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Recovery,  
Renewal and  
Growth

# The Phoenix Spirit

January  
February  
2021

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HOPE ISSUE

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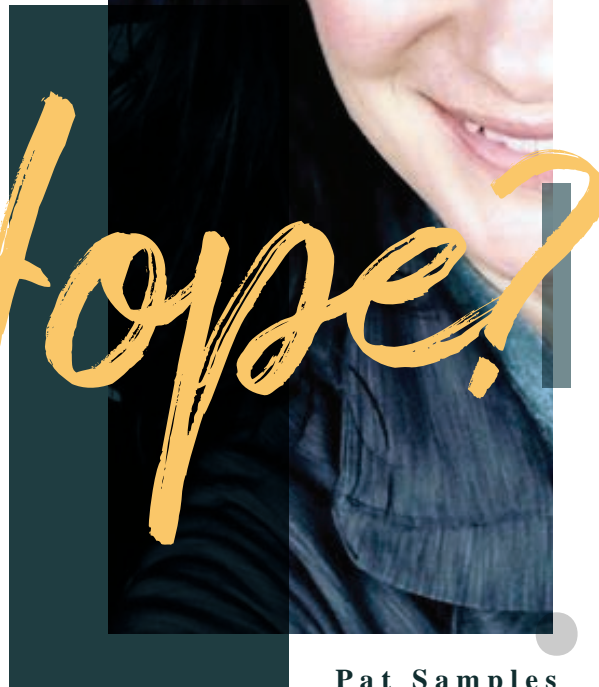
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WHERE IS YOUR



Pat Samples



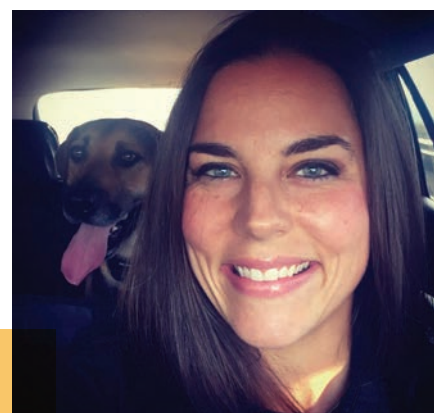
JOHN H. DRIGGS, LICSW

## A Time to Heal: Let's Embrace the Better Angels of Our Nature

We are living in such painful times. We're in the midst of a once-in-a-century pandemic in which nearly 300,000 beloved family members have died from the Corona Virus. Hospitals are overwhelmed by pandemic patients. The divisiveness in our country has split us apart, almost to the point of civil war. We are threatened and challenged by racial justice unrest. Many American families face unemployment and food insecurity in one of the richest countries in the world. Our children are falling behind in school due to exclusive on-line learning. Due to the need to quarantine, family members cannot even comfort their dying loved ones or freely convene over traditional rituals of affiliation and love. Many of us cannot easily attend our churches, gyms, schools and social centers. In the midst of all this there is rampant suspicion, distrust and alienation from one another. We all know the suffering we are experiencing.

Although dire, hope is not lost. This era isn't the first time we've gone through such turmoil as a country and survived it. In his first inaugural address in 1861 President Abraham Lincoln tried to summon the strength of the American people by appealing to the better aspects of themselves to not devolve into outright civil war. He felt that people can heal from profound strife and divisiveness by summoning the best parts of themselves without resorting to violence and disunity. Unfortunately his hope was not immediately realized and resulted in a civil war. He tried again later in a speech to the Republicans in the Illinois House of Representatives in 1858. He warned that "A house divided against itself cannot stand." Clearly such messages are very much needed once again today. We have been down this path before. Jon Meacham's book *The Soul of America: The Battle For Our Better Angels* (Random House, 2019) thoroughly documents the hope through and after turmoil if we evoke the better parts of ourselves.

Grief, division, racism, poverty and disease can all be healed if we work together and utilize the best parts of our humanity: compassion, kindness, science, and forgiveness of ourselves as we forgive others. I have seen this process happen repeatedly in my office over the last forty years.



KRISTINE MIER

**Challenge:** I see how divided and polarized people seem to be under the stress of a pandemic, the political climate, dueling practices for sustaining our environment or growing our economy, and many other situations. Along with that is feeling that, as just one person, I can't make a difference or even discuss matters with others that have differing/strong opinions.

**Hope:** I love the quote "Be the change you wish to see in the world." I believe we all can make a little difference in our corner of the world which will vibrate into a larger movement around the world as we continue to practice the universal principles of love, compassion, generosity and service.

If I focus on practicing these principles and putting one foot in front of the



Nelsen

other to take action, I don't focus on what I can't do. If I focus on what is going right, it takes my focus off what is going "wrong." Then, my dread begins to turn to hope.

VIVIAN NELSEN

**Challenge:** Surviving the coronavirus. I am in one of the highest risk groups—an older Black woman with pre-existing medical conditions who is still working. Anti-vaccination groups have targeted African Americans with misinformation about new anti-COVID vaccines.

**Hope:** I begin my day with phone devotions from my church, Westminster. Hearing a human voice with a message from scripture is key to my spiritual and emotional wellbeing. I believe that our

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LETTER FROM THE EDITOR

# Hope: Looking Forward to a Brighter Future

by Louise Elowen

*"If there is hope in the future, there is literally power in the present."*  
ZIG ZIGLAR

Given the enormity of 2020, you can be forgiven, in part, for thinking that there is little hope left for the future. Millions of people lost their lives in 2020. The pandemic continues to rage. Black and minority voices struggle to be heard. Millions have been affected by natural disasters – homeless, jobless, *hopeless*.

Yet 2021 does give us hope for a brighter future as we move forward. Vaccines are beginning to emerge in the fight against COVID-19. 2020 shone a spotlight on the issues surrounding black and minority voices and started a long overdue conversation. In the wake of natural disasters, many stepped up, and continue to do so, to offer a place to live, a job, financial support. Even in the depths of despair and the darkest moments, hope relentlessly pushes through.

When I was in the darkest moments of an abusive relationship, I began to think that things would never change. I would never "get out." I would never find the courage to help myself. *I was too weak.*

Yet, despite this, I never lost hope. Regardless of what was happening in my external world, that little thing called hope refused to be extinguished inside of me. *Hope finally overcame the hopeless.* The present that I am living today, nearly six years on, was once unimaginable in my future of the past. Claiming back the power of that then-present allowed me to

live in my present of today. I have so much to be thankful for, despite the turbulence of current world events and my own personal battles which continue to impact me on an emotional and physical level.

*Because I have hope.* Some call it a "glass half full" attitude. I call it taking control of my past, present, and future.

Whatever you are trying to achieve in 2021 – or trying to quit – do not lose hope. Do not give up your *power of the present*. Your future self will thank you.

*Louise*

*Do not give up  
your power of the  
present.*



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# What 2020 Taught Me

by **Rachel Schromen**

Every New Year, I take some time to reflect on the past year – looking at the challenges I have surmounted, the opportunities for growth that I navigated, and the areas in which I hope to continue growing and learning into the New Year.

I will join the chorus of people singing the same sentiment: 2020 was QUITE the year. Since early 2020, changes have been constant and sudden. Every day there is something in the news which can easily cause fear, anger and despair. And to top it all off, my recovery program has oftentimes felt to be at arm's length with meetings moving to the virtual space.

Never have things felt so completely and entirely out of my control.

2020 taught me many things, but one of those things is how to truly practice acceptance. I have, quite literally, existed in an extreme state of acceptance since early March, 2020.

For me, 2020 started in personal turmoil. My father passed away from early onset Alzheimer's on October 26, 2019, on his 70th birthday. In January I found myself faced with a health scare that shook me. In February I had a personal experience that sent me into a complete tailspin and navigating an identity crisis. COVID-19 was hardly even in the news yet, and I was already drowning.

Thankfully, one of my absolute favorite lines in my recovery program is always quick to come to mind:

**"Acceptance is the answer to all my problems today."**

It does not hurt that I have the Acceptance Prayer (which can be found on p. 417 of the *Big Book of Alcoholics Anonymous*) taped in random spots all over my home and office!

In early March of last year, I leaned into acceptance more than I ever have before in my recovery program. Up to that point in my recovery, I had utilized acceptance as a tool to grow and to navigate the world. Now I was using it as a tool for my literal survival. By the time things began to "shut down" and Minnesotans began sheltering in place, I was already in a survival mode of acceptance and, to be honest, I did not struggle much with the transition. As the snow melted and world events continued to polarize our community, I practiced acceptance and albeit being disheartened and deeply saddened, I did not find myself *consumed* by fear, anger or resentment.

As the year continued to progress and some of those personal wounds began to slowly heal, I felt myself easing out of a constant state of acceptance. Particularly through the election and moving towards the holidays, I felt my ability to practice acceptance being challenged. And if there is a time of year that challenges my sobriety (and in turn my state of acceptance), it is the Holidays!

As a person in long term recovery from substance use disorder, I am acutely aware of how the festivities of the Holiday Season focus on drinking. Family gatherings, set against the "cheery family memories"



we are all pressured to create (I'm looking at you, Hallmark Channel!), annually present a reminder of our own family dysfunction and dynamic, and oftentimes a reliving of past trauma. Conversations inevitably turn to topics of which my family and I have vastly different opinions and views. In the past, I drank myself through the Holiday Season – oftentimes making the situation even worse. When I quit drinking, I allowed myself cigarettes over the Holidays. Then, I just flat out stopped going home for the Holidays and avoided family completely. Last year, I didn't even put up Holiday décor in my own home.

This year, I chose to practice acceptance. The Holidays looked different for everybody this year – for a number of reasons. When I was clinging to acceptance for survival, I was hyper-focused on looking forward – on accepting what had happened, and only thinking about what the "next right thing" was that I could do. When the stay at home order was first issued, I let myself have feelings and an initial reaction, and then I accepted the change and focused on what I could do next to make the most of the circumstances. When past actions of a family member came to light, rather than sinking into hurt and anger, I asked for space, processed my pain and focused on what could

be done to heal that relationship which led to new boundaries and, ultimately, a more honest and fulfilling relationship. I work a recovery program to stay sober. I also work a recovery program to experience serenity and to be relieved of inner turmoil, angst and resentment. I personally have found the latter of the two to be the more challenging. Practicing acceptance has been my greatest weapon against, and my greatest refuge from, anger, resentment and a general state of malaise.

2020 was a challenging year that forced many of us into a state of extreme discomfort...but it is in the state of extreme discomfort that we are called to deepen our recovery program and hone our existing recovery tools and skills. Even though we are leaving 2020 in the dust, 2021 may continue to present a challenge to our sobriety and serenity, but we can practice both gratitude and acceptance to make the most of circumstances as they are.

**Rachel Schromen** is an estate planning attorney and owner of Schromen Law, LLC in St. Paul, MN. Ms. Schromen speaks frequently on the topic of Addiction Trust Planning, including providing training on the topic to attorneys in the Metro Area. Please send your 1st Person story to phoenix@thephoenixspirit.com.

**"Acceptance is the answer to all my problems today."**

**Resource Directory**

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.

**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.

The opinions and facts presented in this publication are intended to be diverse and represent those of the writers and/or contributors, and are not necessarily those of *The Phoenix Spirit*. We seek writers and interview subjects who are willing to gift you with their honestly held convictions and insights. We seek to attract advertisers who offer products and services of integrity. But we urge our readers to research, and trust their instincts.



## The Phoenix Spirit

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### Living Proof MN

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### Substance Use Disorders

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### Workaholics Anonymous Meeting

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To place a Resource Directory listing call David at 612-298-5405 or email at [david@thephoenixspirit.com](mailto:david@thephoenixspirit.com)



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Creator embodies hope for us all. Then I read two devotions, “God Pause” from Luther Seminary and “Reflections” by Glenn McDonald. That centers and grounds me for my workday.

