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Northwest Herald Archived Articles



**STRAIGHT TALK
Rick Atwater**

Addiction has many faces

Saturday, October 16, 2004

"Marie" was smoking pot every day by age 15.

Her friends' older brothers and sisters were happy to provide the pot. Her grades reflected the drug use, as did the people she hung around with.

By 17, Marie was using "pretty much anything I could get my hands on."

By 19, she was pregnant. Later that year, she married a fellow druggie and friend of the father of her new baby girl.

Her new husband was a drug dealer, who mostly sold ecstasy, but sometimes heroin. Within the first year of their marriage, he was arrested twice for domestic battery before being imprisoned for possession of narcotics with intent to deliver.

Marie decided to quit using drugs, something she had thought long and hard about.

She did well in her efforts to stop using cocaine and heroin. She was never a big fan of heroin fan, and as for coke, it was just too expensive now that her husband was in jail.

She thought that stopping drugs would help her to be a more responsible parent. The problem was she never stopped smoking pot. She also started to drink more.

By her late 20s, she had remarried, inherited two young stepsons and gotten pregnant again. By her early 30s, she was drinking daily and smoking pot as often as she could.

Her new husband was a nice guy, but worked all week and partied all weekend, leaving Marie to handle the kids alone.

Marie got her first DUI at 34. She was sincerely surprised at receiving it as she felt completely sober while blowing a .018 – almost twice the legal limit.

"Besides," she thought, "I quit drugs a long time ago and have been behaving myself for years."

Marie thought that because alcohol and pot were "better than hard drugs," she couldn't currently have a problem. She didn't know that her addiction had just changed faces over time and was actually getting worse.

Her second and third DUIs came in rapid succession, requiring her to get serious about her addiction.

Marie no longer believes she "usta be an addict."

She knows today that once she's over the line, there's no going back and that her disease always, over time, gets worse, never better without treatment.

Divorce may not heal

Sunday, October 31, 2004

I've had a lot of questions and concerns lately about whether a person living with a chemically dependent spouse should stay in the marriage or leave it.

Of course, there are any number of extenuating circumstances, all individual, all different and all valid. So let me speak about divorce, "the D word," from a slightly different angle.

Divorce may become a viable option under some circumstances, but it will never solve the problem. Leaving your alcoholic husband or wife may become necessary for your emotional and sometimes physical survival, but it will not answer the question of how you got there in the first place or how you're going to avoid going there again. Those questions can only be answered by starting a process of personal change.

A young woman we'll call Diane was married for 12 years to Don and had two young children. Don drank and smoked pot daily. They fought bitterly about money, kids, intimacy, employment, dishes, cars, Kleenex, ink spots, unmade beds, the weather, ad nauseum. Diane and Don were both intensely unhappy, each blaming the other for their unhappiness. Don contended his drinking and drug taking was due to Diane's withdrawal and anger at him. Diane contended her depression was because of his drinking. Both demanded the other change.

Diane decided to divorce Don, and in the process of counseling, it was discovered Diane had been a drinker herself many years before and attended AA. Part of her unhappiness was her chronic need to control and her misunderstanding of Don's disease because of her own issue with it.

Don was self-righteous, blaming and immature, a package that landed him in a bottle and a bag almost every day, his pride preventing him from seeing his own problems.

Is divorce the answer for Diane and Don? My opinion is that someone needs to be the grownup. Someone needs to take the hard look at themselves and start the process of recovery.

Looking at things through cleaner glasses, someone can make better decisions in the best interest of the family. Can people really change? Yes, but likely not precisely the things you want changed and likely not in the way or time that you think.

Saturday, November 20, 2004

Question: My drug of choice has always been marijuana. I'm 27 years old and have a college degree. I've smoked pot every single day since I was 13. My parents would be shocked. I never saw it as a big problem because I didn't really get into other drugs much and didn't like alcohol.

I stopped smoking pot about two months ago because I planned on changing jobs and figured I'd be drug tested. It hasn't been as easy as I thought and I've started drinking more. I feel pretty socially isolated now that I'm not hanging with my "smoking friends." I should be in much better shape job-wise and I have trouble meeting women. What can I do to get on the right track?

Answer: I would suggest cutting to the chase. The problem isn't your job, your social life or your love life, it's what caused the problems in these areas. The thing that caused the problem was addiction. You managed to rationalize your addiction into unimportance by saying to yourself, and probably others, it was only pot. That was a mistake. Like with any mood-altering substance the potential for addiction exists. You may, at one time have been a recreational user, notwithstanding the illegality issue, but that, apparently, has been left long in the dust.

It's not uncommon for long-time pot smokers to have physical symptoms when they stop smoking, such as sleeplessness, irritability, headaches, nausea and disorientation. In addition, pot has gotten a lot stronger in the last decade, so one could easily be congratulating oneself on smoking less while actually getting higher, longer. Addictive potential has increased.

You have obviously been hiding your use as you mention the probability of your parents' surprise. Having a secret life is very energy-expensive and tends to cause other mental and emotional problems as a result of the long-term dishonesty. In short, lying is bad for you.

You mention social problems – all your friends are pot smokers you have trouble meeting women. I would suggest long-term pot use creates social isolation, immaturity, and retards emotional growth. You're probably emotionally about 13 years old. That makes it hard to interact in a world where you're expected to be 27, not to mention the troubles that would cause in a love relationship.

Addiction is addiction and all that comes with it. The solution to addiction is recovery, which starts with abstinence.

Self vital to recovery

Saturday, November 27, 2004

Question: Help! How do you detach when everybody's addicted?

My own values are alien to everyone I live with, in fact, everyone I know or associate with. If I take a positive action, change my behavior, better myself and attempt not to judge, I am considered strange and therefore, dangerous.

If something bad happens, I am the object of everyone's blame and nobody else accepts a shred of it. If I look the other way, it gets worse. If I try to speak up, it gets worse. If I do my own thing, I'm considered a traitor and blamed for everybody's problems.

My husband, both my 20-something sons and my married daughter all have drinking or drug problems. Both sons still live with us, and despite my attempts to cut it off, we still support my daughter and her unemployed husband and child.

I feel like I'm drowning in a sea of sickness. I get no cooperation from my husband, blatant disrespect from both sons, and manipulation from the daughter and son-in-law. I've started in Alanon, but I'm afraid it might be too far gone. What else can I do?

Answer: It is wise to take swimming lessons before trying to swim the English Channel. However, given that you've already jumped in, let's talk about what you can and cannot do.

What you can do is meet people who think more like you and get a reality check. Alanon is a great place to get this. Another thing you can do is pay closer attention to your life and less attention to the lives of others who don't want your input anyway.

What you can do is take responsibility for your own actions. It would be wise to learn the difference between action and reaction and practice more action and less reaction.

You cannot be responsible for the actions of others. You might want to remember the three Cs; you didn't cause it, you cannot control it and you cannot cure it.

It's tough to stay out of self-righteous anger and resentment under your circumstances, but these are the manifestations of your part of the illness that if left untreated will destroy you. Work on yourself, keep a good attitude, find some Alanon winners, and stick to them like glue.

Teacher saves man

Saturday, December 11, 2004

"Allan" was a legend in his own mind, a guy you remembered by how hard you had to work to forget him.

He had an uncanny knack of saying the exact wrong thing at the exact wrong moment.

The funny thing about Allan was that he seemed to be the only one who didn't know everyone tried to avoid him. Bars were his home and its denizens his "family."

In fact, Allan did know everyone tried to avoid him, and it hurt him more deeply than he was willing to let anyone know. Allan's dad and mom were both alcoholics and subsequently, Alan was pretty much on his own as a kid. He had little guidance, minimal attention and no idea about normal behavior. He learned things like how to pretend it didn't matter when Dad called him worthless, how to become invisible when Mom started to rant about the dirty house, and how to act dumb to avoid the pain of knowing what went on in his house.

Inside, Allan was ashamed and afraid. He also learned to divert attention away from potentially violent disagreements by being obnoxious. He learned his act so well that "dumb and obnoxious" became his persona, his coping mechanism. Allan became a "behavior problem" in school almost as soon as he started and was in classes for behaviorally disordered kids in short order.

Even before high school, Allan had found alcohol and it was, to him, the magic elixir. It made him feel confident for the first time in his life. Fortunately for Allan, he had a teacher who took a special interest in him particularly because she recognized the patterns in Allan's behavior not to mention the smell of alcohol on his mom's breath at parents' night. Allen was placed in a group of kids whose families had substance abuse problems and started to develop an understanding and acceptance of his parents.

Almost 15 years down the road, jobless, drunk and afraid, Allan looked up that teacher's number and called from a phone booth. The teacher, now retired, answered on the second ring and to Allan's surprise remembered him. The teacher listened as he stuttered out his dilemma. When he had finished, she said, "I've been waiting a long time for you to call Allan. I've been in a program called AA and its been waiting for you too. Why don't you let me take you to a meeting?"

Allan went to his first AA meeting that night. He has been sober for more than a year.

Patience is a virtue

Saturday, December 25, 2004

I've noticed that I can be a very patient person when there are no other people involved.

I can patiently watch TV (as long as I have the remote firmly in my mitts). I can work patiently on projects in the basement or garage as long as nobody disturbs my concentration with irrelevant issues like – well – like stuff that's important to them. I'm patient on the road, too, as long as you're trying as desperately as me to be on time for my appointments. Oddly, my patience seems to be tied to your synchronization with my schedule.

My patience really comes to the front in doctors' offices where I get to read the same Sports Illustrated I read in 1998 and then get to read it some more while I sit on a cold table in my shorts. Wow, I'm really patient then. I always try to ask the doctor about her health to kind of break the ice. I also get to practice patience and tolerance with telemarketers who call to sell me stocks and bonds at dinnertime. I have to give them some credit for getting past the "no call" list and my caller ID – amazingly persistent guys you just gotta love. I always ask them about their wives and kids and try to squeeze in a question about career advancement. They usually are trying to get off the phone before I'm finished, but I like to keep them on the line until we've really connected personally.

I don't practice patience at fast food places only because they say "fast," so I figure I can hold them to it. I get real antsy and irritable when my "fast" food isn't fast enough. Hey, everybody's got a few faults. As long as I'm telling all, I'm prejudiced against cab drivers – there, it's out.

My favorite place to practice patience and tolerance is in long lines at grocery stores around holiday time. It's supposed to be a joyous time, so I like to yuk it up a little, tell a few clean jokes to my line-mates and to the clerk. I've noticed my happiness seems to be mistaken for obnoxious behavior. I rarely seem to get anything but "the face" from most of my fellow travelers who seem to be in a big hurry. Cashiers will usually smile politely, but they seem to want me out of the store as soon as possible. I don't know, I'm just going to keep working on patience and tolerance and spreading holiday cheer and hope I don't get arrested.

Words misunderstood

Saturday, January 8, 2005

I was talking to a friend of mine last week about a project I was doing. In the middle of my explanation, he said, "Why are you doing it that way?"

I stopped momentarily to think about this comment, and asked him why he was being judgmental. His response was, "I'm not being judgmental, I'm just asking a question." We argued about whether he was being judgmental or I was misinterpreting his motive. We finally agreed to disagree. I maintain his tone and timing indicated his judgment. He says I must be oversensitive to judgment because it was not his intention to judge, only to ask a probing question.

OK, this is not a big problem, but it illustrates how easy it is to contaminate the communication channel. I knew how I felt, which was judged, but my friend was steadfast in his insistence that a question is not necessarily a judgment.

I learned several things from this interaction: First, that despite what I mean to say, it is possible for someone to take it another way, and second, that it's difficult and time-consuming to work toward understanding. I learned when it comes to taking the time to be understanding, I'm pretty lazy. I'd rather people speak my language than have to negotiate.

I was talking to another friend who was explaining to me how the bookstore she frequented was a "big rip-off," but in the next sentence, she said, "I don't mean to say negative things about them but ..."

I was confused. To say something is a big rip-off sounds pretty negative, so I didn't know how to respond. Which is it, negative or not negative? This friend has a habit of this type of doublespeak – putting out opinions and reeling them back in just before anybody has an opportunity to argue.

I thought about it a little and decided it was my need to argue that got caught, and it was my need for her to be clear on my terms. In retrospect, I think it's fine that she has an opinion. I don't have to argue – or agree. I think she was just blowing off some steam. It really has nothing to do with me. The point really is how easy it is to misinterpret or take personally simple friendly communication.

If it's so hard to handle communication with my family and friends, I can imagine how hard it would be to handle communication with strangers much less adversaries. Getting along with other humans could become a full-time job.

Fishing for answers leads to revelations

Monday, January 31, 2005

Following is a reconstituted transcript of a conversation with a gentleman who was arrested for his second DUI in the last year.

"We'll it seems that your drinking has gotten you in trouble again."

" Look, I was bowling and I had a few beers and fell asleep in the parking lot. How does that equate to trouble?"

"Well, it says here that your blood alcohol level was .024 so either your beers were the size of pitchers or you were drinking before you arrived."

"Maybe I had a couple at home, but I only drink when I bowl."

"If you only drink when you bowl then how does the drinking at home fit in? By the way, do you fish?"

"Yeah, I fish."

"Do you drink when you fish? Do you take a cooler on the boat?"

"Yeah, sometimes me and my buddies drink while we fish."

"Can you remember a time when you didn't drink when you fished?"

"Not offhand."

"Do you play pool or darts?"

"Yeah, I'm in a dart league."

"Do you drink when you play darts?"

"Yeah, sometimes I have a few beers."

"How often do you play darts?"

"Twice a week."

"How often do you bowl?"

"Twice a week"

"Do you bowl or play darts on weekends?"

"No."

"Do you drink on weekends?"

"Usually".

"Would you say you drink every day?"

"Only in the summer when I go fishing a lot. A guy needs to relax."

"Do you ice fish?"

"Yeah."

Drug courts will help

Saturday, February 19, 2005

An Associated Press article last week caught my attention.

Apparently some state lawmakers want some money to "create and expand alternative drug courts." I'm pleased to see this initiative and have noticed our neighbors in Kane County have an active and successful drug-court program. The article went on to say that only 13 of the 102 Illinois counties have drug courts.

According to the Bureau of Justice Assistance, the drug-court movement was a child of the crack cocaine epidemic of the 1980s that overloaded already busy-to-bursting dockets with non-violent drug cases alongside the violent and/or felonious. Between case overload and recidivism problems, a partnership between the criminal justice system and providers of alcohol and drug treatment services developed.

According to BJA, between 1989 and 2000 "more than 1,000 courts had either implemented or were planning to implement a drug court."

In talking to county jail medical and mental health providers as well as probation officers, the percentage of inmates in the jail having some connection to substances or substance abuse can run as high as 80 percent. If a reasonable percentage of the non-violent cases can be diverted to a treatment-oriented judiciary process, the number of repeat offenders can be reduced, the court caseload can be more efficiently handled, and the taxpayers can save money. In addition, people who have addictions problems can get the help they need that would likely be ill-served by simple jail time.

The Associated Press article stressed that "judges, prosecutors and addiction treatment professionals work together" and that sentences may be reduced in exchange for treatment. The treatment, however, is not a cure, and the offender is likely to be subjected to close monitoring through a more intensive probation and regular drug tests for a longer period of time.

Drug courts are often designed to include family members in the ongoing treatment, especially in the case of juveniles, and tend to provide a high level of accountability and structure. The most recent move to fund drug courts according to the Associated Press is caused by the proliferation of the drug methamphetamine and "meth" labs.

For information about drug courts, check with The National Drug Court Institute at www.ndci.org.

Man lucky after crash

Saturday, March 5, 2005

This story is about the events in the life a young man in his mid-20s. He's from a family that had experienced its own problems with addictions and had come through in good shape. Both parents frowned on overindulgence and had trained their kids diligently in the ways of self-control and moderation. But as young people will, our young man began to experiment with alcohol.

One evening he decided to meet some friends at a nearby hotel bar. After some hours of heavy drinking, the young man decided to drive home. He got as far as a large cement road divider in the hotel parking lot where he crushed the front fender into the tire. In a haze, he exited the car and walked home.

The next day he forgot what had happened to his car much less where it was and in a panic called the police to report it stolen. The cops, having seen such things before, had some idea of what was happening and had a pretty good time with the young man. They wanted to find a way to charge him with something, but in the end, could not. Later, a friend called and explained to the young man what had happened and they had the car towed and repaired. The only apparent consequence was a stern "take responsibility for yourself" lecture from Dad and a bill from the towing company and the repair shop. No harm no foul – right?

About a year later, the young man and a friend were heading to a social event in the young man's grandmother's car. It was his grandmother's pride and joy, 10 years old and in perfect shape. Sitting at a stop light in the left turn lane a car coming in the opposite direction swerved onto the wrong side and clobbered them head-on. The driver of the swerving auto, obviously intoxicated, tried unsuccessfully to escape by backing up only to further damage the vehicles.

Fortunately no one was injured. The young man marched self-righteously toward the offender's car planning to obtain the necessary insurance information only to find a man so drunk he was only able to mumble, apparently in Polish. The police hauled the offender away and notified the young man the offender had no insurance and he would need to get his car towed within the hour or he would be ticketed.

Many such alcohol-related accidents don't turn out to be so bloodless. Nevertheless, the young man got the message. What goes around comes around.

Solutions can differ

Saturday, March 12, 2005

I have been learning an interesting lesson lately.

It sounds too simple to be something someone should need to learn. Nevertheless, I have needed to learn it.

The lesson is that one way of doing things may be helpful and fit well for one individual, but be the wrong thing for another in the same situation.

I was talking to a lady with two teenaged sons. She and her husband separated about a year ago about the same time she started to recover from her alcoholism. She always was the softer touch, responding to the boys out of guilt. In response, the father took a tougher and increasingly rigid stand with the thought that he needed to make up for Mom's lack of firmness. The outcome of this family drama was that Mom and Dad ended up fighting over parenting instead of looking at their own reactionary deficiencies, and the kids subsequently played them like their favorite video games.

At the same time I was talking to the father of a teenaged daughter. He had been raised in a large family in an "eat or be eaten" environment. He had a tough exterior and gruff manner. He had little patience for disobedience and took resistance as a sign of disrespect. He had softened considerably since starting his recovery four years prior, but old wounds die hard and his daughter had a personality distressingly similar to his own.

The problem in both cases was numerous rule infractions including curfew violations, late-night unauthorized computer use and sneaking out of the house. For couple No. 1, the answer lay in the ability of both parents to put aside their own needs to address the needs of the kids. In particular, Mom needed to start giving and sticking to consequences for behavior and Dad needed to let her.

Dad No. 2 needed to let go of the "master of the castle" syndrome. He didn't have problems enforcing rules, he had problems understanding the reasons his child broke them. He needed to learn how to give his kid a break and treat her like a person rather than a prisoner.

The problems were the same, but the solutions were almost exactly opposite.

Careful consideration of each individual situation, growth and learning from these painful family events and slow steady progress toward recovery are the necessities. Quick fixes, glib answers and pop-psychology don't do the job. One size doesn't fit all.

