

Ask the Expert

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CELEBRATING

40

YEARS

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Meet the new Director of substance use disorder (SUD) services / pg. 9

Recovery,
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HOPE ISSUE

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INTERVIEW WITH KEN BARLOW

I have a mental illness: Making it public

by Pat Samples



Sometimes you just have to blurt out the truth. That's what happened in 2012 to Ken Barlow, chief meteorologist at KSTP-TV. He was standing before thousands of walkers gathered in support of the Minnesota chapter of the National Alliance on Mental Illness (NAMI).

Barlow had agreed to host this annual benefit walk, and as he gave a welcoming speech, the anti-stigma and "don't-be-ashamed" signs among the crowd were catching his eye. He had already planned to talk about how his deceased father's mental illness, bipolar disorder, had been kept a secret – even from his five sons – out of shame.

But then he knew it was time for him to say something more. The odds were that at least one of his father's sons would experience this same illness, he told the crowd.

"It's me," he went on to say, revealing for the first time in public that he too lives with the unruly mix of paralyzing depression and manic thoughts characteristic of bipolar disorder.

"And everybody clapped," Barlow recalls, with a wide grin. But that day he didn't know what the consequences might be beyond this friendly crowd. He wondered if it might even cost him his job.

ACCEPTANCE AT WORK

It didn't. The next time he showed up at work, he says, "I didn't know what to expect. When I first went in, nobody said a word to me." Then he spotted fellow reporter Rusty Gatenby. "He came walking by, and he goes, 'Oh, there's the nut bag.'"

Barlow is laughing as he recalls this pivotal moment of accepting camaraderie from a colleague.

"I hugged him, and I said, 'Thank you. Thank you.' That's exactly what I wanted people to do. I didn't want people to tiptoe around me, thinking I'm going to flip out at any moment," says Barlow. "Everybody there has just been great."

A PUBLIC FACE FOR BIPOLAR DISORDER

After Twin Cities newspapers reported on his revelation, he was invited to talk about his illness on Channel 2's Almanac.

Says Barlow, "I was terrified. I was shaking." He was still coming to terms with the fear and shame he carried due to stigma about mental illness.

Now Barlow talks regularly and comfortably about his experience with this chronic condition, diagnosed 15 years ago when he was age 45. Once he publicly acknowledged having the illness, he received thousands of emails, all of them offering support. He even heard from actress Glenn Close, who saw one of the articles about him and who has family members with mental illness. Close had started an organization, Bring Change to Mind, to promote awareness and dialogue about mental illness. Barlow has since appeared in public service ads and provided other support for this group. He has also served on the board of NAMI and been asked to give a talk on many occasions about his experience.

KEN BARLOW to pg 6

JOHN H. DRIGGS, LICSW

Tricks of the Trade: Practical Remedies That Lessen Depression and Anxiety

Facing and resolving the major impediments in our life will bring us to a better lot in our life, one that surpasses having no impediments at all. Assuredly what doesn't destroy us will only make us stronger. That's the point of all suffering.

— ANONYMOUS

Numbers of depression and anxiety are skyrocketing. If you are someone who has continual lows with less energy and periods of jitteriness for no apparent reason, welcome to the club. Mood disorders and suicidal thoughts among children, teens and adults are especially rampant right now for a variety of reasons. Even people with malaise who have no mood disorders are not very hopeful right now. One only has to listen to "The Evening News" or read the newspaper to be aware of how bummed out many of us are about social difficulties. A lot of us are told how bad things are and how divided our society is without having any solutions as to how to make things better. We hear the bad news, but we don't know how to improve our happiness.

Let's focus on how we can turn things around in this article—to have less depression and anxiety. I'll share with you the tricks of the trade from my 40 years of clinical experience, most of which I learned right from my clients. Many of these aids go much deeper than typical self-help remedies and are generally helpful. Some of them are surprisingly simple. Clearly these suggestions will not work for everybody since some mood disorders—Bipolar Disorder and Borderline Personality Disorder—require specialized treatment. I believe that nearly all of us can move beyond depression and anxiety in our lives despite how burdensome and intractable they seem to be. I will discuss when and how to get specialized help. Let's get started.

WHAT IS DEPRESSION AND ANXIETY? HOW CAN I RECOGNIZE THAT I HAVE A MOOD DISORDER?

If you have persistent feelings of apathy and numbness accompanied by low get-up-and-go for more than two weeks, and prefer to not be around people, then you are likely depressed. Being depressed is a lot

PRACTICAL REMEDIES to pg 12



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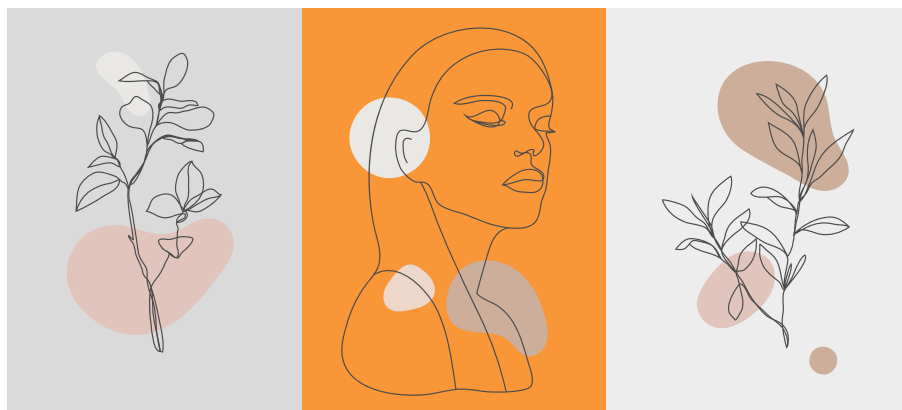


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LETTER FROM THE EDITOR

Enlightenment

by Louise Elowen



"Enlightenment requires us to get new lenses."

BERT MCCOY

As we enter another new year, it is always with hope. Hope that this year will be better than the last. Hope that our luck will change. Hope that this year will *truly* be that life changing year.

Yet hope isn't always about *us*. In a world which is becoming more "me-orientated" by the minute, it is my hope that we take the time to understand other people's situations more. To become enlightened by other people's problems and actively help them.

Many people live in some very unique situations, or find themselves in unique situations, which can lead to trauma, loss, and perhaps addiction, if not dealt with in the right way. Ultimately, if you don't fit into one of society's neat little "boxes," you might become one of these unfortunate statistics.

I want to tell you about my unique experience. When I was 34 years old, my husband dropped down dead. Literally. Just like that. One minute he was here, and the next he was gone. My whole world changed in that instant. Suddenly I was a "grieving widow" at the age of 34. What I thought was my future, was no longer there, through no fault of my own. Now years later, when I reflect on that period of my life, I see that the days and months that followed demonstrate our society's inability to deal with something "outside of the box." I was passed from one place to another in my search for grief counseling. I was even told, "We don't know what to do with you as you are not our usual type of widow." *What? Not the thing you want to hear when you are in deep grief.* In addition, nobody knew what to do or say around me, making it awkward to have conversations. I really wanted to scream and shout and throw things when the mood took me. I wanted to talk for long hours, but no one wanted to hear it. Instead, I did that most unhealthy of British things, bottled it up inside, pretended that everything was okay, and after a "respectable period" of mourning, "got on with my life." I even had the counselor fooled, the one that did listen to me for about two months or so before she was ready to get me "off the books" to help someone else, as I was "doing okay." If only she had tak-

en more than a minute to *really* see what was going on inside of me.

I still didn't *fit in*. I had no partner to attend events with, so was eyed suspiciously by "attached" women, in case I was on the look out to poach their partner (even though I was in deep grief, and it was the *last* thing on my mind). I was of the age when everyone around me was married, coupled up, or was in the process of having kids. And here I was, the young widow, the "femme fatale," (which was a *long* way from the truth!), hovering in the background.

So, it was probably not a surprise that one day I packed everything up and moved overseas. Where no one knew me from my past. I could be who I wanted to be and "forget" the grief. The "widow" label. The looks when I said my husband had died. Just, *move on*. But unfortunately, grief didn't "move on." It followed me there.

