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JULY 2013

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- *Healing the Wounded Child*
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35% of Teens Think Stimulant Abuse is Major Problem



By Celia Vimont

A new survey of young people ages 10 to 18 finds 35 percent think prescription stimulant abuse is a big problem with their peers, and 15 percent said they had used stimulants at some point. One-tenth of kids said they had diverted medications in some way.

The survey found 7.5 percent said they had used stimulants such as Adderall or Ritalin in the last month; 3.9 percent said they took the drugs for nonmedical reasons. The findings were reported at the recent annual meeting of the College on Problems of Drug Dependence, by Linda B. Cottler, PhD, MPH, Chair of the Department of Epidemiology in the College of Public Health and Health Professions and College of Medicine at the University of Florida.

“The study was designed to understand current levels and signals of misuse, abuse and diversion of prescription stimulants in youth ages 10 to 18.”

The researchers interviewed 11,000 teens in Seattle, Los Angeles, Denver, Houston, St. Louis, Cincinnati, Tampa, Philadelphia, New York and Boston. The researchers went to places where teens congregate, such as malls, cinemas and skate parks, and interviewed participants from urban, suburban and rural areas. “We were surprised to find prescription stimulant rates were up in rural areas,” Dr. Cottler said.

The teens were asked to anonymously fill out two booklets, which took about 15 minutes. In one booklet, they were asked

Stimulants continued page 7



SHAME

THE DARK HORSE

By Ben Galloway LISAC, CSAT

Shame is an emotional experience that was, until the past few decades, so neglected it might have been considered psychology's stepchild. Research identifies shame as an important element in aggression, addictions, obsessions, narcissism, depression, and numerous other psychiatric syndromes. In this article I will clarify 12 step recovery, addiction treatment and ongoing therapy as they relate to shame reduction work.

The Pioneers

Brené Brown, Ph.D., LMSW has spent the past ten years studying vulnerability, courage, worthiness and shame. She has written several *New York Times* bestsellers, *Daring Greatly*, *The Gifts of Imperfection*, and *I Thought It Was Just Me*. As a researcher, she discusses the ‘less than feelings’ so many people experience. This feeling — is shame and covered in all of her books.

Dr. Brown is quite clear that many human beings identify with shame, and not only those who suffer from addictions, trauma and co-dependency.

“Shame is a profoundly debilitating emotion. It drives our fears of not being good enough. We can learn to feel shame about anything that is real about us — our shape, our accent, our financial situation, our wrinkles, our size, our illness, or how we spend our day.” — Brené Brown

Many people identify with this dark horse...SHAME.

In 1988, John Bradshaw wrote *Healing the Shame That Binds You*, a book read by millions of people across the world. In it, he discusses concepts surrounding toxic shame and how it becomes the fuel for addictions and co-dependent behaviors. At the time of the book's release many people started to understand co-dependency as a shame based illness.

“To be shame-bound means whenever you feel any feeling, need or drive, you immediately feel ashamed. The dynamic core of your human life is grounded in your feelings, needs and drives. When these are bound by shame, you are shamed to the core.”

— John Bradshaw, *Healing the Shame that Binds You*

Many people in recovery started to connect the breakdown in their relationship with self and others, as being rooted in toxic shame. Professionals in the treatment field began to view core trauma and family of origin shame as co-occurring issues to substance abuse and process addictions.

Bradshaw and others were helpful in the development of understanding how successful addiction treatment is about treating unresolved trauma and toxic shame, alongside interacting addictions.

Today, in residential treatment centers it is common to treat trauma, shame and addiction side by side. John Bradshaw's very important recovery work continues to improve lives and has greatly influenced the field of recovery. Dr. Brown's work is helping many individuals who carry the weight of a distorted self-concept. Both Bradshaw and Brown are true pioneers.

Childhood Shame and Adult Defending

In my childhood I experienced violence, which is overt abuse. The problem for many individuals is, if the abuse they experienced was covert or subtle, they can easily minimize it by comparing it to the extremes, such as physical violence. Subtle abuse can create just as much wounding.

Many of us were abandoned or neglected, and our shame is rooted in the unconscious belief we were less than deserving of our parents time, attention or affection. For the child who loses a parent to death or divorce, it is

not what happened to them, but what *didn't happen* for them. No matter what our circumstances, we grow up feeling lonely, worthless, and many of us form overly dependent or love addicted relationships.

Enmeshment is another childhood set up. When a child is used to fulfill something in a parent, or family system; like unmet needs, un-lived dreams, goals and aspirations. Enmeshment between a parent and child will often result in over involvement in each other's lives so that it makes it hard for the child to become developmentally independent and responsible for their choices. In functional homes the energy runs from the parents to children.

Adults who were the little parent, rescuer, or tried to be perfect for the family will incorporate shame and disown parts of their self. Generally they disown certain feelings and needs and avoid emotional intimacy and closeness in adult relationships.

When a shame bound individual begins therapy, it is not unusual to distort what happened to them in childhood. Healing will require deep work and the skill of a professional to help sort out the past. The distortions come from how children believed they had power; which caused reactions in others. Children internalize parent's feelings and behaviors and make anything negative as well as things positive about themselves.

By internalizing shame and making everything about them as adults, the family of origin parents will be shielded from responsibility. Shame bound adults tend to blame themselves or others, but family of origin work is not about blame, it is about assigning responsibility. If we are going to be accountable for our mistakes, why not hold others accountable for theirs? When we can clarify our history, our shame is reduced.

Building strength in recovery is about gaining information that starts to connect with one's ability to self-parent. The main is-

SHAME continued page 9



publisher's note

It's A "We" Deal

— Bill Brown

By BARBARA NICHOLSON-BROWN



ast month I celebrated 23 years clean and sober. I thought about all the times I tried quitting the destructive behaviors which ruled, and were ruining my life. How many times had I said, "This is it, no more!" Yet, I repeated that pattern over and over again. Powerless.

Me, powerless? Until I entered the rooms of a 12 step program, I had no clue I was powerless. It was easier to blame my genetics, where I lived, the job I had or the friends who just didn't get me. I learned to look outside my world and point the finger at my circumstances as the reason my life was deteriorating. A bubble filled with shame, guilt, fear, delusion, blame and anger... that's where I lived. Someone told me early on, don't ever forget your last drunk. I haven't. Thinking about it still sends chills up my spine.

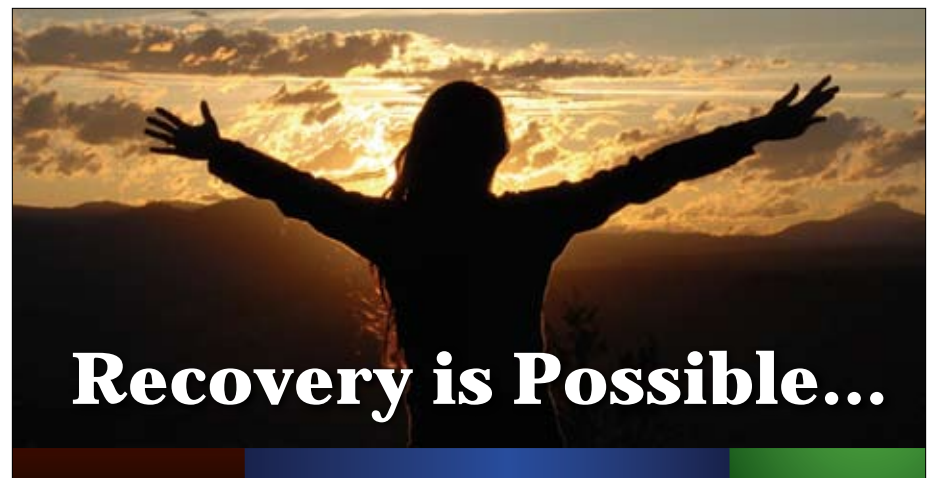
In the beginning it was difficult asking for help. "Why am I going to come clean to complete strangers and talk about all my awful secrets? Won't they throw me out?" I wondered, "Are all these people just like me? They can't drink either?" Understanding that concept was an eye opener.

Then it started to resonate; the fellowship, the sober people I began to meet — we were in this together and it was a 'we deal'. Bill Brown told me that on our first date. What I have learned is there are many things I cannot do alone. I cannot sponsor myself, be my own therapist or best judge of what is right for me. I need help and have to ask for it.

I have learned to swallow my pride and become willing to be vulnerable in front of you. My ego will tell me I can figure out problems alone, but when I listen to all the crap I tell myself, I'm headed in the wrong direction.

The "we" deal is a simple formula. First my Higher Power, sponsor, fellow sober travelers and taking my chair in the rooms where I now feel comfortable. Listening instead of lecturing, being open to new ideas and reaching out my hand.

Because it isn't all about me, it's about us. To everyone trudging the road, I thank you for getting me here.



