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MAKING FRIENDS WITH YOUR ADDICTION

When I first met 14-year-old Miranda, she had a full head of frizzy pink hair and a sassy, cooler-than-thou persona to match. She also had the phyisical symptoms of full blown alcoholism usually found in adults twice her age, including stomach ulcers, a fatty liver, and early signs of nerve damage. Miranda's parents had divorced when she was six and she had never heard from her father again; in the meantime, she acquired a new stepfather who battered her mother and made frightening sexual remarks to Miranda whenever he got drunk. By the age of 11, Miranda had started nipping from her stepdad's bourbon bottles. Now she was putting away a pint of hard liquor a day, usually accompanied by several joints. Often, she drank until she passed out.

The difference between Miranda and many of the other teens I was seeing for alcohol and drug problems was her attitude toward her addiction. "I *gotta* quit," she told me fervently. Before she came to me, she had tried—and failed—to stop drinking numerous times on her own. Miranda's feisty energy and will to survive impressed and touched me, and for the next six months, I threw myself into helping her get sober. In both individual sessions and a group I led for substance-abusing teens, I encouraged her to talk about her feelings and her troubled family life, while also urging her to try out AA. I also recommended that she try "sobriety days—designated days on which she would forego all mood-altering drugs as a kind of stepping stone to recovery. At another point, I encouraged her to participate in an adventure-based addiction treatment program especially designed for young people. Miranda valiantly tried all of my suggestions, but she couldn't wrest free of alcohol or pot. One afternoon, she trudged through my office door and slumped into a chair. "I'm such a loser," she whispered. It was then that I asked her to write a goodbye letter to alcohol and drugs.

I had recently begun to experiment with this approach with people who were having a particularly hard time letting go of their addiction. While I didn't fully understand its power at the time, I noticed that letter-writing sometimes helps my clients and me move beyond an all or nothing focus on quitting to a more liberating understanding of the passionate dance between clients and their chosen substance. "What I'd like you to consider," I told Miranda now, "is writing a letter in which you imagine yourself saying goodbye to alcohol and drugs. You don't have to actually give them up right now. But let's see what comes up." At our next group session, Miranda handed me her letter:

Dear Narcotics, Pot (acid, alcohol) etc.

thanks for all You've done for me. You've helped me forget my problems. You've made me feel good, You've made me see the world in a whole new perspective. You've made me fail out of my freshman year, You've made me Ruin the lining of my esophagus and stomach. You've made the Relationship with my Parents go down hill. You've given me a who gives a shit attitude. I've gotten fucked up Emotionally and Physically (Relationship wise also) I'VE gotten used by abusing you: even after all those complaints I don't want to give you up Because I'll be alone.

Miranda

I knew that letters often took on greater meaning for clients when they read them out loud, so I asked Miranda if she would be willing to share her letter with the group. Bouncing up from her chair, she began reading in her usual dramatic, rapid-fire style. But within a few sentences, her voice began to wobble. As she continued to read, taking deep, shaky breaths between sentences, the other kids listened with rapt attention. When Miranda sat down again, I asked what the writing-cum-reading experience had been like for her. "I can't believe how much shit I've taken from this stuff—it really blows me away" she said quietly. "Especially the booze." She tried to laugh. "It's like a rotten boyfriend."

I too, was blown away by the contents of Miranda's letter. For the first time, I understood the depth of her attachment to alcohol. I realized that for the past six months, I had been trying to take away the one thing in this girl's life that gave her any solace, any relief from her sense of utter isolation. "Yeah, a rotten boyfriend who you can't quite give up," I responded. She gazed straight at me. "You got it."

Miranda's letter marked a turning point in her therapy. In subsequent sessions, she began to talk about herself with more compassion, often checking back to her letter as though to the North Star, to orient herself. She began to understand how desperately she relied on alcohol to assuage her loneliness, and to try, ever so tentatively, to begin connecting instead with real people, starting with me and the other kids in our group.

