How Resilient People Cope With Substance Abuse

The Extent of the Problem

In 2004 data provided by the U.S. Department of Health and Human Services (2005) from a national survey, an estimated 120 million Americans age 12 or older (51% of this age group) reported being current drinkers of alcohol. About 54 million (22.9%) participated in binge drinking at least once in the 30 days prior to the survey, and 15.9 million (6.7%) were heavy drinkers. The prevalence of current alcohol use increased with increasing age, from 2% at age 12 to 70.9% at age 21. About 10.7 million persons age 12 to 20 (28.8% of this age group) reported drinking alcohol in the month prior to the survey interview in 2004. Of these, nearly 7.2 million (19.3%) were binge drinkers and 2.3 million (6.2%) were heavy drinkers. About 1 in 7 Americans age 12 or older in 2002 (14.2%, or 33.5 million persons) drove under the influence of alcohol at least once in the 12 months prior to the interview.

In the 2004 survey (U.S. Department of Health and Human Services, 2005), an estimated 19.5 million Americans, or 8.3% of the population aged 12 or older, had used illegal drugs the month before the survey was taken. Marijuana was the most commonly used illicit drug, with a rate of 6.2%. Of the 14.6 million people who reported using marijuana, about one third, or 4.8 million persons, used it on 20 or more days in the month before the survey was taken. An estimated 2 million persons (.9%) were current cocaine users, 567,000 of whom used crack cocaine. Hallucinogens were used by 1.2 million persons, with users of Ecstasy numbering 676,000. There were an estimated 166,000 current heroin users and about 6.2 million persons, or 2.6% of the population age 12 or older, were current users of psychotherapeutic drugs taken non-medically. An estimated 4.4 million used pain relievers, 1.8 million used tranquilizers, 1.2 million used stimulants, and .4 million used sedatives. Among youth in the 12 to 17 age group, 11.6% were current illicit drug users. The rate of use (20.2%) was highest among young adults (18 to 25 years
old). About 11.0 million persons were driving under the influence of an illicit drug during the year before the survey. This corresponds to 4.7% of the population age 12 or older. The rate was 10% or greater for each age from 17 to 25.

A survey conducted by SAMSHA, an office of the U.S. Department of Health and Human Services (HHS, 2000b), found that 14.5 million Americans age 12 or older were classified with drug and alcohol dependence or abuse, amounting to 6.5% of the total population. Alcohol Alert, a publication of the National Institute of Alcohol Abuse and Alcoholism (2000), reports that more than 700,000 Americans receive alcoholism treatment, alone, on any given day. Using HHS data, Kann (2001) notes that the use of alcohol and drugs continues to be one of the country’s most pervasive and serious health and mental health problems. Substance abuse is a leading cause of car accidents, homicide, suicide, and HIV infection and AIDS, and it contributes to crime, poor workplace productivity and accidents, and lower educational achievement.

The cause of substance abuse and the reasons for such high numbers of people experiencing the problem is complex. In women, substance abuse has been linked to dual diagnoses, childhood sexual abuse, panic and phobia disorders, eating disorders, posttraumatic stress disorder, and victimization (Backer & Walton-Moss, 2001). Substance abuse in men appears to be caused by the early use and addiction to alcohol, parental use and acceptance of alcohol and drugs, problems with family bonding and family conflict, ease in obtaining alcohol, a high level of peer use of alcohol, and positive peer attitudes toward alcohol and drug use (Backer & Walton-Moss, 2001). Factors that appear to affect both men and women include rebellious behavior against parents, gaining peer acceptance by drinking to impress peers, and self-treatment through use of alcohol and drugs for mental health and/or academic problems (Grant & Dawson, 1997). Interestingly, substance abuse rates appear to be similar across many cultures and nations. England, Canada, and Australia, for example, all report addiction rates that are nearly the same as that of the United States, suggesting that there is a genetic factor to substance abuse. I recently asked Becky Jackson, a long-time addiction therapist and writer about addictions across cultures and countries, about the cross-cultural similarities. In a personal interview held October 14, 2005 in Palm Springs, California, Ms. Jackson told me that while certain cultures have taboos against alcohol and alcohol dependence and have low rates of alcohol abuse (Jewish, Arabs, and certain Southeast Asian groups come to mind), when you look at drug abuse data, they often offset low alcohol addiction rates. Consequently, a number of people in the field believe there is a genetic component to substance abuse.

