

Together AZ



Inspiring Success On The Road To Recovery

DECEMBER 2013

Staying Sober During the Holidays

If you or someone you love is in recovery, the following tips can reduce the stress of the holidays and help you or your loved one stay strong and sober while still enjoying the season.

The holidays are a time of celebration, filled with family get-togethers, social events and gift exchanges. For those recovering from alcohol problems, however, the season may make refusing alcohol and staying sober more challenging than usual.

In addition to the abundance of alcohol, many people in recovery may feel more depressed or lonely during the holidays. Even if they are in a good place now, memories of past holidays spent drinking too much, fighting with family members or sitting alone in a dark room can come flooding back.



- **Stay connected.** Make going to 12-step meetings a priority, even when you are really busy and feel you don't have time. Put meetings on your schedule and plan other activities around them.
- **Have an escape plan** by bringing your own vehicle or figure out the available public transportation near the holiday event that will enable you to leave if you are feeling tempted to drink or uncomfortable.
- **Ask another sober alcoholic to be "on call"** for you to check in with during the event for additional support.
- **Let someone whom you trust** at the holiday event know that you may need additional support during this occasion or time of year.
- **Find a tasty non-alcoholic beverage you can drink** that will give you something to hold and may prevent people from offering you an alcoholic drink.
- **Acknowledge past mistakes and painful memories**, and give yourself credit for moving forward. Again, staying connected with others who share similar experiences and are now sober can provide valuable support for everyone.
- **Choose your activities wisely.** You don't have to attend every party or event you're invited to. Everyone is busy during the holidays, and people will understand if you have another obligation or can only stop by for a short time.

Dry Drunk Syndrome

How does it happen and what can we do about it

By Dan Stone, MSW, LCSW, LISAC

When I had a few years of recovery, my family and I went on a Caribbean cruise. One day I decided to catch some sun on one of the decks. The majority of the people were drinking but I was not triggered as I heard the servers announce special drink deals like "Bahama Mama."

Wondering if anyone around me was sober, I noticed a man, nearby, who was drinking Ginger Ale. Somehow we started to converse. He stated he had 12 years of sobriety from alcohol and drugs, but did not participate in 12-step recovery. He had attended meetings when he first got sober but had not done so for many years. It was not his "thing." The longer we talked the more uneasy I became. Sadly, this gentleman was filled with resentment and bile. He was quite miserable. It happened to have been his birthday and he was not a happy guy.

The Phenomena of Dry Drunk

I had heard about "dry drunk" at meetings and I was now face to face with a prime example. It made a powerful impression on me. Why get sober to be that unhappy? In preparing for this article, I started thinking about defining the phenomena of dry drunk. The word "dry" refers to abstinence from substance use, a person that has stopped using. "Drunk" implies behaviors and attitudes that occur when intoxicated. Therefore, "dry drunk" can be described as intoxication without alcohol or abstinence without recovery. Many recovering people are aware of an old expression, "What do you get if you sober up a horse thief? A sober horse thief." You could add, "You still have to teach him how to stop stealing horses!"

This is an exaggeration but it helps us to understand that when people become sober, there is a need to make internal changes to avoid a relapse or to become like the man on the cruise. The syndrome, or group of symptoms, can be identified in two types of people.

Some addicts and alcoholics have achieved abstinence but with limited emotional and behavioral changes. They tend to stay fixed in early recovery. Another group is the people



There are several observable traits that can be classified as dry drunk syndrome. Grandiosity can be manifested in behaving as if we are unique and the rules don't apply to us. We may believe in our self importance and superiority. We may revert to self centeredness which can also manifest itself as self-pity.

who were once active in their recovery and making progress, but have returned to rejecting help, self-pity, defensiveness, impulsivity, and resentment. We often see people, in this group, becoming compulsive in process addictions such as gambling, spending, internet, and sex. I remember knowing a man who had two years clean and sober. He was working out intensely and was looking very buff. Eventually, he started using IV steroids and this lead to a return to his drug of choice, IV heroin. Fortunately, he was able to make it back into recovery.

Post Acute Withdrawal Syndrome

In early recovery we experience what has been described as Post Acute Withdrawal Syndrome (PAWS). I experienced the symptoms as difficulty sleeping restfully, short term memory loss, coordination problems, impaired focus and concentration, and mood swings. I had difficulty comprehending what I read. My forgetfulness was so bad that my wife told our counselor that I had Alzheimer's disease. I had two minor accidents in the first month of sobriety that had freaked me out after 20 years of driving under the influence without an accident. My moods varied throughout the day between irritability and immense sadness. I later learned that my central nervous system was healing and the symptoms would lessen over time. This can become dangerous for early recovering people as the flood of feelings can be overwhelming. Unless this phenomenon is understood and treated, a person can fall into the category of dry drunk.

There are obvious and subtle traits that emerge in a person experiencing a dry drunk. The Big Book (Alcoholics Anonymous,

2001), on page 52, describes what can be referred to as untreated alcoholism. I believe these "bedevilmments" can also refer to abstinent alcoholics and addicts who have stopped working a program of recovery.

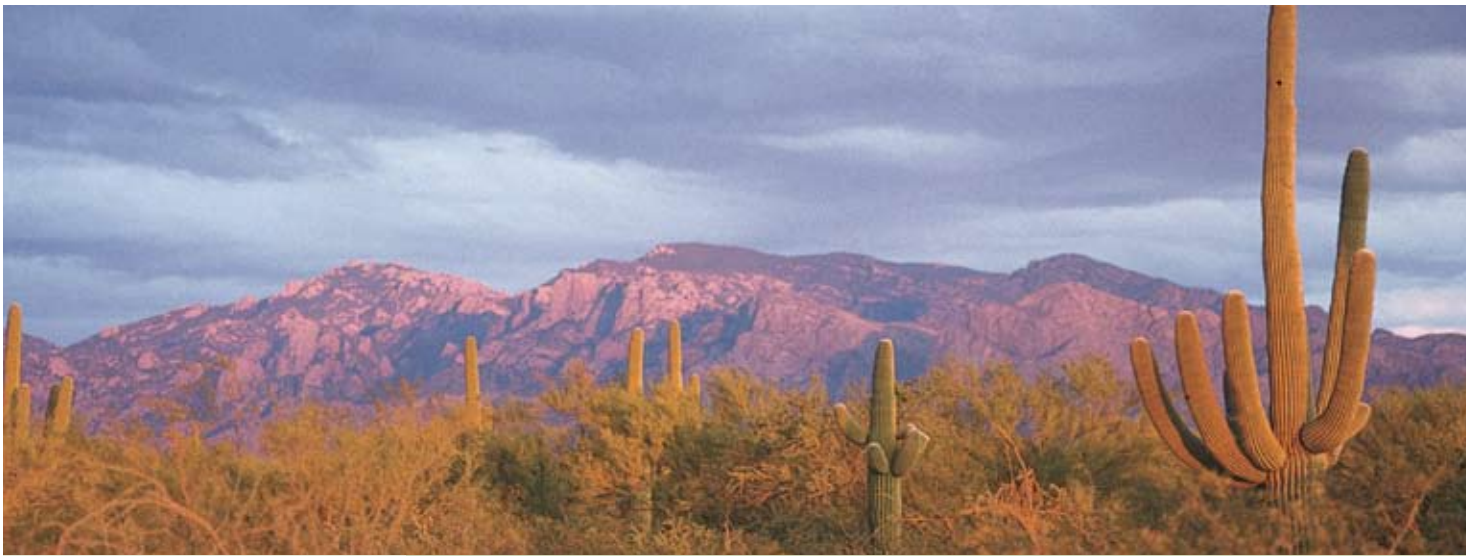
"We were having trouble with personal relationships, we couldn't control our emotional natures, we were prey to misery and depression, we couldn't make a living, we had a feeling of uselessness, we were full of fear, we were unhappy, we couldn't seem to be of real help to other people."

Recently, I was having a conversation with my sponsor about dry drunk. We were describing examples of behaviors that fit under this description. There are people who will work steps one and twelve and never address the other ten steps. They stay clean and sober and may perform service such as speaking at meetings and helping the newcomer. When you listen to them, it sounds like they are models of recovery. Yet, in other ways they may betray the lack of internal changes that appear in people who have become spiritually evolved and truly happy.

The Dry Drunk Syndrome

One prime example is "thirteen stepping". Many of us are familiar with this behavior. A newcomer starts attending meetings. She or he may be approached by someone who has several years of sobriety. Under the guise of being helpful, they offer support. What starts out as innocent meetings over coffee sometimes become romantic relationships. After the initial courtship, the relationship may end. Often, the newcomer may relapse when feeling confused and heartbroken. This is a scenario that is unpleasant. There is

DRY DRUNK continued page 9



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SOBER HOLIDAYS from page 1

- **Get involved.** Volunteer for a community organization, tackle a project you've been putting off or offer to help a friend or family member for an afternoon. When your mind and body are active and engaged, you're unlikely to think about drinking or using drugs.
- **Take care of yourself.** Eat a healthy diet, exercise, and get plenty of sleep. When you feel good and are well-rested, you are more likely to stick to your resolve and make smarter decisions—which only makes you feel even better about yourself.
- **If you're going to an event** where alcohol will be served, bring a friend or family member with you for support. He or she can keep your glass filled with non-alcoholic beverages, help you resist temptation and be your excuse if you need to leave suddenly.
- **Be prepared.** If you know the host of a party well enough, ask if there will be non-alcoholic beverages available, or simply bring your own. If you feel pressured to explain why you are not drinking alcohol, you can say that you have to drive, do some work, or need to wake up early in the morning. But really, you don't have to justify your choice of beverage to anyone.
- **Avoid even the smallest temptation.** If there's a toast, fill your glass with sparkling water or juice. You've worked too hard to get where you are – don't risk it for a sip of champagne or wine.
- **Plan celebrations with sober friends.** Many 12-step groups have holiday events. Invite your fellow members over for dinner or a potluck.
- **Be honest** with loved ones if you are having a hard time and let them know how to support you.
- Remember that **"this too shall pass"** and there is life after the holidays.
- **"HALT":** avoid being too Hungry, Angry, Lonely or Tired before attending a social event.
- For "mandatory" work events: **show up early**, make the rounds to all the key people (ie, staff, co-workers, boss, etc.) and once the room has filled, you can easily leave early.
- **"Book End"** the party: go to a mutual help group meeting before and/or after
- **Be thankful** — for your recovery, your support group, and everything else that has helped you get and stay sober. Let those who have helped you know how much you appreciate them. Remember, your recovery is one of the best gifts you can give your family.

