

Together AZ



FEBRUARY 2014

Inspiring Success On The Road To Recovery

Enough Pot Happy Talk

By Larry Kudlow,
“The Kudlow Report” Anchor

There was way too much giddiness in the media about the first day of legal pot selling in Colorado. Instead of all the happy talk, I think it’s time for some sober discussion and a strong dose of education about the addiction risks of smoking marijuana—particularly among young people.

It may start out as a party, but it often ends up as something much, much worse.

With the grace of God, I’ve been clean and sober for over 18 years — a recovery experience that still has me going to a lot of 12-step meetings. And I hear time and again from young people coming into the rooms to get sober how pot smoking led to harder drugs such as cocaine and heroin.

Now, this is anecdotal, and I am not an expert. And I will say that many people can control alcohol or pot or other drugs. But I am not one of them. And I am not alone.

Talk to virtually any professional drug counselor, and they will warn that pot is a gateway drug. Or listen to left-of-center columnist Ruth Marcus, who has gathered important professional evidence about the risks of pot.



Marcus reminds us that the American Medical Association recommended against legalization, stating, “Cannabis is a dangerous drug and as such is a public health concern.” The AMA added that pot “is the most common illicit drug involved in drugged driving, particularly in drivers under the age of 21. *Early cannabis use is related to later substance-use disorders.*” (Italics mine.)

The AMA also noted that “Heavy cannabis use in adolescence causes persistent impairments in neuro-cognitive performance and IQ, and use is associated with increased rates of anxiety, mood, and psychotic-thought disorders.”

I am indebted to Ruth Marcus for this information. She, by the way, thinks “widespread legalization is a bad idea, if an inevitable development.”

Now, I didn’t hear any of this coming from the media in its first day of reporting on legal pot sales. That’s way too bad. The risks associated with pot use must be discussed frequently and soberly so that all can recognize the downside threats.

Of course, legalization will encourage greater use. In turn, that greater use increases

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Addiction & Narcissistic Shame

By ROBERT WEISS LCSW, CSAT-S

I used to think that I was the problem. Now I understand it was my behavior and how I conducted my life that was the problem. Despite the bad choices of my past, I now understand I am a man who is worthy of love and a good life, simply because I exist. Understanding this fully has not made day-to-day recovery easier, but it sure helps me get through the rough spots and gives me hope about life, and for myself as being a useful and good man.

— Damien, a former Sexual Recovery Institute client

Active Sex Addicts Violate Themselves

While active in their addiction, sex addicts often nurture fantasies and engage in behaviors that are anathema to their core values and beliefs. Most often, their behaviors start out somewhat in line with their moral center, but as addictive patterns escalate, some progress from “vanilla” interests like soft-core porn and fantasizing about sex with someone met on Facebook to hardcore porn, illegal porn, affairs, voyeurism and/or exhibitionism, buying and/or selling sex, fetish behaviors, coupling illicit drug use with sex, and so on.

Each time an addict violates his or her core values, he or she typically experiences an ever-growing sense of guilt, shame, and remorse. And because they are addicts, these individuals often respond to these uncomfortable emotions by “self-medicating” with more of the same addictive escapist fantasies and behaviors — thereby creating even deeper feelings of guilt, shame, and remorse. This defines the addictive cycle.

Over time, as the individual spirals downward into his or her addiction, these negative feelings add to previously internalized beliefs like: “*I am a bad and unworthy person,*” or, “*I am incapable of receiving love,*” eventually becoming incorporated as an integral part of the addict’s personality and thinking. This negative self-talk is often bolstered over time by the consequences that addicts routinely experience as a direct result of their problem behaviors. For many such individuals, ruined relationships, lost jobs, financial problems, declining emotional and physical health, and even arrest can feel earned, deserved, and even unavoidable.

As my hidden sexual acting out progressed, I found myself getting turned on by more hard-core stuff, materials that I had avoided viewing in the beginning. Eventually I wanted to act these things out in real life, and I started playing out those scenarios with prostitutes. I contracted an STD from one (or several) of them and ended up passing it along to my wife, but even that didn’t stop me. In fact, when she moved out with our only daughter and filed for divorce, I just ended up acting out more often, as I no longer



“Negative self-talk is often bolstered over time by the consequences that addicts routinely experience as a direct result of their problem behaviors.”

had to be accountable at the end of the day or on weekends.

In retrospect, I see when I first “crossed the line” I felt bad about what I was doing, but I still felt like a decent person. Over time, as the behaviors progressed, my perception of myself changed. The sexual activity still seemed bad, but my feelings about myself became a lot worse. By the time I finally got arrested, I truly hated myself, and I honestly felt like I deserved all the bad things that were happening in my life. Over time I came to believe I was such an awful person that there literally was no hope for me, which made it easier to keep digging myself into a deeper and deeper hole. After some time in therapy and addiction treatment, I now see these negative messages were in many ways already there, planted in me during my childhood. In essence, my addictive behaviors merely exacerbated the pre-existing low self-esteem and shame I’ve always felt.

— James, a 47-year-old man, interviewed one year after attending primary sexual addiction treatment

Healthy vs. Toxic Guilt, Shame, and Remorse

In active sexual addiction, sex addicts (most often in secret) act poorly toward themselves and those they love. They engage in sexual fantasies and act out sexual behaviors that violate their own values, their relationship vows, and even the laws of their community. All the while they lie about what they’ve been doing to spouses, families, friends, bosses, and literally everyone else in their lives — all so

they can continue to engage in their intensity based, repetitive, problematic patterns of sexual addiction, and, ironically, to avoid feeling more shame.

Many sex addicts are actually quite adept at living a “double-life,” heaping one semi-plausible excuse on top of another, seemingly without a second thought, oftentimes convincing even themselves that the lies they tell are actually true. Given a sex addicts’ consistently deceptive behavior, loved ones often find it hard to believe that an addict is even capable of feeling anything like guilt, shame, or remorse. But quite often they do. For most addicts, when the sexual acting out is over, the negative feelings begin. And when an addict attempts to get sexually sober, these emotions hit doubly hard.

These negative feelings are not a bad thing. For a sex addict to experience some degree of guilt and shame after violating his/her morals and principles, especially when this has caused harm to the addict and/or others, is actually a good sign. It shows there is an internal compass the addict can utilize to guide his or her future choices, that the individual does know the difference between right and wrong. In this sense, the “negative” emotions of guilt, shame, and remorse, which are directly tied to problem behaviors, can be catalysts for positive changes in behavior. These feelings can serve to discourage sex addicts from repeating their hidden past behaviors, at the same time encouraging the development of empathy for others and the making of amends to those harmed in the past.

Narcissistic Shame continued page 9



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“Normally I’m a free-choice guy. And I realize that I’m not going to be able to stop the legalization of pot. I can’t control that. But I can raise some of these important issues.”

the risk of addiction illness, a lack of growth as individuals and workers, and a more non-productive society.

Normally I’m a free-choice guy. And I realize that I’m not going to be able to stop the legalization of pot. I can’t control that. But I can raise some of these important issues.

Alcohol and drug addiction are huge problems in our society. And it’s not easy to get clean and sober once the disease of addiction sets in.

So many people search for that great initial high, and they keep searching until they get hooked. And if and when they get hooked, the costs and consequences are frequently catastrophic.

So no, I’m not going to completely oppose the legal sale of pot. But this experiment should be studied carefully before the rest of the country decides to go forward with it.

Most of all, the legalization of pot needs serious and sober discussion—not simply giddy reporting. —By CNBC’s Larry Kudlow

publisher’s note



A Love Note

By BARBARA NICHOLSON-BROWN

To this day, I have not met one person in recovery who had much love for themselves when they started their journey of recovery. I did not feel an ounce of love for myself when I first got sober, it was more like self-loathing. Self-love was something I would have to learn, otherwise, I would never be capable of extending it to anyone else.

Psychologist Erich Fromm proposed that loving oneself is different from being arrogant, conceited or egocentric. He believed loving oneself meant caring about, taking responsibility for, respecting, and knowing oneself (being realistic and honest about one’s strengths and weaknesses). In his book, *The Art of Love* he states, “Love is not primarily a relationship to a specific person; it is an attitude, an ordination of character which determines the relatedness of the person to the whole world as a whole, not toward one object of love.”

So here we are in February, the month of love, chocolates, roses and valentines — but isn’t it more? Love has thousands of interpretations and ways it can be expressed. Sometimes love hurts — we want to possess it, we’re afraid we’ll lose it, we fall in it and sometimes out of it. It grows when we nurture it and is forever evolving — just as we do. It is way more than fantasy. Love can teach us compassion, empathy, patience, acceptance, commitment, truth — it dares us to be real, and vulnerable. Love taught me to be in a relationship with my Higher Power, family, friends and yes, self.

In my fifth year of sobriety — love found me. And many of you knew him. While in this physical realm he isn’t with me any longer — his love is. I feel it. It’s just different.

