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## Recovery is an Art

How Two Artists Contribute Their Creative Spark

by Pat Samples

Opera singer Bryan Garcia and tattoo artist SaraEmma Regalado have something rare in common. Both use their creative skills to foster self-healing in the recovery community. Coming from harsh beginnings and troubled histories of substance abuse, they are each bursting with enthusiasm as they ramp up their efforts to share the healing power and joy of artistic self-expression.

Garcia, an addiction counselor at Hazelden Betty Ford Foundation in Center City, MN, uses a diverse musical toolkit, ranging from operatic arias to drum circles, to help patients surface and express clogged emotions. His hope is to build music therapy into more treatment settings.

Regalado sees her tattoo work, one of her many art forms, as a way to honor people's stories with body markings that reflect landmark moments in recovery or other changes in their life. On social media, she's become a hit with videos she makes of herself creating art, offering viewers a quirky kind of high-speed meditation experience. Regalado recently joined with other artists, many in recovery, to form Unified Theory Collective, which opened its doors in June in Uptown in Minneapolis. Artists and others in the community can come there to experience art making, with little or no cost.

**LOOKING GOOD WHILE FEELING BAD**

Garcia wasn't born into a classical music world. He grew up on the poor side of Santa Fe, New Mexico, in a family just

scraping by after his father walked out on them. Though a whiz in school, "I always felt kind of awkward," he says. "Nerdy, like I wasn't enough." Once in high school, he had plans for how to feel better.

"I remember walking into high school and saying to myself, 'OK, I know that there's alcohol, drugs, sex, and I'm going to find it all,'" he says. "And that was really what I did."

With an easy talent for music, Garcia was already in a band in fourth grade. That talent, plus his knack for getting his hands on booze—stolen at times, made him the guy other kids wanted to be around. He also aced his academics and did well in choir and band.

**...in a cell alone for a day, he came to consider for the first time that he might be an alcoholic.**

"A really good cover," he calls it.

At age 15, he got his first addictive buzz.

"The first time that I took a drink and the first time that I smoked weed," he says, "I just felt all this tension—you know, like, my dad wasn't there, and we don't have enough money and I'm not cool enough—I just felt it all relax, and it just all made sense. So, I chased that."

Pursuing drugs, sex, and money continued in college and also in graduate school, where he pursued operatic singing. When his substance use led to run-ins with the law, he skated through the experience cleverly, using "alcoholic math"—carefully timing his drinking episodes between urine tests while on probation.

JOHN H. DRIGGS, LICSW

## Guidance for Women: How to Meet the Love of Your Life

Probably the most important decision that you will make in your life is who to have as a life mate and who to co-parent with in raising your children. This is a sacred passage in your life, often referred to as the Intimacy Phase of being emotionally close in a committed relationship to another human who is dedicated to you over the long haul. Unfortunately, this is easier said than done. According to recent data, about 35-50% of first marriages end in divorce, while second marriages have a higher divorce rate of 60-70+%. Many of us could benefit from learning how to pick our partners more wisely since the lasting damage of selecting the wrong mate can disillusion us for life and cause immense suffering for our children.

I am writing this article because of my counseling work of 40 years with women in relationships. I have seen so many painful situations regarding women which often lead me to ask, "How could such a loving and smart woman make such bad choices in relationships?" Women seem to already know what is going on in relationships, unlike men. They talk themselves out of what they already know or else mistakenly believe that they have the power to change men who are in relationship with them. Women too often get shortchanged in relationships with men. They lose their identity to men, allow themselves to be made crazy by men who are gaslighting them and they ruin their lives trying to save hopeless and abusive men they are with. Women tend to disempower themselves when they are intimate with men. How this happens is the subject of this article. Clearly, some women do find good and dependable men to be with for long term relationships. This is because they are smart, make good choices in men and don't fall for the sacrificial views of women portrayed in pop culture.

So how does this misuse of women happen? Unfortunately, our cultural training of women for relationships sets them up for failure. Too many women don't have loving relationships with their dads, and they devalue themselves. Rather than being sane and rational in courtships with men and driving a hard bargain they tend to immerse themselves in romantic fantasies, elaborate wed-



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# The Phoenix Spirit

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

**PUBLISHERS**  
Aaron and Jen Shepherd  
4190 Vinewood Ln. N  
Suite 111 PMB 403  
Minneapolis, MN 55442  
612-615-9740

**EDITOR**  
Louise Elowen  
phoenix@thephoenixspirit.com

**SALES DIRECTOR**  
David Goldstein  
612-298-5405  
ads@thephoenixspirit.com

**COMMUNITY RELATIONS DIRECTOR**  
Jen Shepherd, MSW, LICSW, CCA  
jen@thephoenixspirit.com

**CONTRIBUTING WRITERS**  
John H. Driggs,  
Sharon Falsetto Chapman,  
Mary Lou Logsdon,  
Kristine Preston, Pat Samples

**T**he 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.

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LETTER FROM THE EDITOR

## Words

by Louise Elowen



*"Raise your words, not your voice. It is rain that grows flowers, not thunder."*

RUMI

**W**ords. A jumble of letters, a jumble of languages, a jumble of context. There is more power in words than many a battle fought with a sword, to paraphrase the quote "The pen is mightier than the sword."<sup>1</sup> But only if you know how to use them.

If you are wondering how that might work, take the example of Amanda Gorman, a poet who came to attention for her inauguration poem, *The Hill We Climb*. She used her talent with words to voice social injustices for people who didn't have the words to do so. The power in the words that she used struck a chord with many, particularly at a time when the world was going through many changes. Others turn to words to tell their story when faced with an injustice such as a wrongful incarceration or a wrongful arrest. Those in recovery often tell their story through poems, books, and art, or other mediums to help express feelings when words don't come. Words can also be a great comfort in a time of crisis.

History was initially passed down orally through stories from generation to generation, until a scribe began recording events, through written words, for future generations to learn from. Hundreds of words mangled and melted into stories and through many languages. Were they all accurate? Probably not, but they did conjure up tales and fantasies of a time

and lands forgotten in the mist, a time we wouldn't have even a hint of knowledge about without those words.

Words are indeed a powerful tool. But sometimes words are used wrongly. People often think that if they shout louder at someone, they will be understood better. In reality, it's not the *level* of your voice, but the *power of the words* that you use. If you want to use the power that you have in words, think carefully about *what* you say, and *how* you say it, rather than at the *volume* you use.

There is a reason that much healing is achieved through the arts. Writing, painting, drawing, music, sculpting, and making things out of nothing but our thoughts, imagination, and experiences helps us to process things that cannot always be expressed practically. We create something beautiful from an experience that might have been horrific for us. Abuse, addiction, loss – all take time to process and heal from. The arts can help us to gently do that, in our own time.

And perhaps words will eventually come to you, giving you back the power you might have lost. Use those words wisely. To help yourself. To help others. To create a more beautiful world.

With a word to the wise,

*Louise*

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# A Broken Wing

by *Davis S.*

It was May and I had just passed through the most painful period of my life. I was 51 years old and living alone in the same city I had lived with my family for the past twenty years. On warm evenings, I sat in a lawn chair and enjoyed the setting sun. One evening, I sat in rapt silence as the yard filled with swarms of butterflies, dancing in the shafts of lowering sun. To my great pleasure, they were present every evening for the next two months.

My personal decline began two years earlier. It was a winter weeknight, and I was home recovering from knee surgery. I was engaged in my favorite activity – reading aloud to my daughters, when I experienced a sharp pain in my gut. I chalked it up to acid indigestion, since I was now of the age where using Zantac had become routine.

I had been married to Laura for nearly 20 years. She knew me well, and when I told Laura about the pain, she persuaded me to go to the emergency room, which on a cold night in Minnesota was not the least bit appealing. We gathered up the



Laura and I were distant partners at this point. She could not bring herself to comfort me, and it would be much later that I would learn why — she was terrified by my continued use of narcotics. She blamed me for my job loss and believed she was seeing a familiar pattern develop, one which would take me to the depths of addiction. She was right.

Two episodes of post-surgical opioid use in the past ten years had led to serious addiction, during which I shirked responsibilities while Laura held our young family together. Both episodes ended with me going to treatment, and she was not prepared to do it again.