I took up with the most unsuitable of partners (husband number two). Looking back, I now know that I was still in deep grief. I honestly thought that I had not long left to live (sudden death can do that to you), and hence my attraction to an addict who was also on a reckless path. After all, if I was going to die, did it matter how or where? At least I was going to enjoy what little life I had left.

Do you know when I finally got through my grief journey (as much as you can)? Eighteen years later. *Eighteen years*. After separating from said husband number two. After many years of abuse (which I thought that I deserved due to "survivor's guilt"). Taking the time to process everything on my own and find the time to heal. And in my own way. Something I *should* have had the tools to support me with, two decades earlier.

So, my hope for 2023 is that we stop looking so much *inward*, and take a minute to see, *truly see*, those around us, who are struggling, but can't put it into words. Offer some tools, support, and a "no expectations" space to process such grief and troubles. Perhaps then we will begin to see a better world.

With hope for a better future,

Louise



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Every trial, and every issue we find and face holds within it the seeds of healing, health, wisdom, growth and prosperity. We hope you find a seed in every issue.

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The Phoenix Spirit is a bi-monthly publication for people actively working on their physical, mental, emotional and spiritual well-being. We are committed to providing articles, advertising, and information about recovery, renewal, and personal growth to help people experience life in a balanced, meaningful way.

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The Trap of Wrapping Ourselves in Self-Pity

by **Alicia Mumper**

So, I fell into a trap last night that I have fallen into before. It is the trap of despair and self-pity. I saw in my mind's eye this picture of me wrapping myself in despair like you would wrap yourself in a cloak. It is an especially vivid word picture right now with the extreme cold we are dealing with because I know I was wrapping myself in despair to protect myself from the harsh conditions I was experiencing in life. I know this might not make sense, but when we are facing barriers, feeling hopeless, or experiencing a blow to our confidence in some way, sometimes we turn to self-pity as a comfort. I can also turn to self-pity when the strain of being patient for wanted change gets to be too much for me.

Giving in to despair and self-pity feels deceptively good at first. There is some temporary relief and feeling of comfort, but it is very short-lived. When we indulge in self-pity, we focus too much on any negative thing which we see or that has happened. We magnify this negativity until it fills our hearts and minds. It is a dwelling on which is beyond a simple acknowledgement of reality. When we have this laser focus on what we perceive as something negative, it gets us out of balance. It is important to stay in touch with life as it really is, but it is just as important to remember that anything can change at any point. And this change can be positive and hopeful change.

The protection and warmth that indulging in self-pity and despair gave me only lasted for a very short time, and what it left behind was no joke. Feelings of discouragement, depression, and even the behavior of oversleeping to escape it all were not fun to deal with. And all of us will fall prey to self-pity at some time in our lives. I just want to get better at identifying the consequences so that I can really think about whether it is worth it next time to indulge or not.

When I face what seems to be an impossible barrier to overcome, or fresh rejection over some new writing I submitted somewhere, or just get tired of waiting and want something new and exciting to happen, I want to remember there are better things to wrap myself in than self-pity and despair. For instance, self-compassion makes a very warm cloak on a frigid wintry day in my heart and mind. Self-compassion is different from self-pity in that self-compassion allows us to give comfort and tenderness to ourselves in a balanced way. I think self-pity starts out at a very similar place to self-compassion. Both start in feeling sorrow for the troubles we are genuinely experiencing. This is not a bad thing. It is good to give ourselves and others tenderness, gentleness, concern, empathy, and compassion when we feel low. The problem arises when we take this pity too



far and can't see anything other than the negative. When we have compassion for someone, we feel sorrow for them, but we also have a strong desire to do something to help them out of their sorrow. Self-pity is very limiting because it only feels the sorrow, but offers no action to help yourself out of the situation that you feel sorry about. And without action, we do stay stuck in the very situations that make us feel despair in the first place! We need the power that self-compassion gives us to not only give ourselves the understanding we need, but to empower us to make decisions and take action that will bring the very changes into our lives that we so long to see. Only feeling sorry for ourselves will get us nowhere.

Let me give you an example of the difference between having thoughts of self-pity and having thoughts of self-compassion. Thoughts of self-pity can look something like this, "Life is so unfair and hard. Things are never going to change. Maybe you really aren't very good." Thoughts of self-compassion can go something more along these lines, "I'm sorry you are feeling low. Maybe this time wasn't it, but who knows what tomorrow will bring? You got this! What is something that will make you feel better right now? What is something new we can try to reach our goal?"

Another genuinely useful practice to wrap around us every day is gratitude. Gratitude brings with it real hope and a positive frame of mind. Gratitude is not necessarily something we can reach for right away when we feel despair. I think we need to reach for that tender self-compassion first. But once we have given ourselves a good dose of gentle care and love, then it is not such a far reach to gratitude. Gratitude builds hope in us, which helps to keep that despair at bay. Self-compassion, understanding, gratitude, and hope all help to protect us from the disappointment, rejection, barriers, and self-doubt we face when trying to reach our goals in life. Of course, we'll reach for that flimsy cloak of self-pity from time to time, but hopefully we will get better at remembering there is far better warmth, softness, and protection in self-compassion, gratitude, and hope!

Alicia Mumper believes writing is the most powerful wellbeing tool in life and allows her to process, self-reflect, problem solve, and connect with her Higher Power. Read more from Alicia at <https://aliciamumper.substack.com>.

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Substance Use Disorders

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If you or a loved one is struggling with drugs or alcohol, we're here to help. In addition to our effective and affordable residential Licensed Treatment, faith-based Long-Term Recovery and convenient Outpatient program, we have extensive prevention and transitional/aftercare services. Freedom from addiction starts here. 612-FREEDOM or mntc.org

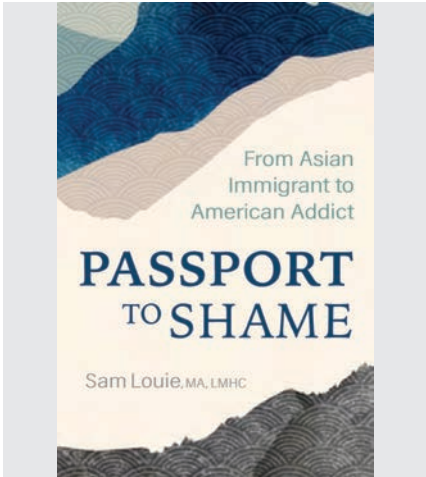
Workaholics Anonymous Meeting

Burning out? Workaholics Anonymous provides steps and tools to break free from non-stop work and activity — or work avoidance. Meeting is currently online via Zoom. Call Pat for link to the meeting or questions: 763-560-5199. www.workaholics-anonymous.org.

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Books



Passport to Shame

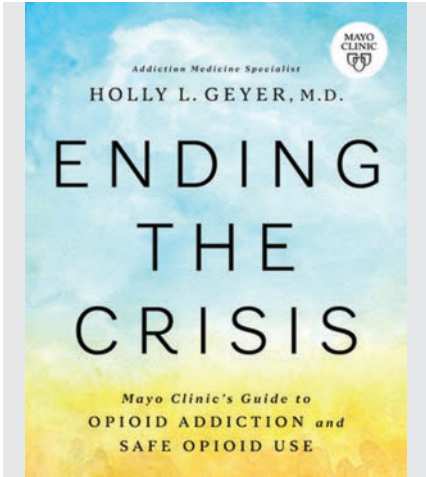
From Asian Immigrant to American Addict

By Sam Louie
CENTRAL RECOVERY PRESS
(ON SALE MARCH 14, 2023)

Sam Louie grew up torn between cultures as part of a first-generation Chinese immigrant family from Hong Kong living in a predominantly African American neighborhood in the United States. He experienced the duality of existence with the tension of two vastly different worldviews, his identity intertwined with the country he lives in and his ancestral ties. What traditions and cultural beliefs get preserved, what gets discarded, and what gets lost in translation? Beneath it all was the presence of three generations of addiction, trauma, and shame.

In this insightful book, he documents the challenges of immigrant experiences and how maladaptive coping mechanisms in the form of compulsive behaviors were a means to gain a sense of adequacy due to the cultural tide of shame and ostracism within his own ethnic heritage and the external world.