So on the 18th of this month I plan on taking a little time to reflect on 19 years ago. I stood on a beautiful beach in Maui, about to marry my handsome Bill, barefoot in a tux, his twinkling eyes, our toes in the sand — thanking God and him once again for one of the greatest experiences of my life. Love is one of life’s most beautiful gifts — it is here every day... not just the 14th.

“Success will always find you when you are authentic. Follow your bliss and you will always feel joy, and when you feel joy, success finds you.”

– Jennifer Maculoso



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Treasury Department gathers list of Alcoholic Beverages to see what it needs to test

According to *The New York Times* the Treasury Department is compiling a list of all alcoholic beverages sold in stores and online, to determine which ones it needs to test. The department wants to ensure the products’ labels do not mislead consumers.

Employees may test gold-colored flecks in Goldschlager to see if they are made of real gold, or test snake wine to see if it has enough liquid to qualify as a drink, instead of a snack, the article notes. The United States is the only nation with an alcohol-regulating body located in its Treasury Department.

Daniel Wagner, in an article he wrote about the Treasury Department’s Alcohol and Tobacco Tax and Trade Bureau for the Associated Press last year, noted, “Some of its decisions are open to negotiation. A tequila-like liquor with a scorpion floating in it made scientists balk until the producer convinced them that the scorpions are farm-raised and non-toxic. In other words, this may be the only federal agency that responds favorably to receiving scorpion candy in the mail.”

Some cigarettes have Increased amount of nicotine they deliver

A new study finds some brands of cigarettes have increased the amount of nicotine they deliver. This is likely to make them more addictive, according to the researchers.

They studied data provided to the Massachusetts Department of Public Health by four major cigarette companies from 1997 to 2012, as required by state law. They found while the average amount of nicotine in cigarettes has remained fairly stable in recent years, the average amount of nicotine delivered from smoking a cigarette increased from 1.65 milligrams in 1999, to 1.89 milligrams in 2011.

This 15 percent increase could have been the result of a redesign of some brands of cigarettes, *The Boston Globe* reports. Lead researcher Thomas Land said cigarette makers could have changed the filter or length of their products to increase the efficiency of nicotine delivery.

The researchers used smoking machines to study the amount of nicotine delivered by various brands of cigarettes. They found RJ Reynolds, B&W (now a part of RJR) and Philip Morris produced brands with higher nicotine yields in 2012, compared with 2005. Lorillard produced cigarettes with a lower nicotine yield. The findings appear in *Nicotine and Tobacco Research*.

The Food and Drug Administration does not set limits on the amount of nicotine allowed in cigarettes, or on a maximum amount of nicotine yield per cigarette.

“This study indicates that cigarette manufacturers have recently altered the design of cigarettes. This can significantly increase the amount of nicotine a person receives while smoking,” Land said in a news release. “Cigarettes have a more efficient nicotine delivery system than ever before. Because smokers have no way of knowing that the level of nicotine they are receiving has increased, they can become more addicted more easily without knowing why.”

Heavy Drinking Speeds Decline in Men’s Memory and Thinking Skills

Men who drink heavily in middle age experience a faster, steeper decrease in memory and thinking skills 10 years later, compared with men who drink less or don’t drink, a new study concludes.

Men who consumed at least 2.5 drinks a day performed worse on memory tests almost six years faster than other men, *USA Today* reports. Their thinking skills declined almost two years faster than men who didn’t drink or who drank less. The researchers did not find

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THE MEADOWS® The Most Trusted Name in Trauma and Addiction Treatment



The Meadows has earned a national reputation for our clinical focus on healing from trauma, codependency and process addictions. In addition to our inpatient treatment, we offer workshops that are ideal for individuals who want to jump-start their personal recovery and are also a source of renewal for anyone who has undergone treatment. Participants work on sensitive issues in a concentrated format allowing them to enhance their personal journey by gaining insight into dysfunctional, embroiled patterns and practicing new relational skills within a safe environment. Our on-campus workshops include:

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- June 30 - July 4
- October 27-31
- May 5-9
- September 1-5
- December 15-19

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Examines and improves existing intimate relationships.

- February 10-14
- April 14-18
- June 9-13
- March 10-14
- May 12-16
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- February 3-7
- April 7-11
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How to Cultivate and Disseminate Misery to Alienate Family, Friends, Acquaintances, and Strangers

by Dr. Marlo Archer

- **Complain about situations you created.**
TIP: These complaints will be even more effective if you can think of someone unrelated on which to blame the situation. Good choices include your spouse, your children, your parents, your employer, God, the church, the current President, and the former President.
- **Reject compliments you receive.**
TIP: Blushing and turning away is not sufficient. You must say something to let the complimenting party know how very wrong they are. It can be helpful to mention a few ways in which the compliment is not true, or attribute the credit to someone who had little or nothing to do with the situation.
- **To accomplish something new, find someone who has never done it, either, and use them as a role model.**
TIP: A good way to find an appropriate role model is to look for people considerably younger than you are, with less money and/or less education. They will often be happy to tell you how they think you should do things.
- **Reject advice from successful people.**
TIP: Occasionally, you may attract the attention of successful people who want to help. This must be discouraged as quickly as possible. Ways to dispatch these busybodies include telling them how you already tried everything they did and that it didn’t work for you and discrediting their success by attributing it to magic, chance, or other supernatural causes.
- **Criticize yourself out loud in public.**
TIP: This is especially effective at holiday gatherings and in public venues to which you were invited with a friend. It fits in well upon first meeting someone when they are trying to establish common ground with you by complimenting you on something they just discovered about you.
- **Resent people who have been rewarded for doing things you’re completely unwilling to do.**
TIP: This increases in effectiveness the more difficulty and trouble the rewarded person has had in their lives prior to the reward. Alienation is more likely if the resented individual is blind, elderly, an orphan, was abused as a child, or was born in a 3rd World Country.
- **Expect return without investment.**
TIP: Everyone wants to win the lottery. You should expect to win the lottery without ever buying a ticket. Better yet, expect someone else to buy you a winning ticket and deliver it to your door. Do not share your time, money, talents, or self with anyone, but do expect others to extend themselves to you. Don’t do anything you don’t want to do for other people, and expect they will give freely to you.
- **Repeatedly speak of things you reportedly don’t care about.**
TIP: This can include things you used to do that you don’t do anymore, things you used to own, but don’t have anymore, skills you used to have that have faded, or people you used to know that you don’t see anymore.

If your talk attracts anyone’s interest, change the topic quickly.

- **Criticize others for things you do.**
TIP: If confronted about your behavior, cry and call attention to how mean it was for someone to criticize a behavior so desirable that both you and the originally criticized person both do it. Further, deny that you ever criticized the original person. Claim misunderstanding on the part of the confronting party.

- **If someone agrees with you, immediately withdraw or reverse your opinion.**
TIP: If you find yourself in the uncomfortable position where someone actually agrees with you that your life is terrible, attempt to shame them for their negativity by quoting the Dalai Lama. If, upon rejecting a compliment, the complimenting party agrees that the compliment wasn’t warranted in the first place, cry about how mean their hurtful statement is. When others begin to stop caring about the things you frequently report to not care about, voice loudly your injury over their insensitivity.



Dr. Marlo Archer is the founder of Down to Earth Enterprises. Psychological Services for Children, Teens, and Their Families, Married and Parenting Couples, and Individual Adults. Marlo is

the author of “Up From the Pavement.” Visit www.drmarlo.com or call 480-705-5007.

Teens Make Music Contest and a 56th Annual GRAMMY® Experience

By Candice Besson –

Teen musician Brittney Brannock has been selected as the winner of the fourth annual GRAMMY Foundation® and MusiCares® Teens Make Music Contest for her creative interpretation of the consequences and impact of drug and alcohol use. Second and third place winners have also been chosen.

The GRAMMY Foundation and MusiCares, the two nonprofit organizations of The Recording Academy®, in collaboration with The Partnership at Drugfree.org, honored all the winners with exclusive Grammy experiences and prizes.

The contest asked young musicians, ages 14 – 18, to compose or create an original song and/or music video that explored, encouraged and celebrated a healthy lifestyle or accurately depicted a story about drug abuse. All winners attended the 56th Annual GRAMMY Awards® Backstage Experience, a special backstage tour that takes place while artists rehearse for the live GRAMMY Awards.

First place winner Brannock, a recent graduate of Melrose High School in Massachusetts, submitted her song “What I’ll Never Get.” The song explains the pain and loss she feels having her loved one unavailable to her emotionally and physically due to his addiction, as illustrated in lyrics, “*But what I didn’t get, no what I’ll never get, is your hand down the aisle, or a promise that’s kept. You left your whole family, without one regret. How many sorries before you believe it’s true. Another I love you.*”

“It is an honor to once again partner with two exceptional organizations, the GRAMMY Foundation and MusiCares, to showcase inspiring teen musicians” said Steve Pasierb, President of The Partnership at Drugfree.org. “As we continue this successful program, The Partnership is excited to recognize individuals who creatively illuminate the devastating effects substance use and addiction can have on teens while also showing that individuals can and do regain their power over the grip of drugs and alcohol.”

