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Inspiring Success On The Road To Recovery

September 2011

"You Know You're an Alcoholic When You Misplace a Decade"

Recovery month is finally here! In just a few weeks, the doors to the Phoenix Convention Center will open for the *6th annual Art of Recovery Expo* on Saturday September 24th. This year the Expo brings Grammy Award Winning Songwriter Paul Williams and actress Melissa Gilbert to the stage. Enjoy our pre-expo interview with Paul and we will see you on the 24th!

TGAZ: *Your resume spans across music and acting, when did you know that your career would be on the stage?*

Paul Williams: I was one of those kids who showed up in the Midwest at talent shows singing 'Danny Boy' ... My dad used to get me up in the middle of the night to sing for him. He was a construction project manager and we moved all over the Midwest ... 9 schools in 9 years. He died in an alcohol related one car crash when I was 13 ... I pretty much quit singing then. I was shipped off to live with an Aunt in Long Beach, California. I was 30 miles from Hollywood and a big movie buff. It wasn't long before I knew I wanted to act. So, I started out as an actor. Did a couple of films in the 60's but the career fizzled. So 'No' has always been a gift in my life. The acting didn't work...I got depressed and started to write songs for my own amusement ... Kind of home musical therapy. One door closes, another opens. We put those sayings on bumper stickers because they're true!

An interview with Grammy Award Winning Songwriter, Paul Williams

TGAZ: *You have a brother who is also a credited songwriter. Was yours a musical family? What was it like growing up in the Williams household?*

PW: Not really. We moved around a lot and we sang in the car. My brother started singing in bars when he was still in high school. When I stumbled into a songwriting career we suddenly had music in common. He's a terrific writer and 'Drift Away' is one of the great rock and roll anthems ever written I think.

TGAZ: *What was your first encounter with alcohol?*

PW: We were raised in a household where alcohol was the reward for a hard day's work. It was always around. In a dry state my dad would hit the bootlegger's house on Sundays and pick up a bottle. He was a sweet man but an alcoholic who never sought treatment or even recognized his addiction. He died at 59 in 1954. I drank with my buddies in high school. It was a rite of passage. The thing I remember was not so much enjoying the alcohol as the feeling of being one of the guys. Looking back it was a temporary cure for

feeling 'different'! Something I hear again and again from other recovering alcoholics.

TGAZ: *You have said, "You know you're an alcoholic when you misplace a decade." Does this sentiment reflect a direct experience that you had during your life?*

PW: It does. I don't know when I crossed the line from 'use to abuse to addiction' but I'm pretty sure it was around the end of the 70's. That decade was an amazing span of accomplishment, productivity and discipline ... It's also the decade when I went from 'different to special'... I'm talking about the amazing power of celebrity ... a condition I believe is as addicting for some as any chemical substance invented. I had huge success as a songwriter and entertainer...and in a sense I became better at 'showing off than showing up'.. I loved feeling like I belonged...and the alcohol and drugs that celebrated the achievement soon became the substance I needed to look like I could handle it all. Or perhaps what I needed to 'not feel' what was really going on...Which had to be a lot of fear. It's interesting we self-medicate our feelings away and the awakening that comes with sobriety



has a lot of information in it that slipped by during the storm. I had no idea I'd survived such a terrible childhood until I was many years sober.

To answer your question ... finally ... the 80's I refer to as the "Ishtar" years. I began to hide out, not take job offers and avoiding appointments. The party was over? No, it wasn't a party at all by then. It was isolation. Hiding in my bedroom looking out the venetian blinds ... looking for the 'tree police' I knew had come to get me. Psychosis began to creep into my psyche.

TGAZ: *When did you seek help? Did anyone encourage or assist you in finding the initial help to stop using?*

PW: I went for treatment twice. Once for 'her'! The 'One'! I have a God Shaped Hole in the middle of my soul ... and I've tried to fill it in many, many ways. One of them was that relationship that was going to fix everything. I'd left my wife and kids for a 22 year old psych major who refused to watch me slowly die of my addictions. To keep her with me I went to treatment. Of course I slipped after 7 months and eventually she left me to my drugs and booze. In 1989, in a blackout I called a doctor and said I was finished. I changed my date to March 15th 1990 over a valium ... and have been clean and sober since. It's the single greatest gift I've ever been given.

TGAZ: *You have been sober for over 21 years. What keeps you on the path of recovery?*

PW: Principles and traditions that will keep me from naming the association that has given me a home ... a group that meets all over the world and for which I am eternally grateful. Gratitude is high on my priorities. I think gratitude is the fuel that drives us to that 'new freedom and a new happiness'!

The spiritual life is not a theory. We have to live it. So I start my day with a quick word to the Big Amigo. "Surprise me God!" ... It

PAUL WILLIAMS continued page 6

Melissa Gilbert, Celebrity Champion, National Spokesperson The Partnership at Drugfree.org to speak at Art of Recovery Expo

Melissa Gilbert joined The Partnership at Drugfree.org in 2010 as the nonprofit's first-ever national spokesperson. As an accomplished actor, author and parent, Melissa brings her inherent passion to the organization's mission of providing parents with help and resources to prevent, intervene in and find treatment for drug and alcohol use by their children.

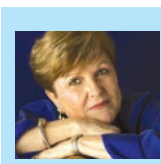
Melissa is a devoted mother of four sons and her enthusiasm and dedication for the vital work of The Partnership at Drugfree.org is underscored by her personal experiences and her own sobriety. Melissa has been in recovery since 2005 and has also faced substance abuse among close family members.

Currently, 11 million American teens and young adults are struggling with drugs or alcohol, yet unlike most other adolescent health issues or diseases, parents haven't found a clear path to resources and support for teen addiction. Melissa serves as an advocate for those parents and families, helping guide them to the tools and resources they need to cope with and recover from the disease of addiction. She speaks out on one of our nation's most critical health issues and offers a voice to those who are striving to find their own.


Through national and local press opportunities, social media outreach, speaking engagements and direct emails to the organization's supporters and online visitors, Melissa reminds parents that they are not alone when they face crises in their families. She amplifies that important message through video on the "Drugfree Channel" on YouTube, and speaks candidly and directly to the parents and caregivers who are now battling addiction issues with their loved ones.

A native of Los Angeles, Melissa comes from a long line of entertainers and has enjoyed a successful career in the entertainment industry ranging from commercials to TV series to movies. She made her on-air debut modeling baby clothes at the age of two and, peppered with numerous acting jobs in between, the nine-year-old eventually joined the cast of "Little House on the Prairie" in the summer of 1973. **Melissa will speak at 2:15 p.m. Saturday, September 24, at the Art of Recovery Expo. www.artofrecoveryexpo.com.**







9/11
Ten years later
by Dr. Dina Evan



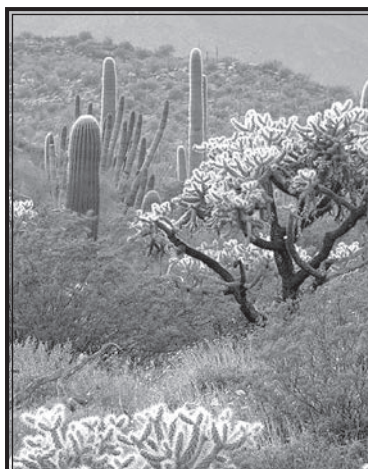
Some Reflections
on Scar Tissue
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Authentic
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publisher's note



A Labor of Love

By BARBARA NICHOLSON-BROWN

Recovery month is to me, what Christmas is for most others. So after a year of planning, organizing and many, many hours of work and worry, (*I admit it, I'm a worrier*), the Art of Recovery Expo is back!

This Expo is very special, as I ventured out to continue what my late husband, Bill and I created in 2005. Something told me (*most likely Bill*) it was time.

I've truly been blessed with support from an outstanding steering committee, who I can never thank enough — a newly formed partnership with **The Partnership at Drug-Free.org**, sponsors which include TERROS, SAMHSA, Calvary Center, Community Bridges, The Promises, Arizona Department of Health, A&E Recovery Project, The Meadows, ACT Counseling & Education, Cottonwood de Tucson, NCADD, The River Source, Valley Hospital, Aurora Behavioral Health, Magellan of AZ, St. Luke's, Banner Behavioral Health, and that's just naming a few! For a complete list of who you will meet, visit website www.artofrecoveryexpo.com.

Our speakers include Paul Williams and Melissa Gilbert, and the day will include panel discussions, workshops, presentations, and a few surprises! This is a day for the entire family to learn and discover the many benefits of a drug and alcohol free life.

As always, the Expo is free of charge to the entire community. Whether you are in recovery or not, we know this day will inspire hope on the journey of life. See you there!

The 6th Annual Art of Recovery Expo is dedicated to Bill Brown.

Art of Recovery Expo
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By JEFFREY C. FRIEDMAN, MHS, LISAC

Some Reflections on Scar Tissue

A few years ago I was out in Palm Springs and looking to go to an AA meeting. I found one listed at the Eisenhower Medical Center just a few miles away in Rancho Mirage. If you have ever been to Eisenhower Medical Center you know the place is huge. The AA list said only that the meeting was at EMC, so I asked for directions at the information kiosk just inside the hospital's main entrance. A hospital volunteer told me that that evening's AA meeting was being held in the second room on the left down the rear hallway. Following her simple directions I headed down the indicated hallway and opened what I thought was the door to second room on the left. Standing in the doorway, I saw a group of 20-25 men and women sitting in chairs formed in a big oval, some with a few papers or a book on their laps. They all turned toward me and smiled invitingly. My hand was still on the doorknob when I realized that what I had encountered wasn't an AA meeting. Excusing myself I stepped back into the hallway and closed the door behind me. Walking down to the next door I opened it to find a group of 20-25 men and women sitting in chairs formed in an oval talking and quietly. Some had a few papers or a book in their laps. When I entered the room they all turned my way and smiled warmly. "O.K.," I thought with a sense of relief, "I found the AA meeting."