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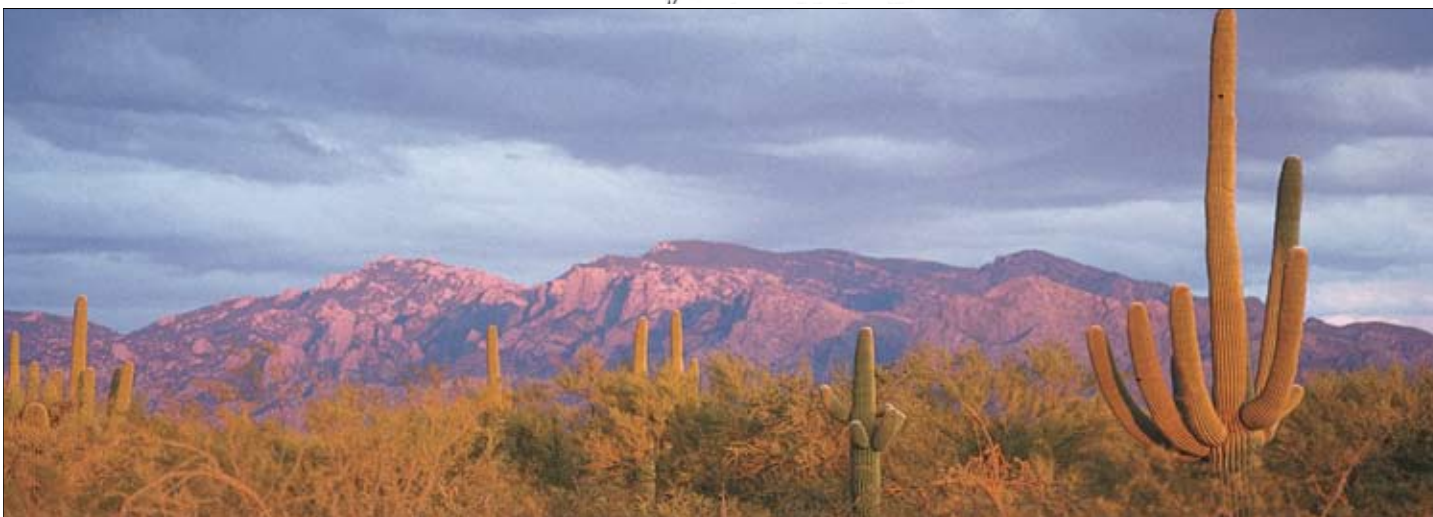
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Dirty Laundry?

***Tide Detergent Stolen, Traded
for Drugs, Law Enforcement and
Retail Officials Say***

Law enforcement and retail officials say Tide detergent is being stolen and traded for drugs. Liquid Tide or Tide Pods are also being sold at open swap meets and secret meetings, according to The Press-Enterprise.

Detergent is fairly easy to steal and difficult to trace, law enforcement officials say. Stealing detergent is relatively low in risk, compared with other types of crime, they add. Unlike cold medicines, which are frequently stolen to make methamphetamine, Tide is not being broken down to make drugs, the article notes.

A 150-ounce bottle of Tide that sells for about \$18 can be exchanged for \$5 in cash, or \$10 worth of marijuana or crack cocaine, according to *New York Magazine*.

Riverside, California Police Lieutenant Dan Hoxmeier said the thefts often involve three people: someone to identify the product, a second person to make sure no one is watching and loads the cart, and a third who pushes the cart out of the store.

Richard Mellor, Vice President of Loss Prevention for the National Retail Federation, says some merchants are shrink-wrap extra inventory on shelves, or making the detergent difficult to reach. Others are attaching electronic devices to the products, which will activate if they are not removed at the checkout counter. Stores are also comparing surveillance photos, and forwarding the information to law enforcement.

MAGELLAN continued page 3

NEWS

Study Links PTSD and Brain Receptors Activated by Marijuana

By Join Together Staff | May 15, 2013
| Leave a comment | Filed in Drugs, Mental Health & Research

A new study finds a connection between post-traumatic stress disorder (PTSD) and the number of cannabinoid receptors in the brain. These receptors, called CB1, are activated when a person uses marijuana.

Researchers at New York University Langone Medical Center used brain imaging techniques to find the connection, Fox News reports. They say their findings could lead the way to new treatments for PTSD.

“There’s not a single pharmacological treatment out there that has been developed specifically for PTSD,” lead author Dr. Alexander Neumeister said in a news release. “That’s a problem. There’s a consensus among clinicians that existing pharmaceutical treatments such as an antidepressant simply do not work.”

The researchers decided to study CB1 receptors because many PTSD patients use marijuana in an attempt to relieve their symptoms, Dr. Neumeister said. Many say marijuana works better for them than legal medications.

The study included 60 participants who had a PET scan. Some had PTSD, some had a history of trauma but not PTSD, and some had neither. All participants were injected with a radioactive tracer, which traveled to CB1 receptors in the brain, and illuminated them for the scan.

The researchers found people with PTSD had higher levels of CB1 receptors in the parts of the brain associated with fear and anxiety, compared with participants without PTSD. They also had lower levels of a brain chemical that binds to CB1. When a person has lower levels of this chemical, anandamide, the brain compensates by increasing the number of CB1 receptors.

Dr. Neumeister said a new PTSD treatment based on their research should not destroy CB1 receptors, because this could lead to depression. Instead, he is working on a treatment that would restore a normal balance of the endocannabinoids in the brains of people with PTSD. Endocannabinoids are substances that activate cannabinoid receptors. He said this compound does not cause health problems seen in people who are chronic marijuana users. He hopes to start clinical trials of the medication soon.

Government Urges States to Lower Allowable Blood-Alcohol Levels for Drivers

The National Transportation Safety Board (NTSB) on Tuesday recommended states lower allowable blood-alcohol levels for drivers, from 0.08 percent to 0.05 percent.

The NTSB said thousands of people are killed or injured each year by drivers who are not legally drunk, but who are still impaired,



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The New York Times reports. Currently about 10,000 people die in alcohol-related car crashes each year.

A person with a blood-alcohol level of 0.05 percent is 38 percent more likely to be involved in a crash, compared with someone who has not been drinking, according to the NTSB. A person with a 0.08 blood-alcohol level is 169 percent more likely to be involved in an accident.

The board made a number of other recommendations, such as requiring everyone convicted of drunk driving to put a Breathalyzer interlock device in their car.

A person’s blood-alcohol level depends on factors including their weight, gender, and the contents of their stomach. An 180-pound man usually can have four beers or glasses of wine in 90 minutes without reaching the 0.08 percent limit. It would take three drinks for him to reach the 0.05 percent limit. For

a 130-pound woman, the average number of drinks needed to reach the limit would be lowered from three to two under the proposed change.

The American Beverage Institute opposes lowering the blood-alcohol limit. “Moving from 0.08 to 0.05 would criminalize perfectly responsible behavior,” Managing Director Sarah Longwell told the newspaper. “Further restriction of moderate consumption of alcohol by responsible adults prior to driving does nothing to stop hard-core drunk drivers from getting behind the wheel.”

Most industrialized countries have a 0.05 percent limit, the article notes.

“The research clearly shows that drivers with a BAC [blood-alcohol concentration] above 0.05 are impaired and at a significantly greater risk of being involved in a crash where someone is killed or injured,” NTSB Chairman Deborah A.P. Hersman said in a news release.


Daily Dose: How Many Americans Take at Least One Prescription Medication?

Almost 70 percent of Americans take at least one prescription medication, and more than half take at least two, according to a new study by researchers at the Mayo Clinic. The most common prescriptions are for antibiotics, antidepressants and opioid painkillers.

One-fifth of Americans are taking five or more prescription drugs.

“Often when people talk about health conditions they’re talking about chronic conditions such as heart disease or diabetes,” lead researcher Jennifer St. Sauver said in a news release. “However, the second most common prescription was for antidepressants — that suggests mental health is a huge issue and is something we should focus on. And the third

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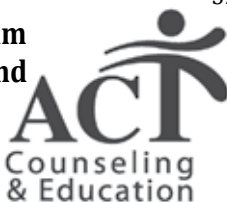


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Moving Forward

By Bobbe McGinley

Anticipating our responses to life's events and learning to cope with left over negative feelings is one way we learn to take care of ourselves. By continuing to evaluate what currently is happening in our life is part of the process. Learning how to protect ourselves in the real world can sometimes become an issue for us in recovery.

For those who have experienced trauma, past events may have left us feeling powerless over what happens in life today. Trauma can often undermine our sense of competence, even faith in our own judgment. We may feel uncomfortable protecting ourselves, particularly in new situations, thinking, "Why bother trying?", "It doesn't matter what I do," or "Nothing I do makes a difference."

If we believe this inner dialogue, it is easy to continue to be subjected to emotional harm or stay in unhealthy relationships, jobs, not living to our true potential. However, we all have choices. We can choose to seek a safer route to get where we are going, taking steps to protect ourselves, learning to trust by being with safe people and, of course, having healthy boundaries.

Part of being human is recognizing the need for the inner sense of emotional connection with others, as this is our basic need for intimacy.

Emotional connection is also one of the most effective ways we can cope. Receiving support from others is a form of emotional connection. Following a trauma, we may find it difficult to hold onto a positive feeling of connection, even with our supportive friends, family, or therapists. The time when we most need support, understanding, and acceptance, is often the hardest time to ask for help.

When we live through a trauma, it is not unusual to feel completely alone in our pain. It may appear to us that no one else can possibly understand what we're going through. But by opening up and sharing our fears with those we do trust, we are often surprised to discover they too, may have shared similar experiences.

And while it can be difficult to hold onto connections when alone, looking at photos of someone we're thinking about can help us remember a treasured time. Re-reading letters, listening to a tape of someone's voice, can help retrieve a sense of connection or closeness. Looking at, or using a gift received from them might lighten to burden. Remembering special times, even writing a note, whether or not the person will ever receive it, helps us feel closer in someone's absence.