California teens of the band “Slater,” Paige Augusta, a freshman at Agoura High School, and Alex Arnaout, a sophomore at Westlake High School, are the second place winners for their song titled, “Believe in Me.” The lyrics, “Can’t help but pray for change. Wishing I was someone else. Can hardly say my name. And I wish I could see myself like they see me. And I wish I...I wish I...believed in me,” describe how teens can have trouble coping with their insecurities, sometimes succumb to peer pressure and turn to drugs, alcohol or self-harm, and need to believe in themselves in order to rise above the influence.

Third place winners Isaac Horn and Evan Pierce, seniors at Valley View High

School in Arkansas wrote, performed and produced “Master.” Their song shines light on how powerless you can become to drug abuse and how important it is to learn that you really are the master of your own life, “I know it’s hard admitting we’re disasters. When our addictions pound us down, when they are master. It seems their hold on us is stronger than our will to move. Ain’t that a shame. It’s a shame we don’t know our own strength.”

Honorable mentions go to Sarabeth Weszely of Oak Park, Illinois for her song, “Then I Found Drugs;” Kennedy Lykken of Spicer, Minnesota for her song, “Baby Girl;” and sisters Alison and Josephine Jones of Kenai, Alaska for their song, “Bright Then Blue.”

MusiCares and the GRAMMY Foundation provided a panel of judges that included musical artists, while The Partnership at Drugfree.org provided technical expertise in the judging process. Points were given for accurate depictions of subject matter. The winning entries can be heard at www.drugfree.org/teensmakemusiccontest.

*All proceeds from Iron Ridge Road Recordings will be donated to MusiCares.

About The Partnership at Drugfree.org

Ninety percent of addictions start in the teenage years. The Partnership at Drugfree.org is dedicated to solving the problem of teen substance abuse. Together with experts in science, parenting and communications, the nonprofit translates research on teen behavior, addiction and treatment into useful and effective resources for both individuals and communities. Working toward a vision where all young people will be able to live their lives free of drug and alcohol abuse, The Partnership at Drugfree.org works with parents and other influencers to help them prevent and get help for drug and alcohol abuse by teens and young adults. If you or someone you know is struggling with drug or alcohol abuse, please call The Parents Toll-Free Helpline at 1-855-DRUGFREE.

About MusiCares

Established in 1989 by The Recording Academy®, MusiCares® provides a safety net of critical assistance for music people in times of need. MusiCares’ services and resources cover a wide range of financial, medical and personal emergencies, and each case is treated with integrity and confidentiality. For more information, please visit www.musicares.org. For breaking news and exclusive content, please like “MusiCares” on Facebook at www.facebook.com/musicares and follow MusiCares on Twitter @MusiCares at www.twitter.com/musicares.

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For Young People Addicted to Painkillers, the Path Less Taken Why?

This piece originally appeared on Huffington Post

By Stephen J. Pasierb & A. Thomas McLellen PH. D.

Abuse of prescription (Rx) medications, particularly of Rx opioids (medicines that treat pain), continues to be one of the nation’s most concerning health problems. Mistakenly, many adolescents believe that Rx opioids are safe because they are prescribed by a doctor. But when abused, they can be as potent and as deadly as heroin. In fact, many teens and young adults who abuse Rx opioids move on to heroin abuse. The Centers for Disease Control and Prevention calls prescription drug abuse an “epidemic,” and we see it as a public health issue that disproportionately impacts our kids.

But Rx opioid or heroin abuse does not have to be lethal. There are behavioral and pharmacological treatments that can save lives and bring even seriously addicted kids into long-term recovery. The problem is many treatment programs have chosen to either rely on only behavioral treatments or only medications; and most physicians do not have sufficient training in either medication or behavioral therapy to provide effective treatment. So, when parents find themselves at the critical crossroads of what to do for an opiate-addicted child, what can they do to get help? What are our doctors providing, or even offering, to them?

While no one treatment approach is right for every teen, it is clinically sensible — but not easy — to find comprehensive care. We tell families to look for three things: First, the availability of professional



“Many adolescents and teens believe that Rx opioids are safe because they are prescribed by a doctor.”

counseling; second, medications and regular monitoring for the affected teen; and finally, family therapy to help that teen.

Teens who abuse opioids require professional counseling, combined with regular monitoring, as a minimum requirement of effective treatment. Their families can also benefit from professional therapy, helping them better understand the basis of their teen’s addiction. This therapy can help both them and their child create a practical plan to recovery.

But these essential elements of good care are often not enough. Many young people who have abused Rx opioids will require medication to protect them from physical withdrawal and to reduce their cravings for Rx pain relievers or even heroin.

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When IOP is Not Enough

By Jaime Vinck, Program Clinical Director North Ridge Counseling

Danny successfully completed a great residential treatment program, extending his stay from the traditional 30 day to 45 days. He moved into a reputable sober living home, began an Intensive Outpatient Program, attended 12 Step Meetings and worked with a sponsor. In spite of his best efforts, he relapsed before he got his 60 day chip. When asked about his biggest triggers for use, he immediately responded "boredom" and "stress over family relationships". Danny was eager to re-enter sobriety, however, he felt he needed more support, without returning to residential treatment.

Janet completed residential treatment one year ago. She has been alcohol and drug free, since then, however, mildly depressed. Janet admitted that she has not been "working a program" and has disconnected from her therapeutic supports. Last week Janet lost her job and convinced herself that she could control her drinking. This week the drinking has controlled her.

Danny and Janet's stories are all too common. Early recovery is a fragile time and many people suffer significant emotional and mental distress making it difficult for them to manage their life in a work, school or home setting. Reality and /or Post -Acute Withdrawal set in just when they are out of the treatment bubble. Unfortunately, they return to their familiar coping mechanism.

While their problems may not warrant a return to residential treatment, clients often need more services than a traditional Intensive Outpatient Program can offer. According to the National Institute on Drug Abuse (NIDA), one of the principles of effective treatment is — **"treatment and service plans must be assessed continually and modified as necessary to ensure it meets his or her changing needs."**

A client may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a client may require medication, medical services, family therapy, parenting instruction, vocational rehabilitation or social and legal services.

Depending upon the situation, a Day Treatment or Partial Hospitalization Program (PHP) may be just what is needed to gain insight into their behavior, improve their coping skills and alleviate "boredom." Returning to their family or sober living home at night, they are able to practice the new skills they have learned while promoting their new found confidence and independence. A renewed commitment to recovery will also benefit concerned family members, as well as Sober Living managers, who are constantly seeking additional ways to provide additional layers of support.

Offered in many different settings, Day Treatment Programs are ideal for those seeking intensive short term structured services. These settings are considered ideal for those who are thought to lack sufficient motivation to continue treatment, have a severe co-morbidity or history of relapse post treatment.

Day Treatment Programs are also indicated for those who are returning to a high risk environment, have limited psycho-social supports or who are not thriving in their intensive outpatient program. Upon completion clients can be returned to their referring Intensive Outpatient Program.

The terms partial hospitalization, day treatment and intensive outpatient programs may be used nearly interchangeably in different parts of the country. The ASAM patient placement criteria defines structured programming in partial hospitalization programs as 20 hours per week and intensive outpatient programs as 9 hours per week. Partial hospitalization programs provide ancillary medical and psychiatric services, whereas intensive outpatient programs may be more variable in the accessibility of these services. Some clients enter these programs directly from the community. These programs can be used as "step-down" programs for those leaving residential settings or "step up" from an intensive outpatient client who has relapsed but does not require medical detox. A client who has entered into a high risk period for relapse, or has experienced an exacerbation of a co-occurring medical or psychiatric symptom would also be likely candidates for a PHP.

PHPs are staffed by therapists, licensed clinical social workers, registered nurses and physicians providing support and treatment with a 24 hour on-call emergency professional.

The treatment components of PHP's may include some combination of individual and group therapy, vocational and education counseling, family meetings, medical supervision of medication, random drug testing and treatment of co-occurring disorders. Most PHPs meet five days per week from 9am to 3 pm. The most effective programs combine psycho education, psychotherapy and activity or experiential therapy. The experiential therapy assists clients in cultivating different interests in their lives and teaches them how to plan and enjoy their downtime. These therapies can range from art and equine therapy to a community milieu group where clients experience recreational and service opportunities in their new sober world, saying goodbye to boredom as an old familiar trigger.

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Got Healthy Boundaries?

By Mike Finecey, MA, LPC, LISAC

Boundaries are how we teach others to be with us, and how we express our needs and wants, to validate our emotion, or support or resolve what we feel. Personal boundaries are guidelines, rules or limits we create to identify what are reasonable, safe and permissible ways for others to behave around us and how we respond when someone steps outside the limits. Boundaries are built from a mix of beliefs, opinions, attitudes, past experiences and social learning. They are also an expression of how we view something, what we feel about it, and what we want or need based on the feeling we are having about the event.