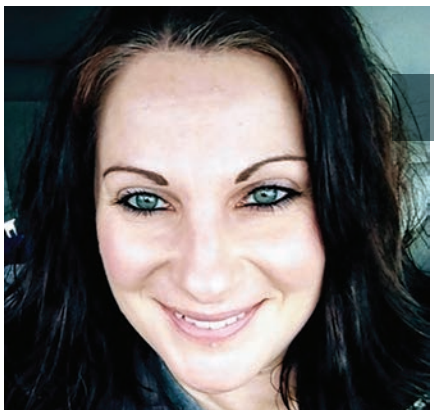
Then I get busy doing my calling to alleviate suffering from racism, sexism and all the other “isms” in workplaces, government, communities, and education. My current work gives me hope, listening to people from nine nations talk about their vision for change.

#### JOHN ARMSTRONG

**Challenge:** When people close to me make choices that postpone or avoid conflict resolution. This activates concern in me that current problems will continue and eventually get worse.

**Hope:** One way I deal with this is to acknowledge to myself my inner concerns. I also work to hold this person in a light of goodwill and honor and behold they're on their own sacred journey with God. I tell myself, “Who am I to know what's best for them?”

I keep in check my judgment of what will/could/might happen, and I put my trust in God that all will be well for everyone. This eventually gives me joy to witness others close to me living their lives for themselves rather than according to my recommendations for them.



MELISSA O'NEAL

**Challenge:** The divide and anger in the world, especially in America, coupled with the COVID pandemic. There are days that it is just too much to bear.

**Hope:** A quote by John Lubbock near my desk says, “What we see depends mainly on what we look for.” So, I intentionally seek out stories of helpers, healers, and givers during the most dismal of circumstances. I think about the difficult times in my own life, and how something positive eventually came out of them.

Most of the time what comes is spiritual growth and wisdom. Perhaps that is what will bloom out of the muck we are neck high in right now. I am hopeful that it will. It's important for me to remember that when bad things happen, good things happen too. All I need to do is be willing to look.

#### NANCY ELLIS

**Challenge:** Racism. The challenge is to finally see one another in our humanity as equals with common needs; accepting the reality that we are on this planet together – breathing the same oxygen. The challenge is to let go of white dominance and the notion of white supremacy and the “othering” of people who are different. Racism as a social construct needs to become “old business” and to be recognized as an insult to God the Creator, who made us all as equals.

**Hope:** I am hopeful that, especially after the tragic death of George Floyd, that we can make incremental changes. Anti-racism dialogues have popped up all over the country. Eyes were opened sadly

as we watched Mr. Floyd's death on camera. I am hopeful that from these groups, alliances will form between People of Color and Whites.



WARREN WOLFE

**Challenge:** Figuring out how to remain active and committed to projects and causes I care about – and to give myself permission to change my mind. I have found myself feeling resentment or guilt when I drag myself to meet a commitment or when I drop the ball and don't complete a promised task. I thought I simply needed to reset my priorities. But it was more than that. So, I've been asking myself, “What makes me think I'm indispensable or that I had to prove my value in retirement by the number of tasks I take on?”

**Hope:** I find hope from the places I have learned to find it in the past – talking out loud (with counseling; good men friends; my spouse and my sister), writing about it (another way of talking out loud) and reading poetry (especially Billy Collins, Robert Bly, Mary Oliver and Charles Haislet).

I have always been a glass-half-full kind of guy. I expect things to turn out. When I feel disquiet, have trouble sleeping, or get snappish with people I love, I know that my path back to equilibrium is not to sit in a corner and try to figure things out, but to talk out loud. I think best by verbalizing my inner voice, by directly addressing my ghosts and dark places. As with any dis-comfort or dis-ease, the cure is allowing my inner voice to bring in sunlight, adjusting my posture to resume its natural shape, and relaxing in company of people I love.



DAWN ZIEMER

**Challenge:** This weight of heaviness in the air. This sense of collective sadness and grief over the many losses that were and were not expected.

In addition to this, there is a continual sense of uncertainty and anxiety in what the future will bring. Sometimes it seems that the world is collectively holding its breath.

**Hope:** When I get out in nature with my dog, I find peace and hope. There I see beauty. Nature reminds me that the seasons change, and it won't be like this forever.

#### JOY BLEWETT

**Challenge:** When one has chronic health issues or incurable disease, hope vanishes. Finding out one cannot have



Blewett

kids, hope vanishes. Losing a job, a fiancé, a loved one to suicide, hope vanishes. These traumas can easily envelope us into darkness losing any glimmer of light, let alone hope for happiness or peace again.

**Hope:** Yet hope comes back. It comes from not shying away from our feelings. It comes from facing our grief and pain. It comes from knowing that we are guided by something divine and can be moved spiritually if we allow it. We cannot just give ourselves hope though. It's not a door that just opens and hope shines upon us. We must take action to enjoy the simple things – a good laugh with friends, a book we get lost in. Something that brings joy to our hearts and mind. When we find the positives again, letting light and love into our spirit, we will find hope back in our lives.



DAVID GOLDSTEIN

**Challenge:** Staying positive and on an even keel during these times of pandemic and politics. It's easy for me to look at things with a jaundiced eye and I have to catch myself when I do.

**Hope:** Work, exercise and staying in touch with loved ones help keeps me positive and hopeful. Going through the things I'm grateful for when I'm not in a great place is very helpful, as is reaching out to people who are having a rough time. Meditation books also put me on the right path and the Acceptance “prayer” on page 417 of the Big Book never fails to center me.



PIPPI ARDENIA

**Challenge:** When we [Pippi and her writing and performing partner Daniel Leahy] found ourselves not being able to tour and shows were canceled.

**Hope:** We gave ourselves hope by changing our perspective. We decided that there had to be another way and we found it through social media. Since we are composers and performers of transformational music, what

better way to reinforce what revelations you've received than to share with others how it's worked for you.

So, we share it with people on Facebook, Instagram and YouTube! We share what we have been given -- downloads as we call it -- of this beautiful music. We share the philosophies and gratitude practices that this music has given us with the hope it will inspire others.



DAPHNE DEMARIS

**Challenge:** As a therapist, one of my biggest challenges is staying present to my clients and their needs. Many are so tuned in to media reports and arguments on social media that they are freaking out. They are stuck in a fear loop in their minds and bodies.

**Hope:** In order to stay present in healthy ways, I have to stay present to myself and my needs. I have to guard my own physical, mental and spiritual health. I have to eat healthy food, take my vitamins, take pauses for fun – like watching funny videos on YouTube. Faith is a big part of my self-care, so I engage practices which lift my eyes and heart off myself and my concerns.

I have to consistently engage healthy coping skills such as lining my mind up with what is true, taking time for rest, conversation with friends and family, and prayer. Because I don't look for circumstantial hope, I am able to operate in peace most of the time. I am not in denial; I just choose to set my mind on other things. Whatever we feed grows, so I choose to foster healthy, realistic thoughts.



TARA BURNS

**Challenge:** A growing sense of loneliness that is prevalent across the generations. COVID-19 certainly isn't helping a problem that's been growing silently and almost unnoticed.

**Hope:** I hope that one of the things we learn from this COVID-19 experience is that we really do need each other, and as human beings, connectedness is hard wired into our DNA. Perhaps we will better be able to see the importance of staying connected and learn to reach out, so people don't suffer in loneliness.

*Pat Samples is a Twin Cities writer, writing coach, and champion of creative aging. Her website is [patsamples.com](http://patsamples.com).*



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## HISTORY OF DRUGS SERIES

# World History of Drugs (Part III) *by George Lewis*

The following is part three in a series from author, George Lewis. Opinions expressed in this article are not necessarily the views of The Phoenix Spirit.

*The United States is a reluctant world power. All eyes are on Europe watching and waiting as Hitler rises to power. It is 1933 and America is still feeling the sting of its participation in World War I which it had just ended fifteen short years before (World War I ended in 1918). The citizens of America were still hurting from the financial pain of the Great Depression caused by the stock market crash of 1929, America was in no mood to enter what it saw as a war that had nothing to do with them. Yet in 1941 war chose America. The country had no choice but to answer the challenge of "December 7th, 1941, 'the day that will live in infamy.'" The Japanese attacked Pearl Harbor. America had entered the war.*

Lazăr Edeleanu, a Romanian chemist looking to produce synthetic rubber, discovered how to synthesize amphetamine sulfide in the 1880s from the Chinese plant *ma-huang*, also known as *ephedra*. Edeleanu didn't think that this discovery was of any value, so he continued his work to synthesize rubber and he succeeded.

Japan was using amphetamines to combat fatigue in the 1919s. By the 1940s Germany understood what amphetamines could do to enhance the performance of the German army.

The author Norman Ohler states in his book, *Blitzed* that the Wehrmacht (German Armed Forces) was issued methamphetamine a form of crystal meth. The drug was produced in pill form by the pharmaceutical company Temmler. This drug was introduced in 1938 under the pharmaceutical name Pervitin.

Pervitin increased alertness, curbed the appetite and the user needed little sleep. This was the perfect drug for a fast-moving army and a huge advantage to the German military, as it allowed Hitler's warfare strategy, called "blitzkrieg" or *lightening war*, to become the conquering army of Europe. This was an aggressive form of warfare, a swift, focused blow at an enemy using mobile, maneuverable

forces, including armored tanks and air support. Pervitin allowed the infantry to keep up with this new mobilized warfare and occupy the territory taken by its tanks and air power. Once again, a drug was affecting world history.

## WHAT ABOUT THE ALLIES?

British forces, after shooting down German pilots, found amphetamine pills. The Allies figured that if these pills worked to increase the performance of German soldiers, then these pills would work for Allied soldiers. American pilots and servicemen were given Benzedrine. This drug gave the Allies a similar performance enhancement that the Germans were given.

It makes sense that in a war with so many integral players that an advantage on one side would as quickly as possible be either copied or negated. Benzedrine enhanced the ability to stay alert on long missions and calm the nerves of soldiers performing daring and dangerous jobs. These missions were made more bearable by the use of amphetamines. After the Attack on Pearl Harbor some bad decisions on how to win the war, were instituted, one of which was the use of amphetamines. Looking back on history, that decision was incredibly unwise. Once again, drugs played a part in world history (Source: <https://dustyoldthing.com/amphetamines-axis-allies-wwii/>).

## DRUG USE DURING THE VIETNAM WAR

American soldiers fighting in the Vietnam War used drugs more heavily than any previous generation of enlisted U.S. troops. Troops were using heroin, amphetamines, and marijuana. President Nixon was concerned that the war was in jeopardy because of the widespread use of drugs. Substance abuse in the Vietnam War wasn't just limited to marijuana and heroin that G.I.s could buy on the black market. Military commanders also heavily prescribed pills to help improve soldiers' performance.

The Department of Defense published a 1971 report that stated, "51 percent of the armed forces had smoked marijuana, 31 percent had used psychedelics, such as LSD, mescaline and psilocybin mushrooms, and an additional 28 percent had taken hard drugs, such as cocaine and heroin. But drug usage wasn't just limited by what G.I.s could illicitly buy on the black market. Their military command also heavily prescribed pills to the troops under the auspices of improving performance" (Source: Drug Use in Vietnam Soared Updated: Aug 29, 2018 Original: April 18, 2018 by Adam Janos <https://www.history.com/news/drug-use-in-vietnam>).

*51 percent of the armed forces had smoked marijuana, 31 percent had used psychedelics, such as LSD, mescaline and psilocybin mushrooms, and an additional 28 percent had taken hard drugs, such as cocaine and heroin.*

It is possible that some of the atrocities committed by American troops against Vietnamese civilians may have been done while withdrawing from amphetamine (Source: From the book *Shooting Up: A Short History of Drugs and War*, Lukasz Kamienski).

## MK-ULTRA AND THE COLD WAR

In the 1950s and 1960s the United States was at the height of the "cold war" with Russia. America was looking for a drug that would allow it to further its attempts to perfect "mind control" otherwise called "brainwashing."