An example of this may also be found in the high rates of alcoholism in children of alcoholics. I don’t think this can be explained entirely by saying that children imitate parental behavior or that when parents use alcohol to relieve stress, children do the same thing, although this may be true to some extent. It’s also true that certain traumas such as rape, sexual molestation, and assaults may increase the use of alcohol and drugs and lead to substance dependence. Generally speaking, I believe that the similarities in the rates of substance abuse across cultures suggest a genetic predisposition to abuse substances or an addictive tendency that may be organic in origin.
When you speak to enough alcoholics, you hear a familiar story: They immediately felt wonderful when using alcohol for the first time or they [couldn't] stop drinking [after] the first time they [tried] alcohol. The more they use, the better they feel and the more addicted they become. Most people who experience alcohol early in life either get sick, don’t like the taste, or find it unappealing. That alcohol abusers have a very different initial reaction to alcohol tells me that alcoholism has a highly organic component. It may be triggered by stress, but it’s there, nonetheless. This is why AA and other 12 step programs teach people that they are powerless over their addiction. Just saying you will stop often repeatedly fails. The benefit of 12 step programs is that they are spiritual and they provide the alcoholic with a support group and mentor. In otherwise isolated people who often fail in life, these three aspects of treatment can have a powerful positive impact and lead not only to changes in drinking but to significant changes in the way people live their lives.

In a book I wrote about childhood violence (Glicken, 2004b), a drug and alcohol abuser (whom I called Mr. R.) reinforces the notion of a genetic component to addiction when he describes his initial experience with alcohol:

After basic training in Texas, we were shipped to a little air base in the cow and oil town of Casper, Wyoming. To that point, I had never had a drink of alcohol. My life was about to undergo a major change. On our first leave into town, I accompanied a group of older guys to a bar. I was small for my age and looked about fifteen years old at that time. Casper wasn’t a strict kind of town when it came to the law. Desperate to be manly, I ordered the most macho sounding drink on the menu, a Salty Dog. My first drink was like magic. I quickly had another. The magic increased. All my fears and insecurities seemed to disappear. I felt like Mike Hammer in a Mickey Spillane novel, my favorite reading at the time. I asked all the women to dance and insulted their companions. I couldn’t drink enough. What a marvelous freedom, from self, this alcohol. No wonder my father said it was the devil’s greatest tool. It was the greatest fun in the world! I wanted to call home to say I had found the solution to my problems; however, I knew intuitively that would not be the thing to do. Sometime during that night, I entered a blackout. I awoke the next day in my bunk, mouth and eye both cut and bloody. My head hurt like hell and I was on disciplinary routine. None of that mattered because I’d found a freedom from my shyness, my fears, and my inhibitions. I couldn’t wait to go drinking again. (Glicken, 2004b, p. 161)

The Research on Resilience in Coping With Drug and Alcohol Abuse

Granfield and Cloud (1996) estimate that as many as 90% of all problem drinkers never enter treatment and that many end the abuse of substances without any form of treatment at all (Hingson, Scotch, Day, & Culbert, 1980; Roizen, Cahalan, Lambert, Wiebel, & Shanks, 1978; Stall & Biernacki, 1989). Sobell, Sobell, Toneatto, and Leo
report that 82% of the alcoholics they studied who terminated their addiction did so by using natural recovery methods that excluded the use of a professional. In another example of the use of natural recovery, Granfield and Cloud (1996) report that most ex-smokers discontinue their tobacco use without treatment (Peele, 1989), while many addicted substance abusers mature out of a variety of addictions including heavy drinking and narcotics use (Snow, 1973; Winick, 1962). Biernacki (1986) found that addicts who stop their addictions naturally use a variety of strategies, including breaking off relationships with drug users, removing themselves from drug-using environments (Stall & Biernacki, 1989), building new structures in their lives (Peele, 1989), and using friends and family to provide support for discontinuing their substance abuse (Biernacki, 1986). Trice and Roman (1970) believe that using self-help groups with substance-abusing clients is particularly helpful because such groups tend to reduce personal responsibility, with its related guilt, and help build and maintain a support network that assists in continuing the changed behavior.

Granfield and Cloud (1996) studied middle-class alcoholics who used natural recovery alone, without professional help or self-help groups. Many of the participants in their study felt that the “ideological” base of some self-help programs was inconsistent with their own philosophies of life. For example, many felt that some self-help groups for substance abusers were overly religious, while other self-help groups were invested in a disease model of alcoholism and consequently viewed alcoholism as a lifetime struggle. The subjects in the study by Granfield and Cloud (1996) also felt that some self-help groups encouraged dependence, and that associating with other alcoholics would probably make recovery more difficult. In summarizing their findings, Granfield and Cloud (1996) report that the respondents in their study discounted the use of self-help groups because they saw themselves as “efficacious people who often prided themselves on their past accomplishments. They viewed themselves as being individualists and strong-willed. One respondent, for instance, explained that ‘such programs encourage powerlessness’ and that she would rather ‘trust her own instincts than the instincts of others’” (p. 51).

In further support of the importance of natural healing, Waldorf, Reinarman, and Murphy (1991) found that many addicted people with supportive elements in their lives (a job, family, and other close emotional supports) were able to “walk away” from their very heavy use of cocaine. The authors suggest that the “social context” of a drug users’ lives may positively influence their ability to discontinue drug use. Granfield and Cloud (1996) add to the social context notion of recovery by noting that many of the respondents in their sample had a great deal to lose if they continued their substance abuse. They note that the subjects in their study “had jobs, supportive families, high school and college credentials, and other social supports that gave them reasons to alter their drug-taking behavior,” and add that “having much to lose” gave their respondents “incentives to transform their lives” (p. 55).