Louie's journey of resiliency in navigating multiple cultural forces in the face of adversity and racism can give readers a new understanding of hope, perseverance, and the resources necessary to heal.



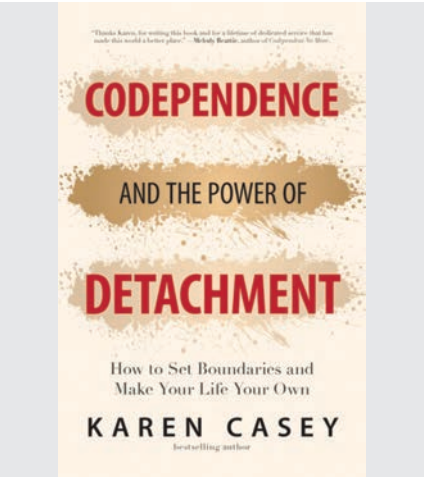
Ending the Crisis

Mayo Clinic's Guide to Opioid Addiction and Safe Opioid Use

By Holly Geyer
MAYO CLINIC PRESS
(ON SALE JANUARY 17, 2023)

Every eight minutes, someone in the U.S. dies of an opioid overdose. The drugs we have long trusted to help kill pain are now killing us. But what if we were equipped with the information to use opioids wisely, store them safely, avoid their risks and reverse their problems? What if we could help loved ones misusing opioids and support them as they seek treatment?

These are questions Mayo Clinic sought to answer when it mobilized one of the largest enterprise task forces in its history, the award-winning Mayo Clinic Opioid Stewardship Program, which has achieved national attention for its comprehensive, patient-centered infrastructure and effective outcomes. Addiction medicine specialist Holly Geyer has synthesized those learnings in the first book to go beyond the history and causes of the problem to offer a real solution. *Ending the Crisis* reinvests Mayo Clinic's collective expertise into the lives of every person struggling to understand opioids and their role in managing pain or dealing with the complications caused by these powerful drugs.



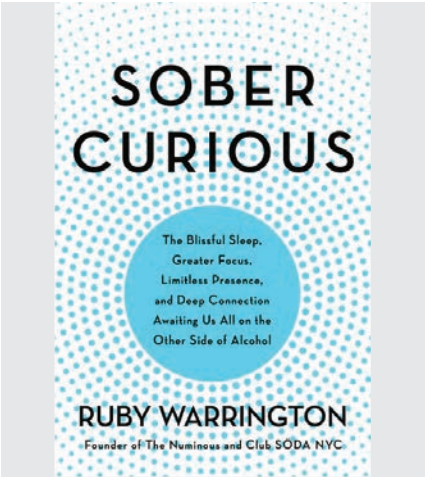
Codependence and the Power of Detachment

How to Set Boundaries and Make Your Life Your Own

By Karen Casey
CONARI PRESS

Learn how to value your own opinion over those of others. Codependency books are perfect for those of us who live as if what other people think matters more than what we think. This thinking leads to constantly trying to please or even to change others. Codependent behaviors can have negative effects on us and those around us, even leading to a dysfunctional family. It can be difficult to say no to those we love.

A codependency book on improving your life through boundaries and peace. Karen Casey, bestselling author of *Let Go Now* and *Each Day a New Beginning*, has had her own experience with codependent behavior, and she is here to share what she has learned along the way. Through her own stories and the stories of those she has met through Al Anon meetings and elsewhere, she shows you how to detach from unhealthy codependency, create more positive relationships and, ultimately, lead a less stressful life.



Sober Curious

The Blissful Sleep, Greater Focus, and Deep Connection Awaiting Us All on the Other Side of Alcohol

By Ruby Warrington
HARPERONE

Would life be better without alcohol? It's the nagging question more and more of us are finding harder to ignore, whether we have a "problem" with alcohol or not. After all, we yoga. We green juice. We meditate. We self-care. And yet, come the end of a long workday, the start of a weekend, an awkward social situation, we drink. One glass of wine turns into two turns into a bottle. In the face of how we care for ourselves otherwise, it's hard to avoid how alcohol really makes us feel . . . terrible.

How different would our lives be if we stopped drinking on autopilot? If we stopped drinking altogether? Really different, it turns out. Really better. Frank, funny, and always judgment-free, *Sober Curious* is a bold guide to choosing to live hangover-free, from conquering FOMA (Fear of Missing Alcohol) to navigating sober love and sex; from finding your "sober curious" crew to discovering your innate and genuine confidence without the crutch of alcohol.

If you have a book you'd like featured or have an old favorite you'd like to share with others, please contact us at phoenix@thephoenixspirit.com.

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from page 1

A PERSONAL BATTLE EVERY DAY

While Barlow's public advocacy work is geared to reducing the stigma of mental illness, privately he has to navigate the daily ups and downs of bipolar disorder. "Down in the well," Barlow has named the dark experiences. "That means I'm depressed. I don't want to do anything. I don't care about anybody. Get away from me."

This state can last for hours, days, weeks. It landed him in the hospital for a few days in February of 2022. There is a constant tweaking of medications that sometimes need extended monitoring.

By contrast, the spurts of mania feel over-the-top good. That euphoria can lead to speeding, troublesome spending, or compulsive cleaning (a favorite activity of Barlow's). These episodes of mania and depression show up without warning.

"As I've gotten older, they're coming more frequently," says Barlow. "A rapid cyclers is what my doctor calls me, where I can go from here to there in a day. So that makes it really hard. It's like, 'Oh wow, where am I today on the scale?'"

"The problem is when you're in a really good mood, you don't know if you're really in a good mood or if you're going manic. Even when you're happy, you can't be happy. Because we all know when we're depressed, but when I'm in a good mood, I'm thinking in the back of my head, 'Oh my God, is this going to be a bad mania thing or am I just feeling good?' I don't know. So, you question it all the time."

PUT ON A HAPPY FACE

How does someone like Barlow go on TV and give a weather report when depression and mania are frequent companions?

"Put on a happy face," Barlow says. "People with depression do this all the time. You really have no choice. Because if you're a weatherman on TV and you're depressed, nobody wants to see that."

It's not as if he can unplug from the troubles of the world to ease his state of mind. "I have to hear the news for 5-1/2 hours a day, over and over and over," he says, though he has cut back. "But I have anxiety too, so it's a bad mixture to have anxiety and depression."