This process was full of stops and starts, and it would be two years before Miranda could stop drinking for an extended period of time. But bit by bit, I witnessed this young woman begin to recover her faith in herself and to peel back her flamboyant, hyper-cool veneer. In the past, she had presented her hard drinking to the world as just another facet of her glamorous, tortured-soul image; now, we worked together on helping her accept, and show others, who she really was--a vulnerable, scared kid who yearned to belong somewhere. By the time she left therapy at 16, she had begun to make links to AA and to develop a closer relationship to her mother, who became a strong ally in her recovery. When I ran into Miranda

again at age 19, now sporting tangerine-hued hair and a new tattoo, she proudly told me that she was taking courses at the local community college and was hoping to transfer soon to the state university. Currently, she was living with three other young women, all AA members, who were supporting one another's recovery. She had been sober for three years.

THERAPY WITH ADDICTED PEOPLE is soul-trying work. The reason isn't hard to fathom: Most people don't get better—or stay better for long. Fewer than 50 percent of alcoholics are still sober one year after treatment, while fully 90 percent experience at least one relapse during the first four years following treatment, according to the National Institute on Alcohol Abuse and Alcoholism. Relapse rates are similar for many other drugs.

Addicts repeat self-destructive behavior with a stamina that can wear down the patience of the most seasoned and committed clinician. Even when people do get better, the therapist often isn't there to witness the recovery. Often, clients drop out of therapy, or their insurance runs out, long before they are able to get clean and sober. In short, working with addicts is a set-up to feel like a failure as a therapist—and in my 15 years of addictions work, I have often felt like one.

But therapists' efforts to help clients recover is made still harder, I believe, by the gaping inadequacy of the dominant disease model of addiction. The DSM-IV definition of alcoholism that therapists are encouraged to use as their guide to understanding this disorder is full of sterile pronouncements about physiological decline and dysfunctional behaviors; like most medical diagnoses, it favors the disease over the individual who suffers it. This definition isn't so much wrong as it is limiting, for it tends to blind us to the very heart of the addicted person's experience. If the problem, to quote the DSM-IV, is "a maladaptive pattern of alcohol use leading to clinically significant impairment," then getting the client sober becomes the first and foremost goal of treatment. But in the process, the felt experience of the addict—the loss, yearning and terrible loneliness that courses through his or her soul and continues to drive the addiction—can easily get pushed underground. It is this profoundly emotional and relational world of the addict that writing a "goodbye letter" can often coax into the light, providing both therapist and client with a more comprehensive view of the client's addiction and a more hopeful and loving way of working with it.

When I began experimenting with letter-writing with addicted clients more than a decade ago, I simply saw letters as a promising way to help people feel less identified with their alcohol or drug use. Inspired by the pioneering work of narrative therapists Michael White and David Epston, I hoped that writing to Alcohol or Drugs might allow a client to feel enough separation from his or her addiction to begin to challenge and move beyond it. But as I carefully read and mulled over the letters my clients wrote, I began to see that the act of letter-writing also seemed to unmask the client's chosen drug as a partner in a genuine relationship—fierce, seductive, at once breathtakingly destructive and profoundly comforting.

I have found that honoring this relationship—especially its positive, self-preserving elements—radically changes the terms of therapy with addicted people. Contrary to the dictates of traditional addictions counseling, I no longer insist that my clients get clean and sober before we can profitably work together in therapy. The reason is grounded in simple reality: Many addicts are not yet ready to let go of their addiction when they first walk through a therapist's door. Many simply hope to find a "smarter" way to drink or use that will allow them to maintain better control of their lives; they are far too terrified of facing life drug-free to instantly swear off substances. In my experience, to insist that a client immediately cease all drug use or leave treatment is to abandon a lot of addicts who *can* be helped by a gentler more gradual approach. Rather than engaging in aggressive, confrontations with my clients over quitting, I find it far more effective—and more personally rewarding—to facilitate a peaceable breakup.

Letter-writing can be a powerful first step in this facilitation process because it offers such a clear window into the legitimate, urgent needs that the addict is trying to meet via his or her "drug connection." Writing letters allows clients to find their own words for what's important to them, rather than being subjected to a series of psychological tests and other mental gymnastics that we hope will somehow crack their soul's code. If therapists can then collaborate with the client to discover healthier ways to meet those self-identified needs, he or she may experience less of what AA calls "white-knuckle" sobriety—the I'm-miserable-but-sober variety that rarely lasts—and instead create a more sustaining way to live.