Eventually, I healed, but it ended badly. My psychic wounds were deep and

*It is my belief that to experience joy in life, all men reach a time where they must face their fears head on. This was my time.*

girls and headed out.

At the hospital, the doctor was puzzled by the cause of my pain. I had a multitude of tests. After a CAT scan, the doctor returned to the room, looking rather grave, and to our shock informed us I had developed a post-surgical blood clot in my leg which passed through my heart and settled into both lungs, a pulmonary embolism (“PE”). We learned a PE is very difficult to diagnose and nearly 25% of the patients do not survive the night. I spent nine days in intensive care — a frightening incident which resulted in the death of 20% of my lung.

Traumatic experiences can be difficult to shake. After I left the hospital, I was emotionally off balance for some time. Yet despite my fear and growing depression, no comfort came from my wife, for reasons I did not yet understand. I skidded into a dark place, and the narcotics I used to treat my physical pain began to comfort my emotional pain as well. After three months of convalescence, I was able to return to my job. I was grateful for the distraction.

I believe a poor attitude attracts negative energy and then, negative energy attracts misfortune. This seemed to apply, and despite my return to work, I was struggling to maintain any semblance of good fortune. I was awash in self-pity.

My father had worked at the same company for 42 years and retired the first year I began working there. It didn’t work that way for me. As so many companies were, mine was in the midst of a contraction unlike any before. Shortly after my return, I received notice my job was being eliminated. After 15 years, I was released from employment, my last day of work on my 49th birthday. Unemployment at middle age was not in my life plan.

my depression worsened. I found myself again in treatment, unable to stop using the pain medication without intervention.

Scared and confused, I reached out to Laura, but in my heart I knew our connection was gone. She made it clear she did not want me to come home. She sent a letter to the treatment team telling them of her plan to end our 25-year relationship and with it, my treasured role as daily Dad to my beautiful daughters. I was devastated. At age 50, I was now unemployed and without my family.

Life became an exercise in endurance, and even feeding myself became a monumental task. While in treatment, I lost weight, found it impossible to sleep and never smiled. I frequently thought about ending my life.

It is my belief that to experience joy in life, all men reach a time where they must face their fears head on. This was my time. I was broken, but not beaten, and I was not prepared to die. My children did not deserve that legacy. Instead, I turned outward and asked for help. I began a daily routine of prayer and meditation. I listened to what my counselors and peers told me. I took my medicine, real and spiritual, and began to exercise. In my heart I knew I’d always been a survivor and to do so now, I had to change.

I took full advantage of everything the experts said I needed, moving from treatment to a halfway house and then on to a sober boarding house. Income was scarce, save a few dollars from my part-time job. I learned to cope. Using contacts from my corporate work, I landed a modest job in the same field as before. I began to grow up.

One more terrific blow came shortly after I left treatment. My Mom, Mary, was a woman who had her share of problems in life, but also a woman who engaged a

beautiful smile and showed tremendous devotion to her family. Sadly, she had an unhealthy relationship with alcohol throughout her life and in time, her kidneys and mind began to fail. Shortly before my divorce, we moved her to a local nursing home.

It was deeply painful to watch Mom lose her memory and with it, her dignity. It was difficult to have her ask me each time I visited how my wife and children were doing, but she knew no better.

Mother declined rapidly. She was suffering and we debated pulling the plug, but in the end, we did nothing, until the nursing home stepped forward and demanded we address the issue. They felt it was time to stop her suffering. We chose to stop her dialysis, an incredibly hard choice to make, though we were fortunate to bring her home for the end. Seven months after I separated from my family, Mom passed, seemingly with very little pain, her children and husband at her side.

After Mother’s funeral, I returned to my backyard butterfly watching, and it was there I had an experience which best symbolized the changes in my life over the past year. On one of those evenings, I held out my left hand on a whim. Within 30 seconds, a beautiful Monarch landed on it. She was unique, with a broken left wing which glistened in the sunlight. She stayed perched for a minute and then flew off.

Intrigued, I returned the following evening, and again held out my hand. Immediately, the same butterfly landed, this time staying until my arm tired. I dubbed her “Mary” after my Mom. Nearly every evening over the ensuing couple of months, I would come out near sunset, hold my hand up and Mary would land within seconds. She would stay until my arm let go, flying in an awkward arc attributable to that broken wing. Her presence filled me with wonder.

One evening in late August I raised my hand for Mary to come, and she did not. It was then I noticed all the butterflies were gone. They had flown for Mexico, a long and arduous trip. I thought of Mary, and what a challenge that flight would be with a broken wing.

And in that instant, I knew my life would be fine, for if Mary could move on to meet her destiny with a broken wing, then so could I.

*Note: At age 52, I went to Graduate School and obtained two Master’s Degrees. I am now employed as a Drug and Alcohol Counselor in an effort to bring some hope to those who suffer this terrible disease.*

Please send your First Person articles to [phoenix@thephoenixspirit.com](mailto:phoenix@thephoenixspirit.com).

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### Eating Disorders

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### Seniors

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### Substance Use Disorders

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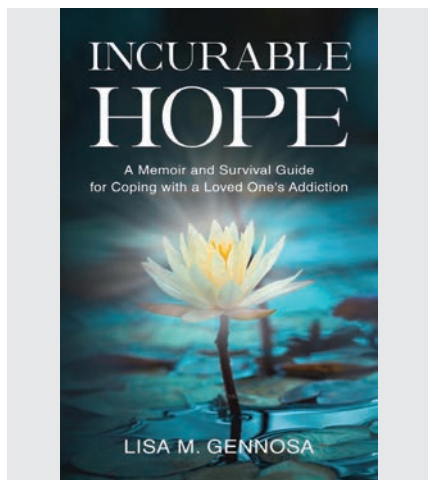
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To place a Resource Directory listing call David at 612-298-5405 or email at [ads@thephoenixspirit.com](mailto:ads@thephoenixspirit.com)



# Books



## Incurable Hope

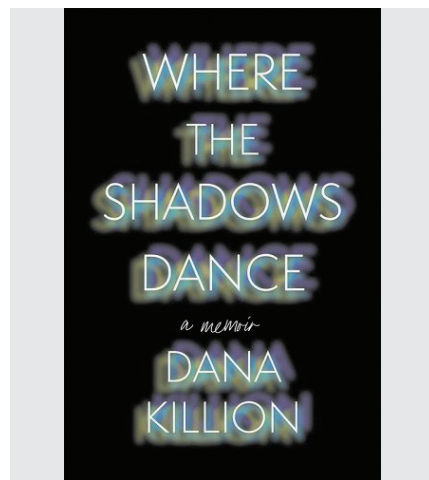
A Memoir and Survival Guide for Coping with a Loved One's Addiction

By Lisa M. Gennosa  
CAPUCIA PUBLISHING

*Incurable Hope* is a loving mother's memoir of her only child's disease of addiction and overcoming the multiple traumas he endured. This book examines how substance use disorder, mental health, and trauma can collide with the legal and medical systems. More importantly, it is a survival guide, a resource guide, and a desperately needed tour guide through the labyrinth of addiction.

Consider underlying trauma, depression or anxiety if you recognize signs of self-harm in your loved one. We often want to blame the addict and ask, "why are you doing this to me?", when the understanding should be, "why are they doing this to themselves?"

Lisa writes: "Let us work to find hope for ourselves and our loved ones so that we may all improve our approach to the ever-increasing need for human compassion and empathy in today's world. It's almost impossible to imagine, but I am grateful for what our family experienced. It's not what I would wish for any other family to go through, but it gave us purpose, strength and fortitude. We persevered."



## Where the Shadows Dance

A Memoir

By Dana Killion  
AMPLIFY PUBLISHING

In her debut memoir, *Where the Shadows Dance: He Got Sober. I Got Broken*, author Dana Killion exposes the heart-breaking journey of sacrificing her own needs while fighting for her husband's sobriety. The memoir uncovers the challenges faced by those who have loved an addict and explores the transformative power of reclaiming one's self-worth.

As addiction takes center stage in a loved one's life, individuals supporting the addict often find themselves pushed into the background, their own identity overshadowed by the demands of the disease. When the addict achieves sobriety or when the loved one makes the difficult decision to leave, a new journey begins—one of self-discovery and rebuilding.