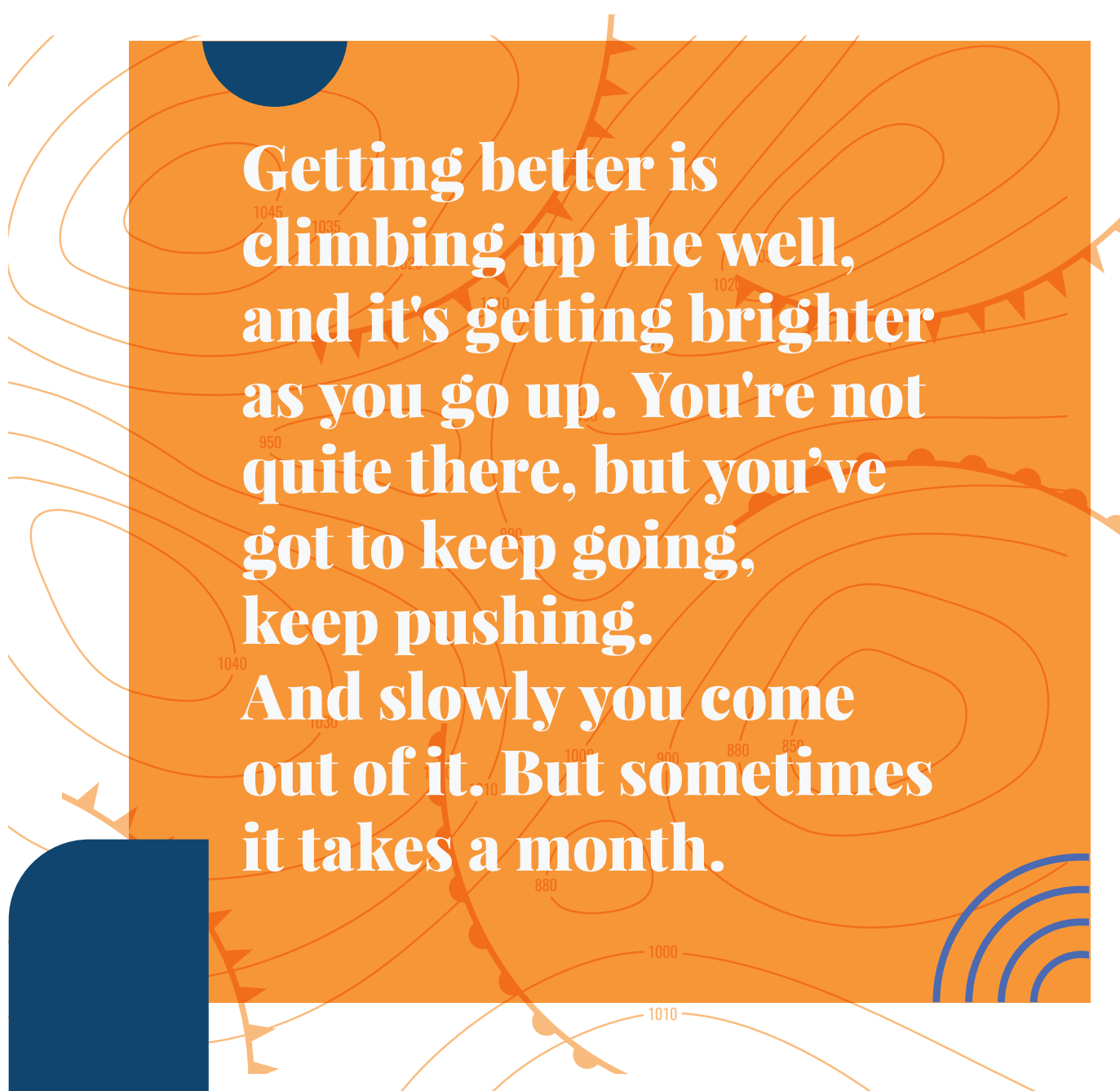
There is no hint of self-pity in his remarks. "There's a lot of people like that," he says. "I'm meeting them all the time." His own struggles have expanded his compassion for other people's suffering. When he sees people panhandling, he reserves judgment, he says. "You never know what the battles are that people are fighting. You don't know if they have depression or schizophrenia or bipolar or just unpaid bills."

"Just because I'm walking around in a suit and a nice haircut doesn't make me better than him. I've got a lot of stuff going on. I just pack it up well. And some people don't know how to do that."

With Barlow's easygoing personality, he conveys an overall sense of acceptance about his illness, smiling with a Mr. Rogers' grin as he speaks about it. It's his daily reality and he counts on support from others and self-care strategies to manage the vagaries of his illness.

LEANING ON OTHERS

"The best thing I did was get a support system," he says. "I have my therapist, my



meds doctor, and my wife and my kids."

His wife Theresa has been a stalwart partner for 40 years. One thing he appreciates learning from her is "the mantra I constantly tell myself: You've been down this low. You've gotten out of it. You just have to keep remembering coming out of the dark, because it really is like being in a well, and getting better is climbing up the well. And it's getting brighter as you go up. You're not quite there, but you've got to keep going, keep pushing. And slowly you come out of it. But sometimes it takes a month."

Barlow says that his wife is often aware before he is that he's hitting a rough spot.

"She can tell by the cadence of my walk to the coffee pot on a Saturday morning if I'm up," he says. "If my steps are too rapid, she'll know. Isn't that funny? And she's always right, because she'll say, 'Are you feeling a little up today?' And I'll say, 'Maybe?'" He chuckles self-amused as he reveals his caginess.

His hesitancy, he says, is because "it's really hard to admit to somebody that you're up because you don't want to come down. It feels so good and you're so productive, until it gets to that zone where you're speeding and spending money."

By contrast, when depression slips in, Barlow has no oomph for anything, including his favorite activity of running, so he chooses an easier pace.

GETTING THROUGH THE DAY

"I have a backpack that I fill up with

weights and I'll go for a walk," he says, "because when I'm depressed, I don't want to run. Which is how I know I'm depressed, because I always want to run. So, when I'm depressed, I take walks. I play with the dog. My dog makes me happy. I do things that make me feel like I'm out of this basement or this well, as I call it. I try to do positive things."

"I don't know what meditation really is, but I think this might be a form of it. I just sit and think with my eyes closed: I've been through this before. I'll get over this again. I've had worse before. I'll get over this again. And it's true." His wife's mantra again carries him through.

"The cycles of the illness are unpredictable. 'It comes and goes really fast for me,' he says. "Like I said, I'm a rapid cyclers. So, one day I'll be [thinking]: I don't want to get out of bed. Don't look at me. And within hours or the next day, it's like nothing ever happened. It's the strangest thing, and the hardest part is you don't have control of it."

Barlow has gotten a lot of kudos for his bravery in publicly telling his story and countering the stigma of mental illness. But, he says, "it's the everyday people that make me the happiest because people are just so thankful. I still see people all the time who will stop me and I think they're going to ask me a weather question, but they say, 'Hey, my brother has bipolar disorder. I just wanted to thank you.' And I give them a big hug because it makes me so happy."

HOPE, HELP AND HUGS

Barlow is that kind of guy. He likes to make others feel good. He's a hugger. He's kind to himself and to others, and he encourages people with bipolar disorder to be easy on themselves. Let others help you, he says. Listen to your support system. Get help from NAMI if you need it.

He tries to steer people away from suicide. From experience, he knows how "things don't matter when you're that low," but he says, "We always have to remember in the back of our minds that we might not care, but other people care about us." He is a walking example of one who cares.

Pat Samples is a freelance writer, writing coach, and somatic coach. Her website is patsamples.com

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GET HELP FOR MENTAL HEALTH

National Alliance on Mental Health (NAMI)

NAMI Minnesota (National Alliance on Mental Illness) is a non-profit organization dedicated to improving the lives of children and adults with mental illnesses and their families. For over 40 years, NAMI Minnesota has worked to promote the development of community mental health programs and services, change public attitudes about mental illnesses, improve access to services and increase opportunities for recovery.

WWW.NAMIMN.ORG

Mental Health Minnesota (MHM)

Mental Health Minnesota is the voice of lived mental health experience. They carry that declaration forward as MHM works to advance mental health and well-being for all, increase access to mental health treatment and services, and provide education, resources and support across Minnesota.

WWW.MENTALHEALTHMN.ORG

FastTrackerMN.org

FastTrackerMN.org is a dynamic behavioral health search tool that gives Minnesotans access to real time information and availability. It improves connections for Individuals and collaboration for systems. Whether you're searching for yourself, a loved one, a patient, or looking for general information, this is your place to start.

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FINDING HOPE

Hope Quotes

Hope is passion for what is possible.—SØREN KIERKEGAARD

Hope is important because it can make the present moment less difficult to bear. If we believe that tomorrow will be better, we can bear a hardship today.
—THICH NHAT HANH

*God's mercy and grace give me hope –
for myself, and for our world.*
—BILLY GRAHAM

Just as despair can come to one only from other human beings, hope, too, can be given to one only by other human beings.
—ELIE WIESEL

When you say a situation or a person is hopeless, you are slamming the door in the face of God.
—CHARLES L. ALLEN

*Never lose hope.
Storms make people stronger and never last forever*
—ROY T. BENNETT

Do not spoil what you have by desiring what you have not; remember that what you now have was once among the things you only hoped for.
—EPICURUS

The best way to not feel hopeless is to get up and do something. Don't wait for good things to happen to you. If you go out and make some good things happen, you will fill the world with hope, you will fill yourself with hope.
—BARACK OBAMA



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FROM THE STATE OF MINNESOTA

Fighting Addiction Requires Strong Partnerships Across Systems

by Jen Sather

Substance use disorder is treatable, and recovery is possible. But it is rarely achieved alone. That's why the Minnesota Department of Human Services (DHS) is committed to strengthening Minnesota's treatment system – so that everyone has access to the right kind of support, when and where they need it.

My name is Jen Sather and late last year I started in a newly created position at the department: Director of substance use disorder (SUD) services. In this role, I provide direction for substance use disorder clinical and treatment policy, and I manage state and federal funds dedicated to addressing substance use prevention, treatment, and recovery.