Spying on the gossip

Sunday, March 27, 2005

Have you heard a gossiping neighbor tell a story about someone with a problem? It's something to think about. Here's what it can sound like.

"Cathy's so hyper. She never stops running, talking, working or anything. I can't believe how much energy she has. I wonder if she ever sleeps? She seems to know everybody's business except her own. I think her ear might be surgically attached to that cell phone of hers. We used to kid her about how controlling she was. We called her 'the Little General,' but her husband apparently had been complaining for years and she didn't think it was too funny. She seems to have lost her sense of humor these last several years. We used to be able to talk more easily, but lately, it seems like it's her way or no way. She is either the expert on the subject or we don't talk.

"I remember sharing a lot about her marriage when Ron was still drinking, but he's been in AA now for six years, and she's still angry about the same things she was six years ago. I told her to let it go, but she doesn't seem to be able to do that. It seems like she feels that everything that happens to her is because of something Ron did in the past. She told me once that her first marriage didn't work because her first husband was an alcoholic and she would never go through that again – so much for that. I know she has been encouraged to go to Alanon or at least get some counseling, but she insists that it's Ron's problem and if he wants to go to 'those' meetings it's up to him, but she's not about to lower herself and her standing in the community to be seen at Alanon meetings. Besides, she says, 'that's for women who are in really bad shape.'"

"Well I'll tell ya, it's starting to look to me like she's in real bad shape, but nobody seems to be able to tell her anything. The last straw was the chronic emphysema, irritated by the chain smoking that caused some really serious health problems and an order from the doctor to slow down. Do you think she listened? Of course not; and proceeded to faint at the grocery store a week ago and end up in the emergency room. Too much. I've heard alcoholism is a family problem and everybody needs to recover from it. If that's true, this sure looks like a good example of a partly recovered family."

'Cocktail' idea changes

Saturday, April 9, 2005

The word "cocktail" has taken on a new meaning.

It used to mean a mixed drink of some kind – a manhattan, a martini, a gin and tonic – but today it has taken on a more sinister personality.

Cocktail is used to describe a mixture of drugs, sometimes lethal, that the user has ingested.

A drug cocktail is nothing new.

Drug addicts – people whose life theme is the old Monsanto motto, "better living through chemistry" – have been blending, mixing, cooking and perfecting combo platters for as long as getting high has been a contact sport.

Most experienced (and still above-ground) drug addicts know as much or more about pharmaceuticals, drug interactions and effects than your local pharmacist.

Opiate users in particular know their drugs, because without their drug of choice, (heroin, methadone, vicodin, etc.) the detox or "sick" sets in rather quickly and the necessity for a substitute is more acute.

Most drug addicts are poly-drug users, which simply means they'll use whatever is available or in front of them including alcohol. Most, though, also have a "DOC," a drug of choice.

To "party" simply means to get high with whatever is available, and a good night is one in which the DOC is available.

or heroin users, however, the mixture must contain sufficient opiates to ward off the sick.

Cocktails have been around for a long time, but have rarely been as lethal as they are now.

In the 60s the warning was "don't use sleeping pills with alcohol" because in those days sleeping medication was largely barbiturate and highly interactive with booze.

In fact, it seemed to be the movie-star method of suicide.

Although cocktails are always dangerous and unpredictable, they have rarely been lethal until the introduction of heroin in the last three years.

In this time an alarmingly large number of people have overdosed and died and almost all have had heroin or other opiate involvement.

Most have been cocktails but at no time in the recent past have we had the availability of such deadly ingredients, namely heroin.

Hazards everywhere

Saturday, April 16, 2005

Question: My 30-year-old daughter has a long history of alcohol and drug-abuse problems. She's been in rehabilitation programs in two states, had three kids by three husbands and has seemed at times to be completely hopelessly addicted to cocaine and alcohol. Most recently she completed a long-term program for women in Minnesota and has been clean and sober for seven months. My question is when are the most dangerous times and the most hazardous circumstances for newly recovering people?

Answer: Dangerous times and hazardous circumstances make up the largest percentage of a newly recovering person's existence outside of sleep and even that might contain "using dreams." This cheery forecast aside, I've seen smart, together-sounding addicts last little more than the time it takes them to get to the liquor store, and hopeless cases become beacons of sober hope.

I knew a fellow we'll call Kenneth who had a cocaine problem to the extent that no matter how hard he tried he could not get to work without stopping at the dealer's house for a rock. In desperation he decided to talk to a counselor on the drug rehabilitation unit in his town. Before he could raise a reasonable objection, it was suggested that he ask his wife to bring his toothbrush. Ken's biggest fear was going back to work and having to drive past the dealer's house. It was suggested by his counselor and his first sponsor that he take another route to work. Ken drove 10 miles out of his way every day for the first year of his sobriety.

Ken was willing to take direction and go to any lengths to stay sober, so he was busier staying sober than worrying about dangers.

Sometimes the most dangerous time is when the brush fires are extinguished and life is beginning to resemble something normal again.

The family is reunited, job problems are resolved and it looks to all appearances like the jailhouse conversion was a success. The problem is that the foxhole prayers have all been about "getting out of trouble this time" and are rarely about "helping me do whatever I need to do to stay clean." The newly recovering addict needs to be more worried about honesty, sincerity and recovery than hurrying toward their definition of normalcy.

Denial can run deep

Saturday, April 30, 2005

Denial is far more than a telling a little white lie. It's more destructive than simply overlooking some facts and clearly more far-reaching in its psychological effects than a simple lack of awareness.

We all have some. In fact, it might even be useful to be able to have some cushion to one's awareness of difficult truths. But like anything else, too much of it causes trouble.

Denial isn't disagreement, although it may manifest that way. Denial isn't saying the sky is orange when it's blue – that's either psychotic or defiant. Actually, denial may be more powerful when it's expressed by silence. I'm not talking about a short, snotty silent treatment, but rather, a long, dull, aching silence, an empty space – dead air, like when you bring up an uncomfortable subject at a party.

Sometimes a cold shoulder or a flip of the hair is enough to notify a denial-busting husband or wife that talk about last night's drinking episode is conversatum-non-grata. Sometimes a withering glare is enough to say, "You don't want to go there."

Sometimes denial is behavioral.

One man explained to me that his practicing alcoholic wife's biggest fear was going to jail. When he was called several nights later to pick her up at the police station – she had been arrested for driving drunk – she introduced him to the two officers as if they were her new best friends. She apparently had no fear of going to jail and even implied to the officers that her plight with her judgmental husband was such that anyone under the circumstances would drink like her. She thought of herself as charming and attractive even as she slumped, handcuffed to a folding chair. He was incredulous that she was not afraid and saw herself as "the belle of the ball."

Another man handled his alcohol problem with a unique twist. If he stayed too late at the bar, rather than drive home – which would be irresponsible – or take a cab, he had his car towed. He figured he would probably oversleep and not have time to get back to the bar to get his car and he would have to explain to his wife why it was gone. Never mind that the cab would have cost \$20 and the tow cost \$300. His denial was such that no matter what apparently ridiculous things he did, if he got to work on time and was therefore "responsible," he did not have a drinking problem.

Sometimes truth is stranger than fiction.

Work can be relaxing

Thursday, May 5, 2005

Every once in a while you find out some things about yourself that really surprise you. This wasn't the time.

I was under orders to ditch the cell phone, leave the briefcase full of – well, briefs – and leave town happily unburdened, free as a bird and light of heart.

Instead, as we headed toward the airport, I felt the onset of cell-phone detox, reaching spasmodically for my belt where my cell phone should have been, waiting expectantly for that ever-present ring.

Still twitching, we reached the airport where we two-stepped through the relaxing procedure of airport security, shoe removal, pat-downs, and luggage search.

I personally think it's an airline plot to make getting through that airport so bad that getting in an aluminum tube with jet engines and wheels feels like a treat. At any rate, I figure I'm not scoring that high on the relaxation scale at this point in my vacation and I better cool it.

My next challenge is a nine-hour flight with no work to do (that's nine hours without any type of productive activity). The only thing I can do is nap or watch bad airline movies, and by the way, it was a snack-only flight.

I'm squirming in my seat by the second hour and leafing distractedly through American Skies magazine, considering buying a personal electric fan.

"Why," I think to myself, "did I leave all that good and useful paperwork at home. My gosh, I could have been filling out surveys, paying bills, writing letters, oh, and newspaper columns.

"But I'm under strict orders to relax so I've got to relax," I think to myself with gritted teeth.

I finally managed to fall asleep and finish the trip. My arrival went smoothly until our host announced he would be working the first half of each day.

"What'll I do?" I thought. Ever the resourceful person, I borrowed his pickup, bought some gas and mowed his two-acre lawn. I think he must have thought I was about a half a bubble off of plumb, but guess what? I was finally relaxed.

Marijuana dangerous

"Straight Talk" May 14, 2005

I read a report recently that showed a significant decrease in drug use among 8th, 10th and 12th graders from 2001 through 2004. I was pleased but a little puzzled that my observations "on the ground" don't seem to bear out the report. On further examination I find that there has been no change in the amount of drug use according to a different report by the same agency for the young adult age group (18-24).

If I put these two reports together I conclude that even though we've seen a decrease in reported drug use in 8th through 12th grades, by age 18 whatever gains we've made we've lost by young adulthood.

I was also looking at a study of "daily marijuana users" – someone who reports using the drug 300 or more days. This 2003 study by the Substance Abuse and Mental Health Services Administration reports that 3.1 million people aged 12 and over use marijuana "daily". This same study shows a decrease in use of marijuana in the 12 to 17 age group but no change in the 18 to 25 or 26 and over age groups.

More than half of the daily marijuana users reported dependence on or abuse of alcohol or another drug. Males were three times more likely to be daily users than females.

We've long had the stereotype of the slow talking, slurry, giggly "burnout" – a kind of benign and amusing character who never succeeds and never cares. We have also swung to the opposite side and seen marijuana as evil "gateway drug". I think we've failed to pay enough attention to the dangerous nature of the drug itself.

One can, in fact be habituated to, dependent on marijuana and people do, increasingly enter treatment for marijuana dependency. One of the most serious and often-overlooked consequence of marijuana dependency is something called "amotivational syndrome". Rather than being a simple case of laziness or low self-esteem, which both might be present, amotivational syndrome includes life-damaging symptoms that also include indecision, obsessive thinking, unrealistic career expectations (neurosurgeon after dropping out of high school, NASCAR driver without a license, rock guitar virtuoso with no guitar and no lessons, etc.) lethargy, hopelessness, emotional immaturity and stunted emotional responsiveness.

Smoking pot isn't amusing and it can become a pretty serious problem all by itself whether one adds other drugs or not.

Alcohol strangles growth

"Straight Talk" May 28, 2005

Addiction in a family is like a vice, squeezing the system tighter and tighter.

Family members hang on desperately to what identities they can find. They hang on to whatever behavior is most conducive to survival.

The addict or alcoholic plunges deeper into his or her headlong, self-centered drive to self-destruction, insisting all the while that everything and everybody besides themselves are flawed or problematic.

The chief enabler (the person who is addicted to the addict) becomes more hopeless, bitter and vindictive, all the while cloaked in the mantle of saintly victim. He or she sees fewer and fewer options as the efforts have all been to change (improve the life) of the alcoholic or addict, a losing proposition in nearly every case. It has rarely occurred to the enabler to examine his or her own patterns of behavior and start there. He or she is every bit as blind about this process as the addict is about the drugs or alcohol. As the disease progresses, they have usually lost track of normal thinking, behavior and values and see their only hope as divorce but are unable to follow through to get one.

The kids tend to become conflict reducers or conflict increasers. The reducers do their best to maintain a semblance of sanity in an insane situation. If they are left untreated, they can spend a lifetime trying to make untenable situations "right." They often marry alcoholics or addicts.

The increasers are the rebels. They act out their hurt in angry and self-destructive ways. Untreated, they often become the very thing they have been rebelling against. As these kids grow into adulthood they are as unaware of their "locked-in" patterns as either the chief enabler or the alcoholic.

The reducers tend to finally find out that they don't know who they are other than a collection of things that others want them to be. They have been pleasing or over-achieving for so long they have no other identity. Their awakening usually comes in relationships. The increasers tend to hit the wall more quickly because their illness is more visible. If they're lucky someone in school catches on, a coach or teacher, and can help them channel the feelings in healthy directions. If no guidance appears, these kids often come to the attention of law enforcement and we read about them in the wrong section of the paper.

Addiction has lifelong affects on more than just the drinker or the drug taker. It is said that every alcoholic or addict profoundly affects at least five other people.

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Is it time to leave?

“Straight Talk” June 3, 2005

QUESTION: I had been hoping not to get to this point, but I'm at it.

I was ready to leave my husband last year because of his belligerence, immaturity, temper, the way he treated the kids, and most of all, his drinking. He stopped drinking at that time and has been seeing a counselor and his behavior has improved to some degree. I'm finding out that no matter how much he improves, he will always be him and it does not seem to be what I want. He still blows up occasionally, still acts childish and selfish. We have few common friends – although I have many – and few common activities anymore.

At this point, life is much better than it was and much less than I want it to be, for me. I know I want to leave, but it seems like I am being unfair to him after he has put so much effort into changing. I also see many symptoms of living with an alcoholic in all three of the kids. I can see the effects because my dad was an alcoholic and we lived a pretty chaotic life until he eventually got sober. I noticed, too, that there were things about Dad I always wished were different that, as it turns out, were just him. I just don't know how to tell if it is time for me to leave. Do you have any suggestions?

ANSWER: I think the time for you to leave is the time that you are well enough to do so. I understand you have been waiting a long time for your husband to come around, but you have wasted a lot of time waiting for him when you could have been using it to settle your own issues. I don't think it is coincidence both your dad and your husband are alcoholics who have disappointed you. I would suggest your husband's behavior provides a painful but familiar pattern in your life – a pattern in which you play an unconscious part.

I think the most valuable course for you is to start by examining what issues you brought with you into this relationship – mistrust, overcompetence, inability to get close emotionally, wanting someone else to be responsible for your happiness, needing to be in control, etc. – and work these things out with yourself, your husband and eventually, your father. With a good start on this work, you might be clear enough to hear and trust your own inner wisdom about leaving or staying.

If the decision is to leave, this process will allow you to leave with honesty, self-esteem and little guilt. I would suggest that you find a good Alanon group and a good addictions counselor to help you with this difficult work.

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Blame is a state of mind

"Straight Talk" June 3, 2005

I was thinking how hard it is to take personal responsibility for events in my life and how easy it is to blame. I met a guy who told me a great story about blame that always made me feel better because he was so much worse in that department than I.

He recounted a time between marriages when he decided to spend some quality time by himself. Being an Irishman and therefore a bit of a seaman, he flew to the tropics. He took occupancy of the boat and after a brief shakedown cruise so as to familiarize himself with the inner workings of his vessel, he headed out to sea.

After a brilliant day of adventure on the high seas, our hapless captain headed for a sheltered island bay to anchor and spend the night under the Southern stars.

Upon awakening with a yawn and a stretch, he bounded up the cabin steps to have his first cup of coffee on the sunny deck. What he hadn't accounted for was the change in the position of the boom (the long aluminum pole that secures the bottom of the sail). The gentle breeze overnight had inconveniently positioned the boom directly over the cabin hatch so, of course, as our captain exited the cabin with exuberance, he got clobbered by the repositioned boom.

Stunned and with a large bump on his head the captain's first thought was, "who put that boom there?" His second thought was, "who manufactured this inferior vessel anyway?" And his third thought was something having to do with lawsuits and large settlements.

As our captain recounts it, not once did he think, "how stupid of me not to watch where I was going," or even, "how inexperienced of me not to think the boom might shift in the night." Not once, the captain said, did he think of his responsibility for the bump. It wasn't until sometime later the captain began to think it a bit odd he was able to find someone or something to blame when there wasn't another person for miles. It took a good long time for the captain to recognize the over-developed need to blame that allowed him to find fault with everything else but himself even in the middle of the ocean, alone.

Alcoholism is not only a disease of blame but also a disease that raises the stakes by adding self-delusion and rationalization. The captain and I do our share of blaming, but we're caught, we're self-busted, we know better. There's no rationalization left to rescue us from the truth. The practicing alcoholic, unfortunately still clings to the same tired old reasons, whistling past the graveyard with guilt about an inch behind begging for another drink.

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Saturday, July 2, 2005

I met a young lady last week who was interested in an opinion about whether she had a drinking problem or not.

The first thing we had to do is to get the stereotypes out of the way. I asked her about her idea of what an alcoholic is because an alcoholic's definition is almost always several notches worse than his or her own experiences, no matter how regressed. (Example: Sleeping in a box on the street.) Sure enough, she felt like an alcoholic was a daily drinker (like her mom) who was dishonest, self-pitying and hid her problems in the bottle. She saw alcoholics as chronic rather than periodic drinkers who lost control whenever they drank. And since this was not her pattern (even though she had a substantial number of other symptoms) she could not be alcoholic.

The truth was, she had always worried about her drinking and knew she had to exercise extra caution because of her mother's illness. She also knew she "definitely had a problem in college," but had tamed her habits since her graduation and marriage. She also realized the man she married had a drinking problem and she controlled her drinking, essentially, to control his. She occasionally rewarded herself (once or twice a month) with some drinks and usually managed to stay in bounds, but once or twice every year, she reported losing control to the extent that bad things would happen – bad arguments, dangerous drives, irresponsible behavior with the kids, dishonest or other uncharacteristic behavior for which there was usually consequences and always remorse. In addition, she reported that she had always forgotten the events of the evening before whenever she had any more than four or five beers, but could not really predict how many beers she would have on any given occasion no matter what the circumstances.

Her pattern is not all that uncommon particularly in women who tend to be more likely to be binge drinkers and more secretive about their drinking. My suggestion to her was that her symptoms would certainly justify the presence of alcoholism, but that she should try some AA meetings to see for herself if the shoe fit.

She reported that as she told her story in an AA meeting there seemed to be a lot of smiles and nods. Apparently one of the older members said that although he wouldn't be able to say if she was alcoholic or not their certainly were some similar elements. As she was leaving she reminded the AA group that she still didn't know whether she was an alcoholic.

Their response was, "You'll do, honey, 'til a real one comes along."

Sunday, July 17, 2005

Drug use: Slow suicide?

I've heard alcohol and drug problems described as "slow suicide."

It's a dramatic description and it has some elements of truth but it's a dangerous oversimplification to leave it there.

Those who commit suicide do so out of a sense of hopelessness, uselessness, fear of life and sometimes resentment towards others. Many successful suicides are substance-induced or substance-assisted. However, alcoholism or drug addiction is not by any means the only or even the primary causative agent. Factors such as family history of suicide and/or mental illness, depressive disorders or traumatic events such as loss of a loved one, severe financial difficulties or loss of a job can trigger suicidal behavior.