*Where the Shadows Dance* goes beyond the realms of marriage, delving into the sacrifices made for love and the courage required to prioritize self-worth. Dana Killion's memoir resonates with women who have suppressed their needs and who are searching for the strength to reclaim their lives. It is a story of resilience, shedding light on the lives of those who feel invisible and empowering them to step out of the shadows.



## Addicted to My Recovery

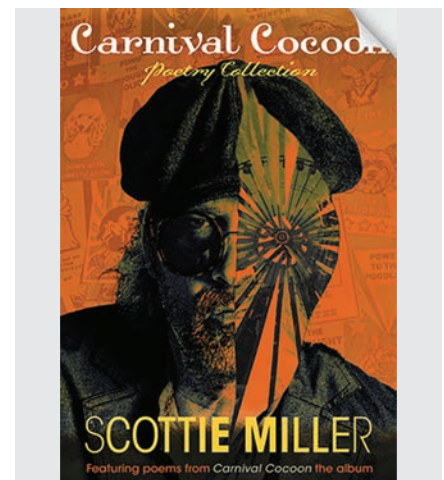
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By Leriza May  
SELF-PUBLISHED

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## Carnival Cocoon

Poetry Collection

By Scottie Miller  
SELF-PUBLISHED

*Carnival Cocoon* is a debut poetry collection by musician Scottie Miller. (Scottie Miller Band and keyboardist for four-time Grammy nominated singer Ruthie Foster.) His poems are arranged into five, distinct chapters that revolve around the human condition. Lyrical, free verse, improvisational and beat styles soar with vivid imagery. Miller's kaleidoscopic and musical perspective fill this collection. This modern-beat-poet writes about interaction with dreams, nature, the spirit world, his disdain for war, greed and the abuse of power.

This collection also empathizes with addiction, recovery, mental illness, and Miller recounts his own experience in those realms. He expresses his frustration with inequality, homelessness, wrongful imprisonment and the divisiveness of the world. From the gum-spotted sidewalks of New York City to the frozen streets of northeast Minneapolis, Miller recites haunting dreamscapes. Reminiscing, singing and playing the piano through his words, he brings us on a wild trip into the jazz beehive of Berklee College of Music in Boston. Then, takes rest in the warm, welcoming light of an Irish tavern. Every word expressed with strength, experience and hope.

Many of the book descriptions are taken from the publishers or promotional releases. 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) and we may include it in an upcoming issue.

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He was aware, however, that his drug use was ruining his singing voice. After failing at a major, juried vocal presentation in his grad program, he was at risk for getting kicked out.

His path to sobriety began after blacking out at a party and landing in jail on the suicide watch. Stripped naked and in a cell alone for a day, he came to consider for the first time that he might be an alcoholic. Then, after being released into the general prisoner population, he experienced a fortunate loss.

**A LOSS THAT WAS A WIN**

"I was playing chess with this guy," Garcia says, "and just kind of as a joke, he says, 'OK, if I win, you've got to bail me out.' And he beats me up and down." After Garcia was released, sitting at home alone with his thoughts, he decided he had to do something useful. He called a cab and headed to the jail to post bail for the chess winner. He started telling the cab driver his plans, and his whole story poured out of him.

"And then I say these magic words," recalls Garcia. "You know, I think I'm an alcoholic and I need to get sober. And he kind of perks up, and he says, 'You're an alcoholic? Well, I'm an alcoholic.' And he says, 'If you want, I know a place that can help get you sober. I'll take you there and I won't even charge you.'" The driver gave Garcia his card. Two days later, in June 2015, the cabbie drove Garcia to his first Alcoholics Anonymous meeting, introducing him to the world of recovery.

"I'm also someone who lives with mental illness along with addiction," he says, and plenty of therapy was needed. He began experiencing his music as more of a mindfulness practice, "having to play something a thousand times just to try to get it right, but being OK if it's not," he says.

**MUSIC MAKES ITS PATIENT DEBUT**

After completing his graduate music studies, Garcia also earned a graduate degree in addiction counseling. Two years ago, he came to Hazelden to begin his counseling work. A patient who spotted Garcia's music degree certificate on his office wall asked about his music background. Word quickly spread among patients that he was a classically trained opera singer. They wanted to hear him sing. He wondered, too, if music might help his patients in some way, so occasionally he would open a group session with an op-



Photos from top left to right / clockwise: Bryan Garcia (Photo provided Garcia); Dog drawing by SaraEmma Regalado; Regalado tattooing; Self-portrait; Regalado family. Opposite page: Regalado portrait drawing. (Photos provided by Regalado)



eratic aria. He noticed that the music was opening up emotional vistas for patients, and soon he was running drum circles to start group time. Before long, he became so excited about how the patients were benefiting that he plunged into exploring music therapy models, and he is now making plans to pursue formal studies in music therapy. Recently he started offering Saturday music workshops as an extra benefit for patients.

In the drum circles, the patients check in by giving their name and an emotion they are feeling, then give that feeling a sound on the drum. From there, starting with simple rhythms, the group moves into playing on the drums together, filling the room with a kind of group heartbeat that captures everyone's attention and

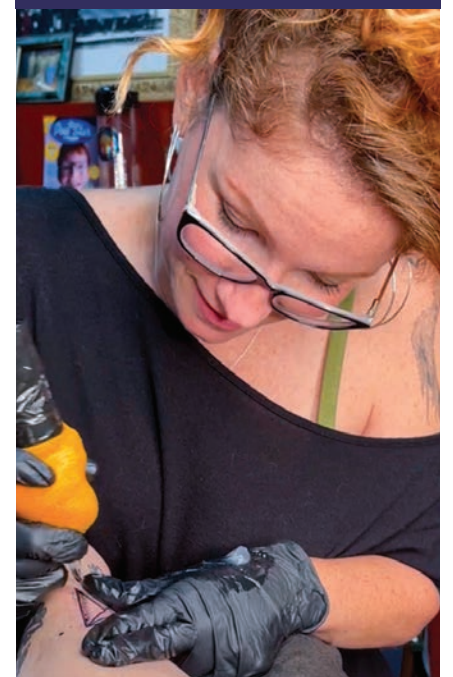


connects them as only music can. That kind of connection is at the heart of recovery, he says.

Garcia emphasizes both this connection and mindfulness by asking them, "OK, while we were playing drums, did anybody care about anybody else's religious preference? What about their politics? Did anybody care? You know, did anybody worry about anyone's sexual identity, gender identity, anything like that? We were all just here, playing drums and connected."

He also asks if, while they were playing, they were worried about their legal, family, or other problems, or concerned about guilt or shame. The answer is usually no. "I'll hit home that that was a mindfulness practice. You were OK for a

**"Having that creative outlet really helped me to reframe a lot of my story and let out the emotions of that story that I couldn't necessarily voice to people before."**



short period of time. You were just in the moment, and you were OK."

Garcia makes use of a variety of music exercises with patients, all of which help them access and express what they are feeling and discovering. Patients may work together in small groups to write a song and share it, or they may be asked to describe how someone else's musical moment affected them.

In his first Saturday workshop, one patient said he'd always wanted to perform in front of a group but would get too high or drunk to do it. That Saturday he got his wish, along with plenty of cheers and applause. Another patient had been waiting 20 years to perform an aria. The group welcomed his spontaneous, a cappella performance.

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Brian Leighton, musician and vocalist

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[minnesotarecovery.org/gratitude-breakfast](http://minnesotarecovery.org/gratitude-breakfast)

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Garcia believes that music has another benefit for patients, offering lessons that also apply more broadly to recovery. Both recovery and making good music, says Garcia, “take time and practice and a willingness to see the stumbling blocks. It may be slow, or something may just click, and you’ll get it. But it always takes practice, daily practice.”

**ARTISTIC MOVEMENT SLOWS HER DOWN**

As a child, SaraEmma Regalado spent tons of time making pictures. Drawing with colored pencils was a “soothing thing” for her, she says.

“I was a pretty anxious kid, and so whenever I was feeling that anxiety, I found comfort in that rhythmic movement of coloring.”

Regalado was raised by a single mother, living with her in a battered women’s shelter for a time when they first arrived in Minnesota.