Even during that meeting at Eisenhower, I found myself puzzling over how I had known that what I had found in the first room was not an AA meeting while immediately recognizing the second almost identical group of people as a meeting of Alcoholics Anonymous. I mulled this question over for months before arriving at an answer. Whether the answer is right or wrong I don't know, but I have come to the conclusion that what I sensed was lacking in the first room that seemed present—in abundance—in the AA meeting was scar tissue. The folks in the first group just didn't have enough scar tissue for it to feel like AA.

Checking out this theory was easy

I just had to look carefully and deeply at my fellow alcoholics in my AA home group in Tucson. "Oh yeah, there's Chuck with his uneven upper lip. He always grins crookedly when he tells us how he got his mouth busted years back for saying that one last belligerent thing while drunk in a lowlife border town bar. And Gracie over there, even from the back row I can see the scar on her right hand—a souvenir she got from punching out a glass door in a blackout. And Olivia, sweet, sad Olivia who, when she smiles at me from across the room I notice that her smile never really reaches her eyes. Every time Olivia

smiles we see a sad reminder that, because of her drinking, this young mom lost custody of her two toddlers and is now struggling to get them back into her arms."

Years ago, when forced to go to AA as a condition of keeping my bed at a West Virginia VA hospital where my drinking had landed me I was appalled, "Alcoholics Anonymous! How revolting! Why, a man of my caliber..." But after grudgingly attending a few meetings, something within me wordlessly recognized a sweet essence that pervaded those meetings as well as a powerful presence among those who spoke. These were the qualities I found in AA that just drew me in. I think now that it was the group members' display of scar tissue that eventually made me feel so at home at those meetings. AA meetings are full of people with scars. It's rare to find anyone who makes it into recovery without picking up a few.

When the flesh is wounded, a granulated and perfused fibrous connective tissue grows from the base of the wound to fill and heal it. Often referred to in medical texts by the Latin term *caro luxurians* or "proud flesh," scar tissue is often less sensitive and more resilient than the adjacent tissue that escaped the wound. Less sensitive and more resilient—not a bad description for a recovering person.

I think it is our personal suffering and its legacy of physical and emotional scar tissue—especially those scars that have been inflicted upon our souls—that ennoble us and give us depth. Those who have suffered and survived to work a skillful program of recovery have a greater potential to emerge from their torment with souls that are both deep and strong. How each of us pursues our own recovery can determine how powerfully our pain can be transmuted into emotional resilience and spiritual depth. Our scars are the evidence of our survival. They also remind us that the wound has healed and the worst of the hurt is now over.

Children, in their innocence, are proud of their scars and you can see them comparing theirs with each other's when at play. We in recovery should honor our scars too. They are mute but irrefutable evidence that we've come out of our difficulties stronger, more resilient and, hopefully, a bit wiser. Scar tissue, I believe, is a beautiful thing.

Jeffrey C. Friedman, MHS, LISAC is a primary therapist at Cottonwood Tucson, a 50-bed inpatient behavioral health treatment center located in Tucson, Arizona. He is a summa cum laude graduate of The School of Human Services of Lincoln University (PA). Jeff's work at Cottonwood includes treating chemically dependent and disordered gambling patients, lecturing on the neurobiology of addictive and mood disorders, and presenting workshops on a range of behavioral health issues at counseling conferences throughout the United States, Europe and Asia. His articles have appeared in Together AZ, Counselor Magazine and Addiction Professional.

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NEWS

Teen Substance Abuse Expert Sees Dark Side of Opioid Abuse

From “pharming” to pill parties, teens are abusing prescription drugs in dangerous ways, and can become addicted quickly, warns an adolescent substance abuse specialist at Children’s Hospital Boston.

“I see teens who become addicted to oxycodone by the third time they take it—they get hooked very quickly,” says Patricia Schram, MD. “We’re seeing a lot of teens who find pills and think it’s fun to try them.” She and her colleagues at Children’s Hospital Boston Center for Adolescent Substance Research see teens who have become addicted to opioids through “pharming”—trying medicines they find in their own family’s medicine cabinets or those of friends and family. They also see teens who have been rushed to the hospital after pill parties, where everyone brings pills they find at home and shares them with friends. “They don’t know what they’re taking or what could happen to them, and then they end up in the hospital in bad shape,” she says.

Although Dr. Schram considers opioid abuse to be the most worrisome trend among teens, she and her colleagues are also seeing teens who abuse inhalants, the cold and cough medicine ingredient dextromethorphan, and newer substances such as K2, salvia and bath salts. She will be speaking about trends in teen substance abuse this November at the Association for Medical Education and Research in Substance Abuse (AMERSA) National Conference in Arlington, VA.

While many teens she sees come from families with addiction issues, Dr. Schram emphasizes that anyone can become addicted to opioids. “This can happen in any family, even those without a history of addiction,” she says.

Importance of Parental Involvement

Teens often come to the Center for Adolescent Substance Research through referrals from pediatricians, psychiatrists,

law enforcement or parents of other children who have received treatment at the center, Dr. Schram notes. “We only work with teens if their parents or guardians agree to be involved,” she says.

The treatment program involves an evaluation of both the teen and their parents, who are interviewed separately by a pediatrician and mental health professional. Then the team of professionals makes a diagnosis and recommendation for treatment, which often includes Suboxone (buprenorphine and naloxone) for teens addicted to opioids.

“The program is very strict, with lots of rules and parental involvement,” Dr. Schram says. “We make contracts with the teens, give weekly drug tests and ask them to make regular visits. We also provide education on

opioid dependence for both the teens and their parents.” The treatment may also involve individual and/or family therapy. “We generally keep the teens on Suboxone for at least 12 months, and then begin to taper off,” she explains.

Prevention is Key

According to Dr. Schram, parents are more focused on forms of substance abuse such as alcohol and marijuana, and are often unaware of the dangers of prescription drug abuse in teens. “Parents have to keep their eyes and ears open to anything that kids can use to get high,” she says. “They have to lock medication away.” With many parents focused on working hard to provide food and a roof over the heads of their children, it can be

difficult to always know what their teens are doing, she acknowledges.

However, there are some simple things that parents can do to help protect against opioid abuse, Dr. Schram observes. She cites a study that found that teens were less likely to abuse opioids if their parents often checked their homework, if they had been frequently praised by their parents and if they perceived strong disapproval of marijuana from their parents. “Parents need to keep talking to their teens,” she says. (Source: www.drugfree.org)

Government Delays Decision About Tightening Controls on Hydrocodone

Federal regulators have been putting off
NEWS continued page 13

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How Do We Define Authentic Success?

By **BOBBE MCGINLEY**

Clinical Director/CEO of ACT – Counseling & Education

When we were children, just little people, we received report cards from our teachers that informed our parents whether we were doing well in school. Whether we were good or bad, brilliant or disappointing, promising or pathetic in that environment became the test. And from that moment of comprehension the opinions of virtual strangers could regulate the ebb and flow and flow of approval from our parents, we were never psychologically or emotionally the same. Most of us covered up our authentic core and quickly became our false self, a chameleon able to change appearance, personality, and style to suit the occasion or relationship.

One of the most difficult challenges we face over and over are on our journey to buy back our self-worth, to make the transition from external judgment (what other people think about us) to internal acceptance (what each of us thinks about ourselves).

When you think of success, who or what springs to mind, Mother Teresa or Madonna?

Be honest now. When you flip through magazines and catalogs what types of images convey the idea of success to you? Are you seeing images of wealth and opulence? Do not be surprised if the images you see are very different than what you actually hold near and dear. We have been force fed these images of success since birth...on television and film, on the news and in novels. The images are plastered all over magazines and venerated by our celebrity-inebriated culture. Society tells us that successful people are beautiful and rich. Successful people move effortlessly up the corporate ladder. Their children are happy and adorable. Their marriages work. They have naturally high metabolisms.

Do these images bear any resemblance to you, or your life?

Probably not, and with any luck, they never will. These images are a cliché, and the polar opposite of authentic success. So go ahead, throw away the world's cliché's. Tear them up into tiny pieces if you like, or use them as kindling in the indoor or outdoor fireplace. They have no place here. We are moving forward. We are starting from scratch to create our own definition of authentic success.

Let's begin by distinguishing between your vision of external success and its internal reflection. Is external success the moment when your accomplishment is celebrated by the outside world? Is it when you receive the award, or the day your first short story is published? If you were to flip through your personal photos and boxes of paper memorabilia could you find any Kodak moments of celebration? What about the picture of the Diet Cola toast with your co-workers that appeared in the company newsletter last year?

Peruse your collection of catalogs and magazines and think about what your external success, past and future, might look like.

Perhaps seeing your name in the paper celebrating your community service left you feeling oddly unmoved, even though the hours you spend tutoring children or working at the safe house for battered women feel so satisfying.