Why boundaries are difficult to establish

Many of us didn't learn how to express ourselves or were not allowed to have boundaries as we were growing up. We may have been told "no" to what we were feeling or wanted. Perhaps we were violated for expressing our thoughts and feelings — told we were wrong. We may have not been encouraged to express ourselves, how we felt or what we wanted or needed.

Here is an example: One of our aunts came to our home wearing lots of make-up, thick red lipstick, she just smoked a pack of cigarettes and when she enters, we were told to give her a kiss. Her looks may have frightened us so we said "no." Maybe our parents said, "Give her a kiss or go to your room." If we said no again, we may have been punished for expressing ourselves.

In that quick scenario we learned what to think, feel or want and our self-care was denied. No one validated us for expressing our feelings — instead we were challenged, shamed and embarrassed by the incident.

When we are allowed to express our thoughts, feelings and desires, we are having being validated. When what we think, feel and want is determined to be wrong, we are violated.

Walls are not boundaries

Growing up without healthy boundaries, we learn to use walls as defenses — hiding behind them to protect ourselves. We learn to yell or be quiet, leave, punish others and use sarcasm or another defensive behavior to push people away. As we learn to do this and our defenses work, we continue to reinforce our walls of protection as adults.

We believe the walls in relationships will protect us from our fear of intimacy or rejection. But walls do nothing more than damage and destroy relationships. They are destructive because they are a mask we think will protect us from hurting.

In reality they keep us from avoiding our right to share feelings, needs and wants. A wall is a defensive reaction to an emotion happening now, after something has happened that resulted in an undesired emotion. Rather than expressing the emotion and we push away with defensive behaviors.

Walls can be expressed passively by the use of silence. They can be passive-aggressive, by being nice now and getting even later, or aggressive by the use of anger and rage. Our resentments fester as a result of not knowing how to express a boundary. Resentment is withheld communication stemming from a fear to express what we are truly experiencing. When we withhold, we are actually giving the other person instructions on how to treat us. If we erupt, we blame others for doing something they didn't even have a clue was unacceptable.

Learning to set healthy boundaries

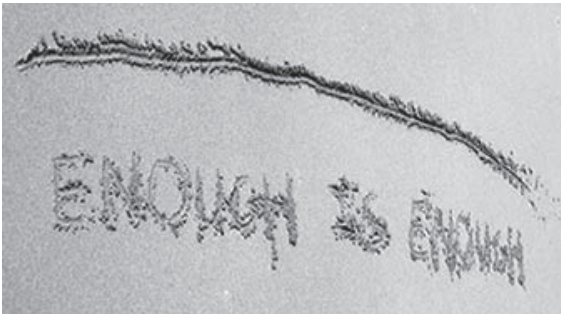
As adults we carry the training we learned with boundaries. But we can learn to acknowledge what our thoughts, feelings are and what we desire. We can change by sharing who we are.

To express a healthy boundary, one of us shares what we think, feel and want and the other person listens. The listener validates the other by really listening. Someone stating a boundary is asking for support.

Stating a boundary might feel risky at first. After all, the person receiving the boundary can say "no." To be vulnerable with others will give you information about who supports you.... and who doesn't. Boundaries help us find the best people to be in our circle. We can learn to express a boundary, as well as learn how to support others with theirs.



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



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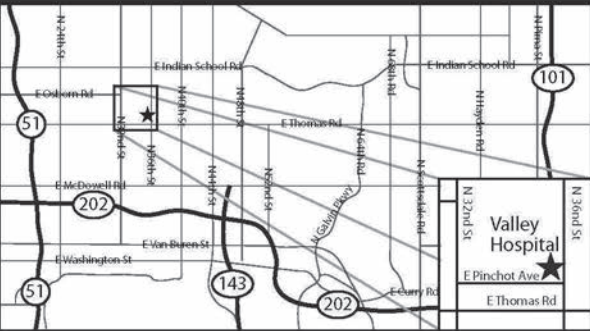
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*From masters to mortals, the past is filled
with those who have attempted to define love.*

By DR. DINA EVAN



Perhaps we keep trying because love is ineffable and often inexpressible. It can't be bought, sold, traded or downloaded. It creeps in next to our heart to create longing, desire, appreciation and reverence. The same energy that sits beside a dying parent holding on to each lingering moment is also that which lights up the night sky with excitement over a new chance meeting.

Love is the foundation of everything

It is the cohesiveness in the Universe and it is the motivation for every walk to enlightenment because that is the walk toward the Source of love itself. Love is not an action or a word. It's two straws, one caramel chocolate shake. It's grabbing the blanket for cold toes before being asked. It's being more concerned about giving than getting. Love is art, it's a soprano's perfect high "C" and it's in the center of forgiveness when humanness arrives.

Love is not an act

Acts are not real love. True love is authentic presence.

Love is not a word. It is a verb — a whole-souled act of being real and risking everything for a moment in which you can stand emotionally naked and be completely accepted and adored.

Love caresses your mind, your soul and your spirit.

Love wants to help you shatter the protective walls so you get to what you came for.

Love wraps itself around your soul with reverence for every breath and every challenge that brings growth and deeper connection.

Love is committed to deeper connections, with every living thing.

Real love is not ownership

It is freedom and yet it binds us in grace. You can't demand love, you can only invite it and if you feel bereft of love, then you have forgotten to give it.

Love is everywhere. It sits on street corners in shabby, dirty clothing after having given its heart and soul on a battlefield. It sits caged and waiting to be rescued at shelters, and every now and then, it get adopted in the form of a child or four-legged furry ball and becomes protected by people whose hearts have stretched to the limit.

Love is not pheromones, dopamine, nor epinephrine, serotonin, oxytocin and vasopressin, although this is what love offers as a bonus.

We didn't come here to get love. **We came here to become it.** We do that by picking up the pieces of our shattered lives and remembering that love cannot be shattered by anything at all.

We can talk about love in therapy ways. However, the bottom line is always that love is what crosses the divide when separation arrives. It motivates us to try harder again. It reminds us of our priorities and the reason we were born.

Love is an amazing thing, the greatest gift the Universe has to offer. Love never leaves you, but you can leave love. Even when that partner you thought would be a forever one leaves, love arrives the moment you realize you both did your best with what you had and learned a lot in the process. In every circumstance, there is truly only one question and one right answer. "What would love do?"

We talk about love in very fun ways, with flowers and hearts and candy and trinkets in this month. However, we can go deeper. We can sit quietly and feel the air on our cheek and the sun on our face. That is love.

We can be thankful that we have this day and the next to do it better.

That is love.

We can feel gratitude for every person in our life who has opted to dance it us, help us grow and stay.

That is love.

We can cherish the moments of insight, awareness and grace. That is love. We can honor the challenges we have overcome, the milestones we have crossed and the changes we have made.

That is love.

We can look across the table and into the eyes of a beloved or friend and see our reflection.

That is love.

Life is filled with love. It is everywhere you are. Don't miss a minute of it. Just breathe and feel it all. You are loved!



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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Events Calendar

FEB 3-7 – 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**, email at jmartin@cottonwoodtucson.com for information and registration.

FEB. 5 — 8:00 - 9:00 am —St. Luke’s Behavioral Health Center, 2014 Clinical Breakfast Series. *“What to expect with the coming changes” — Presented by Peter ‘Chip’ Coffey, MAPC, LPC, NCC, Director of Therapy Services.* St. Luke’s Behavioral Health Center Auditorium. 1800 E. Van Buren, Phoenix.

FEB. 5 — 8:00 – 10:00 a.m. Tucson Area Professionals’ Networking Breakfast, Sponsored by Sierra Tucson. Westward Look Wyndham Grand Resort & Spa, Santa Catalina Ballroom, 245 E. Ina Road, Tucson. Pre-registration at www.SierraTucson.com. For info, visit www.SierraTucson.com or contact Chrissy Lamy at 480-231-0260 or CLamy@CRCHealth.com.


Feb 10-14 – Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat
This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by Rokelle Lerner. Visit www.cottonwoodtucson.com or call Jana at 520-743-2141 or email at jmartin@cottonwoodtucson.com for information and registration.

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

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Gamblers Anonymous Meetings — at ACT Counseling & Education. 11:00 am to 12:30 pm. Call **602-569-4328** for details. *EVENTS continued page 10*



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Toxic Barriers

For some, the internalized feelings of self-hatred, shame, unworthiness, guilt, and remorse are tied more to their sense of self than to any specific activities or behaviors. These individuals (*most often with early life histories rooted in family dysfunction, abuse, neglect, and attachment deficits*) begin to think that they themselves are the problem — that they are bad, unlovable people — and that their addictive sexual acting out serves as proof of this fact. When this occurs, a phenomenon generally referred to either as a “shame spiral” or as “narcissistic withdrawal” can leave the addict unable to see beyond his or her own shame, pulling the individual further into depression and isolation, both of which are serious obstacles to healing. The internalization of these negative feelings may also lead sex addicts to believe they are not worth the effort of recovery, that they have no control over their behaviors, and they do not deserve to be healthy, happy, and free from their addiction. When this occurs, guilt, shame, and remorse have become toxic barriers to recovery rather than a reminder that it is time for behavioral correction, apology, or both.