“It was really tough, because she was raising two kids on her own, trying to put herself through school and work a full-time job. She was very active in the LGBTQ space, and back then it wasn’t so accepted. I kind of fell into my own space of wanting to belong and went from zero to 60 with drugs and alcohol.

It took a long time and a bracing moment with Regalado’s own three-year-old to break from that life.

“It was really just this moment of her looking up at me and asking me why I had sad eyes,” she recalls. “I felt like she was like peering into my soul, like I was seeing myself as a child and realizing that I needed to become the mother that I needed as a kid.” The moment propelled Regalado into getting sober. She went to meetings every day, found a 12-Step sponsor, and sought out therapy and other support services that included art.

“Having that creative outlet really helped me to reframe a lot of my story and let out the emotions of that story that I couldn’t necessarily voice to people before,” she says.

Now a mother of three children and twelve years into recovery, art is still her go-to source of comfort. “It’s become like a moving meditation for me, practicing art.” Its calming effect has been a support in her recovery from drug and eating addictions, and it helped her get through the stresses of the pandemic. “I’m focusing so much on what is present that I, like, physically and mentally go there into that space,” she says.

Though she had avoided art as a career path initially, fearful of being unable to make a living. Regalado’s art making has exploded into a wide range of media uses from painting commissioned portraits to creating tattoos. For a time, she used her artistic moxie as the creative director at the non-profit Minnesota Recovery Connection.

**A CREATIVE PARTNERSHIP WITH CLIENTS**

She refers to tattooing as “the most challenging art form that I’ve had to learn, but it’s been really, really nice being able to help people rewrite their stories, their narratives, with art on their bodies.” Clients, says Regalado, usually come in wanting to mark something intimately meaningful on their bodies, such as an expression of their identity or a rite of passage. A person in recovery might



want a tattoo of their recovery date or a clock image to represent 24 hours of recovery each day. “It can be a way to reclaim our bodies in a very creative and artful way.”

She considers it “a privilege to share such an intimate space with someone—and hear their story,” she says. “People are very vulnerable when they’re in a chair and getting a tattoo.”

“Whether someone privately commissions me or I’m doing a tattoo for somebody, it’s all about a collaboration,” she says. In her conversations with clients, she tunes in to what images and stories arise, and she works with clients to find the right creative visual interpretations to reflect these themes.

Regalado drew on her go-to art practice to work through what she describes as her own “turbulence” when coming out as bisexual. “Creating with art was a way of really sitting down and finding peace within myself,” she says, “while also being able to create more space and room for what was shame to now become something of a strength.”

**CREATING COMMUNITY AND GIVING BACK**

A passion for sharing with others the healing aspects of art making and also her love of collaboration prompted Regalado to get on board with another tattoo artist, Willard Malebear, Jr., who has been pulling together a group of artists to form Unified Theory Collective. These artists see the space on Hennepin Avenue as a kind of community center where art making and collaborative healing experiences are available for both personal and social change. Both amateur and professional artists are welcome.

“Our goal,” she says, “is to be able to provide free art supplies to the community and to be a main source of wellness for not just people in recovery, but those just in the area that want to have a safe and drug-free art space to use those tools and maybe learn from other professional artists.”

Anyone can drop in anytime and find a way to create and learn during its open hours on Wednesday through Saturdays. Scheduled creative events are also planned, and the space is open for use by private community events as well. Business and individual members and nonprofit partners, especially recovery organizations, help finance the operation. The artists in the collective are also available to go into organizations to create commissioned art or lead art making events.

For Regalado, it’s a place where she can give back to others what art has given to her. “It’s just so fulfilling,” she says. “It feels very full circle.”

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

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# Art Gallery

A special thanks to Artability / People Incorporated and Missions, Inc.'s Hart House for providing these wonderful pieces of artwork to share with readers.



*Hanging mobile by Allisa B.*



*"Like a Tattoo" by Dave Fallon*



*Collage by Erica L.*



*"Covid" by Susan Galvin*



*Collage by Michelle P.*



*"Go Twins" by Ellie Allakhverdiyev*

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# Education Directory

The following is a complete list of recovery high schools in Minnesota and a partial list of higher education offering addiction studies.

## RECOVERY HIGH SCHOOLS

**APEX Recovery School**  
Rochester, MN  
507-328-3999  
[www.alc.rochesterschools.org/academic-programs/apex-recovery-school](http://www.alc.rochesterschools.org/academic-programs/apex-recovery-school)

APEX Recovery School offers a school community of support for students in recovery from substance use and co-occurring disorders up to age 21. Not all of our students are in recovery, we also support students with familial ties to recovery.

**Central Freedom School**  
Mankato, MN  
507-387-3047  
[www.chs.isd77.org](http://www.chs.isd77.org)

Central Freedom School exists for adolescents returning to the community from recognized substance abuse treatment centers and/or has been identified by support services. Students must be committed to obtaining high school credits in a safe and supportive, chemical-free environment.

**Insight Recovery School**  
White Bear Lake, MN  
651-773-6400  
[alc.isd624.org/academics/insightrecovery-school-clone](http://alc.isd624.org/academics/insightrecovery-school-clone)

The Insight program is a school within a school which operates within the ALC building, partnering with ALC teaching staff. We seek to support the student in an individual recovery plan

**The Lakes Recovery School**  
Detroit Lakes, MN  
218-844-5687  
[alc.dlschools.net/student-services/recovery-school](http://alc.dlschools.net/student-services/recovery-school)

The Lakes Recovery School is open to students that have successfully completed a residential or outpatient Chemical Dependency program and have a desire to remain sober. The Recovery School offers daily CD groups with a Licensed Alcohol and Drug Counselor to help students navigate their recovery journey as they complete state education requirements to earn their High School Diploma.

## RECOVERY HIGH SCHOOLS

**McKinley ALC Recovery School**  
Waite Park, MN  
320-370-6823  
[www.isd742.org/alc](http://www.isd742.org/alc)

A school-within-a-school, creating a supportive classroom setting for youth in recovery to continue their education. Credit is earned daily toward math, language arts, social studies and science, as well as daily recovery group. Credit recovery also offered for students as needed.

**P.E.A.S.E. Academy**  
Minneapolis, MN  
612-378-1377  
[mtcs.org/pease/](http://mtcs.org/pease/)

P.E.A.S.E. Academy is here to serve high school aged students, grades 8-12 who are seeking to engage in recovery from substance use and misuse. We offer unique supports and provide a great education to place students on a pathway of lifelong success and founded in 1989, P.E.A.S.E. is the oldest recovery school in the nation.

## COLLEGE / GRADUATE SCHOOLS

**Bemidji State University**  
Bemidji, MN  
218-755-2058  
[www.bemidjistate.edu](http://www.bemidjistate.edu)

Offers an Addictions Certificate program to become a Licensed Alcohol and Drug Counselor (LADC) and a minor in Substance and Behavior Addictions to enhance a student's practice in social work or human services.

**Century College**  
White Bear Lake, MN  
651-773-1700  
[www.century.edu/programs/addiction-counseling](http://www.century.edu/programs/addiction-counseling)

The Addiction Counseling program is designed for career opportunities in entry-level positions in the field of chemical dependency counseling

**Fond du Lac Tribal and Community College**  
Cloquet, MN  
218-879-0808  
[www.fdlccc.edu/degrees-certificates/certificates-diplomas/chemical-dependency-counselor/](http://www.fdlccc.edu/degrees-certificates/certificates-diplomas/chemical-dependency-counselor/)

## COLLEGE / GRADUATE SCHOOLS

**Hazelden Betty Ford Graduate School of Addiction Studies**  
Center City, MN  
1-855-929-6242  
[www.hazeldenbettyford.org/graduate-school-addiction-studies](http://www.hazeldenbettyford.org/graduate-school-addiction-studies)

Masters degree in addiction counseling programs are based in addiction studies and the treatment of substance use disorders, but also include intensive coursework and emphases on mental health and co-occurring disorders.