Why is it that these moments of external success, when your friends and family are busy congratulating you and praising your accomplishments, you don't always feel like success to your Authentic Self? Perhaps it is because the world insists that we collect tangible proof of achievements, something that can be cited on the grown-up's report card, the resume' or the bank application for a bigger mortgage.

These goals — the college degree, the home, a comma in the checking account... can be genuinely satisfying if they resonate with your authentic interior vision. But often we lose sight of the activities that truly bring us joy, the intangibles that don't get publicly recognized. What truly makes your heart sing? If you can't think of anything in your current life that meets that description, go back to your childhood and teens.

What did you love to do back then? What do you see as your natural talents... then and now? If you could have ten other career choices, what would they be? Who would you be? What activity makes you glow and maybe makes the hours slip away?

The answers might be playing with your child, or gardening, or editing a rough piece of writing into something great. Or cooking for your family or painting a landscape, or acting in a local theater group, or maybe even daydreaming. Who knows, your Authentic Self might be a philosopher. Whatever these activities are, we are reimagining success in a whole new way. Doors may very well have been locked from the inside because you were afraid. Not afraid of failing either. Of succeeding!

Being true to you is the beginning of so much peace and freedom. You owe it to yourself to remember with happiness and a sense of accomplishment, that through your efforts, you are a glorious work in progress. Now, isn't this what Authentic Success really looks like?

Bobbe McGinley MA, MBA, CADAC, LISAC, NCGCII, is a nationally known speaker, author, presenter and trainer, consulting many different industries about Problem Gambling. She currently serves as their Gambling Program Consultant. Call 602-569-4328 or visit www.actcounseling.com.

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Video Games:



A Lethal Addiction?

By LARRY SOLOMON, MA, LPC, LISAC

Early in August a report emerged that a 20-year-old British man died due to complications caused by sitting in the same position for an extended period of time. Christopher Staniforth was playing his X-Box for 12 hours straight. He developed a condition called Deep Vein Thrombosis (DVT). A blood clot developed in his calf and then traveled to his lungs. Doctors report that DVT can develop in as little as four hours if there is a lack of movement.

The report of this death is frightening enough, however a local gamer who was interviewed about this incident appeared to have learned nothing. "If my legs fall asleep while I'm playing I'll just hit them and that's about it. I've had no effects from playing games." One individual posted a comment following the article and stated, "That's bull, I can usually go on a 24 hour run before I get really tired, and I have friends that have gone for two or three days."

This is not the first death to occur because of extended video game playing. Earlier this year the *Beijing Times* reported a 30-year-old man died from complications received after playing on-line games for three consecutive days. In 2007 two other similar deaths were reported in China following three and seven day gaming sessions respectively. In 2005 a South Korea man reportedly died after a 50 hour marathon.

Video Game Addiction

Based on a recent study at Iowa State University and the National Institute on Media and the Family, it is estimated that 88% of young people play video games. Roughly one in ten display addictive behaviors. That comes to about three million young people addicted to video games.

The American Psychiatric Association (APA) will consider adding "internet/video game addiction" to the next version of the Diagnostic and Statistical Manual of Mental Disorders. Currently, the APA utilizes pathological gambling criteria to help identify gaming addiction. Many display six of the ten symptoms of pathological gambling including; tolerance, withdrawal symptoms, significant impacts to social and physical functioning and lying to friends and family members.

When working with pathological gamblers, there are generally two types. The "escape" gambler prefers to play alone, usually on slot machines or video poker. The "action" gambler prefers the social games (poker, roulette or craps) or racing and sports wagering.

Addicted gamers actually get both of these effects. They escape society and become involved in the action of the game. It is easy to see the attraction and vulnerability of some people to this addiction. Imagine being free from the stress of reality while being in absolute control of world of your own creation.

Gamers can create this "escape" environment rather inexpensively. For around \$500 a person can acquire a system, a few games, headphones and Bluetooth equipment. Systems are easily connected to the internet where games often have no end or "final goal." They replay situations with new characters or new levels. A gamer with this set-up can literally disappear from society for days at a

time. Many gamers hardly exit their "game room" for an entire weekend.

Finding Help

Video game addiction isn't about just playing too much, although addicted gamers tend to spend a minimum of 24 hours a week playing. Addicted gamers are twice as likely to have ADD, get into fights and have various health problems caused by a "gaming" lifestyle. Those problems range from hand and wrist pain, poor hygiene, irregular eating habits and dehydration. Many are socially isolated and have a poor academic performance.

"It is estimated that 88% of young people play video games. Roughly one in ten display addictive behaviors. That comes to about three million young people addicted to video games."

Video games themselves do not cause gaming addiction anymore than a casino causes pathological gambling. However there are individuals that are susceptible to becoming game addicts. When does gaming become a problem? The answer is the same for all addictions; when the behavior causes problems, the behavior is a problem.

The American Academy of Pediatrics recommends young people limit their "screen time" time to one to two hours per day. This includes TV, computer and video games. If significantly more time than this is spent playing, professional help may be in order. Like all addictions, video game addicts likely have cognitive, emotional and psycho-social issues as underlying contributors to their behavior.

While South Korea now boasts of more than 100 clinics to treat video game addiction, the United States is lagging. There are a couple of treatment clinics in the United States. One is in Washington and the other North Carolina. More information can be obtained by visiting www.video-game-addiction.org.

Calvary Center has been treating patients with addictions for over 47 years. Through most of those years, treatment has occurred in a residential setting. However recently, Calvary has expanded services to include inpatient medical detox, partial hospitalization (day treatment) and intensive outpatient services. Calvary works with all major insurance companies.

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PAUL WILLIAMS from page 1

implies complete trust. Here are the reins to my life. "Lead me where you need me!" is another Paulie Prayer.

TGAZ: Parental interaction can be crucial in the prevention of substance abuse in teenagers. When your children were younger, how did you approach this subject with them?

PW: When I got sober my kids were pretty small. My daughter was 6 and my son was 9. I shared basic information about my disease. I talked about the spirit of my recovery and the result was my daughter at 5 was saying things like "I think Cole (her brother) is beginning to get in touch with his feelings." Or "He has anger issues Dad!" ...My kids sounded like John Bradshaw at times and it was a gift of the kind of open conversation we had about my 'new way of living'.

TGAZ: What encouraged you to become a Certified Drug Rehabilitation Counselor?

PW: I was friends with a musician who described himself as 'the oldest living Jewish junkie!' Buddy Arnold was a great Jazz musician; a saxophone player that got sober and went to work in recovery. He wound up at Brotman Hospital in Los Angeles as program director, 2nd in command as I recall, and decided that 'musicians are generally over medicated and under insured. He decided to start an organization called 'The Musicians Assistance Program', aka MAP. He said I should take UCLA's Drug and Alcohol Counseling study program and get certified. I spent a year in school 2 nights a week and began working every morning at Brotman. I traded my services (as a fundraiser for the program as well as facilitator) for a bed that we could put muzoids in.

Later Buddy moved to CPS Westwood and I worked briefly in Dual Diagnosis. I never got my CADAC. I worked as a volunteer for several years at MAP running a group with a wonderful woman named Mary Turner. She's still at it I think. Buddy died a few years ago and MAP became a part of MUSICARES, the NARAS (National Academy of Recording Arts and Sciences) program that has now helped thousands and thousands of musicians in crisis for a multitude of problems. MAP remains the treatment wing of their work. It's a great living tribute to the work Buddy began. It kept me sober and made me feel a 'part of' something bigger than my problems. I refer to it as the 'Paulie Lama' period of my life.

TGAZ: Having worked in the music industry since the 1970s, what trends have you seen in substance abuse among celebrities/musicians?

PW: The choice of drugs has changed but it seems the results are the same. Lives devastated by abuse and addiction. There is a much greater awareness of the 'disease' these days and I know that's good. Drug Courts around the country are doing wonderful work giving people in all walks of life a chance to recover rather than tossing them in jail. I think people need to be reminded that there's no real difference between a Rock & Roll star shooting drugs and a bored housewife in Ohio drinking Listerine. They're both caught in the clutches of their addiction and neither lifestyle should be glamorized.

The whole 'news at 6 o'clock' latest celebrity in rehab' gives me pause. I also am not convinced that a using addict or a wet drunk should be given the option of signing a piece of paper that puts him on national television while he's in rehab. The public awareness reward is great for the larger community but, I don't think it's fair to the individual. We're people, not lab rats. I enjoyed my privacy as I worked on rebuilding my life. Everyone deserves that opportunity.

I shouldn't get into the 'rehab on TV' story. There's a great line I heard once. "Lord walk with me as I learn to live this way. Keep your arm over my shoulder and your hand over my mouth!"

TGAZ: Today you are still very much active as a composer and as President and Chairman of the Board of The American Society of Composers, Authors and Publishers. Are there internal discussions within the scene to help fellow artists/musicians find recovery? For example we recently lost singer Amy Winehouse and although the cause of death was not directly related to drug use, Winehouse was known for her addictions. Is there a way to help someone like this whose addiction was plastered all over the media?