If you don't feel comfortable discussing problems or hurt feelings with another person, try this:

When you notice that something isn't working, think through a past event but imagine it happening differently so it turns out with a better ending.

Here is a situation: Debra often went out with friends on weekends. As long as she was with a large group, she always had someone to talk to and enjoyed herself. Several times when she went with just one other friend, however, she felt self-conscious and drank more than usual. The morning after such evenings, she always ended up regretting some of her behaviors and choices, and often feeling embarrassed.

Here is an example of how Debra could imagine a different scenario: She could imagine things would have been different if two or three friends had come with her rather than just one. What would have happened if she and her friend had gone to a movie instead of a bar? Where else could they have gone? What other things could they have done? Why limit her activities to drinking?

What would have happened if she had said to the friend that she'd rather not drink? Perhaps they would have gone out and enjoyed each other's company in a setting where alcohol was not served. As Debra imagined these various scenarios, some of them felt more comfortable than others. Some seemed more fun than others. Debra can use all this information to plan ahead for new ways of being with herself and friends. Maybe some boundary setting would have made a huge difference in the outcome of their evening.

Maintaining Interpersonal Boundaries

To have an interpersonal boundary is to know where you "end" and another person "begins." It is also to know we have a right to allow and not allow others to enter our personal physical or emotional space. Maintaining appropriate interpersonal boundaries is an important self-protective coping skill. Figuring out comfortable and safe boundaries can be difficult for those who have experienced violations such as unwelcome touch or harassment and emotional abuse. Such survivors may feel loss of power or control leaving them vulnerable to future violations. A natural and protective response is to withdraw. Withdrawing in order to be safe can work; but in the long term, it can interfere with meeting other basic needs such as trust and intimacy. It's a challenge to trust and be open after a severe boundary violation. Trust and openness include risks. Taking risks is may seem difficult after being hurt, and yet risks can enrich our lives as well.



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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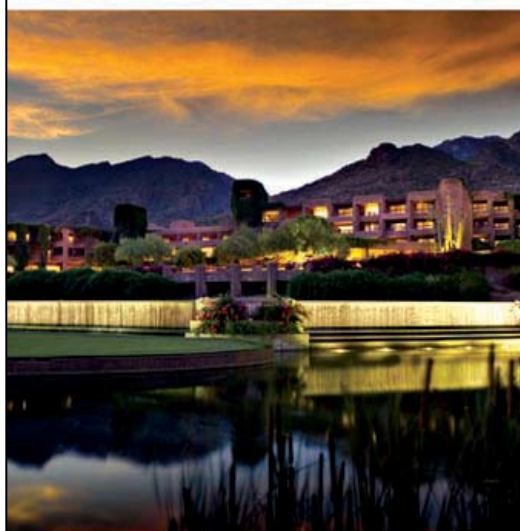


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Healing the Wounded Child

By Mike Finecey, MA, LPC, LISAC

Remember being three years old? This was to be a time when what happened yesterday was forgotten and tomorrow was of no importance. A time when we truly knew what it was to “live in the moment.”

Each of us is born nearly perfect and capable of unconditional love, simply seeking to be loved. We were unconditional and entered into a life where conditional life abounded around us. These were the training lessons learned by the unconditionally loving child coming into contact with a conditional environment.

The creation of the wounded child is developed from the unconditional self entering into conflict with the way we were conditionally trained. As we attempt to make sense of the conditions of our environment as young children, we will modify our behaviors to be loved as we learn and experience our negative emotions; sad, lonely, pain, hurt, rejection and fear.

As we modify our behaviors to be loved, we learn to withhold, deny, hide, and run away from our own feelings. If our learning of negative emotion goes unattended and unresolved, we learn to repress what we feel and the wounded child is born as our authentic self diminishes in value.

Birth of the Wounded Child

In healthy family systems a child learns how to emote what is felt in a healthy manner, while learning to have empathy and sympathy for others. As we experience negative emotions, we're able to talk to our parents, siblings and others to seek understanding and guidance on “how to deal with” our feelings.

In unhealthy family systems a child learns how to repress negative emotional feelings and pain. And those who are guiding us are often the ones who are creating the pain. They are unavailable to relieve the pain of the wounded child. Whether coming from a healthy or unhealthy family system, we all grow up using the lessons we learned, healthy or unhealthy for guidance and decision. Wounded children often have histories of trauma, abuse and deprivation, both witnessed and experienced.

Experiences such as divorce, various forms of abuse, being a child of an alcoholic or addict (ACoA), abandonment, rejection, perfectionism, unworthiness, not being loved and many other forms of woundedness create the wounded child who learns to repress and control the pain, becomes an adult without the skills of how to self-care.

Development of Wounded Children

A child between the ages of 5 and 10 seeks to be loved and will do whatever needs to be done to be loved. If that means being quiet, hidden or to endure pain, that's what a child will do. When we lose our authentic self, we've missed the lessons of how to feel our negative emotions and solve problems in a healthy manner. When we're younger than 12 and need to repress and mask pain, our brain isn't fully developed to problem solve so we hold ourselves accountable for what is happening. If parents are fighting, it must be our fault. The wounded child, as an adult, has two primary fears. Fear of rejection/abandonment (fear of being alone) and/or the fear of intimacy (fear of being known).

Healing the Wounded Child

As adults when we feel pain, we respond in an emotional manner and age of a young child. The trainings we need to learn as a child to become a healthy adults are safety, a sense of control over our own environment, nurturing, support, encouragement, respect as a separate person, consequences, responsibility, skills, worth and value.

To accomplish this we must be willing to re-parent ourselves in healthy ways. Re-parenting; to let go of control of repression and masking of feelings and allowing the truth of what we feel to surface. We learn to nurture and create new solutions to old behaviors. To re-parent is the ability to put the child behind the adult while the adult protects the wounded-child until trust is regained by new experiences as an adult. The goal is not to eliminate the wounded child, but to transition from wounded to emoting, where we show our feelings while having sympathy and empathy for ourselves and others. It takes time and can require support and guidance of others. Awareness of one's woundedness is the beginning of one's healing and recovery.



Mike Finecey, MA, LPC, LISAC is the co-founder and Clinical Director of North Pointe Counseling Center specializing in the treatment of Trauma, Abuse and Deprivation. He is the co-author and facilitator of Breaking

Free...a Journey, a 20-hour intensive workshop that focuses on healing from traumatic life events. Breaking Free is offered monthly to the public and is privately contracted with organizations such as treatment centers and community-based foundations. For more information: 800-273-3429 or www.npcacaz.com.

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The Many Benefits of Yoga

By Elisabeth Davies, MC

Have you ever taken a yoga class? If you are looking for a way to mentally de-stress while getting physically toned, yoga may be the answer.

Yoga is a practice which yokes the Spirit and physical body together through synchronizing our breath with our movement. It has been practiced for over 5,000 years in India and was introduced to America around 1969.

Now more than 11 million Americans are reaping the benefits.

Research has shown that yoga recipients felt less stress and increased feelings of calm after doing only one class. However, to reap the mental health benefits your practice should include at least 45-60 minutes, perhaps two or three times a week.

There are numerous physical benefits from practicing yoga. Specific yoga poses are used to strengthen, stretch, tone and increase flexibility in particular areas of the body. Standing poses help improve posture and increase core strength and balance, while certain laying down poses can open the heart chakra.

The heart Chakra is the fourth of seven centers of spinning energy in the body. It is located at the heart region and symbolizes the consciousness of love and compassion.

Yoga stretches all the soft tissues, ligaments and tendons helping to relieve back pain and arthritis symptoms. The deep mindful breathing exercises lowers blood pressure, slows the heart rate, inducing a calming affect. It also increases lung capacity, and can relieve asthma symptoms.

As a counselor, I practice yoga each week for the many mental health benefits my practice provides.

Yoga stimulates the relaxation response (parasympathetic nervous system) by having students focus on lengthening and deepening their breath while holding each pose for approximately 30 seconds.

This boosts oxygen to the brain, raising GABA levels. Low GABA levels are associated with depression and anxiety.

The synchronized breathing and movement flow used in yoga decreases stress, quiets the mind and balances moods and emotions.

If you have trouble falling asleep or staying asleep, research shows that people who practice yoga 45 minutes before going to bed fall asleep 15 minutes quicker and stay asleep one hour longer, decreasing insomnia symptoms.

To learn specific yoga poses that focus on strengthening your upper or lower body, you should learn them from an experienced yoga teacher.

There are many resources for learning Yoga: Yoga facilities, fitness gyms, YouTube videos and DVD's. Yoga can be practiced by children as well as adults.

I have found that lighting candles, playing soft instrumental music and using aromatic essential oils during my yoga practice has enhanced and deepened the benefits even more.

Yoga connects the mind to the body by consciously using our breath to correspond with our movement, creating a total mind, body, spirit practice for homeostasis in our whole being.

What a great way to experience life!