**Metropolitan State University**  
Minneapolis / Saint Paul, MN  
651-793-1302  
[www.metrostate.edu/academics/programs/alcohol-and-drug-counseling-bs](http://www.metrostate.edu/academics/programs/alcohol-and-drug-counseling-bs)

Prepare for a career as an alcohol and drug counselor. Help save and enrich the lives of people struggling with addiction by studying on campus in Saint Paul to earn a bachelor's degree in Alcohol and Drug Counseling

**Minneapolis Community & Technical College**  
Minneapolis, MN  
612-659-6000  
[www.minneapolis.edu/academics/school-education-and-public-and-human-service/addiction-counseling](http://www.minneapolis.edu/academics/school-education-and-public-and-human-service/addiction-counseling)

This program prepares students for Minnesota Alcohol and Drug Counselor licensure.

## COLLEGE / GRADUATE SCHOOLS

**St. Cloud State University**  
St. Cloud, MN  
320-308-0121  
[www.stcloudstate.edu/programs/addictions-counseling](http://www.stcloudstate.edu/programs/addictions-counseling)

Classes and field work experiences introduce you to the best ways to help those with alcohol, tobacco, drug, gambling and other process addictions.

**University of Minnesota**  
St. Paul, MN  
612-301-6127  
[www.ccaps.umn.edu/master-professional-studies-addictions-counseling](http://www.ccaps.umn.edu/master-professional-studies-addictions-counseling)

Master's in addiction counseling program prepares students to treat clients with substance use disorders by providing strong theoretical and practical foundations in evidence-based treatment modalities, clinical skills, professional and ethical responsibilities, and client advocacy.

**Winona State University**  
Winona, MN  
507-535-2551  
[www.winona.edu/counseloreducation/addictionscounseling.asp](http://www.winona.edu/counseloreducation/addictionscounseling.asp)

The Addiction Counseling Certificate Program (ACCP) course sequence is intended to prepare graduates for credentialing as a Licensed Alcohol and Drug Counselor (LADC) in Minnesota.



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images: Eric Sherarts, Untitled (bird and leopard) and David Bauman, Crater





GOING TO SCHOOL FOR ADDICTION STUDIES

# Ask the Expert

**Sadie Broekemeier**  
MA, LADC, LPCC

*Sadie is co-president of the Treatment Collaborative and a member of the board of governors of the Minnesota Association of Resources for Recovery and Chemical Health (MARRCH). In addition, Sadie serves as an adjunct professor for practicum, case management, and assessment in the Drug and Alcohol Counseling Program at Anoka Ramsey Community College. Sadie holds a bachelor's degree in psychology from the University of Minnesota Duluth, a master's degree in addiction counseling from Hazelden Betty Ford Graduate School of Addiction Studies. She holds Minnesota licensures as a professional clinical counselor (LPCC), and alcohol and drug counselor (LADC).*

**Q** Could you please share a little bit about your background and what led you to pursue a career in alcohol and drug counseling and education?

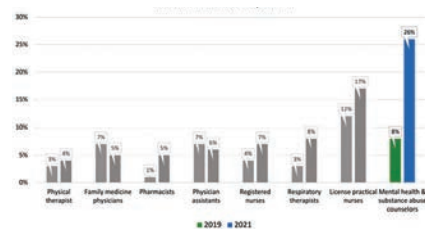
My name is Sadie Broekemeier and I have been working in the field of behavioral health since 2008. I pursued my higher education through Anoka-Ramsey Community College while I was a junior and senior in high school. This allowed me to begin at the University of Minnesota with a head start on a degree in psychology. Upon graduation, I enrolled in a master's program through Hazelden's Graduate School of Addiction Studies. Later in my career, I pursued additional education to be dually licensed in the

State of Minnesota. I have worked in various settings including residential substance use programs, outpatient substance use programs, outreach and education on a national level, adolescent mental health services for inpatient and day treatment, and currently in a family treatment program for mental health and substance use.

My career in education was by happenstance. We recently opened a residential substance use program for families a half hour from the Cambridge campus and attended an Open House for the new track at Anoka-Ramsey Community College. My initial goal for attending was to recruit interns for our site. After speaking with the Dean of the Allied Health program, I left with a teaching position. I currently act as the program coordinator and teach Practicum, Case Management and Assessment. Getting involved in education had been a long-term career goal of mine and I am grateful it was put in my path at this part of my career.

**Q** Is there a demand for professionals in the field of alcohol and drug counseling?

Currently, there is a major shortage for drug and alcohol counselors in Minnesota, in addition to a workforce shortage overall. Every program that I know of in Minnesota is currently hiring for this position. It is a buyers' market right now.



The vacancy rates for mental health and substance use provider is one of the highest in healthcare. (Chart from the MN Dept. of Health)

**Q** Is it necessary for individuals interested in becoming drug and alcohol counselors to have personal experience with recovery?

It is not. That is one of the things that students usually ask me the first week of class. There is no research that states being in recovery is more effective than not being in recovery. The main indicator of client success is the therapeutic relationship. Being in recovery allows for a way to connect with clients that help develop that therapeutic relationship. However is not the only way to develop rapport. Most people in this field have a personal touchpoint with substance use or mental health challenges whether it is themselves, friends, or family.

**Q** What are some key interests and strengths that students bring to your program and the classroom? What are some of the key challenges, and what kind of support can educational institutions provide for students?

Currently, the main challenge is helping students navigate the "hard" of this job. Working with clients is emotional and can lead to burn out in the field, especially when you compound the challenges of the world. The strengths that my students have shown in the classroom that have led to success in the field is the resiliency. COVID and the increased mortality rate of the clients we work with, have taken a toll on this field and I keep telling my students that if they can survive going to school during COVID, they can do anything in this field.

**Q** Different colleges and universities offer education programs for drug and alcohol counseling. What factors should individuals consider when evaluating various programs to find the best fit for their goals and needs?

Important things to consider:

- If you are an online learner or in person learner. There are many types of both programs.
- Location
- Certificate program, AA degree, bachelor's degree or master's. A lot of students that I work with have started with the Peer Recovery Specialist credential and worked in that role while attending school for their AA degree. Then they received their temporary license to work in that capacity while they pursue their bachelor's degree. The drug and alcohol role has multiple stepping stones and ability to have a living wage while attending school.
- Talk to the different schools and identify if any previous courses transfer. There are many programs in Minnesota such as Mankato State, Minneapolis College, Metro, Fon du Lac, Saint Cloud State and Anoka-Ramsey Community College.
- Cost

**Q** After completing their education in alcohol and drug counseling, what are the subsequent steps for individuals to become counselors? Do you have any tips for finding employment opportunities?

I know that I mentioned this earlier, but it is a buyers' market for those seeking employment. My students have all

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found employment, most have continued at their Practicum sites. Most begin with a starting wage of \$50,000 or more. I have seen offer letters that include tuition reimbursement, high rates of paid time off, relocation packages, even a stipend to decorate their office.

**Q** What are the benefits of pursuing a dual license for someone who is already licensed and working in another field, such as mental health?

Being dually licensed, providers are able to work in both scopes of practice. There is such an overlap of mental health and substance use and sometimes it becomes a question similar to the old adage, "What came first, the chicken or the egg?" I.e.: Does the substance use cause the mental health challenges or does the mental health challenge cause the substance use? It allows for better client care and gives you more tools in your tool box as a provider. The external benefit is more compensation (and sometimes less paperwork depending on your role). There are multiple master programs that complement your drug and alcohol license: Licensed Marriage and

Family Therapist, Licensed Professional Clinical Counselor, Licensed Independent Clinical Social Worker or a Doctor of Psychology. I have also seen students pursue master programs in Public Health and Leadership.

**Q** Are there any additional resources that our readers can explore if they are interested in becoming a licensed alcohol and drug counselor?

Call one of us. If you were to reach out to any substance use program and ask to talk to a provider, I know that most would be happy to talk to you about the unique benefits and challenges of this field.