PW: There's a way to help all of us. But, it's a difficult task at any age. I think for the young addict in the midst of their addiction and the peak of their success at the same time the challenges are biblical in proportion. We're ready when we're ready. I think intervention is key. The statistics support successful recovery no matter the way we're introduced to the life-giving process. People that are intervened upon and reluctantly go to treatment have about the same percentage of recovery as people who have an awakening on their own. Do whatever you can to get the identified patient and his family into treatment. The chances of choosing a life of abstinence are pretty slim when you have your favorite chemicals and booze in your system. But properly detoxed there's a light that goes on and with 'clear vision' you can choose life. I pray for Amy ... and for all the Amy's who are suffering around the world. Let's remind people that while she may have appeared to be a self-indulgent drug addict ... the fact is she suffered from a disease. The Jelnick study proved that in the 60's and the AMA adopted their findings as fact.

TGAZ: Is there a particular problem with performers being surrounded by people who enable them?

PW: Probably.

TGAZ: You have been very focused on providing resources to people in need, especially with the Web site Save Me A Dream, which houses several opportunities for people to find help with issues surrounding recovery, domestic violence, fetal alcohol syndrome and child abuse. What drives you to provide outreach such as this?

PW: The web site is the wonderful work of Sarah Edwards. She designed it and keeps it up and running on a daily basis. The idea was to do more than a fan site. If my work brought visitors to the site why not use it to provide resources for the people who are interested in recovery, child safety, and women's issues. Speaking of which, my friend Michael Bolton has an amazing foundation that supports shelters for women and children leaving abusive relationships. If you'd like to contribute to a great organization, check out Michael's work!

"I think people need to be reminded that there's no real difference between a Rock & Roll star shooting drugs and a bored housewife in Ohio drinking Listerine. They're both caught in the clutches of their addiction and neither lifestyle should be glamorized."

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In memory, Betty Ford

A Pioneer for Recovery

By Kate Scannell, MD

Betty Ford never actually set foot in my medical clinic. But I sometimes felt that she was there, accompanying patients who were motivated to seek care because of her.

I was a medical student in 1978 when it was widely reported that Betty Ford had a problem with “addiction” to a variety of prescribed pills and alcohol. The news was shocking in that pre-Amy-Winehouse era when nobody spoke — let alone sang — about addiction and “rehab.”

In fact, had you told someone back then that you were “going to rehab,” they may well have assumed you were planning to renovate your kitchen.

Our medical school had an extended campus in Grand Rapids, Mich. — Gerald Ford, who served as president between 1974 and 1977. Many of us Michiganders shared pride in the local couple’s celebrated success and their unabashed display of earthy Midwestern sensibilities.

While in the White House, “Betty” had become famous in her own right for speaking her mind on sensitive cultural issues. For example, she sent public shockwaves across the country when she voiced her support for legal abortion. When she rallied for passage of the Equal Rights Amendment for women. When she said she’d be sleeping with her husband in the same White House bed. When she publicly spoke about birth control and speculated about her daughter having premarital sex.

People under a certain age may not appreciate how radical it was in the ‘70s for a woman — let alone a First Lady — to share such opinions so directly, forcefully, and unapologetically with the public. Today we point accusing fingers at some countries that flagrantly suppress women’s self-expression, as though that would never happen in our own backyard. But that would be an error, forgetting what generations of women had endured in this country.

So when many of us heard the news about straight-talking Betty’s “addiction” to pills, we paid respectful attention — even if we were somewhat confused about there being “a problem.” In fact, over lunch, one of my perplexed medical school classmates scoffed, “Are we supposed to think of her pill-popping as some kind of a ‘disease’ now?”

I understood his bewildered indignation. After all, it was the ‘70s, and recreational drug use had become a mundane recreational sport for many young Americans. Besides, it was also a time when doctors handed out powerful tranquilizers as though they were candy. Indeed, “Mother’s little helper” — a witty nickname for Valium — sedated and anesthetized an entire generation of besieged housewives and careworn mothers. Its use became so widespread among corporate crowds, that it also became known as “Executive Excedrin.”

The *U.S. News & World Report* recounted that in 1978 “nearly 2.3 billion of the tablets stamped with the trademark ‘V’ were ingested.” Valium had become the most commonly prescribed drug between 1969 and 1982, and “everyone seemed to reach” for one on occasion. The Rolling Stones sang about it in a 1967 song tellingly titled, “Mother’s Little Helper.” The ubiquity of the drug was reflected in American novels and movies. Comedian Milton Berle joked: “The definition of a Valium addict is a patient who takes more Valium than his doctor.”

The point is that, with her family’s support, Betty ultimately “got the joke” — and she took it seriously. It was not funny that huge segments of our population were becoming dulled and lulled by drugs, and that American medicine and pharmaceutical marketing were normalizing and profiting from it.

In fact, Betty gave the joke a much stronger punch line: a forceful knock-out blow against our country’s obliviousness to its soaring addiction problem. When she publicly announced that she was an addict seeking help, she once again broke ranks with the status quo. Her candor shattered another deadening silence, motivating many people — and doctors — to rethink their casual attitudes about drug and alcohol dependencies and to obtain assistance.

“Her candor shattered another deadening silence, motivating many people — and doctors — to rethink their casual attitudes about drug and alcohol dependencies and to obtain assistance.”

Shortly after getting help, she joined others to establish the Betty Ford Center in 1982 — the first licensed addiction hospital in the world. More than 90,000 people have been treated there since. By the mid-’80s, it had become commonplace in medical circles to shorthand a recommendation for substance abuse treatment as “prescribing a trip to Betty Ford.” Patients sometimes admitted needing help by claiming that they might benefit from “some time at Betty Ford’s.”

Betty Ford’s impact on the culture of American health care extended even further, beyond raising national consciousness about addictions and women’s reproductive health. Notably, she also broke the deafening silence about breast cancer in 1974 after undergoing a radical mastectomy only months after assuming the role of First Lady.



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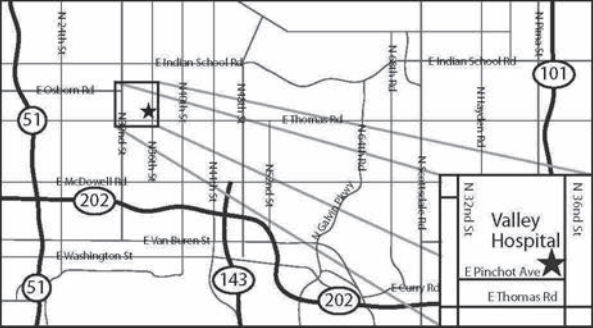
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At the time, there were no pink ribbons or celebrity spokespersons for breast cancer. Public discussions about “the C word” were hushed and rare, and even some doctors believed it was humane and ethically correct to withhold cancer diagnoses from patients. But as Betty later explained, while hospitalized during her mastectomy, she looked out the window and saw throngs of international media trying to report on her condition.

That experience made her appreciate the power of her position to create change and improve the lives of others. When she consequently decided to disclose her diagnosis and speak openly about her treatment, thousands of women were instantly inspired to seek breast cancer screening.

Betty Ford died on July 8 in Palm Springs at 93 years of age. She was liberated

and liberating, a smart and unpretentious woman who knew how to speak truth to silence. Her refreshing personal honesty inspired many women, and her unflinching and compassionate view of our tattered human condition helped to save many lives.

Kate Scannell, MD, is an internist and rheumatologist at The Permanente Medical Group in Northern California. She is also Assistant Clinical Professor of Medicine at the University of California San Francisco. She is has been a syndicated medical opinion columnist with several Bay Area newspapers, including The Oakland Tribune, in which this article first appeared

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EVENTS

SEPT. . 7—St. Luke's Behavioral Health Center Clinical Breakfast Series. 8:00-9:00 a.m. **Frank Saverino, M.Ed, LPC, "DEALING WITH RESISTANCE"** Behavioral Health Center Auditorium, 1800 E. Van Buren. **Free CEU.** Breakfast, networking. Chip Coffey, **602-251-8799.** pcoffey@iasishealthcare.com.

SEPT. 9-11— Flagstaff. **"GRATITUDE IN ACTION"** 2011 AZ State Convention. Kyle: conventionchair@area03.org.

SEPT. 12-16 & OCT. 10-14—Tucson – Cottonwood Tucson – InnerPath Women's Retreat. 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.

SEPT. 19-23 & OCT. 17-21—Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat. 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, call Jana at 520-743-2141 or email at jmartin@cottonwoodtucson.com.

SEPT. 19—7:00-8:30 p.m. FREE LECTURE SERIES. The Meadows presents— **"GETTING TO KNOW YOU: A LOOK AT BOUNDARIES IN OUR RELATIONSHIPS,"** By Gretchen Friedlander, LPC. *Chaparral Christian Church* 6451 E. Shea, Scottsdale. For information: call **866-633-5533.**

SEPT. 22—8:00-10:00 a.m. AURORA EAST BEHAVIORAL HEALTH presents— **"Adolescents and medications,"** By Lauro Amezcua-Patino, MD, FAPA. 6530 S. Maple Ave, Tempe. 1.5 CEUs. Free. For information: 623-344-4416.

PROMISES ALUMNI MEETING—SEPT. 13, OCT. 11, NOV. 8, DEC. 13. 7:00 p.m. For information about location. Contact Tracey **310-595-0166** tsimmons@promises.com or Ann **602-996-6395.**

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SEPT. 27—11:30-1:30 a.m. AURORA WEST BEHAVIORAL HEALTH presents— **"50 Ways to Leave Your Lover and Other Myths About Domestic Violence,"** By Stephanie Angelo, SPHR FAPA. 6015 W. Peoria, Glendale. 1.5 CEUs. Free. For information: 623-344-4416.

