

Unfortunately, this is a very easy lesson to take on board. If this pattern is repeated long enough, we begin to exert the same

measures on ourselves and love ourselves only conditionally. We internally say, “If I do this, only then am I worthy of self-respect and love.”

We may continue to look outside for approval and acceptance, in fulfilling other people's wishes over our own. In fact, after a while we may not even think we have needs anymore, or believe are allowed to have them (let alone act on them). In other words, we enter the guilt cycle. And round and round we go.

A former client, Rachel, had this kind of relationship with her older sister. Rachel wanted to “get along” with her sister and was terrified of disappointing her. She spoke of needing to follow her sister's rules and do her bidding in order to receive her love and emotional support, as well as escape her anger.

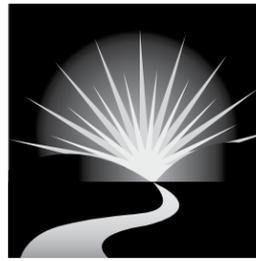
If Rachel was unable to fulfill a request or didn't do it to her sister's liking, she would feel immediately a deep sense of guilt. It was making her physically ill, with regular headaches and stomach pains. Her confidence was also at an all-time low.

The road to self-acceptance is very much a process. One of the first steps for Rachel was understanding her guilt cycle. Specifically, she identified that she carried around her sister's disappointment and frustration whenever she felt guilty. Her sister was passing along her feelings, and Rachel was the one carrying them. That's what guilt is: carrying around someone's else's emotional baggage. It's what the guilt cycle is all about.

In time, Rachel began to realize that she was in a no-win situation with her sister. The approval she sought needed to be generated and given from within. We spoke about her inner critic, and Rachel recognized her sister's voice there in its harsh judgment.

In becoming aware of the nature of her pattern, she began to see that there was a way out of the cycle.

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Foster, Maloney introduce Legislation to combat Heroin Abuse, Increase Resources For Treatment

Representatives Bill Foster (IL-11) and Sean Patrick Maloney (NY-18) introduced the Expanding Opportunities for Recovery Act. The legislation would create a grant program to increase access to in-patient rehabilitation services for heroin and other opioid abuse.

“Heroin addiction is devastating our communities. I have heard from too many Illinois families that have been impacted by the consequences of heroin addiction. We must take action to reverse this growing epidemic,” said Foster. “Countless community groups, municipalities and law enforcement officials are working to combat heroin abuse at the local level, but we must do more to support them at the federal level. That's why I'm introducing this legislation to increase access to rehabilitation services so we can set people on the road to recovery.”

“The heroin and prescription drug epidemic is ripping apart families and our communities, but tragically, many folks face too many hurdles to access treatment. The Expanding Opportunities for Recovery Act will help turn the tide on the epidemic by expanding treatment options for our neighbors,” said Rep. Sean Patrick Maloney. “In addition to giving our law enforcement officials the resources they need, I'll continue working to support our community organizations focused on prevention and treatment.”

Opioid addiction is a growing public health crisis that affects people of every race, income, and educational level. In 2010 alone, opioids contributed to over 16,000 deaths. Moreover, each year drug abuse and addiction costs over \$534 billion, but the National Institute on Drug Abuse (NIDA) estimates that we could save \$4-\$7 in criminal justice costs for every dollar invested in treatment and prevention.

While in-patient rehabilitation is a proven effective treatment for opioid abuse, many people lack health insurance and are unable to afford such treatment. In addition, many insurance providers require patients to exhaust other options, like out-patient treatment and counseling, before they will cover in-patient rehabilitation. These obstacles prevent opioid abusers from receiving the treatment they need to enter recovery.

This legislation removes barriers to addiction treatment by providing grants for residential/in-patient opioid addiction treatment for qualified individuals. For an individual to qualify, they must either lack health insurance or have health insurance that places a barrier to in-patient treatment, such as a requirement that cheaper but perhaps less effective treatments be exhausted first. Qualified individuals would be able to receive up to 60 consecutive days of treatment under this grant program.

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EVENTS from page 8

Mennonite Church 1612 W. Northern. Marc 623-217-9495, Pam 602-944-0834. Contact Janice 602-909-8937.

CELEBRATE RECOVERY—Chandler Christian Church. Weekly Friday meetings 7 p.m. Room B-200. For men and women dealing with chemical or sexual addictions, co-dependency and other **Hurts, Hang-ups and Habits.** 1825 S. Alma School Rd. Chandler. 480-963-3997. Pastor Larry Daily, email: larrydaily@chandlercc.org.

GA Meetings—ACT Counseling & Education in Phoenix and Glendale. **Tuesday, Spanish** (men) 7:00 -9:00 pm. 4480 W. Peoria Ave., Ste. 203, Glendale. **Thursday, Spanish** 7:00 - 9:00 pm 4480 W. Peoria Ave., Ste. 203, Glendale. **Sunday, Spanish** 6:00 - 8:00 pm 4480 W. Peoria Ave. Ste. 203, Glendale. **Sunday, English** 6:30 - 8:00 pm 5010 E Shea Blvd., Ste. D-202, Phoenix. Contact Sue F. 602-349-0372

Sex Addicts Anonymous www.saa-phoenix.org 602-735-1681 or 520-745-0775.

Tempe Valley Hope Alumni Support Groups, Thursdays 6-7:00 p.m., 2115 E. Southern Ave. Phoenix. Tues. 8-9:00 p.m., 3233 W. Peoria Ave. Ste. 203, Open to anyone in recovery.