publisher's note



For me, God Knows Best

By BARBARA NICHOLSON-BROWN

As I reflect on the last 12 months — of course life brought many changes, some easy, others difficult. Yet through all the ups and downs, the gains and the losses, the big guy I connect with — God, always allows me the gift of learning and I hope it never stops. This is but a few of my lessons:

- I'm grateful for the peaks and valleys I have traveled so far
- True relationships survive the storms when graced with willingness & forgiveness
- Doors close – others open — and I do not know what is next
- I am not afraid to ask for help
- Learning to be good to myself
- If I didn't make mistakes, would I ever learn?
- My wonderful friends and colleagues are blessings
- I'm constantly grateful for my sobriety
- It ain't all about me
- When the pain is great, the lessons are unforgettable
- It's never a good idea to believe everything I think
- Standing in my truth is empowering - as long as I don't go backwards
- **God's plan is far superior** - to anything I think I want
- If you are in my life and I am in yours - Thank You

From all of us at Together AZ and the Art of Recovery we wish you happiness, health and healing for the coming year.

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thing every
day that
scares you."

Eleanor Roosevelt"

NEWS

PCP-Related Visits to the Emergency Room Jumped 400% Between 2005 and 2011

PCP-related emergency room visits jumped 400 percent between 2005 and 2011, according to a new report by the Substance Abuse and Mental Health Services Administration (SAMHSA). PCP (phencyclidine), also known as “angel dust,” can cause hallucinations when taken at high doses.

The number of PCP-related visits to hospital emergency rooms jumped from 14,825 in 2005, to 75,538 in 2011, *Medical News Today* reports. The largest increase was seen among patients ages 25 to 34. In 2011, about two-thirds of PCP-related visits were made by males, and almost half were made by people ages 25 to 34. Other illegal drugs, including marijuana, cocaine and heroin, were involved in about half of PCP-related emergency room visits in 2011.

“This report is a wake-up call that this dangerous drug may be making a comeback in communities throughout the nation.”

PCP can be snorted, smoked, injected, or swallowed and is most commonly sold as a powder or liquid and applied to a leafy material such as mint, parsley, oregano, tobacco, or marijuana. Many people who use PCP may do it unknowingly because it is often used as an additive and can be found in marijuana, LSD, or methamphetamine. In a hospital or detention setting, a person on PCP may become violent or suicidal, and can become very dangerous to themselves and to others.

“This report is a wake-up call that this dangerous drug may be making a comeback in communities throughout the nation,” Dr. Peter Delany, Director of SAMHSA’s Center for Behavioral Health Statistics and Quality, said in a news release. “PCP is a potentially deadly drug and can have devastating consequences not only for individuals, but also for families, friends and communities. We must take steps at every level to combat the spread of this public health threat.”



No Easy Answer to Opioid Addiction Epidemic

There are no easy answers to solving the opioid addiction epidemic, according to experts at the American Association for the



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Addresses adult trauma that is manifested in dysfunctional patterns. (Prerequisite: Survivors I)

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- August 5-9
- November 4-8
- June 3-7
- September 9-13
- December 2-6
- July 8-12
- October 7-11

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- December 16-20
- July 22-26
- October 21-25

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- December 16-20
- July 29 - Aug. 2
- Oct. 28 - Nov. 1

WOMEN’S SEXUAL RECOVERY

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Treatment of Opioid Dependence annual. Thomas McLellan, CEO of the Treatment Research Institute, told NBC Philadelphia a multi-faceted approach is needed.

“You don’t have any alternatives [to opioids]. The only alternative is a non-steroidal anti-inflammatory; well it’s got liver toxicity and it’s not all that potent. There’s nothing between that and a very powerful opioid,” said Dr. McLellan, who served as the Deputy Director of the White House Office of National Drug Control Policy.

“This is one of those problems that society has to manage. You can’t do away with it. Not with 70 million older Americans who vote and are aging and need them. You can’t ban them.”

Doctors don’t have proper training to understand opioid addiction, Dr. McLellan noted. “They prescribe too much. They don’t manage them. About 70 percent of all the

overdose deaths occur within 48 hours after the first prescription or after the first refill,” he said.

He and Dr. Jeannemarie Perrone, Director of Toxicology in the Hospital of the University of Pennsylvania’s Emergency Medicine Department, recommend that doctors follow national guidelines from the American Academy of Pain Management. These guidelines recommend that patients sign a usage contract, and submit to an annual toxicology screening test to confirm they are taking the medicine and not taking other drugs before the doctor issues a prescription.

Patients also need to be part of the solution to opioid abuse, Dr. McLellan says. “It has to be the joint responsibility of the patients to take medication as prescribed. Don’t give them to your sister, don’t leave them in your medicine cabinet, don’t take more than you need,” he added.

more likely to get more than one opioid, and to receive the highest dose. The study found veterans with PTSD were more than twice as likely to suffer injuries, overdoses and other bad outcomes if they were given opioids.

According to VA records, about 30 percent of Iraq and Afghanistan veterans under VA care have PTSD. More than half of them suffer chronic pain.

More than 50,000 veterans were treated by the VA last year for serious problems associated with opioid use—almost double the number compared with 10 years earlier. During that time, the total number of VA patients grew 30 percent. The newspaper found the number of opioid prescriptions written by the VA increased by 287 percent between 1999 and 2012.

Another study led by a VA doctor found the rate of accidental drug overdoses among veterans receiving VA care is almost double that of the U.S. population as a whole.

Dr. Andrew Kowal, who helped develop clinical guidelines for pain management used by the VA, said the number of troops “retiring out of the Army on narcotics chronically is just absolutely unbelievable.”

Veterans Face Dangerous Combination of Painkillers and PTSD



Many of the more than two million veterans who served in Iraq or Afghanistan suffer from both pain and post-traumatic stress disorder (PTSD). Often they are treated with opioid painkillers, which can be a dangerous mix with mental illness because of the risk of addiction, The Wall Street Journal reports.

Veterans with PTSD are nearly twice as likely to be prescribed opioids as those without mental health problems, according to a study by a Veterans Affairs researcher. They are

In 2010, the VA revised opioid prescribing guidelines to emphasize the risks. The VA says it will make additional revisions.

Addiction Treatment Experts Await Details of Parity Rules

Addiction and mental health treatment experts say they are hopeful new rules issued by the federal government that require parity between treatment for mental and physical illness will greatly expand access to care. They say a critical component of the rules’ success will be the criteria insurers use to include patients for addiction and mental health coverage.

“This has been anxiously and long awaited,” Dr. Jeffrey Lieberman, President of the American Psychiatric Association, told NBC News. “Everything we’ve heard gives us

NEWS continued page 13

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Inside Step 12

By Bobbe McGinley

We realize in this step we've had a spiritual awakening. Through God's goodness and our commitment to recovery, we have had a life-changing spiritual experience. We began the journey as frightened tyrants clinging to control our own little kingdoms. But we end with a new king on the throne: God or Higher Power. We experienced a rebellion and we led against ourselves. With God's help, we removed our own kingdom and established a higher one.

Step Twelve involves taking time to appreciate the spiritual growth in our lives. We work this step by sharing the program with others and continuing to practice the principles of the steps in every area of our lives.

We can prepare for Step Twelve by ensuring our Higher Power has been a part of every aspect of our program. If we have merely added God as an ingredient to our recovery, we will not notice much spiritual awakening in Step Twelve.

If we have maintained control throughout the steps and worked them with rigorous zeal the spiritual awakening of Step Twelve will be ours if we have done all of the following: *relied upon our Higher Power's presence, worked the steps in partnership with God, and surrendered control of our will and lives.*

The Journey Continues

The Twelfth Step completes the climb of our never ending recovery mountain. Remembering the milestones during this adventure can remind us of the pain and joy experienced while focusing our objective — continuous sobriety. Our experiences have been unique and personal to each of us. We realize all the events of our lives have pulled together to show us our connection to God and the Universe. Our spiritual awakening has changed us, so now we have the capacity to live as an expression of God's will.

Step Twelve requires we are instrumental in helping others receive the message of hope and healing. How many of us were introduced to this program by someone who was working Step Twelve?

Now we have the opportunity to promote our own growth by giving back. We look for ways to share our new confidence because of our commitment to recovery and our growing awareness of God's presence in our lives. This program calls us to live our program daily and explain to others the effectiveness of the Twelve-Step principles.

To continue our process, we need to be aware we've just begun to learn the principles that will improve the quality of our lives. Each of the Twelve Steps is a vital part of fulfilling the divine plan for us. When our daily challenges distract and separate us from our Higher Power, we can always use the steps as tools for coping with our problems.

Step One reminds us of our powerlessness. Step Two and Three show us the ongoing need for God's help. Steps Four

through Nine guide us through self-examination and making amends. Steps Ten and Eleven help us minimize our slips and keep us in touch with our Higher Power. We are blessed through our conscientious attention to working the steps.

Blessings include a level of love, acceptance, honesty, and peace of mind we never experienced before. The hardest part of any journey is the beginning, and this step is our milestone. By reaching Twelve, we have shown our commitment to God's will in our recovery.

Our spiritual awakening is a gift that installs a new perspective in us, accompanied by a significant change in our value system. Our pursuit of worldly goals has been subdued and redirected. We look for fulfillment from things with real and lasting value. For most of us, the awakening is subtle and best seen in hindsight. It seldom has a distinct beginning and ending. As we awaken to the presence of our Higher Power's love for us, our lives become filled with new purpose and meaning.