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(ACOA) Adult Children of Alcoholics and Dysfunctional Families. Saturdays 4:00 p.m. First United Methodist Church of Tucson 915 E. 4th Street. Tucson. Alison **520-203-7763.**

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

ACA meeting. Tucson. Every Wednesday 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.** Do you know food can also be an addiction?

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PILLS Anonymous—Tues: 7:00 p.m., Glendale Community Church of Joy, 21000 N. 75th Ave. Tuesday: 7:00 p.m., Mesa- Open Discussion. St. Matthew United Methodist Church, 2540 W. Baseline Road Room B. 14, Mesa. Jim **480-813-3406**, Meggan **480-241-0897.** Wed: 5:30 p.m. North Scottsdale Fellowship Club, Room 3, 10427 N. Scottsdale Road, Thurs.: 7:00 p.m., Phoenix, Desert Christian Church Rm. D-2, 1445 W. Northern. 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@chandlerccc.org.

Incest Survivors Anonymous—Survivors only. Freedom Hall, NW corner of 12th Street and Highland, Phoenix. Starting August 6, 11:15 a.m.-12:15 p.m. Information: Gloria **602-819-0401**

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GA Meeting Sunday nights. ACT Counseling & Education. 5010 E. Shea, D 202, 6:30 to 8:00. Details call 602-569-4328.

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CELEBRATE RECOVERY—City of Grace Mesa Campus, 655 E. University. Fridays, 6:00-10:00 p.m. Chapel Bldg. 7. City of Grace Scottsdale Campus, 9610 E. Cactus Rd. Scottsdale. Tuesday's 6:30-10:00 p.m. Linda Rinzel **480-464-3916.**

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North Phoenix Visions of Hope Center—Recovery center for 18 or older enrolled in Magellan. 15044 N. Cave Creek Road #2. Phoenix. **602-404-1555**.

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

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

CLUTTERERS Anonymous—Thurs. 6:30 p.m. North Hills Church, 15025 N. 19th Ave, Rm F-103, Phoenix. **602-601-1414**.

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

FOOD ADDICTS Anonymous—12 step group. 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.

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MLB Star Pitcher C.J. Wilson Teams Up With The Partnership at Drugfree.org to Encourage Healthy Play

Texas Rangers' All-Star pitcher and philanthropist C.J. Wilson is partnering with The Partnership at Drugfree.org to promote the importance of a drug-free lifestyle and practice of healthy competition with a digital and grassroots effort, Play Healthy. This initiative educates families on the risks of steroids and performance-enhancing substances (PES).

From an early age, Wilson made a choice to not use drugs or alcohol and understood how substance abuse could negatively affect his talent and drive to succeed. Setting the standard as a professional athlete and role model for our country's youth, Wilson founded his own nonprofit organization, C.J. Wilson's Children's Charities, to empower and help inspire kids to give back to their communities, making him the ideal advocate for The Partnership at Drugfree.org.

"Being a positive role model in the community is a big inspiration for my success on the field," explains Wilson. "Together with The Partnership at Drugfree.org, I can help kids feel the empowerment and positive support that I carry every day towards my goals in baseball and in life."

Through our collaboration, Wilson will emphasize the value of fair, healthy sport and raise awareness on the dangers of steroid and PES use through exclusive online videos for the Play Healthy Community Education Presentation. Delivered at a grassroots-level nationwide, the presentation empowers parents with tips and tools to help their children avoid PES abuse and can be co-delivered by coaches, athletic directors, involved parents, law enforcement and prevention and treatment professionals.

Wilson will also play an integral role on social media to promote the second annual Commissioner's Play Healthy Awards, an effort by The Partnership at Drugfree.org, in conjunction with Major League Baseball Charities, to recognize youth coaches and student athletes who embody the spirit of teamwork and fit, drug-free competition. One winning youth coach and one student athlete will receive prizes, including a trip for themselves and one special guest to New York City. Nominations may be submitted online at drugfree.org/playhealthy until Friday, September 16, 2011. Please visit drugfree.org/playhealthy for additional contest rules and regulations.

"We are thrilled to have C.J. join us to promote Play Healthy," said Jack Irving, Senior VP, Media Director at The Partnership at Drugfree.org. "As a leader in educating kids and parents about the importance of being a healthy, positive team player, we welcome the opportunity to team up with CJ, who is a real life example of a professional athlete who lives a healthy, drug-free lifestyle."

The Partnership at Drugfree.org is a nonprofit organization that helps parents prevent, intervene in and find treatment for drug and alcohol use by their children. Bringing together renowned scientists, parent experts and communications professionals, this public health nonprofit translates current research on teen behavior, parenting, addiction and treatment into easy-to-understand resources at drugfree.org. The organization also reaches families through its community education programs which focus on local drug and alcohol issues of concern for parents, youth and the Hispanic community.



relationships

By DR. DINA EVAN | WWW.DRDINAEVAN.COM

What's the Point?

On September 11, 2001, the consciousness of the U.S. was forever changed. One minute before that we felt safe. According to Wikipedia, it began at 8:13 a.m. when Flight 11 had its last routine communication with the FAA's air traffic control center in Boston.

- 8:14: Flight 11 fails to heed air traffic controller's instruction to climb to 35,000 feet. Then United Airlines Flight 175, another fully fueled Boeing 767, carrying 56 passengers and nine crewmembers, departs from Boston Logan airport, bound for Los Angeles. Five hijackers are aboard.

- 8:19: Betty Ong, a flight attendant on Flight 11 alerts American Airlines via an airphone, "The cockpit is not answering, somebody's stabbed in business class—and I think there's Mace—that we can't breathe—I don't know, I think we're getting hijacked." She then reports the stabbings of two flight attendants.

- 8:20: American Airlines Flight 77, a Boeing 757 departs from Washington Dulles International Airport in Fairfax and Loudoun Counties, Virginia, for Los Angeles. Five hijackers are aboard.

- 8:26: Flight 11 makes a 100-degree turn to the south heading toward New York City, according to the NTSB Report, Page 3.

- 8:42: United Airlines Flight 93, a Boeing 757, takes off with 37 passengers and seven crew members from Newark International Airport (now Newark Liberty International Airport), bound for San Francisco International Airport, following a 40-minute delay due to congested runways. Four hijackers are aboard.

- 8:44: Flight attendant Amy Sweeney, aboard Flight 11, reports by telephone to Michael Woodward at the American Airlines Flight Services Office in Boston, "Something is wrong. We are in a rapid descent... we are all over the place." A minute later, Woodward asks her to describe what she sees out the window. She responds, "I see the water. I see the buildings. I see buildings..." After a short pause, she reports, "We are flying low. We are flying very, very low. We are flying way too low." Seconds later she says, "Oh my God, we are way too low." The call ends with a burst of very loud, sustained static.

- 8:46:26: Flight 11 crashes at roughly 466 mph into the north face of the North Tower of the World Trade Center, between floors 93 and 99.

- 9:02: Flight 175 crashes at about 590 mph (950 km/h) into the south face of the South Tower of the World Trade Center, banked between floors 77 and 85.

A minute before 9/11/2001 at 8:46 am, it didn't seem to matter if another angry word, thoughtless deed or act of violence took place in the world. A minute before the world wasn't lying with its belly blown open and there was time to teach that violence only begets violence in any situation. The harder you push at evil, the harder it pushes back and there are no do-over's.

Today the weapons are too dangerous and the stakes too high.

In fairness, there really wasn't only one bad guy. There never is. The truth is that for at least two decades the United States engaged in energetic covert programs to secure U.S. control over the Persian Gulf, and open up Central Asia for development by U.S. oil companies. America's sponsorship of drug-trafficking Muslim warriors, including those now in Al Qaeda, dates back to the Afghan War of 1979-89, sponsored in part by the CIA.

So exactly what have we learned?

Not much. We are still bickering in the hallowed halls of congress. We are still shouting on the steps of every city hall. We are still calling our partners names and acting contemptuously. We still aren't making relationships our priority, integrity the norm or compassion the goal. So, what will it take if not the lives of 2996 on 9/11/2001 and 919,967 people killed in the Afghanistan and Iraq wars and occupations? That's more than 130 times as many people than in all terrorist attacks in the world from 1993-2004 and we still don't get the point. But, then, what is the point?

Is it that isolation is no longer an option for the United States and we have to put the craving for power and our ego aside to play nicely and act with integrity with the rest of the world? Is it that we have to clear the consciousness of war out of our own hearts before we can stop creating it in our reality? Is it that what, or who, really matters is standing in front of us and should have his or her forehead kissed daily? Perhaps it is different for each of us but there shouldn't be any doubt in any of us that it's time to get the point.

Dr. Evan is a life/soul coach in Arizona working with individuals, couples and corporations. For more information call 602-997-1200, email her at drdbe@attglobal.net or visit www.DrDinaEvan.com.

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Puppies and Parenting

By Jeannie Courtney, CEO and Founder of Spring Ridge Academy

For the first time in years, I've adopted a new puppy. Once I knew the date of arrival, I immediately jumped into reading books and watching DVDs on how to raise a puppy the "right" way. It all seemed so easy in the research phase.



At Spring Ridge Academy, we teach parents the importance of structure, consistency, respect, and boundaries in the home environment. Parents are taught the stages of development; how to achieve effective long-term parenting, open lines of communication, and family connection. We find adolescents who have mastered these stages are better able to exhibit self-regulation, self-trust, delayed gratification, interdependent relationships, and success in the "real world."