To provide effective direction, I need to know what is working, what isn't working, and what we can do better as a state to support people living with substance use disorder. I'm excited for the increased collaboration between DHS and the entire SUD community that this new role can bring. My hope is to engage in direct partnerships. I look forward to

getting out into the community to meet with those providing services and those receiving services. In this role I commit to listening more and talking less.

In addition to enhanced collaboration, I am also enthusiastic about tackling many important issues facing the SUD treatment community. I plan to use the information and recommendations identified at the upcoming SUD Summit to map out my action plan for 2023 and beyond. We know that some top issues to focus on in the coming year will be the opioid epidemic, staffing shortages, and paperwork reduction.

A little bit about my background: I am a Licensed Alcohol and Drug Counselor, and prior to taking this position, I was a supervisor in the Behavioral Health Division for work related to the 1115 SUD System Reform Demonstration waiver. I've also been a compliance officer for treatment facilities, and a program director for residential and outpatient behavioral health programs. I am passionate about this work because I have always wanted to be of help in my community. I recognize that in order to



Sather / Photo courtesy of MN DHS

be of help to others we must improve our system of care and ensure that those who need services are able to receive what they need, when they need it and in a way that works best for them. Substance use disorder affects those living with it throughout their entire lifetime and we need to treat it accordingly.

I am honored to serve in this new position and excited to start building much-needed partnerships. Together, we can more effectively empower Minnesotans on their road to recovery.

Jen Sather is the director of substance use disorder services at the Minnesota Department of Human Services' Behavioral Health Division.

John H. Driggs
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Nell Hurley

Nell Hurley has been in recovery from addiction since December 27, 1997. As a trained life coach, recovery coach, and certified personal trainer, Nell combines fitness and life coaching with other recovery support strategies to help people overcome substance use challenges.

Q Please tell us a little bit about yourself and how you became involved with fitness and life coaching.

Fitness has always been part of my recovery process. Maintaining sobriety was difficult for me when I first started down the road of recovery, even though I was going to meetings, and I liked the people I met there. It wasn't until I paired my involvement in a recovery program with running that I was able to maintain my sobriety for weeks, which soon became months, which then became years.

Looking back, running seemed to calm my anxiety and it helped me start to feel good about myself. It boosted my self-esteem and made me feel like if I could run a marathon then maybe I could stay sober too. In the beginning I didn't feel like I was someone who could do either—run a marathon or stay sober—but the more I did of one, the more success I had with the other. Running and recovery have always been intertwined for me. I just celebrated my 25th year of recovery and I still run regularly.

Running eventually led to an interest in other fitness modalities like yoga and strength training. Over the past 15 years I've become trained and certified as yoga instructor, CrossFit instructor, and personal trainer.

Despite all my training and certifications, fitness was never a full-time job for me. I had been working in the addiction recovery field since 2010 where I helped create and deliver trainings for recovery coaches. I worked at Minnesota Recovery Connection, Hazelden Betty Ford Foundation, and The Phoenix and in 2020, just before the pandemic hit, I quit my full-time job at The Phoenix to start Hurley Health where I combine fitness with recovery and life coaching.

Q How do physical fitness and nutrition support recovery?

There's lots of evidence that physical fitness and healthy nutrition support recovery, but most recovery programs don't incorporate fitness or nutrition into the recovery process. One of the biggest ways that exercise supports recovery is by reducing anxiety and stress, which can diminish cravings for substances. Exercise, when done with a group, can

FITNESS, NUTRITION AND RECOVERY

Ask the Expert

We feature an expert in the mental health and/or substance use disorder fields to answer questions

increase positive social connections, another indicator of strong recovery. But even exercise done alone can release endorphins, or feel-good chemicals in the brain that can reduce pain, boost mood, and promote healing in the brain through new nerve cell growth. Exercise can also support recovery by adding structure to a person's day and by providing a new way to use one's time. One of the most important things that exercise did for me when I was new in recovery was that it increased my confidence, self-esteem, and sense of self-worth, which translated to all areas of my life.

Nutrition also plays a major role in addiction recovery. Depending on the severity of a person's substance use disorder, they might be facing malnutrition or other co-occurring disorders like diabetes. Proper nutrition can help the body and brain heal in early and ongoing recovery and provides benefits like mental clarity, increased energy, healthy sleep, and improved digestion, all of which have a positive impact on recovery.

Q Are New Year's resolutions effective?

New Year's resolutions get a bad rap for being ineffective. We're all aware that gyms are packed in January and empty by March because most of the time New Year's resolutions don't stick. But researcher Katie Milkman did an important study in 2014 on what she calls the "fresh start" effect. The "fresh start" study reveals that behavioral change that is linked to what Milkman calls "temporal landmarks" like New Year's Day, the beginning of the week, a person's birthday, or the start of a new semester, can enable people to be more effective at setting and achieving goals. So, while New Year's resolutions don't always stick, they are more likely to stick than resolutions that are made at insignificant times.

Another reason why New Year's resolutions don't stick is because they so often involve changes to a person's diet and exercise routines, which are two of the hardest areas to make lasting change. Rather than telling yourself that starting January 1 you're going to eat healthy, lose weight, and make time for the gym, put some proven behavioral change strategies into place like getting an accountability partner, hiring a coach, habit stacking, or removing environmental cues like the presence of alcohol or junk foods that can hinder your success.

Q There is a lot of information about nutrition, diets, exercise, fitness routines, and healthy living. If someone is curious about exploring new ways to support their overall wellness, where do you encourage someone to start?

The amount of information out there about nutrition, diets, exercise, fitness

routines, and healthy living can be overwhelming. It's hard to know where to even start and who to trust. My advice is to keep it simple and to stay away from promises like "lose 10 pounds in a month" or "develop a six-pack by doing this cleanse." Start by making small changes rather than trying to overhaul your whole life overnight. For instance, you can start by simply incorporating some form of movement into your day. Walking is a great place to start. If you have access to a gym, you can join fitness classes and ask the staff how to use the equipment. If you are shy about being in the gym, hire a personal trainer who can help you get started. The same goes for nutrition: Start with small changes. If you drink soda, commit to replacing your soda with water three times per week and build from there. Or add a salad to your one of your meals each day and work your way up to having some veggies and leafy greens at every lunch and dinner.

Q Describe the concept of someone being "sober curious" and being in the "Gray Area Drinking." How is this different than people who have a substance use disorder?

Gray Area Drinkers are people who fall between the extremes of every-now-and-again drinkers and "alcoholics." Millions of people fall into this category. Gray Area Drinkers aren't clinically appropriate for detox of treatment or AA, but they drink in a way that poses risks to their health. Gray Area Drinkers are often aware that they are drinking more than they would like to or more than is healthy, but they aren't interested in giving up alcohol altogether or forever and they certainly aren't interested in labeling themselves as an alcoholic. Gray Area Drinkers are sometimes sober curious, meaning they question or become curious about their drinking rather than mindlessly giving in to every impulse or invitation to drink.

When I quit drinking 25 years ago, things were much more black and white: You were either an alcoholic or you weren't. Back then, very few people turned down alcohol for a sober lifestyle (or even a sober night) because they preferred the way the felt and functioned without it. Nowadays, there's more acceptance around exploring sobriety by people who aren't alcoholic. It's become okay to say, "No thanks, I'm not drinking tonight" or "No thanks, I don't drink" without people thinking you just got out of rehab or are having big problems with alcohol.

There are some great podcasts and websites about the sober curious movement and Gray Area Drinking. A Goo-

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gle search for “Ruby Warrington,” who coined the term “Sober Curious,” can bring you down that rabbit hole.

Q What are some tips for someone who is just starting out on their fitness journey? (regardless of mobility or fitness level)

Be kind to yourself if you are just starting out on your fitness journey. It can be scary and feel quite uncomfortable to start to exercise when you’ve been sedentary for a while. But fitness is just like recovery: you just simply start where you are. Remember that we don’t begin anything having already mastered it. Just like learning French or how to play the piano, exercising may feel awkward and hard in the beginning. But also like speaking a different language or playing music, fitness can be really fun once you get a little better at it. Just be patient with yourself. Get a coach or join a club so you don’t have to figure it out on your own. Hurley Health offers one-on-one personal training for all levels and Kate Moeller from Fully Vested offers a free fitness class for people in recovery on Sundays at 9 am at FitHaus in Long Lake.