"Action speaks louder than words" is an accurate description of how to carry the Twelve-Step message to others. It is more effective to witness a principle being applied than to hear lectures on theory alone. Sharing our own experiences of prayer and meditation has more meaning than simply lecturing and explaining why everyone should meditate and pray. Telling our story helps others recognize their need for a relationship with God and encourage the growth of our own humility. Carrying the message gives us an opportunity to describe the ways in which our Higher Power works through the Twelve Steps to transform our lives. Each day our life experiences remind us how we are renewed in our relationship with our Higher Power. Through our sharing, we can convey the message of our experience, strength, and hope.

Our relationship with God is the key to our success in everything, particularly in working the steps and applying the principles in our daily affairs. We cannot allow ourselves to drift into indifference and neglect our commitment to living according to the will of our Higher Power.

Life constantly reminds us that we need to be prepared to face temptations and trials. But, with God's help, we can transform them into occasions for growth and comfort to ourselves and to those around us.

We will never achieve peace and serenity without God's help and guidance.



Bobbe McGinley MA, MBA, CADAC, LISAC, NCGC II, is a nationally known speaker, author, presenter and trainer, consulting many different industries about Problem Gambling. She currently serves as

their Gambling Program Consultant. Call 602-569-4328 or visit www.actcounseling.com.

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Detaching From Emotional Negativity

By Elisabeth Davies, MC

Have you ever wondered, "Why do I feel so negative?"

All of us have felt negative emotions at some time, or some point in our life. Emotions are created from thoughts. It is estimated that a typical human being has an average of 12,000 to 50,000 thoughts per day.

Negative thoughts bring forth negative emotions, and positive thoughts invoke positive emotions. Thoughts are generated from two primary sources, our beliefs and external influences.

Fortunately, you can control which thoughts you focus on. As thoughts arise, you can pay attention to them and grow the emotions they produce, or you can distract yourself by focusing on something else. Longstanding negative thoughts lead to depression and mood disorders. Longstanding positive thoughts lead to contentment and enjoyment.



An attachment to a thought is formed from repeatedly giving a thought your attention. This attachment, if repeated long enough, can become a belief. Beliefs drive your behavior and behaviors create your life.

Five thoughts toxic to emotions and mental health:

1. **Hatred** - extreme hostility, or desire for vengeance
2. **Judgment** - critical or fault-finding
3. **Dishonesty** - disposition to lie, cheat, or steal

4. **Covetousness** - desiring something with no regard for the rights of others
5. **Scarcity** - deficiency or having less than what is deemed important

Ruminating on any of the above thoughts creates negative energy in your mind and adversely affects your mental health and well being. Having thoughts about the past that invoke toxic emotions is an indication that you have stored emotional negativity in your body.

Harmonizing energy

Your breath, thoughts, emotions, memories, and beliefs are all a part of this energy system. Holding your breath suppresses emotion and the flow of energy in our body. If done often enough, it can lead to Chronic Fatigue Syndrome. * Whereas full deep breathing dislodges and releases stored emotion. It is important that you do not suppress (cover up feelings) or repress (block feelings) emotions if you want to be mentally healthy. Having a healthy outlet, such as journaling, talking to someone you trust, or expressing emotions through a creative outlet are a few ways to let out stored feelings.

Detach from toxic emotions

- Release negative thoughts each day. Take in a deep breath, expanding oxygen to your lower abdomen. Slowly exhale and say in your mind, "I release all negative thoughts and emotions from my being." Do this for a minimum of 45-60 seconds to stimulate the parasympathetic nervous system (relaxation response). This releases the negative energy and stress built up from toxic thoughts.

Releasing Negativity continued page 12

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Commentary: How Fictional Characters Can Help Real-Life Clients

By Adam C. Brooks, PhD

Two patients wait in the reception area of a busy urban medical clinic. They don't know each other, but they are about to embark on very similar journeys. In the exam room, Bill receives the diagnosis that he is pre-diabetic and is encouraged to make some lifestyle changes, including reducing his alcohol intake, as his provider has determined that his drinking is at a risky level.

Maria meets with her provider and is asked to break a tough habit. Maria is struggling with continuous asthma complications and although she quit smoking cigarettes, she still smokes marijuana every day to cope with stress. Maria's provider challenges her to quit smoking marijuana for one month to see if it helps improve her condition. Both patients are uncertain if they can break these habits or if they even want to try.

While these patients will sound familiar to medical providers across the spectrum of health care, they are actually the fictional starring characters of a new health education graphic novel being tested by the Treatment Research Institute (TRI). *In Keep it Moving: A Guide to Breaking Habits*, both Bill and Maria have to resolve their own ambivalence about whether to make an effort to reduce or quit their alcohol and drug use. They model how to deal with stressors, temptations, obstacles and personal triggers that influence their habits.

These relatable characters are part of a greater goal to integrating models of behavioral health care directly into primary care; and to help individuals combat their own personal habits and make the decision to seek further alcohol or substance use treatment. Our clinical research team received a grant from the Pennsylvania Department of



Health to conduct a clinical trial of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for the reduction of illicit drug use in three federally qualified health care centers (FQHCs) in Philadelphia. We wanted to be able to provide patients with an educational resource akin to Rethinking Drinking, the excellent patient resource developed and distributed by NIAAA. However, we wanted to be able to address both habitual alcohol and drug use, and we also felt that including more interactive activities and models that were within the grasp of populations with various literacy rates was important. A community advisory board consisting of medical patients in recovery from substance use issues reviewed numerous health education strategies for alcohol and nicotine cessation, and concluded that our team might best reach our target population by developing our material in a graphic novel format.

The use of graphic novels for health education is not new. SAMHSA's **People Recover** (<http://store.samhsa.gov/product/People-Recover>) about a young couple who enter treatment for addiction is an excellent example. We wanted to equip the behavioral health consultants at the participating FQHCs with a resource that that would help patients begin the process of self-change. Our consultants reminded us they typically had limited time to meet with patients in a primary care setting, so finding strategies that could help patients remember advice on why and how to make habit change was critical.

The characters model self change using time-tested, habit-breaking strategies. Throughout the narrative, as Bill and Maria exemplify effectively putting change strategies into place, the narrative halts and the

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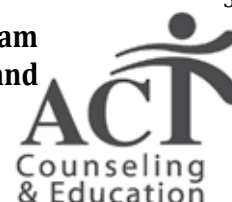
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Knowing how to Disagree

By Mike Finecey, MA, LPC, LISAC

Somewhere, while we're growing up, we learn right vs. wrong. This became the battle ground of most of our arguments; who's right — who's wrong. Some of us need to be right, so we will argue and fight with someone else, as if they are trying to control us and make us wrong. We must win, 'to be right.' All the while, in order "to be right", the other person must be made "wrong." When I argue to be right and argue to make you wrong, I'm actually attempting to win the outcome; to receive the trophy of right.

How We Argue



Out of our addictions, we have a core understanding of how we argue based on our view of right and wrong. Not all of us fight to be right, some of us actually argue to "not be wrong." I can be the person who has to be right or I can be the person who fights not to be wrong. The person wanting not to be wrong appears to be trying to control, when in reality, the fear of being wrong is greater that the need to be right.

When observed, both argue the same except the person who needs to be right has to make the other wrong. The person who is fearful of being wrong, needs to make the other wrong and therefore, it's nearly impossible to resolve the conflict. To end the argument one simply walks away into isolation and avoidance only to repeat it all again another day. We may change and have a different story to argue about, but it will end with the same result. We can do this for years and never know how to resolve conflicts with others. This can be extremely damaging to a relationship when we don't know how to disagree.

Resolving the View of My Story

The reality is most arguments are an attempt to resolve a different view of the story we know. We need to convince the other of the rightness of my view; my story. Before we learned right and wrong, we actually were right and learning. We could make a mistake and learn from it. We were right and were given a chance to express what we thought and to have the opportunity to learn a better way, a different way or simply another way.

Usually around five or six years old, we begin to learn our negative emotions such as fear and the fear to be wrong. Who among us today has the intent to be wrong with

relationships? Every discussion we have with another is started with the feeling of being right. We share our thoughts and our view. We express our thoughts with our words as right as we believe them to be. When the other person has a different view and it's expressed, a feeling of wrong can begin. For years, we've been practicing a need to be right or a need not to be wrong and we bring this need into our relationships with others. We will do it this way for years without a method to resolve.

Learning and Validating creates Relational Intimacy

Each of us has life experiences that gave us impressions, words, thoughts, feelings, needs and wants. We have learned how to express ourselves from these life experiences. When someone shares their thought and we define that thought as incorrect, we are actually violating the person. When someone shares their thought and we learn more of how they came to their view, then we validate the person.


What would happen in an argument if we choose rather than being right or wrong, we choose to be right or learning? By allowing the other person to be right, allows me the opportunity to 'learn' their view. By doing so, we share intimacy.

When I make someone wrong they pull back away, when we make someone right, they move towards intimacy. If all we do is argue the story, intimacy will decrease. To argue the story is a fight of right and wrong. To be relational, we argue to make the other right by learning who they are.

Taking time to learn some ones impressions, words, thoughts, feelings, needs and wants is taking the time to develop healthy intimacy. When we argue only to be right or make the other wrong, we fail our relationships. We each have a choice to be right, to not be wrong or to let the other be right. If one is talking and one is listening, then the listener validates what is shared and allows the other to be right. We each have a right to what we think, and we each must allow the other this truth. No one starts a conversation with the intent to be wrong and no one has intimacy with someone who believes it's their responsibility to tell us we're wrong. I'm right and I'm learning.



Michael is the co-founder and Clinical Director of North Pointe Counseling Center. Michael holds a Master of Arts in Professional Counseling, and a Bachelor of Science in Electronic Engineering and Technologies. Visit www.mpccaz.com/



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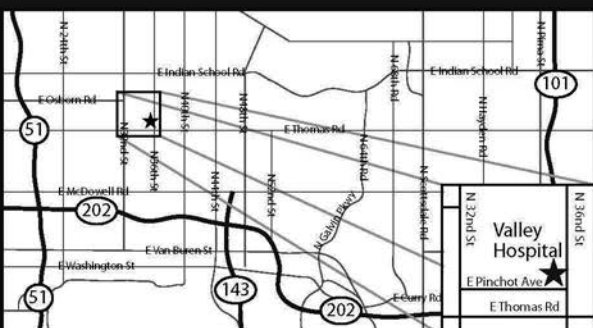


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By DR. DINA EVAN

You find the greatest gifts between the words in the silence and in the midst of a lightening stroke of awareness. It's between the aisles at Costco and in the parking lot at Toys R Us. It's in that moment that you realize that nothing you can buy; nothing material you can touch matters.