O’Connor, Cayton, Taylor, McKenna, and Monroe (2004) report a unique project in Oregon where released felons from state prison are involved in a statewide program that includes the use of chaplains and over 1,300 volunteers. Most of the released felons have drug- and alcohol-related problems that, to a large extent, have led to their acting out behavior and confinement in prison. The program takes into
account the fact that at least half of the released felons consider themselves actively involved in religious or spiritual practices, and over 90% indicate and interest in spiritual and religious involvement. Once released, the felons in the program meet in circles comprised of five to seven highly trained community volunteers who provide transitional support and behavioral accountability to the high-risk offender who volunteers to be the core member of a treatment circle in his or her community.

The circle members meet once a week with the offender, and one member of the circle calls or meets with the core member each day for the critical first year following release. “The circle members are trained in the dynamics of criminality and substance abuse and how to provide a system of support and accountability that differs from, but augments, any correctional treatment or supervision provided by corrections professionals. (p. 74)

The authors report that this approach has been particularly effective with high-risk felons and that recidivism in this group has fallen 30%, with reduced substance abuse one of the primary reasons for the reduction in re-offenses.

Writing about the strengths perspective and the treatment of substance abuse, Moxley and Olivia (2001) note that recovery requires the client and the clinician to focus on the meaning of life and the higher purpose that binds us all together. The authors write, “Nothing in life effectively helps people to survive even the worst conditions as the knowledge that one’s life has meaning. A salient challenge is to ensure that individuals articulate their own perspectives concerning what the transpersonal means to them” (p. 259). In defining transpersonal aspects of resilience in resolving problems with substance abuse, Moxley and Olivia (2001) write,

The purpose of any human being is to fulfill a life goal that is constructive and vital to the advancement of humankind, of the environment, and of the universe.

The absence of opportunity induced by discrimination, stigmatization, and social marginalization can set conditions in which a career of chemical dependency can become a likely alternative.

People can gain insight when they come to understand the forces influencing their chemical dependency and when they realize that while they can blame these forces, they must also confront them and overcome them.

The transpersonal domain reminds people that nothing in life [as] effectively helps [one] to survive even the worst conditions as the knowledge that one’s life has meaning. (p. 260)

In a further example of resilience, Fleming and Manwell (1998) report that people with alcohol-related problems often receive counseling from their primary care physician, or nursing staff in the physician’s office, in five or fewer standard office visits. The counseling consists of rational information about the negative impact of alcohol use, as well as practical advice on ways of reducing alcohol dependence and the availability of community resources. Gentilello, Donovan, Dunn, and Rivara (1995) report that 25% to 40% of the trauma patients seen in emergency
rooms may be alcohol dependent, and that a single motivational interview at or near the time of patients’ discharge reduced drinking levels and readmission for trauma during 6 months of follow-up. Monti, Colby, Barnett, Spirito, Roshenow, and Meyers (1999) found that 18- to 19-year-olds admitted to an emergency room with alcohol-related injuries who received a single feedback session on their drinking “had a significantly lower incidence of drinking and driving, traffic violations, alcohol-related injuries, and alcohol-related problems” (p. 993). Clearly, the many substance abusers who cycle off substances either on their own or with almost minimal help are able to use their inner resources to reduce their abuse of alcohol and drugs.

The effectiveness of brief counseling sessions suggests that many substance abusers have inner resources that help them cope with drug and alcohol abuse. Hanson and Gutheil (2004) reinforce that short motivational interviews are effective, particularly with older adult substance abusers. They note that before help is sought and used effectively, older adult substance abusers go through several phases: (1) the contemplation stage, in which they are ambivalent about change and, while open to it, weigh the benefits and costs; (2) the preparation stage, in which they have made a decision to change their substance-abusing behavior but no action has been taken; (3) the action stage, in which they “make lifestyle changes that are more obvious and acceptable to others. For example, problem drinkers may try to abstain from all alcoholic beverages for at least one week and keep all medical and social services appointments during that time” (p. 369); (4) the maintenance stage, which begins after they have sustained behavioral change for around 6 months, and in which their change efforts focus on strengthening and consolidating gains, preventing relapse, and living healthier lifestyles. Maintenance is a lifelong process with no clear endpoint. In the case of problem drinking, a great deal of movement occurs back and forth across stages. Relapse frequently happens, and, when it does, individuals may return to any of the earlier stages before eventually eliminating the problem behavior permanently (Hanson & Gutheil, 2004, p. 370).