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

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<b>Stillwater, MN</b>	<b>1825 Curve Crest Blvd #103</b>	<b>651-351-9325</b>
<b>St Paul, MN</b>	<b>1821 University Ave West #385</b>	<b>612-326-7602</b>
<b>Elk River, MN</b>	<b>19230 Evans St NW #203</b>	<b>612-454-2011</b>
<b>Litchfield, MN</b>	<b>114 North Holcombe</b>	<b>320-693-2461</b>
<b>Olivia, MN</b>	<b>104 So. 4<sup>th</sup> Street</b>	<b>320-400-0001</b>
<b>St Peter, MN</b>	<b>320 Sunrise Drive #B</b>	<b>507-931-0918</b>

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themselves in romantic fantasies, elaborate wedding receptions, status-seeking in social relationships and drooling over hot men. Too many women are prone to adopt the Taylor Swift view of love and are more than willing to fork over \$1000 for just one night to hear her in concert. This insanity is only made worse by the wedding industry where big bucks are to be made in two people tying the knot. The average wedding cost in 2020 in MN was \$33,900. There certainly is room for drooling over a life partner, as that's half the fun of getting married after all. However, the most important part of picking a suitable life mate is staying in touch with reality—knowing what you have and want in a partner, doing a thorough reality check on whether the person you are choosing truly fulfills these wishes over an extended period of time (at least a year), and realistically discerning whether you yourself are ready for a mature intimate relationship. It always takes two to tango in a healthy relationship.

While it's fun to enter a new partnership with lots of romantic fantasies, it's way more fun to be realistic and know in your bones that your beloved is someone you can really count on for life based on the actual evidence of being with him. When it comes to love, the real thing is always better than any pretending. The character of the man you're with is the best guarantee of your future family happiness.

**TIPS OF THE TRADE IN MEETING MEN**

1. Know yourself well enough and develop a set of trustworthy strong women who will be honest with you when it comes to men. Allow these women to tell you what you don't want to hear. Realize

there is world of difference between sex and love. Men often offer love to women because all they want is sex and women have sex with men when they just want to be loved. Sometimes these differences are reversed with women idealizing sex and men yearning for love. The trick is to know what you yourself are most looking for. Realize that true love is not a feeling but a behavior where you put yourself in your partner's shoes and do something that is kind from his point of view. Realize that you cannot feel truly loved by a man if you make no requests of him. For example, you may sometimes just want to be held by your partner and forgo sexual intercourse. You may be surprised that he sometimes feels that way himself. Recognize that sex and love-making ought to be about having fun, comforting to each other, and being close.

2. Recognize what good character looks like in men. It's the ability in men to do the right and compassionate thing even when no one is looking. It's not about charm, charisma, or being entertaining. It's not about being confident, looking strong or having big muscles. It has more to do with leaving a big tip even when the service is bad, calling your mother for no reason and being willing to take care of her when she is sick, being actively involved with social justice, donating to charities, forgiving others for their transgressions, putting other people first in social gatherings, helping an elderly man who falls on the street, babysitting his nieces and nephews, and sincerely showing compassion when you've had a bad day. These are

*Realize that you cannot feel truly loved by a man if you make no requests of him.*

the behaviors that make men keepers. He is the rock in your life who will show up for you time after time.

- 3. Certainly, it's nice if the guy you're with can turn a few heads and thinks you're beautiful. Just make sure he doesn't do that to all the women who he meets. Make sure that he has boundaries with women. That you get included and chosen first in mixed social relations and that he knows when to turn down doing nice things for other women. You always ought to feel like a priority in his life as he is in your life.
- 4. Make sure that he gives you plenty of room to breathe and be yourself. Also, expect him to honor your friends even when he doesn't like them. He ought never tell you which friends you can see or how often you can see them. It's especially vital to stay connected to your friends when you are in a relationship. Your friends are essentially your identity and life savers.
- 5. Run away ASAP from any man who wants to control you, is jealous of your male friends, has temper tantrums when you don't oblige him, or shows a pattern of putting you down for something you are proud of. Be wary of a man who showers you with atten-

tion, constantly flatter you and craves your attention. These patterns only get worse over time. They are signs of emotional attachment issues and can turn into domestic partner abuse. Never blame yourself for why men act this way (as they also do that to other girlfriends they are with). Controlling men are the most dangerous men to be with and they make terrible boy-friends. Just remember the story of Dr. Jekyll and Mr. Hyde.

- 6. Definitely get a mentor or therapist to guide you in relating to men, especially when you have had no loving dad in your life. Bad men are often drawn to women who have been abused by men since they are easier to control and more naïve than women who've been close to their caring fathers. Never get desperate for relating to men. There are always more fish in the pond and caring men you can relate to for the rest of your life. If you're reading this article and taking it seriously, chances are that you are a woman who is well worth knowing and you have nothing to prove.

**RELATING TO WOMEN AS LOVERS**

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**PROGRAMS**

- Beauterre Recovery Institute - Owatonna, MN
- Bridge Recovery - Sauk Rapids, MN
- Cedar Ridge - Stillwater, MN
- Douglas Place - East Grand Forks, MN
- Lake Shore - Mahtomedi, MN
- Latitudes - St. Paul, MN
- Meadow Creek - Pine City, MN
- New Beginnings - Waverly, MN
- New Beginnings IOP - 8 Locations
- Oakridge - Rochester, MN
- Tapestry - St. Paul, MN
- Twin Town - St. Paul, MN

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ought to count yourself lucky if you are attracted to women. Same-sex partners can enjoy all the rights and privileges as heterosexual couples these days. The emotionally committed relationships between women are often as good as it gets. They may enjoy more flexibility in sex roles than other couples and experience deeper and more creative ways to be in love. Sometimes handling differences and anger with each other can be problematic as women in general are trained to please and conform. However lesbian women can learn to handle power effectively in relationships and have some of the most loving relationships of all. Women can enjoy all the best parts in relationships without the excessive baggage of traditional heterosexual connections. The challenges for same-sex relationships often revolve around the homophobia and sexism of our society in general and how to fit in socially.

**MY HONEST ADMISSION**

I want to be honest with you, the reader. Otherwise, I may give you the wrong impression in my writings. I have not always been this wise person when it comes to women. I currently enjoy a most loving relationship with my wife of 34 years. She is the dearest person in my life. However, it wasn't easy finding her I was married three times each for two years before I met my wife. It's a wonder that she even gave me a chance for redemption. Due to a lack of a father in my life, I mistakenly believed that having a hot babe who drives a sports car would be my ticket to happiness. I can certify that it wasn't. I was never more miserable in my life. Fortunately, the loving memory of my mom and grandma returned me to sanity, as well as the caring efforts of a good male therapist. I realized that I deserved to be loved by the most caring woman I could find, a real Mother Teresa, because I myself am a most loving and lovable person. I didn't have to settle for the stereotypes of what males want in this society. I have never been happier in my life. Sometimes love comes to us when we open our hearts to love for as long as it takes. Please don't give up on love for yourself either. It's never too late.

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

FROM THE STATE OF MINNESOTA

# Historic Investments Will Help Fight Addiction, Enhance Quality of Care

by *Kristine Preston*



The Minnesota Legislature just had one of its most impactful sessions in memory, with a historic surplus leading to a wide variety of investments that will improve lives across the state. Among those investments is funding that will combat addiction through a variety of prevention, harm-reduction, and treatment-related initiatives.

At the Minnesota Department of Human Services (DHS), we went into this legislative session knowing bold action was needed to save lives. Much like the rest of the nation, the opioid epidemic in Minnesota is getting worse, with more and more people dying of opioid overdoses each year. We worked closely with the Office of Addiction and Recovery, advocates, families impacted by addiction, and several others to develop legislative proposals that would improve the quality of care while increasing equity in the state's behavioral health system. Below are just some of the investments and initiatives resulting from this session:

- Minnesota will provide new grants to expand the number of withdrawal management programs and will fund more training for treatment providers.
- The state will provide start-up and capacity grants for family treatment pro-

grams and safe recovery sites. Family treatment programs allow families to stay together while a parent undergoes substance use disorder treatment. Safe recovery sites will offer services and supplies that help prevent overdoses and injection-related diseases and injuries, while connecting people to a variety of wraparound services.

- Minnesota will provide more resources for naloxone and culturally specific programs.
- Grants for traditional healing practices and overdose prevention programs will receive permanent funding.
- The state will move to evidence-based standards set by the American Society of Addiction Medicine for substance use disorder treatment.
- New state staff will improve program integrity through an expanded utilization management process, improve oversight of treatment programs, and use data to evaluate gaps.
- New best-practice standards for recovery community organizations will ensure services are high-quality, ethical, and culturally responsive. In addition, additional grant funding for recovery community organizations, training for peer services, and streamlined provider standards for culturally specific organi-

- zations will increase access to services.
- Quality and consumer protection standards will help ensure that people have high-quality support in their recovery journeys.
- Additional investments will develop a public awareness campaign to promote recovery.
- We are also going to study adding behavioral health services in prisons and jails and traditional healing to the Medical Assistance Program.