Perhaps it's having passed the speed limit in age. Or it could be having, as we all have, life altering challenges to over come, or maybe it's simply sagey wisdom arriving. However, my sense of value and reverence for the gifts in my life, have changed dramatically. I am always reminded about what matters during the holidays. It's so good to know the blessings in my life are not at Macy's, Need-less Mark-up or even my favorite Internet shops. They cost nothing and they are much closer to home.

Consider these:

Helen Keller once said...Tolerance or acceptance is the greatest gift of the mind; it requires the same effort of the brain that it takes to balance oneself on a bicycle. Life requires this balance and mastery. When you are in this balance, it is as if you are holding, with widely outstretched arms, both ends of this or that, good or bad, love or hate, right or wrong and peacefully being not attached or too focused on either. That's — an amazing gift of spirit...called grace.

Another fine gift is a willingness to seek out and embrace the truth. Yes, I can see the ways that you were broken, I too am broken, and I thank you for that gift. It teaches me patience, forgiveness and unconditional love. Here is what I am committed to do about my flaw and how can I support you in healing yours? The truth that we make mistakes, are not perfect and never will be is liberating. However, how you deal with these discoveries, is what this game is about. Will you package them up in bows and pretend no one notices? Will you lie about them, project the responsibility for them on to someone else or will you respond with, " I apologize. I was wrong and I intend to work on that for myself."

Some people call me intense. Go figure. Okay so they are right. Most of my clients are referrals who often arrive having been cautioned that I am direct. I admit that is true. I don't think people pay good money and come to therapy to visit a blank wall or a person who has not done enough healing work to get in the soup with them. If they are going to be courageous and vulnerable, then so too am I. I have deep passion and

commitment. I have righteous indignation. Injustice, the misuse of power and prejudice wrap me around an axle. The greatest gift I ever got was the day a client standing in the door way, as she was leaving, turned around and flipped me off with a intensely delivered middle finger. She said, "Nobody ever dared to get to me like that...thanks. See you next week."

Life is about passion. It's about not being concerned about what everyone else thinks or who he or she wants you to be. It is about getting all in or you miss the gifts. Unless you are all in, you also deprive the ones you love from the gifts you came here to give them. You can say it in a million ways: Live Loud, Get Present, Show Up, Get all in... but it all boils down to a couple of things. Live your life with purpose and create a life of meaning and passion.

Rob Lowe will tell you, "Sobriety was the greatest gift I ever gave myself. I don't put it on a platform. I don't campaign about it. It's just something that works for me. It enabled me to really connect with another human being - my wife, Sheryl - which I was never able to do before." True connection with one's self and another human being is a gift that endures lifetime after lifetime and changes the very fabric of our soul. It's as important as air and we can't survive without it. It's a major part of what we came here to do. No more I love you see you in six months. Deep meaningful connection to others is as important as the air we breathe.

So, before you bustle off to that family dinner you moan about, take a minute to remind yourself, that each person around the table, enjoyable and annoying, is on a path just like you and either consciously or unconsciously, they have chosen bravely to stay and go the distance. They are, yes each and every one of them, is there to teach you something. Perhaps it is patience, acceptance, forgiveness, ego or love. They are the gifts your spirit has called to you so that YOU can find out who YOU really are. And if you want the gift, you don't get to leave the party before it arrives.

From all of us... a heartfelt Happy Holiday. After all, you are the gifts from which we learn. So, thank you and have that second slice of pie.



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

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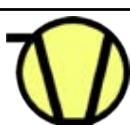


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EVENTS CALENDAR

DEC. 4 — Tucson Area Professionals' Networking Breakfast – 30th Anniversary Celebration, 8:00 – 10:00 a.m. Sponsored by Sierra Tucson. Westward Look Wyndham Grand Resort & Spa, Santa Catalina Ballroom, 245 E. Ina Road, Tucson, AZ 85704. Please be our guest at our "30th Anniversary Celebration" and Networking. No charge to attend, but seating is limited. For info, visit www.SierraTucson.com or contact Chrissy Lamy at 480-231-0260 or CLamy@CRCHealth.com.

DEC. 6-8 — The Relapse Trail: Psychodrama in Addiction Treatment, Speaker: Bill Coleman, LMSW, TEP. Sponsored by Sierra Tucson, Hudson Valley Psychodrama Institute, and Desert Star Addiction Recovery Center. Westward Look Wyndham Grand Resort and Spa, Tucson, AZ 85704. Registration \$340; visit www.SierraTucson.com or call Bill Coleman for details: 520-809-0456.

DEC. 5-8 — Tucson — Cottonwood Tucson — InnerPath Developing Healthy Relationships Retreat. This four-day retreat for couples focuses on learning what constitutes a healthy relationship and how to attain it. Facilitated by Rokelle Lerner. Visit www.cottonwoodtucson.com or call Jana at 520-743 2141 or email at jmartin@cottonwoodtucson.com for information and registration.

DEC. 9-13 & Jan 13-17 — Cottonwood Tucson — InnerPath Beginnings & Beyond Retreat. This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by **Rokelle Lerner**. Visit www.cottonwoodtucson.com or call Jana at 520-743-2141 or email at jmartin@cottonwoodtucson.com for information and registration.

Phoenix "Gratitude for Giving" Celebration, DEC. 13, 8:30 – 11:00 a.m. Sponsored by Sierra Tucson. Location: Arizona Biltmore, Grand Ballroom, 2400 E. Missouri Avenue, Phoenix, AZ 85016. \$35 per person, or \$300 per table of ten (no refunds after this date). Nominate your peers online before 10/11/13. More info available online or call Lila Duffy at 800-624-9001, Ext. 2303.

JAN. 6-10 — Tucson — Cottonwood Tucson — InnerPath Women's Retreat. This five-day retreat has been designed especially to meet the needs of women who are re-evaluating their relationships, their priorities, and their sense of self. Facilitated by Rokelle Lerner. Visit www.cottonwoodtucson.com or call Jana at 520 743 2141 or email at jmartin@cottonwoodtucson.com for information and registration.

JAN. 8 — Phoenix Area Professionals' Breakfast, 8 – 10:00 a.m. Sponsored by Sierra Tucson. **"Visualizing Blind Spots: Weight Bias as a Therapeutic Obstacle,"** Speakers: Caryn Attianese, MA, NCC, LPC, CEDS & Cindy Elms, BS, RDN. The Pointe Hilton Squaw Peak Resort, 7677 N. 16th Street (& Morten Ave), Phoenix, AZ 85020. Pre-registration at www.SierraTucson.com by 1/1/14: \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). 2.0 CE Credits available. www.SierraTucson.com or contact Chrissy Lamy at 480-231-0260 or CLamy@CRCHealth.com.

JAN. 17- 19 2014 — The Meadows Alumni Retreat. This retreat is only for those who have participated in one of our week-long work-

EVENTS continued page 11

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an incongruity within people who articulate spiritual principles and behave otherwise. I wish I could say that this is a rare occurrence but I have observed this, repeatedly, over my years of recovery.

There are several observable traits that can be classified as dry drunk syndrome. Grandiosity can be manifested in behaving as if we are unique and the rules don't apply to us. We may believe in our self importance and superiority. We may revert to self centeredness which can also manifest itself as self-pity.

Sometimes we may become judgmental, making harsh criticisms of others and engaging in cognitive distortions such as black and white thinking. This can manifest in making comparisons either favorably to ourselves or self condemning. One of my warning signs has been when I'm at a meeting and I hear the same story I've heard many times before. I find myself becoming impatient as I mentally criticize the person who is sharing. I believe I can label this as a form of intolerance.

The Red Flags

Another red flag is complacency. I believe when we are in dry drunk behavior it can often lead to relapse. I know I am heading in the wrong direction when I start "blowing off" activities that are part of my positive self care. A warning sign is deciding not to go to meetings or other treatment activities, declining social interactions with friends or family, procrastination and wishful thinking or fantasizing ruminations. Thoughts of wanting to be happy without taking action or a sense of increasing inertia can be predictors of relapse. Indecision or paralysis can become more dominant in our thinking. I believe it is difficult to stay in one place when in recovery. Either we are moving forward or backwards. It is said that we are always either moving away from a drink or towards it. We need to continue to be introspective and self aware. I have revised a statement from the "Big Book", "I know only a little". I believe we have to take ourselves to higher levels of awareness and improvement. A structure that is not renovated and repaired will experience entropy, or a return to chaos. I have never been comfortable with the concept of maintenance. If I want to be happy, joyous and free, I need to learn more, do more and connect more both with others, myself and my higher power.

Unless there is an intervention by ourselves or others who care, we start to experience discomfort on a mental, physical, cognitive and spiritual level. Some of us experience increasing mood swings, variability between irritability, anxiety, and sadness. We may start to think more pessimistically about the future. Our ability to balance past, present and future becomes unstable and we focus more on fear, remorse, and resentment. We start to regret the past and we wax nostalgic for the "good old days". Sometimes, these thoughts take the form of euphoric recall. I have a built in forgetter in my brain. Without self inventory, I might start longing for the "summer of love" back in 1967 rather than remembering the pain of the Fall of 1987. Once again daydreaming and escapism start to insert themselves into my thinking.

Physically, I may start to neglect exercise, nutrition and rest. My immune system becomes less effective and I am prone to somatic complaints. Focus and concentration decrease. I become less effective in my work, making mistakes as I bemoan the way the powers that be screw things up and are insensitive to my needs.

What Happened to My Spirituality?