Elisabeth Davies holds a masters degree in counseling and has counseled thousands of clients since 1989. She opened up her private practice, Bright Alternatives Inc. in 1993 and continues to offer counseling and educational workshops. She was voted "Best in Counseling Services" by the U.S. Commerce Association, City of Peoria, Arizona in 2009 and 2010. She is the author of *Good Things Emotional Healing Journal: Addiction*. Visit www.GoodThingsEmotionalHealing.com



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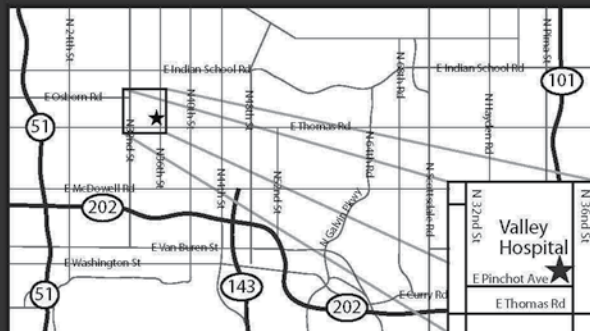
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Freedom

By DR. DINA EVAN

“The highest and greatest of the human freedoms is to choose your attitude in any given set of circumstances, to choose one’s own way.” Victor Frankel, *Man’s Search for Meaning*. It’s not the circumstances or challenges of life that define us. It’s our response to life that does.

The concept of Spiritual Freedom grew from Viktor Frankl’s incredible accounts of how some people triumphed emotionally and spiritually over the most horrific circumstances of Auschwitz. Freedom comes from making conscious decisions about who you are, and deciding what is what the nature of your soul and character. If we don’t consciously decide whether we want to be a person of integrity, truth and compassion, we can never be free. Once we do decide, however, we can never be in bondage to anything.

In one snap decision, you can begin to be the person you came here to be. You simply cross the gap. The gap is that pit we get to in our process that seems scary and filled with past experiences which continue to control us and make decisions for us — none of which are in our best interest.

Here’s how to deal with your gap

But first, why bother? It’s simple. When you are conscious, it is not possible to deliberately do things that are not good for you. So let’s go for it. When you get to the gap, to get back in control, the flow looks like this...

The person, circumstance or event that creates fear or anger

- ↓
- Triggers sensory overload/overwhelm over the threshold limit
- ↓
- Pause to identify the feelings in the gap that have been triggered. The majority of them will ALWAYS be from your past.
- Then
- recognize you are sensory overloaded.
- ↓
- Then we make a choice, either negative, or positive,

Negative choices: To regain control, avoid chaos and get out of fear.

To do that we...

AVOID-BAIL-CLOSE DOWN

Results in depression
Anxiety
Fear/terror
Disconnection
Addictions

BLOW-EXPEL ENERGY-VENT

Results in anger
Sarcasm
Contemptuousness
Abuse to self or others
Blame

Or you could make a positive choice: and change your internal response to be able to handle life with peace and serenity by reminding yourself you are an adult. As an adult, your tolerance to change, chaos, challenge and triggers is greatly improved and you need not respond in the same way you had to as a child.. These triggers are NOT who you are, they are just triggers from the past which have become your internal map of reality. You are not what is falling apart, your internal view of reality is falling apart and will come back together better and you are evolving to the next level.

Begin to witness what is happening. Be an objective, curious observer. Decide not to move into any negative response and just watch the process. As soon as you begin looking at the fear, you’ve become bigger than it is and you are back in control, and that leads to positive decisions and ...

↓

Conscious Evolution

The flow of this process is based upon research done by Bill Harris, Director of Centerpointe. The importance of it is monumental. Despite all the wonderful electronic, techy, fun gadgets we have and all the luxuries of our era, we are still not happy. We have not yet achieved peace with ourselves, or each other. Take it from this older but sagey broad, at some point you will understand that there are no answers to achieving freedom out there. All the answers are in you. There is no one that will give it to you, create it for you or insure that you can keep it. Freedom is something that you give yourself through self-mastery, through impeccable integrity and through living in truth. It’s an addiction you can have and we can all support, called waking up.

You don’t need a class or a guru. You just need to breathe the next time you are triggered and remind yourself that the most exciting trip in the world is the one you take to yourself. We wish you every freedom, spiritually, emotionally, physically and intellectually. Just create them all. Go ahead.



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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STIMULANTS from page 1

what they knew about drugs and prescription stimulants. They were shown pictures of drugs, and asked if they knew what they were.

A second booklet showed pictures of stimulants, and asked whether they used them. If they did, they were asked where they got them, how they got them, how often they took the drugs and why.

Participants were also asked how they would prevent kids from using other people’s prescriptions, and how should young people be told what prescription drugs are and what harm they can cause. Suggestions ranged from requiring fingerprint matches to allow prescription bottles to open, to requiring teens to have their medications dispensed

at the pharmacy. Some said it can’t be prevented, Dr. Cottler noted.

“Teens said they want to be warned truthfully about prescription drugs, but they don’t want the danger exaggerated. They want to make their own decisions,” she said. The study confirms that parents and other family members need to be cautious about where they leave their medication, Dr. Cottler observed. “We need to reduce access,” she said. “We also need to teach young people who are taking prescribed ADHD medication that other kids would like to get their hands on their drugs, so they have to be careful and not share them.”

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EVENTS CALENDAR

JULY 10—8 – 10:00 a.m. Sponsored by Sierra Tucson and Prescott House. Phoenix Area Professionals' Breakfast, "Treating Couples Dealing with Affairs and Other Betrayals," Speakers: Stacy Hall, LPC, and Everett Bailey, PhD, LMFT, CSAT. The Pointe Hilton Squaw Peak Resort, Convention Center, 7677 N. 16th Street (& Morten Ave), Phoenix. Pre-registration at www.SierraTucson.com by 7/3/13: \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). 2.0 CE Credits available. Visit www.SierraTucson.com or contact Lisa Jane Vargas at 480-722-0893 or LVargas@SierraTucson.com.

JULY 22 — LifeSTAR — The Getting Started Workshop is a six-week educational course for men struggling with an addiction to pornography or other compulsive sexual behavior, and for their wives. This exciting course provides participants with a better understanding about sexual addiction and the underlying issues, and teaches both partners and addicts how to begin the journey toward peace, hope and healing. The primary focus of the Getting Started Workshop is to educate. This is the first phase of the LifeSTAR program which precedes cognitive behavioral and emotional resolution phases. Contact Floyd Godfrey, LPC. Family Strategies & Coaching. fgodfrey@familystrategies.org. 480-668-8301. Family Strategies & Coaching 6402 E. Superstition Springs, Suite 208. Mesa.

JULY 22-26 – 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.

jmartin@cottonwoodtucson.com for information and registration.

JULY 23 — 12:15 - 1:45 pm. PCS Professional Networking and Marketing Luncheon Hosted by Dr. Everett Bailey. RSVP to save your spot at pcs@pcsear.com. Psychological Counseling Services. 3302 N. Miller Road, Suite PCS, Scottsdale.

JULY 29-AUG 2 – Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat. This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by **ROKELLE LERNER**. Visit www.cottonwoodtucson.com or call Jana at 520 743 2141 or email at jmartin@cottonwoodtucson.com for information and registration.

AUG 7 — St. Luke's Clinical Breakfast series: SYNTHETIC DRUGS: Unknown Chemicals, Effects & Risks with Stephanie Siete, Director of Community Education Community Bridges **8:00 AM – 9:00 AM**. Behavioral Health Center Auditorium, 1800 E. Van Buren. **1 CEU**. Breakfast, networking. **FREE. 602-251-8799.**

AUG. 14 7:30 – 10:00 a.m. Tucson Professionals' Networking Breakfast, Sponsored by Sierra Tucson and Prescott House. Westward Look Wyndham Grand Resort & Spa, 245 E. Ina Road, Tucson. Pre-registration at www.SierraTucson.com by 8/7/13: \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). 2.0 CE Credits. Visit www.SierraTucson.com or contact Mike Lyles at 800-624-5858, Ext. 2132, or MLyles@SierraTucson.com.

EVENTS continued page 11

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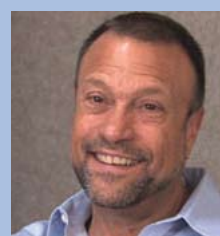
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SHAME from page 1

sues surrounding self-parenting are affirming the self, taking care of our needs, and limiting our indulgences.

Shame and Self Esteem

Our self-esteem is related to our internal value as human beings. Too much shame distorts this value causing us to feel less than, worthless, unlovable — even defective. We fear exposure, hiding behind an image, becoming extremely aloof, or acting shameless. Addictions, co-dependency and toxic shame are joined at the hip.

The power of toxic shame can infiltrate our identity and become rooted in our thoughts and belief system. A shame bound individual will deny parts of the authentic self and start to develop an adapted self — with a complex defense system and often, multiple addictions.

In this process we will either view ourselves as less than, or develop a 'one up' control driven set of behaviors to compensate. Some people become 'one down to self', and 'one up to the world'. This shame fueled process may have started in our childhoods where we began to carry the shame of others who were not being responsible for their feelings and actions.

The addictive or co-dependent process will enhance the development of a shame based personality. One of the most difficult things for any human being to experience is the loss of the true self. We all want to love and be loved. It's difficult to have any relationship if we are struggling with our sense of self.

If we don't learn to value ourselves from the inside (self-esteem) then we will do the opposite — value ourselves from the outside (outer-esteeming), becoming hostages to the circumstances outside of ourselves.

Our thoughts and feelings about who we are will become dependent on a relationship with someone, or something outside of ourselves. This outer-esteeming causes our value to rise and fall based on what's going on in our environment. True self-esteem doesn't rise or fall, it is the belief we are precious and equal to others.

Shame and Addiction

The following is an illustration of the development of shame through an addictive family system.

Tim is an active alcoholic, married, with a five year old daughter, Amy. She will grow up to be an adult child of an alcoholic (ACA) and his wife will become more co-dependent as the family disease progresses.