The alcoholic or drug addict may be similar to the suicidal individual in that neither are acting rationally, the suicidal person's intention is to extinguish themselves, in many cases offering a sense of relief. The alcoholic or drug addict may wish to spin reality to their own version of happiness, they may wish to avoid life's difficulties by numbness, or they may even fantasize about dying so that they will finally get the love, attention and respect that they feel they deserve.

But in the end, alcoholics and drug addicts are usually too self-centered to commit suicide intentionally. They are more interested in having others view their suffering with the intention of collecting "pity points" that add up to a justification to continue to drink or take drugs.

Alcoholics and drug addicts die by their own hand in great numbers, but it is the physical effects of the overuse of alcohol and drugs that usually kills them. They die more often of careless overdoses rather than acts of self-destruction. They die of liver disease, internal bleeding, systemic problems associated with diabetes, car accidents, falls, etc. but less often of intentional self-destructive acts.

Drug addicts and alcoholics are generally dying slowly. However, that is only an unfortunate side effect of addiction for them.

For suicidal individuals, dying is the goal rather than a manipulation or a by-product.

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Saturday, August 6, 2005

Read the relapse code

People with relapse problems have a code that even they can't break.

Let me give you a couple of examples of the relapse code. Relapsers often talk about what they "ought" to do rather than what they are doing. It sounds right until it dawns on you that they are subtly saying that even though they know they need to do certain things they are unable to do them. They say things like "I know I should be going to more meetings" or "I know I should get a sponsor."

Relapsers often talk about how little they drank or used when they were "out there this time," as if to say, "It wasn't really that bad." They say things like, "I knew that I shouldn't be drinking, so I only had two glasses of wine." This minimizing is usually followed by a "reason." You'll hear a lot of "reasons" from relapsers. The reasons all sound legitimate and reasonable: "I lost a job," "I had surgery and started to use pain medication," "My wife divorced me," "I found out my best friend had cancer."

Relapsers don't want to talk about the actual act of drinking or specifically how much, and they avoid a set sobriety date. They tend to minimize the drinking and maximize the reasons, also called justifications.

Relapsers talk about taking responsibility but if you listen carefully, rarely actually take it. They tend to give the impression, even to themselves, that they are taking the blame but there is always a reason. You will be able to tell this by the copious use of the word "but." You might hear something like, "I took a hit off the joint, and I know it was wrong, but my girlfriend shouldn't have asked me to go to that party."

Relapsers focus on being "good boys" or "good girls," making promises that in the moment they intend to keep. They talk about feeling guilty a lot and share their depression and guilt over misdeeds. They try hard to be better behaved but are confusing the need to address the alcoholism with the misbehavior associated with it. They are subtly putting the cart before the horse and then, failing to maintain the better behavior, use the failure as a rationalization to drink again. They haven't figured out that constant focus on their misdeeds is self-centered and that their guilt is self-indulgent, a safe and familiar place that leads to chronic self-pity and subsequently a drink.

Relapsers don't know they're doing these things, which is why they continue to have trouble with sobriety. It takes patience and compassion to help a relapser see the reality of their "drain circling" behavior.

Saturday, August 6, 2005

Anger can be tricky

Let's talk a little about anger. Anger is a tricky subject because it comes in so many varieties, intensities and styles. Anger is not inherently bad; it is an emotion that, like other emotions can be constructive or destructive, depending on motive and use.

A guy we'll call Denny, was usually all smiles. Most people would say Denny was the nicest guy they ever met. He was described by some who worked for him as "sweet." The truth was that Denny was deeply driven by what other's thought of him and in public, put on a happy face so as to be "well thought of." At home was a completely different story since what his wife and two daughters thought of him was decidedly less important and less public. Denny struggled all day to maintain his "sweetness" arriving home angry, irritated and ready to explode, which he often did. When confronted with the difference, he often pleaded to "the stress at work," forgetting to add that he manufactured it.

Denny's anger was based on his codependency and his inability to be real with people. He was afraid of what they might think if they knew who he really was so he hid and in hiding, compressed the reality into a spring-loaded land mine.

Zeke was always right, even when he wasn't. He just couldn't understand why people couldn't just do it the right way – his way. Zeke tried to control everything and everyone around him. He had a drinking problem but had "stopped" a year or so back. He was, as he had been several times before, in that stage of, "just a couple of beers." Zeke was angry and irritable 24/7. His extreme need to control came directly from his inability to control his drinking which drove him to try to control, at least something in his environment. When his teenaged son failed to comply with orders, Zeke would get so angry that his wife thought he was going to have a stroke. Zeke felt completely justified in his anger because he felt he was right. He had no concept that his justified anger was causing great harm to himself and others.

Anger can be an example of energy in motion, a quick burst that once expressed passes through to a new understanding. For some anger is a cover for other emotions and for some like Zeke, anger isn't something he's able to handle at all.

[published on Sun, Oct 23, 2005]

Communicate well

I was thinking about my way of communication, and I might add that my wife helps me a great deal with this.

"It's not what you say, it's how you say it," she says.

I think to myself, "How did I say it?" but the answer looms dangerously close to the surface of that still pond I call a mind. I think I might have been curt, irritated, that I was drawn from what I would rather think about.

Perhaps I had an unspoken opinion about how much the shoes cost or when the dogs should be groomed. In fact,

I know I have an unspoken opinion about those items and I guess my "real" self leaks through, if not in my words, then certainly in my posture (back conveniently turned, eyes averted, frowning) or my tone (hard-edged, curt, uninterested).

I wonder how this race car of a thinking machine can miss such obvious stuff, but it regularly does.

In the final analysis, I just don't see myself the way others see me. It's only through repeated reminders that I can start to get the picture.

And just because I've been reminded 100 times does not mean I'll automatically change. In most cases, the unintended communication glitches have deep roots.

My wife, for example is an open-minded and eager learner from other people.

However, no matter how hard I've tried, when she asks me a question I feel interrogated and accused and often react that way.

Now we have to spend some time clearing up her intentions and cleaning up my over reactions.

We've been married for more than 20 years and I'm starting to get it.

My overreactions to innocent questions, her way of communicating, has nothing to do with her.

I, like most people have "baggage issues," and it's my job to come to terms with that baggage so it doesn't bleed through in a hurtful way in my communication with others, especially those I love and am close to.

In my opinion, there's only two kinds of people – those who have problems and are working on them and those who have problems and aren't.

Stop eating humble pie

[published on Sun, Nov 13, 2005]

Swallow your pride, eat crow, have a slice of humble pie...sounds incredibly distasteful to me. My appetite is virtually non-existent. Let's just sign up for fear factor and eat some bugs.

Why would anyone want to go on that diet?

Ernie had been very nearly a daily drinker since his late teens. Both his Mom and Dad had been alcoholics as had all three of his siblings, two brothers and one older sister. Dad had been a hard-working, hard-drinking railroad man with both a jealous and a mean streak. Ernie's Mom had been a neighborhood beauty queen who lost all her poise at the neighborhood drinking establishment. She always felt that she had settled for Ernie's Dad and he had always felt it too.

Ernie was of medium build, with no distinguishing characteristics other than a belly full of fear and insecurity. He was quiet and reclusive, scared of girls and unsure of himself. When his brother introduced him to alcohol at age 11, Ernie thought he had died and gone to heaven. All the fear and insecurity vanished for a time, he could talk to girls and even started to become a sort of big-shot. Ernie got his self-esteem from his ability to drink hard and from his family's reputation as a tough bunch.

Inside Ernie felt the same fear and insecurity that he always had but when he drank it all went away and out came a guy the even Ernie didn't know. This guy was loud, argumentative and a braggart. He could tell tall tales and often believed them himself. He became a brawler and started to have trouble holding down a job because of his arrogant attitude. Everyone knew that Ernie was fabricating the stories, even Ernie but it didn't stop him. Ernie had taken on a protective persona of "tough guy," "big-shot" and "know-it-all" and had lost track of Ernie. In fact, he didn't even want to find Ernie, since all he remembered of him was the scared, insecure little kid.

It took about five more years of misery, lost jobs, loneliness and despair for Ernie to admit to himself that he needed help. It took another year for him to be willing to overcome his pride and call AA. and another year after that to find the courage to eat the necessary humble pie to stay happily sober.

Ernie is happy being "just Ernie" today without image management or any identity enhancement. He isn't the biggest fish in the pond and doesn't feel the need to be. He found out that the unexpected key to his fear and insecurity was the diet he most wanted to avoid.

Alcoholism tough on family

[published on Sun, Nov 20, 2005]

In some ways, I think alcoholics have it easier than the non-alcoholic family members who try to recover. Alcoholics put away the alcohol and everybody applauds, but the rest of us have behavioral problems that aren't so easy to see, much less put down. And when we do, nobody notices. I have been the big rescuer for nearly 10 years since my dad died and left me, my sister and our alcoholic mother to fend for ourselves. I thought that if I didn't fix it, it wouldn't get done, and the more I fixed, the more my mother and sister broke. My mother lost her license so I drove her to work. My sister lost her job and moved into Mom's house with her drug-selling boyfriend. Mom would drink, the fight would start and the cops would be called. I would drive the 40 miles to intervene because they couldn't afford a lawyer. I lent them money to fix the furnace, and my sister took the money to bail out her boyfriend. I mediated the reconciliation between Mom and my sister, because I knew if my sister moved out, I wouldn't be able to say no to Mom living with us and my wife would kill me. I rescued so regularly that it was interfering with my job, and I was always worried about them rather than me. Finally, after weeks of sleeping problems, a warning from the company and a real emotional crisis, I saw a counselor. He told me a couple of things I knew but needed to hear: "Your mother isn't going to sink or swim because you worry about her," and "The more you bail them out the longer it will take for them to crash."

He suggested Adult Children of Alcoholics, the group I am attending, but doesn't it ever go away. I still feel very much inclined to rescue.

The answer is, probably no, it will never go away; however, as you continue your work in ACOA, you will find the focus will shift from obsessive thoughts about "them" to a more balanced way of thinking that includes you too. Sometimes compulsive helpers have an overly active need for approval and a need to be a perfect child – an impossible task for anyone.

As you address your own character problems, you will find yourself less worried about theirs. Alcoholics, by the way, have behavior problems too, which alcohol has only masked, so putting down the alcohol is a good first step, but by no means the end product. I think anyone who has the courage to recover, whether from behavioral or chemical addictions, deserves applause.

Be tolerant of family

[published on Sun, Nov 27, 2005]

Question: I recently completed a six-week evening treatment program for my drinking problem and I got a lot out of it.

I've had three DUIs in the last 10 years and was definitely out of control. I never even considered stopping drinking before this because it was so much a part of life for me and for my family. Now, I'm back in the world, so to speak, and although I don't want to drink anymore, my family isn't that supportive.

My mom suggests I can have just "a couple" now and that I can "be responsible" now that I have gone through treatment. My wife seems unhappy and resents my frequent AA meetings. My dad and brothers carry on with the heavy drinking as if nothing has changed. These first months of sobriety have not been as easy as I thought, especially with the holidays. I don't feel like I'll drink over this, but I really don't know how to handle being around my family and feeling like an outsider. Any suggestions?

Answer: My first suggestion is to bring this situation to the attention of your sponsor and talk openly about your feelings in your AA meetings.

Second, you have to remember it was you who went to treatment for your alcoholism, and whether your family is supportive or not does not have anything directly to do with your recovery. You didn't drink because of them and you won't start because of them. You have a disease called alcoholism, which insidiously helps you to find reasons, excuses or situations to justify drinking. You also have to remember you spent many years drinking, carrying on and staying the same when they hoped you'd grow up. Now, you finally do what they gave up on years ago and expect them to believe and trust you in several months? I don't think so.

As you have found out, change isn't always easy, so be patient and understanding with your family. Give them as much time and tolerance as they gave you.

Addicts not all unique

[published on Sun, Dec 4, 2005]

Lyle was a cocaine dealer. He told people he didn't use his own product because it didn't make economic sense, but he was lying. He told people he'd used a little in the past but had never been a regular customer. This was a lie, too.

He gave up trying to fool his parents about the money. They gradually figured out that he wasn't making a car payment on the new Camaro with the money he made delivering pizzas. They finally figured out everyone that showed up to "visit" him at night wasn't part of his close social circle. They figured out that he must be doing something illegal, but in the beginning, they weren't sure what it was.

Lyle had always been a pretty good kid. He hadn't been in trouble with the law in high school, but he and his brother had never had much good to say about school. By senior year Lyle quit, he said, to join the military only to find that they wouldn't take him until he finished anyway. Disappointed and bored since all his friends had left for college, Lyle found a new set of friends and started to party regularly.

Within the year, Lyle had started using cocaine and other assorted drugs.

Coke was his favorite and easiest to get, but expensive, so he started selling small quantities to offset the cost. To sell, he had to have "product" around all the time.

As time passed, he was less and less able to keep much coke around to sell, because it all ended up going up his nose. In order to maintain his stocks, he began to purchase larger quantities from a higher level distributor and became indebted up to his eyeballs for the coke he needed to sell. He needed to sell more coke because he was using more coke and because he had more around to sell he ended up doing more coke.

As his parents got wise, so did Lyle, and he moved in with his closest coke buddy to avoid confrontation. By now, the police in his town were watching him closely, and the local narcotics task force was preparing to pounce. Lyle didn't know if he was paranoid or if they really were out to get him. In his confusion, he was totally unprepared for the arrest.

His lawyer told him to get into a treatment program as soon as possible, preferably before his first court date.

Lyle continued to insist his problem was dealing not using, right up until his first unannounced drug test. His positive result for cocaine metabolites blew the lid off his cover, and it wasn't much longer before Lyle was able to admit he was a drug addict like the rest of the people in treatment.

Alcohol pain far-reaching

[published on Sun, Dec 11, 2005]

I think our attitudes are shaped in part by the information at hand, and sometimes that information can be incomplete or misleading. Those attitudes then dictate our actions, or in some cases, lack of actions.

Let me give you a couple of examples of incomplete information. A guy we'll call "Don" was riding his bicycle home from work late one fall evening. Don had been drinking heavily and was riding way too close to the edge of the roadway. As he wobbled down the road he accidentally (and drunkenly) swerved and was hit and killed by a unsuspecting and innocent driver. Don's death was reported as an unfortunate automobile vs. pedestrian accident, which was true as far as it went, but the real cause of Don's death was alcoholism. Don was riding a bike because his license was suspended due to multiple DUI offenses and Don, despite grudgingly attending some AA meetings had not made a good faith attempt at treatment.

I was reading a study done by the Center for Addiction and Substance Abuse of Columbia University that cites 25 to 40 percent of all general medical hospital beds in the U.S., excluding maternity and ICU, are being used for treatment of patients with complications from alcohol-related problems. These patients suffer from pancreas problems, liver problems, various muscular, vascular and cardiac difficulties, but are not diagnosed with alcohol problems. The statistics we generally see are based on hospital diagnosis codes, and so the available data gives us symptomatic information, but leaves out the cause. I don't know how many total hospital medical beds are in the U.S., but I'm guessing that even 25 percent of them is a surprisingly large number and this does not take into consideration other drugs or behavioral health beds.

In another instance a car full of young people were killed in a tragic traffic accident and the way it looked was that the driver was acting irresponsibly and recklessly. The truth was that they were returning from a run into Chicago where they scored some heroin. They were using heroin on the way back, and heroin was found in the car along with a fair amount of marijuana that was destined for distribution here in McHenry County. To see these young people thought of as simply irresponsible is to only see a small part of the truth. The driver, rather than irresponsible, was drug-addicted and under the influence of that drug.

It is irresponsible of us to settle for simple answers based on incomplete information when the real causes remain unspoken and unexamined.

Mom has alcoholic traits

[published on Sun, Dec 18, 2005]

Question: Can people adopt the traits of an alcoholic – say if they were raised by an alcoholic father – in their character and personality even though they are not physically an alcoholic themselves?

My mother recently told me she grew up with an alcoholic father. When she would help people, if they didn't do it her way, she would never let them forget it. She always needed to be the helper and the hero, but then she would always say she was there for everyone else while no one was there for her, which wasn't true at all. She would act one way when people were there and be completely different behind closed doors. I could never figure her out until maybe now.

Answer: The answer is yes. Alcoholism is called "the family disease," and it affects everyone in the family in different ways. Everybody does their best to adapt to the situation, but there's no good adaptation to a bad situation.

Some family members adapt by withdrawing, others by acting out their feelings. Some become controllers, trying desperately to control an out-of-control situation. These adaptations, or roles, are attempts to survive, and they serve a very important purpose in the family at the time. The problem comes in later when the external problems are long gone, but the adaptation has taken on a life of its own. You might even say that the role has become the person's identity.

It's at this point where the role becomes destructive. The role now seeks recruits to complete it. If you're a helper you need a "helpee" so the rescue cycle can continue. It's not healthy, but it may be the only way someone knows how to have a relationship.

It sounds like your mom got locked into a role that at one time helped her survive but later turned on her (and apparently on you).

The theory goes that if you don't recognize the patterns and work on them, they get tighter and more destructive as time goes on. It also sounds like your mom had image management difficulties. By this I mean that she had a public self and a private self. Adult children learn early to present a good front and not let anyone know what it's really like at home. In this way, they protect their own feelings of shame and inferiority brought about by the alcoholism.

Alcoholism is a generational illness and has not only affected your mom, but you also. If you have not already done so, I would suggest starting your own recovery.

Where's the good news?

[published on Sun, Dec 25, 2005]

QUESTION: I know it is not customary to write without a problem or a question, but I have an observation.

It seems because all you do is talk about problems, you misrepresent sobriety (from booze, food, other people or whatever).

I didn't get sober to continue with the same set of problems I had before. I rarely see you talk about the successes, the miracles and the pure joys of living that come with sobriety, so I want to do just that.

I try to live by a motto I saw once that reads "Practice random acts of kindness and senseless acts of beauty."

It sure is a long way from what I used to practice. Life for me today is full, sometimes hurtful, sometimes joyful, sometimes angry, sometimes grateful.

I don't feel ashamed of feeling anymore, and I don't usually stay in one emotional place too long. When I'm mad I express it and get through it.

When I'm sad I cry it out until I am done, and when I need something, I ask directly, willing to accept "no" for an answer. I don't have resentments today. I don't have "problems," either. I'm exactly where I need to be, learning what I need to learn.

Don't get me wrong. Things happen that I don't like, and I do feel pain, but I don't run from it anymore.

I get through it with as much grace as I can muster, learn my lessons gratefully and get on with it. I feel very fortunate that I have been able to begin to accept life on life's terms and it makes living a lot lighter.

ANSWER: Thanks for your observation. It seems that people often want answers and are not willing to accept advice that requires waiting, accepting, letting go or other less-tangible things.

Most, I suspect, are in a more tangible stage of sobriety. My guess would be you have been a 12-step person for a good long time and I applaud you for having found some contented sobriety, but don't forget how long it took you to get where you are.

Even the biggest complainers, the major-league deniers, those with seemingly insurmountable problems and those with zero gratitude have turned out to be happily sober while those who sounded good got drunk.

I've learned to have patience, remember how important tangible things are at some points and never judge.