Spiritually, I start to pull away from conscious contact and connections. I stop routines of prayer and meditation. I narrow my world view and question the existence of a power greater than myself. Cynicism gains a foothold and thoughts of being helpful to others get pushed out by my egocentrism. Ultimately, the warning signs of relapse escalate until the thought of returning to destructive behavior is enticing. Thoughts of being in recovery are slowly replaced with thoughts like, "This is too hard. Why me? And, "you would use if you had my problems." I start to have thoughts

of wanting to use or act out. Mental cravings become prevalent. I rationalize that "one won't hurt", "no one has to know, I'll start over tomorrow, and I deserve this". As I go through this process, my ability to intervene on my own behalf becomes less likely. I start to plan my relapse.

Throughout this process, I am more vulnerable to high risk factors and situations. Negative feelings like resentment and shame rear their ugly heads. Positive feelings like reward and celebrating my successes may rationalize the use of substances or other behaviors. Physical discomfort or illness can make us more susceptible to thoughts of relieving distress in old ways. We experience problems with sleeping and look to unhealthy ways to fix the problems. We become secretive about pain medications and may begin to abuse them. We begin keeping secrets.

We start to test our control by placing ourselves in risky situations. We become like the jaywalker, putting ourselves in danger. We become more vulnerable to social pressure when around people who do not know we are in recovery. We want to belong and feel shame about being different. We reminisce about the ways we used to have fun using social lubricants to enjoy music, films, dancing, and sex. Our ability to cope with conflict becomes inappropriate. We start manifesting inappropriate responses in coping with conflict. We become quick to anger and argue in an extreme manner. We bring up irrelevancies when dealing with the here and now. We return to the use of bad language. We externalize blame and alienate our partners or significant others.

Are We all Subject to Dry Drunk Syndrome?

As I write this I realize how bleak this sounds. The consequences seem dire. Are we all subject to dry drunk syndrome? What can we do if we detect that we are pulling away from what we have worked so hard to achieve. Certainly corrective measures are necessary. I think that at any time we can be vulnerable to dry drunk behavior. If we stay in recovery long enough we are going to experience life on life's terms. Loved ones become ill and die. Relationships can become troubled. We experience career setbacks. We find ourselves in the unenviable position of having to cope with loved ones who succumb to addiction. We may be troubled and unsure about the future.

I have to increase my attendance at meetings. Sometimes, I need to hear new voices and regain enthusiasm as I get a fresh perspective. I have found that meetings that are literature based are helpful. Also, hearing others talk about their experience with the steps can help me to regain focus.

I didn't get sober by myself and I need others to confront me, in a loving way, when I stray from the path. If we have avoided working with a sponsor, it's time to get one. If we have created distance from our current sponsor, we need to get reacquainted. Perhaps we have a sponsor that is unavailable or inaccessible. The sponsor may be caught in the same malaise that we are struggling with. It may be an opportunity to work with someone else. I want a sponsor and people in my support system, to confront me when I am engaging in self sabotage. But I want this to happen in a loving spirit. Many of us have experienced abuse and require more patience and understanding. When I was in early recovery, I attended a spiritual retreat for recovering men in New Jersey. The leader for the weekend was a priest who happened to be in recovery himself. I will never forget Father Jack saying, "If your sponsor never makes you feel uncomfortable, you better get a new sponsor".

I have always worked with sponsors. I enjoy the relationship and value the guidance and support. Several years ago I was traveling to the east coast for business. My most frequent stop was to New York City. I would fly in on a Sunday and return the following Saturday. I have an older daughter who lives in New Jersey and works in Manhattan. My routine was to call her to see if she was available for lunch or coffee. One week, I called



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after I arrived. Monday she didn't get back to me. Tuesday and Wednesday were the same. I was now irritated and hurt that she didn't return my call. My plan was to call her again and give her a piece of my mind. I had my guilt trip script worked out.

Somehow I thought that maybe I should call my sponsor first. When I did so he said, "Why don't you reconsider. If you tell her what you are prepared to say, you might create some bad feelings. Why don't you try something like this instead?" "Hi, sweetheart. I called and didn't hear from you. Is everything all right? Is there anything I can do to help you?" He also reminded me that she was pregnant at the time and had a toddler at home. She had a job that required working on deadlines. I followed his suggestion. She called back saying, "Dad, I'm really sorry. The baby has a cold and I'm all jammed up". I was so grateful that I called him first.

Along with meetings, we can get involved in service such as taking meetings to correctional institutions and treatment centers, reaching out to others, chairing meetings and other activities. Sponsorship has always been personally helpful. There have been times when I was preoccupied with my own problems and a sponsee called asking for support. When I focus on how I can help him, I forget about me for the moment. Participating in the fellowship aspect of recovery can help us to feel a part of what's going on.

Co-occurring issues

Many of us have co-occurring issues such as Post Acute Traumatic Disorder (PTSD), depression, Bipolar Disorder, anxiety and issues relating to our family of origin. Some of us have grown up in dysfunctional homes that have left lasting scars. At three years of sobriety I joined a therapy group. It was helpful in addressing anger issues related to my childhood experiences. There are some problems that cannot be treated at 12-step meetings. We may need professional help. Sometimes psychiatric care is necessary. Staying sober with untreated Bipolar Disorder

can be difficult. Sometimes, the workplace can help by providing Employee Assistance Programs (EAP) on a confidential basis.

Spirituality is a valuable coping tool regardless of belief systems. Many people have confused spirituality with religion. It doesn't have to include belief in a personal deity. There are many ways to explore our personal definitions of what is spiritual. Certainly, participation in religious practices has often helped. Yoga and meditation have proven helpful in helping us to get centered. Exercise and proper nutrition are also helpful.

In closing, it's important to remember that dry drunk syndrome does not mean that we have to relapse. It can be corrected. In fact, when we have the awareness that we need to make changes and have the willingness to do so, we can experience our recoveries in ways that can be even more fulfilling. We can, then, experience life to the fullest.



Dan Stone, MSW, LCSW, LISAC is a member of the Clinical Team and Cottonwood Team since 1995. A native of Brooklyn, New York, Dan received a B.A. in History from Brooklyn College, and after a twenty-year career as a New York City schoolteacher got an MSW from New York University School of Social Work. He is a certified thanatologist working in the area of death, dying and bereavement, and has received training and certification through the Association for Death Education and Counseling. Dan's extensive training and professional experience is augmented by 22-years of personal experience with recovery from chemical dependency.

For more information on Cottonwood Tucson visit www.cottonwooddetucson.com or call 800 - 877-4520.

How to Get Santa to Deliver

By ALAN COHEN

My Australian client Meg was tired of her corporate job and wished she could create a layoff with a generous severance package. So for fun she wrote herself a severance letter offering her desired package, printed it on company stationery, and signed it from the CEO. This was her idea of creating a treasure map toward her ideal scenario.

The next day Meg's supervisor called her into his office and told her he had some disturbing news. Someone had written Meg a severance letter and signed it as if from the CEO, but the CEO knew nothing about it. The supervisor produced the letter in question—the very document Meg had written herself and printed on the office printer. Apparently she had “accidentally” printed two copies and left one in the office printer.

Two weeks later Meg got a real severance letter from the CEO, with the terms she had written herself. Christmas came early this year.

As children, we all delighted to believe in Santa Claus. What a thrill to sit on his lap, look into his twinkling eyes, and tell him exactly what we wanted, trusting he would deliver! Then some buzzkill elder brother or cynical teacher told us that Santa was just a guy the department store hired to don a white beard and red suit and tell kids what they wanted to hear. End of childhood, beginning of cold hard reality.

Or is it?

Santa Claus is not a person, but he is a principle, a dynamic, a universal idea that goes far beyond a person. Santa Claus represents a benevolent universe that knows our needs and can and will deliver our good to us. Just as Jesus is a channel through which the Christ energy flows, and Buddha is the being through which Buddha Mind is expressed, Santa is a cultural form—a local permission slip through which we allow ourselves to receive the blessings we desire and deserve.

There are two ways of asking: asking from need and asking from fulfillment. Hardly anyone asks from fulfillment because we usually identify with need. “I am lacking. I want



this and I don't have it. I am empty and I need the universe to fill in the blank.” But the results we get depend on how we ask. Meg's self-created layoff letter is a clever example of asking from fulfillment. She went to the place she wanted to go to even before it showed up. Her sense of having what she wanted was stronger than not having what she wanted. She affirmed the solution rather than the problem.

Many people are familiar with the science fiction theme of parallel realities. But the principle is more science than fiction. There are an infinite number of realities occurring simultaneously. Jesus stated this in the language of his time: *“In my Father's house there are many mansions.”* Anything that has existed, will exist, or could exist, already exists. So even while you experience a lack of something in one reality, in another reality that lack has already been fulfilled. More precisely, in that reality, there has never been a lack. There is always and only fulfillment.

The key to manifestation is to go to the reality where fulfillment already exists even before you see the evidence in the realm of the five senses. This is the technique that makes all visionaries, inventors, and creators successful. The invention is already real to them in their mind or imagination, and they bring it to life. The genius scientist Nikola Tesla recounted that all of the ideas for his world-changing inven-

tions came to him in mystical flashes of insight. He found entrée to the mansion where they already lived, and then fleshed them out in the world. Steven Spielberg said, “Once a month the sky falls on my head, I come to and I see another movie I want to make.” The movie is already a reality. Spielberg's job as director is to deliver it to the world.

You, too, have access to fabulously creative and successful ideas that can and will change your life and the world. They are already real and in a particular reality, already accomplished. You may not affect the world like Tesla or Spielberg, but you have your own sphere of influence it is your destiny to touch. Mothers, waitresses, and van drivers sometimes bring more

blessing and healing to the world in their own quiet ways than moguls who move lots of money and people around, but are devoid of happiness.

This holiday season you can get Santa to deliver. Sure, you can manifest stuff, but why not manifest the most valuable present of all: inner peace. When you are at peace with yourself, you bring healing to everyone you meet. Peace is not something you import from the outside. It is an inner state that you claim. Sort of like writing yourself a love letter from the universe and then discovering the CEO has already signed it.