One afternoon after running errands, he stops for a drink on the way home before Amy's birthday party. Unintentionally he stays out well past the time intended. When he does arrive home, he's drunk. The party is ending as he bursts in the door, and his behavior embarrasses Amy, her friends, his wife and family members. Later, Tim and his wife have a heated, merry-go-round argument.

As per the script, the next morning Tim wakes with one hell of a hangover. He doesn't remember much and he's filled with remorse, guilt and shame. And.... once again he promises to never let this happen again. At that moment he really believes it.

Yet, the result of his behavior will cause Amy and her mom to internalize and carry shame about the previous night and all the others. In time, both will of them will develop stronger defenses because of their wounds.

In Tim's case, because of how the addicted brain is hijacked to the development of chemical tolerance, he will repeat the behavior, and circumstances will get worse for everyone. His attempts to control his behavior will become part of the loss of control experienced by most addicts. In not understanding his true powerlessness over alcohol; self-judgments and his shame core will increase.

His wife may attempt to fix and control her internal feelings of shame by shifting the focus on Tim's problem, and the disease of addiction will rule this family. You can imagine all the different ways a family system will adapt to the shame and addiction. By introducing recovery to the family, the scenario for this family can change and the greater the chances they can begin to heal.

Healthy Shame and Guilt

The feeling of healthy shame signals us to limit ourselves. It's our reminder to stay humble. If we are shameless, it's easy to act

offensively. A shameless individual is one up, non-contained and usually unaware of their offensive impact. The tendency is to 'play God'. Healthy guilt lets us know when we break our own rules. Guilt is about what I do or don't do and shame is about who I am.

With a healthy sense of self, we can recognize our mistakes and learn from them. In a shame bound individual the belief is **I am a mistake**. A healthy response to guilt is, I did something wrong that I need to correct.

Recovery and Relapse

A high percentage of individuals in 12 Step programs grew up in addictive family systems or levels of dysfunction. It is not uncommon for them in recovery to experience toxic shame and pain from childhood wounds. This will usually show up in intimate relationships, where we 'act out' our unfinished business. Adding shame reduction, trauma work or ongoing therapy to the mix of sobriety is beneficial on the recovery journey.

Relapse happens long before we act out our addiction. When we carry shame we are much more susceptible to relapse. Some people isolate, keep secrets, act out compulsively in process addictions like sex, gambling, spending and overeating attempting to gain relief. This creates more shame and pain which elevates the need to medicate feelings which accelerates the cycle of relapse.

There are times when individuals in recovery need outside help from a therapist to wade through the self-doubt maze that was founded in a difficult family history. The disease of addiction is chronic. It does not go away.

There are those who relapse right after treatment because they believe they lost their safe place to open up. When a person is shame bound it kicks up a lot of anxiety and many fear reaching out for help in 12 Step meetings. With support and encouragement, and the realization that most people who attend 12 step meetings are there for the same reason — to stay on the path and form healthy relationships.

Professionals can help build support for clients within the continuum of care, especially after treatment. The field is filled with resources and it is our responsibility to

do our due diligence. Two of the largest 12 step fellowships are Alcoholics Anonymous and Narcotics Anonymous. Finding a home group to attend and allowing people get to know us is essential.

My Journey

Throughout most of my life, I felt less than, unlovable and didn't fit in. I tried to be the best at everything, and in the progression of my addiction, I began to sabotage myself. I formed a pattern of attempting to be the best, or the best at being the worst.

I used success to buy off how small I felt and would fulfill the belief by sabotaging any success I did had. I tried to kill my pain with painkillers. It didn't work and I entered treatment for close to a year in the late 80's. The carried feelings from growing up in an abusive home started rearing its ugly head soon after. But I found a therapist who worked with me on my shame and it was recommended that I join a men's therapy group. Through the process I learned I had to become vulnerable to those closest to me. My wife did deep relational work with me, and together we made a commitment to heal.

When we spend our lives waiting until we're perfect or bulletproof before we walk into the arena, we ultimately sacrifice relationships and opportunities that may not be recoverable, we squander our precious time, and we turn our backs on our gifts, those unique contributions that only we can make. Let's dare to show up and let ourselves be seen.



Ben Gallaway has worked in the field of Addiction and Trauma Treatment since 1989. Ben is owner and Director of Enchantment Workshops where he Customizes Educational Intensives and Workshops for individuals, couples, groups and families who suffer from the effects of Trauma and Addiction. Ben is certified as a Sex Addiction Therapist through IITAP and is an Alcohol and Drug Abuse Counselor through CADAC and ICADC.

Contact Ben at 602-228-8737 or visit www.enchantmentworkshops.com

By ALAN COHEN

Truth or Sabotage?

I work with a rental car agency that gets me good deals. When I began to use the agency I phoned in an order to the owner, who is a friend of mine. When he emailed me the confirmation, I discovered he made an error on the pickup time of the car. I called him back and he corrected it. This happened not just once, but three times. Hmmm.

I told the agent that I planned to recommend his service for participants of my residential retreats. He told me, “Great! Just be sure to have them book online—that’s a lot easier for me than processing a phoned reservation.”

Suddenly I realized why the agent had consistently messed up my orders. He didn’t want to take phone orders. His errors were subterfuged ways of saying, “I don’t want to do this.” When he finally told me the truth, I was happy to change the way I ordered. But he had to tell me the truth first.

We all seek to express our truth. We all must express our truth. There are two ways to express your truth: directly or indirectly. If you do not express your truth directly, it will come out in odd, aberrant, and damaging ways. Self-sabotage or sabotage of others occurs when you don’t speak your truth directly. Honest expression of truth ends sabotage.

I had an office assistant whom I asked to pick up a laser printer cartridge on her way home from work one day, and she agreed. The next day when she came to work I asked her for the cartridge. “I couldn’t find the shop,” she told me. We found a map to the shop and she went off that day after work to find it. The following day she again returned empty-handed. “I got there after they closed,” she reported. I let her off work early that day to make it to the shop on time. The next day she told me, “I forgot to bring the company credit card.”

Finally I picked up the cartridge myself without a hitch. The truth my assistant resisted telling me was, “I don’t want to do this.” I wish she would have told me that up front; it would have saved both of us time and trouble. When you don’t tell the truth up front, your truth comes out in weird ways that make more trouble for everyone.

We all have the ability to do anything we choose to do—IF we choose to do it. The story is told about Joe, who



came home from work one day quite tired. As he was unwinding in front of his TV during the evening, Joe’s buddy phoned him and asked Joe if he would help him move his refrigerator. “I’d sure like to,” Joe answered, “but I had a tough day at work and I’m beat. Maybe another time.”

Ten minutes later Joe received a phone call from his girlfriend, who had just gotten back into town after being away on a business trip. “I’m back, honey,” she told Joe. “I just got a new Victoria’s Secret lingerie outfit. Would you like to come over and help me try it out?”

Did Joe suddenly have energy? You bet! He wasn’t lying to his buddy when he said he was too tired. He was too tired because he wasn’t motivated. We all find the energy and means to do what we choose to do. We find no energy to do the things we do not want to do. If we are forced to do things we do not want to do, we will find a way not to do them. That’s how powerful we are. The question is, will you express your preference honestly, or will you create veiled situations to get your point across?

You don’t have to get sick to get out of school, have an accident to get out of work, or have an affair to get out of a marriage. You can simply, clearly, directly express that you do not wish to do this. You might ruffle some feathers, but the cost will be far less than illness, accident, or a nasty divorce. Yet there is a hidden value in direct communication. You might create a solution that surpasses simply staying unhappy or leaving dramatically. By expressing your feelings you might be able to change schools, transfer departments at work, or deepen your intimacy, connection, and reward in marriage. Truth has ways of getting to solutions that sabotage does not.

Ceanne Derohan wrote a classic book entitled, *Right Use of Will*. We are always using our will. But we may not always be using it in alignment with our good. Your will is like an automobile with its engine running and the gearshift in drive. You can steer the car onto the main highway and take the most direct route to where you want to go. Or you can drive it through many detours and byways, over bumps and through walls. Ultimately you will get to your destination, but one path is a lot more direct and fun than another.

The universe rewards authenticity. Things are supposed to go right, and they usually do. When you say yes to what you choose, and no to what you do not choose, you are living in alignment with yourself. Life asks no more—or less—of you than this.



*Alan Cohen is the author of many popular inspirational books, including **Enough Already: The Power of Radical Contentment**. Join Alan beginning September 1 for his acclaimed **Life Coach Training** to become a professional life coach or incorporate life coaching skills in your current career. 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 (800) 568-3079 or (808) 572-0001.*

Southwestern School Annual Conference

The 45th Annual Southwestern School for Behavioral Health Studies Conference, Arizona’s largest and oldest mental/behavioral health conference, will be held at Loews Ventana Canyon Resort in Tucson on August 18–22, 2013. The theme this year is *“Embracing Recovery and Wellness – Where Hope Stems From Within.”* Nationally known speakers and faculty will address a wide range of topics relevant to behavioral/mental health, child welfare, addictions, and prevention. Continuing education credits will be awarded to behavioral health professionals who attend the conference workshops.