The CIA was conducting hundreds of secret experiments, often on unsuspecting American citizens. The CIA was engaged in a top-secret project code named MK-Ultra. The CIA was exploring the use of LSD and other drugs to further its attempt at mind control, getting information from those that they used these drugs on and even engaging in mental torture. Project MK-Ultra lasted from 1953 until 1973, although the public didn't learn of MK-Ultra until 1975, when congress began to investigate the illegal activities of the CIA in the United States and around the world. The CIA used psychedelic drugs, paralytics and electroshock therapy to experiment on more than 150 human beings. Some knew that they were participating in

the experiments, but many did not know. Again, drugs played a part in the world history of war, shooting wars and the cold war of the mind (Source: <https://www.history.com/topics/us-government/history-of-mk-ultra>).

From the 1960s to the mid-1970s an anti-establishment culture was developing throughout most of the Western world. The Civil Rights Movement was growing, and war in Vietnam was creating anti-war sentiment throughout the country. Add to that the social tensions regarding human sexuality, women's rights, traditional modes of authority, experimentation with psychoactive drugs, and differing interpretations of the 'American Dream.' A counterculture was developing, and drugs were becoming a part of this new anti-government, and anti-authoritarian social culture which was taking hold. All kinds of drugs were beginning to appear on the counterculture scene. Uppers, downers, Reds Devils, Christmas Trees, Black Beauties, Quaaludes, Blotters, Cocaine, and the old standbys of Weed and Heroin were a part of this culture.

I was a young man in my 20s as this era of American history was unfolding. This new culture of political upheaval and civil activism also gave rise to a dynamic subculture that embraced experimentation with drugs - and which became the modern incarnations of Bohemianism - that then transformed into the hippie culture and opened the door to other alternative lifestyles.

The counterculture era really took off with the assassination of President John F. Kennedy in November 1963; the rumbling of anti-war sentiment was becoming

popular in this new and growing culture which ultimately caused the termination of U.S. military involvement in Southeast Asia; and concluded with the end of the draft in 1973, along with Watergate which caused the resignation of President Richard Nixon in August 1974.

*American society was in upheaval at every level of society, distrust of government and the power structure was the norm. The country was moving toward the 80s and drugs would play a part in American history in a way that would almost bring down an American administration and create what would become a drug epidemic and begin to change drug laws that would put the terminology "The land of the free" in doubt. Instead, America would become the country that incarcerated its citizens at a higher rate than any other nation on the planet.*

*George Lewis is founder and CEO of Motivational Consulting, Inc. and has more than 18 years of experience in the human services industry. His website is [motivationalconsultinginc.com](http://motivationalconsultinginc.com).*



# Buried Treasure

by John Rosengren



That night—fall of my senior year—was a Saturday night, so I headed to a party. A bonfire tucked in the woods off Hwy. 55, where we could drink underage to excess. I had a bottle of Seagram's in my jacket along with a liter of Seven Up.

Didn't take long before I was smashed. I had decided to quit smoking pot at the beginning of the school year, which meant in the first three weeks I had been stoned only a half dozen times. Somebody asked if I wanted to get high. *Sure*. I forgot that I had quit.

So I was pretty wasted when the cops showed up.

They told us to leave. I told them to leave.

"Come on, John," my buddies said, tugging on my arm. "Let's get out of here."

"No. We were here first."

I was filled with all the righteous indignation of a teenager angry at the world, resentful of rules and limits imposed by parents, teachers, principals, and coaches. That night I laid it all on those two cops, the embodiment of authority.

I didn't win the argument. They loaded me into the back of the squad car and took me downtown.

I woke up in detox. I did not have any identification on me, so I figured if I didn't tell them who I was, I couldn't get in trouble. I had no idea where I was (1800 Chicago, near Franklin, a rough part of Minneapolis, 15 miles from my home in the suburbs), but I plotted—once they tired of talking to me—to slip out, hitchhike back, and sneak into my bed without my parents ever realizing I'd taken a detour home through detox. Such were my delusions.

They put me in a small, windowless cell. After a while, the staff brought me into the office and tried talking to me again. "Don't you think your parents might be worried?"

I looked at the clock. It was 5:45 a.m. A memory flashed through my mind. A time last summer that we had partied all night and I had not come home until dawn. When I finally walked into the house—expecting to crawl into my bed unnoticed—I found Mom and Dad sitting in the family room. The expression on their faces—a mixture of worry, relief, anger, and bewilderment—suddenly sobered me. I didn't want to put them through that again.

I told the staff my name and phone number. Turns out Mom and Dad were awake—and worried. Sometime during the night, Dad had gotten up, noticed the lights still on, checked my bed, and discovered I wasn't home. *Shit*. I felt awful.

Still, I expected them to come and pick me up. In the past, when I had gotten into trouble, they had fetched me from the police station or

elsewhere. Seemed they were always there to defend me. This time, they surprised me. They didn't bail me out.

I was pissed. If they didn't pick me up, I was going to miss three days of school. I'd miss a student council meeting. I'd miss work after school. I'd miss seeing my friends. I'd miss getting high. I pleaded with them.

But they let me sit. I stayed in detox four days.

This was not where I had intended to end up when I set out to party with my friends on Saturday night. When they talked in group about the first step of Alcoholics Anonymous—"We admitted we were powerless over alcohol, that our lives had become unmanageable"—I had a faint understanding that unmanageable meant getting arrested and winding up in detox instead of home in my bed.

Detox referred me to treatment. There I began to make a deeper connection between my drinking and drugging and the consequences. Rather than continuing to blame others for what happened to me, I began to admit my part and my powerlessness.

Years later, when my dad was dying of cancer, and it got down to his final days, he asked to speak to each of his four kids individually. When it came to my turn, I entered his room at the University of Minnesota hospital.

He lay in bed, his body weakened but still strong in spirit. He had prepared an apology.

"When you were in detox, we didn't come and get you," he said. "It has always bothered me that I didn't help you out. I want to apologize."

I had been clean and sober since that night, September 26, 1981.

"Oh, Dad. That was the best thing you could have done for me. You didn't rescue me. You let me face the consequences of my actions. That was the help I needed."

I watched relief ease across his face.

So often we leave the most important things between us unsaid. I had never known he felt this way. And he had never known how I felt.

*What if he hadn't been about to die?*

Moments before we closed the coffin for the final time, I slipped in the last medallion I had received for being sober—at that point, 24 years—to send with him a token of my gratitude.

*John Rosengren is the author of A Clean Heart, a novel about addiction and recovery. [www.johnrosengren.net](http://www.johnrosengren.net).*

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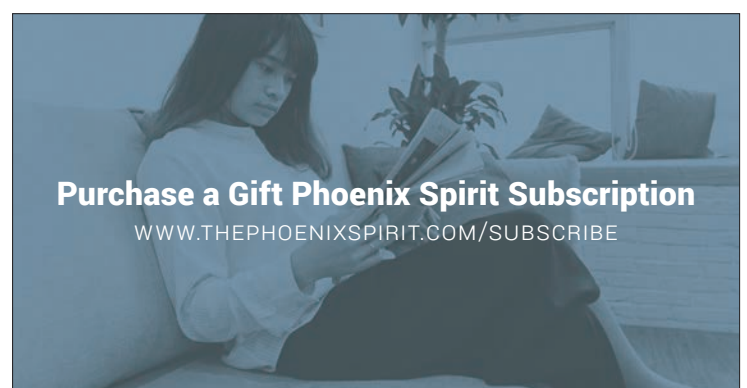
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SUPPORT GROUPS / SOME MAY BE NOT BE MEETING DUE TO COVID-19

MONDAYS

**1900 Mens Al-anon**, Monday 5:45-7:15pm, 12-Step meeting, step presentation and small groups, fellowship. 1900 Nicollet Ave., Plymouth Congregational Church. Tom W., 612-281-5230. Enter at parking lot.

**CHOW – Culinary Hospitality Outreach and Wellness:** Monday (also Tuesday & Wednesdays) at 7pm CST. CHOW is an organization led by culinary and hospitality peers. We believe in a future where our community never loses another person to addiction, burnout, or mental health concerns. We create safe and supportive opportunities for the industry to connect and discuss problems they’re facing with others who “get it.” Working in the hospitality industry is tough. Let’s talk about it. Meetings are currently in virtual format via Zoom. Please visit our website or Facebook page for codes to join in or contact: outreach@chowco.org.

**Overeaters Anonymous:** Monday mornings, 10-11am. 3rd floor, handicapped accessible. Minnehaha United Methodist Church, 3701 50th St Mpls 55407. For more info call Ana 651-592-7510

**Online Gamers Anonymous and Olganon:** Mondays at 6:30 at the Cavalier Club, 7179 Washington Ave. South, Edina. Cavalier Club is located on the corner of Valley View and HWY 169.. Plenty of free parking! If video games or other excessive tech use is making your life unmanageable or if someone you care about is gaming excessively, we’d love to meet you. More info on this emerging 12 Step Movement at [www.olganon.org](http://www.olganon.org)

**Understanding Eating Disorders, Treatment, and Recovery:** First Thursday, every other month, 6-7:30pm. The Emily Program staff provides answers to common questions and concerns of families and friends “new” to eating disorders, treatment and recovery. 2265 Como Ave, St. Paul, 55108. Free, drop in. Visit [www.emilyprogram.com](http://www.emilyprogram.com) or call 651-645-5323.

**Friends and Families of Suicide:** a place of support and comfort where those that have lost a loved one to suicide will be comfortable talking about their own loss as well as hearing about the losses of others. Meets the 3rd Monday of every month 7-9pm, Twin Cities Friends Meeting, 1725 Grand Ave., St Paul, 55105. For info email [ffosmn@yahoo.com](mailto:ffosmn@yahoo.com) or call Tracy at 651-587-8006.

**Debtors Anonymous:** a group of men and women who use the 12-Step program to solve problems with debt and other money issues.; [www.daminnesota.org](http://www.daminnesota.org) 952-953-8438. Check website for locations and different dates and times.

**Richfield Codependents Anonymous:** 7pm, men & women Richfield Lutheran Church, 60th and Nicollet or call 952-649-9514.

TUESDAYS

**Recovering Couples Anonymous**, 7pm. We are a 12 Step Group for couples wanting to find new ways to communicate. We provide strong couple support and model healthy couple-ship. Unity Church, 733 Portland Ave, St Paul, 55104. Enter the building through the parking lot door and take the elevator to the basement. Please check us out! Contact Dave at 651-214-5747 or Connie at 651-307-7964 for more information.

**Families Anonymous (FA):** First and third Tuesday evening of each month, 7pm. Support group for families and friends of those dealing with drug, alcohol or other behavioral issues. Is someone you love destroying family harmony by using drugs or alcohol? Free help exists! Join us at St. Timothy Lutheran Church: 1465 N. Victoria Street, St. Paul, MN 55117, or contact Dave E: 612-701-5575.

**Debtors Anonymous:** a group of men and women who use the 12-Step program to solve problems with debt and other money issues.; [www.daminnesota.org](http://www.daminnesota.org) 952-953-8438. Tues, 7-8 pm, Unity Church Unitarian (H), 732 Holly Avenue, St. Paul, MN 55104.

**Recovery International Meeting** at Mary Mother of the Church, 3333 Cliff Road, Burnsville, rm 9 at 3pm. It is a proven self help method to deal with mental illness including depression, anxiety, anger, mood disorders and fears using cognitive behavior therapy. Contact Rita at 952-890-7623.

**Emotions Anonymous:** For those dealing with emotional stress, depression, etc. 7:30pm at Christ the King Lutheran Church, Room 106, 8600 Fremont Ave., Bloomington. Take Penn Ave. south to 86th. Turn left and go to Fremont, just east of 35W. Brian at 952-888-6029.

**Nicotine Anonymous:** 7-8pm at St. Columbia Church/School, 1330 Blair Ave., St. Paul, 55104. For more info call 952-404-1488. More locations.

**Overeaters Anonymous Roseville:** Meetings are held from 10–11am (and Saturday’s from 8-9) at St. Christopher’s Episcopal Church, 2300 N. Hamline Ave., Roseville, Room 218 Call Janie 651-639-4246 for more info.