The day arrived I became the proud owner of an adorable nine-week-old puppy. As we began our training, I noticed how working with a puppy was really an adventure in proactive parenting. The puppy needed to become a productive, socialized and happy dog, parallel to the environment and guidance a child needs to become an actualized adult.

With the new "family" member I realized there would be changes in my life. Tess required a structure that supported her age-appropriate abilities and developmental requirements. She looked to me to teach her safety, boundaries, socially appropriate behavior, and how to delay gratification.

What quickly evolved was a correlation between when Tess made mistakes (chewing all of the cords on the back of my computer) and when I was distracted. Unfortunately many well-meaning people would not follow my instructions to assist Tess in learning self-regulation. Their need to hold this adorable pup became more important than setting limits by stopping her from biting or by asking her to sit before being petted.

In my research I discovered fascinating experiences and information from Cesar Millan, the *Dog Whisperer*. One of Millan's most poignant episodes was when a dog was removed from its home and placed in his facility. Cesar diligently and successfully stopped the dog from attacking other dogs. Interestingly, each time the owner came to visit, the dog began to attack. Cesar was willing to swap one of his dogs for hers. The owner realized the importance of the change she needed to make and the dog was returned to her home.

The transfer from a recovery environment back into the home or other transitional environment is similar to my puppy's move from breeder to my home. The transitional environment needs to have established structure, nurture, boundaries, patience, understanding and information necessary to support a successful outcome. Not a day goes by that a dog is either let go or put into the Humane Society because someone expected the dog to know how to redirect his own unmanageable behaviors. Structure and boundaries save dogs and kids.

Two months later Tess has doubled in size and I have a dog that is learning to adjust to our home life and to socialize well with humans and dogs. We all had to change: Tess, Dudley (my 9-year old dog), and most importantly, me.

Jeannie Courtney, CEO and Founder of Spring Ridge Academy. Spring Ridge Academy is an all girls, therapeutic boarding school serving students ages 13 - 17 in grades 9 - 12. Jeannie has been associated with residential treatment for over 17 years. Jeannie's background includes teaching, training and other entrepreneurial endeavors.

When You Need Help

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ACT Counseling & Education	602-569-4328	Rape Hotline (CASA)	602-241-9010
AZ NicA	480-990-3860	Remuda Ranch	800-445-1900
Alcoholics Anonymous	602-264-1341	Runaway Hotline	800-231-6946
Al-Anon	602-249-1257	Sexaholics Anonymous	602-439-3000
ACA	602-241-6760	Sex/Love Addicts Anonymous	602-337-7117
Anasazi Foundation	480-892-7403	Sex Addicts Anonymous	602-735-1681
Aurora Behavioral Health	623-344-4400	SANON	480-545-0520
AZ Office of Problem Gambling	800-NEXTSTEP	Sober Living of AZ	602-478-3210
AWEE	602-258-0864	Suicide Hotline	800-254-HELP
Banner HELP LINE	602-254-4357	St. Lukes Behavioral	602-251-8535
Bipolar Wellness Network	602-274-0068	Step Two Recovery Center	480-988-3376
CCARC	602-273-9999	Stonewall Institute	602-535-6468
Cocaine Anonymous	602-279-3838	Teen Dating Violence	800-992-2600
CoDA	602-277-7991	TERROS	602-685-6000
COSA	480-232-5437	Valley Hosptial	602-952-3939
Commun. Info & Ref	602-263-8856	WINR	480-464-5764
Community Bridges	480-831-7566	Workaholics Anonymous	510-273-9253
Cottonwood de 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		
Magellan Crisis Hotline	800-631-1314		
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		
Our Common Welfare	480-733-2688		
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		

TUCSON

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Al-Anon	520-323-2229
Anger Management Intervention	520-887-7079
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood de Tucson	800-877-4520
Crisis Intervention	520-323-9373
Information Referral Helpline	800-352-3792
Half-Way Home	520-881-0066
Narcotics Anonymous	520-881-8381
Nictone Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
The S.O.B.E.R Project	520-404-6237
Suicide Prevention	520-323-9372
Surv. of Incest Anonymous	520-881-1794
Tucson Men's Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643
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How Chronic Pain Threatens Marriage

By Jim Brown, PhD

The unintended effects on a spouse or partner are familiar. Concern, support, and love are challenged by fatigue, frustration, and a sense of being overwhelmed.

Alcoholism? Substance abuse? Eating disorder? No, the problem is chronic pain — the kind that can last months or years. The kind that can threaten a marriage or a relationship, and the kind that is all too familiar to people who deal with dependency.

Studies show that those who suffer chronic pain often suffer anxiety and depression as well. Many sufferers turn to alcohol for relief, and some may be unaware that they are using alcohol as a pain medication. Unintended addiction to pain killers has made the headlines as well-known sufferers fall victim. The actor Jeff Conaway, who died this year, blamed his cocaine use and pain pill abuse in part on lingering pain from back surgery.

Although originally triggered by conditions such as arthritis, cancer, fibromyalgia, damaged spinal discs, osteoporosis, or shingles, chronic pain becomes a disease itself. Pain signals continue to pummel the brain regardless of treatment, and sometimes the exact cause is not even known.

How many suffer?

The number of Americans suffering from chronic pain reveals the scope of the problem. More than 75 million adults — one in every six Americans — have reported long-term chronic pain, even though the condition is under-reported and under-treated. The number is higher among those 65 and over, and higher yet among cancer patients. And for every chronic pain patient, there is at least one person giving care whose life is also being changed dramatically. Chronic pain introduces tension to a marriage and increases the likelihood of divorce.

Reduce the stress

You and your spouse can reduce pain-related stress and protect your marriage. The first step is to be as well informed as possible. Support groups such as the American Chronic Pain Association and the American Pain Foundation (APF) are good resources. A monthly electronic newsletter titled Pain Monitor is free and full of practical information. (www.painfoundation.org/learn/publications/pain-monitor-electronic.html). Help is also available from family counselors, psychologists, and pain management physicians.

The caregiver has to acknowledge that chronic pain is real, it's hard to manage, and it's individual in nature. Wide variations exist in pain tolerance and how people respond to treatment. There will be good and bad days, so both partners should take advantage of the good ones.

“It can become a disease in itself, creating tension between patient and caregiver”



Understand

The patient has to understand 1) that the symptoms can often be controlled by complying with a doctor's recommendation (for example, losing weight or exercising regularly), 2) that the condition places stress on both spouses, and 3) that there are limits to how much help one person can give.

Take a break

The caregiver should take breaks — emotionally and physically — and the patient should encourage the spouse to take those breaks without feeling guilty. Scheduled breaks seem to work better than waiting for the right time. Help is often available from family members, friends, or support groups. If someone volunteers to assist, have specific things in mind that person may be able to do (sit with the patient, run an errand, take the person to physical therapy or to a non-emergency doctor's appointment).

Support without enabling

The last suggestion might be the most difficult to implement, and you've heard regarding dependency. If you are taking care of a person with chronic pain, help but don't enable. It sounds harsh, but there are incentives for some patients not to get healthy. It might be to get more attention. It might satisfy their perceived need for more or stronger drugs. Pain, or exaggerated perception of pain, enables some patients to avoid household or family responsibilities.

Educating yourself and your spouse about the nature of chronic pain, complying with medical advice, scheduling breaks, and supporting without enabling may not only save a marriage, they might even make it stronger.

Jim Brown, PhD, Executive Editor at the Steadman Philippon Research Institute, is the author of Pain Management: Advances in Diagnosis and Treatment.



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Down to Earth

WITH DR. MARLO ARCHER www.drmarlo.com

The Timeless Art of Saying Thank-You

— This article is dedicated to Pam J. —

When I married my husband, I sent his mother a thank-you for having raised such a good man. She was much more touched by my communication than I expected. She explained that although her children were fantastic and honored her yearly on Mother's Day and throughout the year in many ways, she had never really gotten that specific, concrete positive feedback on the job she had done at mothering.

Well, of course she hadn't.

Few mothers do. Most mothers get lots of advice from older women and more experienced mothers, maybe even a fair amount of criticism as well. Mothers certainly get a long list of complaints from the children in between yearly Mother's Day cards. Fellow mothers are muddling along, trying to figure everything out and when they see positive actions, they're more likely to be ashamed or embarrassed that they aren't doing as well, and fail to give compliments for things they see that they admire. Fathers who parent for hours at a time as compared to days and weeks at a time may report that the children behave fine for him, causing everyone to wonder why they act out so much for her. Most mothers are left with chronic, nagging, questioning, "Am I doing a good job?"

In fact, just about any job that anyone has is subject to far more criticism than praise. Your boss at work doesn't hesitate to mention every little thing that you miss or forget or screw up, but does the boss ever mention the things you get right? Student papers are returned with lots of red checks, parts crossed out, or negative comments rather than lots of "greats" or "good jobs" written on them. When the paper delivery is late, you call the paper to report it, but did you call on the 39 previous days to report that it had been delivered on time?

If you think of how great it feels to receive a pat on the back, an award for a job well done, a comment or a public acknowledgement, think of how easily you could give

that feeling to others. I suggest you start with your mom, if she's available. Never mind the 32 ways she screwed you up. No mother gets it all right. Remind her of several of the things that she got right and thank her for them. Then your dad. Then your kids. Don't forget your spouse. Then move on to teachers, doctors, letter carriers, convenience store clerks, waitresses, police officers, co-workers, your dentist, and the garbage man.