Flipping the Script

All addicts in early recovery are vulnerable to the “stinking thinking” caused by toxic emotions. Oftentimes they are facing for the first time the full extent of their addictive behavior and the destruction it has caused. For many addicts this can be somewhat overwhelming, and some may feel the only way to “turn off” the fear, anger, self-loathing, and sadness is to “numb out” with more of

the same destructive behavior or, in extreme cases, via self-harm (cutting, burning, suicide, etc.)

As such, it is often a primary job of clinicians treating sex addicts, particularly early on, to help them understand that living in the past — a past that can’t be changed — helps no one.

Instead, recovering addicts should focus on the present, on behaving differently one moment at a time. Wallowing in the wreckage of the past (or fear of the future) can and usually does keep addicts from doing the necessary work of recovery. Guiding such individuals into certain life affirming, esteem-building therapeutic tasks can be incredibly helpful.

These tasks include:

- **Attending 12-step sexual recovery meetings, finding a sponsor, and working the 12 steps.** This encourages interaction with other recovering addicts, which is absolutely essential to sexual addiction recovery. It also helps the addict to become honest about what he/she has done and to eventually make amends, which usually goes a long way toward alleviating toxic feelings.
- **Being better today than yesterday.** This helps the addict to better understand that recovery is a journey, not a destination. Aiming for perfection is not realistic. A more reasonable goal for the recovering addict is to not repeat the mistakes of the past and to become, over time, a better person.
- **Building a support network of peers in recovery, beyond just a therapist and**

12-step sponsor. Sexual addiction is a disease of isolation. As the recovering addict builds his/her support network and learns to trust these caring individuals, he/she is able to more easily reach for help when triggered to act out.

- **Trying new and enjoyable activities with family, friends, and the addict’s support network.** This helps the addict understand that even though he or she has made mistakes, he/she is worthy of a second chance and deserves a better life. It also provides the addict with new hobbies and interests he or she can engage in instead of acting out.
- **Volunteering or being of service.** This helps sex addicts see that in addition to harming themselves and others, they can also make the world a better place – and making the world a better place feels good. The better addicts feel about themselves and their place in the world, the less likely they are to act out.
- **Gaining insight into the origins of the addict’s sense of shame and unworthiness.** This helps the sex addict understand that his or her problem behaviors are a maladaptive attempt to self-soothe and make healthy connections, no matter how far off the mark. It also reinforces the idea that those behaviors are not a sign that he or she is inherently bad, unworthy, or unlovable.

Insight into past trauma, abuse, or neglect can serve as a vital source of shame reduction and self-forgiveness, both of which are necessary to healing and the development

of a healthy life.

For most addicts, early feelings of guilt, shame, and remorse are partly healthy, partly toxic. It is the therapist’s job to observe and reflect on these feelings, noting that healthy shame and guilt do serve as motivation for behavior change, while self-hatred is an unproductive foundation for healing. When these feelings are toxic, the therapist needs to assist the addict in flipping the script, helping the addict understand that feeling like a bad person doesn’t mean he or she actually is a bad person.



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. He has provided sexual addiction treatment training internationally for psychology professionals, addiction treatment centers, and the US military. A media expert for *Time*, *Newsweek*, and the *New York Times*, Mr. Weiss has been featured on CNN, *The Today Show*, *Oprah*, and ESPN. Rob can be found on Facebook at facebook.com/RobWeissMSW and Twitter at @RobWeissMSW. **elementsbehavioralhealth.com**

Recovery Housing in AZ

By Duane Mantey

For those new in recovery having a sober living environment can be critical to long term sobriety. It offers the opportunity to ease into a lifestyle with continued structure and the support of like-minded peers. Whether coming right from treatment, or re-entering society from prison, recovery housing is an integral part of the process.

Long term sobriety is rarely achieved after only 30 days of treatment. A recovery housing program is a supportive bubble that nurtures a sober lifestyle through the people and resources associated with it. Sober living, in whatever form, connects us to a sustainable sober, healthy, and self-sufficient lifestyle.

The Business of Sober Housing

I entered the recovery housing business as a realtor looking for investment properties for a family member. I remember driving around



Glendale in some rough neighborhoods, scrounging for deals. We found a property being run as a “halfway house” on a notorious street of halfway homes. The neighborhood was not the best choice for my uncle who lived out of state and I would be managing the property.

There were some rough looking guys walking up and down the street. All I could think of was how it would be to manage the property and collect fees on this street in the dark. But, neither of us ever shy away from a challenge. We made an offer and bought two of the seller’s homes, both poorly run as halfway houses. We refurbished them, put in new clients and management, talked to the city planners and with their blessing off we went.

I could have taken the sales commission and walked away, but I saw another opportunity — to give back to the next guy looking for support in sobriety. It has not been easy, but there is great reward in having a purpose and a mission. Soon after taking over operations we renamed ourselves “ViVRE” Recovery Housing; (*a French phrase which means “to live.”*)

I met with a friend who works for Adult Probation to pick his brain about the business. I liked the people, the mission, and creating innovative programs. To see someone fresh out of the prison system come to our program and flourish in sobriety with their head held up high was the reward.

My friend at probation said if you want to be in the halfway house business, you need to connect with Arizona Recovery Housing Association (AzRHA). They will be helpful for your startup and get you the resources and people you will need. That was the best advice for what has become a benchmark Ex-Offender Re-entry Program (ViVRE) with 110 beds and three facilities in a few short years. I’ve witnessed first hand the impact of AzRHA.

I’m honored to have served on every committee in AzRHA. Our meetings are filled with dedicated people who are truly in

it for the right reasons. People with a shared goal to raise the bar for recovery housing. We joined AzRHA and their certification put our program on the map, with AZ Dept. of Corrections, Adult Probation, and raised our program standards for health and safety.

What is AzRHA?

AzRHA is a membership organization with a mission to set and maintain standards for quality and safety for residential recovery housing. Choosing an AzRHA member facility to reside in means choosing a program that meets a higher standard for quality.


Sober Living Section

Formed by a small group of programs and stakeholders about 10 years ago, AzRHA has grown to a statewide organization representing over 1,500 beds of quality housing providers throughout our state.


We are honored to be partnering once again with Barbara Brown and *Together AZ* with our new sober living section. Here we will offer relevant and informative content related to our industry. Thank you for your support of this newspaper and our organizations!

For more information about AzRHA please visit <http://azrha.info>

Duane Mantey is President of the Board of Directors for ‘ViVRE Recovery Housing’ and serves on the Executive Committee for AzRHA.



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Franciscan Renewal Center Support Groups: Divorce, Separation and Significant Relationship Endings. Deals with the pain of divorce, separation, and relationship endings in a positive, healing way. Mondays, 6:30 - 8:00 p.m. *Facilitators: Judith McHale, MA, LPC and Tom Mitchell, Ph.D, LPC.* **GRIEF Support**. Tuesdays, 5:30 - 7:00 p.m. *Facilitator: Sylvia Hernandez, LICSW and Judith McHale, MA, LPC.* **DEPRESSION Support**. Every other Tuesday, 6:30 - 8:00 p.m. *Facilitator: Mike Finecey, MA, LPC, LISAC.* **GESTALT THERAPY Support**. Wednesdays, 6:30 - 8:00 p.m. Franciscan Renewal Center, 5802 E. Lincoln Drive, Scottsdale. **480-948-7460. www.thecasa.org**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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



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Al-Anon	602-249-1257
ACA	602-241-6760
Aurora Behavioral Health	623-344-4400
AzRHA	602-421-8066
AWEE	602-258-0864
Bipolar Wellness Network	602-274-0068
Calvary Addiction Recovery	866-76-SOBER
Chandler Valley Hope	480-899-3335
Cocaine Anonymous	602-279-3838
Co-Anon	602-697-9550
CoDA	602-277-7991
COSA	480-232-5437
Commun. Info & Referral	1-877-211-8661
Community Bridges	877-931-9142
Cottonwood Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Crystal Meth Anonymous	602-235-0955
Emotions Anonymous	480-969-6813
EVARC	480-962-7711
Gamblers Anonymous	602-266-9784
Greater Phx. Teen Challenge	602-271-4084
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Magellan Crisis Hotline	800-631-1314
Marijuana Anonymous	800-766-6779
The Meadows	800-632-3697
Narcotics Anonymous	480-897-4636
National Domestic Violence	800-799-SAFE
NCADD	602-264-6214
Nicotine Anonymous	877-TRY-NICA
Office Problem Gambling	800-639-8783
Overeaters Anonymous	602-234-1195
Parents Anonymous	602-248-0428
Psychological Counseling Services (PCS)	480-947-5739
The Promises	866-390-2340

Rape Hotline (CASA)	602-241-9010
Remuda Ranch	800-445-1900
Runaway Hotline	800-231-6946
Sexaholics Anonymous	602-439-3000
Sex/Love Addicts Anonymous	602-337-7117
Sex Addicts Anonymous	602-735-1681
SANON	480-545-0520
Sober Living of AZ	602-478-3210
Suicide Hotline	800-254-HELP
St. Lukes Behavioral	602-251-8535
Step Two Recovery Center	480-988-3376
Teen Dating Violence	800-992-2600
TERROS	602-685-6000
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Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Anger Management Intervention	520-887-7079
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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
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YOUR SECRET STASH

By ALAN COHEN

In the opening scene of the movie **Mr. and Mrs. Smith**, we find the couple in a therapy session. Mrs. Smith tells the therapist, “There’s this huge space between us, and it just keeps filling up with everything that we don’t say to each other.”