**A.C.A.,** 5:30-7 pm, Dakota Alano House, 3920 Rahn Rd, Eagan (Hwy 13 & Cedarvale Shop Ctr). 651-452-2921.[www.dasinc.org/](http://www.dasinc.org/)

**A.C.A.** 7pm, Saint Michael’s Lutheran Church 1660 W City Rd B (at Fry). Roseville. Open to all. Step and Traditions meeting.

**Get a Fresh Start!** 12-Step AA group, open meeting Tues., 7pm, at Kingswill Church, 1264 109th Ave NE, Blaine. Denny, 763-757-6512.

WEDNESDAYS

**AA Meeting**, 6:30 – 8:30pm St. Christopher’s Episcopal Church, 2300 N. Hamline Ave., Roseville. Call 651-639-4246 for more info.

**Overeaters Anonymous:** St. Paul Midway: Wednesdays 7–8 PM, Hamline United Methodist Church. Two blocks east of Snelling & Minnehaha. Park in south parking lot, use south entrance to education building. Press buzzer. For more info contact Susan at 651-295-7854.

**Adult Children of Alcoholics:** Wednesdays @ 7 -8:30pm. St. Mary’s Episcopal Church, 1895 Laurel Ave, St. Paul. Meets downstairs, sign in the lobby. For more information call Mary at 612-747-0709.

**Living Proof MN:** Eating disorder online support group. 5:30-6:30pm CST, every Wednesday. Virtual with Zoom app, email for link: [info@livingproofmn.com](mailto:info@livingproofmn.com).

**Transitions:** 7:30 to 9:30pm Support to men and women who are transitioning from incarceration to living in the community. Trained facilitators and peers provide emotional support in a safe, openly honest environment to discuss discouragements, frustrations, temptations. One of the trained facilitators is a woman. The Men’s Center, 3249 Hennepin Ave. S. Minneapolis, 612-822-5892. [TCM.org](http://TCM.org)

**Women’s CoDA Group:** Women’s Only Codependents Anonymous Group. Meets every Wednesday at noon at Colonial Church of Edina, 6200 Colonial Way (Fireside room, S. end of bldg). For more information, call Valerie at 612.741.5281

**Workaholics Anonymous:** A 12-Step program of recovery for people addicted to non-stop work or continuous activity. Meeting is currently online via Zoom. Call Pat for link to the meeting or questions: 763-560-5199. [www.workaholics-anonymous.org](http://www.workaholics-anonymous.org).

**Marijuana Anonymous**, Bloomington, 6-7pm, Minnesota Valley Unitarian Universalist Church 10715 Zenith Ave S. (2 Blocks south of Old Shakopee Rd, on the East side of Zenith) Contact: [bloomingtonma@hotmail.com](mailto:bloomingtonma@hotmail.com)

**Atheist/Agnostic Alcoholics Anonymous**, 3249 Hennepin Ave S., #55 (Men’s Center, in the basement) Mpls, 7-8 pm., Open to Men and Women. For more info write [tcAgnostic@gmail.com](mailto:tcAgnostic@gmail.com)

THURSDAYS

**Co-dependents Anonymous (CoDA):** Thursdays pm, Crown of Glory Church 1141 Cardinal St. Chaska 55318. Open to men and women. For more info contact Rita 952-334-9206; [www.MinnCoDA.org](http://www.MinnCoDA.org)

**Co-dependents Anonymous (CoDA):** Thursdays 7pm, Immanuel Lutheran Church 16515 Luther Way, Eden Prairie 55346. Open to men and women. For more info contact Judy M 612-400-2323; [www.MinnCoDA.org](http://www.MinnCoDA.org)

**Co-dependents Anonymous (CoDA):** Thursdays 7pm, NE Recovery Room at 520 NE Lowry Ave., Mpls 55418. Open to men and women. For more info contact Deirdre 612-619-7595; [www.MinnCoDA.org](http://www.MinnCoDA.org)

**Workaholics Anonymous:** 12 step group for finding balance between work, activity and fun. Meets every Thur. 6-7:15 pm. We are currently meeting by Zoom. Contact us for link and any schedule updates: Gretchen 615-423-9444, Liz 612-229-8930, email: [wafindingbalance@gmail.com](mailto:wafindingbalance@gmail.com).

**New CoDa East Metro Group:** Rasmussen College, 8565 Eagle Point Circle N, Lake Elmo (exit north to Radio Dr. on I-94 E). 6:30-7:30pm. Joseph H. at 715-497-6227 or La’Tosia 651-319-2554.

**Red Book ACA/ACOA:** Recovery Church, 253 State, St. Paul, 7-8:30pm. For more info call Jacob at 612.819.9370 or Bruce at 651-407-6336.

**Recovery International Meeting**, St Phillip Lutheran Church, 6180 Highway 65 N, Fridley at 7pm. It is a proven self help method to deal with mental illness including depression, anxiety, anger, mood disorders and fears using cognitive behavior therapy. Ken, 763-571-5199.

**Adults with ADHD Support Groups:** (first time free) Every Thursday morning 10am-noon and every Thursday evening (except last Thurs of the month) 7pm 8:30pm. LDA Minnesota, 6100 Golden Valley Road, Golden Valley, MN 55422. Tel. 952-582-6000 or [www.ldaminnesota.org](http://www.ldaminnesota.org).

FRIDAYS

**Food Addicts Anonymous:** a 12-step program dedicated to food addiction. Fridays 8-9pm, Living Table United Church of Christ, 3805 E 40th St., Mpls, 55406. LGBT friendly. For more info call Shea at 612-722-5064 or [sheahnsn@gmail.com](mailto:sheahnsn@gmail.com) or [www.foodaddictsanonymous.org](http://www.foodaddictsanonymous.org).

**Recovering Couples Anonymous:** Friday Night @ Minnehaha United Methodist Church, 3701 E 50th St, Mpls, 55417, 6:30 - 8pm. 12-Step couples group meets as couples in recovery from any addiction. The only requirement is the desire to remain committed to each other, and find better ways to communicate and develop intimacy. Call Kathy 612-545-6200 or Allan 612-309-5632.

**Recovery International Meeting** at Bethlehem Lutheran Church, 4100 Lyndale Ave S., Mpls at 7pm. It is a proven self help method to deal with mental illness including depression, anxiety, anger, mood disorders and fears using cognitive behavior therapy. Ruth 612-825-4779.

SATURDAYS

**Overeaters Anonymous Meeting:** 9am at Macalester-Plymouth United Church, St. Paul. For those still suffering from compulsive overeating, bulimia and anorexia.

**Nicotine Anonymous:** Sat. 10am at Linden Hills Congregational Church, 4200 Upton Ave South, Mpls. Enter at the back door. 952-404-1488. Call for locations.

**Spenders Anonymous:** Our purpose is to stop spending compulsively and work toward serenity in our relationship with money. 1-2 pm at Bethany Lutheran Church, 2511 East Franklin Avenue, Minneapolis, MN 55406; street parking or in the church lot; enter through the gate on Franklin and ring the bell; [www.spenders.org](http://www.spenders.org)

**Northeast Minneapolis CoDependents Anonymous (CoDA) Group:** East Side Neighborhood Services, 1700 2nd Street NE, Mpls, 55413 (corner of 2nd Street NE & 17th Ave NE). Park in lot behind building, use rear entry door. Saturdays: 1-2pm. Contact Ralph W. at [rwwink@aol.com](mailto:rwwink@aol.com) or 612-382-0674.

**CoDA Group:** Saturdays 12pm-1:30pm, Suburban North Alano at 15486 Territorial Rd. Maple Grove 55369. Open to men and women. For more info contact Janine 763-458-0812; <http://www.MinnCoDA.org>

**Overeaters Anonymous Newcomer Meeting:** Third Saturday of the month, 1pm.2pm. Sumner Library, 611 Van White Memorial Blvd., Mpls, 55411. For more info contact Allison @ 612-499-0280, Gene @ 952-835-0789 or visit [www.overeaters.org](http://www.overeaters.org).

**Overeaters Anonymous Courage to Change Meeting:** Saturday mornings 8-9am at St Christopher’s Episcopal Church, 2300 Hamline Ave N. Roseville. Contact Donna with questions at 651-633-3144.

**Clutterers Anonymous:** St. Christopher’s Episcopal Church, 2300 N. Hamline Ave., (Hwy 36) room 220, Roseville. 12 step support group meets the first, third and fifth Sat. of the month, 10–11:15am. [www.clutterersanonymous.org](http://www.clutterersanonymous.org)

**Debtors Anonymous:** men and women using the 12-Steps to solve problems with debt and other money issues.; [www.daminnesota.org](http://www.daminnesota.org) 952-953-8438. 9-10am, Bethel Evangelical Lutheran Church, 4120 17th Ave. S., Mpls, 55407 (rooms 7 & 8, enter sliding glass door facing parking lot.)

**Overeaters Anonymous:** 8-9 am, Falcon Heights Community Church, 1795 Holton Street, Falcon Heights. Lisa 651-428-3484.

**Obsessive Compulsive Disorder Support Group:** 1st and 3rd Sat. of the month, 11am -1pm at Faith Mennonite Church, 2720 E. 22nd St, Minneapolis. Website: [tinyurl.com/tccodsg](http://tinyurl.com/tccodsg). Call before coming for direction. Burt at 612-547-6388.

**Adult Children of Alcoholics & Dysfunctional Families:** Saturday, 10am, ACA Club Fridley, Moon Plaza, Boardroom in the lower level of Unity Hospital, 550 Osborne Road, Fridley. Please see [www.acafridley.com](http://www.acafridley.com) for info.

**Men’s & Women’s Support Group:** Meetings every Saturday (including holidays) at 9am. Prince of Peace Church, 7217 W. Broadway, Brooklyn Park. (north entrance.) Informal, safe place to share experiences of joy and concerns. We promote growth & positive change to meet the challenges of our lives. Call 763-443-4290.

**South Side Men’s Group:** Saturdays, 8:20 to 10am Support for men working toward positive personal change. Creekside Community Center, 9801 Penn Ave. S. Bloomington. Visit [www.southsidemensgroup.org](http://www.southsidemensgroup.org).

SUNDAYS

**Co-dependents Anonymous (CoDA):** Sundays 6pm-7:30pm. Located at Unity Hospital 550 Osborne Rd. Fridley 55432. Held in the Boardroom on the lower level. Enter through main doors and take the West elevator down one floor. Open to men and women. For more info contact Aaron 763-670-4894; [www.MinnCoDA.org](http://www.MinnCoDA.org)

**Adult Children of Alcoholic/ Dysfunctional Families (ACA)-Big Red Book:** .11:15am-12:45pm at the Cavalier Club. 7179 Washington Ave S., Edina, MN 55439, voicemail: 507- 312-9423, [aca1115sunday@gmail.com](mailto:aca1115sunday@gmail.com)

**Calix Society:** A group of Catholic Recovering Alcoholics and their family/significant others who desire to strengthen their spiritual growth, meets the 3rd Sun. of the month at Cathedral of St. Paul. Mass at 8am., breakfast/speaker meeting at 9am. Call Jim B. at 651-779-6828.

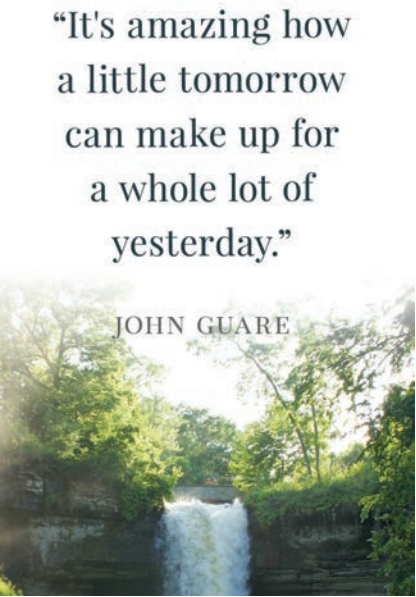
**Deep-Healing Prayer Group:** Discover how God provides healing of memories, emotions, and the body at St. Paul’s Evangelical Lutheran Church, Sundays, 7-9:30pm, [www.Door2Hope.org](http://www.Door2Hope.org). 612-874-1033.