Featured speakers include the following: Claudia Black, Ph.D.; Marc Agronin,

M.D.; Kathryn E. Korslund, Ph.D. ABPP; Jason A. Seidel, Psy.D.; Larry Oñate, M.D.; Ezekiel C. Sanchez, ANASAZI Founder; Dena Cabrera, Psy.D., CEDS; Adena Bank Lees, LCSW, LISAC, BCETS; Dr. Marlo Archer, CP, PAT; Teri V. Krull, LCSW, BCD; Thomas M. Litwicki, LISAC; Bill Rosenfeld, MC, LPC; and Debra L. Kaplan, MA, LISAC, CSAT-S.

The cost for the 4-day conference is \$370 by July 19th (\$405 after July 19), with a daily rate of \$115. Registration and additional information is available on-line at www.azsws.org, or contact Michele Brown at (480) 784-1514, ext. 1508, or via e-mail at michele.brown@empact-spc.com.

Legalizing Drugs Won’t Make Organized Crime Disappear

U.S. National Drug Control Policy Director Gil Kerlikowske told an international meeting this week that legalizing drugs will not be a “silver bullet” that will make organized crime disappear.

Instead of arresting more users and building prisons for them, Kerlikowske said governments should focus on “a science-based approach to drug addiction as a disease of the brain that can be prevented, treated and from which people can recover,” Reuters reports.

Kerlikowske told the meeting that the U.S. federal government now spends more on drug prevention and treatment than domestic law enforcement. However, the United States is continuing its efforts to disrupt and dismantle criminal organizations around the world, he added.

Some Latin American countries are considering relaxing penalties for personal drug use. Guatemalan President Otto Pérez Molina favors legalization as a way to reduce crime and violence. Uruguay has considered a proposal to legalize marijuana.

United Nations Office on Drugs and Crime Executive Director Yury Fedotov said the agency’s new drug report found a decline in the use of traditional drugs such as heroin and cocaine in some parts of the world, and an increase in the use of prescription drugs and new psychoactive substances.

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■ Child/Adolescent Inpatient	■ Adolescent Outpatient

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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.

Call 602-251-8535 or 800-821-4193 to schedule an appointment for a free assessment.
stlukesbehavioralhealth.com

EVENTS from page 8

OCT. 24 - 27. Sierra Tucson Alumni Retreat, S.T.A.R. 26, “Rejuvenate” - Westward Look Wyndham Grand Resort & Spa, Tucson, AZ. Plan now to join us to celebrate, reconnect, and renew your passion for recovery! Reserve your accommodations now; retreat registration begins 7/15/13. For info, visit www.SierraTucson.com or contact Tim McLeod at 866-638-1650.

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. Contact: Betty Merritt, betty@merrittcenter.org. **1-800-414-9880** www.merrittcenter.org

Every Week – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Families Workshop. This 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.

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. Facilitated by 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

East Mesa PAL-Group **Support Group for Parents in East Mesa.** Broadway Christian Church, 7335 E. Broadway Rd. (Just East of Power Rd.) Mesa, AZ 85208 (Park on West Side Toward the Front and Go to West Lobby Classroom) Thursday 7:00 – 8:30pm. FREE. Contact: Tim Skaggs: (480) 981-0802 e-mail: tskaggs@bccmesa.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. For individuals grieving the loss of a loved one.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.** Group will help attendees acquire the tools to make self-regulating adjustments that enhance their lives. Wednesdays, 6:30 - 8:00 p.m. *Facilitators: Deborah Weir, MC, LPC and Barry Evans, MC, LPC.* Franciscan Renewal Center, 5802 E. Lincoln Drive, Scottsdale. **480-948-7460. www.thecasa.org**

Incest Survivors Anonymous ISA meeting in Phoenix—North Scottsdale Fellowship Club, Saturdays, 1:30-2:30pm. Contact: Gloria at 602-819-0401. Gloria, **602-819-0401.**

COTTONWOOD TUCSON. Ongoing Alumni Meeting: the 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

OCD Support. Banner Scottsdale, Room 539. Group held 2nd and 4th Thursday of each month 7:00 p.m. to 9:00 p.m. 480-941-7500. 7575 E. Earll Drive, Scottsdale,

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 Road Room B. 14, Mesa. Jim **480-813-3406,** Meggan **480-241-0897.** Wed: 5:30 p.m. North Scottsdale Fellowship Club, Room 3, 10427 N. Scottsdale Road, Thurs.: 7:00 p.m., Phoenix, Desert Christian Church Rm. D-2, 1445 W. Northern. Janice **602-909-8937.**

CELEBRATE RECOVERY—Chandler Christian Church. Weekly Friday meetings 7 p.m. Room B-200. For men and women dealing with chemical or sexual addictions, co- **EVENTS continued page 13**




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Al-Anon	602-249-1257
ACA	602-241-6760
Aurora Behavioral Health	623-344-4400
AZ Office of Problem Gambling	800-NEXTSTEP
AWEE	602-258-0864
Banner HELP LINE	602-254-4357
Bipolar Wellness Network	602-274-0068
Calvary Addiction Recovery	866-76-SOBER
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 de Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Crystal Meth Anonymous	602-235-0955
Emotions Anonymous	480-969-6813
EVARC	480-962-7711
Gamblers Anonymous	602-266-9784
Greater Phx. Teen Challenge	602-271-4084
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Magellan Crisis Hotline	800-631-1314
Marijuana Anonymous	800-766-6779
The Meadows	800-632-3697
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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
Workaholics Anonymous	510-273-9253
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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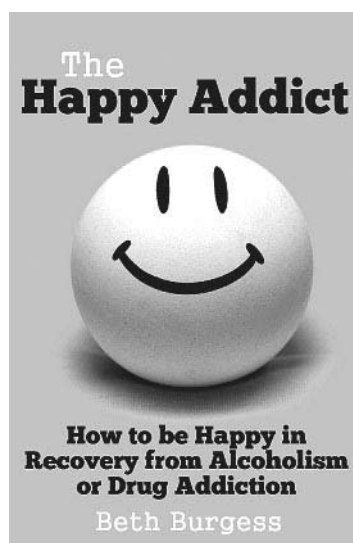
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Sneak Peek

The Happy Addict is the first addiction recovery book to pull together strategies from Coaching, Dialectical Behaviour Therapy & Neuro-linguistic Programming to help addicts achieve happiness in sobriety.



The Happy Addict: How to be Happy in Recovery from Alcoholism or Drug Addiction is the second book by Recovery Coach, Beth Burgess

Unlike most recovery books, *The Happy Addict* combines therapy with humour, while tackling a serious subject, as it teaches addicts how to embrace sobriety and strive for their goals.

Chapter titles include Life's a Bitch and Then You Try, which covers how to let go of a painful past, and The Bacon Buttie of Contentment, which is about finding gratitude in sobriety.

"You can't write a book that is too 'heavy' and expect addicts to read it," Beth says. "I'm an addict myself, and we tend to be a cynical bunch with a dark sense of humour. The book appeals directly to that. I also share my experience of addiction and change, while coaching addicts towards their own personal fulfilment."

The Happy Addict is divided into fifteen chapters and each addresses how to take steps to create a new, sober life or how to let go of old negative thinking patterns.

"I've met a lot of addicts who are sober, but they just aren't happy," Beth says. "Often they have stopped drinking or taking drugs, but have done nothing to take their lives forward. They end up stuck, bored and sad. These are all ingredients for relapse."

The Happy Addict uses solution-focused therapies, which take a non-judgmental approach, and highlight personal strengths.

"Addicts are often plagued by negative feelings," Beth explains. "Low self esteem, self-pity and pessimism are common traits among addicts, and unfortunately there are a lot of shame-based treatments out there which make the situation worse. Negativity can lead to relapse, which is why it is important that addicts get positive about themselves, their sobriety and their future."

"I am a happy addict, and I want every addict to experience what I have. It makes all the pain of the past worthwhile," she adds.

Beth's previous book, *The Recovery Formula: An Addict's Guide to Getting Clean & Sober Forever*, earned glowing endorsements from the CEO of the Welsh Council on Alcohol & Drugs, Wynford Ellis Owen, and Dr. Robert LeFever, founder of PROMIS rehab centre.

The Happy Addict will be published on 3 July 2013 in paperback, by Eightball Publishing. ISBN: 978-0-9573217-1-7. The book can be ordered through Amazon.



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LIFE 101

By COACH CARY BAYER www.carybayer.com

"The mind is an iceberg. It floats with only one-seventh of its bulk above water."— Sigmund Freud

Prior to going to Australia for my honeymoon, I'd never snorkeled. There, in the watery majesty of the Great Barrier Reef, I saw the most extraordinary fish and reef. I had no clue how gorgeous and quiet life was outside of my normal point of view, which, until then, was the surface of the Atlantic or Pacific. Swimming horizontally across oceans never gives the breathtaking visions of sea life and reef configurations that snorkeling provides.

If you've never gone snorkeling or scuba diving, you've never seen the amazing colors of fish just below the surface of the ocean. And that goes for the remarkable arrangements of coral reef, too. Another way of saying it is that there's a whole other world just below the surface of where the eye typically gets to see. The same can also be said about the human mind.

Meditation, like snorkeling and scuba diving, is a way to experience the remarkable inner life that lies below the surface of the conscious mind.

With regards to scuba diving, another analogy will help explain the point about the nature of the mind, and the thoughts that fill it day in and day out for our whole lives. If you've ever gone scuba diving, you know when you're at the ocean floor, exploring the beautiful world that exists at that quiet deep place, the people you go with are sitting in the boat and relaxed when they see your bubbles of carbon dioxide rising up to the surface. (If they don't burst across the surface of the water, these companions of yours would frantically dive down below to see if you were okay.) These bubbles of yours start at the ocean floor—or however deep you've gone — but aren't noticed by the people in the boat until they hit the water's surface because their point of view is in the boat, at the surface of the ocean. They can't see your breathing at 50 feet below, because they're 50 feet above. You can only see what your point of view can offer.