There are miracles

Backslides can be landslides

[published on Sun, Jan 1, 2006]

Sometimes apparently unrelated lives and seemingly unrelated events collide and result in unexpected insight.

I don't want to sound too voodoo here, but let me explain.

I was driving down the street on my way home from work last week when I noticed a man packing a ratty-looking trailer behind a beat-up, old suburban in his unshoveled driveway.

He was hunched over and working hard to tie a tarp over the contents. I saw him but he didn't see me.

I recognized him as a man I had known casually some years before. He was business owner, a friendly and helpful guy with a good family. He had always struggled, obviously, with alcohol. It was no secret from any but the most unaware customers as he often smelled of alcohol and his health had deteriorated before our eyes.

He had finally succumbed to health and family pressure to "go to detox" which he did. He looked pretty good for a few months and then the old "haunted look" came back.

You could see him start to deteriorate again before your eyes. It wasn't long before I heard that the family couldn't take it anymore and the business was in trouble. As I watched him prepare to leave with his sad, little trailer, I knew the story.

At nearly the same time, I had come from a meeting with a man who had been the national sales manager for a large manufacturing company. He had run into trouble with alcohol many years before and "cleaned up his act."

Recently, however, he had started drinking again and essentially had lost everything. His words to me were, "I never thought it could get so bad."

Enter a young man, bright and full of energy.

This man, in his early 30s had arrived looking for a way out of his inevitable difficulties. He was successful in his business but personal matters were piling up. Drinking and cocaine were both issues in his mind but easily addressed and relatively minor in comparison to business and family.

As I noticed his glib dismissal of the seriousness of his problem I wished I could have introduced him to my two previous encounters.

In the end, though, I got to view the panorama of the disease. I got to see the young and hopeful eyes, still willing to overlook the consequences, still unable to claw through the fog of denial and I got to see the inevitable consequences of not doing so. I got to see the beginning of a nightmare and I got to see the end.

Tunnel vision harmful

[published on Sun, Jan 8, 2006]

I want to tell you about a guy we'll call Mike.

Mike has been a big drinker for years.

He's a well-meaning guy who grew up in an alcoholic family, although he wouldn't have called it that.

According to him, his dad just overdid it sometimes.

In reality, his dad died of alcohol-related causes.

Mike's wife hates the drinking, not because of violence or meanness, but because Mike gets overly righteous, rigid and opinionated.

Mike is a guy who doesn't believe anything unless it's proven to him, and even then he questions the methods of the proving.

Essentially, he doesn't buy much, even when sober, that doesn't conform to his way of seeing the world.

Mike is a nice enough guy. He loves his kids, he works regularly, and he loves and is faithful to his wife of 14 years.

But discussing anything with Mike quickly turns to a one-way argument.

Rather than a universe of opinions, views and valuable information, Mike sees only one view, and usually it's one that he has held and defended for years.

He might acknowledge a little stubbornness, but he would certainly not consider himself closed-minded.

Mike's wife has noticed that during the years, he has gotten more rigid, more opinionated and has begun to alienate friends and family.

He becomes insufferable when drinking and, these days, barely tolerable when sober.

Recently, when he started another lengthy discourse with the 6-year-old, her mother saw her rolling her eyes.

Mike's drinking by itself is bad enough, but what really has caused him the most life consequences is his alcoholic thinking.

He has an insidious form of self-centered fear we'll call tunnel vision, commonly known as closed-mindedness.

He has become too afraid to let go of his old way of thinking to the extent that he believes his own rhetoric.

What he hasn't figured out yet is that, in his case, his closed-mindedness could kill him as it did his dad.

In order for Mike to address his thinking problem, he will need to address his drinking problem.

Frey book misses point

[published on Sun, Jan 15, 2006]

Some of you, interested in the topic of addictions might have read a recently popular book by Jim Frey, "A Million Little Pieces."

Oprah recently endorsed it, and it's been a best seller for a while now. In fact, book two is already on the stands. If you follow the news, some of Frey's facts or memories, if you will, have come under question and according to some, are either overstated or completely fabricated.

I actually am not interested in debating the honesty or lack of it, but another topic related to the book. I picked it up a year ago or so and read the first several chapters, then skimmed the rest, and I almost immediately felt a disconnect. I had to ask myself why, and after some thought this is my conclusion.

First, Frey was telling, and I'll give him this, in very well-written form, what is known as a "drunkolouge."

He was dramatizing his drinking and drug history, replete with physical violence, DUI arrests, rehab stays and other assorted legal dilemmas. He presented himself as an angry, arrogant person, even when confronted with harm done to family and friends, determined to do it his way.

I found nothing to admire about that.

I found it a testament to his self-centeredness and immaturity and even while not drinking, in so doing, misrepresenting what recovery really is.

I think Frey missed the point. It's not about the drama, it's about the humility Recovery is about "right-sizing" the ego. Alcoholism is all about feeling small and acting big instead of feeling good and acting right. There are millions of recovering people out there telling their stories, not for the purpose of drama but for the quiet reward of sharing experience, strength and hope to help another suffering alcoholic.

People far wiser than I have told me one should always examine one's motives. The offense, in my opinion, is not the content or readability – my gosh from a layman's perspective it's a real grabber of a story – but rather it's the motive – to dramatize, rather than to help, that causes the disturbance.

Now we bring in the question of credibility and I see the pain on his mom's face as she defends her son and talks about the heartbreak of her son's history. I think now that maybe Frey is going to get the "right-sizing" he missed in rehab.

We don't always get what we want, but we always get what we need.

Some advice doesn't help

[published on Sun, Jan 22, 2006]

QUESTION: My wife is quite a few years younger than I am but we're very compatible.

We started out as friends and remain that way after seven years of marriage, but she seems unable to get away from the grasp of her mother and sister. The family was quite a mess with the father dying of alcoholism and several of the brothers having notorious drinking problems.

My wife is the baby of the family and I have always warned her about the drinking and especially driving her car home from her mom's after drinking with her sister. She recognizes the dangers and so now she ends up spending the night there or wherever they go to drink two or three nights a week. She has admitted she drinks too much, but says she's not an alcoholic and can control it. I am becoming more like a father than a husband: scolding, warning, protecting and giving angry lectures. I feel like I'm losing her to them or to the drink. I even convinced her to go to a marriage counselor. What else can I do besides sit and watch this thing end?

ANSWER: The way it sounds to me, you're about halfway there. You've tried all the control tactics you can think of and not only have they not worked but you're sick of them yourself. Your control tactics only end up making you feel guilty, give her ammo to resent you and distance herself from you and give her another reason to drink too much. By halfway there I mean that by the time you are sick of your own behavior, you're a good portion of the way to being ready to make a change – a change in you.

As long as you play the adult, she will play the child. You are no smarter than she is. You just deal with your feelings in a different way – she with drink and you with self-righteousness, condescension and overprotectiveness. These are the things that you will need to change but they are only the cover, like booze, for the feelings underneath.

Often controllers need someone or something to control on the outside because they themselves feel out of control on the inside. They are often out of touch and afraid of feelings and this makes it very difficult for them to let go so I know how tough this will be for you but you need to let your wife's drinking become more of a problem for her than it is for you. My suggestion would be to go to at least a dozen Alanon meetings and consider that giving any advice, suggestions or "helpful information" to your wife is a relapse on your part.

People read others' minds

[published on Sun, Jan 29, 2006]

There is an old Woody Allen movie – I think it was "Annie Hall" – where as he was developing a relationship with a romantic interest (Diane Keaton).

He would say one thing, but what he thought was subtitled. I was fascinated by this study of human nature and the subtle undercurrents of human communication.

So Woody inspired me to give you a glimpse at an interview I had a while back with a woman we'll call Rita.

Rita's husband made the appointment because she "really didn't feel the need for counseling," but agreed to go if he insisted, which he did. As we began discussing concerns, Rita's husband brought up the dreaded "A (alcoholic) word" and Rita hit the roof. But forging ahead, I asked Rita a little about her drinking and she said, "Yes, I drink every day." Then she proceeded to say that she did not drink yesterday.

My thought: "Huh? I thought she drank every day? Someone's confused here."

I countered with, "You didn't drink at all yesterday?"

Rita: "NO."

My thought: "If you didn't drink last night why does it smell like last night's litter box laced with vodka in here?"

"When I drink, I drink a bottle of liquor," she said, "but I can control my drinking."

My thought: "If you think drinking a bottle of liquor at a sitting is controlled drinking, what does out of control look like?"

"What happens when you drink?" I asked.

"I get angry quite often," she said. Her husband nodded affirmatively.

"Do you get angry only when you drink?" I asked.

"Pretty much," she said, "but it's the anger not the drinking. He makes me angry and then I drink."

My thoughts: "So your drinking is his fault. I wonder why you think that something someone else does justifies drinking a bottle of booze?"

"So if you weren't so angry you wouldn't drink?"

There was a long pause, a glance at hubby and then a slow nod "yes."

I look at hubby and think, "You've been pretending to fall for this one to keep the peace haven't you fella?"

I smile at him and ask just that and he nods dejectedly. He knows exactly what's going to hit the fan now, the same tired old argument that she drinks alcoholically because he's a jerk. The more he argues the more ammo he gives her to justify her drinking, and the more she drinks the more she needs justification so the more they fight.

"I know I don't drink normally," she concedes, "but I don't have a drinking problem."

"What's the opposite of normal?" I think.

Nation addicted to more

[published on Sun, Feb 5, 2006]

I was listening to the State of the Union address the other night and, of course, my ears perked up when I heard President Bush say that the U.S. is addicted to oil.

I thought about that, and wondered what it meant. I knew he didn't mean addicted in the clinical sense, but addicted in the broader sense, as if to mean an unhealthy attachment. He went on to say that this addiction ties us to "unstable," or in my words, "dysfunctional" countries who supply it. So the model of addiction works on a national scale as well as a family scale.

Lots of things went through my mind. First, that in some way, this recognition of addiction was a way of acknowledging the denial of the past, and like recovery from addiction of any kind, it requires some painful soul searching and change. It seems that it's tough to see the nature and impact of the addiction when you're in it with both feet. It's only with recognition of undeniable consequences that recovery can start. I suppose this is an example of spending lots of time in the woods and not being able to see the forest from the trees and maybe just now beginning to get a glimpse. Addiction doesn't render the sufferer blind, but rather clouds the view to make you think you're seeing things that aren't there.

I also thought about our dysfunctional counterparts in this two-sided drama with all the symptoms of the blaming, self-righteous spouse, rescuing us with one hand and resenting us with the other. I wondered if they have Alanon for governments.

And finally, I thought about addiction in its broadest sense and I wondered if we could translate this most recent recognition into the recognition of a bigger problem. We worship addiction. We live for it, in it and with it every day. We are addicted to MORE. In our culture MORE is better and the ends justify the means. He who has the most toys when he dies wins. We use addictions to sell MORE. We use sex, drugs and violence to draw viewers to ads that sell MORE so that we become accustomed to thinking about what we don't have rather than what we do. Then, of course, to satisfy our addiction to MORE we have to have MORE.

Let's learn to live within our means. Let's learn to say we have enough. Let's be grateful for what we have instead of clamoring for more. Let's look our unhealthy attachments right in the eye and call them what they are. Maybe there's a MORE anonymous meeting tonight and we should all go.

Heroin stays in shadows

[published on Sun, Feb 26, 2006]

I'm the face of heroin.

I want to introduce myself to you. I haven't been hiding. In fact, I've been making a lot of noise lately, but not many of you have been paying attention. That's perfect for me because I can go about my deadly business with little interruption.

Some of you can look right at me and not see me at all and others can see me but don't want to recognize me.

I can change very easily. I used to be mainly an urban kind of guy. I used to stay closer to people of color and places where crime and poverty made it easy for me. I used to stick close to older, more experienced users because they couldn't do without me. I guess you could say I felt needed.

But now because I am more potent because there is a whole generation of young people who haven't met me and don't have bad feelings about me, I have changed once again. I am the new face of heroin.

I'm a white teenager from the suburbs. I have money and I'm probably from a decent home. I haven't committed any crimes yet and right now I'm more likely to be female. I could be your daughter. I'm so thrilled by my deception I could just laugh out loud if it wouldn't give me away.

I do all the same things I always did but I look different. I get people to need me. I get them in my grip and I subtly change them. I cause them to do things they wouldn't otherwise do. I squeeze the life out of them, make them pale and shifty, give them stomach aches. Then as our relationship deepens, they'll do anything for me and I know they're mine. Most of my friends die young.

They'll drive all the way into Chicago to pick me up and bring me out to see you and sometimes they'll do it more than once a day. How's that for commitment? I really feel like I've found a home here and I just want to thank you for welcoming me and making me feel comfortable – or at least ignoring me so I can go about my work.

If you see me don't acknowledge me because that weakens me. I need to live in the shadows. Don't call me by my name. Please don't say HEROIN because people get scared and start to want me to move along. Don't, under any circumstances start to tell your younger kids about me because then I won't be able to fool them. And please, under no circumstances should you organize or get groups of concerned people together to talk about me because before you know it, the lights will come on, I'll be recognized for who I am and I'll have to leave.

Spouse has addiction to playing the victim

[published on Sun, Mar 12, 2006]

"You know as well as I do that if you have another beer tonight you won't go to work in the morning and I'm not callin' you off one more time.

"If you get canned it's your own fault."

Secretly, she's scared to death he'll lose his job and they'll lose the house. Because she's doing the finances, she knows how close to the edge they've been dancing.

"If you're not careful, smart guy, we'll be on the street," she hisses.

"At least if we go down, we'll go down together," he slurs.

"You're sooo right. 'Together, together, together,'" she mimics sarcastically. "We haven't been together for 15 years."

"Twenty," he smiles cruelly as he cracks his ninth beer of the evening.

"Why doesn't she leave the jerk?" her friends ask.

"The man's had four jobs in the last two years and doesn't do anything but watch TV and drink beer."

The friends and the long-suffering wife conveniently focus on him, spending long evenings on the phone observing and complaining.

Oddly though, the wife does nothing.

She's tired, but not tired enough. She's waiting for him to reach his bottom instead of paying attention to whether she's reached hers.

She's willing to tolerate his behavior partly because she's too afraid to face the financial consequences of being alone, but partly because she's deeply connected to the cycle of blame, self-righteousness and victimhood.

She's as addicted as he is.

She grew up with it and its most all of what she knows.

Her mom stayed with her drunken dad until he died – and set her free as she would say – never addressing her own issues except to become an expert at suffering and passing it on to her daughters.

She loved him in her way and he loved her, but he loved himself more.

Sometimes the ropes that connect us can also be the same ropes that bind us to our disease.

Pot sneaks into life

[published on Sun, Mar 26, 2006]

"Randy" was considered by most to be a good guy.

He didn't have many friends, but plenty of acquaintances. His life, however, was just not going well. He often felt depressed and frequently isolated himself, shutting himself in the house for days at a time, coming out only to work. His work was such that he had days off between jobs, and although he needed to be bidding other jobs and selling himself to new customers, he could only do this with great effort.

He longed for a meaningful relationship with a girl, but was on the one hand very selective in terms of appearance and on the other lonely and needy. He was extremely self-conscious and wasn't comfortable in the bar scene and had developed few other ways of meeting people. He also spent a fair amount of time at the computer, some of it viewing pornography and then not feeling very good about that.

He had lost several jobs because of arguments with his superiors and had settled on self-employment to satisfy his need for job security. He had asked himself many times why things weren't working, why he was unhappy so much of the time and arrived at the conclusion he'd had a bad childhood and so he was depressed. The truth was he had, in fact, had a bad childhood, and he was depressed if that can be defined as chronically unhappy. But he had conveniently overlooked the fact he had smoked pot every day since his early teens.

He wasn't a big drinker, he reasoned and not prone to using other drugs. Heck, he thought, "I don't even smoke cigarettes."

What Randy didn't realize or was hiding from himself was that his personality problems were, to a large degree, created by his pot use. He had used pot as a cushion for his bruised emotions for so long he was missing some critical elements of emotional maturity. He was avoiding facing the fact that pot made him antisocial and withdrawn, and further, that withdrawal from it made him cranky, sleepless and argumentative. His self-consciousness and subsequent difficulties with the opposite sex was also a derivative of his chronic pot use.

Randy had tried therapy several times and in his words, "It didn't work for me."

The problem was he had never seen a therapist who asked directly about his pot use. About a year ago, he met one, and although he still struggles with some of his emotional issues, has avoided the pot, found a girlfriend and gone back to school. Randy would tell you that life's ups and downs are still present, but he feels like he has a whole new life.

Alcoholism goes untreated

[published on Sun, Apr 9, 2006]

Question: My daughter Emily is 33 years old and has moved back in with us after her second unsuccessful attempt to reconcile with her husband. She is very depressed and cries every day. Emily had always one to drink too many and was into drugs when she was younger, but she isn't drinking or using anything illegal now. She does take medication for pain and for depression and nervousness.

My question is, how do we talk to her? You can't say anything to her without being accused of criticizing her. She seems to feel that being alone forever is a forgone conclusion, and she won't talk to any of the friends she was in her last rehab with. Emily has always been a "glass half empty" kind of girl. It's almost as if she is scared to death to change and so she acts proud of her closed-mindedness.

ANSWER: Well, let's see. You've pretty much covered all the bases in terms of the definition of untreated alcoholism. Her marriage is down the tubes after several tries, however it sounds like there is been at least a couple rehabs in there. I wonder if there is a connection?

According to you, she isn't drinking or using "anything illegal" right now. I'm glad to hear it, but would have to remain skeptical. You don't, perhaps, strategically rule out abuse of prescription drugs of which she apparently has plenty.

She is depressed and crying even though that leaves a broad range of reasons open for speculation. You apparently believe it is because of her broken marriage. It might be just that, however the real depressing thoughts are in the reason why her marriage is broken.

You suggest that your daughter had a "glass half empty" attitude and that she is hopeless. I might translate this to you as ungrateful and lost. You add that she acts proud of her closed-mindedness. This is the act that someone puts on who is too scared to change and too scared to stay the same. Finally, you mention her hypersensitivity to criticism. If we ask ourselves why someone might be hypersensitive to criticism, we might find a number of explanations, but at the bottom of all of them is a person who doesn't feel very good about themselves. Psychologists who studied alcoholics found three primary characteristics: Immature, grandiose and childishly oversensitive. I don't say these things to rub it in, only to underline the very real problem you are dealing with.

All that said, I would suggest you find a way to get yourself into reality about your daughter's illness and encourage her to get help for it. Regardless of what she decides to do, it would help her immeasurably for you to get help for yourself.

Addiction destroys equally

[published on Sun, Apr 30, 2006]

QUESTION: I was talking to my neighbor last week and she confided in me that her husband had a drinking problem and had since they were married. I was shocked because he is such a nice man and also what I would call a pillar-of-the-community-type guy. He has a very high profile profession and is a well-educated man. I suppose I thought certain professions were immune somehow. I was surprised at my own stereotyped ideas about alcoholism because I am recovering myself. Could you say something about this stereotype and the recovery process for "important" alcoholics.