In considering the processes of natural healing, Granfield and Cloud (1996) report that substance abusers who cycle off substances without additional professional or self-help assistance build new social support systems to replace the old ones that reinforced a culture of substance abuse. In the new social support systems, these respondents built new support structures to assist them in their termination efforts. They frequently reported becoming involved in various social groups such as choirs, health clubs, religious organizations, reading clubs, and dance companies. Others from this group reported that they returned to school, became active in civic organizations, or simply developed new hobbies that brought them in touch with nonusers. Thus, respondents built new lives for themselves by cultivating social ties with meaningful and emotionally satisfying alternative communities. (p. 55)

Interestingly, the authors indicate that even though subjects in their study made attachments to new social support systems and to communities, they hid their substance abuse from others, believing that if people knew about their past, it would
A Story of Family Resilience and Alcohol Abuse

There was a lot of emotional abuse in my family, like name-calling and really bad put-downs. My dad used to come home from work and have five or six drinks and start calling all of us “morons” or “retards.” As he’d drink more, he’d tell us we were worthless and that none of us had any spunk and that we were all useless. My sister was homecoming queen, and he said she probably won because she was “screwing” most of the guys at school. I was a National Merit Scholar, and he said that I probably cheated my way through school and that anyone who was so dumb could never get to be a scholar without cheating.

It wasn’t long before we all started using alcohol because it was there in the house. I have a wonderful brother and sister and we were all drinking by sixth grade, and I mean heavy drinking. It didn’t stop us from doing well in school or being popular, but we had serious drinking problems by high school. I know for a fact that my brother was drunk when he played in the state high school basketball championships. He was voted outstanding player and told me later that by the time the awards were given out after the games, he’d vomited twice and was seeing double. My sister was using amphetamines to stay awake at night and study. We all wanted to get out of the house so badly we could taste it, and we all were drunks by 18.

I was the oldest and I got a scholarship to a small private school in Iowa. Two years later, my sister joined me and then my brother joined us a year after that. We lived together and took care of each other. We knew we had alcohol and drug problems and we just helped each other stop. My brother and sister are remarkable people. They went through college and did very well, even though we all had to work nights and weekends just to afford tuition. We volunteered to help other people who had drinking problems in school and some of them even came to live with us for a while. My sister went on to become a doctor and is successful and happily married. My brother and I are attorneys and are in partnership.

We’ve not been so successful in relationships. Both of us have been married twice and are now single. We talked about it, and we concluded that we both seem to get involved with very passive and submissive women who are much like our mother. She did very little to stop our father’s abusive behavior, but she modeled our notion of women and I guess we’re stuck with a bad model. We’ve both been in therapy for help with relationships and that’s been very useful. None of us drink or even think about drinking.

How did we stop drinking? By forming our own support group at college and by being our best friends. We were there for each other when we felt like

This story was told to me, and what I wrote was approved by the storyteller.
backsliding into drinking again. We also acted as sounding boards with one another for our failures, our fears, and our anger. We’re all still pretty angry at my father. He died last year, but before he died, he wrote us a letter apologizing for his bad behavior. We never responded and he died alone. I know that wasn’t kind of us, but sometimes you have anger that doesn’t go away, and mine won’t and neither will theirs. We talk about it and think that what we did was adolescent, but none of us feels guilty. He took our childhoods away and he didn’t deserve our love for doing it. Maybe I’ll think differently when I’m older. I have two children and they’re wonderful. I’ve never said a cross word or been negative with them. I know the harm it can do. Who wants to repeat the mistakes of your own father?

One last thing. We all became involved in religion when we left home. We went to different churches but, to this day, we’re involved. We talked about it in college and all of us felt that we needed fellowship and to think about what life meant to us. There’s a strong chance that when you grow up in an abusive home that you become cynical about life. I think religion has helped that from happening, and I think our love for each other has cycled over to a love of people. I feel it in church and no matter how badly my week goes, when I’m in church, this wonderful feeling of peace comes over me.

Am I happy? I think so, most of the time at least. I have my bad days when I beat myself up for one thing or another, but then it dawns on me that I’m using the same words our dad used, and in no time, I stop. I remember that I’ve been a good man, a successful man, and a much better man than my dad could ever have hoped to be. It gives me solace to know that I’ve been strong enough to overcome what might have been a disastrous drinking problem, and that I’ve been a good person. When you think about it, that’s what counts most—being a good person.

LESSONS TO BE LEARNED FROM THIS STORY

There are a number of ways the storyteller and his brother and sister display positive signs of resilience. They include:

1. The ability to remove themselves from the abusive home life they were experiencing, establish their own support system by living together, and help one another, as well as the mutual support they gave one another, are all signs of resilience.

2. They all found solace and life meaning through religious expression and by helping others.

3. They used their energies and intellects to succeed socially and vocationally, and although they do not always have happy personal lives, they do have meaningful and successful careers. Like many abused children, they did very well academically and in extracurricular activities and used that success as a way of counteracting their father’s abusive behavior and their mother’s passivity.
4. They managed to make themselves invisible during the times they lived at home, avoiding their parents to the extent possible. When they left home, they managed to negate their abusive father's effect on them by removing him and his influences from their lives. Some might think that their response to his death was harsh and dysfunctional, but it did serve a purpose: It highlights a problem that still needs to be resolved. One hopes that with time they will be able to do this.