I often tell my clients to think of the letters as a form of compost (or spiritual mulch): Writing tends to rake our conscious minds, taking shallow thinking and turning it over. While therapy tries to accomplish the same thing, I have found that the process of letter-writing often helps a client rapidly uncover buried feelings and insights that might take months to unearth via the usual, talk-only therapy hour. The poet Audre Lorde once wrote, "Poetry is the way we help give name to the nameless so it can be thought." So, too, with the letters of desire, fury and unspeakable sadness that my clients write to their addictions. While the particular letters and stories shared here come from adolescent clients, I have found letter-writing to work with equal power and impact with adult clients.

Let me be clear: Letter-writing is neither a quick nor sufficient fix for addiction problems. By themselves, letters rarely provide dramatic "aha!" moments that spur people to immediately foreswear a substance. Instead, they serve as a kind of jumping-off point for therapy, giving both my client and me a trail map of the harrowing work that lies ahead. To support this arduous effort, I strongly urge my clients to get involved in AA or other 12-step programs. Groups have a way of breaking down the walls of denial and isolation that surround the addict, locating him or her within a protective circle of humanity. I also encourage clients to explore sources of spiritual support for their recovery, which could range from God to Buddha to a less traditional Higher Power to a felt connection to nature. I believe that the yearning for unconditional love

and protective care—from a group, from a therapist, from a spiritual presence, from the self—is nearly always at the root of the addicted person's cravings.

ONE OF THE KNOTTIEST CHALLENGES of addictions work is determining a person's commitment to change. Some addicts will tell you they want to get clean and sober when they have no intention of doing so, while others' perpetual stop-start dance with their chosen drug masks a desperate desire to quit for good. In my experience, letter-writing can serve as a powerful assessment tool to help determine how seriously a client wants to stop using substances. When I first met Gwen, a 16-year-old inpatient at the hospital-based drug rehab program where I worked, she was both deeply depressed and furious at being forced to participate in a program for "druggies," which in her estimation did not include herself. Though she smoked so much pot that she was stealing from her parents to pay for it and had gotten into trouble with school and legal authorities, she claimed repeatedly that "I don't smoke that much—mostly just on weekends, at parties. It's no big deal."

Between Gwen's depression and her denial, it was hard to find a foothold for our work together. In years past, I would have just tried harder, redoubling my efforts to get her to acknowledge the true extent of her pot smoking, then press her to commit to quitting. Instead, I asked Gwen to write a goodbye letter to marijuana, which she thought was a monumentally stupid idea because she felt she had nothing to say goodbye to, since pot was putatively a minor player in her life. "No problem," I told her. "Whatever kind of relationship you feel you *do* have with Pot, write about that." The next morning in group, she shoved this letter into my hand:

> Dear Ganja,
>
> Hello old friend, what's up? It's been a long time since we last saw each other. I miss you. I want you back in my arms. Everyone here wants me to forget about you, but I won't. I miss hanging out with you, and the familiar way you made me laugh. I miss the way you cheered me up—brightening even the darkest day—and the way you made me feel so accepted all the time.
>
> As a result of being locked up in this program, I will be unable to see you and smile at your great jokes. Hopefully I will be out soon, and we will be able to party with each other again. I can't wait to get home to see you. You bring me a kind of happiness no one else can, and I can't find anywhere else. When I get out we'll spend every minute of our day together. I will be yours and yours only, all day and all night.
>
> Love Always,
>
> Gwen

Gwen's letter was a dramatic example of the power of letter-writing to excavate unconscious material. "I guess I *am* doing it a lot," she muttered when I asked her what she got from writing her letter. Meanwhile, I got the critical information that it would have taken a crowbar to separate this girl from pot. This didn't mean that I gave up on Gwen--far from it. The letter had helped to break through her denial, which meant we were now able to talk about how she relied on marijuana to keep her company when she was depressed, but how it would then "betray" her by making her feel still more despondent. I was looking for an opening, a wedge, to allow her to explore the notion that her life might hold other, more sustaining, possibilities than a love affair with pot.