**Eating Disorders Anonymous:** 5-6:30pm in Eden Prairie at Wooddale Church, 6630 Shady Oak Road, 55344. Room 291. Contact Nikki: [nikkiahaven@gmail.com](mailto:nikkiahaven@gmail.com) or call 612-227-4079.

**Opiates Anonymous:** Sunday Evenings at 7 pm at Unity of the Valley Spiritual Center, 4011 West Hwy 13, Savage, MN. OA is the first 12-step-based group in the state of Minnesota offering help and support for anyone with a desire to stop using opiates and all other mind altering substances. If you think that you may have a problem with opiates or other mind altering substances, attending one of our meetings may help you decide if you are an addict. If you want to tap into help and support from people and a program with proven success, this is the place for you. No sign up or registration is needed. Just show up at 7 pm on Sunday evenings. If questions contact Ron Benner at 952-657-9119

ABOUT THE LISTINGS

Every effort has been made to ensure the accuracy of the support groups on this page. However, we recommend that you contact the group before attending. If you have a listing and need to make a change OR you would like your group included (and on our website), please reach out to us at [phoenix@thephoenix-spirit.com](mailto:phoenix@thephoenix-spirit.com). Thank you.





# Wishin' and Hopin'

by Madeleine Parish



I was in the middle of what I thought was a soulful, honest share when a voice bellowed from the back of the room. I turned to see a crusty old guy, holding an unlit cigar, who looked impatient for me to either finish baring my soul or move on to a different subject. “It’s time for you to give up hope for a better past,” he said, before he adjusted the Buffalo Bills cap on his head.

I was at a meeting in my Upstate New York hometown, where I had gone to “show up,” no matter how reluctantly, for Thanksgiving weekend. *Showing up was a big part of sobriety after all, wasn’t it? I hadn’t yet learned that, as there are with many program truisms, there are exceptions.* Because I had gotten so wacky in what I perceived to be a familial pressure cooker, I had run to a meeting, unloaded more than necessary about how and why I was so uncomfortable.

When that old timer cut me off, my internal shame-o-meter shot up to ten out of ten. Had I sounded whiny rather than honest? Was I living in the problem rather than the solution? Thinking of myself when I could have gotten out of myself by being of service? Probably, yes, on all three counts.

But jolting as his comment was, it cemented an important truth: *Hope focuses squarely forward; it doesn’t look back.*

Not long after I returned home from that trip, I was diagnosed with a chronic health condition that landed me in bed and kept me there for going on two years. With my history of addiction, I knew what it was like to wake up after too many nights of too much Dewar’s®, too many little white pills, and/or too many greasy pizza boxes strewn over my duvet...followed by that horrible dawn of despair. *Oh, no! I did it again!* I promised myself I wouldn’t do it again. I hoped I wouldn’t do it again. But despite my good intentions, as an active addict, I lacked the power to stop.

But when I was diagnosed with that chronic but not life-threatening condition, I felt desperate in a different way. I needed to do what I was taught early in recovery: I needed to hope—and, of course, pray—that, for each twenty-four hours, I would continue to be granted the gift of sobriety while taking the necessary actions to deal with this new albatross around my neck. I researched where I could find the best help. I changed my diet. I changed to more gentle forms of exercise. And, on the days I could make it out of bed, I went to church.

One day, at the end of Mass, a woman approached. She heard from the priest that

I was ill. She was organizing a pilgrimage to a healing site in France. *Did I want to go?* At first, I balked. Having just needed to stop working, I didn’t want to spend the money. “*We’ll pay.*” What, this stranger was willing to spend a few thousand dollars to help me? It couldn’t be true. The next excuse I came up with was that I needed to ask my doctors. “Just let me know,” she said as she handed me a business card. Her name, it said, was Hope.

When I sheepishly asked my doctors—both Jewish—I expected each to say the trip would be folly, and too demanding physically. Instead, they each said that not only I should go, but that I must.

When I landed back in the States after what was a spiritually enriching experience, I wasn’t cured. But I knew, as we know in the rooms, that I was not alone. And that, above all, I needed to continue to do whatever I could to get well. I needed to continue to hope.

## HOW HOPE HELPS US HEAL

Recent scientific research is shedding light on the role hope plays in helping us to heal physically. Chinese scientists, for example, have discovered that hope activates a part of the brain—the medial orbitofrontal cortex—that protects against anxiety. Terry Small, a Canadian learning specialist also known as The Brain Guy, wrote in his recent *Brain Bulletin* #47, that, when the brain experiences hope, it releases neurochemicals called endorphins and enkephalins. By mimicking the effects of morphine, these chemicals block pain and boost physical healing.

As a result, we now know that hope plays more than an imagined response in our bodies. But what exactly is hope, anyway? And how, if at all, does it differ from wishing? Two experts who devoted good parts of their lives to answering these questions are Shane J. Lopez, PhD (now deceased) and Jerome Groopman, MD, an oncologist.

Dr. Lopez, the author of *Making Hope Happen—Create the Future You Want for Yourself and Others*, on a program called *Soaring Words*, says that people confuse the terms wishing and hoping. Both, he says, are about the future, but “Wishing is very passive and hope is very active.” He further explains that a person making a wish might say she’d love to have a

Recent scientific research is shedding light on the role hope plays in helping us to heal physically.

certain outcome, but she’s not invested in the process. On the other hand, a person who hopes, is more inclined to not only say “I want this to happen” but goes further by asking “What can I do to make this happen?”

On National Public Radio’s *Talk of the Nation*, Groopman further explained that, while optimists may believe that everything’s going to turn out just fine, those who hope don’t suffer illusions.

Instead, they see problems through clear eyes, in a realistic way. Then they see a possible path to a better future and take actions they feel will help them arrive in a better future. And while hope changes brain chemistry, that doesn’t mean it always results in a positive medical outcome.

Lopez further concluded that hopeful people have the responsibility of giving hope away. “Hope,” he said, “is contagious.” *How do we spread it?* “By sharing our own stories,” Lopez stated.

After studying their research, and trying to align their conclusions with recovery, my inner recoveree started squawking: *What about the spiritual component of hope?* Just the title of Lopez’s book—*Making Hope Happen*—unsettled me. One of the first things a person in recovery learns is how trying to make things happen, trying to control outcomes, needs to be surrendered and that every action needs an addendum: *If it be Your will. Thy will, not mine, be done.* Having been in recovery for a few decades, I was having

## Bami Soro

By George Lewis



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*Healing Professionals*  
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difficulty believing that anyone—expert or not—could even begin to write about hope without ascribing a spiritual context.

But before I let my fingers fly across the keyboard, unleashing my judgments and supposedly superior observations, I remembered that (sometimes) annoying program about restraint of pen and tongue. Though I would have preferred to let my angry energy fill up the page, and, since I’ve learned to not “go it alone” in spiritual matters, I called my friend and spiritual advisor, Richard P. Jackson, in Connecticut. How, I asked, could a person presume to know what the proper outcome to hope for is without praying or meditating in order to discern the right course of action? How is it I’ve spent several decades developing spirituality, improving conscious contact with my higher power, undoing my innate inclination to “make things happen” if, in the end, hope is simply a matter of seeing a clear goal and moving toward it?

Richard, of course, laughed. “Not everyone’s an alcoholic,” he said. “Not everyone needs to consciously connect to a spiritual source before taking action.”

“Why?”

“Because some people are already connected. They don’t have to think about how to get there because they’re always there.

Another reminder that addicts don’t always think and behave like earthlings. “I guess I’ll keep coming then.”

“Good idea.”

Admittedly, I pretended I understood what Richard meant. But I still wanted to know (selfishly) *what about me?* And oth-





**Patricia Rogers,**  
CST-D  
Diplomate  
CranioSacral  
Therapist & Owner,  
Body to Brain  
Therapy

*Patricia Rogers has an advanced CranioSacral practice in Charleston, West Virginia. She is a teaching assistant, advanced preceptor and primary therapist at Intensive Therapy Programs thru the Upledger Institute as well as Integrative Intentions. She treats people of all ages with all types of conditions, including participants of an opioid recovery program.*  
[bodytobrain.com](http://bodytobrain.com)

## Q How can body awareness impact recovery?

Many approaches to addiction recovery incorporate a variety of practices that improve body awareness, including yoga, meditation, mindfulness-based interventions and CranioSacral therapy. These practices foster awareness of inner bodily sensations, which may help to regulate the nervous system and improve substance use disorder treatment outcomes<sup>1</sup>. Body awareness practices have been shown to decrease stress and reduce substance cravings<sup>2</sup>.

Substance Use Disorder (SUD) is driven by disruption of the reward circuit in the brain, which regulates our experience of pleasure and governs the behaviors we repeat in order to feel pleasure. For example, a healthy reward circuit helps us to choose delicious foods in order to get the nutrition we need. SUD is characterized by dysregulation of these neural pro-

### HOPE THROUGH BODY AWARENESS AND THERAPY

## Ask the Expert

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

cesses. Evidence now suggests that body awareness impacts these mechanisms<sup>3</sup>, preventing relapse.

## Q What is CranioSacral therapy?

CranioSacral therapy (CST) is a non-invasive, light touch therapy that supports relaxation of the nervous system and promotes the body's natural healing mechanisms. This gentle hands-on treatment tones the nervous system for enhanced rest and digest functions and allows for release of strain patterns and restrictions within the tissues of the body.

SomatoEmotional Release (SER) is a natural extension of CST. As the body relaxes during CST, sometimes emotions percolate to the surface. SER techniques, practiced by more advanced practitioners, may be used to bring awareness of emotional issues to the forefront. Imagery is used to help make sense of emotions and their sources, so that they may be resolved. Increased awareness and release of underlying emotions allows for deeper level physical healing within the body's tissues.

Developed by Dr. John Upledger, CST draws on his background in cranial osteopathy, his surgical experience and his research in biomechanics at Michigan State University from 1978-1983. Over 125,000 practitioners have trained in CST through the Upledger Institute in 110 countries worldwide.

CST treats a person as a whole. It can be used to address a wide range of physical and emotional issues for people of all ages, from Attention Deficit Hyperactive Disorder (ADHD) to chronic fatigue, anxiety, cerebral palsy, concussion, orthopedic injury, depression, and especially trauma.

## Q How does CranioSacral therapy address trauma?

Traumatic stress disrupts nervous system regulation, creating heightened alertness and can develop into post-traumatic stress disorder (PTSD). Addition-

ally, traumatic events and their associated emotions can be stored within the tissues of the body, called somatic memories. Upledger and many Upledger trained practitioners have utilized CST as a hands-on treatment of trauma in the body<sup>4,5,6</sup>. CST facilitates relaxation of the nervous system. It promotes tone of the ventral vagal part of the nervous system, which calms breathing and heart rate. It also provides an opportunity, only when the client feels safe and ready, to integrate and release destructive emotions associated with traumatic events, facilitating deeper levels of healing of the tissues of the body. This body-based, noninvasive approach to trauma treatment taps into the body's wisdom and is guided by the body's innate knowledge of what is needed for healing. CST treatment supports feelings of safety and empowerment to the trauma survivor.

## Q How did you get involved in treating SUD?

My home state of West Virginia has been particularly riddled by the opioid crisis. I jumped at the opportunity to get involved when I was invited to participate in a State Opioid Response grant, which provides a variety of integrative therapies to participants of an outpatient program for opioid recovery in my community. The program provides participants Medically Assisted Treatment (MAT) under a physician's care in addition to CranioSacral therapy, massage, acupuncture, physical therapy, yoga and nutritional support.

## Q Can you explain more about how CST works?

The application of gentle, light pressure supports the nervous system to relax. Responding to this light touch held over a period of time, tissues soften and lengthen, allowing scar tissue to release its restrictions and making sustainable changes in the shape of the body's fascial network. This light therapeutic touch connects with structures layer

by layer, as the therapist's awareness is drawn from one layer to the next, allowing for treatment of structures deep within the system.