**A Story of a Baseball Player and Attorney Jailed Because of Drug and Alcohol Abuse**

I am a former attorney and professional baseball player who became an alcoholic and spent 3 years in prison for fraud. I used my position of trust as an attorney to steal nearly a quarter of a million dollars from my clients. I took the money from a trust fund and used it to live beyond my means. I lost my good name, my career, and my freedom. I nearly lost my family and my life. Today, I am a drug and alcohol counselor working with addicts to help them recover from the debilitating effects of addiction that brought so much damage to my life. Few suspected back then that I had a substance abuse problem. Fewer still could have foreseen the good that ultimately arose from such unseemly circumstances.

My fall from the height of success to the despair of addiction and imprisonment was a breathtaking plunge. I grew up in a normal family and although we never had a lot of money, my life abounded with great opportunities. Most of the opportunities came from sports, but I also excelled in school. In fact, I did well enough in baseball and in the classroom to attend UC Berkeley on a full athletic scholarship. After a stellar collegiate career, I played professional baseball in the New York Yankees organization. I loved baseball, but Berkeley left me with some pretty serious aspirations. Ultimately, I decided that I wanted to be a trial lawyer. I quit pro ball after two seasons to attend law school at UCLA where I grew up, and then moved to Oregon where I built a successful law practice. Progress in my early life appeared seamless; each step seemingly led to the pinnacle, and life there looked promising in all directions.

How did the wheels come off the cart? Not because I was a victim. There is no villain in my story to whom I can self-righteously point the finger of blame and say, “You caused me to go astray.” The circumstances of my childhood, while certainly not perfect, did not create some wellspring of hate, bitterness, and discontent. My parents weren’t abusive. I didn’t fall prey to some childhood trauma. My basic needs were never denied. I suffered no debilitating emotional ordeal. Quite the contrary, I led an enviable, even privileged life. Not privileged in the sense of money, but rather the privilege of talent, opportunity, and achievement. No one held me back or down, or stood in my way; rather, all the significant adults in my life supported and encouraged me to fulfill my potential.

My early years were by no means untouched by difficulty. My parents divorced when I was 10, a grievous wound that I would long suffer. And my dad drank. I didn’t realize how much he drank until late in my high school years. I spent every other weekend at his apartment across town, and it eventually got to the point where it seemed that all he ever did was drink. But he never got
abusive, belligerent, or maudlin. He just drank until he couldn’t talk, and then he’d fall asleep. I didn’t really know what an addiction was. If my family had a history of addiction, I had no knowledge of it. Yet despite the divorce and my dad’s drinking, it seemed to me that I had it pretty good. My parents loved me, took interest in my life, and expected me to make something of myself.

Despite my relatively stable youth and a growing list of accomplishments, I became an alcoholic. I didn’t have a problem with drinking until my mid-20s. Before then, I drank socially, occasionally to excess but always (at least for a time) wiser. However, during my third year as a lawyer, I encountered a problem that I couldn’t handle on my own. I was given an assignment to try a case that I didn’t think I could handle, and I panicked. Then, in my frenzied search to overcome panic, I discovered that alcohol blunted my fear and anxiety. So great and irrational did my panic grow about being in court that I have since come to believe that I was having a nervous breakdown. The whole affair left me shell-shocked, but I thought I had the answer: As long as I could drink and control my anxiety and fear, I would be OK.

I didn’t know it then, but I had stepped onto a slippery slope. At first the slope fell ever so gently away. In fact, you might even say it rose up to greet me, because it worked. It took away the anxiety and fear that gnawed at me each time I had to face the courtroom. It was then that I came to view alcohol as my salvation.

At first I thought I had control over my drinking. I drank the night before court appearances so I could calmly prepare my case, and so I could fall asleep and be rested for court. But, as time passed, I lost control over how often and how much I could drink. Alcohol now controlled me. My life became a chaotic mess, but I didn’t see that the culprit was booze; rather, I thought booze was the only thing that shielded me from the pain of an increasingly chaotic life. Eventually, my drinking would help create a climate of moral and ethical decay where all that mattered was making sure my needs were met, regardless of the cost.

Notwithstanding my apparent promise as a young man and a solid record of accomplishments as an adult, alcohol’s fleeting medicinal effects exacted a terrible price. As my life crumbled around me, I chose to take money from my client trust account to prop myself up and to maintain my appearance as a successful attorney. Eventually caught, I had to stand before the judge as he pronounced sentence over a life gone terribly wrong; the once unbounded promise all but destroyed by the despair of addiction. I had taken the gifts I’d been given and squandered them. Alcohol did not cause me to steal money from my clients, but it fostered the moral corruption and ethical deterioration that led to a criminal life. And yet, as I listened to the judge explain my just fate that day, I heard evidence of something gone right and the promise of an eventual reunion. The judge told me that “there has been an ongoing transformation of the inner man that is worthy and admirable. I honestly believe you have the ability to be a wonderful person and a wonderful father, and I honestly believe that your rehabilitation efforts are sincere.”