ANSWER: I've said it before and I'll say it again, alcoholism is an equal opportunity disease and does not discriminate with regards to job classification, however it might be harder to detect in the professional ranks. Because chemical dependency may be harder to detect for professionals, it may progress further before treatment becomes an option and, therefore, be harder to treat.

The impaired professional faces a number of barriers to recovery. First, he or she may be in a position of power with others expecting him or her to know the answers – especially nurses, doctors, judges, teachers, religious leaders, psychologists, counselors or lawyers. This makes it particularly difficult to swallow pride and admit powerlessness. There is often an overwhelming fear of public exposure and humiliation, job or income loss. Often the impaired professional begins to use his or her job as an excuse to continue using, citing long hours, high pressure and stress as a reason to "relax," a euphemism for heavy drinking. In many cases, the impaired professional is in a position of no supervision (he or she is the supervisor) flexible schedule and substantial income, all of which help hide or delay the consequences of the impairment.

Co-workers are unlikely to confront because they fear retaliation. Spouses are often dependent on the income and lifestyle and are afraid to confront because they will lose everything.

The truth is, however, that in any recovery meeting, although professions are seldom discussed, you will find lawyers, electricians, heavy equipment operators, anesthesiologists, priests, housewives, college students, unemployed laborers, punch press operators, salesmen, etc.

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Beware dangerous fake

[published on Sun, Apr 23, 2006]

For those of you who follow the news, a rash of overdose deaths have been discovered on Chicago's south side. The cause of the deaths has been reported to be a heroin-like substance that is 80 times stronger than heroin.

This is a particularly scary development because most of the heroin in our area comes from either the west or the south side of Chicago, which means that mystery substance could easily end up here.

As far back as the early 1980s, a powerful narcotic painkiller called fentanyl began to be used illicitly. Subsequently, a legal loophole was found by developing an analog to the drug, a slight alteration of the compound that does not change its effect, but essentially makes it unregulated. These unregulated versions of fentanyl were called China White and sometimes "new heroin." These compounds caused a number of overdose deaths on the West coast in the late 1980s and early 1990s.

Since the introduction of the fentanyl analogs and the use of fentanyl as a substitute for heroin, fentanyl-related overdose deaths have been on the increase, sometimes dramatically. According to emergency room statistics in the U.S., from 1994 to 2002, fentanyl overdose deaths have increased from 28 to 1,506. Pockets of overdose deaths have popped up in places from Salt Lake City to Philadelphia, from Los Angeles County, California, to Aiken County, South Carolina.

On Aug.15, NBC News reported police said fentanyl disguised as heroin had caused multiple overdoses on the west side of Chicago and had been given away by members of a street gang to acquire new customers. There was a rash of overdose deaths in Chicago in February, that according to the Chicago Sun Times, was initially suspected to have been caused by a bad batch of heroin. Upon further investigation, autopsy results showed the presence of fentanyl.

Fentanyl is available from drug companies in the form of a patch called Duragesic or a flavored lozenge with a handle called Actiq, known on the street as a "Percopop."

Most of the illegal fentanyl on the street has been extracted from the patches. Even legal users of the long-acting patches have suffered mishaps and even fatalities when the patch accidentally releases its contents too quickly. Obviously fentanyl is an extremely hazardous drug and needs to be more closely monitored by the FDA. In the interim, however, let those who use heroin or other opiates or synthetics beware and be warned that an exceptionally dangerous heroin substitute is currently on the market.

Drugs are the real problem

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According to the U.S. Bureau of Justice Statistics, in 2002, 68 percent of the inmates in jails met the criterion for substance dependence or substance abuse.

DUI offenders were excluded from this number, but when drugs and alcohol, along with positive drug tests were taken into consideration, 85 percent of convicted inmates were drug- or alcohol-involved. Further, 16 percent of convicted inmates admitted committing their offense for money to get drugs. Another 36 percent of the convicted inmates admitted using drugs at the time of the offense.

In comparison, the Bureau of Justice Statistics, using numbers from their most recent survey (1998) estimate that 16.2 percent of the convicted jail inmates reported a mental or emotional condition and/or at least an overnight stay in a mental hospital. In other studies, using a diagnosis of schizophrenia, bipolar disorder or major depression as a definition of mental illness, anywhere from 8 to 16 percent of the inmate population were identified as mentally ill.

Mentally ill inmates were more likely than other inmates to be under the influence at the time of their most recent offense, which would lead one to believe there would exist a fair amount of overlap of substance dependence/abuse and mental illness.

As many of you might have read, a mental health court is soon to be implemented in McHenry County and it leaves me to wonder if this is a personal crusade, a strategic funding move or if it really makes any sense given the statistics.

I decided to look - rather than at chemical versus mental health - at recidivism as I suspect this is one of the issues that lies at the heart of changing the way we adjudicate these cases. Of course, compassion is also a motivator. It is about getting people the help they need rather than punishment, but justice is about reducing crime.

The short form of my limited research is as follows: Although recidivism rates are incomplete, the Bureau of Justice Statistics found that 41 percent of prison inmates were reincarcerated within three years. From a study by Harris and Koepsell in the Journal of the American Academy of Psychiatry and the Law from 1998, "Mental illness had a rate of recidivism equivalent to that of a matched control group of non-mentally-ill offenders." According to the New York State Commission on Drugs and Courts in June of 2000,

56 percent of the drug-related offenders, much higher than the rate for other offenders, were re-arrested.

Maybe we should have taken a little more time to look at the numbers before we jumped at a mental health court?

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System fair to offenders

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Sometimes the system really works. One system that works pretty well in our area is the DUI process.

There are some bumps in the road, if you will excuse the analogy, but for the most part, those difficulties outweigh the overwhelming evidence that the process of moving through the DUI system for an offender is handled pretty smoothly.

A person arrested for DUI may lose their license through a summary suspension or have that suspension, in some case rescinded. The DUI charge can be reduced or suspended. A conviction for DUI will require the involvement of the Secretary of State's office and will in almost every case result in loss of driving privileges for at least one year, however, judicial driving permits may be granted depending on circumstances. Those circumstances include amount of alcohol noted on the B.A.C. (blood alcohol concentration), presence of other drugs, age of driver or presence of minors in the vehicle.

Every person charged with DUI will be required to have an evaluation from a DUI service provider licensed by the state to provide DUI evaluation, and in this county, a member of the McHenry County DUI Steering Committee. As a result of this evaluation, which normally takes place within the first 45 days of the charge, a treatment level is assigned. Treatment at level one requires 10 hours of Risk Reduction Education provided by an agency licensed to provide it. Treatment at level two-moderate requires 10 hours of Risk Reduction Education and 12 hours of counseling, for level two-significant, 10 and 20 and for level three, (chemically dependent) a minimum of 75 hours of chemical dependency treatment.

If the judge grants supervision rather than a conviction, he or she decides the penalties as opposed to the mandatory penalties levied by the State for a conviction. In 2003, statewide about 2/3 of the DUI cases were supervision and about 1/3 conviction. The McHenry County population grew about 7 percent from July 1, 2001, to July 1, 2003, while the DUI arrests grew about 14 percent from 1,195 to 1,349. Although there was an increase in arrests, that doesn't necessarily mean that there was an increase in DUI drivers. It could mean that we have better enforcement and more awareness.

In McHenry County, law enforcement, the judicial system including court services and the treatment community have formed a long-term relationship that has worked together in a balanced way to punish those who need punishment and treat those who need treatment. In my opinion, it's a model system.

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Fog of denial lifting

[published on Sun, May 28, 2006]

I talked to a gentleman last week who had a story I thought needed telling.

He had lived more than 30 years in a kind of a trance – seeing, but not seeing; hearing, but not hearing; knowing, but not knowing. He has started to wake up, and these are some of the things he said.

"No one talked about drinking, and certainly not about alcoholism. Mom would 'sip' wine most afternoons and then fix the martinis before Dad came home.

"She always made two and put his in the freezer while she had her first, then made another to have with him, pulling his out of the freezer before he arrived so that their drinks would be the same temperature, and he would think that her first drink was with him. I shoulda known something was funny then.

"Mom would continue her drinking by taking a partly full drink into the kitchen to 'clean up,' downing it and making another and swallowing it down to the level of the previous drink so that no one would know she had two. We all knew and pretended we didn't.

"At this time, Dad would retire to the easy chair to 'relax and read the paper,' downing his fourth or fifth scotch. He would fall asleep in his chair by nine, so I always thought he was just exhausted from work.

"There was generally no screaming or yelling, no physical fights and no obvious sloppy drunkenness. There was also little supervision or outward caring, but I assumed that since there was no brutality, my family life was ideal ... normal.

"Even when I started to catch on about the alcohol thing I still didn't see how it applied to me. My brother had a problem, my sister was messed up, but I was O.K. It wasn't until my wife told me she couldn't live with me anymore that I started to get the connection and come out of the trance.

"I now see my laziness, insensitivity, lack of close relationships, rigidity and general disdain for anything emotional as a symptom of the alcoholism in my family.

"I just started in ACOA and I would never have thought that a self-help group would be for me. I never even used the word 'alcoholic' or thought of my life that way. I guess I was lost in some stereotyped way of thinking or some kind of selective blanking out. The fog has started to lift."

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Wife not ready to recover

[published on Sun, Jun 4, 2006]

Question: My wife has had an alcohol problem for years.

She is a lovely woman – intelligent, gracious and a talented artist when she is sober. She has stopped drinking alcohol more times than I can count, and each time is the same. She stops drinking and is withdrawn and irritable for a few days then everything is great for a few weeks or a few months, and one time a year and a half. She doesn't start to drink again right away, but usually goes to the doctor for some ailment or symptom and comes home with either tranquilizers, sedatives or some kind of painkiller.

One time she purposely bruised her arm to justify a trip to the ER for pills. The pills start ,and usually within a short period of time, she is starting to sneak drinks and hide liquor. I don't have to smell alcohol or find bottles because I can tell in an instant from her personality.

She has been in a treatment program twice, but refuses to go to AA because she says she hates to say she is an alcoholic. Why do people need to say that? She says it makes her feel worse and makes her want to drink even more after hearing the stories. She is also convinced now she needs to take the pills and sees no problem with that.

Answer: I have seen a lot of different paths to recovery and in my experience every one is different. To recover a person needs to reach a point of surrender, a letting go of trying or willing themselves to be better. They need to reach a point of despair. It is one of the hardest things in the world to do to watch someone you care deeply about suffer.

Whenever someone finds things wrong with AA (or any other program), that tells me they are still looking for a reason to continue to do it their own way. In other words, they haven't reached the jumping off point. There is a phrase in the Big Book of Alcoholics Anonymous that says, "Some of us have tried to hold onto our old ideas and the result was nil until we let go absolutely." No one, however, is expected to be joyous or excited about the prospect of surrender. People who admit their alcoholism and say they are alcoholics, do so not in shame or as an indictment but simply as a statement of fact – they qualify. They tell their stories not to glorify drinking escapades but to remember and go deeper toward the truth of the causes and conditions of their addiction. The joy comes later.

Your wife obviously wants to continue to abuse medication and avoid AA meetings. You can accept that fact as part of her path toward surrender and start working to define your own.

Truth is stranger than fiction

[published on Sun, Jun 11, 2006]

Of particular interest to me and, of course, the readers of this column are stories that underline what I can only call "alco-logic." I will share one such story with you.

The story begins with a young man in his late twenties. He is a young man of privilege. (In other words, his old man has money). He is suffering from entitlement and self-absorption. He is charming, dashing, intelligent and witty, or at least he thinks so. He fantasizes himself in a smoking jacket with a cocktail in hand, when in reality he's wearing a dirty sweatshirt and sitting on the curb. He has everything a person could want, except values, and he is an alcoholic.

Our young man has what he thinks is a driving problem since when he drives, those pesky police keep stopping him and testing his breath for alcohol. His Dad's corporate attorneys have found a way for him to keep his driver's license even after bust number two. Finally, at bust number three, the lawyers and Dad are at the end of their tolerance for our young hero and he is facing judge and jail.

Our young man decides that since he has always wanted to be a social worker and since he can't drive, he will go somewhere where the only mode of transportation doesn't require a driver's license. He'll go to Alaska, he thinks, where snowmobiles are the stock in trade and he'll help the Eskimos. So on the day he is to face judge and jail he presents his plan. Lo and behold, the judge has been to Alaska and not only knows the state but knows the town. The judge, to our hero's great surprise, is in favor of the plan and is willing to let our young man stay out of jail with ONE CONDITION. That condition is that he proceeds to Alaska, that he STAY SOBER the whole time, be able to prove that and report back in one year.

Much to everyone's surprise, even in the land of six-month nights, bird sized mosquitoes, rampant alcoholism and suicides in droves, our young man manages the task, attending meetings with the natives and throwing himself into his work.

At last report, he has successfully been discharged and is working toward getting the necessary paperwork to drive something besides a snowmobile. I can only stand in awe of his "alco-ingenuity" but more than that, I applaud the judge's innovative sentencing.

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Depression makes mess

[published on Sun, Jun 25, 2006]

Mariette saved everything. Her house was a mess – disorganized, dark and depressing.

Her children, neighbors and friends agreed she had just not gotten over the death of her husband six years before. Mariette knew things were in disarray and was apologetic and embarrassed about her messy house. The front hall was lined with stacks of old newspapers and magazines. The kitchen was littered with books, ashtrays, dirty glasses, notes, broken toasters, envelopes containing old family photos, unopened bills and other non-collectibles. The garbage was often loaded with beer cans.

Mariette was a regular worker at her job as a customer service representative for a utility company. Her supervisor had complained several times about Mariette's tardiness problem but aside from that, she had no big complaints. Mariette was somewhat of a loner and was known to be quite moody, but she was a long-time employee and so the supervisor pretty much left her alone. She also knew that Mariette had lost her husband. She remembered that the marriage had not been a happy one and that her husband had been quite a drinker. Mariette had been known to knock a few back herself at times.

Within a year of her husband's death, Mariette had found herself drinking heavily, unable to sleep well and quite depressed. Everyone wrote it off to her grief, but Mariette was worried because she found herself unable to stop the drinking. She went to her family physician and got some antidepressants but got little relief as the drinking minimized their usefulness. It was all she could do to get up in the morning, struggle with the hangover, get ready and go to work.

Drunk and miserable one weekday night she dropped her lit cigarette in an overflowing wastebasket and started a fire. Fourteen-year-old Tracy woke to the smell of smoke, ran to the family room to find Mom in a drunken sleep on the couch, and put out the fire. The next day after Tracy angrily recounted the details, Mariette called AA. She went to her first meeting later that same night.

She has been sober now for four years but she still recalls that one of the first things her sponsor said to her was "How do you expect to beat the depression when you keep pouring in a depressant? It's like putting out a fire with gasoline." Mariette recalls that after the first several months her sponsor and several members of her group decided they would help her clean house. It was a revelation to Mariette that she was getting rid of all the old junk both inside and out.

Lose the constant distractions

[published on Sun, Jul 2, 2006]

At its foundation, addiction is based on an unwillingness or an inability to view the truth about yourself and the things around you.

Addicts learn early to be someone else other than who they are or to at least act that way. If you act differently than how you feel long enough, you learn to believe your own act. Eventually, to sustain the double life, something to distract you from the agony of this delusion is required. That distraction then becomes a necessity and, voila, instant addict.

We, in the United States of Addictions, have taken this formula to a new level. We have developed a whole culture that supports and trains new generations of addicts. Here is how it works: We glorify escape and distraction in a million subtle and not-so-subtle ways.

When was the last time you heard anybody say, "I have enough (money, property, prestige)"? When was the last time you heard anybody say, "I would be just as happy without"? When was the last time you sat next to your children without an agenda, yours or theirs, without having to run to a soccer game or go back to work or without the TV on?

We celebrate stimulation and immediate satisfaction of our wants (not needs) 24-7. We make it out to be the ideal life, and in so doing, slowly forget what is real in life and then recall with crushing awareness on our deathbeds what is really important.

Why do we plop our children in front of the TV or the computer? I have said it myself – "to distract them while I get some work done." We never asked what it was that we were distracting them from. But it is not too hard to figure out that we were distracting them from themselves. We tell ourselves that it is better if they aren't bored, but what we are doing is training them to avoid themselves, avoid going through the discomfort of silence, the awkwardness of not being entertained and finally stealing from them that moment when they would have to be creative. In so doing, we steal from them the best weapons against our addictive culture, the space to find out who they are, the time to develop and so, the ability to be comfortable in their own skins.

We all participate in creating the expectation of constant stimulation and immediate gratification and so, help to create children who look outside themselves for comfort and assurance. We inadvertently help to create the vacuum that can't be filled and then lament the destructive methods our kids use to try to fill it.

Find a quiet place to sit once in awhile and then find a quiet place inside yourself. Once you have done that teach that skill to your children.

Make it all about you

[published on Sun, Jul 9, 2006]

I have finally decided to write that book I have been talking about and I've got the title. I think it will be big. Here it is: "How to Think About Yourself Full-Time." What do you think? New York Times bestseller list, here I come.

I want to give you some excerpts from some of my favorite chapters. Chapter 1, "The World Revolves Around You-Know-Who, Right?", sets out to explain the "why" part of the equation. So many people ask me, "Rick, why should the world revolve around you?" I can only say that it's the only way I will be happy. Now you might question why I'm not concerned, even a little, about your happiness and I'd have to say, "I don't really know because I'm not thinking about you, I'm thinking about me."

In Chapter 2, "The All Rick All The Time Show," I explain the "hows" of thinking about yourself full time. When you are an infant, all you do is eat, sleep and load your diapers. All you really have to do is stay infantile and you're golden. Infants have the right idea – they simply cry loudly when their needs are not adequately met and smile sweetly when they are. This is exactly what I'm talking about.

In Chapter 3, "From Selfish to Self-Centered," I try to focus on the long-term development of a self-oriented lifestyle. It takes years to move from mere stinginess and an unwillingness to share food or toys with other children to fully developed self-centeredness. The fully self-centered person doesn't really feel with you, he or she is only worried about how your feelings affect them. They might occasionally do something kind or something that appears generous, but the truly skillful self-centered person is looking for your approval or to be recognized for being kind and so, despite appearances, it's about them after all. Statements such as "I bring the paycheck home don't I?" or "after all I've done for you" seem to capture the proper attitude of self-absorption.

In Chapter 4, "How to Mope Your Way Into Complete Ego-Centrism," I offer suggestions on the creative use of depression and self-pity to keep the focus on you. I have found through extensive research that if I can remain the victim, I can not only think about myself all the time, I can get others to think about me all the time too.

I don't have time to go into the rest of the chapters, not because I don't think you need to hear about them, but because I'm tired of writing. However, there will be an appendix that will contain exercises and a list of "Cute and Clever Ways to Think About You."



Disease can outsmart

[published on Sun, Jul 23, 2006]

"Tim" was so predictable.