While we might be inclined to define relationships by what we say to each other, they are more accurately defined by what we don’t say to each other.

My friend Carol owns a successful business she has built over many years with her executive assistant Marcia. In general the two women are good friends, but recently they had an argument. Marcia told Carol, “I am still deeply hurt by what you said to me a few years ago.”

Carol was stunned. She couldn’t imagine what she had said that had disturbed her friend so much. “Please tell me what I said that hurt you,” she asked, wishing to rectify the problem.

Marcia shook her head. “I’d rather not tell you.”

Marcia’s response indicates her hidden agenda to keep the problem in force. If she truly intended to heal her pain and maintain the best possible relationship with her friend, she would have revealed the incident by which she felt hurt. Then the two could have processed the experience until they came to resolution around it.

Marcia’s investment in holding on to the grudge than releasing it indicates that she held it as a “treasured wound.” She perceived a payoff for feeling slighted: she got to be “right” at the expense of Carol being wrong, and maintain a victim identity. Marcia knew that if she held the experience up to the light, it would dissolve. But she chose instead to keep it in the dark so she could continue to claim it. This perceived payoff kept the relationship, or at least a portion of it, underground, and impeded the friends from moving ahead together. One day the issue will be resolved, but only when Marcia perceives a greater benefit in releasing it than clinging to it.

Fear regards light as an enemy

Michael Pritchard declared, “Fear is that little darkroom where negatives are developed.” Love, by contrast, is willing and eager to bring all things into the spectrum of greater awareness. If your intention is to heal, you can hold anything up to the light and it will serve the healing process. We have



“Fear is that little darkroom where negatives are developed.” Love, by contrast, is willing and eager to bring all things into the spectrum of greater awareness.

heard, “the truth hurts,” but the only thing truth hurts is illusions. Compassionately expressed, honesty works in your favor and that of those you touch. It has been said, “Those who are brutally honest are more interested in brutality than honesty.” Any communication delivered with love begets loving results.

What we withhold from relationships is what keeps us feeling separate and alone. I’m not suggesting that you tell everyone everything all the time; relationships can be damaged by too much information. I am suggesting that the important things need to be shared. If emotional pain is standing between you and your friend, putting it on the table can dissolve it. But take care how you share it, and why. If your intention is to punish your partner, be right, or fuel the same argument you have been having for years, you are better off keeping your mouth shut. If, however, your intention is to dissolve upset, come closer to your partner, and deepen

your relationship, your communication will serve as a gift to both of you.

Your experience in all relationships is the result of your intention. You use relationships to project what you want to make of them. Some people create relationships to be a source of deep reward and soul fulfillment. Others use relationship to intensify discord, separateness, loneliness, combat, and pain. The good news is that even if one of your relationships, or many, have been horrid, you have to power to shift any of them by choosing harmony over discord. Your well being does not depend on the other person’s actions or attitude. It depends on your choice. The other person may continue to choose upset, but if you choose peace, you have mastered the situation and bestowed upon yourself the only gift worth gleaning from it. When you choose peace for yourself you invite the other person to meet you on higher ground.

The key to healing relationships is joining—finding common ground on which you and your friend are unified. In my book *Happily Even After* I interviewed couples who had been steeped in bitter acrimony as a result of a breakup or divorce, and then found ways to harmonize and support each other. The most common theme I discovered was that couples who had children agreed that they both wanted the best for their children, which gave them a shared purpose and opened a door to joining. To heal a relationship you don’t have to have children, but you do need a vision of connectedness. “We are in this together, so let’s do what we can to make it a happy ride for everyone involved.”

In the world of separation, there seems to be a huge space between us. What we fill it with makes all the difference.



Alan Cohen is the author of *Enough Already: The Power of Radical Contentment*. If you would like to become a professional life coach or incorporate life coaching skills in your career or personal life, join Alan’s celebrated Life Coach Training Program beginning March 4. For more information about this program, Alan’s books, free daily inspirational quotes, and his weekly radio show, visit www.alancohen.com, or email info@alancohen.com.

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PAINKILLERS continued from page 4

We are just learning about the biology of opioid abuse and there is much to share with two critical stakeholders in a teen or young adult's life: doctors and parents. What we know is that there is a biological basis to teen substance abuse, and it's impacted by a number of factors, including family history and mental health issues. We know too that medication-assisted treatment can aid in the long-term treatment of opioid addiction. But first, parents must learn enough about medication-assisted treatment to weigh the pros and cons and make an informed choice.

All of us in the field of substance abuse treatment, and in health care — clinicians, researchers and educators — can start by helping families understand what medication-assisted treatment is and how it's used.

The Food and Drug Administration has approved three products to treat opioid addiction: methadone, buprenorphine and naltrexone. These are very different medications with very different effect and side-effect profiles:

Methadone and buprenorphine have some of the same properties as other opioids. They can be abused like other opioids, but at the proper dose, they are effective in reducing withdrawal symptoms and cravings.

Naltrexone is quite different. It is an opioid-antagonist that blocks the effects of prescription and street opioids. It can only be prescribed to a patient who has been completely free of all opioids for at least 7-10 days. When taken, it will block the effects of any opioid use. It is basically chemical armor that protects a person in early recovery from experiencing any "high" or other effects of prescription or street opioids.

None of these medications has an effect on non-opioid drug use; none will prevent the use of marijuana, cocaine or other types of drug use.

These medications have undergone rigorous safety and potency checks, much like maintenance medicines for other diseases like hypertension or diabetes. They've also been proven to be successful when used as an integral part of a broader addiction treatment plan and continuing care. Medication-assist-

ed treatment is, as Harold Pollack said in *The Washington Post*, "an imperfect, yet essential tool" to treat opiate disorders, and as we see it, critical in preventing the migration from prescription painkiller abuse to heroin.

Families can, and should, insist that their treatment providers offer these medications as part of a treatment plan for teen and young adult patients who are struggling with an Rx opioid addiction. It is possible that medication-assisted treatment will not be necessary, but there should be monitoring and management in place to determine whether or when behavioral treatment alone is not adequate. Thousands of young adults are dying needlessly because some treatment programs ignore FDA-approved medications or because physicians have simply provided medications without appropriate referral to family and individual counseling.

All components of care are needed to ensure effective treatment. It is past time to re-think the treatment ideology and professional prejudices that have prevented the comprehensive treatment that is so needed for our teens and young adults. We can and we must do better as prolonged recovery is now an achievable result of comprehensive addiction treatment.

Let's work together to reduce the misunderstandings associated with the disease of addiction.

And, with the roles of behavioral, pharmacological and family therapies in the comprehensive treatment of this illness, we can help parents bring about recovery for their son or daughter. We need doctors and parents to learn more, and that starts by understanding that medication-assisted treatment can, and is, addressing a real need.

Need help with substance abuse or mental health issues? In the U.S., call 800-662-HELP (4357) for the SAMHSA National Helpline.

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Happiness comes from within

- Subtle shifts in perception will transform your entire life. When feeling fearful, angry, hurt, choose to see a situation differently.
- In being true to yourself, you can't possibly make everybody else happy. Still, it's better to risk being disliked for living your truth than to be loved for what you are pretending to be.
- What we love in others is a reflection of what we love about ourselves. What upsets us about others is a strong indication of what we need to look at more closely within ourselves.
- Everybody comes into our life for a reason. It is up to us to be open to the lesson they are meant to teach. The more someone rubs us the wrong way, the greater the lesson. Take notes.
- Trust. In troubled times, know that the Universe has your back and everything is going to be alright. If you're not there yet, trust in hindsight you will understand. Your higher good is being supported, always.
- Never take things personally. What others do is a reflection of what's going on in their own life and probably has little or nothing to do with you.
- Hurt people hurt people. Love them anyway. It's okay to love them from a distance.
- You have to feel it to heal it. Bring your fears and weaknesses front and center and shine a blazing spotlight on them because the only way out is through.
- Perfectionism is an illusion. A painful one at that. Ease up. Strive for excellence, allow yourself room to make mistakes and permission to be happy regardless of outcome.
- Take the blinders off. Don't become so laser-focused on your own goals and desires that you miss out on the beauty in life and the people around you.
- Celebrate the journey. It's not all about the destination. Savor all of your successes, even the small ones.
- Forgiveness is not so much about the other person. It's about you and for you so that you can gain the peace and freedom you deserve. Forgive quickly and often.
- We are all intuitive. When we learn to become still and listen, we can tap into some pretty amazing primal wisdom. Listen to the quiet whisper of your heart.
- Let your soul shine! Be authentic. There is nobody else on this earth just like you.
- We are powerful creators. Seriously, bad-asses. With intention, focus, and persistence — anything is possible.
- I am full of light. You are full of light. We are all full of light. Some cast shadows on their own brightness. Be a beacon of light to others and show them the way.
- Don't take life too seriously! Nobody gets out alive anyway. Take chances.
- Surround yourself with people who love and support you. And, love and support them right back! Life is too short for anything less.
- Giving is the secret to receiving. Share your wisdom, love, and talents. Share freely and be amazed at how much beauty in life flows back to you.
- Fear is often a very good indicator of what we really want and need in our life. Let it be your compass and enjoy the exciting adventure it leads you on.