I quit drinking when I got caught. I quit drinking because the pain it caused finally outweighed the fear of giving it up. More importantly, I entered treatment and started attending AA meetings. I entered treatment because I knew if
I didn’t the judge would throw the proverbial book at me. Oddly enough, once I got there, I found out just how much I belonged. I committed myself to the process; I wanted to make recovery part of the fabric of my life.

By the time of my sentencing, the judge saw something of the renewed hope and promise that began because I quit drinking and stared to reclaim my life. But recovery isn’t easy. When I finally “hit bottom” the options looked bleak. I could dry up and blow away like so much refuse, or stand up and fight for my life. I chose to fight for my life.

I spent 3 years and 1 day in prison for my crimes, but today I look upon my experiences as life restoring. Prison proved to be an unexpected experience. I expected my life to be in danger, so it came as no surprise that I lived in a cell-block that housed murderers (several of whom I would share a cell with). At the same time, I worked in a prison treatment program that trained me to teach alcohol and drug education to other inmates. For 2 years I taught inmates the dangers of alcohol and drug use. That training led to an opportunity to work as counselor and teacher for a County Drug Court Program in Oregon, an adult felony diversion project. More importantly, it gave me a chance to give back what was so openly given to me in my own treatment program and in the meeting rooms of AA.

Today, my recovery program remains the sustaining force in my life. It has allowed me to live courageously in the face of anxiety and fear. My recovery program has also taught me that I am a caretaker over the state that constitutes life. Ironically, I worked in a profession where I could have been a true servant to my clients. But as a lawyer, I abused my position of trust, seeking only to get what I could for myself. Today, although I can’t practice law, I have found true meaning and purpose in my life because I now embrace my role as caretaker. Whereas I once did what I had to do for my clients in order to get money, I now endorse my duties as caretaker: To my clients at drug court; to my wife and kids; to my employers; and now, finally, to myself. I have even written a book about my experiences as a lawyer and addict. It may never be published, but the experience of writing it has made me a better counselor and teacher.

My life today is far from perfect; only my response has changed. I still experience anxiety and fear of daily living, but today I don’t have to drink over it. Instead, I am able to accept anxiety and fear as a natural and normal part of living. The journey that began when I quit drinking proved hard yet well worth the effort. Every couple of months, drug court holds a graduation ceremony for those who have successfully completed its rigorous requirements. Those who graduate have spent almost 2 years of their lives struggling to overcome addiction. I have now been there long enough to have played a significant role in the success of at least some of the graduates. On those occasions when a graduate thanks me publicly for what I have done on his or her behalf, I am filled with gratitude for God’s mercy and grace.

**Lessons to Be Learned From This Story**

We often think that people who steal and then blame it on their drinking would have stolen anyway and that the behavior indicates a character flaw. I asked Becky Jackson about this. “It’s true,” she said, “that we use the term *dry*...
drunk to describe people who aren’t drinking anymore but whose fundamental personality is that of an alcoholic who tends to blame his or her problems on something other than their own bad choices in life. I don’t think this is the case with our ex-lawyer. His conversion seems genuine and his story is much like many stories I’ve heard from alcoholics in recovery. He shows believable remorse, he’s helped other alcoholics, he knows he has a life-threatening problem, he’s come out of a horrible personal tragedy much better and more self-aware than ever, and he seems to have learned a great deal about himself.

“Most nonaddicts fail to understand that addictions are compulsions and once they are full-blown, they carry people into behaviors for which they are deeply ashamed. There are many things I would like to know about his life, including the support systems he had in place when the problem began and whether his wife and family were aware of his behavior. I wonder if he had a spiritual direction and if he had a mentor to talk to when problems were developing. I also wonder why he chose to be a litigator when it obviously set off a great deal of anxiety to appear in court, and I wonder why he doesn’t see a connection between his father’s drinking and his own. Nonetheless, I think the storyteller shows great resilience in overcoming the alcoholism, the time spent in prison, and the difficult readjustment to life without the profession he was trained in. His spiritual direction, his work with other alcoholics, and his selfless life are all indicators that he is coming to grips with who he is and that he will be a much better person because of it. That to me is certainly a positive indication of his attempt to overcome his drinking and the repercussions in his life that it caused.”

A STORY ABOUT AN ADOLESCENT SUBSTANCE ABUSER

Jason began acting in a strange way when he reached 16. There was nothing I could put my finger on, and I thought it must have to do with adolescence and being rebellious. I’d been rebellious as a teenager, so for 6 months it didn’t really hit me that he had a problem. Then I was contacted by the police. Jason had been picked up for drunk driving and had injured himself and wrecked our new car. My husband and I were shocked. We were churchgoing people, a little naive, and never thought Jason would do such a thing. And boy, were we angry and full of righteous indignation. We went to the hospital and reamed him out, took his keys to the car away, and grounded him until the coming of the ice age. What we didn’t see was the hurting young man inside and the fact that he had some serious emotional problems. You wonder why you don’t see the problems until you have a crisis, but maybe we weren’t looking too hard. Jason’s drinking caused problems in our marriage, and within 6 months, my husband and I were separated and Jason was in therapy that didn’t seem to be going anywhere.