STRAIGHT TALK It wasn't a matter of if – it was only a matter of when. Tim had tried unsuccessfully to think his way out of a three-decade-long binge with little progress. Everyone in Tim's house held their breath when he "went out for cigarettes" after 10 p.m. after a disagreement with his wife, after a baseball game or while the in-laws visited.

Rich Atwater

Everyone held their breath when Tim visited his neighbor on the weekends, came home a few minutes late from work, got a sports injury or for almost any reason was stressed, especially by those "morons at work" or his boss.

In fact, Tim's family held its breath almost all the time, so much so that they hardly knew they were doing it. They only knew that they didn't trust Tim and they were angry at him almost all the time. Tim didn't trust Tim either and generally never knew when he was going to end up with a bottle of vodka or a handful of narcotic pain pills.

Tim did know several things: First, his alcohol and drug use was worse and he was getting in lots of trouble, and second: he always had a good reason for getting loaded. The more Tim tried to avoid his substance abuse by out-thinking it, the more clever reasons he found for doing it. He would decide never to drink on weekdays and then plan a week-long fishing trip with his drinking buddies. He would swear off the pills and then play two softball games in a row and complain the old arthritis was kicking up. He would plan a family vacation to relax and become so irritable from his withdrawal discomfort he'd have to sneak away and drink and then justify it by blaming the kids.

What Tim didn't know was his disease was smarter and more patient than he was. He didn't know he had not only a drinking disease, but a thinking disease that subtly provided him with the necessary rationalizations to drink while letting him think they were good reasons.

He didn't realize the disease found the reasons it needed to justify drinking. He didn't realize his denial shielded him from the reality of his radical deviation from his own values. He felt something slipping away, but couldn't put his finger on the fact that the more he leaned away from his real values and trusted his rationalizations, the faster he was falling.

Tim's experience is compelling evidence you can't think your way out of a thinking problem any more than you can trust your accounting to a broken calculator.



Don't play addiction game

[published on Sun, Jul 30, 2006]

There's a new board game for alcoholics and drug addicts. It's called "The Wheel of Misfortune."

STRAIGHT TALK

Rich Atwater

To win this game you have to accumulate enough drama, tragedy, ill feelings and family dysfunction to reach The Bottom. The winner gets to go To Rehab.

There are many ways to reach The Bottom more quickly than other players. When you spin the wheel and get a Weasel Card, meaning you get away with your next lie without consequences. The fewer consequences you have, the longer it takes – so strategically, whenever you can get a consequence, take it.

The wheel can also land on Withdraw, Isolate and Use Heavily. This is a bonus if you want to win that rehab trip. Take this one and run. Bet double on it because you've hit the jackpot.

An unfortunate roll of the dice will land you in Enabler Land and you might not get out of here alive. In Enabler Land there are rarely any real consequences. You are treated like a child, lectured to, yelled at and punished but never have to really face reality. Almost no matter what number you roll you end up back in Enabler Land. This will almost always lose you the game and prevent you from reaching The Bottom.

Another way to reach the bottom more rapidly is to collect Negative Feelings cards. Some of the most valuable Negative Feelings cards are Sense of Impending Doom (my personal favorite), Irritable, Restless and Discontent, and the old standby, Hopeless and Demoralized. A couple of good rolls, some solid consequences and a good collection of Negative Feelings cards and you may be first to The Bottom.

You want all the Dramatic Incidents you can get. You don't want to land on Alcoholic Boss because he'll never notice your nonsense and let you get away with anything. You'll avoid consequences like crazy with that roll and could potentially glide for a long time. You'll want to land on things like Company Implements Drug Testing and Wife Goes to Alanon. The Wife Demands Marital Counseling or Else space can take you either way.

Spaces like Gets Loaded and Makes Fool of Self at Family Reunion, Hits On Sister-in-law, Second DUI and Borrow Money to Move into the YMCA, but Use the Money for Drugs are all big scores on the fast track to The Bottom.

There's a whole section of the board devoted to Misery. The more people who are miserable and the more time spent in Misery, the more likely you are to reach The Bottom.



Off switch is broken

[published on Sun, Aug 6, 2006]

I'm asked at least a couple time every week: How do you know if you or someone you know is an alcoholic?

STRAIGHT TALK

Rich Atwater

The solutions to most problems look easy and turn out to be complex. On the other hand, the addiction problem seems complex, but underneath it is surprisingly simple.

First of all, with addiction, you either are or you aren't. There are levels of severity and differences in the time of onset and duration of symptoms, but in the end, you either are or you aren't.

Some people drink daily, but are not alcoholics. Some people drink occasionally and are alcoholics. Alcoholics who drink occasionally are likely to begin to drink more over time, but it is dependent on where in the progression you encounter the alcoholic as to the frequency of his or her use. Frequency alone is not a good indicator.

First, it's not how much or how often you drink, its what happens when you do; and second, alcoholics have a broken off switch. At first the switch works fine, just like everyone else's, but over time the switch starts to fail. It works sometimes and it fails sometimes and the drinker doesn't know when it will fail. This is when the trouble starts. The alcoholic doesn't recognize the broken switch and continues to drink as if it's working fine. He or she tries to recapture the times when the switch was working, trying all sorts of antics like switching to beer, drinking only at certain times or trying to manage their overall consumption, all in an effort to prove they can drink normally. Unfortunately, with the switch having intermittent problems, the drinker can sometimes manage the episodes. The more drinking the more likely the switch is to fail and gradually an intermittent problem turns into more regular loss of control.

The differences between an alcoholic and a non-alcoholic are many, but the alcoholic will always have a reason to drink more, and a non-alcoholic will never need a reason because they won't need to justify it. Alcoholics over time collect symptoms like Boy Scout merit badges with complaints from family members, "memory problems," embarrassing moments and hangovers. These symptoms are usually followed closely by more serious things like problems at school or work, legal trouble like DUI or domestic disputes or the beginnings of physical problems like ulcers, high blood pressure and liver enzyme increase.

Alcoholism always gets worse without treatment, never better. The real trick to getting a handle is to look at it over time.

Strength can be quiet, calm



October 2, 2006

I had a conversation this week with a guy about defining weakness and strength.

He insisted strength revolves around willpower, stamina and brute force, while I voted for a more subtle definition. By my way of thinking, strength and weakness are not opposite. Strength may be the ability to show vulnerabilities that might appear to some to be weaknesses. It might take more strength to be silent than to offer unwanted or condescending advice that feeds one's own ego rather than being truly helpful. It may take more strength not to act than to make a knee-jerk, reactionary response.

It may take more strength to admit we don't know the answer than to have all the answers. It may take more strength to admit we're powerless over certain things (maybe over most things) than it does to try and control them. It might take more strength to admit when we're wrong, than it does to will ourselves to never make a mistake, which, by the way is impossible. Strength, I insisted, as it is commonly understood, is more hindrance than help when it comes to dealing with addiction.

Many times, when we want to take immediate action to solve a problem, we're more interested in the relief that comes from any kind of activity helpful or not rather than face the discomfort of ambiguity, not knowing what to do and the appearance of helplessness.

Unfortunately the answers might be available to us only when we're quiet enough to hear them. The answers may only come in times of inactivity and it takes great strength to have restraint. It might seem powerful to forge ahead, but it is often a mistake, a little like a bull in a china shop, nobody is arguing that the bull doesn't have bulk but he's probably not getting the shopping done.

We admire the self-made man or woman for their drive and success, usually measured by money. We don't hear about the teacher who is patient all day with an autistic child, the small victories of a man overcoming his fear of meeting new people or the recovering addict who faces the uncomfortable truth about herself and shares it in a recovery meeting.

It takes strength to get familiar with our weaknesses. The man who says, "I can do it myself," sounds a little like a 2-year-old or like someone too insecure to admit any imperfection. According to most sacred texts, pride is a fault. It takes strength to allow ourselves to recognize the need for help and it takes great courage to acknowledge our need for other people.

Atwater: Drug use more troubling



October 15, 2006

I was watching CNN the other night and the newscaster was interviewing an expert on the school-shooting phenomenon.

This expert said that there had been 27 fatalities nationally in 2005 and 13 so far this year. My first thought was how unthinkable this number is and how very sad I feel for the families.

My second thought was about how many kids have died of heroin or opiate related overdoses in McHenry County in this last year.

Although my information is largely anecdotal, I know of at least five, and unfortunately, at the current rate, by the end of 2006 we're likely to face an additional fatal OD. At first, these numbers seem relatively small. but let me give you some perspective.

The chances of dying in a school-shooting incident, given the present statistics, are about 1 in 18.5 million.

The chance of dying of a heroin overdose in McHenry County is about 1 in 50,000. In other words, a person is about 370 times more likely to die of a heroin overdose than of a school-shooting incident.

As the newscast continued I heard the president's comments about the national forum that had been quickly convened to look into the problems of school violence. I heard from numerous experts about how to solve the problem of school shootings, from metal detectors and increased security to gun control and parenting skills. Whether I agree or disagree with any of the methods, the point is that the nation has been galvanized into action by these senseless deaths. People are paying attention, funding is thundering down the pipeline and people are clamoring for answers.

If school-shooting fatalities had been occurring at the same rate that McHenry County heroin overdose deaths were occurring, there would be 5,900 victims instead of 16.

All this attention brought on some questions. Why isn't the same urgency afforded the overwhelming numbers of kids who are losing their lives to heroin and other opiates? Is it because somehow we think it's their fault anyway?

Do we think of them as bad kids and therefore not worth the same amount of effort. Do we see it as a law-enforcement issue rather than a public health concern? Is it too painful of a truth to say we have a heroin problem in McHenry County or are we just not paying attention?

Atwater: Talk to kids about opiates



October 29, 2006

Let's think about this. In 2005, according to the McHenry County Coroners office there were 32 deaths of people 30 years or younger.

As you might expect, accidents, illnesses, suicide, traffic and drugs were the main culprits. The automobile took 10 of those lives. Seven had testable amounts of either alcohol or drugs or some combination. Two of those had heroin in their systems.

It's not up to me to judge cause, but it's usually the driver not the car that causes the accident.

In the same time frame, seven people age 30 and under died of drug overdoses that involved opiates, either prescription or illegal (heroin).

To sum it up, in 2005 of all the deaths in that age range, 31 percent of them died in car accidents and 22 percent died of opiate overdoses.

So far in 2006, 21 people age 30 and under have perished. Four of them were in traffic accidents and five from opiate overdoses. Unfortunately, the year isn't over.

Let's think about how much public relations effort, school class time and parental guidance we dedicate annually to talking about raising the legal driving age and how it relates to safety.

We rightfully put an enormous amount of energy into it. But compare that to how much effort we apply to educating our kids about the danger of opiates and the potential for overdose. It's not even close. Yet, in percent average and raw numbers, opiates kill almost as many, if not more of our children.

I'm just like you. I took my kids driving (with my heart in my throat) and did my best to teach them about driving safety. I warned them about drinking and driving, but never mentioned anything to them about heroin or prescription opiates. I didn't think it was a problem and maybe it wasn't then, but it is now.

Please talk to them. Tell them what you're learning. Don't ignore what is responsible for nearly a quarter of all deaths of those under 30 in this county.

The McHenry Drug Abuse Coalition is sponsoring a series of Community Forums on heroin and other opiates. The next forum will be at Woodstock High School on Nov. 2 at 7 p.m. The last will be at Jacobs High School on Nov. 16. at 7 p.m.

Atwater: Can people fool counselors?



November 12, 2006

How easy do you think it is to fool a counselor or to lie to people in Alcoholics Anonymous?

I know people who go to addictions counselors and AA meetings then go out and go drinking. I think a lot of people who go to those meetings just go because they have to and just say the right things while they're there so they won't get in trouble. My husband had to go to counseling and AA but it just made him be more sneaky about his drinking. He would tell me he was going to a meeting and he would go to the bar. Then he would tell me he hadn't been drinking and it would make me feel crazy because I wanted to believe him. It got so I hardly trusted my own senses anymore. Counseling and AA didn't do him any good at all.

I'm sorry your husband was unable to stay sober this time.

Living with a drinking alcoholic is not easy. It is hard to tell who is sincere and who is not. The general rule is, "watch what people do, not what they say."

If a recovering person is regular with counseling and AA meetings, is attempting to be honest and trying to "work the program," chances are pretty good they're serious about sobriety. However, "serious" isn't enough by itself. The only people who generally stay sober are those that are desperate enough to persevere and try to handle the hardships that come with being human in a different way than they did in the past. This would be called change. Staying sober involves a lot more than just showing up at a couple of meetings.

Another misconception is that AA and counseling "do" something to you. What gets done is a partnership arrangement, a co-creative process, that involves willingness, openness, patience, trust and a few other hard-to-come-by commodities.

The truth is that some people do come to counseling and "fool" the counselor and people do go to AA meetings and continue to drink or become sneaky about their drinking. I have been told that only about one in ten people who come to AA stay in the program for more than a year. The good news is that of those that stay, most stay sober. This is why newcomers to sobriety are encouraged to "stick with the winners".

Alcoholism is a disease and his drinking is not caused by or aimed at you. Although he thinks he needs to hide his drinking from you his dishonesty is primarily hurting him. Remember that many belligerent, dishonest alcoholics do recover. You might want to look into Alanon.

The person who conceives of his drinking as, "getting away with something" is a tragic case because he hasn't yet understood that the only one he's fooling is himself.

Atwater: 'Aunt' hid her drinking



November 18, 2006

I tell you this story because I always remember it around Thanksgiving because this was a real standout time for "Aunt Marie."

I knew the woman we'll call Aunt Marie from the time I was a small child. She wasn't a biological aunt, but close enough to the family to be called by that endearing label. I always knew Aunt Marie was a little volatile and that she and her husband were at odds most of the time. I never knew why until later. I knew Aunt Marie had some medical problems, which I found out many years later, was pancreatitis. I knew that every time we got together for dinner, Aunt Marie had "a few drinks."

As I got older, I began to notice some things I didn't understand, but thought were rather peculiar. For one, Aunt Marie spent a lot of time in the kitchen, even during our meal, and she was always the first one to volunteer to help with the dishes. With my keen sense of observation, I began to notice that Aunt Marie was going into the kitchen to "freshen" her drink.

By dessert, Aunt Marie was pretty well lit and that meant sarcasm and sharp-edged barbs aimed at her husband and anybody else who might cross her. I kept my head down and headed for the basement as soon as I could get away along with the rest of the kids.

Aunt Marie would never travel to see her relatives or friends who lived any more than a short car ride away. I discovered later that this was because travel is difficult when you have to maintain your drinking. It requires all sorts of clandestine purchasing of liquor, hiding of bottles and excuse-making that complicates the necessary regular intake of booze. It's just easier to stay home, nearer the supply and with fewer excuses to make.

What was at one time a martini habit slowly through a careful vermouth reduction program turned into a straight vodka habit.

It wasn't until many years later that I came to understand that Aunt Marie was an alcoholic. At the request of one of Aunt Marie's daughters, I helped the family to address her drinking in a formal way and ask her to get some help. She held me responsible for that conversation and never talked to me again.

She's not in the best of health, as I understand it, but is in her mid-80s and still pounding the vodka. I think of her fondly at Thanksgiving time and wish her well, vodka or not.

Atwater: He finds out on his own



November 26, 2006

A new guy walks into an AA meeting and is told to take the cotton out of his ears and put it in his mouth.

“Yeah,” he thinks, “They mean I should shut up and listen.”

“They don’t really know my situation” he thinks, “They don’t understand, but I’ll humor them.”

He listens, trying to act interested, squirming in his seat and anxious to leave.

“These people can’t possibly be as happy as they say they are. They probably sneak out and have a little drink once in awhile – they must.”

They tell him that staying in AA and staying sober are his choice and that if he wants to drink some more he should go try it and see if he can control it – this time.

He runs home excitedly and tells his wife they told him to go out and drink and he does just that.

Everything goes well for the first couple of weeks but by week three, he’s been “overserved” several times, yelled unreasonably at his 10-year-old and missed a day of work.

“Not too bad,” he thinks. “If I were a real alcoholic, I’d be drinking every day.”

By week five, he’s drinking every day after work. “Not too bad,” he says to himself, “If I were a real alcoholic I’d be drinking in the morning.”

By week 10, he’s “supplementing” his coffee with vodka on the way to work and thinking, “I have to get some pills for my nerves; they’re just terrible in the morning. If I was an alcoholic I wouldn’t want pills and besides, I can stop whenever I want. I just don’t want to right now.”

At the three-month mark, eyes red and puffy, head throbbing, our problem drinker begs his wife to call in to work for him. She, having had enough, refuses. He knows he’s at the end of his attendance policy allowance for days off and he’s already burned through both warnings. This time, he’s looking at suspension and maybe termination.

“Maybe it’s worse than I thought,” he chokes.

At week 17 he tries to slip into the AA meeting unnoticed but much to his chagrin, he is greeted with a hearty hello and smiles all around.

“Welcome back,” they say.

“We’re glad to see you. How is it out there?”

Sheepishly at first, and then with more confidence, he tells his story, and finally starts to feel like a member.

“Look for the similarities not the differences,” they tell him.

He doesn’t have much trouble with that anymore.

Atwater: Practice your limit-setting



December 3, 2006

In talking to the family members of addicted people, I find universally that there are problems in the area of limits and the application of consequences. I got to thinking about why setting limits is so difficult for some and these are my conclusions.

Some parents haven't experienced limits themselves, and so in their rebellious state, can hardly be expected to be adequate limit-setters for their children. This is a case of kids raising kids, a recipe for disaster.

Other parents and sometimes spouses are phobic about conflict and are deathly afraid they'll hurt someone's feelings and so not be liked. These are the parents who want to be pals with their kids. These are the folks who let their underage kids have liquor "if they promise to stay home." Their homes become popular party places for their permissiveness. In some cases, parents will overlook pot use at home. They'll "know but not know" that Junior is smoking a bowl through the screen in his bedroom window and think that since "everybody's doing it," it might be easier to overlook it than to go through the ugliness of the confrontation.

Then there is the guilty spouse or parent who for whatever reason blames themselves out of proportion to their real responsibility and makes up for this perceived inadequacy by over-giving, rescuing and coddling. The word "no" is rarely if ever present and the child or spouse slides through this door with an attitude of complete entitlement.

One of the most common characters I meet is the "angry preacher." This parent or spouse has little idea that they're not really setting limits. They yell, they preach about the right thing to do. They threaten and even give consequences but in the end they buckle. For example: The wife who constantly threatens divorce, but never intends to leave. The parent who grounds the kid for four months and lets them out in four days.

The common denominator in these cases is that the parent or spouse is expecting the other to change because of the threat while they themselves are really unwilling to take the real risks.

In fact, it doesn't work this way.

Real limit-setting isn't angry. Real limit-setting is fair and not reactionary. Real limit-setting is truly for the good of the other whether they recognize it or not. You can always tell when you're on point because you'll likely feel a little scared. Real limit-setting isn't threatening, it's factual.