Thought behaves in an analogous way. Each thought begins at its source, deep within at the quietest level of the mind. From there, it rises through the whole range of the mind, in much the same way that your bubbles of CO2 rise from the ocean floor to the ocean surface. Your thoughts are only experienced at the level of the mind at which you're conscious. You typically don't experience thought originating from its source—even though that's where it starts — but meditation can change that.

Meditation is a gentle method for enabling the conscious mind to dive within to those beautiful inner realms, and experience thought emerging from its source. This source of thought is unbounded, peaceful, and blissful. To take our scuba analogy one step further — in the same way the ocean floor is unbounded, peaceful, and beautiful — the experience of the source from which thought emerges at the depths of the mind is also unbounded, peaceful, and beautiful. You can throw in blissful, too.

When you emerge from a dive, you return to the boat refreshed, invigorated, and joyful. Looking at colorful fish, marine vegetation, and coral structures is a delight. When you emerge from a meditation, you return to your life refreshed, invigorated, and joyful. The really good news about meditation is that you don't need a scuba tank, boat, or an ocean to do it. You can do it wherever you are—whether you're by the Atlantic, like I am in south Florida when I practice the Higher Self Healing Meditation that I founded a couple of years ago, or landlocked in the mountains, like I am in Woodstock, New York. Your own lungs are a perfect substitute for that bulky scuba tank, the mantra you effortlessly repeat replaces the boat, and your own mind is all the "ocean" you need. As for meditation, I invite you to come on in....the water's fine. It's better than fine. It's a delight.

“A friend is someone who understands your past, believes in your future, and accepts you just the way you are.”

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Recovering addict Patrick Kennedy now leads fight against legalizing marijuana

WASHINGTON—Stung by momentum to legalize marijuana, opponents are fighting back with an unlikely leader: a recovering drug addict and liberal ex-congressman from Rhode Island named Patrick Kennedy, a member of the famous political clan.

“I cannot be silent, and I don’t imagine anyone else could be silent if they knew the facts as I know the facts — and all I’m trying to do is get those facts to the broader public,” said Kennedy, son of the late Massachusetts Democratic Sen. Edward M. Kennedy.

Spreading the word, Kennedy is traveling the country as chairman of Project SAM (Smart Approaches to Marijuana), which he formed in January and which now has affiliates in five states.

No stranger to substance abuse, Kennedy long ago made public his battle with depression and alcohol and drug abuse, including an addiction to the pain reliever OxyContin. In 2006, he fell asleep behind the wheel and crashed his car into a barrier near the U.S. Capitol. His problems forced him to retire from the House of Representatives.

In an interview, Kennedy said he has smoked marijuana, but not much.

“In spite of the fact that I’m also an asthmatic, I did try and experiment with marijuana, but I quickly migrated to other drugs and alcohol,” he said.

He also once backed using marijuana as medicine. “I now stand corrected by the science,” said the 45-year-old Kennedy.

After making a mark in Congress promoting mental health, Kennedy said he wasn’t surprised by the legalization votes in Washington state and Colorado in 2012 or by polls showing increased acceptance of marijuana.

“They’re votes and they’re polls that reflect my early opinions and viewpoints, which were uneducated,” Kennedy said. “When you don’t have the facts and when you don’t have the public policy experts, then what you have is a vacuum where anecdote and opinion become public policy and reality. And that’s dangerous.”

Kennedy said he’s partly to blame for the rush to legalize because he didn’t speak out sooner. But he said he didn’t understand the big picture until he began working with the National Institute on Drug Abuse. Research now makes it clear that marijuana is a gateway drug that can induce psychosis and cause teens to lose IQ points they’ll never recover, creating “devastating health consequences,” he said.

Mason Tvert, spokesman for the pro-legalization Marijuana Policy Project, called Kennedy a hypocrite.

“His family made millions off the sale of alcohol, and we hope that he and his organization recognize that marijuana is far

“I cannot be silent, and I don’t imagine anyone else could be silent if they knew the facts as I know the facts — and all I’m trying to do is get those facts to the broader public.”

less harmful and that adults should not face penalties just for using it,” said Tvert, adding that Kennedy wants to force marijuana users into “education camps.”

Allen St. Pierre, executive director of the National Organization for the Reform of Marijuana Laws, another pro-legalization group, said Kennedy is relying on arguments from a past generation: “Most of the stuff he’s saying is about 20 to 30 years old.”

“Over a 40-year period, there have been dozens to hundreds of anti-marijuana groups — most of them don’t really last very long and they don’t have much success,” St. Pierre said. “We have to see in a year or two or three if Project SAM is going to be around, or is it just a flash in the pan?”

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EVENTS from page 11

dependency and other **Hurts, Hang-ups and Habits.** 1825 S. Alma School Rd. Chandler. **480-963-3997.** Pastor Larry Daily, email: larrydaily@chandlercc.org.

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

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

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

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

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

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

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

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


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

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

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

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most common drugs were opioids, which is a bit concerning considering their addicting nature.”

The study found 13 percent of the population has a prescription for opioids. Women and older adults received the most prescription medications overall. Opioids and antidepressants were most common among young and middle-aged adults, the study found.

Betty Ford Center and Hazelden Foundation Pursuing Alliance

The boards of the Betty Ford Center and the Hazelden Foundation, two of the nation’s biggest addiction treatment providers, are considering a formal alliance, the Pioneer Press reports.

In an announcement released this week, both boards said they have engaged in talks. No formal contract is close to being drafted, they noted. Officials at both organizations said one incentive for a possible alliance is the Affordable Care Act, which is expected to greatly increase the number of Americans who will receive health care coverage.

Judge Susan Fox Gillis, Chair of Hazelden’s Board of Trustees, said the health care law provides challenges and opportunities. “The good news is that many more Americans who desperately need help will be eligible to receive quality treatment for their addiction to alcohol or other drugs,” she says. “The challenge will be to pay for that expanded coverage and service. At this stage it appears that institutionally, only the strong will survive and thrive. Both Betty Ford and Hazelden are recognized as industry leaders, but the fact is we’d be even stronger if we collaborated on a formal basis.”

Both organizations provide inpatient and outpatient services for drug and alcohol abuse. Hazelden, based in Center City, Minnesota, employs about 1,000 people in Minnesota, Oregon, Illinois, New York and Florida. The Betty Ford Center, in Rancho Mirage, California, was founded by the wife of former President Gerald Ford. It employs about 225 people. The statement notes that in both organizations, “the Twelve Steps of Alcoholics Anonymous provide the foundation for treatment protocols, which are abstinence-based.”

Leaders Promoting Recovery From Addiction Recognized for Outstanding Achievement

Faces & Voices of Recovery honored leaders in the addiction recovery movement, highlighting the extraordinary contributions of the country’s most influential recovery community leaders and organizations at America Honors Recovery. The event, sponsored with Caron Treatment Centers, showcased their exceptional efforts advocating for the rights of people and their families in or seeking recovery from addiction to alcohol and other drugs.

Kristen Johnston, Award-winning actress and best-selling author, accepted the Voice of Recovery award. “Johnston’s advocacy on behalf of addicts and addiction recovery is unparalleled,” said Faces & Voices of Recovery board chair Dona Dmitrovic. “She has bravely told her own story, giving hope to others and is a powerful voice for recovery.”

Speakers and presenters included former member Congress Mary Bono (R-CA); federal Substance Abuse and Mental Health Services Administration (SAMHSA) Administrator Pam Hyde; and White House Office of National Drug Control Policy Deputy Director Michael Botticelli.

The Vernon Johnson award was accepted by Tom Coderre, Andre Johnson and Scott Strode.

Coderre is the Chief of Staff for the Rhode Island State Senate and the Board Chair of Rhode Island Communities for Addiction Recovery Efforts (RICARES). He is a leader and strong public advocate for recovery, peer recovery support services and ending discriminatory policies.

Johnson is the CEO of the Detroit Recovery Project, where he is an exceptional leader and “recovery carrier,” bringing his message of hope to so many while developing a strong peer recovery support organization.



Strode is the Founder and Executive Director of Phoenix Multisport in Denver, CO and has dedicated his life to helping addicts and alcoholics find recovery through sport.

The Joel Hernandez Award was accepted by Executive Director Gretchen Burns Bergman on behalf of A New PATH (Parents for Addiction Treatment & Healing), San Diego, CA. A New PATH was created in 1999 by parents of individuals whose lives have been devastated by addiction.

The Lisa Mojer-Torres Award was accepted by Arthur C. Evans, Jr., Ph.D. Evans heads up the Philadelphia Department of Behavioral Health and Intellectual disAbility Services, where he has led the transformation of Philadelphia’s service system to one that focuses on recovery.

The Vernon Johnson and Joel Hernandez award recipients were selected from nominees submitted by organizations and advocates from across the U.S. The honorees were featured at an awards ceremony that fosters excellence in advocacy related to recovery from addiction. America Honors Recovery carries on the legacies of three addiction recovery trailblazers who dedicated their lives to removing barriers for individuals and families affected by addiction: Johnson Institute founder, Dr. Vernon E. Johnson, and recovery advocates, Joel Hernandez and Lisa Mojer-Torres.