One little thank-you can brighten someone's whole day, week, month, or even year. You'll never know how or when your thank-you will reach someone. It could be when their cat just died or when they just got disciplined at work or when they were feeling lonely or unattractive. A simple little thank-you that might take a minute or two or a more complicated thank-you that might take an hour or two to arrange, can last for weeks and weeks in the heart of someone who needs to hear it. And we all need to hear it, don't we?

Dr. Marlo Archer is a licensed psychologist specializing in working with kids, teens, and their families. She can be reached at www.DrMarlo.com or 480-705-5007. Follow Down To Earth Enterprises on Facebook or DrMarloArcher on Twitter. Schedule immediately online at DrMarlo.Genbook.com.

Intervene.

Do you think — or know — that your child is using drugs or alcohol? Even if you believe your teen is just “experimenting” it's important to take action right away.

Casual drug use can quickly turn into drug abuse, dependence or addiction and can lead to accidents, legal trouble and serious health issues.

If you are at all concerned about your child – or even just have a bad feeling – you can and should intervene by:

- Setting tighter limits with clear consequences
- Getting outside help and support if necessary
- Having productive conversations with your child — remain calm, share your concerns and listen. Visit www.drugfree.org

Prevent.

Who's the most powerful influence in your child's life? You, that's who.

<http://parent.drugfree.org/Home/>

the decision about whether to put tighter controls on the painkiller hydrocodone for many years, according to the Associated Press. Emergency room visits related to the drug, the key ingredient in Vicodin and other painkillers, have soared since 2000, the article notes. In 2009, more than 86,000 ER visits were related to the non-medical use of hydrocodone.

The Food and Drug Administration (FDA) and the Drug Enforcement Administration (DEA) have been considering whether to change the classification of medications containing hydrocodone from Schedule III to the more restrictive Schedule II category since 1999. Schedule II drugs must be locked up at pharmacies. Physicians can only prescribe one bottle at a time and patients must have an original prescription in order to obtain the medication. Schedule III drugs can be refilled up to six times without visiting a doctor, who can phone or fax in a prescription to the pharmacy.

The AP reports the two agencies have repeatedly passed information back and forth about hydrocodone over the past 12 years, without making any final decisions about the drug.

The DEA notes that hydrocodone is the most frequently prescribed opiate in the United States, with more than 139 million prescriptions for hydrocodone-containing products dispensed in 2010 and more than 36 million in the first quarter of 2011. A review of police drug labs finds seizures of pills containing hydrocodone are second only to those of oxycodone. Last year, almost 45,000 pills containing hydrocodone were seized in the U.S.

A bill was introduced in Congress in March that would tighten controls on hydrocodone, bypassing the FDA and DEA rulemaking process.

Emphasizing Downside of Drinking Doesn't Persuade College Students

Trying to convince college students not to drink by emphasizing the downside of excessive drinking is ineffective, say researchers who recently presented their findings at the American Psychological Association Annual Meeting.

When researchers used Breathalyzers to show college students their blood alcohol content, it had the opposite of the intended effect, encouraging them to drink more, said E. Scott Geller, Director of the Center for Applied Behavior Systems at Virginia Tech. "We thought if we could demonstrate to students that their performance deteriorated under alcohol, they would be convinced that

their alcohol consumption has put them at risk," Geller told USA Today. "Knowing that one is impaired, physically and even emotionally, did not seem to reduce alcohol consumption."

According to Laina Bay-Cheng of the University at Buffalo-State University of New York, who also presented a study at the meeting, students told her that alcohol is appealing because they see it as "liquid courage." Drinking gives students an excuse to do things they normally wouldn't, she says.

Close to 40 percent of college students in the United States engage in binge drinking and that number has remained virtually unchanged for decades. Almost 2,000 college students in the U.S. die each year from alcohol-related injuries. An estimated 600,000 students are injured while under the influence, according to the National Institute on Alcohol Abuse and Alcoholism.

Rosewood Centers for Eating Disorders® Adds Renowned Medical Consultant to Team

Rosewood Centers for Eating Disorders announced distinguished academician, practicing psychiatrist and researcher Timothy D. Brewerton, MD, DFAPA, FAED will join its team of experts as a medical consultant.

Brewerton will be an integral faculty member of The Rosewood Institute™ umbrella which was formed to enhance eating disorder training and education for professionals. With this collaboration, The Rosewood Institute along with Brewerton will deliver relevant information to mental health professionals at various training venues nationwide.

Furthermore, Brewerton will provide ongoing cutting edge professional development opportunities to Rosewood Centers for Eating Disorders' team of experts. This additional education and support will be provided at all of the organization's locations – Wickenburg's Rosewood Ranch and Rosewood Capri as well as its Outpatient clinics in Tempe, AZ and Santa Monica, CA.

Brewerton, bringing 35+ years of experience to his new position, is a renowned leader in the eating disorders industry. This highly regarded clinician, researcher and academician is triple board certified in general psychiatry, child/adolescent psychiatry and forensic psychiatry. He has worked on cutting-edge research projects for the National Institute of Mental Health and alongside notable folks, including Dr. Walter Kaye. A distinguished fellow of the American Psychiatric Association and founding fellow of the Academy of



From the Heart

By ALAN COHEN

WWW.ALANCOHEN.COM

Bring it Forth

Do you have any doubt that you can be everything you want to be? Do you believe you are limited by your history, genetics, karma, or any other factor? If so, take heart. Your destiny far outshines your history.

Scientists tell us that dogs evolved from the wolf. About ten thousand years ago people began to breed dogs to draw forth traits they valued. Wolves were selected for hunting skills, herding, and loyalty. Over time breeding became more and more specialized, until today we have over 150 registered dog breeds and a total of 500 breeds created by specifically mixing the registered breeds.

This theory does not explain why my dog looks and acts nothing like a wolf. Our little Maltese weighs eight pounds, with long white fluffy hair, and a pushed-in nose. She is the cutest creature you have ever seen (I know, except for your dog or cat), with infinite affection for everyone she meets. Yet scientists swear she descends from a wild, scary-looking predator virtually impossible to tame.

If that's true (unless my secret belief that visitors from another planet created genetic variations is borne out), then we have a monumental lesson: You can make anything out of anything. Everything has the potential to become anything you want it to be. If, through focus, intention, and perseverance, you can pull an adorable, tame, loving, loyal, playful creature out of a vicious killer, you can draw forth the noblest qualities from the worst of people or situations.

I saw a news story about a murderer who escaped from prison, found his way to a neighborhood, and took a single female homeowner as a hostage. The woman happened to be a psychologist who was more sympathetic to her captor than afraid of him. As a legion of police and SWAT team surrounded the house, the psychologist persuaded them to give her some time with the convict. Over a day or two the woman encouraged her uninvited guest to talk about what was going on within him and what he wanted for his life. She served as a compassionate listener and supported his well-being. After a day, he surrendered himself. Later she became his advocate and worked to get him out of prison and get back on his feet in society.

This woman's courage and skill drew a good man out of an apparently bad one. You and I, too, have the power to reinforce the traits we prefer from those around us. (Dale Carnegie: "Give that person a fine reputation to live up to!") Actually, we are already creating the people around us by our expectations of them and their traits we focus on. Every time you complain about your husband leaving crumbs on the kitchen counter, or you compliment him for taking out the garbage, you reinforce the characteristic you are focusing on. Complaint and praise accomplish the same results — manifesting more of whatever

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you are giving your attention to.

Belief and vision are crucial factors in bringing forth positive attributes. A story from education annals tells of a teacher who opened her roster on the first day of the semester and was delighted to find high I.Q. scores next to the students' names: 125, 136, 131. Thank goodness, Miss Matthews thought to herself, finally a smart group. The teacher gave her students challenging lessons, stimulating projects, and creative freedom. At the end of the semester all the students got A's and B's. The next day the principal called the teacher into his office and asked her, "Miss Matthews, how did you take a group of low-functioning students and turn them into geniuses?" Puzzled, the teacher showed the principal her roll book with their listed I.Q.'s. "Those are not their I.Q.'s," the principle laughed. "Those are their locker numbers!"

The universe, quantum physics explains, is made of energy more than matter, and energy is highly amenable to the power of thought and intention. You can pluck anything from the universe by focusing your attention on an object. Spiritual masters and yogis have demonstrated this over millennia. Jesus turned water into wine, and in more current times Satya Sai Baba has manifested many objects out of thin air. My mentor Hilda Charlton was traveling with Sai Baba when their car ran out of gas. Baba called for a bucket of water, poked his finger in it, and ordered the liquid to be poured into the gas tank. The auto ran fine on the new fuel. (At today's gas prices, wouldn't you like to do that?)

As we enter a new season of school and business, it might be worth our while to think clearly about what we want to create. What is your most valued goal for this coming school or business year? How much attention are you giving your highest priority, and how much attention are you giving to lower priorities, or things you do not wish to experience? Each day take a few sacred moments to remember what's important. Be not deceived by the appearance of the wolf. There is a marvelously friendly dog hiding inside.

Alan Cohen is the author of many popular inspirational books, including his book of uplifting messages, A Daily Dose of Sanity. Listen to Alan's weekly radio show Get Real on Hay House Radio at www.hayhouseradio.com, and join him on the pristine Hawaiian island of Molokai for How Good Can it Get? November 13-18. For more information about Alan's books, programs, or his free daily inspirational quotes via email, visit www.alancohen.com, email info@alancohen.com, or phone 1 808 572-0001.