Q What are some additional resources for people who would like to improve their overall health?

Hurley Health: Helping people overcome substance use challenges through fitness, nutrition, and coaching: <https://www.hurleyhealth.net/>

The Phoenix: A sober, active community that offers free in-person and online fitness classes: <https://thephoenix.org/>

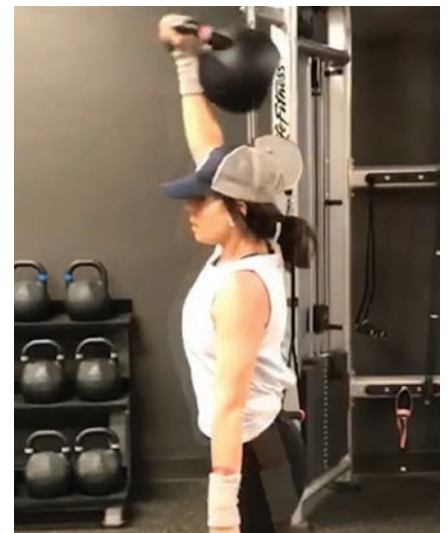
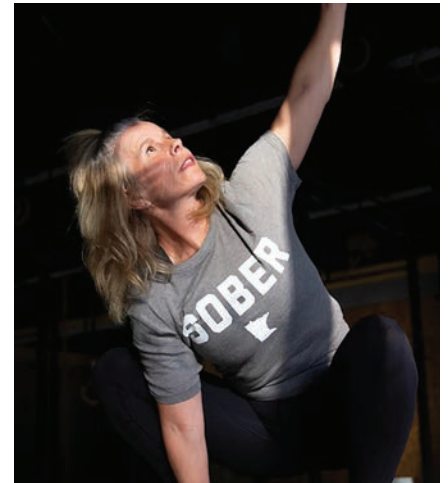
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Nell Hurley / Photos courtesy of Hurley Health



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Driggs from page 1

like having a flu—you just don’t feel like doing anything but don’t have the fever. Anxiety is a sensation of impending doom with no explanation, accompanied by a jitteriness, rapid breathing, occasional panic, and obsessive thoughts of coming danger which are not explained by believable causes. It is like being locked in a lion’s den and fearing lion attacks even when there no lions present. Often many depressions have underlying anxiety symptoms. So, when the depression gets lessened then sometimes anxiety symptoms occur. All of these symptoms generally occur in mentally healthy people who are feeling overly responsible for other people’s needs or lack confidence in their ability to face conflicts in their own lives despite already having the strengths to overcome these conflicts. Such people generally feel more maladjusted than they really are and fail to see the life-saving value in their emotional turmoil. Indeed, it is the people who are numb and indifferent to others that have the greatest psychological challenges. Interestingly enough, most mood disorders go away on their own after a period of 18 months even if untreated (but of course can recur if left untreated).

TRICKS OF THE TRADE

I believe that mood disorders are the result of disturbed relationships that occur in one’s current life or are re-experienced in one’s present life but actually occurred in one’s earlier life, usually in childhood. It can be hard to believe that what troubles us today happened years ago or else is happening to us right now

under our nose. Often, we need to have an extra set of eyes to see what we can’t see and to heal what we can’t resolve. Healing a mood disorder is a two-person project since the wound that created it was a two-person undertaking. It is generally impossible to heal mood disorders on their own much like learning ballroom dancing requires a partner. It takes two to tango. It is best done with a challenging and compassionate professional helper.

1. The best way to treat a mood disorder is to work with a therapist in a collaborative relationship. You could get good help from Hamm Clinic, Walk-In Counseling Center or contact the MN Psychological Association or MN Clinical Social Work Society for referrals. Most practitioners have on-line introductions to see if he or she fits your needs. I recommend doing a phone interview to see if your likely helper has a good initial feel to you. You may ask, “How do you handle my feedback to you as part of our work?” “How challenging are you to clients?” “What methods do you use to help clients?” The relationship you have with this helper is the most important part of therapeutic success.
2. On your own there are many things you can do to help yourself. First, you may want to look at mood disorders in a new light. The symptoms you have are there to protect you (Oh lucky you!) and alert you to unrecognized suffering inside yourself. They are your body’s way of having you take a break from life, much like having to stay in bed

Too many of us are stuck in our past and fail to see the real value of letting at least one other person deeply know and accept us.

when you have the flu. So, give yourself a break when you are overwhelmed with life. When your break feels like it is taking too long, then get into action. Work on your exercise, diet, sleep, and social connections. Start slow. Take a ten minute walk each day and add five minutes each week. Eat whole grain foods and salads and avoid processed and salty food. Stay clear of alcohol, which is a depressant, and drink a cup of green tea each day. The exercise and diet changes will feel good for your body and your mood. Work on your sleep hygiene. Get an alarm clock and go to bed early at a regular time. Try to establish a regular sleep time. Avoid exercise and caffeine near bedtime. Read a soothing book before bed to make you drowsy and take your mind off worries. If you wake up during the night and can’t get back to sleep, get out of bed and either turn on a old movie on your TV or return to your book. Your mind will try to solve problems at

night, often obsessively. Try to distract yourself from such work. Escape into some mindless distractions and return to your bed. Breathe through your nose and exhale. Your body will fall asleep typically. Don’t scold yourself if this plan doesn’t work for you. You may need to talk with a sleep specialist or doctor to get additional help. Seek out a sleep disorder clinic through your doctor or health insurer. Once your sleep is regular and restful, a good part of your mood disorder will be lessened. Usually, getting a half hour of walking in during the day will help you sleep.

3. Do some reading on mood disorders. I recommend the following books: *Feeling Good* by David D. Burns, M.D., *You Are Not Alone* by Ken Duckworth, *Cognitive Behavioral Therapy Made Simple* by Seth J. Gillian, *The Worry Cure: Seven Steps to Stop Worrying* by Robert L. Leahy, *Your Perfect Right: Assertiveness and Equality Training in Your Life* by Robert Alberti, Ph. D.



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and Michael Emmons, Ph.D. You can become an expert on your own mood disorder and get skilled on lessening your symptoms in most cases. Certainly, there are some disorders that are more complicated than those discussed in these books. In that case, it is best to get specialized help from a competent specialist in mood disorders, as I discussed above. Generally, there is help for all mood disorders but you may have to keep seeking the right helper. An excellent organization to assist your search is the National Alliance on Mental Illness (NAMI). Phone: 651-645-2948.

4. Start having relationships with people who accept you as you are. The biggest impediment to getting over a mood disorder is refusing to accept friendship and love from caring others. Most people who have chronic anxiety and depression have been significantly hurt by other people who should have loved them. So, we tend to see people as dangerous, not set limits with them and we avoid them. Unfortunately, when you avoid all people, you lose the loving comfort of good people who could help you considerably. Realize there are many good compassionate people in this world, probably including many people you already know. Most of us are too scared to let other people love us based on our past experiences. This is understandable, but not the final solution. It is best to not live in the past and see who is in your life now and has some kindness, who can be there for you. Others have not had your experiences and are less skilled in treating mood disorders, but they may be quite kind and be good listeners. It's unwise to let other people give you any advice on your moods. You are the real expert on your moods and don't need bad advice. What you will likely need is someone who can just sit with you, let you be who you are, and support your own efforts to care for yourself. Essentially, you have something to teach others about their mood disorders. After all, you have a lot more real life training on mood disorders than most other people. Embrace your own expertise on what you know and be the guru you already are.

A STORY OF RECOVERY

Some treatments for a mood disorder

can take years. Others can be short-term and be rather straight forward, as the following example illustrates. It is always the relationship between the helper and the "helpee" that makes the difference. The following is a fictional story based on an amalgam of real clinical experiences which illustrates what I mean.