Improving the quality of care is critical, but the impact will be limited if we don't increase the capacity for care. To do that, we must strengthen Minnesota's behavioral health workforce – especially in communities that are most impacted by this crisis. That's why the governor and legislators invested in more cultural and ethnic minority infrastructure grants to help recruit and retain behavioral health professionals to offer culturally responsive services to Black, Indigenous and people of color communities. They also funded an expansion of grants to help providers recruit staff in rural areas and underserved communities.

With the sheer volume of new investments, it will take time to set up the infrastructure needed to administer funding and get these initiatives off the ground. And in some cases, we'll need to engage with communities prior to implementation to ensure programs are right-sized and fit the needs of the community. For instance, the new safe recovery sites will not be established until DHS has had a chance to engage in robust, thoughtful conversations with community members and leaders. That said, we know just how urgently this funding is needed. DHS staff are already hard at work laying the groundwork so we can get this funding out to community partners as soon as possible.

At the Minnesota Department of Human Services (DHS), we are deeply grateful for all our partners' help in developing these proposals and getting them to the finish line. These investments made by the governor and Legislature will save lives and create new pathways to recovery for many Minnesotans. We look forward to strengthening existing partnerships and building new ones, and to getting funds into the hands of organizations that will do the best for people suffering from substance use disorder.

*Kristine Preston is the deputy assistant commissioner of the Behavioral Health Division at the Minnesota Department of Human Services.*

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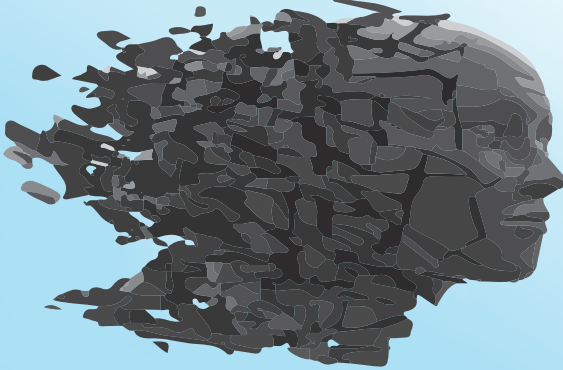

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# Legalizing Marijuana: The Surprising Truths

by Sharon Falsetto Chapman



**M**arijuana legislation is sweeping across the United States at a rapid rate. Over twenty states have now fully legalized this once illegal drug, and more will most likely follow. Minnesota is just the latest state to have joined this growing trend.

But is marijuana of the 60s and 70s the same drug which is being legalized today? Is it being used in the same way? And what are the dangers in legalizing a drug without the full implications of its use being thought through? The answers might surprise you.

Just like its predecessor alcohol, marijuana might bring greater problems than those it pertains to solving, especially with regard to health issues. It's been nearly a century since such a drug was legalized on the same scale as this, so what problems might today's (and future) generation face in these unprecedented rulings of legislation?

A recent webinar, Awareness Hour: Addressing the Risks of Expanded Access to Marijuana, hosted by Hazelden Betty Ford, at one of their treatment center locations in Minnesota, addresses some of these questions, provides insight into the experiences of those people who have been through marijuana addiction, and gets the experts' view on where we go from here.

Just because something is legal, doesn't lessen the risks involved in using it. Here's why.

## MARIJUANA IS A PLANT. SO WHAT'S SO DANGEROUS ABOUT THAT?

Marijuana, also known as cannabis, is extracted from the dried leaves, stems, and flowers of the *Cannabis sativa* or the *Cannabis indica* plant. In short, what makes it so dangerous are the levels of the chemical delta-9-tetrahydrocannabinol (THC) contained within it and how those levels are extracted and used.

In the webinar hosted by Hazelden Betty Ford, psychologist Dr. Portinga, stated that although marijuana is considered "safe" by many, the potency of marijuana in use today can reach ranges of up to 99% because of uses such as vaping, and gummy bears, which weren't so readily available 50 years ago. Most marijuana contains greater than 10% THC con-

tent today, and there is six times greater the risk of developing cannabis induced psychosis than before.

This is a plant that comes with significant health-related risks.

## WHAT IS CANNABIS INDUCED PSYCHOSIS?

In the first panel discussion in the webinar, Greg discussed how his son David, a graduate of Boston University, ended up in a state of cannabis induced psychosis. He used marijuana in college, and after leaving, couldn't successfully hold down a job, keep friends, or a relationship, in the years that followed. His days were spent getting high on daily use of marijuana. He couldn't keep a roof over his head, without his parents' help. He became increasingly paranoid, aggressive, disconnected from the world, and no longer experiencing reality as we know it. Eventually, after working with a several treatments centers (one at which he scared other patients with his behavior), he dried out, got clean, and today has improved to the point of holding down a job and living with his brother. After thousands of dollars' worth of treatment.

David was diagnosed with cannabis induced psychosis, because of recreational daily marijuana use.

Christine, an addict of both alcohol and marijuana (as the two often go hand-in-hand) told her story of how marijuana initially made her more "peaceful and helped her to cope with anxiety. She used it daily in college to "meditate" and to "reward" herself for getting through the day. In reality, she found herself "folding in on herself," becoming increasingly cut off from the real world, and becoming depressed. In law school, where she could not get away with using marijuana so easily, she became suicidal and found that it had begun to interfere with her short-term memory.

During COVID-19, she lost her job, had to move back in with her parents, and spiraled even further. Her family noticed the toll that everything was having on her.

Ten years after first using marijuana, she finally got the help she needed and is doing better today. She was also diagnosed with cannabis induced psychosis.

## HOW CHRONIC CANNABIS USE AFFECTS YOU

Tommy Rosen, founder of Recovery 2.0 and author, began recovery in 1989 from a severe cocaine and heroin addiction. He also smoked marijuana but, in the words of Rosen, "No treatment center in the world could get me to stop smoking pot."

He started using marijuana at the age of 13 years. He felt that he suffered from "low grade" anxiety, and cannabis served him by helping him to relax. But at what price? He says that cannabis won't kill you immediately, not like an opiate, or severe alcoholism, but that cannabis induced psychosis can take time (in most instances).

In the past, marijuana was often used by many people without long-term repercussions. However, marijuana today is stronger and more potent – opening the door to more lethal, long-term problems.

The consequences of using cannabis include lots of thoughts and ideas racing around in your head – but you can't get anything done. It leads to procrastination, loss of confidence, and a feeling of powerlessness. The mind becomes "relaxed," but cannabis induced psychosis starts to take over.

Rosen's use of cannabis lasted 12 years. He is now 32 years sober, and he has dedicated his life to trying to help others pursue a sustainable recovery from addiction, to be able to thrive, and not just exist in life. He states that the key is in finding peace.

He says that educating and inspiring people on the natural "highs" (such as nature, love, and yoga) helps people to avoid those damaging highs induced by cannabis use.

## LEGISLATION OF MARIJUANA: THE EXPERTS' PERSPECTIVE

Dr. Michael Parks, a research scientist, Dr. Portinga, a psychologist, and Dr. Kevin Sabet held a discussion about the facts, figures, and legislation of marijuana, in light of the recent legalization of marijuana in Minnesota. Dr. Sabet is a Drug Policy Expert who served on the Clinton, Bush, and Obama administrations, as well as the co-founder and CEO of a national advocacy group called Smart Approaches to Marijuana (SAM).

Parks stated that, "30% of 12th graders [today] see no harm in regular cannabis use." Adult use of cannabis is at all time high. In the under 30 years' age range, 43% of adults have used cannabis in the past year, and 25% of adults over the age of 30 years had used cannabis in the past year.

From a public health perspective, Parks said these are some of the most dramatic increases in cannabis use in the last 2 to 4 years. As is often seen, there was a prevalence in the rate increasing among those populations who are most vulnerable. In addition, there was a prevalence in using cannabis to "cope."