Alan Cohen is the author of many popular inspirational books, including *Enough Already: The Power of Radical Contentment*. If you would like to become a professional life coach or incorporate life coaching skills in your career, Alan's celebrated Life Coach Training program begins January 1, 2014.

For more information about this program, Alan's other books, free daily inspirational quotes, and his weekly radio show, visit www.alancohen.com, email info@alancohen.com, or phone (808) 572-0001.

WAKE UP CALL: PCP Making a Comeback

Hospital emergency department visits related to the dangerous hallucinogenic drug phencyclidine, commonly known as PCP or “angel dust,” increased more than 400 percent between 2005 and 2011 (from 14,825 to 75,538 visits), according to a study by the Substance Abuse and Mental Health Services Administration (SAMHSA).

In 2011, there were approximately 1.25

million emergency department visits related to the use of illicit drugs.

PCP is known to cause hallucinations similar to MDMA (also known as Ecstasy) and LSD (lysergic acid diethylamide), but unlike those drugs, in some cases, PCP has been associated with hostile behavior that resulted in violent episodes. PCP distorts perceptions of sight and sound and produces

feelings of detachment.

The largest increase in PCP-related emergency department visits was seen among patients aged 25 to 34, who accounted for an increase of more than 500 percent from 2005 (5,556 visits) to 2011 (34,329 visits). In 2011, people in this age group represented nearly half (45 percent) of all emergency department visits involving PCP.

PCP-related emergency visits overwhelmingly involved males. In 2011, approximately two thirds (69 percent) of PCP-related ED visits were made by males.

“This report is a wake-up call that this dangerous drug may be making a comeback in communities throughout the nation,” said Dr. Peter Delany, Director of SAMHSA's Center for Behavioral Health Statistics and

Quality. “PCP is a potentially deadly drug and can have devastating consequences not only for individuals, but also for families, friends and communities. We must take steps at every level to combat the spread of this public health threat.”

The report, entitled Emergency Department Visits Involving Phencyclidine (PCP), is based on findings from the 2005 to 2011 Drug Abuse Warning Network (DAWN). DAWN is a public health surveillance system that monitors drug-related hospital emergency department visits and drug-related deaths to track the impact of drug use, misuse, and abuse in the United States. The complete survey findings are available on the SAMHSA Web site at: <http://www.samhsa.gov/data/2K13/DAWN143/sr143-emergency-phencyclidine-2013.pdf>.

For more information about SAMHSA, visit: <http://www.samhsa.gov>

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EVENTS from page 8

shops, including family week or in-patient treatment at The Meadows, Melody House, or Dakota. Scottsdale Resort & Conference Center, 7700 East McCormick Parkway Scottsdale. Contact Morgan Day, The Meadows 928-231-7606 mday@themed-ows.com.

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

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

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

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

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

Franciscan Renewal Center Support Groups: Divorce, Separation and Significant Relationship Endings. Deals with the pain of divorce, separation, and relationship endings in a positive, healing way. Mondays, 6:30 - 8:00 p.m. *Facilitators: Judith McHale, MA, LPC and Tom Mitchell, Ph.D, LPC.* **GRIEF Support.** Tuesdays, 5:30 - 7:00 p.m. *Facilitator: Sylvia Hernandez, LICSW and Judith McHale, MA, LPC.* **DEPRESSION Support.** Every other Tuesday, 6:30 - 8:00 p.m. *Facilitator: Mike Finecey, MA, LPC, LISAC.* **GESTALT THERAPY Support.** Wednesdays, 6:30 - 8:00 p.m. Franciscan Re-

newal Center, 5802 E. Lincoln Drive, Scottsdale. **480-948-7460. www.thecasa.org**

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

COTTONWOOD TUCSON. Ongoing Alumni Meeting: first Wednesday of each month 6:00-7:30 p.m. on the **Cottonwood campus in Tucson.** 4110 W. Sweetwater Drive. Come early at 5:00 p.m. for dinner. Contact Jana Martin 520-743-2141 or email jmartin@cottonwoodtucson.com

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

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

Overeaters Anonymous is a 12 Step program that deals with addictions to food and food behaviors. 18 meetings scheduled throughout the week. For more information call **520-733-0880** or www.oasouthernaz.org.

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

Pills Anonymous—Tues: 7:00 p.m., Glendale Community Church of Joy, 21000 N. 75th Ave. Tuesday: 7:00 p.m., Mesa- Open Discussion. St. Matthew United Methodist Church, 2540 W. Baseline, Room B. 14, Mesa. Jim **480-813-3406,** Meggan **480-241-0897.** Wed: 5:30 p.m. North Scottsdale Fellowship Club, Room 3, 10427 N. Scottsdale Road, Thurs.: 7:00 p.m., Phoenix, Desert Christian Church Rm. D-2, 1445 W. Northern. Janice **602-909-8937.**

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

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

Blvd., Ste. D-202, Phoenix. Contact Sue F. **602-349-0372**

SexAddicts Anonymous www.saa-phoenix.org **602-735-1681** or **520-745-0775.**

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

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

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

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

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

FOOD ADDICTS Anonymous—12 step group. **www.Foodaddictsanonymous.org**

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

DEBTORS Anonymous—Mon., 7-8:00 p.m., St. Phillip’s Church, 4440 N. Campbell Ave., Palo Verde Room. Thurs. 6-7:00 p.m.,

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University Medical Center, 1501 N. Campbell. **520-570-7990,** www.arizonada.org.

CrystalMeth Anonymous www.cmaaz.org or CMA Hotline 602-235-0955.

When You Need Help

PHOENIX /VALLEY AREA		
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AZ NicA	480-990-3860	
Alcoholics Anonymous	602-264-1341	
Al-Anon	602-249-1257	
ACA	602-241-6760	
Aurora Behavioral Health	623-344-4400	
AzRHA	602-421-8066	
AWEE	602-258-0864	
Bipolar Wellness Network	602-274-0068	
Calvary Addiction Recovery	866-76-SOBER	
Chandler Valley Hope	480-899-3335	
Cocaine Anonymous	602-279-3838	
Co-Anon	602-697-9550	
CoDA	602-277-7991	
COSA	480-232-5437	
Commun. Info & Referral	1-877-211-8661	
Community Bridges	877-931-9142	
Cottonwood Tucson	800-877-4520	
Crisis Response Network	602-222-9444	
The Crossroads	602-279-2585	
Crystal Meth Anonymous	602-235-0955	
Emotions Anonymous	480-969-6813	
EVARC	480-962-7711	
Gamblers Anonymous	602-266-9784	
Greater Phx. Teen Challenge	602-271-4084	
Grief Recovery	800-334-7606	
Heroin Anonymous	602-870-3665	
Magellan Crisis Hotline	800-631-1314	
Marijuana Anonymous	800-766-6779	
The Meadows	800-632-3697	
Narcotics Anonymous	480-897-4636	
National Domestic Violence	800-799-SAFE	
NCADD	602-264-6214	
Nicotine Anonymous	877-TRY-NICA	
Office Problem Gambling	800-639-8783	
Overeaters Anonymous	602-234-1195	
Parents Anonymous	602-248-0428	
Psychological Counseling Services (PCS)	480-947-5739	
The Promises	866-390-2340	
Rape Hotline (CASA)	602-241-9010	
Remuda Ranch	800-445-1900	
Runaway Hotline	800-231-6946	
Sexaholics Anonymous	602-439-3000	
Sex/Love Addicts Anonymous	602-337-7117	
Sex Addicts Anonymous	602-735-1681	
SANON	480-545-0520	
Sober Living of AZ	602-478-3210	
Suicide Hotline	800-254-HELP	
St. Lukes Behavioral	602-251-8535	
Step Two Recovery Center	480-988-3376	
Teen Dating Violence	800-992-2600	
TERROS	602-685-6000	
Valley Hosptial	602-952-3939	
TUCSON		
Alcoholics Anonymous	520-624-4183	
Al-Anon	520-323-2229	
Anger Management Intervention	520-887-7079	
Co-Anon Family Groups	520-513-5028	
Cocaine Anonymous	520-326-2211	
Cottonwood de Tucson	800-877-4520	
Crisis Intervention	520-323-9373	
Information Referral Helpline	800-352-3792	
Half-Way Home	520-881-0066	
Narcotics Anonymous	520-881-8381	
Nictone Anonymous	520-299-7057	
Overeaters Anonymous	520-733-0880	
Sex/Love Addicts Anonymous	520-792-6450	
Sex Addicts Anonymous	520-745-0775	
Sierra Tucson	800-842-4487	
The S.O.B.E.R Project	520-404-6237	
Suicide Prevention	520-323-9372	
Tucson Men’s Teen Challenge	520-792-1790	
Turn Your Life Around	520-887-2643	
Workaholics Anonymous	520-403-3559	
To get listed email: aztogether@yahoo.com		

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■ Momentum – outpatient treatment for long-term mental illness

Intake representatives are available 24 hours a day to schedule appointments for assessment. St. Luke’s Behavioral Health Center does not have an Emergency Department and does not offer emergency services.

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Releasing Negativity from page 4

- **Protect yourself from the negativity of others.** Before you interact with negative people, close your eyes. Bring your attention to the coccyx (base of your spine). Focus on bringing up your breath from this area. This Life Force energy is the essence of the Creator/Source of Life. Slowly inhale this energy up from the tip of your spine to the tip of your head. You may visualize this energy as a pure light or color. Slowly exhale and imagine this Life Force energy expanding in your being. Repeat this breathing exercise for a minimum of 60 seconds or until you can visualize this Life Force energy expanding in you and moving out past your physical space, until you can visualize yourself encased in this energy. This energy acts as a protective barrier from others negativity and toxic energy.
- **Snip the cords of negative energy.** If you are interacting with others and your mood changes, their energy has penetrated your being. This is fine if their energy is positive and it uplifts your mood. If their words (energy) are negative and your mood declines, snip this cord of negative energy by forming scissors with the index and middle finger of your hand. Take your hand and move it in a semi-circle around the front of your mid-section and quickly open and close your two fingers together, like scissors cutting the cords of negativity. Exhale the negative energy that has been absorbed. This is a literal action that reinforces your intention to detach from unhealthy forces in your environment.
- **Forgive the past.** Forgiving yourself and others releases negative energy attached to the memory of a "wrong" that you did, or that someone committed against you. Each time you recall a memory of a "wrong" say to that thought, "I unconditionally forgive myself for _____ (wrongful act)," or "I unconditionally forgive _____ (name of the person who wronged you) for saying or doing _____ (the act)." Forgiveness neutralizes our emotions and frees us to

be present for new experiences that are presented each day. If you have truly forgiven, this will be evidenced when you recall the "wrong" memory and no negative emotion (hurt, anger, guilt, regret, or shame) is invoked.