Joel was a quite self-effacing and pleasant 50-year-old man whose life was a tale of woe. Getting professional help was uncomfortable because he felt he should be able to solve problems on his own and wasn't worth the money required to get help. His depression had gone on for years and he saw his affliction as his cross to bear. Recently, he was getting sick and tired of being sick and tired and he decided to give me a try. I had two striking reactions to Joel at the start of our work. I felt weighed down by the years of his suffering and got depressed listening to him. I could see why Joel was having trouble making friends. Joel spent too much time on the negatives in his life and very little time on his own strengths. Also, I appreciated his kindness when he talked of others and the relationship he had with his dog, Paco, a feisty chihuahua. He was worried that his dog was getting older, and he would have nobody if Paco passed away. He wished he could have a girlfriend instead. I couldn't believe that Joel wouldn't have any friends given how kind he was to animals.

So, I suggested that he brought Paco into my office so that I could meet the love of his life. Joel kept talking about himself as a loser. I said he couldn't be as bad as he described himself as Paco was nuts about him and that dogs always have a sixth sense of who is really capable of loving them. During our session, Paco sat right at Joel's feet, he explored my office with curiosity, he accepted Joel's direction and allowed me to pet him when Joel

said it was OK. Of course, I fell in love with his pet and we were off to a good start. I pointed out the deep bond between Joel and his dog and congratulated Joel on being such an adequate caregiver, not something just anybody could do. Joel's mood took a turn for the better as he recognized he had never seen his dog as a reflection of himself. I told Joel that he had the right formula for dogs, but we just need to tweak his skills to include people, like a real girlfriend.

Joel and I spent nearly a year together reviewing how he had come to have such a low opinion of himself. Joel mentioned that he was so kind to his dog because he didn't want to treat his pet like he had been treated by his parents. His folks gave him all the basics—food, clothing, and shelter—but failed to establish a caring bond with him as a boy. Joel mentioned that he didn't want to say bad things about his mom and dad as that would disrespect their memory. I said I understood. Joel felt his problems were of his own making. I asked Joel if he would ever not pet Paco or speak kindly to him. He said he wouldn't even dream of doing such things to his pet. I asked him, "Why wouldn't you deserve to receive the same from your own parents and from yourself?" Joel had no answer for that question. He had big wide tears in his eyes, and it was clear we were off to a good start.

So, we spent about a year on recognizing all the ways he would not allow other people and himself to care about him. He was not aware of all the ways he neglected himself and how he distanced himself from people who tried to be his friend. Joel felt he should be self-sufficient and not need other people. I had him read a book on cognitive-behavioral therapy of treatment of depression and another book on developmental trauma. He started examining the myriad of ways he pushed me away from caring for him and examined all the irrational beliefs he had about himself. Then I asked him to challenge those beliefs and behaviors. For example, one major belief he had was that people don't really like him. I questioned how he could think that way when he, in fact, didn't allow others to know him at a personal level, just as he was treated as a boy. I nudged him to see how much his pet Paco loved him, how he sat by his feet. One day, after a time in therapy, Paco started sitting at my feet during our sessions. I said that was a good sign as he was letting Paco know that it is OK to let

me love him. Paco only did this occasionally and was really glued to Joel. After that session Joel realized that he too was allowing me to love him, that his dog was teaching him what to do. Shortly thereafter Joel joined a dog walking group at his local park and met a young lady with her dog. And the rest is history. Joel had found a way to let other people love him and he was less wounded by his growing up years. His depression was long gone.

Too many of us are stuck in our past and fail to see the real value of letting at least one other person deeply know and accept us. But all that can change when we do.

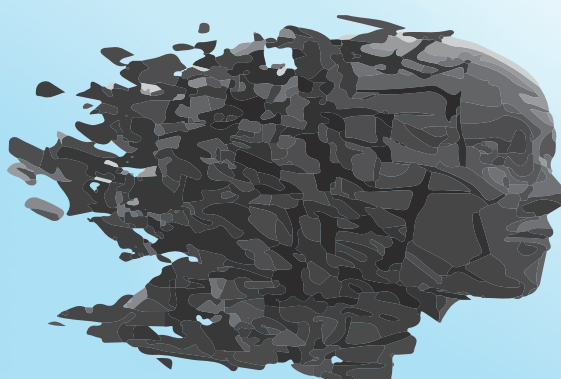
John H. Driggs, LICSW, is a Licensed Clinical Social Worker in private practice in St. Paul and co-author of *Intimacy Between Men*.

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Being Hopeful Through the Eyes of 12 Steps

by Mark T. Scannell



In seeking to address the topic of hope today, I feel especially challenged as there seems to be so much frustration, hopelessness and powerlessness swirling around these days. These feelings are related to the continuing effects of Covid and now the flu; the rising costs of everyday items such as food and gasoline along with rising inflation; the catastrophic effects of climate change; and there are those of us struggling with addiction issues that can be triggered by some or all of these issues. These issues and other events can lead us to feel very hopeless – what can we do to feel more hopeful?

In this article, I want to address some of the dynamics of hope that hopefully will help us discover some more hope in our lives. One of the sources for this exploration will be looking at the wisdom of the 12 Steps. I have found the 12 Steps not only provide wisdom in dealing with our addictions but also for making decisions on how to proceed in every aspect of our lives. So, I invite you to come along on this journey toward experiencing more hope.

WHAT IS HOPE?

As I have thought about this question – what is hope? – I have found it difficult to answer. Some aspects that have come to me are: Expectations, positivity, and values. Hope revolves around the expectations we have for ourselves for the present and future. These expectations will also be influenced by our past experiences. If we continually failed at what we wanted to do, it might be more difficult to be hopeful in looking toward the future.

Hope revolves around the values and goals we have as we look forward toward our future. Our values give us direction and energy in creating our futures. These values require some positive results in order to give us hope moving forward. Being hopeful, then, is having expectations that arise from our values that lead to results that are positive, certainly for us, and at times for others.

There is an old philosophical axiom that says: First in intention, last in execution. What this says to me is that the intentions we have for our lives are vital for making those intentions happen. My intention statement lists what I hope to accomplish. Some of my hopes are:

- I hope to live a healthier lifestyle
- I hope to live in a world that is more just and equitable for all people
- I hope to live a life that is less addicted
- I hope to live in a world where we find ways other than violence to deal with conflicts.

Some of these hopes are very personal, while others are much larger than me – like striving for justice and finding alternatives to violence. Some of our hopes can be very personal, while others can be much, much larger than ourselves. What is important is that you have a stake in making this hope important to you. There is also another adage that simply says we get what we expect. What we expect and what we hope for set the table for our actions to make these things realized.

That, then, is a blueprint for hope – having positive expectations that arise out of what we value and hold to be important. What do you value that can serve as the bases for your hopes as you look into your future? All that is important is that whatever it is, it is something that you value, and you have a positive expectation for this happening.

POWERLESSNESS AND EMPOWERMENT

As we look to the wisdom of the 12 Steps, I have chosen to begin with Steps 2 and 3. These Steps speak to discovering a Higher Power or Powers that can restore us to sanity. Another way to state this in relation to hope is to seek Higher Powers that can help us feel empowered in relation to what is important to us and to what we are hoping for. A favorite author of mine around recovery issues – Ernie Kurtz – says simply that anyone or anything can be a Higher Power for us, just as long as it isn't ourselves. We need others to help us realize our hopes – that can be a friend, a support group to which you belong, things you value like equity and peace, A God or Goddess that you believe in – to name a few examples. Who/What can help you feel more hopeful? I believe being hopeful requires the support and help of others. It is finding situations where we can share both our expectations and hopes as well as our disappointments and feelings of powerlessness. At times, it is finding someone we trust with whom

we can share the darkness of our hopelessness. In my view, that person is truly a Higher Power! Do you have such situations and people in your life where this can happen? If you don't, I urge you to find others who can be that kind of a life-line for you.

OUR ABILITIES

With an intention and expectations in mind and with the support of others, we can look at what we can do to develop what it is we are hoping for. I don't see being hopeful as sitting back and waiting for someone to make this hope a reality. We have a very important part to play in realizing our hopes. I see this as an aspect of Step 12 – spreading the message of recovery to others and letting people know what I am hopeful about. My example of hoping to live a healthier lifestyle has meant committing to exercise, eating healthy foods, and experiencing good sleep. Another element to keep in mind around our hopes is that at times realizing our hopes takes longer than expected. In working with our hopes, then, I suggest we often need patience. Realizing our hopes might take longer than we expected, or our hopes might be realized in ways that we don't see. In regard to these "delays," the support of others can help us wait and not lose hope. I belong to a couple of groups – one a 12 Step group, the other a men's group – and they have been an enormous help to me as I waited for things to develop in regard to hopes that I had. It is tough to wait alone! So, don't give up if life takes longer than expected to devel-

Don't be afraid to hope and to have the conviction to work to realize your hopes.

op. Remember: Each of us waited nine months in the womb before it was time to come out and appear.