Dr. Portinga highlighted the alarming trend that back in 1999, the majority of his patients' first use with alcohol (the drug of "choice" at that time) used to be at 16-17 years of age whereas today that has now

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from page 14

*Marijuana today is stronger and more potent – opening the door to more lethal, long-term problems.*

dipped to 13-14 years of age with cannabis being the preferred “drug of choice.” Marijuana is considered “safe” by a lot of young people. It is also easier to hide its use from parents today because of the trend in vaping which is not as easy for parents to detect. In addition, there are no “crazy” types of behavior to readily spot in the beginning. People tend to isolate, withdraw, pull back from friendships, followed by irrational thoughts and a firm belief in these irrational thoughts. Again, cannabis induced psychosis, although it may take time to reach this point.

**PUBLIC HEALTH AWARENESS ABOUT THE DANGERS OF MARIJUANA USE**

Finally, Dr. Sabet talked about how to increase public health awareness around the use of cannabis. He talked about how today’s marijuana is not the same as marijuana of the past and that decision makers (on legal precedents) were looking at the issue from a time when marijuana was more “benign.” He said that “[We are] embarking on something without thinking through the consequences.”

Dr. Sabet then made the comparison of the amount of caffeine from one 16-oz. can of Coca-Cola® in the past to 33 Grande Starbuck cappuccinos in today’s world. This is the same as comparing marijuana from the past to today’s potency.

Dr. Sabet stated that legislators of marijuana were taking their cue from the “Tobacco Playbook:”

- Report all uses as “medicine”
- Celebrity endorsements
- Candy: Market to kids
- Downplay the risks
- Question research and/or create your own research.

Legalizing marijuana (and other drugs) often makes it more dangerous as people start to use more. It’s legal, so it must be “safe,” is the reasoning by most people. But it then becomes a greater cost to society.

Dr. Sabet thought that focusing on capping THC levels in cannabis would be a good place to start in safeguarding public health. In addition, raising awareness and educating people about the addictive nature of marijuana (and its health risks) is needed. Most people don’t realize that marijuana is addictive.

**LEGALIZATION OF MARIJUANA: WHAT’S NEXT?**

To close out this article, a couple of quotes from a recent article, “Minnesota Legalizing Marijuana is a Big, Potentially Bad Deal,” written by Drew Horowitz, CEO of Elite Recovery and addiction specialist, summarize how legalization of marijuana most likely will impact our communities – unless education and public health awareness is raised:

“Not only will legalization likely increase demand for mental health services and treatment, substance use disorder recovery programs will have to adapt their approaches and develop specialized programming.”

And: “As it stands currently, marijuana is illegal [pre-Minnesota ruling] and counselors are able to point to the fact that using illegal substances is highly discouraged and risky for continued sobriety. Counselors can certainly still point out that marijuana is a dangerous substance for those in recovery. Addiction, however, is an illness of justification, one that uses any angle possible to justify a return to use.”

*Sharon Falsetto Chapman is a published author and editor with exceptional experience writing about plants. To connect with her, sharon@sedonaaromatics.com or www.sedonaaromatics.com/product-category/writing-editing-and-publishing/*

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# Rock Bottom

by David G.



In 2003 my drug and alcohol use was out of control. I was non-functional, utterly depressed, didn’t want to live. The only time I left the house was to buy drugs or go to the liquor store. I had cut myself off from friends and family, missed my daughter’s high school graduation, was beaten up pretty badly while seeking drugs. Prior to that I had lengths of sobriety, one year, two years, even six years once. The memory of being sober in the past and how good my life was then, gave me a glimmer of hope that I didn’t have to live like this any longer. I was willing to go to any lengths to become clean and sober again. I got into detox, then a treatment center. While there I was told to go to a sober house, something I was told to do many times before but never did. This time I listened and followed their recommendations. I stayed at the sober house nine months and that extra time to get my head straight saved my life. On July 10th I celebrated 20 years. **Please believe this, if I can do it, anyone can.**

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# Moving

by *Mary Lou Logsdon*



*"If we were meant to stay in one place, we would have roots instead of feet."*  
— AUTHOR RACHEL WOLCHIN

Moving. Moving on. Moving through. On the move. I'm moving. Moving from my home of 22 years. I've been here a generation. It is time for me to move on and pass the house to another family for their new beginning.

It is a multi-storied home, three floors above the basement and a library of treasured memories, historical events, and changing communities.

The house is 116 years old. It was once a parsonage to the church across the street, a home to a state senator and her family, a landing place for a woman who was changing the direction of her life. The land beneath had once been a dairy farm. The bountiful garden has enjoyed the easy growth of its rich fertile base.

As I pack boxes of belongings, I unpack eras of memories. Each room has its own chapter. Take the front porch—an open room, no walls, only a ceiling held up by a few posts. Out here I sip my morning coffee, April through October. Birds serenade me with seasonal melodies ranging from spring's migrating songbirds to crabby crows cawing into late fall. The crows are no doubt angry that they have to stay through the winter as robins ready themselves for warmer climes. V-formations of geese mark early spring and late fall. Herons glide from river to pond and back again throughout the summer.

As I enter the kitchen, I experience a kaleidoscope of memories. There are the aromas of favorite meals as well as burnt offerings from hurried suppers and neglected pots. I can still feel the mix of dust and sweat as we peeled back old linoleum to uncover the original maple flooring. There remains the burned-in scar left by the leg of an old heavy stove long before me. I see the counter cluttered with measuring cups, spilled flour, spices waiting to be returned to their alphabetical order. I can almost taste the sweetness of the resultant holiday cookies, ready to be shared with neighbors and friends. A vision of the sink full of grimy pots awaiting hot, sudsy water reminds me of the miracles that returned them to their former state.

I cannot be so easily returned to my former state, the younger me that moved into this home those many years ago. Nor would I wish to, though I do miss the energy and stamina she had. This was transitional housing. I left a marriage and restarted my life, a life that has grown and blossomed, like the gardens surrounding the house.

The dining room is so quiet, the lively conversations muted by time. Holiday meals stretched not only the table but the capacity of the room. Because it is contiguous with the living room, I could expand its boundaries to add another table or two to accommodate 20 for dinner. Noisy, messy, loud—it was great!

The living room is where I have morning coffee when it's too cold to be on the porch, often warmed by a fire accompanying my conversations with God. This peace-filled room held circles of conversations around books, politics, spiritual dilemmas. Sometimes neighborhood children waited for a parent after school.

Games were tucked into the bookcase to be retrieved by a great nephew as we shared after-school time before his parent came to retrieve him. A yoga mat fitted nicely in the space adjoining the dining room during Covid. My piano sits quietly, both of us longing for the free time to once more play a sonatina.

The study, once a place dominated by paperwork, now holds my Zoom calls. Still, too much paper lingers. I will no doubt drag it forward. Not nearly enough time to sort through it now. Someday, someone else will decide what to keep and what to toss when I no longer can.

I climb the third set of stairs to the attic. Too much storage room is a hazard for those of us tempted to hold onto things beyond their useful life. There are boxes rarely opened in the 22 years that they have been here. Old scrapbooks and photo albums of my mother's life, her five-year diaries dating back to a time before I was born. The loom I used decades ago. A few weavings remain, reminders of the 1970's fascination with earth tone colors. Old files with death certificates, funeral notices, sympathy cards. Letters dating back to college. Hopes and dreams lost in the disappointments of the ordinary of life. Early art of now grown children. Lost loves. Slides with no slide projector. What to keep and what to toss?

Memories rise and fall like the quiet hills of southeastern Minnesota, the land that escaped the last flow of glaciers. Glaciers scoured much of our state making way for blooming prairies and chains of freshwater lakes nested with diverse wetlands. Me too. The clearing out will make way for an openness for grief to mingle with joy and memories to shine in the sun of love.

I am lightening the load. Letting go. Dropping the *what ifs*, the *why nots*, the *how could's*. The memories linger, but in a softer form, the sorrows soothed, the griefs tempered, the present less burdensome. Moving into another way to be.

*Mary Lou Logsdon is a Spiritual Director in the Twin Cities. She can be reached at [logsdon.marylou@gmail.com](mailto:logsdon.marylou@gmail.com).*



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