He was getting drugs from people at school and on the streets and stealing money from my husband and me. Now that we know the pattern of adolescent drug and alcohol use, we know that it’s a pretty typical pattern. All this time he was deteriorating badly and so were we. I blamed it all on my husband’s
aloofness and the fact that he was facilitating Jason's substance abuse. I mean, he actually bought Jason a car after his accident, and when Jason went to live with him, his father treated him more like a buddy than a son. My husband blamed me because he said I was treating Jason like an inmate in a prison and questioning everything he did like I was the warden. I think he was right. I was scared, hurt, and ashamed. We live in this wonderful place with houses worth millions of dollars and you want people to think the best of you. Even the idea of an alcoholic kid made me cringe.

I know Jason hated me during that period of time because I was so strict. He went to therapy and we all joined a support group for parents who have alcoholic kids. It was demeaning at first. I hated it. I came up the hard way, and the thought of all these privileged kids complaining about their parents made me mad as hell. I wanted to slap every single one of them for whining so much. And then one session I heard something that really affected me. One of the parents was telling her daughter how much trouble she’d caused the family. I looked over at Jason and he was crying, and so was his dad. And then I started crying, too. We just held each other for a long time. My husband and I reconciled, and we started having family talks. They helped all of us. We talked about everything, even very private things. Jason didn’t think that we loved him. He thought I was always disappointed in him and that my standards were so high, he couldn’t ever achieve them. My husband said that he felt the same way. It hurt, you know. I’d come up the hard way from poor parents and I was very demanding of myself, and it affected everyone, my perfectionism and my drive. It forced me into therapy. I don’t know how we made it during the 2 years we went through treatment and relapse, and more treatment, but we did. We had supportive friends, a group of people we went to church with, and, most of all, a deep faith that we could make it, and we did.

A few years later, Jason was in college and doing great. He’s going to be an architect just like his father. Anyway, he wrote me this wonderful letter, and it said that he always thought of me as a great mom, even in the worst of times, and he knew he wouldn’t have made it were it not for me. I know that sounds corny, but it just made me cry. I’d begun to think I was a terrible mother and that all the problems we had during that period of time were because of me.

**LESSONS TO BE LEARNED FROM THIS STORY**

I asked our storyteller to tell me why she thought they were doing so well when at the time they all seemed so unlikely to improve. She told me the following:

1. They made it because of friends, their faith in God, and their deep and abiding desire to be successful. Her husband had also come up the hard way and saw Jason’s problem as a failure that would destroy all the progress he had made in his life if it weren’t resolved. He was motivated to help, as was his wife. They put their pride aside and did what was necessary to resolve the problem.
2. The main thing that helped was the support group and the professional therapy they all received, including, at one point, family therapy. It helped to reach a deeper level of understanding about how they all contributed to Jason's problem and how unsuccessful they'd been as a family before Jason's substance abuse problem became known to them. Like many young alcoholics, Jason had been drinking since he was a child—he had been taking liquor from his parents from the time he was 8 years old. Although he was often drunk in the evenings while they watched TV, his parents were unaware of his condition. The therapy helped the family members see how much they were either ignoring or missing in each other's feelings and behaviors. Both parents felt miserable in their marriage, but they had never discussed it until Jason's problem led to their separation and forced them to seek help.

3. Jason's mother began to read the material they were bringing home from the support group. It motivated her to find out much more about family problems and therapy. She even took a psychology class on family dynamics to help her better understand her own family, and it helped.

4. Although she was angry at her husband for leaving and for facilitating Jason's drinking, she never said anything critical to Jason about his father. Instead, she went directly to her husband and tried to make him see that buying presents for a deeply troubled child was like trying to buy love. He was shaken by this perception, and it was then that the family immersed itself in trying to get help and doing the sometimes difficult work of changing the family's behavior.

5. She spoke to friends and to co-workers she trusted. To her amazement, many of them had children who had experienced substance abuse problems, and although these parents had been appalled and hurt, they did the hard work necessary to get better, and it helped. Almost all of the children were fine and doing well. It was for her the single most motivating experience, since it gave her hope.

6. She discovered that the aloofness she had always felt with others had distanced her from her son, and even though he said he dreaded the chats, she talked to him a great deal about all aspects of his life. She also shared information about her early life that was eye opening to him. He never knew that she had grown up in a very poor abusive family or that her father left when she was 7 and had never come back. Jason thought he had died. She told him how painful it had been, and how she blamed herself for her father's leaving and thought that there must be something wrong with her to have driven Jason's father away. She also blamed herself for Jason's drinking. Jason held her and started crying and assured her it wasn't that at all, it was the feeling he had that he wasn't a good enough son and that he'd never make his parents happy. They agreed then to keep up a dialogue and to talk about feelings and perceptions until they were clear about how they felt about each other. For her part, she had never loved anyone as deeply as she loved her son. And until he was born, she thought herself incapable of love. Jason was so touched by what his mother said that he couldn't talk for a long time and then went to his room and cried.
7. The coping mechanism Jason’s mother used most was the sense that it would all work itself out and that, in the end, the family would be better because of what they went through. And, as she had hoped, they were better, and it was the most wonderful experience to be in a happy and loving family.