Though structures can be treated throughout the body from head to toe, special focus is given to the CranioSacral system, which includes the brain and spinal cord and the connective tissues surrounding them. Restrictions are released in these areas in order to optimize central nervous system function. Additional techniques are used to enhance the flow of cerebrospinal fluid, which bathes and cleanses the brain and spinal cord.

The deeply relaxed and safe space created by CST may naturally allow for somatic memories to arise in the form of mental images or emotions. Experienced therapists may employ therapeutic imagery and dialogue techniques to make sense of the images and release destructive emotions associated with somatic memories. This process of SomatoEmotional release in turn leads to a deeper capacity of the body's tissues to heal.

## Q What are you finding in CranioSacral treatment of people in opioid recovery?

Every CranioSacral session is highly individualized. There's no knowing, from one session to the next, what may be presented for treatment. And the program is still young with room to learn and grow. But what I'm observing so far provides great hope. Here are special considerations I've come to look for, as opportunities arise:

- For a person in opioid recovery, it may be overly challenging to receive touch from a therapist at first. Before a session, I find that video chat with the client helps set expectations, providing extra opportunities to ask questions and express concerns. If during the session the client struggles with feeling unsafe, hands-off techniques may be used, as necessary, to return the client to feelings of safety in the present moment.



## Help Helps

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from page 10



- I also find it valuable to talk about the physical experience of feeling emotions, which may be particularly uncomfortable for some people with SUD. Conversation beforehand may help the client tolerate this experience if it arises. Continued treatment may help the client become comfortable experiencing a range and depth of emotions, leading to increased emotional maturity.
- Trauma is a common factor leading to SUD<sup>7</sup>. Some people with history of trauma may have clear memory of traumatic events from their past. Others may have repression of traumatic memories, which is a valuable defense mechanism that aids in survival but may lead to disruptions in day-to-day memory recall and intrusive flashbacks. Treatment of SUD must be approached with the awareness that a history of trauma may impact the therapeutic process. This makes fostering feelings of safety of utmost importance. Supporting relaxation by promoting vagal tone is central to all CST treatments, but is particularly integral to trauma treatment. The branch of the nervous system that innervates the gut, called the enteric nervous system, may also be impacted in people with a traumatic past, and CST treatment may focus on these structures as part of the healing process<sup>8</sup>.
- As mentioned above, dysfunction of the reward circuit of the brain drives SUD. Prolonged opioid abuse can actually rewire the reward circuit as well. So, I keep in mind to check in with these structures and treat them whenever the opportunity arises. This can be particularly critical for those who also have eating disorders.
- Many people in opioid recovery had an underlying pain pattern before their addiction to opioids began. CranioSacral therapy can be used to treat the site of injury or pain, for example knee or back pain. In addition, chronic pain may result in hyperactive areas of the brain involved in the processing of pain, called the pain matrix. For people in recovery, I keep the structures of the pain matrix of the brain on my radar for CranioSacral treatment.
- With or without a history of PTSD, the lifestyle of people before and during active addiction is often high stress. Many people in recovery have stress related illnesses. Depending on a recovery patient's background and

medical history, CST may address various systems of the body, for instance, the urinary, lymphatic or immune systems.

- Thus far I've talked about CST in terms of the body and mind, but when I say it treats the person as a whole, that may include the spirit as well. Spiritual connection is central to recovery for many people with SUD. For clients in recovery, their CranioSacral treatment may incorporate step work from their 12-step program, or spiritual growth work in whatever way benefits them. Some of the most impactful sessions I've facilitated involved therapeutic imagery and dialogue with incorporation of the spiritual aspect of the self. My role is to support whatever belief system the client brings with them to the treatment, checking my own beliefs at the door.

**Q** What should I look for in a CranioSacral therapist to support my recovery?

You may search for a therapist<sup>9</sup> in your area, trained thru the Upledger Institute. This listing shows which courses each therapist has taken. It also shows whether a therapist is Techniques and Diplomate Certified through the Institute. When you reach out to a CranioSacral therapist, arguably the most important criterion is how safe you feel interacting with the prospective therapist. It may be valuable to ask if they are comfortable and experienced treating trauma. Also consider that your CranioSacral therapist should approach your treatment without agenda, allowing your healing process to be guided by you and your body's innate wisdom. (S)he should be willing to work alongside whatever support system and other medical and mental health care you find beneficial. When you find the right fit, a qualified CranioSacral therapist will help you feel safe and supported to work through your therapeutic process at a pace that's just right for you.

<sup>1-9</sup>For reference information on this article, please visit [thephoenixspirit.com](http://thephoenixspirit.com).

*If you have a question for the experts, or you are an expert interested in being featured, please email [phoenix@thephoenixspirit.com](mailto:phoenix@thephoenixspirit.com). Experts have not been compensated for their advice.*

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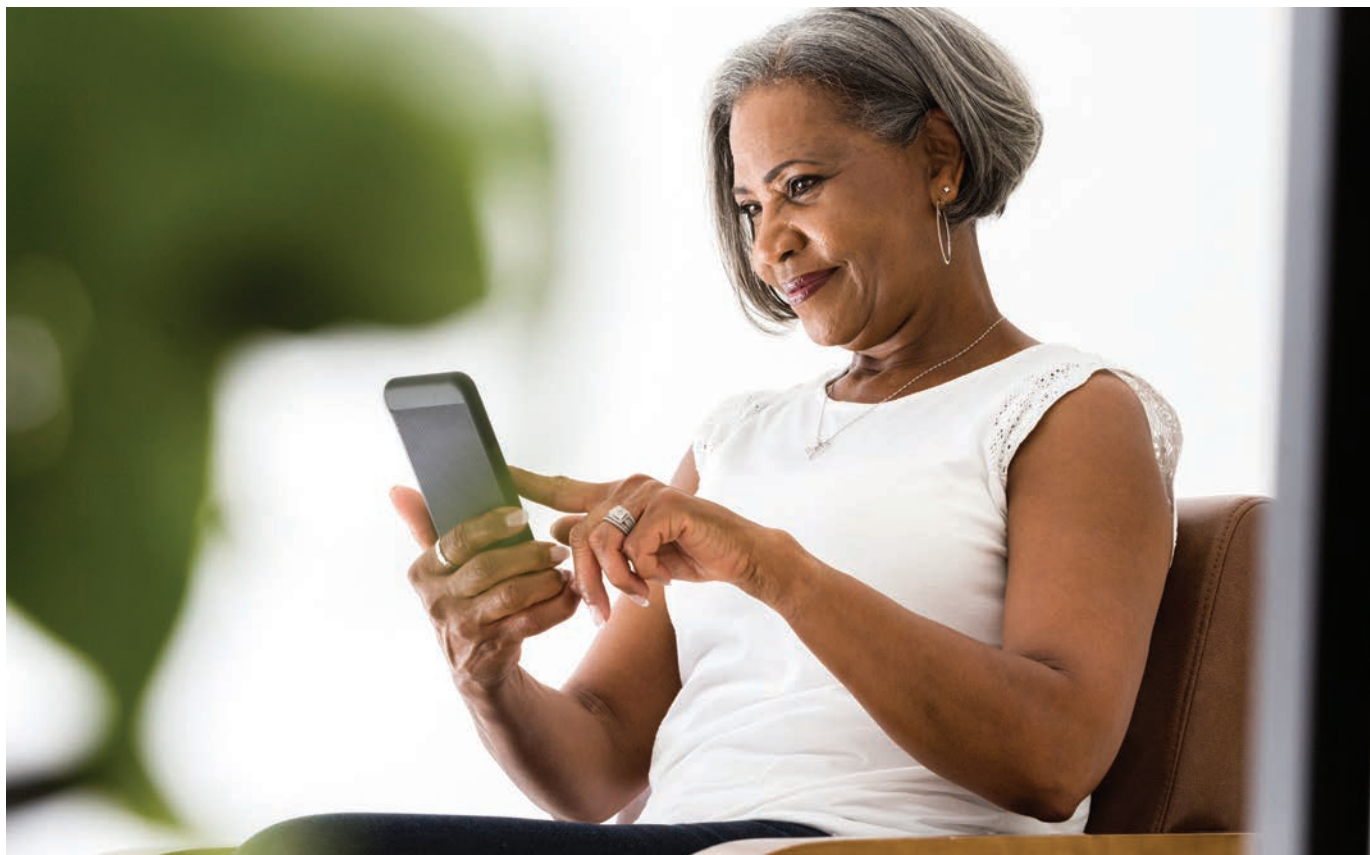


FROM THE STATE OF MINNESOTA



# Our New Virtual World of Care

by **Paul Fleissner**



A statewide telemedicine study is taking advantage of the emergency waivers due to the COVID-19 emergency to study the effectiveness of telemedicine.

This past spring, when the COVID-19 pandemic struck, people in need of behavioral health services were blindsided.

While in-person treatment programs were considered essential services and continued, many people, especially those at higher risk, stayed away. Even more, outpatient services and other supportive services were unable to offer people the help that they needed. This had a major impact on many people seeking substance use disorder services and mental health services, including children, many of whom receive services at school.

Technology to the rescue. Telemedicine is the use of electronic information and telecommunications technologies to support long-distance clinical health care, including behavioral health. Technologies include videoconferencing and telephone.

However, a number of state and federal laws and rules limit the use of telemedicine for Medicaid services, meaning that telemedicine services were unavailable to many of the people who needed care the most.

From the very beginning of the peacetime emergency, the Minnesota Department of Human Services went to work with providers, advocates and the federal government to waive a number of state and national laws and rules to allow providers to be reimbursed for these services. Changes that in normal times would have taken months or years to make, happened in weeks, with the changes applying retroactively as well. In the example of children receiving services in schools, this meant that the kids could receive services even if they were distance learning.

But our job isn't done. Now the question is: What happens after the pandemic? The waivers end shortly after the declared emergency ends. Do we go back to how we did business before?

That's what we need to find out. A statewide telemedicine study is taking advantage of the emergency waivers due

to the COVID-19 emergency to study the effectiveness of telemedicine.

To find answers to the study, we have, and continue, to conduct focus groups with health care providers in Minnesota. The groups seek to answer:

- How was telemedicine used before the pandemic in primary health care, mental health care and substance use disorder treatment settings?
- How is telemedicine used during the pandemic in these health care settings?
- Is telemedicine effective?
- What barriers do health care providers and patients face?

Thus far, the study has found that:

- Some patients who would otherwise not access care due to their illness, travel distance, lack of transportation, lack of child/senior care or level of motivation can more easily access services in the comfort of their home.
- Telemedicine improves equity in access to health care for minority groups.
- Telemedicine made it easier to access services and easier to involve other family members in health care services.
- Telemedicine freed up time to serve more people in need of services, since health care staff could provide services from one location, eliminating drive time between provider sites.
- Attendance was improved by fewer no-shows and late arrivals.

That's just a start. The study will continue, and we will continue to learn how best to get more people the care that they need.

Through a careful, methodical, clear-eyed approach to understanding this issue, and by working with partners such as providers and advocacy organizations, we can make wise, cost-effective decisions for the future of telemedicine in Minnesota.

**Paul Fleissner** is the Director, Behavioral Health Division, Minnesota Department of Human Services. Have a question for the DHS? Let us know at [phoenix@thephoenixspirit.com](mailto:phoenix@thephoenixspirit.com).