PRAYER AND MEDITATION

Step 11 speaks of prayer and meditation as ways to maintain conscious contact with our Higher Powers, one of whom might be God. In this Step, I focus more on the part of remaining conscious. I see this as important in terms of naming what it is we are hoping for as well as the ways in which we can work toward making our hopes real. There are many ways in which we can lose consciousness these days. We can get lost in the expectations of others and forget the hopes that we have. We can lose consciousness by engaging in addictive thinking and acting, and this could be some substance or some behavior. Another way to lose consciousness is to isolate from others and avoid sharing our hopes and what we are trying to do to realize them.

There are many ways to pray and meditate that can help us remain conscious and in contact with our Higher Powers. I have found conversations with people we trust as a very deep way to remain conscious about our lives. Another way is through any kind of mindfulness

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exercises that help us become aware of what is going on in our lives. Being attentive to our breathing can be another way to remain conscious about what is happening. Reading books and articles as well as listening to podcasts can be ways to increase our learnings as well as dialoguing with others about what we are learning.

CONCLUSION

To live without hope can lead to us feeling powerless and possibly even depressed. I hope that the reflections I have shared in this article will help you to find ways to rekindle your hopes about your life as well as the larger issues facing all of us today. I hope that they will help you to stay conscious about what is important to you and to help you work with these issues toward the results you hope for. To conclude, I would just remind you of some of the processes that might be of help to you in naming and realizing your hopes. Remember to state your intentions and expectations for what you want to have happen. This is based upon what you truly value and believe in. Don't forget the people that can help you realize your hopes as well how you might help them also with their hopes. Name the things you see yourself doing that can help make your hopes real and empower yourself to act. Choose to stay conscious about what is happening: What is working and what is not and make adjustments to better realize your hopes.

Today, I believe we all are in need of people who not only have hopes and

dreams but also have the commitment to work toward making those hopes and dreams a reality. These hopes and dreams are not only just for the individual but are also around the larger issues facing all of us as a human community. Don't be afraid to hope and to have the conviction to work to realize your hopes. This does make a difference! I would like to end with a song (and I have changed a word):

"What the world needs now is [HOPE], sweet [hope]. It's the only thing that there is too little of." Adapted from lyrics by Hal David (1921-2012), *What the World Needs Now is Love* (1965).

Don't give up on your hopes.

Mark T. Scannell is a veteran 12 Stepper who believes that communities or Villages are essential in helping people recover from our addictions. His most recent book – *The Village It Takes: The Power To Affirm* – explores this theme.

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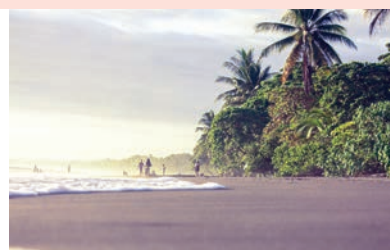
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Enhancing Well-Being



by Mary Lou Logsdon

Well-being is "a set of skills that can be learned and cultivated over time, just like learning to play a musical instrument or riding a bike."

— THE CENTER FOR HEALTHY MIND

Here we are again, another new, fresh, unopened year ahead. Like a new baby, it arrives with its own temperament, its own spirit, its own personality, waiting to be unwrapped and discovered.

I think back to last year as we imagined what 2022 might be. Who among us predicted a brutal war, the death of a queen, the demise of *Roe v Wade*, evaporating reservoirs that foretell a future parched earth, violent storms bringing waves of water, sheets of ice, and snow measured in feet rather than inches. Dare we imagine what the next year might bring?

How might we prepare ourselves for the surprises, stresses, and challenges of this new year? How might we build resiliency to meet the exigencies of 2023? How might we cultivate a sense of well-being—that life is as it needs to be and we can handle what comes our way?

I checked in with the Center for Healthy Minds out of the University of Wisconsin-Madison (<https://centerhealthyminds.org/about/why-well-being>). They have explored factors that contribute to a sense of well-being and provide a solid foundation for meeting life's demands and difficulties.

They name four pillars that contribute to a sense of well-being, bringing together mind, body, spirit. The four pillars are **awareness, connection, insight, and purpose**. We can all learn these practices to enhance our well-being.

The first practice is **awareness**, attending to "your environment and internal cues such as bodily sensations, thoughts and feelings." The opposite of being aware is being distracted. How often do I catch myself on auto-pilot with thoughts far from where I am? Awareness looks a lot like mindfulness, being where I am, here and now. Distractedness increases stress and anxiety. Staying attuned to our senses helps us remain in the present moment. What are the sounds around me? What am I smelling, tasting, touching? Meditation is an effective tool to build our mindfulness skills, focusing on our breath, returning each time we stray, always back to the breath.

Awareness is good for our memory as well. When my mind has drifted elsewhere, whatever I am reading or listening to goes offline, lost in the space of distraction. I try to be particularly attentive when I meet someone, I attend to their name so I can remember it, say it aloud. I find a hook—someone else with that name or a visual cue. I remember a former classmate whose name was Robin. She had red, curly hair tied on top of her head. I thought of her hair as a nest, a robin's nest. I have never forgotten her name.

The second pillar is **connection**, "a feeling of care and kinship toward other people, promoting supportive relationships and supportive interactions." We increase our capacity for connection with compassion. How might it feel to be them in their circumstances? What might we have in common? How did they come to view the world as they do?

We build connection by showing appreciation for others and why we are grateful for their presence in our life. I sent a tip with a note to my newspaper delivery

person describing how I appreciate her bringing me the daily paper. In the summer I am often on the porch when she tosses the paper from her car. I shout a hearty thank you. Her faithful delivery makes my life better. If it's late, I am reminded how valuable a service she provides.

When we have negative first impressions of people we don't feel connected. We set up a comparison and rank them as less than. Rather than carrying a sense of well-being, we're swimming in a stew of competition and arrogance, playing a game of one-upmanship.

The third pillar is **insight**, "self-knowledge concerning how our emotions, thoughts and beliefs shape our experiences and sense of self." By attending to how we feel, we notice when anxious thoughts arise and can be curious about them. I ask myself, is this coming from fear based on a current danger, from old family beliefs no longer useful, or my own critical voice that needs to be muffled?

When I look with insight, I challenge beliefs that are remnants of someone else's story, out of date coping skills, or childhood fears that I can address with my adult self. Self-knowledge builds the capacity to leave our self-imposed prisons, forgive ourselves, and grow in understanding of the person we choose to be.

The fourth pillar is **purpose**, "being clear about your core values and deeper motivation and being able to apply them to your daily life..... A strong sense of purpose is associated with improved health outcomes and behaviors, including increased physical activity, decreased incidence of stroke, fewer cardiovascular events, reduced risk of death, lower health care utilization, and even better financial health." We do this by remembering how ordinary tasks and routines contribute to our purpose. For instance, when I buy my food at the farmers market, I remember that I value caring for the earth. Buying locally reduces my carbon footprint. I am able to share my appreciation with the grower. I often engage with neighbors and friends. I connect my behavior with my values.

Richard Lieder, a local speaker on the purpose of life and author of *Who Do You Want to Be When You Grow Old?: The Path of Purposeful Aging* says, "While the roles we play in life—parent, child, friend, author, coach, teacher, you name it—are important, they are not our life's purpose. Purpose is not a role or a goal; it is an aim and a mindset. To awaken, to grow, to continually give, and to make a difference to others—that's why we are here. It's who we bring to what we do."

As we enter 2023, let us build skills that contribute to our well-being—that sense that we can handle what comes our way. The skills of attention, connection, insight, and purpose contribute to a flourishing life, a sense of agency, a grounding in joy, health, and self-knowledge. With that we can welcome the new year, with all its surprises and adventures.

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