Many times, all parents or spouses have to do is not rescue, and the world seems to be pretty good at providing the edges.

Atwater: Relationship starts to heal



December 9, 2006

My husband has been alcoholic for years, but I have slowly gotten better, despite his drinking and my own problems. I am much more able to identify what I want and need and much less willing to do his physical and emotional work for him. This has caused great disturbances in our marriage. He says that our problem is that I'm selfish. How do you strike a balance between being selfish and being healthy about taking care of yourself?

I have heard this question frequently, and I think your concern is a common one in relationships where one person is recovering.

The scenario is usually something like this.

He is irresponsible, too hard on the kids, a reactor. He is unpredictable, moody, sarcastic and everybody thinks he's great except you and his boss.

She has been a caretaker for years, a master controller, mother-hen, over-involved with the kids and unable to meet his unrealistic expectations for emotional support, sex, parenting, etc. She has been a veritable combination Super Woman and Joan of Arc. Everyone thinks she's a witch except the kids, her parents and a few equally unhealthy confidants.

Then she has enough. Angry and disillusioned, she marches resolutely to Alanon to help him stop drinking. There, to her surprise, they tell her that her problem is not him, but alcoholism and that she has been a willing and helpful partner to the disease. She starts to recover. He doesn't like it a bit.

For a co-dependent, the words, "take care of yourself" are like holding up a cross to a vampire. Co-dependents recoil from this act as if it were poison. When you first begin to identify that you have a right to needs and even wants, it may have been a revelation to you. Once you have a right to have wants and needs, you can begin to identify them and begin to do small things that feel good to you.

The reaction that you receive when you stop caretaking, mother-henning and Joan of Arcing is directly proportionate to the degree to which you performed these acts. You can tell when you have been doing your act long because the reaction is volatile.

Every revolution has its evolution. The revolution starts out violently, militantly, self-righteous, begins to mellow and moves into a rigid, rule-following phase. Finally, begins a softening, a flexibility.

Atwater: Big Jim feels little



January 31, 2007

My son is a very successful young man. He has been able to do almost anything he put his mind to in life. He had a beautiful wife and two children, a business, several homes and time to enjoy himself. Two years ago he almost died of an overdose of cocaine. We were totally shocked. How can a smart and successful person get to this point in his life? How could this have happened?

Let me answer you by telling you about a guy I'll call Jim. Jim was always a leader. He was a good athlete. He always did things big. He had big plans, big dreams and aspirations, and he even went away to a big university.

When Jim started to drink, he drank big quantities and told big stories but he also started to get into big trouble. He was thrown off the baseball team and thrown out of his dormitory but somehow, he graduated with good grades.

He entered the business arena with the same big energy he had used to plow through the other areas of his life. He found this made him a popular and sought-after employee. His drinking increased with his business stature. He even did a few lines now and then at a party. He noticed it was easier to be ruthless even though this used to be uncharacteristic of him.

Jim had always been drawn to power. He had always had plenty of charisma. He had power in business, and he had money, which translated to power, so it was very difficult for Jim to understand or accept when the alcohol and the cocaine began to control him.

When his work performance started to slip and he was no longer living up to his own standards, he started to have anxiety attacks, which he medicated with alcohol, and later with tranquilizers and alcohol. Big Jim had become all talk and dreams, but little action.

He was afraid and felt like a fraud, yet he drank and snorted coke to continue to dream, then drank to ease his disappointment.

Finally, late again, short of his quota one more time and looking pretty tired, his boss let him go. This was the bottom for Jim. He only began to understand his problems with power and control when he was actually able to experience powerlessness.

Jim wasn't a bad person and he wasn't from a bad home, but it happened. I think Jim lost touch with his humility and substituted false pride. He lost touch with grace and substituted power driving. He lost touch with beauty and substituted money. He lost touch with acceptance and substituted self-will. And finally, he is only now beginning to learn from life rather than fight it. It's just as easy for a smart and successful person to become addicted as anyone else, it just takes a little longer to catch up with them.

Atwater: Letting go key to recovery



June 2, 2007

I've talked to a fair number of frustrated, scared and even hopeless family members recently. Their questions and concerns are usually the same: what can I do to help my alcoholic son, daughter, husband or wife?

By the time I'm talking to them, they've usually already tried the standard go-around of "good-talking-tos," mental health counselors, medications and perhaps even some substance-abuse treatment. They are all sincere and heartfelt in their concerns and most have little concept that "helping" the alcoholic is pretty much the opposite of "helping" someone with another type of problem.

They usually do not want to hear about letting go or getting any help for themselves. They're usually pretty sure they will feel fine when and if the alcoholic changes his or her ways and stops drinking.

They often believe they can cause the person to stop drinking if they do the right things. "Can we lock him up?" "Should we hide the liquor or dump it out?" "Can we convince, coerce or threaten him?" They rarely understand that by focusing on their loved one's addiction to drinking and associated behavior, they have ignored their own addiction to the drinker. Their thoughts, feelings and behaviors have been captured by the disease, often to the extent that they can think of little else. They are as obsessed with the alcoholic as the alcoholic is with alcohol. They are working far harder on the alcoholic's drinking than the alcoholic themselves, and in doing so, have at least partially removed or reduced the alcoholic's need to worry about the consequences.

Many times, the alcoholic has broken promises, changed direction, lied, manipulated, bullied or cried crocodile tears to slip through the system only to continue to drink and get worse. This, of course, scares the family into feeling angry, powerless and scared. They say, once again, "What can we do?" And when the answer is "learn how to let go," it doesn't seem enough. It's too indirect, too risky or, they think, too ineffective.

To understand the power of letting go, one has to let go. It's not a spectator sport. No one lets go of the outcome of something as important as the life of a loved one unless it's the only choice left to them. It's not a coincidence this process is similar to when an alcoholic lets go of alcohol.

Letting go is not weakness. Ask anyone who has had to do it, and you will see and feel great strength. Letting go is not giving up, it is only letting go of the outcome. Letting go is not being a pushover, it is being rid of what you can't control anyway.

Letting go is really letting go of the fantasy of control. Letting go is actually giving respect and dignity. Letting go is not a one-time event, like "I'll get a divorce" or "I'll kick her out," but an emotional process that takes support, hard work on oneself and time.



June 2007

I met a guy who had several really interesting characteristics that, unbeknownst to him, alienated almost everybody. There was some conjecture on the part of his ex-wife that these characteristics were purposeful and consciously developed to meet specific goals, ie, alienate everyone but I didn't think so.

Our friend, whom we'll call Darrell, was loud of voice, red of face (the alcoholic suntan) opinionated and to all appearances self-assured. Darrell had only a vague idea that drinking was causing problems and for the most part recalled only the times he drank moderately (which were becoming increasingly few) and pretty much forgot the times or the consequences of his drunks. Darrell was in denial and couldn't see that his drinking along with his unpleasant characteristics had cost him marriages, friendships, jobs and lately his esophagus and liver. He maintained that he had plenty of friends, although he failed to notice that all his moderately drinking friends didn't come around anymore, only his big drinking friends. He failed to notice that he vomited blood several times a week, assuring himself that he had food poisoning.

Darrell's denial extended from his drinking to his personality characteristics. He thought of himself as a defender of the underdogs, a righteous crusader, a person whose mission it was to straighten out all the morons who were either driving in front of him, too close in back, telling him what to do (his boss) or asking him to pay his taxes. His disdain for his fellow humans extended to pretty much everybody although he saw himself as a nice guy trying to do the right thing. He had an uncanny ability to see things about himself (with great self-assurance) exactly opposite of the way everybody else saw him.

Darrell used words like "always" and "never" but thought he was flexible. He raged at his kids and thought he was easy going, his patience was that of a field mouse but he thought of himself as tolerant. He disagreed with anything anybody said on either side of an issue and saw himself as friendly. He frowned and muttered as other's spoke but thought of himself as happy and accepting.

Underneath, Darrell was actually an oversensitive, highly self protective man who learned early to hide feelings. His motto was always, "The best defense is a good offense."

It'll be awhile before anybody, let alone Darrell, gets through that wall.

Atwater: Addict gets tired of hiding



June 17, 2007

I met a guy recently I'll call Ted who had a story I thought might be worth passing on to you.

Ted was considered, at one time, a real up-and-comer in his firm. He could, as they say, sell bikinis to Eskimos and snow shovels in Miami.

The one thing the firm didn't know about Ted is that he did not feel a 10th of the confidence in himself they thought he did.

Ted felt like a fraud. He was also a guy who had grown up in an alcoholic home and had seen grandiosity, gross dishonesty and lack of respect for self. So, he had learned from an expert how to hide fear, insecurity and low self-esteem.

He always felt there was something about him someone might find out someday. He was ashamed of himself and didn't know why. The weight of the apprehension of waiting for the other shoe to drop was, at times, too much for Ted to bear, and he would leave work early and drink heavily for a day or two, only to become overwhelmed with remorse at the end of his binge and promise himself that it wouldn't happen again.

Of course, he needed to lie to his family about his whereabouts and activities, which only added to the impending sense of discovery. He started to have dreams of being chased naked down the street.

He told me he felt like he was wearing different masks for different situations; the salesman mask, the husband mask and the father mask. He also said that as the drinking got worse, he no longer had a sense of what was under the mask; he had lost himself.

Finally, things began to come to a head as several blown appointments and a couple of unhappy accounts got him an informal demotion at work. This, of course, acted as a confirmation that "they knew" about his secret incompetence and led to another binge.

While on this particular binge, Ted's wife packed up the kids and went to stay with her mom indefinitely.

Ted reported thinking, "I can't hide anymore." He didn't know truth from lie, mask from real self and could hardly remember what the world looked like sober.

Confused, deeply ashamed, feeling like a failure and a fraud, Ted found his way to Alcoholics Anonymous. Over time he has learned he has a disease, has shared his "secrets" and so, come out of the shame. He told me the biggest relief he felt was not having to fake, hide, lie or make excuses anymore. He knows who he is today. The masks are off.

Atwater: Alanon will help rescuer



June 24, 2007

Question: In some ways, I think alcoholics have it easier than the non-alcoholic family members who try to recover.

Alcoholics put away the alcohol and everybody is supposed to applaud, but the rest of us have behavioral problems that aren't so easy to see, much less put down. And when we do, nobody seems to notice.

I have been the big rescuer for nearly 10 years since my dad died and left me, my sister and alcoholic mother to fend for ourselves. I just thought that if I didn't fix it, it wouldn't get done, and the more I fixed the more my mother and sister broke. My mother lost her license, so I drove her to work. She said she had to have money to pay bills and to eat.

My sister lost her job and moved in – with her drug-selling boyfriend – to Mom's house. Mom would drink, the fight would start, and invariably, the cops would be called. I would drive the 40 miles to intervene because I knew they couldn't afford a lawyer.

I lent them money to fix the furnace and my sister took the money to bail out her boyfriend. I mediated the reconciliation between mom and my sister mainly because I knew if my sister moved out I wouldn't be able to say no to Mom living with us, and I also knew my wife would kill me. Talk about a rock and a hard place.

I rescued so regularly it was interfering with my job, and I was always worried about them rather than me. Finally, after weeks of sleeping problems, a warning from the company and a real emotional crisis, I decided to see a counselor.

He told me a couple of things I already knew, but needed to hear, like, "your mother isn't going to sink or swim because you worry about her" and "the more you bail them out the longer it will take for them to crash." My response was, "yes, but ..."

He suggested Alanon, which I currently am attending, but doesn't it ever go away. I still feel very much inclined to rescue, even though I don't do it (much).

Answer: The answer is that, probably no, it will never "go away."

However, as you continue your work in Alanon, you will find that the focus will shift from obsessive thoughts about your family to a more balanced way of thinking that includes you, too. Sometimes compulsive helpers have an overly active need for approval and a need to be the hero, an impossible task for anyone. As you address your own character problems, you will find yourself less worried about theirs.

Alcoholics have behavior problems, too, which alcohol has only masked. So putting down the alcohol is a good first step, but by no means the last. I think anyone who has the courage to recover, whether from behavioral or chemical addictions, deserves applause.

Atwater: Self-centeredness painful



July 1, 2007

I have been married 21 years, and I know my husband well.

He is generous to me and the kids, and he seems really friendly and warm, but mostly when other people are around. Even though he sees himself as a giver, he mostly thinks about himself.

When he buys me things, they are generally things he likes. When he says how well he supports us – we live in a nice house with all the trimmings – it's more for his ego than because he wants to make me comfortable. We argue about the gifts, the drinking, the lack of sex, how poorly I raise the kids, how dirty the house is and how I spend too much money (the regulars). But the thing that baffles me is how a person can give so much materially and so little emotionally.

It is confusing when someone is generous and self-centered. "Generous" or "selfish" describe acts, while "self-centered" describes a characteristic.

Self-centered people may be generous when it serves them, but they often believe in their selflessness while having no hesitation about reminding you of the price you must pay for the generosity.

A truly generous act has no cost. They often believe their giving suffices for understanding, emotional connection and intimacy. It always rings hollow.

Self-centered people are in a prison of their own thoughts, opinions and points of view. They have an inability to see beyond their own limited perceptions. They are always right whether they are, or not. All outside events are seen through the filter of how it may affect them.

Self-centered people, while they may appear friendly and outgoing, often feel isolated and alone. They often respond internally with the feeling that they are misunderstood and not being treated the way they deserve. In this way, they add resentment to the prison bars.

In a way, self-centeredness is like alcoholism, the disease that it is a symptom of, in that the sufferer is unaware of its severity and consequences and is unable to change it. Like alcoholics, self-centered people are often surrounded by those who have tolerated it for their own reasons. Have you let the material things suffice for intimacy because of your own fear or materialism? Have you let the self-centeredness pass and let resentment build? If so, you may have some work to do on yourself.

A selfish act may deserve our rebuke but a self-centered person deserves our compassion.

Atwater: Keep trials in perspective



July 8, 2007

I'm sitting in the waiting room of an eye clinic in Chicago. With me are Ken, completely blinded by diabetes and hoping for a miracle, and Bessie, an older woman who lives alone on \$7,000 a year and has very little sight.

My wife has some severe vision issues, so we make periodic pilgrimages to this clinic.

I've learned quite a bit about attitude from these trips.

First, I'm grateful every day for my sight and also for everything else that still works reasonably well. My wife and I laugh because she's such a grateful person that she thanks her neck at night for holding up her head all day.

I've learned about dealing with what some call a disability and others call an opportunity. Sometimes we scoff at those who remind us that our adversities are actually opportunities for growth. "Easy for you to say," we think.

At times, when I'm in the midst of something personally painful, I'm a scoffer. But to my credit, I'm capable of learning from difficulties. It just takes a little time and it helps to have role models.

I've been an observer of my wife's ability to grow through these physical challenges. It is also imperative, as I've observed, to have a way of maintaining inner strength. There's really not much room for whining.

I don't know if I would use the term "learn," but I would say I've been changed, or maybe transformed, by these events.

I'm clearly more tuned to the importance of relationships. I have had to access my own inner strength. I've been forced out of my own comfortable little world and into sensitivities of others. I have been inspired to do things I thought I couldn't do. I've learned about teamwork, reliance on others and humility.

Mind you, I wouldn't have chosen this path for anything, but the truth is, I am not running the show. In the end, even though my wife has the eye injury, I got a new view of the world and of myself.

It's like the clarity you would get if you finally got the right prescription for your glasses after a lifetime of the wrong one.

Atwater: Pill habit replaced alcohol



July 14, 2007

A woman I'll call Joan had a long history of using alcohol to soften life's rough edges.

She had always been a shy, self-conscious girl. Sensitivity was not a particularly marketable commodity in the tough alcoholic home in which she grew up. Alcohol had become Joan's closest friend by the time she was 20, and her worst enemy by the time she was 30.

By a fortunate series of events, Joan's younger brother ended up in a court referred substance-abuse program, and Joan went to their family orientation. It was there Joan realized she needed to be there, too. Within weeks, Joan was in rehab and doing well.

After her first year of sobriety, Joan was involved in her AA meetings and even, at her sponsor's suggestion, offering to speak at beginners meetings.

But by year two, Joan began to wake up in the night with feelings of anxiety. At times, she woke up in the morning uncomfortable and scared for reasons she didn't understand. Her sponsor and others reassured her that because she was no longer anesthetizing herself with alcohol, her feelings now were free to surface. and she had a real chance to deal with them.

Joan continued to have trouble sleeping, and one of her friends at work offered her some of her prescription sleeping pills. The pills initially helped, but the uneasiness continued. Her brother, meanwhile, had used his rehab stay to transfer his drug of choice from alcohol to prescription drugs and currently was using Xanax, a drug he considered a miracle cure. He offered Joan a handful one day, and after a rough night and several weeks with few meetings, she said OK.

Joan actually stood at a turning point some time before she said OK to the Xanax. She had some real issues to deal with, but when she got to them, her addiction spoke louder than her recovery.

She started the Xanax path for a reason that appeared justified to her. She didn't consult any of her 12-step supporters, and within the next six months, the Xanax and several other drugs had become a way of life for Joan. AA was a thing of the past.

At first, Joan thought she was nervous or overwhelmed and needed her medication. After a while, the withdrawal from the drugs manufactured the necessary symptoms to take them. The withdrawal exaggerated her anxious feelings, ruined her natural sleep rhythm, and persuaded her that she needed relief, which meant more drugs.

There are lots of people rooting for Joan and hoping she can make it back.

Atwater: Let's have moment of quiet



July 29, 2007

I went to the local convenient store the other day, and I was appalled at the level of the noise.

It was NOISY!

Doors opening and closing, cash registers ringing, kids squealing, wrappers crinkling, clerks yelling across counters, managers barking orders – it was bedlam. Everybody was in a hurry, nobody seemed to care much about the next guy, and most people were there for something nutritious like their third cup of coffee, a monster candy bar, some Ben and Jerry's Jamocha peanut butter triple almond fudge brownie delight or some smokes.

It got me to thinking about how we live, and in particular, how I live.

Because although I complain about the noise and the hurry and the junk food, I was in a hurry and was there for my third cup of coffee and impatient the clerk didn't check me out in 30 seconds.

Despite that impropriety, I really do value peaceful order, gentleness, mindfulness and quiet. I don't value quiet because I have sensitive ears. I value it because without it you can't listen, you can't pay attention to your own thinking and you can lose track of your actions.

I think good mental health and recovery from addictions requires attention, mindfulness and the ability to listen.

We live in a society that rewards the person who yells the loudest. It values the fastest possible transfer of information via your PDA or laptop with a network card that transmits documents as you drive or fly. It holds in esteem the one who dies with the most toys. Character-building is not generally a high priority except for those who have little or no choice and those are the folks who have made messes of their lives living with the other set of values.

I also recognize everything is as it should be, and my attention is drawn to noise because I need to pay attention to quiet. It is me who needs to listen more carefully to myself and others. It is not society that needs to be quieter, it is me.

Every ocean is made of drops of water, and if each drop were quiet, mindful and directed by peaceful order, so the whole ocean would be.