The world needs more love, light, and laughter. Go be love.

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any major differences in memory or thinking skills among men who didn't drink, who quit drinking during the study, or had up to two drinks daily.

The researchers did not find any clear results for drinking's effect on women's memory or thinking skills, the article notes. The research included more than 5,000 men and 2,000 women, whose average age at the beginning of the study was 45. When they started the study, they told researchers how much they drank. A decade later, they began taking tests of memory and thinking skills.

The findings are published in the journal *Neurology*.

"Much of the research evidence about drinking and a relationship to memory and executive function is based on older populations," study author Séverine Sabia, PhD, of the University College London, said in a news release. "Our study focused on middle-aged participants and suggests that heavy drinking is associated with faster decline in all areas of cognitive function in men."

Tucson's Desert Star's Mariposa Program

It's not too late to refer to Desert Star's Mariposa Program. Mariposa, an intensive outpatient program for women's intimacy issues, launched on January 13th, is still accepting clients by referral. This unique program is ideal for women aged 19 or older who have unhealthy relationship patterns such as:

- Relationships with abusive, addicted or unavailable partners
- Using sex to get love
- Using romantic or sexual fantasy to escape
- Avoiding sex or relationships
- Overlapping relationships or infidelity

If you know someone who would benefit from this program, call (520-638-6000) today. Visit Desert Star Addiction Recovery Center online at www.desertstararc.com/DesertStar.

When Treating Addiction, Don't Forget Patients' Other Health Issues

By Celia Vimont

Helping patients with substance use disorders manage their other health problems can assist them in their recovery, says Sharone Abramowitz, MD, co-chair of the recent California Society of Addiction Medicine conference. She notes addiction medicine professionals often ignore patients' other chronic health conditions.



"We don't want to forget the rest of health when treating substance use disorders," says Dr. Abramowitz, a psychiatrist and psychotherapist in private practice and Director of Behavioral and Addiction Medicine for the Primary Care Medicine Training Program at Alameda Health System. "It's not just about relapse prevention — we also want to focus on things that improve health."

People addicted to drugs or alcohol may be out of touch with their bodies, she says. "Often there's been a lot of damage to their health through substance abuse. We may have to help them deal with diet, exercise, medication management and access to other physical health resources they may need. They can be driven back to using if they are struggling with poor health control."

This holistic approach is not common in the addiction medicine field, she observes. "Often in substance abuse treatment, we are very focused on helping the person maintain recovery and prevent relapse, with 12-step work and medications that can help in the substance abuse recovery process and co-morbid mental health recovery processes."

“People addicted to drugs or alcohol may be out of touch with their bodies.”

In primary care, however, there has been a growing recognition that most patients with chronic conditions, including substance use disorders, “need a different kind of health system than one that focuses on acute health management.” The chronic care model supports patients in better self-managing their chronic conditions and their overall health. “We need to partner with patients and be very empathic, and understand the barriers that keep them from better self-managing their issues,” Dr. Abramowitz says. “This model is very well elaborated for chronic conditions such as diabetes, but it is also needed for substance use disorders.”

For patients with alcohol use disorders, self-management could include 12-step work and making sure they know how to take naltrexone. It also should include a broader look at their health, she notes. “Over 50 percent of people in substance use treatment are still smoking, and many have unhealthy diets—just take a look at the food they tend to serve at 12-step meetings as an example.”

Recovery counselors can help patients by doing something as simple as asking when was the last time they saw a doctor. “If the patient hasn't seen their primary care doctor in awhile, the counselor can ask what the barriers are. They can ask if they're taking regular walks. It's a matter of putting a patient's whole health on your radar when you work in recovery.”

Professionals working with patients with a substance use disorder can collaborate with them to draw up a self-management ‘action plan’ to improve their whole health. “It needs to address the barriers in their life, and has to be realistic—based on something very doable that can help patients succeed,” says Dr. Abramowitz, who co-authored a paper, *“Helping Patients Help Themselves: How to Implement Self-Management Support,”* for the California Healthcare Foundation.

Generally, she first waits until a patient is stable in their recovery before expanding the plan to cover their overall health. “We make the plan very specific and concrete. For instance, the person will state how many 12-step meetings they will attend a week, and with whom. I'll ask about what they are doing around exercise and then collaborate with them on creating a simple exercise plan, if they feel ready. Perhaps they will come up with walking three days a week for half an hour, and naming the specific days and times they will do it. Then I'll check in with the patient to see how it's going.”

She finds that patients whose plan includes ways to improve their overall health do better in their recovery work. “When they're exercising and eating better and starting to go to the doctor, it seems to help them stay on track with their other recovery work — one feeds the other,” she says. “We need to be conscious of the patient's whole health and how it's intersecting with the recovery process.”

Only One in Six Adults say their Doctor has Discussed Alcohol Use

Only one in six American adults say their doctor or other health professional has ever asked them about their alcohol use, according to a new survey by the Centers for Disease Control and Prevention (CDC).

Among women who were pregnant at the time of the survey, only 17 percent said they had ever been asked about drinking, USA Today reports. Among people who said they are binge drinkers, 25 percent said they had been asked about their alcohol use.



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Binge drinking is defined as having five or more drinks within two to three hours for men, and four or more drinks during that time for women, according to a CDC news release.

"Drinking alcohol has a lot more risks than many people realize," said CDC Director Thomas Frieden. "In the same way we screen patients for high cholesterol and high blood pressure, we should be screening for excess alcohol use and responding effectively."

The U.S. Preventive Services Task Force recommends that health professionals ask patients about their drinking. Under the Affordable Care Act, new insurance policies cover alcohol screening. According to the CDC, studies show that asking patients about their alcohol use and offering brief counseling to those who drink too much can reduce problem drinking.

The survey, conducted in 2011, included 166,753 adults over age 18 from 44 states and the District of Columbia.

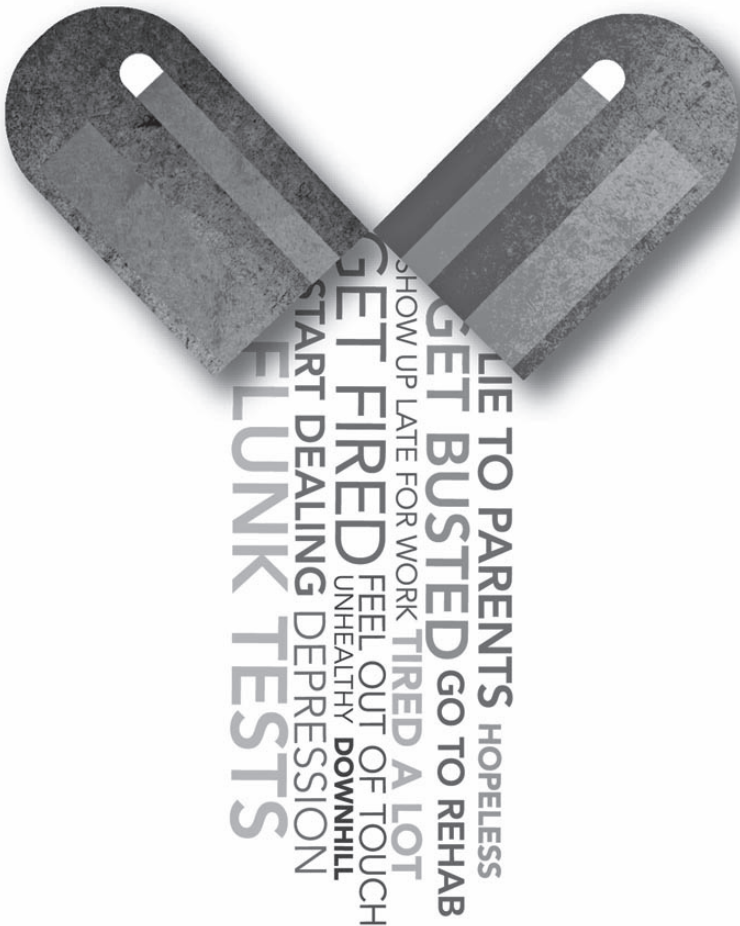
"We are not saying no one should drink. Most people who drink do so without adverse health effects," Frieden said. "But many people who do drink too much at a time or too much overall... The health system is not doing a good job of finding out about these problems."



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DO YOU KNOW WHAT YOU'RE GETTING INTO?