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Doctor Support Key in Helping Smokers with Drug or Alcohol Disorders to Quit

Smokers with drug, alcohol or mental disorders are five times as likely to quit smoking if they receive counseling from their primary care physician, a new study finds.

About 40 percent of smokers have a drug, alcohol or mental disorder, *Medical News Today* reports. These smokers have a more difficult time than other smokers when trying to quit. Researchers at the University of California, Los Angeles studied 1,356 smokers. They found just 6 percent of smokers with one of these disorders successfully quit without smoking cessation counseling from their doctor, compared with 31.3 percent of those who received counseling.

Among smokers without a drug, alcohol or mental disorder, 10.5 percent quit without counseling, compared with 34.9 percent of those who received counseling. "This study shows that primary care physicians can help smokers with alcohol, drug or mental disorders



to successfully quit," researchers wrote in *Nicotine & Tobacco Research*. "These smokers should be targeted for smoking cessation counseling to reduce the health burden of tobacco."

Lead researcher Dr. Michael Ong said it is often assumed that in smokers with other substance abuse or mental health issues, doctors should address one issue at a time. "But at the end of the day, we showed that smoking cessation counseling is effective in this patient population and should definitely be pursued," he said



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The Med Minute

By JAN HAMILTON, PMHNP-BC, Psychiatric Nurse Practitioner

Last month I discussed some of the many misconceptions and myths surrounding psychotropic medication use. We began by looking at a few of the myths surrounding antidepressant use. Some of those myths were: All antidepressants are basically the same (they aren't), People who take antidepressants become addicted to them (they don't), Antidepressants cure depression (not necessarily), and Medication is a crutch (no, it's a biological treatment), and Natural substances are better for your body and antidepressants aren't natural (all substances are processed by your body in a chemical reaction). There are no "magic pills" that completely treat all mental health disorders and symptoms. The use of psychotherapy along with psychotropic medications is the appropriate and evidence-based standard of care for many behavioral health issues and disorders. Here are a few more misconceptions about antidepressants I hear:

Pharmaceutical companies push to overmedicate in the pursuit of **profits**

It is true that pharmaceuticals companies want to make a profit and they spend billions of dollars promoting the latest and greatest medicine on the market. But, it is critical to remember that these medications can be life saving for people with debilitating mental health conditions. While the pharmaceutical companies do have a stake in researching and doing drug trials (which can cost millions and take years to complete) there are often multiple benefits and far less incidence of side effects in the newer generation medications other older SSRI's because of side effects like sexual dysfunction or insomnia.

Once you start taking an anti-depressant, you will have to take it for the rest of your life

For many people started on anti-depressants, the course of treatment could last as long as a year or as short as a few months. If symptoms of depression resolve and they are weaned off the medication, they may never need to take it again. For others, if they've had two or more distinct episodes of major depressive disorder, they may need to be on antidepressants throughout their life. If the medication keeps them from experiencing the devastating depths of severe depression, what a gift to have it

The medication my Mom takes for depression has no bearing on what medication I might need

One of the most important things I do before I prescribe medication for anyone is to get a family history. Is there a history of Bipolar disorder in first degree relatives, for

instance, that might make me think twice before prescribing a stimulating antidepressant for someone? If I am not aware of this history, I may not educate appropriately about the possibility of manic symptoms emerging from the medicine. Or, if mom did very well, or very poorly, on a particular antidepressant, this is a clue to how well the patient may respond since genetics provide the basis for response to substances and chemicals.

Anti-depressant medication makes you gain weight

Across the board, this type of medication has a very neutral weight profile, meaning it is not likely to cause weight gain or weight loss. There are certain types of medication that can increase your appetite but it varies by person and medication. For instance, Paxil tends to cause weight gain more often than Prozac, but everyone responds differently and though your neighbor will swear they gained 20 pounds on Celexa, you may lose a few.

Anti-depressants are happy pills and should make people extremely happy all the time

These types of medication are not designed to make you happy all the time. They are designed to alleviate the symptoms associated with debilitating depression like insomnia, lack of energy, unrelenting sadness, and feelings of worthlessness. If someone who is taking anti-depressants is extremely happy all the time, it is a sign they need to check in with their provider because they might actually be experiencing adverse side effects, be manic, having a drug interaction or abusing something along with the med. I have a red and blue stuffed "Happy Pill" in my office. If you push the button on it, a tape recording of a baby laughing goes on and on. It's pretty funny but this is not how these medicines are supposed to make you feel!

Next time, we'll look at other questions about meds that seem to come up repeatedly in the practice of behavioral health medicine. Hopefully, we all keep growing in our understanding in the fascinating interactions of Meds, Minds, and Mental Health.

Jan is a nationally Board Certified Psychiatric Nurse Practitioner who specializes in adolescent treatment. Her desire to provide quality psychological and psychiatric care for adolescents and young adults in an outpatient, faith based setting has led to the opening of Doorways in 2008. Blue Cross Blue Shield and Aetna provider. <http://doorwaysarizona.com>.


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NIDA to Match up Teens and Scientific Experts for National Drug Facts Week

The National Institute on Drug Abuse (NIDA) plans to match up teenagers and scientific experts to discuss facts about drug abuse in events across the country during National Drug Facts Week, October 31 through November 6.

“This week-long observance is designed to counteract the many drug abuse myths that bombard today’s youth,” NIDA Director Dr. Nora D. Volkow said in a news release. “We have learned that teens are craving factual information about drug risks and dangers to help them make smart choices.”

During National Drug Facts Week, community groups including schools, hospitals and sports clubs will sponsor events. NIDA is providing an online toolkit that walks teens and their sponsoring organizations through steps including how to create and publicize an event, and how to find a scientific expert and information on drugs.

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LIFE 101

By COACH CARY BAYER www.carybayer.com

The Lesson of Never Quitting

Before going to bed last night, I read an article in Tennis magazine about the 2010 record-breaking 11-hour-plus tennis marathon held at Wimbledon between John Isner and Nicolas Mahut. Then, before turning out the light, I glanced at a quote that sits by my bed that reads, “Winners never quit and quitters never win.” This apt observation was made by Vince Lombardi, the Hall of Fame football coach, who guided the Green Bay Packers to wins in the first two Super Bowls ever played. As a life coach and wellness — not sports — columnist, I’m invoking three sets of athletes because of what they have to teach each and every one of us about succeeding in any and every area of life.


What’s so astonishing about the 138-game fifth set played by Isner and Mahut is not the obvious records of aces and consecutive service games held, or even the hardly believable physical stamina they had to compete at that level hour after record-breaking hour, but the sheer power of will and determination it took to continue to get back on the court and play, and not just throw in the towel. An avid tennis player, I’m often tired after just one hour of singles; they played more than eleven hours. Their match was greater than every marathon match ever played in basketball, baseball, soccer, hockey, and boxing.

It took seven overtimes before the University of Cincinnati defeated Bradley University. The Isner/Mahut match would have been equivalent to 18 overtimes. It took eight overtimes for UCLA to beat American University in the 1985 men’s NCAA championship soccer final; the Wimbledon match would be equivalent to 20 overtimes. The White Sox beat the Brewers in a 1984 baseball game in the 25th inning; the tennis marathon would have been likened to 42 innings of play. Detroit took nearly six overtimes to beat Montreal in a hockey match; Isner/Mahut would convert to nearly 10 overtimes. An 1893 boxing match went 110 rounds, which isn’t even fathomable to fight fans who watch 15 rounders, but put in Wimbledon terms, it would have required 186 rounds of fighting..

The level of desire, and the intensity of determination, by both John Isner, the victor, and Nicolas Mahut is beyond what any one playing a sport could comprehend. This is the kind of steely determination that made Scarlett O’Hara unforgettable in Gone with the Wind when she said, “As God is my witness...they’re not going to lick me. I’m going to live through this and when it’s all over, I’ll never be hungry again. No, nor any of my folk...As God is my witness, I’ll never be hungry again.”

This is the kind of desire that’s critical to awaken in yourself for the duration of the Great Recession that we’ve been living through these past few years. It’s difficult not to find people who haven’t been affected by foreclosures, floods, fires burning wildly, layoffs, heat waves, hackings, budget cuts, client losses, and the like. I don’t offer this litany of woes to bring you down; rather to summon your steadfastness. As the doubting Macbeth asked his scheming wife: “If we should fail?” To which his ambitious wife replied, “We fail? But screw your courage to the sticking place, and we’ll not fail.”

I’m not suggesting that you become cold-hearted like cold-blooded regicides, but I do suggest that you don’t even think of failure. I don’t think that John Isner or Nicolas Mahut thought of failure after eleven hours of mano a mano tennis. After a six-overtime college basketball game, Syracuse guard Jonny Flynn confided, “I can’t even feel my legs right now.” I don’t think Isner and Mahut felt theirs. On some particularly down day in this dismal economic climate, you might not feel yours, either. But it is important on a daily basis to feel your courage, your belief in yourself, your determination, and your burning enthusiasm. Without them, you could find yourself like Nicolas Mahut — having to take a shower after an eleven hour defeat. Don’t ever quit, because there’s light at the end of the tunnel—even if that tunnel is an eleven-hour marathon or its equivalent.



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