Atwater: Lies part of the disease



August 12, 2007

Is it right to be honest with someone if you know it will hurt them? Is honesty really always the best policy?

Why is honesty so important to getting and staying clean and sober? There's no mistake that honesty issues dominate early sobriety. Most sufferers of alcoholism or drug addiction have lied to protect the supply, lied to protect themselves, and probably lied because they either didn't know how to tell the truth or were too scared.

Most of all, they needed to lie to themselves, and in so doing, thought they were fooling everyone else.

WRONG.

Family members and friends become tired of what appears to be a conscious effort to deceive when what they are experiencing is symptomatic of an illness that requires its sufferers to believe they don't have it.

"Ed" was a master of half-truths. He could take any situation and leave the difficult part out. For instance, Ed told his wife many times he was staying late at work. He did stay late at work, but his work did not even come close to accounting for the total time he was missing in action. Ed regularly stopped for "a drink" after work and his "drink" usually turned to six or eight.

Ed hadn't always been a liar and he hadn't always lied about his drinking. In his mind, he lied to "protect" his wife and to "salvage" the relationship because he knew if he told her where he really was, the manure would really hit the fan.

One bad circumstance lead to another and Ed, now living temporarily alone at the Budgetel near his office, decided his only hope was to call AA. After several weeks of meetings and the acquisition of a temporary sponsor, Ed felt he was ready to address his relationship issues. To his great surprise, his wife was not inclined to hail the conquering hero.

Ed was deeply offended and felt that his great sacrifice was going unrewarded. It took most of 18 months of sober behavior and clear eyes before some of the trust began to reappear. It also took a willingness to see things through his spouse's eyes.

It helped, too, that Ed's wife began to understand it was Ed's problem and she needed to give him the space to solve it. Alanon helped her find the strength to avoid taking his illness personally and let go of some of her anger and disappointment.

At first she watched his every move, waiting for the big fall. It was easier for her to expect the worst rather than suffer the disappointment again. She saw, however that Ed was doing what he said he would and he was even telling her things he would have avoided.

Atwater: Alcoholics take hostages



August 25, 2007

I was talking to a friend of mine the other day about relationships. He's been in Alcoholics Anonymous for quite some time, so he offers a peek into the workings of the alcoholic mind (some call "the tinker toy factory").

When asked about how relationships have worked for him he says, "We use people up; we wear them out."

He also said something I'd heard before. "Alcoholics don't really have relationships, they take hostages."

Here's what I take from what he means by these statements. Alcoholism is an illness that stunts emotional growth and is characterized by a deep self-absorption. Frankly, it would be difficult to have an adult relationship when you have the maturity of a teenager and more difficult still to share experiences when all you're thinking about is you.

Because alcoholics are a walking bundle of needs, and the expectation is that these needs will be met by another person, they are bound for disappointment. Those living with them are bound for exhaustion. And so the cycle goes: Alcoholics angrily expect and co-dependents grudgingly give.

Part of the recovery program involves placing the dependency on others, spreading it around a little, using sponsors, and finally, a higher power. Without this, the recovering person would likely end up playing addiction hopscotch, switching from booze to gambling or pot to prescription drugs.

I don't want to sound too hard on alcoholics here. We all have needs, and we all have those upon whom we depend. There is a normal level of dependency, and sometimes we're needier than others. However, as with chemicals or other behaviors, the illness is a creature of degrees.

As for hostage-taking, think about the Stockholm syndrome in which the hostage begins to identify with the hostage-taker. The hostage-taking is so subtle and so expected by the hostage-taker, that it is difficult to see.

It may take months or years, but the depth of the alcoholic's needs slowly "capture" the person or persons upon whom those needs are focused until that person feels responsible for the alcoholic. In many cases, the hostage-taking can be mutual, both parties hostage to the other.

Recovery from over-dependency on others starts with the awareness of the problem and moves toward "right-sizing" and re-focusing of self-centered neediness to mutual support.

Atwater: Who would want this?



Sept. 1, 2007

People often ask me why someone would be attracted to an alcoholic or substance-abuser.

Why in the world would anyone want to live with that?

That question usually is followed by the statement: "My father [ex-husband, mother, brother, grandfather] was an alcoholic and I saw what it did to them, and I swore it would never happen to me."

Upon further examination we find, in a great number of cases, that the questioner either currently is involved with a substance-abuser or has an addiction problem themselves and is blind to the effects.

If recovery were as easy as making a decision, all anyone would have to do is buy the right self-help book or take a class and we'd be through with the addiction problem. Unfortunately, a non-rational problem, an illness is not solved via logic.

Let me give you an example. "Don" was a big baby. He was in his 50s and still expected his wife to make his lunch, monitor his medical needs, remind him about the simplest tasks at home, and generally pamper him.

If this did not happen, he would throw a tantrum, yelling loudly and turning beet red.

He flip-flopped from needy, drunken rants – complete with begging, weeping and occasionally slobbering and accusing his wife of cheating – to foot-stomping demands with yelling, name-calling and blaming.

Don had two speeds: Needy and demanding or self-righteously angry.

He acted like a 2-year-old.

Don also was a loving father, competent businessman and well-liked church-goer.

Why would anyone want to get involved in that mess?

Don's wife likes control; in fact, she needs it.

Her dad died of alcoholism and she ran the family.

When she married Don, she saw his "potential."

What she considered potential was really what she thought needed to be fixed, that which never was fixed in her family of origin.

When Don "needed" her, she felt important and in control, and when he stomped and demanded, she felt self-righteously angry and superior.

Either way, she was simply completing an emotional contract she never knew she signed.

Atwater: Situation deteriorates fast



Sept. 9, 2007

Sometimes the batter gets good pitches, but misses the ball.

“George” was a talented young musician. He had started a band in his early 20s and led it to local and regional success. By 25, George had paired the band down to three members, been on the road 300 days a year for the last four years, and was positioned for a recording contract within the next couple months. The problem was that George had issues.

Everybody knew George was a big drinker. In fact, he had been in trouble on and off since age 15 with booze and drugs. His dad was an alcoholic for whom George had little use, even though he had started a recovery several years back. George called him a hypocrite and a liar and refused to believe he had changed. Frankly, George couldn't afford to view his dad differently because it would expose those very characteristics about George himself. He needed to hold on to his resentment to justify his behavior.

After initial success with marriage, it began to fall apart and George went to see a psychiatrist. Based on what George told him, he was diagnosed as having Oppositional Defiant Disorder (usually reserved for adolescents) and Attention Deficit Disorder. Unfortunately, the doctor was strategically left out of the loop (and he didn't press the issue) where substances were concerned and so, the medications, in George's estimation, “just weren't working.” Strike one.

After the divorce, as things worsened, George went to see a second psychiatrist because he was finding himself attracted to other men and this time he told the psychiatrist about the drugs, booze and genetic history. The psychiatrist adroitly diagnosed him with a sexual identity disorder based on his poor relationship with his dad and suggested that, when this problem was solved, the drinking and drugging would improve. Strike two.

Several years later and in pretty bad shape, George's sober friend took him to an AA meeting. George started to improve, but a poorly informed gentleman in one of his groups lead the charge to outlaw discussion of anything but booze in the meetings. George's history, like a majority in AA today, include drug use, so using whatever available hypocrisy he could find, he absented himself from further AA participation, swearing he'd never be back. Strike three.

George tried a geographical cure by moving to Atlanta nearer to his older brother, a heroin addict. Within the year, George was found dead, floating in a swimming pool. Both heroin and alcohol were found in his system although the cause of death was listed as drowning.

Atwater: Don't allow underage drinking



Sept. 23, 2007

The vast majority of parents do not let their teens drink at home.

Most are careful and responsible when it comes to how they handle their kids in regards to substance-abuse issues.

It's hard not to face this if you have a teen or even pre-teen in this day and age.

A minority, some say about 30 percent, of parents allow minors to consume alcohol in their homes.

Some of these parents are uninformed, some misinformed and some very few, are irresponsible or unable to generate the supervision necessary to manage the issue in their homes.

Some are single parents who work at hours that leave kids alone at critical times, and a few don't care.

When we bring up the issue of parents allowing or serving liquor in their homes to minors, those that do will sometimes say they think their kids are safer if they drink at home.

Let me offer you a well documented rebuttal.

By allowing your kid to drink at home, you condone drinking in general. You are saying, in essence, underage drinking is alright as long as you're safe.

Many of these parents feel if they don't allow it, the kids will go somewhere else.

And kids don't have any problem perpetuating the myth that everybody does it. Let me tell you, everybody doesn't do it.

Allowing drinking, but insisting on an overnight stay and collecting keys sounds, at first blush, like a responsible idea.

However, don't think that kids don't have spare keys and can't sneak out when you trundle up to your cozy little bed.

Don't allow underage drinking in your house. Don't condone underage drinking.

Join the majority.

Recently the governor signed an amendment to the liquor control act that allows parents to be charged with a felony if a minor "guest" consumes alcohol with permission or even if the house or liquor in the house is not secured and that minor is injured or killed.

So I say this to parents who serve – "You buy the booze, you lose."

Atwater: Criticism causes great harm



Sept. 29, 2007

“Sharon” was unable to take any sort of blame, any sort of criticism, or any variety of feedback, constructive or not.

At the slightest hint of disapproval, she went directly for the jugular of the perceived disapprover or she made immediate, highly complex and believable excuses and justifications. Sharon was not someone anyone would want to argue or debate. To Sharon, there was a winner and a loser, and she was not the loser. Even if logic sided heavily in favor of the other, they would be so battered by the end of the discussion, they always would wish it hadn't come up.

Sharon didn't have any friends, although she would tell you it was their fault for not properly appreciating her talents, and she didn't need friends anyway. She had been through a number of jobs. She was fired from the last one – unjustly, of course – because of her inability to take any sort of direction, correction, instruction or supervision. To Sharon, any skill or information others possessed was an automatic insult to her because she couldn't admit not having it herself. She was in a constant state of agitation and anger, always feeling as if she had been treated unfairly and customarily plotting retribution. “The best defense is a good offense” she preached to her co-workers.

Under all the bluster, Sharon was like a wounded animal. She had lived many years in an alcoholic home where criticism was an art form and “not knowing” was an invitation to a feeding frenzy. Because she was intelligent and aggressive, Sharon had managed a business degree and several successful sales positions that had made her quite a bit of money. However, her “issues” were catching up to her.

Her last boyfriend lasted about six weeks, and her savings were almost gone with no prospects in sight.

Her oldest sister, with whom she hadn't spoken in nearly four years called unexpectedly one night and to Sharon's astonishment, apologized to her for being critical of her and making her life miserable as a young girl. She went on to explain that she had stopped drinking and was trying to clean up the wreckage of the past, to mend some fences, and that she hoped that Sharon could forgive her and that she missed her sister.

Sharon felt the heat in her chest and throat, choked back the tears and could only say she was glad to hear from her sister. She sobbed all night, the fear and hurt melting away. The next afternoon, she called her sister and offered her own apologies. Sharon found herself approaching everyone with a softer heart. Several weeks later, she got a new job, and several years later she still has it.

Atwater: Control is an addiction, too



Oct. 6, 2007

Question: My wife is quite a few years younger than I am, but we're very compatible. We started out as friends and remain that way after seven years of marriage, but she seems unable to get away from the grasp of her mother and sister.

The family was quite a mess, with the father dying of alcoholism and several of the brothers having notorious drinking problems. My wife is the baby of the family, and I have always warned her about driving her car home from her mom's after drinking with her sister. She recognizes the dangers, and now she ends up spending the night there or wherever they go to drink two or three nights a week.

She has admitted that she drinks too much, but says she's not an alcoholic and can control it. I am becoming more like a father than a husband – scolding, warning, protecting and giving angry lectures. I feel like I'm losing her to "them" or to the drink. I even dragged her to a marriage counselor. What else can I do besides sit and watch this thing end?

Answer: The way it sounds to me, you're about halfway there. You've tried all the control tactics you can think of, and not only have they not worked, but you're sick of them yourself. Your control tactics only end up making you feel guilty, give her ammo to resent you and distance herself from you, and give her another "reason" to drink too much.

By halfway there, I mean that by the time you are sick of your own behavior, you're a good portion of the way to being ready to make a change – a change in you.

As long as you play the adult, she will play the child. You are no smarter than she is, you just deal with your feelings in a different way – she with drink and you with self-righteousness, condescension and over-protectiveness. These are the things you will need to change, but they are only the cover – like booze – for the feelings underneath.

Often controllers need someone or something to control on the outside because they themselves feel out-of-control on the inside. They are often out of touch and afraid of feelings, and this makes it very difficult for them to let go. So I know how tough this will be for you, but you need to let your wife's drinking become more of a problem for her than it is for you.

My suggestion is to go to at least a dozen Alanon meetings and consider that giving any advice, suggestions or "helpful information" to your wife is a relapse on your part.

Atwater: Follow directions faithfully, despite your first impulse



Oct. 13, 2007

Question: I have been sober about two years. It took quite a bit to get me there. For a 30-year-old guy, I'm told I have the history of a 50-year-old.

I spent a time in the military and was kicked out for drinking and other trouble. I was in treatment twice, lost a family, and moved from state to state – almost homeless – for about five years before settling here in northern Illinois near my brother and his wife.

I go to AA regularly and have an AA sponsor, but he tells me I have trouble following directions because I don't do everything he tells me.

I'm thinking about a new sponsor who is a little more flexible. What do you think?

Answer: I don't know if you've given me enough information to give you a direct answer. It would depend, in part, on what your sponsor is asking you to do that you're resisting.

I will tell you this: Good sobriety requires doing what must be done rather than what you want to do. In early sobriety (years 1-3), you still are being introduced to your disease.

A person at this point rarely has a good handle on who he or she is and what they need to do.

They know what they want to do, and that's generally the disease talking.

In fact, a wise person from AA often tells younger members that if they want to know what the right thing to do is, do the opposite of their first impulse.

Alcoholism creates a "false self," a shell of protection that rationalizes away and justifies behavior consistent with the disease.

Your willingness to follow directions is a measure of how sincere you are about letting go of old ideas.

A solid recovery program will, in time, reintroduce you to the person who was hidden behind the "false self" created by the alcoholism.

Gradually, you will become better able to discriminate between the real you and your disease.

Granted, some sponsors are unrealistic about the obedience factor. I'm not hearing a "law and order" guy here.

If I were you, I'd stick it out with your current sponsor and try following directions.

Atwater: Rescuer born from alcoholism



Oct. 20, 2007

“Jackie” came from a family where cynicism and seeing the worst in every situation was the norm.

For years, she couldn’t figure out why it was so important to her to be unfailingly positive.

Jackie, as it was noted by her friends, could make any lemon into lemonade – not a bad trait, except when you began to forget that they really were lemons in the first place.

Jackie’s mom grew up with an absentee dad and an angry alcoholic mother.

Her unconscious programming led her straight to her alcoholic husband like a bee to honey.

Between bad business deals, overwork and four-day binges, Jackie’s dad had little time for raising kids.

Between following, badgering and resenting her husband, Jackie’s mom had little time, either.

Although staying away from alcohol, Jackie couldn’t stay away from alcoholics, and proceeded to marry three in a row.

The first died in an automobile accident, the second ran off with a woman who drank as much as he did, and the third had just entered a rehabilitation program.

After the program, husband No. 3 stayed sober about two months.

So even though the light faded for him, the light finally came on for Jackie.

She began to recognize how her gigantic need for approval and unrealistically poor self-image had teamed up to make her into a world-class rescuer.

She found that although she could talk tough, she was about as tough as taffy on a hot day.

She discovered that the lemonade syndrome was a cover for her fear of conflict, and that conflict was only a necessary ingredient in an honest relationship.

Jackie started to go to Al-Anon, and today realizes she has officially broken the chain of addiction that devastated her family.

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Atwater: Crisis leads to breakthrough



Oct. 27, 2007

Every once in a while, I accept speaking engagements or lecture college classes.

I was asked to speak to a crisis intervention class this week, so I have been thinking about the nature of crisis as it relates to substance abuse.

I realize I've got some very different ideas about the topic.

The class itself is for both mental health and substance-abuse counselors-to-be, and I think the approach for those two groups might turn out, at least in my opinion, to be quite different.

For mental health professionals, a crisis is to be prevented.

In substance abuse, counseling a crisis is to be encouraged and used as a springboard for recovery.

From a substance-abuse counseling perspective, it's imperative to avoid being held hostage to the consequences of another person's drinking or drugging.

They may cry and scream, beg and threaten, but in the end, a rescue only buys another round. With that said, however, staying out of rescue mode may be easier said than done.

Alcoholics and addicts are experts at drawing people into the rescue game, and may go to extremes to play.

One hint that we're dealing with substance abuse is that when sober, the game intensity is considerably lower.

For instance, an addict looking to pass responsibility for consequences may make a few strategic phone calls to friends to complain or blame, but while under the influence, might make 30 in an hour.

The addict's attitude almost always has an odor of "you owe me." Threats almost always have the feel of "I really mean it this time."

A good substance-abuse counselor learns first to identify the manipulations and avoid becoming a player in the games.

Later, he learns to compassionately point them out and finally learns to help the sufferer turn crisis into opportunity.

Atwater: Addict can't 'cut down' use



Nov. 11, 2007

Question: My oldest son, who will be 40 this year, has been a heavy drinker and pot-smoker since his teenage years. He stopped drinking entirely several years ago. He says for health reasons, but I know his wife gave him an ultimatum.

He continued the pot-smoking, and even increased it to the extent that he was high almost all of the time. Recently, he got drug tested at work, was positive for marijuana, and had to go through a program. He now tells me he has to be more careful and that things are alright now because he has cut down.

I'd like to know what you think about his cutting down. Can he keep it under control? Will it flare up again? Why doesn't he just quit?

Answer: I'll need to make some assumptions to answer your question. First, I don't know what type of program he was in or if he was evaluated, and if he was evaluated, was he chemically dependent? There are those heavy users out there who seem to be able to quit or moderate if the circumstances warrant. But most fall on one side of the addiction line or the other.

I would look at your son's drug and alcohol use and ask myself, "is this normal?" Do most people get ultimatums from their spouse about their drinking? No. Do most people stay high continuously and test positive for drugs at work? No.

If someone is "cutting down," we must assume there have been some negative consequences that have provoked that perceived necessity. So what I know is that your son's chemical use is on the long side of the bell curve, and that what's happening as a result of his use is not good.

That said, most causal users don't need to cut down, most abusers have left it behind before negative consequences occur, and that leaves only addicts. Addicts only cut down when they plan to rest up and get the heat off so they can do it again like before. Addicts can only cut down for relatively short periods before the craving cycle kicks in and their system requires the substance. They can then use the period of less use as evidence to themselves and others that the use is under control.

Most people don't need to convince you or themselves that their drug use is alright because it was never not alright in the first place. The most likely scenario is no, he can't keep it under control. Yes, it's likely to flare up again, and he is unlikely to quit because his denial prevents him from seeing it clearly enough to understand the need to recover.