Special Needs AA Meetings. Contact Cynthia SN/AC Coordinator 480-946-1384, email Mike at mphaes@mac.com

Survivors of Incest Anonymous. 12-step recovery group for survivors. Tucson Survivors Meeting, Sundays 6:00 to 7:15pm. St. Francis in the Foothills, 4625 E. River Road (west of Swan). Carlos 520-881-3400

OA—Teen Meeting, Saturdays 4:00 p.m. 1219 E. Glendale Ave. #23 Phoenix. www.oaphoenix.org/ 602-234-1195.

SLAA—Sex and Love Addict Anonymous 602-337-7117. www.slaa-arizona.org

FOOD ADDICTS Anonymous—www.foodaddictsanonymous.org

GAM-ANON: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. McClintock, Tempe. Mon. 7:30 p.m., Cross in the Desert Church, 12835 N. 32nd St., Phoenix, Tues. 7:00 p.m., First Christian Church, 6750 N. 7th Ave., Phoenix, Tues. 7:15 p.m. Desert Cross Lutheran Church, Education Building, 8600 S. McClintock, Tempe, Thurs. 7:30 p.m.

DEBTORS Anonymous—Mon., 7-8:00 p.m., St. Phillip's Church, 4440 N. Campbell Ave., Palo Verde Room. Thurs. 6-7:00 p.m., University Medical Center, 1501 N. Campbell. 520-570-7990, www.arizonada.org.

Crystal Meth Anonymous www.cmaaz.org or CMA Hotline 602-235-0955. Tues. and Thurs. at Stepping Stone Place in Central Phoenix, 1311 N 14th St. cmaaz.org/god-zombies-the-awakening/

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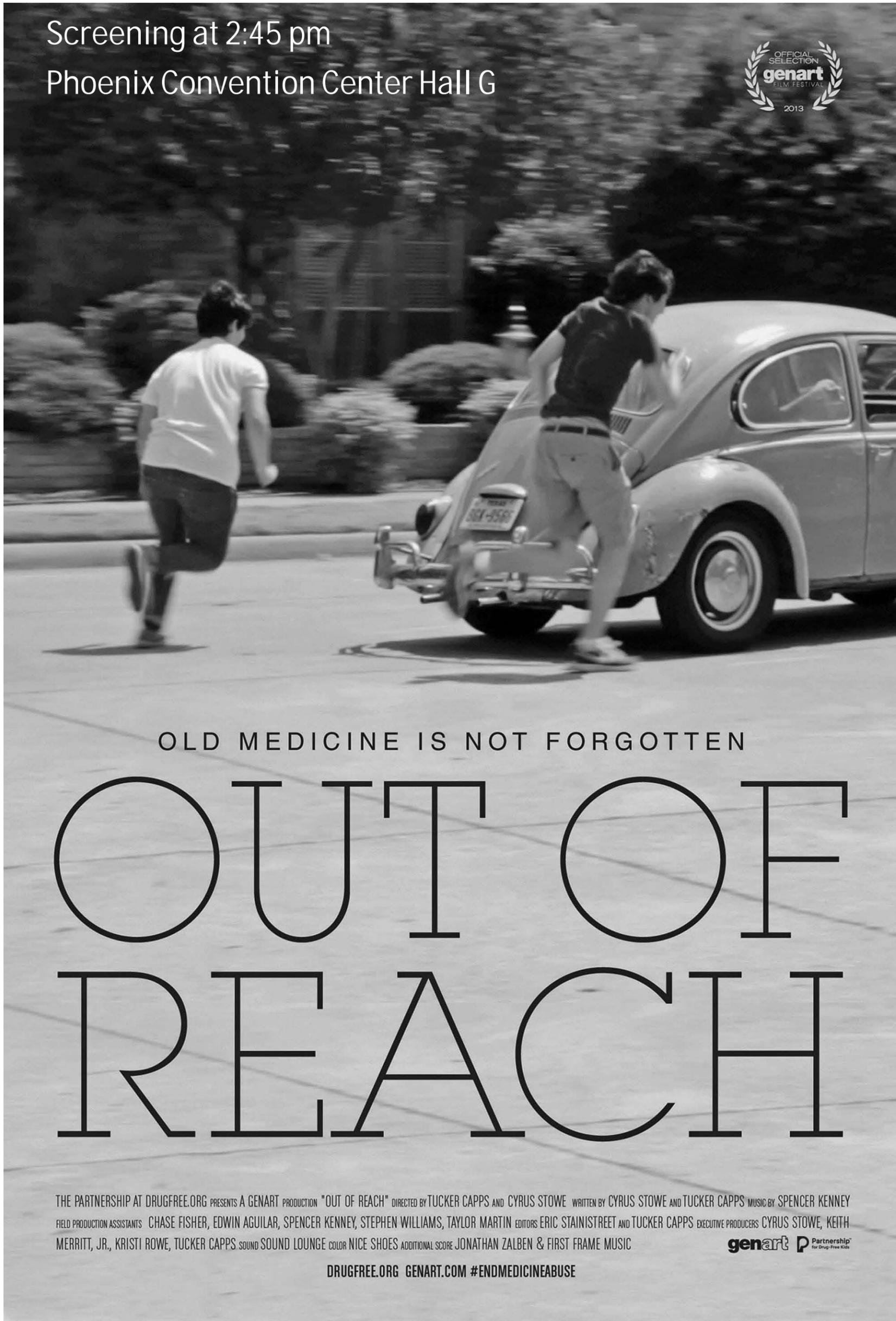
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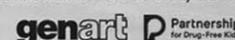
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