## Virtual Support for Your Recovery

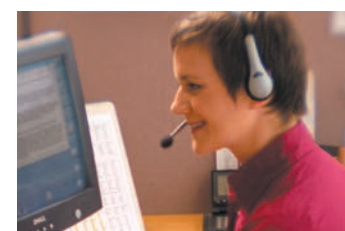
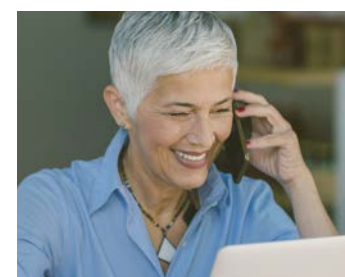


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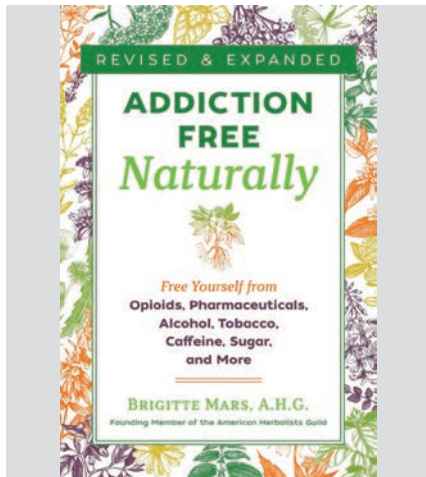
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# Books



## Addiction-Free Naturally

By Brigitte Mars  
INNER TRADITIONS

In this holistic guide to beating addiction, Brigitte Mars details how to replace negative habits and behaviors with positive healthy ones and safely support your body, mind, and spirit for a successful recovery. The author shares specific herbs, supplements, homeopathic remedies, flower essences, behavioral therapy, and alternative practices, such as meditation and yoga, that can help liberate you from habitual substance use and ease the withdrawal period as well as methods for cleansing the body of toxins and healthy ways to combat depression, anxiety, fatigue, and stress.

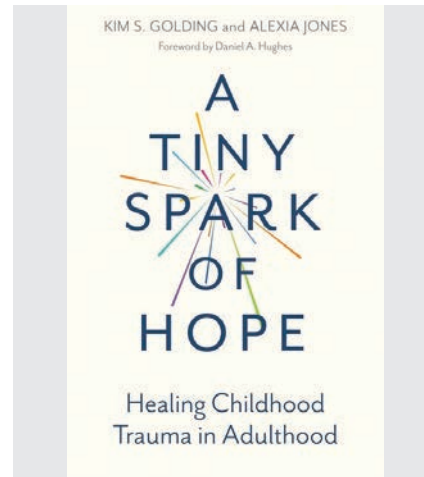


## The Second Chance Club

Hardship and Hope After Prison

By Jason Hardy  
SIMON & SCHUSTER

Prompted by a dead-end retail job and a vague desire to increase the amount of justice in his hometown, Jason Hardy became a parole officer in New Orleans at the worst possible moment. Louisiana's incarceration rates were the highest in the US and his department's caseload had just been increased to 220 "offenders" per parole officer, whereas the national average is around 100. Almost immediately, he discovered that the biggest problem with our prison system is what we do—and don't do—when people get out of prison.



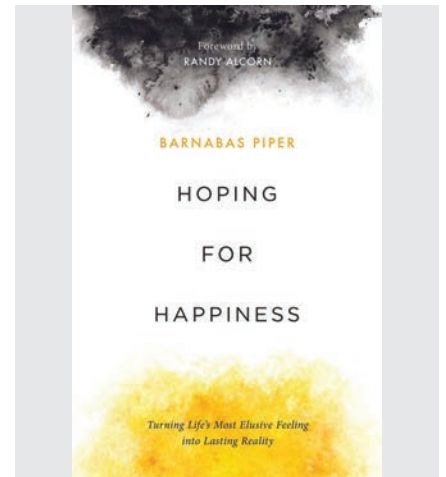
## A Tiny Spark of Hope

Healing Childhood Trauma in Adulthood

By Kim Golding & Alexia Jones  
JESSICA KINGSLEY PUBLISHERS  
(RELEASE JANUARY 21, 2021)

This is the story of Alexia and her therapist Kim, and their three-year therapy journey to begin Alexia's path to recovery. Written from both perspectives, it is a powerful and revealing account of a therapist-client relationship.

Together, the authors show the manifold challenges that adult survivors of childhood abuse have to overcome, and offer insight to all therapists on how relational interventions can pave a way to healing.



## Hoping for Happiness

Turning Life's Most Elusive Feeling Into Lasting Reality

By Barnabas Piper  
THE GOOD BOOK COMPANY

Everyone wants to be happy, and we all pursue happiness in different ways. Some people are thrill-seekers; others are homebodies. Some people are loners; others love big families or communities. Some people express things creatively; others consume what is created. Some sing; others listen to music. Whatever we find happiness in, we are united by our desire for work that matters and relationships that fulfil.

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](mailto:phoenix@thephoenixspirit.com).



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from page 1

## A Time to Heal

We are not powerless to grow from this ordeal as others have done. Love is always more powerful than hate. It is up to us to make a difference.

### WHAT WILL IT TAKE TO HEAL OUR WOUNDS?

In our brokenness the place to start is with hope, perspective and action. Let's start with perspective. We have survived many similar horror stories in our national history and come out the better on the other end. The huge number of deaths of the Civil War taught us how to deal with handling mass deaths and grief. Long ago people didn't understand grief. Family members wondered where their beloved dead went after they passed. Spiritualism and talking to the dead developed in this era. Eventually people learned after the civil war to understand grieving as a necessary and healthy part of life. Hence the spiritual life of people became a more prominent and ever-present part of American lives.

Facing other tragedies have given us hope. The massive inter-generational trauma of racism is still being worked out today for the better beyond the Civil Rights movement. The utter importance of human dignity is being affirmed in people of all colors. In fact Color has become less valued as a separator than the unity of our collective humanity. We are all of the same race—the human race. Kindness, listening, debunking stereotypes and affiliation show great promise in healing racism.

The plague of 1918 resulted in our having a more thorough understanding of disease transmission and treatment. The very science of epidemiology was rooted in this pandemic and is what allows us to manage and eliminate it with a vaccine today. Undoubtedly none of us would have chosen these ways to learn about life. Fortunately, despite our misery, we have learned invaluable lessons.

Even in our current unresolved dilemma with electing a demagogue to lead our country there is much hope. Our global heroic and expert epidemiology has provided us with exceptionally effective and safe vaccinations as a way out of this plague in even less than one year. The American People have opted to affirm Democracy and be lead by a person of good character despite how nearly half of its citizens would choose otherwise. The possibility for racial justice, equal gender opportunity and overall tolerance of differences has never been greater.

It remains for us to find ways to include and value those who would have chosen to do otherwise. Our challenge is massive but like other past challenges can be resolved if we can bring out the better angels of our nature and find ways to unite us all.

Let us not forget: We have what it takes to heal our worst wounds.

### WHAT ACTION IS REQUIRED?

Although I don't have all the answers to our current crisis I do know many things that will help heal us thanks to what I have learned from my clients over 40 years. Let's examine common contrasting views our current crisis:

↔

*I cannot believe people these days. How can you vote for a dishonorable person for President? How can people walk around without masks as if there were no pandemic?*

*How can I ever celebrate holidays with relatives who detest the Black Lives Matter movement? How can I ever be friendly with my neighbor who says the election was a fraud. He will never take down his political yard signs? How can I find peace in such a divided world?*

↔

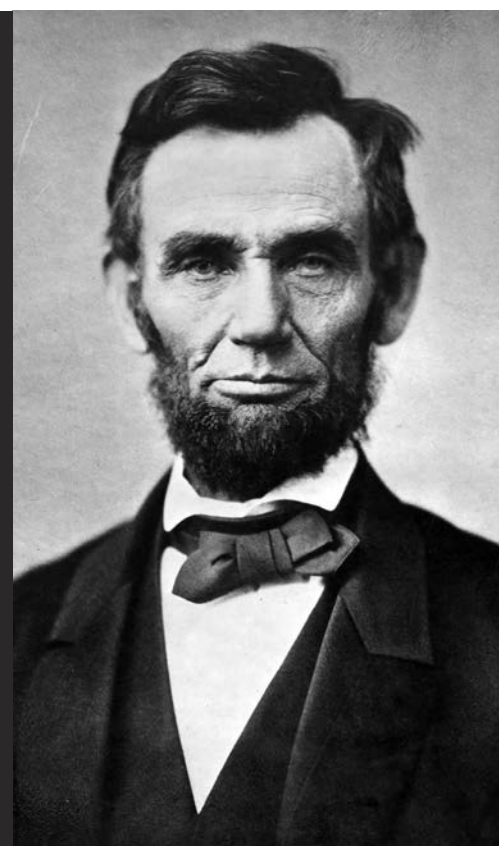
*Our election was a fraud. How could anyone not see what a great leader our current President is?! The only way that could happen is the ballot counting was corrupted. The Supreme Court will straighten things out. This whole pandemic is a hoax. Why wear masks when most people don't get serious symptoms from this virus? We have drugs for everything and a vaccine just round the corner. No one is going to take away my freedom. After all we are Americans! We need to hold people personally responsible for their actions. Just look at what happened in Minneapolis with the looting and burning. This is what we can look forward to if we defund the police. There will be no peace if we embrace the radical left!*

↔

Ever heard of these perspectives before? Indeed you have. They represent ex-

*We are not enemies, but friends. We must not be enemies. Though passion may have strained, it must not break our bonds of affection. The mystic chords of memory will swell when again touched, as surely they will be, by the better angels of our nature.*

ABRAHAM LINCOLN



treme views from both sides of our cultural dialogue that left unresolved will keep us forever divided and weaker as a country. They are distancing views disguised as common sense. It's quite tempting for each side to have unquestioning faith in its own position and to see the other side as deranged. Repeated patterns cause many of us to not only see the views as deranged but the people who have these views as off their rocker and untrustworthy. Divides like these cause social distrust, paranoia and trauma. I have seen many of these views in my years of couple therapy, especially in those with a lot of hopelessness and one step away from divorce. This is when I typically say, "Well at least we are making progress here!"


After all passionate views show ardor for a relationship and is far better than apathy and detachment. At least these sides have something in common. What really keeps them apart is fear. For people to unite each side needs to realize the sanity and value of the other side. The place to start is to have enough humility to realize you are not the ultimate holder of all truth, thank God. You only hold some of the truth and you need the other side to get the whole picture.

For healing to occur you must be willing to listening to others who have different views from your own. Clearly some people may be abusive if you try to listen


to them. Other people may be hopelessly unreachable no matter how hard you try to know them. They may see you as the enemy and not want to be open with you. Let these people be. Most people are not like that. So please don't see others as the enemy. Even people who differ from you have many fine qualities and are worth knowing. Resist the urge to change others or argue. Approach others with curiosity, respect and a willingness to learn. If all you do is listen that will be good enough.

Allow time to heal and have faith in the magic of respect. Realize that you also must change if you want others to change. I have found in my clinical work that the most difficult people are often the ones I most need to hear from. Their point of views often startles and surprises me in the most helpful ways since I have not traveled to where they go. Look for what you have in common and erase judgments of other people. Then you will have a partial connection and your tension will greatly reduce. Many couples I have seen who once fought like cats and dogs are today joined at the hip and still somewhat disagree. Every time you make a friend out of an enemy or at least try to with your better angel, you get closer to heaven and you like yourself even more.

There are many more parts to healing than this discussion allows. Respecting differences is probably the best start.



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from page 14

Other steps might include having national grief rituals like building a memorial wall for those who have died from the Corona Virus, donating to food shelves (Second Harvest and Hallie Q-Brown Food Bank) and welcoming people of different races and cultures into your life. You will feel much less alone in this world and way more trust in others. Ultimately the person you heal the most is yourself and you will be amazed at the result.

↔  
“I have always felt that a human being could only be saved by another human being. I am aware that we do no save each other very often. But I am aware that we save each other some of the time...The miracle on which one's unsteady attention is focused is always the same, however it may be stated or however it may remain unstated. It is the miracle of love, love strong enough to guide or drive one into the great estate of maturity, or, to put it another way, into the apprehension and acceptance of one's own identity.” — James Baldwin.

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er people in recovery? Without acknowledging that we, when acting without belief that hope or any other “gift” results from connection with a Higher Power, aren’t we falling back into thinking we’re the ones with the power? And, as a result, aren’t we taking back our will? And, therefore, moving toward a drink or drug or family-sized package of Oreos? Doesn’t that suggest that our invocation of a Higher Power’s grace is unnecessary?