A STORY ABOUT RECOVERY FROM SUBSTANCE ABUSE: MR. R. CHANGES HIS LIFE

By the end of 1986, my drinking and drug use had taken a heavy toll. Physically, I was in serious trouble. In February of 1987, I ended up in the hospital. My body had given up. I was in a state of incomprehensible demoralization at the age of 46. I had no new plans to try, no more diversions to implement. Just about everything I had worked for was gone, or soon would be. I felt totally defeated, as if I had been at war with life and now had finally lost. There was some element of relief involved in this frame of mind.

I was discharged from the hospital with the instructions to never drink or use drugs again unless I wished to die. It was suggested I seek out Alcoholics Anonymous as a resource. I remember the few meetings my probation officer had me attend in the early 1970s, and the losers and idiots I remembered there. Was I now of that class myself? It was a crushing thought. However, I had nowhere else to turn. I began my journey into sobriety with AA as an angry, fearful, and resentful man. I did not immediately feel at home in AA as some do. I fought it as I had fought everything else in life for so long. But I didn’t drink. It became clear to me over those first six months of sobriety that if I were to remain sober, it would require the greatest effort I had ever mustered for anything. I was desperate to remain sober and believed, without reservation, that to drink again would be the end of me. Thoughts, serious thoughts of suicide, came and went again. The trick was to learn to live life on life’s terms, not my own.

When I was a boy of perhaps 10, I examined the notion of The God that ruled our home. I decided that if God was like my father, I wasn’t interested. I described myself over the years as an agnostic. I didn’t know if there was a God or not, and, frankly, I didn’t care. It made no difference in my life either way. I also had a great loathing for churches and what I called church people. And now, here I was in a program that required me to acknowledge a higher power and adopt the notion of spirituality. What a bind to be in. The great thing was that I met others in the program that had felt as I did, and they managed to make things work over time. I acknowledged AA as my higher power and it seemed to work, as I remained sober.

Earlier in this chapter, I briefly described Mr. R. (Glicken, 2004b), a drug and alcohol abuser, and his first experience with alcohol. This next section describes his recovery.
About eight months after I got sober, I found employment facilitating DUI classes. I would teach five to eight classes a week and found that I derived a great sense of reward from that activity. I actually enjoyed working with people. Who would have thought? I returned to school at the local community college and, like so many other recovering people, began taking courses in the chemical dependency program. When I had been sober approximately 12 months, I also began working part time at a nonprofit short-term residential program serving those with mental illness in crisis. I found I enjoyed working with the mentally ill more than with substance abusers. Then I found that many of the mentally ill also had substance abuse problems. It was a wonderfully challenging population of people.

After an incident in which I abused yet another woman, it occurred to me that though AA was keeping me sober and my life was progressing in good directions, if I were to ever have any hope of having a healthy relationship with a female, I needed to try some professional help. I was referred to a female psychologist in Austin who agreed to work with me. And so began my journey in therapy. She seemed to know just how fast I could go and always kept me challenged. At times she suggested I take a short break and that was also helpful. She took considerable time to educate me on women’s issues and how women think differently than men. I began to understand something about women’s values and needs. To me, it was amazing stuff. Then came the day after about six months when my insurance ran out. I wanted desperately to continue but was unable to pay for the full cost alone. My therapist told me not to worry. She stated she had a strong belief in me and what I was doing and usually had one client she worked with without charge. She would keep going with me as long as it was productive. I have to say that of the many beneficial things that came from my almost two and a half years with her, her belief in me was the single most impacting event. I had always had so little belief in myself, and been such a terrible disappointment to so many, that to have a person, especially a woman of her status, express belief in me, was huge. When I reflect back over the years since then, that one thing still stands out.

I recall a time when in an effort to express my gratitude for her caring and skills, I blurted out that I would, if needed, protect her, kill for her. She laughed and said, “If you want to do something for me, then please go love someone, and you might try starting with yourself.” Obviously, I never forgot that either (Glicken, 2004b, p. 169).

LESSONS TO BE LEARNED FROM THIS STORY

There is much in Mr. R.’s story that suggests the presence of a great deal of resilience in the midst of some behavior most of us would find difficult to accept. And yet, in the end, I think that he made great strides as a person. The fine, resilient, principled person I knew would have made his family proud, I believe, because resilience isn’t a constant, and when it counted most, Mr. R. demonstrated the capacity to love and to help others in a selfless way that can be described as resilience in its highest form.
This chapter on resilient people coping with substance abuse noted the high rates of alcohol and drug abuse in America. Although a variety of emotional problems may lead to substance abuse, there is reason to believe that substance abuse also may have a strong genetic component. Research on self-healing and short-term treatment was included. Four stories and lessons to be learned about how resilient people cope with substance abuse were also included in the chapter.