- **Practice contented thinking.** Happiness (positive emotion) comes from our own contented thinking. When we focus on what is good enough in our life on a daily basis, this grows contented thinking. Begin each day with noticing at least 10 things in your life you are grateful for. Say "Thank-You" for these things. This expands positive emotion in your energy system, flourishing mental health and wellbeing.

Detaching from emotional negativity not only enhances your emotional health, it also enhances the people you interact with by emitting positive energy for them to absorb.

Be mindful of the energy that you emit towards the people around you. The people you come into contact with will be able to feel it and their mood will be altered accordingly.

Always look for the beauty in life so that you can emanate positive energy.



Elisabeth Davies, MC is an author and counselor. She founded Bright Alternatives Counseling and has counseled thousands of clients struggling with addictions, depression, trauma, anxiety, self-esteem and relationship issues. She is also the creator of *Good Things Emotional Healing* cards®, which reinforce healthy thoughts and beliefs. Elisabeth is the author of *'Good Things Emotional Healing Journal: Addiction.'* It is available online, at her website, or on Amazon. Reach her at (602) 478-6332 or Elisabeth@GoodThingsEmotionalHealing.com or visit www.GoodThingsEmotionalHealing.com

References
*Collinge, William PhD Recovering From Chronic Fatigue Syndrome: A Guide to Self-Empowerment

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NEWS from page 3

a lot of encouragement. We just hope the rule goes far enough.” He said his organization will carefully review the new regulations, to see how much information insurers will be required to reveal about their coverage criteria, and how the rule will be enforced.

“One of the reasons people don’t come into treatment is that they don’t have health care.”

The regulations will apply to almost all forms of insurance. Administration officials say the rules will ensure that health plans’ co-payments, deductibles and limits for visits to health care providers are the same for addiction and mental health services as they are for medical and surgical benefits—referred to as “parity.”

The rules will put into effect the 2008 Mental Health Parity and Addiction Equity Act. Under the regulations, a health plan will not be able to restrict patients to in-state substance abuse treatment, while allowing them to go anywhere for medical or surgical treatment.

“What it means for us is that we should see more people coming into the treatment world,” said Cynthia Moreno Tuohy, Executive Director of the National Association of Alcoholism and Drug Abuse Counselors. “One of the reasons people don’t come into treatment is that they don’t have health care. This takes those barriers away.”

Growing Number of Teens Smoking E-Cigarettes, Hookahs and Cigars

An increasing number of students in middle school and high school are smoking e-cigarettes, hookahs and cigars, a new government report concludes.

The Centers for Disease Control and Prevention (CDC) found overall youth smoking rates have not declined. “We need

effective action to protect our kids from addiction to nicotine,” Dr. Tom Frieden, Director of the CDC, said in a news release.

The findings come from the 2012 National Youth Tobacco Survey, which includes 25,000 students in grades 6 through 12. Among high school students, e-cigarette use increased to 2.8 percent in 2012, from 1.5 percent in 2011. Among middle school students, e-cigarette use increased to 1.1 percent, from 0.6 percent the previous year.

Hookah smoking rose from 4.1 percent of high school students in 2011, to 5.4 percent in 2012, CBS News reports.

The report found cigar use among black high school students jumped from 11.7 percent in 2011, to 16.7 percent in 2012. The survey included flavored little cigars, or cigarillos, which contain candy or fruit flavors and look similar to cigarettes.

According to the CDC, the rise in the use of e-cigarettes and hookahs may be due to an increase in marketing, availability and visibility of these products, and the perception they may be safer than regular cigarettes. E-cigarettes, hookahs and cigars are not subject to regulation by the Food and Drug Administration. The agency is expected to issue rules to tighten regulation of e-cigarettes and other non-cigarette nicotine products.

The CDC researchers recommend additional measures, such as increasing the products’ price, using media campaigns to discourage smoking, increasing access to services to help people quit, and enforcing restrictions on promotion and advertising.

“This report raises a red flag about newer tobacco products,” Dr. Frieden said. “Cigars and hookah tobacco are smoked tobacco – addictive and deadly. We need effective action to protect our kids from addiction to nicotine.”

Self-esteem check: Too low, too high or just right?

Self-esteem is shaped by your thoughts, relationships and experiences. Understand the ranges of self-esteem and the benefits of promoting healthy self-esteem — including mental well-being, assertiveness, resilience and more.

Self-esteem is your overall opinion of yourself — how you honestly feel about your abilities and limitations. When you have healthy self-esteem, you feel good about yourself and see yourself as deserving the respect of others. When you have low self-esteem, you put little value on your opinions and ideas. You might constantly worry that you aren’t “good enough.”

Discussions about self-esteem often are centered on children. However, many adults could benefit from improving their self-esteem. Here’s how to tell if your self-esteem needs a boost and why it’s important to develop a healthy sense of your own worth.

Factors that shape and influence self-esteem

- Your own thoughts and perceptions
- How other people react to you
- Experiences at school, work and in the community
- Illness, disability or injury
- Culture
- Religion
- Role and status in society

Relationships with those close to you — parents, siblings, peers, teachers and other important contacts — are especially important to your self-esteem. Many beliefs you hold about yourself today reflect messages you’ve received from these people over time. If your close relationships are strong and you receive generally positive feedback, you’re more likely to see yourself as worthwhile and have healthier self-esteem. If you receive mostly negative feedback and are often criticized, teased or devalued by others, you’re more likely to struggle with poor self-esteem.

Still, your own thoughts have perhaps the biggest impact on self-esteem — and these thoughts are within your control. If you tend to focus on your weaknesses or flaws, you can learn to reframe negative thoughts and focus instead on your positive qualities.

The ranges of self-esteem

Self-esteem tends to fluctuate over time, depending on your circumstances. It’s normal to go through times when you feel down — or especially good — about yourself. Generally, however, self-esteem stays in a range that reflects how you feel about yourself overall. Consider how to recognize the extremes, as well as a healthy balance somewhere in between:

Overly high self-esteem. If you regard yourself more highly than others do, you might have an unrealistically positive view of yourself. When you have an inflated sense of self-esteem, you often feel superior to those around you. Such feelings can lead you to become arrogant or self-indulgent and believe that you deserve special privileges.

Low self-esteem. When you have low or negative self-esteem, you put little value on your opinions and ideas. You focus on your perceived weaknesses and faults and give scant credit to your skills and assets. You believe that others are more capable or successful. You might be unable to accept compliments or positive feedback. You might fear failure, which can hold you back from succeeding at work or school.

Healthy self-esteem. Healthy self-esteem lies between these two extremes. It means you have a balanced, accurate view of yourself. For instance, you have a good opinion of your abilities but recognize your flaws. When you understand your own worth, you invite the respect of others.

Benefits of healthy self-esteem

When you value yourself and have good self-esteem, you feel secure and worthwhile and have generally positive relationships with others. You feel confident about your abilities and tend to do well at school or work. You’re also open to learning and feedback, which can help you acquire and master new skills.

- With healthy self-esteem you’re:
- Assertive in expressing your needs and opinions
 - Confident in your ability to make decisions
 - Able to form secure and honest relationships — and less likely to stay in unhealthy ones
 - Realistic in your expectations and less likely to be overcritical of yourself and others
 - More resilient and better able to weather stress and setbacks
 - Less likely to experience feelings such as hopelessness, worthlessness, guilt and shame
 - Less likely to develop mental health conditions, such as eating disorders, addictions, depression and anxiety

Self-esteem affects virtually every facet of your life. Maintaining a healthy, realistic view of yourself isn’t about blowing your own horn. It’s about learning to like and respect yourself — faults and all. *Source: Mayo Clinic*

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Recovery Chef

Nutrition in Recovery

By Lisa MacDonald, MPH, RD, Director of Nutrition Services at Cottonwood Tucson and Executive Chef Richard Serna

Fiber Facts

The National Cancer Institute recommends a daily fiber intake of 25-30 grams, not to exceed 35. If you have ever looked at the fiber content of foods, this may seem like an overwhelming goal.

What is fiber and why do we need so much?

Fiber is actually a large group of different compounds with varied effects in the body. It is, essentially, a long chain sugar found in plant food that is not digested or absorbed and has a strong link to the prevention of chronic disease such as heart disease, cancer and diabetes. Fiber also promotes normal functioning of the gastrointestinal tract helping to prevent digestive diseases. Whole grains, fruits, vegetables, beans and peas are all excellent sources of fiber.

Many research studies have concluded that high fiber intake is linked to lower incidence of the above mentioned diseases. However, it is difficult to prove the disease prevention effect is specifically from fiber, as it is not typically consumed alone. High fiber foods tend to be lower in fat and calories as well as rich in vitamins, minerals, antioxidants and phytochemicals. So, is the protective effect from the fiber or these other characteristics and components of fiber rich foods? Most likely it's both.

Fiber is broken into two classifications: soluble and insoluble. Most whole grains, fruits, vegetables, beans and peas contain both types, but certain foods can be particularly rich in one over the other. Each type of fiber has a different action in the body. Soluble fiber is the fiber found in and around cells of plants. It is prominent in beans, peas, oats, barley, fruits and vegetables (citrus, pears, apples, grapes, Brussel sprouts, carrots). Soluble fiber helps regulate blood sugar, lowers blood cholesterol, increases fecal bulk and provides a prolonged sense of fullness after eating. These actions are related to diabetes, heart disease, digestive disorders and weight management. Insoluble

fiber is the fiber found in the structural component of plants, like the skin of fruits and vegetables and the outer layer of grains. It is found in wheat bran, whole grain breads and cereals and vegetables. This fiber can be visible such as the outside of whole kernel corn or the strings in celery. Insoluble fiber helps with bowel regulation and reduction of colon cancer risk.