PEERx

Recovery Chef

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

Nutrition in Recovery Soup for the New Year

For the New Year did you resolve to eat better, lose weight, decrease calories, include more vegetables and whole grains, or move toward a plant-based diet? If so, this recipe presented by Chef Richard Serna fills the bill. Often in cooler months, there is a longing for warm, hearty food. Sometimes these foods come with lots of calories and fat. This vegetarian soup is warm and hearty with a mere 80 calories per cup. It is loaded with a variety of vegetables, assorted mushrooms (a fungus, not a vegetable) and the whole grain, barley.

Not only is soup a flavorful way to add more vegetables to the diet, but it also helpful for calorie control. Beginning a meal with soup tends to take the edge off hunger allowing for moderate consumption for the rest of the meal. Due to soup’s warmth and consistency, it requires slowness of eating lending itself beautifully to mindful eating- eating with awareness. The warmth itself helps us feel satisfied and eating slowly helps us to really identify when it is we have had enough to eat. Remember, it takes 20 minutes for our tummies to let our brains know we are full.

When making vegetarian soup, mushrooms are a very nice component as they are meaty in texture and offer the fifth taste sense, umami. Umami is often described as savory and meat-like creating a fuller, more rounded taste. In addition mushrooms contain some protein, yet are low in calorie. They are high in vitamins and minerals including potassium, selenium, copper and the B vitamins: riboflavin, niacin and pantothenic acid. The cooking of mushrooms actually makes many of these nutrients more absorbable and makes the mushrooms more flavorful too. Yet another benefit of mushrooms is that researchers have found mushrooms contain antibacterial, anti-tumor and other medicinal substances-sounds like a good things for cold and flu season.

So, continue to ring in the New Year and keep those resolutions by enjoying this tasty, warm, hearty, nutritious soup. Wishing you health and happiness in 2014!

Mushroom, Barley, and Spinach Soup

Recipes Designed by Chef Richard Serna
Presented by Cottonwood Tucson

- 1tsp Olive Oil
- 1Tbsp Fresh Minced Garlic
- ¾ cups Yellow Onion (Small Diced)
- ¾ cups Carrot (Small Diced)
- ¾ cups Celery (Small Diced)
- 3 cups Sliced Crimini Mushrooms
- 3 cups Sliced Assorted Mushrooms (Shiitake, Oyster, Portobello)
- ¾ cups Toasted Barley
- 10 cups Vegetable Stock
- ½ Bay Leaf
- 1½ tsp Dry Thyme
- 1 ½ cups Spinach (Packed and Julienned)
- Salt and Pepper to taste

Instructions:

Place the barley in a dry sauté pan. Toast the barley, stirring constantly over medium heat until it is golden brown and has a roasted nutty smell. Should take roughly 4 to 5 minutes. Set aside and cool.

Heat a medium saucepot over a medium-high heat. Add olive oil and coat the pot. Add the onion, celery, carrots, and garlic and cook until the vegetables have softened (about 3 to 4 minutes). Add the mushrooms and cook for an additional 3 to 4 minutes. Stir in the toasted barley, thyme, bay leaf, and vegetable stock and bring to a boil. Once boiling, lower the heat to a simmer and cook for 20 to 25 minutes or until the barley is cooked. Remove the bay leaf and add the spinach. Season to with salt and pepper and serve.

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

For information on Cottonwood Tucson visit www.cottonwooddetucson.com

Nutrition Facts	
Serving Size 1 Cup (369g)	
Servings Per Container 9	
Amount Per Serving	
Calories 80	Calories from Fat 10
% Daily Value*	
Total Fat 1g	2%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 290mg	12%
Total Carbohydrate 17g	6%
Dietary Fiber 4g	16%
Sugars 5g	
Protein 3g	
Vitamin A 150%	Vitamin C 15%
Calcium 6%	Iron 6%
*Percent Daily Values are based on a diet of other people's misdeeds.	
Calories: 2,000 2,500	
Total Fat	Less than 65g 80g
Saturated Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g
Calories per gram:	
Fat 9 • Carbohydrate 4 • Protein 4	



43.7 Million Americans experienced mental illness in 2012

Nearly one in five American adults, or 43.7 million people, experienced a diagnosable mental illness in 2012 according to the Substance Abuse and Mental Health Services Administration (SAMHSA).

SAMHSA also reported that, consistent with 2011, less than half (41 percent) of these adults received any mental health services in the past year. Among those who had serious mental illness, 62.9 percent received treatment. Among adults with mental illness who reported an unmet need for treatment, the top three reasons given for not receiving help were that they could not afford the cost, thought they could handle the problem without treatment, or did not know where to go for services.

According to the report, 2.2 million

youth aged 12 to 17 (9.1 percent of this population) experienced a major depressive episode in 2012. These young people were more than three times as likely to have a substance use disorder (16.0 percent) than their counterparts who had not experienced a major depressive episode (5.1 percent).

“The President and Vice President have made clear that mental illness should no longer be treated by our society – or covered by insurance companies – differently from other illnesses,” said Health and Human Services Secretary Kathleen Sebelius. “The Affordable Care Act and new parity protections are expanding mental and substance use disorder benefits for 62 million Americans. This historic expansion will help make treatment more affordable and accessible.”

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LIFE 101

By COACH CARY BAYER www.carybayer.com

The Worth of Words & the Value of Silence

I love when things come full circle. Let me tell you a story about one such example. When I was in college, a favorite class was Romantic poetry.

William Wordsworth took my breath away. I'd learned Transcendental Meditation my first semester, and was connecting to the insights of these unacknowledged teachers. With his transcendental experiences and celestial perceptions from childhood, Wordsworth was a poet after my own heart.

Quite recently, Wordsworth came back into my life. A teaching colleague, who was leading a poetry class for a south Florida-based university, asked me to lead the Wordsworth section of his program. I was thrilled to return to the source of so much inspiration. So I introduced the students to a beautiful passage about transcendental experience from *"Lines Written a Few Miles Above Tintern Abbey, On Revisiting the Banks of the Wye During a Tour."*

This passage nearly floored me when I read it the first time because it sounded as if the late 18th century British poet was somehow describing an experience that I had in my meditation that morning nearly 200 years later. It floored the students, as well.

"Of aspect more sublime;
that blessed mood,
In which the burthen of the mystery,
In which the heavy and the weary weights
Of all this unintelligible world
Is lighten'd —that serene and
blessed mood,
In which the affections gently lead us on,
Until, the breath of this corporeal frame,
And even the motion of our human blood
Almost suspended, we are laid asleep
In body, and become a living soul;
While with an eye made quiet by the power
Of harmony, and the deep power of joy,
We see into the life of things."

When I first read these lines in college, poetry suddenly wasn't just some lovely ivory tower musings; but rather expressions of my own spiritual experiences. The week before I read Wordsworth's poem in college, I read an article in *Science* magazine where a physiologist explained his laboratory findings that meditation creates a state of deep relaxation, with oxygen consumption dropping 16 percent, compared to 8 percent in sleep. He also wrote about how the heart

gains deep rest — Wordsworth's "the blood almost suspended."

The man in the lab coat said meditation creates a fourth state of consciousness—distinct from waking, dreaming, and sleeping — in which the body is more deeply rested than in sleep, while the mind is even more aware than in waking. Wordsworth said it more beautifully: "we are laid asleep in body and become a living soul."

Finally, science, spirituality, and poetry converged at a single point—what T.S. Eliot called "the still point in the turning world."

Wordsworth goes on to elaborate in "Tintern Abbey" on the One Spirit that pervades all things, which people, like myself, have experienced in meditation, and he experienced around him in Nature.

"I have felt
A presence that disturbs me with the joy
Of elevated thoughts; a sense sublime
Of something far more deeply interfused,
Whose dwelling is the light of setting suns,
And the round ocean, and the living air,
And the blue sky, and in the minds of man,
A motion and a spirit, that impels
All thinking things, all objects of all thought,
And rolls through all things."

In his greatest poem, "Ode Intimations of Immortality from Recollections of Early Childhood," the poet says that no matter how stressed you are, at any moment, you can access the timeless realms within, and tune into those peaceful frequencies.

"Hence in a season of calm weather
Though inland far we be,
Our souls have sight of that immortal sea
Which brought us hither,
Can in a moment travel thither,
And see the children sport upon the shore,
And hear the mighty waters rolling
evermore."

So I've come full circle: sharing Wordsworth's exquisite cosmic that a professor once shared with me. I hope his writing and my words inspire you to go within to find the "motion and ...spirit, that impels/All thinking things, all objects of all thought/And rolls through all things." As for me, I'm going to go meditate now to find the spirit that rolls through all things.

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"To know oneself is the first step toward making flow a part of one's entire life. But just as there is no free lunch in the material economy, nothing comes free in the psychic one. If one is not willing to invest psychic energy in the internal reality of consciousness, and instead squanders it in chasing external rewards, one loses mastery of one's life, and ends up becoming a puppet of circumstances."

— Mihaly Csikszwntmihalyi

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