The award recipients and Faces & Voices of Recovery-supported recovery community organizations nationwide have launched local and state campaigns to support people in or seeking recovery from addiction and their families. Their efforts seek to end discriminatory laws that keep people in or seeking recovery from jobs, housing and other services. They develop and deliver innovative peer recovery support services including a growing network of recovery community centers. The advocates also educate the public and policymakers about the reality of recovery from addiction to alcohol and other drugs.

People Who Think They Are Taking “Molly” Don’t Know What They’re Getting

People who take “Molly,” the powder or crystal form of MDMA, the chemical used in Ecstasy, don’t know what they are actually ingesting, experts say. They warn many powders sold as Molly do not contain any MDMA. “Anyone can call something Molly to try to make it sound less harmful,” Rusty Payne, an agent at the Drug Enforcement Administration’s (DEA) national office, told *The New York Times*. “But it can be anything.” The DEA considers MDMA to be a Schedule I controlled substance, which means it has a high potential for abuse, and no accepted use in medical treatment.

Dr. John Halpern, a psychiatrist at Harvard who has conducted several MDMA studies, said some powders sold as Molly are synthetic versions that are designed to imitate the drug’s effects. The drug is now thought to be as adulterated as Ecstasy once was, he noted, adding, “You’re fooling yourself if you think it’s somehow safer because it’s sold in powdered form.”

Molly has been a popular drug at music festivals. It has also been popularized by rappers.

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Commentary:

Leadership Education and a New Approach to Positive Youth Development

By Theodore Caputi

Parents often feel helpless when it comes to teen drugs and alcohol use.

But prevention research over the past two decades has shown that by encouraging their kids to get involved in the community — either through school, church, and sports, parents can change their kids’ ability to turn down drugs and alcohol. That’s powerful, and as a kid who’s seen it all, it’s my firm belief that parents are still the dominant force when it comes to kids’ decisions, especially in those crucial middle school years.

In the early 1990’s, two research teams, (*Donavon, Jessor, & Cost and Hawkins, Catalano, & Miller*) published research that supports what I’ve witnessed from my own experience as a teenager: we need to focus on the positive potential of kids, not on the negative potential of using drugs.

If we empower teens and tweens to become comfortable in their own skin, to feel connected with their communities and to realize that their locus of control is internal, they’ll have the power to overcome many obstacles. Many researchers have termed this new approach to prevention “**Positive Youth Development**” because, rather than focusing on problem behaviors, it focuses on the amazing potential of young people.

There are countless opportunities to prevent risky adolescent behaviors by encouraging positive engagement instead. For example, creative and artistic students may contribute to a school literary magazine, fostering a sense of confidence about their abilities, and also making a contribution to the school community. Encouraging kids to appreciate diversity could help them to feel more “at ease” with themselves and gain a greater understanding of their larger global communities. Independent research projects and afterschool study groups can show kids that they have the power to change what and how well they learn. All of these are proven to work, and to kids like me, they sound more appealing than DARE.

Early in my own adolescence I had a question: what separates the kids who decided to drink and do drugs from those who didn’t? Like many of my peers, I was confused. At first it seemed only the “bad” kids drank or did drugs. But as the years went by, more kids picked it up. By 10th grade, it seemed like most of my friends had at least experimented with drugs and alcohol, and there was no linking factor among them. Some were smart. Some struggled in school. Some were popular. Some were not. Some had active

parents. Some had absent parents. Some were athletes. Some were couch potatoes. What characteristic could possibly connect such a motley group of teens?

I thought it through consciously, and I decided to try a different approach. What did the teenagers who weren’t doing drugs and alcohol have in common? No social group was immune to drug and alcohol use; so what was different about the individuals who decided against it?

The answer at that point was clear. Almost all of the kids I knew who had decided against drugs and alcohol were leaders in their schools, houses of worship, and communities. They had taken on leadership positions and put forth a conscious effort to better their leadership skills. They weren’t all “natural leaders” — but the majority of them had given leadership a shot and became officers of clubs or captains of teams.

After investigating the available literature, I can see why leadership was the commonality among students who decided against drugs and alcohol, and my theory coincides with the concept of Positive Youth Development. Leadership satisfies several of the protective factors for drug and alcohol use among adolescents. Student leaders feel connected with their schools and communities. They feel responsible to both their own actions and their followers. They have meaningful relationships with adults and teachers, and through their experiences, they develop a strong sense of self-worth. Leadership has it all.

The decision to experiment or get involved with drugs and alcohol is a personal one, so it’s time we developed the people who make that decision. My suggestion to both parents and the prevention community is to consider leadership and leadership education as a method of problem behavior prevention. Research proves we can teach leadership skills to students, and it may be the magic key we’ve been looking for when it comes to Positive Youth Development.

Theodore Caputi is a student at the Wharton School of the University of Pennsylvania. While in high school, he founded and directed a non-profit organization called the Student Leader Union, which fosters student leadership and community engagement. He is currently a policy intern at the Treatment Research Institute, where he also serves as a member of the Institutional Review Board.

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A ;-) and a Sext...

By Robert Weiss LCSW, CSAT-S

Faux Intimacy?

In today’s tech-driven world, young people (digital natives) are as likely to communicate in the digital universe as they are to communicate face-to-face. In fact, more likely.

A Pew Internet & American Life study conducted in 2012 found that texting is now the primary mode of daily communication between teens and their friends and family, far surpassing phone calls, face-to-face interactions, and emailing. So in some ways it’s only natural that teens and young adults do much of their flirting online, too. A recent University of Michigan survey of 3500 young adults (ages 18 to 24) confirms this idea, finding that for this age bracket texting and sexting are simply another way of getting to know potential romantic partners and possibly advancing a relationship.

Of course, older generations (digital immigrants) sometimes worry that all of this digital rather than in-person interaction may be ruining the ability of young people to connect in meaningful ways and develop lasting intimacy.

Many feel that the increasing propensity of young people to conduct their romantic affairs online is fostering a sort of “faux intimacy” among couples. Dr. Dorree Lynn, a psychologist and the author of *Sex for Grown-ups*, is a proponent of this thinking.

In a recent ABC News article she laments it’s now “easier to hop into bed than have a relationship.” She believes digital communication inevitably creates the sort of artificial affection mentioned above, and that it does not teach people how to create or develop lasting relationships. “It’s all a function of the fast-paced world we live in, where communication skills, genuine communication skills, which means face-to-face communication, are quickly going by the wayside.”

Echoing this sentiment, the popular (anonymously written) blog entitled “*The Married Chick*,” in response to research on the increasing propensity of women to say “I love you” via text message, states:

When I read about this study, I wasn’t surprised at all. But as a true romantic (not a hopeless one; a hopeful one!), I was saddened.

Mainly because I know that digital communication is well on its way toward replacing genuine, heart-thumping, palm-sweating human love interaction. I can remember long phone calls with my high school boyfriend. I lived for nights when I’d stay up past midnight, chatting with him about everything under the sun, hanging onto his every word. My kids will probably live this experience via IMs and text messages, typed at about 200 wpm! What’s the heart-thumping, adrenaline-pumping pleasure in that? I can see setting up plans or sharing gossip via text, but saying “I love you?” It can’t possibly have the same impact when you’re reading it for the first time on your PDA (pun intended).



The Real Thing?

As discussed above, older folks sometimes worry that digital technology is ruining the ability younger people to connect in meaningful ways and to create lasting relationships. However, this does not appear to actually be the case. In fact, numerous studies demonstrate that communication via social

networking sites, IMs, and texts can actually propel relationships forward, speeding up the “getting to know you” process by lowering inhibitions and allowing potential partners to be more genuine with each other, more quickly.


A recent survey jointly conducted by and published in *Shape* and *Men’s Fitness* magazines is but one example. Eighty percent of the women surveyed said digital communication makes it easier to stay connected. Fifty-eight percent of men said digital flirting helps to advance a relationship. The study also found that texting is now the number one method for lovers to stay in touch, with men texting their intimate partners 39 percent more often than calling, and women texting 150 percent more often.

Other studies and surveys have produced similar findings. So it appears the ersatz intimacy feared by older generations may actually be the real thing — at least occasionally. In other words, the connections that men and women experience through digital interactions can be as real and meaningful as in-vivo flirting, particularly among young people.

Changing Perspectives

Yes, older generations typically yearn for the type of intimate interaction they best understand, one that occurs face-to-face, but digital natives are likely consider a racy text message every bit as enticing as a knowing smile from someone in the room. Thus, the efficacy of a winking emoticon versus a real-world, in-the-flesh wink is a function of the sender and receiver’s age more than anything else. The younger you are, the more likely you are to respond positively to the digital communicate. Neither is right, and neither is wrong. It is true that young people now flirt in different ways than their parents and grandparents once did, but that doesn’t mean they are flirting any less effectively or that the relationships they develop are any less meaningful.

Robert Weiss LCSW, CSAT-S is the author of three books on sexual addiction and an expert on the juxtaposition of human sexuality, intimacy, and technology. He is Founding Director of The Sexual Recovery Institute and Director of Intimacy and Sexual Disorders Services at The Ranch and Promises Treatment Centers. He also founded the Stimulants and Sexual Disorders Program at Promises, Malibu. Mr. Weiss is a clinical psychotherapist and educator. Rob can also be found on Facebook at facebook.com/RobWeissMSW and Twitter at @RobWeissMSW.



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