When working toward increasing fiber intake, it is important to proceed slowly. Consumption of large amounts of fiber in a short period of time may result in gaseousness, bloating, abdominal cramps and diarrhea. It is very important to take in a lot of fluid when increasing fiber intake. Fiber can slow down or block bowel function if there is not enough fluid present. As important as it is to get enough fiber, it is equally important not to get too much. Excess of 35 grams of fiber may inhibit absorption of some minerals such as zinc, iron, magnesium and calcium. Food sources of fiber are preferable over supplements as supplements do not supply any other nutrients.

This recipe for Fall Barley Salad with Goat Cheese presented by Chef Richard Serna is a delicious way to add fiber to your diet. Barley is a great source of soluble fiber. It should be noted that hulled barley provides more dietary fiber and B vitamins than pearled barley. Enjoy!



Lisa MacDonald, MPH, RD is the director of Nutrition Services at Cottonwood Tucson. Lisa is a Registered Dietitian with expertise in nutrition education, weight management and eating disorders. She has worked in a managed care organization, a public health agency and in the health and wellness/spa setting. Lisa is committed to scientific integrity and the "non-diet" approach to weight management. Visit www.cottonwoodtucson.com



Fall Barley Salad with Goat Cheese

Presented by Chef Richard Serna

2 cups barley (cooked according to package directions)
3 cups butternut squash (small diced)
½ Tbsp + 1 Tbsp (separated) olive oil
1/3 cup red onion (small diced)
3 Tbsp sliced green onions
1 cup dried cranberries
¼ cup goat cheese
1/3 cup white balsamic vinegar
½ tsp fresh lemon juice
2 Tbsp + ½ tsp honey
salt and pepper to taste

Directions:

For the butternut squash: peel, remove seeds and dice to ¼ inch thickness. In a bowl, combine the butternut squash and toss with ½ tablespoon of olive oil and a pinch of salt and pepper. Spread the butternut squash onto a cookie sheet and bake at 350 degrees for 15 to 20 minutes. Cool completely.

Combine the butternut squash, red onion, green onions, cranberries, goat cheese and chilled barley in a bowl.

In a separate bowl, whisk together the white balsamic vinegar, lemon juice, honey and 1 tablespoon of olive oil. Dress the salad and toss. Place in the refrigerator until ready to use. Will last 7 days in the refrigerator.

Chef Richard Serna serves as executive chef at Cottonwood Tucson. Cottonwood is a dual diagnosis rehabilitation facility that wanted to foster a holistic approach to recovery. As any chef knows, health begins with what you eat. Richard has completely revitalized the culinary program at Cottonwood in only two years. He became sous chef for Chef Cary Neff at Miraval Life in Balance Spa, which was voted the #1 spa in the world while he was there. Next he was the sous chef at Enchantment Resort in Sedona. He ran the sushi bar at AJ's Fine Foods, attended the culinary program at Pima Community College, and did his internship at the Anaheim Hilton.

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LIFE 101

By COACH CARY BAYER www.carybayer.com

Meditation and Sleep

A middle-aged man, to whom I taught Higher Self Healing Meditation, told me about a recent experience he had with insomnia, and how meditation took care of it in a matter of just a few minutes. He'd been tossing and turning for a few hours. Then, at 2 in the morning, he decided to meditate as I'd taught him to do as a way to treat sleeplessness. The insomnia-busting success that my meditation students have enjoyed inspired me to write this column.

Most people who can't fall asleep at night are usually mulling over situations in their minds things that didn't get resolved during their day — usually work or personal matters. Meditators, because they de-stress twice daily for 20 minutes at a time, don't usually suffer from sleeplessness. But sometimes eating sugar or consuming caffeine at night can keep them up at night. This was the case for my student.

Insomnia

A whopping 100 million to 150 million Americans suffer from insomnia. Nearly \$76 billion is spent in treating sleeping problems, some \$7 billion of which goes to sleeping pills alone. The side effects for such medications include:

- Burning or tingling in the hands, arms, feet, or legs
- Changes in appetite
- Constipation or diarrhea
- Difficulty keeping balance
- Dizziness or weakness
- Drowsiness
- Dry mouth or throat
- Gas
- Headache
- Heartburn
- Stomach pain or tenderness
- Uncontrollable shaking of a part of the body and unusual dreams

Maharishi Mahesh Yogi, who first taught me how to teach meditation, knew he wasn't in Kansas anymore — to say nothing of the Himalayas, for that matter — when Americans asked him early on in his teaching if the Transcendental Meditation technique could help them sleep at night. Maybe he knew that he was in Kansas, because he certainly wasn't asked such questions in India.



Unlike medication, meditation can help treat sleeplessness with remarkable effectiveness. As someone who practiced Transcendental Meditation from the age of 17 until 2010 and who taught it for several decades until launching Higher Self Healing Meditation in 2010, I can speak from extensive personal experience, and from my experience with hundreds of students, that people with sleeping difficulties should seriously consider learning how to

meditate.

Practiced twice a day in the morning and early evening for 20 minutes at a time, meditation serves as a preparation for activity, and gives the body more energy. But when sleeplessness keeps a person tossing and turning and counting more sheep than shepherds, meditation serves to put that person to sleep very shortly.

Why do Transcendental Meditation and my Higher Self Healing Meditation help get a sleepless person to sleep — or back to sleep in the middle of the night — within 20 minutes when, during the day, it gives him more energy? The answer is — meditation gives the body what it most needs at the time. During the day the body needs energy; late at night when it needs to repair itself from the fatigue and stress of the day through sleep, the body needs to rest. Meditation is a natural method without side effects to give the body what it needs when it needs it.

Sleep, by giving the body eight hours of rest during the night, is Nature's way of helping the body throw off fatigue and replenish itself for the following day. During the deepest point in a night's sleep, the amount of oxygen consumed drops by some 8 percent, as measured by physiologists Drs. R.K. Wallace and Herbert Benson in 1972 in a study on Transcendental Meditation published in *Scientific American*.

Interestingly, that same study found that the meditation method they studied enabled the body to require 16 percent less oxygen; in other words the body was gaining a level of rest that was twice as deep as the deepest point in a night's sleep. Sleep is Nature's gift that allows us to release the day's fatigue; meditation is Nature's gift that allows us to release much deeper-rooted stresses and tensions. Combining both these tools enables us to live a happier, more rested life — sleeping when we need to sleep, and being awake when we need to be awake.

Life can be difficult. We face many challenges and sometimes it seems like a lonely journey.

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Depression During the Holidays

by Elaine N. Aron, Ph.D.

The shadow side of this period of light and hope is darkness and despair, and many people fall into darkness at this time of year. They feel left out.

Deep depression, the kind that goes on day after day or leads to suicidal thoughts, is complex and needs to be treated carefully and from every angle. *Do everything you can to get the right professional help, today!* But standard treatments usually leave out the deeper elements, which I will try to balance. One such element is the problem of becoming identified with the archetype of the Outsider.

There is nothing bleaker, or more dangerous to survival, than being alone in the cold, physically or emotionally hungry, left out, while others are gathered around the fire, sharing food and gifts and above all, love. Remember the story of The Little Match Girl? *(If you do not, or want a cathartic experience to balance the sweet stuff, you might want to listen to David Lang's The Little Match Girl Passion.)*

That cold, starving little girl alone in the dark and snow on the Big Night is a true archetypal symbol, in that we all instantly, instinctually, understand her unbearable fate. We know about dying of cold and lighting those last matches in which to glimpse the warmth, food, and glorious Christmas tree that fate has denied her. If we really are feeling the Outsider, our mind and body fall into despair. We freeze to death during this season of warmth.

Many depressions — not all of course —begin in early childhood. Something goes wrong in those early bonds, leaving a yearning for closeness of the deepest kind, hopelessness about getting it, and the stubborn core sense of worthlessness that comes from not having been adored. Now, at this time of year, you face images of adoring mother and child, the first “in group.” You were not in that archetypal twosome. That is how you came to envision yourself in relation to others. From this first group, there were other groups where you felt left out. Now, during the holidays, everyone else seems enveloped in love, but not you. Even at a holiday party or in the “warmth” of your family you can feel the Outsider, full of the dark thoughts that, if spoken, would cause everyone to turn

away in horror.

Failing to receive normal love early in life does not always leave a conscious yearning. It can be such a defeat and humiliation that you have solved it by repressing your desire and deciding not to need anyone. Being the Outsider is fine in your opinion at other times of the year, but that buried yearning is harder to ignore during the holidays. You feel depressed, but perhaps without knowing why.

Defeats of other kinds, such losing your job, also lead to these feelings of being the Outsider. It is easy to assume that you cannot be really included, except as someone to be pitied, but that is not belonging to the group of the joyful and loved.

Carl Jung, who spoke so much about archetypes and complexes, warned against identifying for long with any archetype—whether Victim or Hero, Martyr or Rescuer, even Mother or Father. But we all have complexes. At the heart of every complex there is a trauma, and also the archetype of that situation, providing the instinctual response and symbols. When something triggers a complex, we are automatically identified with its underlying archetype. They are a trio—trauma, complex, and archetype—and the particular trio leading to the Outsider is perhaps the most dangerous. Humans very often simply despair and give up when they feel permanently left out in the cold. Please do not do that.

What to do instead? Of course you will identify less with the archetype if you do something friendly— volunteer, call a friend, or do whatever will link you with another. But I hate giving that advice to those who are too depressed right now to follow it.

To you, I can only beg that you believe me that in a fundamental way you are not an outsider. You have such brave and dear company. You belong to a great assembly of the courageous, even if you have never met them. How I wish I could get even some of you together for the holidays. Can you imagine with me such a gathering? The lonely no longer lonely? The outsiders all brought in from the cold? **Let's light a match to that.**



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