I needed to talk with people in recovery. So, I called Sally, a friend with long-term recovery in Boca Raton, Florida. What did she think of my reactions? Better yet, what was her experience of hope in her years working the twelve steps?

By way of background, Sally is a devout, practicing Catholic who has enjoyed a close relationship with her Higher Power, whom she calls God, since early childhood. But despite her parochial education and her consistent church attendance, she admits that it wasn’t until years of addiction landed her in recovery rooms, and she worked her way up the steps to Step Eleven, that she learned meditation was a requirement for long-term recovery. Tentatively, she started to meditate. At first, five minutes a day. Gradually, as she practiced daily, she began to experience her higher power, God, in a new way. “All I did was sit still. No easy feat for me. I asked to be heard and I learned to listen. When I started to hear answers to my questions and life problems, I understood hope for the first time. So, for me, it’s only because of the steps that I learned what hope is. And, as for trying to access hope without talking to God? No, I can’t imagine what that would be like, or what good it would do.”

Next, I contacted a social worker with long-term recovery in coastal Connecticut to see what she had to say from a professional perspective. She relayed a recent experience with a new client who had come to her weeks earlier. The man, with over twenty years of recovery found himself in dire financial straits when the pandemic forced him to close his café in a Connecticut beach town. At her suggestion, he wrote out a collection of aspirations for how he might resolve his money situation. He wrote, for example, that he wanted to “...reopen his business, on a smaller scale, within six months.” In order to do that he planned to ask a family member for a personal loan at a reasonable rate of interest and look for a small storefront he could open as a carryout only coffee shop until he made a certain amount of money to fund the café’s reopening.” In the meantime, he “would not engage in negative thoughts or actions.” And how, in order to do that he would first “...Connect with God’s grace.”

In other words, he did see a clear-eyed path forward. He did create an action plan. But, his hope, his dream, was predicated on his knowledge that it was only by God’s grace that he would be offered, and be able to receive, the grace that would—hopefully—manifest his dreams.

Ahh. After speaking to those two in long-term recovery, I felt I was back on solid footing. But when I then spoke to a friend and former Gulf Coast, Florida addiction counselor, things got dicey again. “No,” she said. “I can’t speak on hope. I don’t really believe in it.”

What? Shouldn’t she, of all people, be quoting the Big Book or the Twelve and

Twelve on the role hope plays in recovery? Before I could ask her that question, she pointed me to a quote from Anthony de Mello, a Jesuit priest, now deceased, known for his practical but sometimes nontraditional teachings. In a seminar called *Aware* in 1987, de Mello said this to his audience on the subject of hope, “You want to hope for something better than what you have right now, don’t you? Otherwise, you wouldn’t be hoping. But then you forget that you have it all right now anyway, and you don’t know it. Why not concentrate of the now instead of hoping for better times in the future? Why not understand the now instead of forgetting it and hoping for the future? Isn’t the future another trap?”

Aha! Now I saw what my friend meant when she said she didn’t believe in hope, *because it takes us out of the present, depriving us of the opportunity to live fully in the moment.* That I could certainly understand, now that I’ve had a pretty considerable amount of time in recovery, and now that I’m (most days) out of the excruciating pain I was in when my chronic illness was at its worst. Yes, I can live in the moment, grateful for each sober 24 hours, each sober breath, even for the opportunities I have when significant challenges want to try to block out the sunlight of the spirit.

But I also know that, when active alcoholism had its hands around my neck, trying to choke the life out of me, or when depression or my immune disorder were at their worst, if I hadn’t had the comfort of hope, the connection to my Higher Power that allowed me to believe in the possibility of less pain, or a day without a drink or a drug, I wouldn’t be here now to write this story. And if a newcomer called me this afternoon, desperate to know if her life could get better, you can be sure I would offer her not just my experience and strength, but an outsized dose of hope as well. I may not be able to give her a better past, but I can certainly give her hope that, if she learns to put down the drink or the drug or any other addictive substance or behavior, one day at a time, her life will get better as she begins to heal.

**Madeleine Parish happily lives and writes in South Florida.**

**Stands Alone in Words**  
(Inspired by the rhythm of *The Man who Sold the World* by David Bowie)

I know, you're afraid, of me  
Because, I'm sailing free  
I'm lost, behind, my eyes  
In, my dreams I'm live  
*I wrote, the best, for you*  
*You scoped them, through your view*  
I'm distant,  
I'm there,  
we cared  
We kept apart still here

We know,  
We're wrong

We're Stands Alone in words

Not you,  
I think

I'm Stands Alone, in words

I've squandered, the time, we shared  
My Artisan, is bare  
You looked, the other, way  
I fade, myself as-tray  
*I gave, you, self-esteem*  
*We saw, our future, mid-stream*  
It seems,  
the theme,  
is screened  
You saw the real in me

We know,  
We're wrong

We're Stands Alone in words

Not me,  
You think

You're Stands Alone, in words

You know,  
I'm wrong

Stands Alone in words

Not us,  
We think

I am Stands Alone, in words

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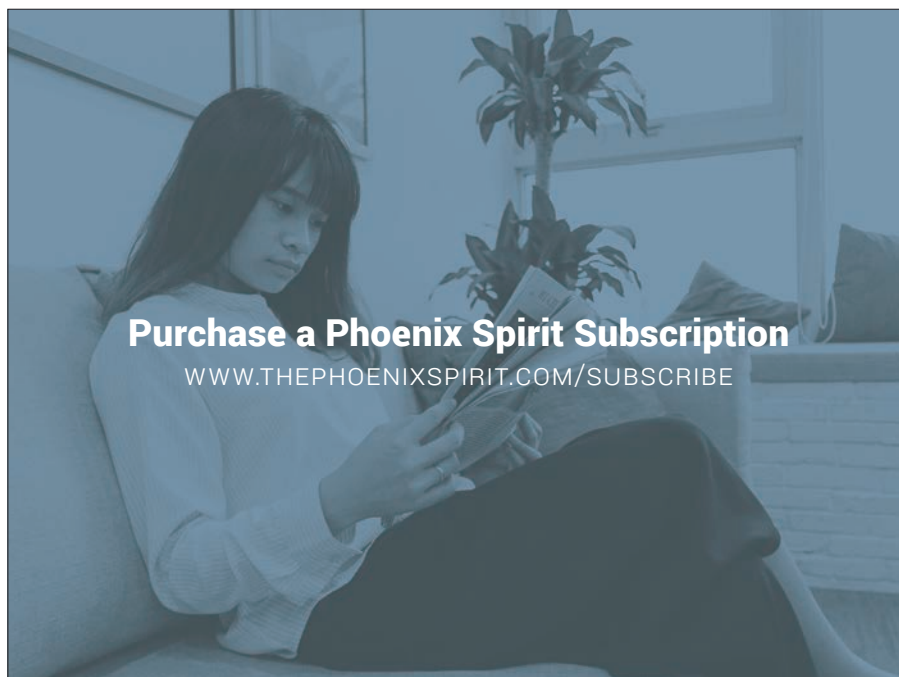
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# Becoming Community

by **Mary Lou Logsdon**



*"The most daring thing is to create stable communities in which the terrible disease of loneliness can be cured."* — KURT VONNEGUT

I miss people. I miss little people, big people, happy people, crabby people. I miss the spontaneity that a safe environment supports. I miss hugging friends and rubbing shoulders with strangers. I miss my church community where we lingered over coffee and donuts each Sunday. I miss the church community that gathered across the street from us and waved their friendly *hellos* as they came and went. I miss smiling with my whole face and not just my eyes. We have a new baby on our block, born of the COVID-19 generation, who I have only seen wrapped in her parents' arms. She'll be crawling or maybe walking before I can even meet her! I miss babies.

I am among the fortunate whose marriage is alive and we like keeping company together. Not everyone is so blessed. Many live alone, sometimes in physical proximity with others, but emotionally and spiritually distant. We have a pandemic of loneliness as well.

How will we return to community as this time of isolation is eventually behind us? Maybe *return* is not the right word. Maybe the community we want is different from the one that has been thrust into chaos these past many months. We can see that our old ways of being together have not been good for everyone.

As we move toward Martin Luther King Day, perhaps it is a good time to revisit the *Beloved Community*. In Dr King's vision, within the *Beloved Community* all people can share the wealth of the earth; poverty, hunger and homelessness will not be tolerated; all forms of discrimination, bigotry and prejudice will be replaced by an all-inclusive spirit of sisterhood and brotherhood.

"We the people" our Constitution begins. We. *All of us*. Not just the strong or the sober or the sensible. All of us. Young and old, rich and poor, gay and straight, regardless of faith, pigmentation, or place of origin.

We are social animals. Among our American myths is that life belongs to the fittest or the smartest or the richest. It turns out the best life belongs to those who cooperate. How did we get to a place where we choose to beat or even destroy those we see as the opposition rather than win together? To keep out rather than welcome in? To judge based on group identity rather than individual behavior?

All of us are miraculously here. I heard an elder speak to the long chain of events that had to happen in order for each of us to be here. All the ancestors that had to live, the meeting and partnering of our various antecedents, the progress of science and medicine to allow so many to live here and now. A whole community sacrificed to bring us here. Are we living a life worthy of such sacrifice?

We are learning that the plant world also builds and sustains community. Within a social network, trees communicate, warn of dangers, support new life, share their wisdom and bounty. Ecologist Suzanne Simard describes how trees use a network of fungi to communicate within and among a community of trees, and not just of their own type. For instance, paper birch and Douglas fir work together to assist each other in getting nutrients. The birch supports the Douglas fir during the heat of the summer, the fir returns the fa-

vor in the autumn when the birch has lost its leaves while the green needles of the fir can still generate the chemical energy that they both need through photosynthesis.

"It's this network," Simard says, "like a below-ground pipeline, that connects one tree root system to another tree root system, so that nutrients and carbon and water can exchange between the trees."

Healthy forests have Hub trees, also called Mother trees, that aid small young saplings, which are limited by the canopies of older and larger trees from creating their own energy. The Hub tree passes on necessary nutrients. When the young tree is in distress, more nutrients are sent. Those Hub trees continue to grow and share life with young trees for hundreds of years. I am reminded of a quote by George Bernard Shaw, "I am of the opinion that my life belongs to the whole community and as long as I live, it is my privilege to do for it whatever I can. I want to be thoroughly used up when I die, for the harder I work the more I live"

Peter Wohlleben, author of *The Hidden Life of Trees*, says "the reason trees share food and communicate is that they need each other. It takes a forest to create a microclimate suitable for tree growth and sustenance. So, it's not surprising that isolated trees have far shorter lives than those living connected together in forests. This is because a tree can be only as strong as the forest that surrounds it."

Isn't that true of us as well? We are only as strong as our community. When a small town loses its main business soon the village cafe closes, then the gift shop, followed by the grocery store. Young people leave for healthier locales and eventually the last stalwarts die out. We, too, are only as strong as our community.

Buddhist monk Thich Nhat Hanh has predicted that the next Buddha will not take the form of an individual but rather a community, a community practicing understanding and loving kindness.

The Judeo-Christian tradition has a custom called Jubilee. The book of Leviticus describes it as a year to refresh, to forgive, to set free. It is a time to restart and begin anew. What if we entered the new year truly new? We could let go of old grievances, forgive those who have hurt us, practice patience with those who annoy us.

How do we want to be community going into this new year, new decade, new view of what health means? We are experiencing a timeout. As the vaccine rolls out, we reside in a liminal space of not quite here yet not quite there. Let us set our intentions as to what this new beginning might be. Going back isn't good enough. Let's go forward...together.

My hope for the new year is that as we manage the COVID-19 epidemic we also manage the loneliness epidemic and the estrangement epidemic and the uncontrolled contagion of competition.

We are not meant to live alone. Like the forest, we thrive in a diverse, supportive, welcoming community. Let us be our *Beloved Community*!

**Mary Lou Logsdon** is a Spiritual Director in the Twin Cities. She teaches in the Sacred Ground Spiritual Direction Formation Program. She can be contacted at [logsdon.marylou@gmail.com](mailto:logsdon.marylou@gmail.com).