But Gwen continued to feel discouraged; she wasn't at all sure she could survive a break up. My own intent, at that point, was to genuinely embrace Gwen's feelings of powerlessness over marijuana, while still energetically supporting any movement toward change. Therapists who work with addicted people find themselves walking this knife edge of faith and despair with alarming frequency, and it is essential to try not to fall off. In my experience, if therapists can't tolerate the feelings of failure and discouragement that accompany facing an addiction—to accept them as part of the journey--clients won't be able to learn to do so, either. I believe that therapists are most able to hold on to this kind of open-hearted acceptance when they become conscious of personal encounters with powerlessness that have served as a prelude to liberation in their own lives.

In my case, my mother continues to suffer from alcoholism, as she has throughout most of my life. When I decided to marry my partner Dana, I became very anxious about my mother's drinking. Unsure of how to handle the presence of alcohol at our wedding and apprehensive about how she might behave, I sought advice from my colleague, Roget. After listening patiently to my dilemma, Roget asked me to entertain the following scenario:

"Imagine, Jon, if tomorrow morning you went out to your mailbox and discovered a telegram. You opened it and read: 'Dear Jonathan, I am sorry, it is not in the stars for your mother to get better. Love, God.'"

As he spoke those words, I fought back tears. As never before, I understood the well-worn words of the AA serenity prayer: "God, grant me the serentiy to accept the things I can not change the courage to change the things I can, and the wisdom to know the difference." I got, in that moment, that my mother and I were equally powerless over her drinking, and that I could not, and never would be able to, "fix" her. I often recall this moment as I work with addicted clients who struggle with letting go of their substance--it both keeps me connected to my client and restrains me from engaging in futile rescue missions. While not every therapist can call upon a personal encounter with alcohol or drugs to guide them, virtually all of us can identify a painful experience of powerlessness in our lives that can help us stay present with those who feel overwhelmed by their addiction.

But my sense of partnership with Gwen notwithstanding, she and I made little real progress together. When she left the program, I knew in my bones that within 24 hours, she would be smoking a joint. And, give or take a few hours, she was. Gwen's reunion with marijuana was painful for me. The mantra in the addiction field is "you can't take it personally" when people relapse. But when you work intensively with a client and come to really care for him or her, there is no way *not* to feel a twinge of responsibility, and some deep sadness, when you watch them dive back into their addiction.

But Gwen's "goodbye" letter made the difference between feeling sad and plunging into paralyzing self-doubt and discouragement. The letter helped me keep my expectations realistic, so that when she returned to her "old friend," at some level I knew it wasn't about me. The reality is that there are some people for whom you could put a million dollars on one side of a table and a wad of drugs on the other and ask them to choose, and they would take the drugs every time. Gwen was one of those people. With all my heart, I hope she someday won't be. But during our shot at therapy, my knowledge of what I was up against kept me from the demoralizing and exhausting position of working harder than my client. Gwen didn't burn me out. When she walked out of the rehab unit, visions of freshly-lit joints dancing in her head, I still wanted to work with addicted people.

FOR MANY ADDICTS, DRUGS SERVE AS STAND-INS for human relationships they haven't yet dared to create. But for other people, substances provide a kind of distorted connection with a critically important person who is already in their lives. When I first began working with 17-year-old Randy, a wary, uncommunicative high-school athlete, he was smoking pot daily and using cocaine on weekends. He hung out with a rough crowd and had serious problems at home, including a moody, violent stepfather and a mother who dealt drugs to pay the rent. In Randy's mind, I was just another adult he was forced to tolerate. His only motivation for joining my group for substance-abusing kids—the result of a school referral--was to keep from being kicked off the football team.

Several weeks into the group, Randy revealed that three years earlier, his father had died of AIDS from IV drug use. His public attitude about his dad's untimely death was stoic: "Shit happens." But he also told the group that when his father was alive, the two had spent little time together. In fact, one of the only things Randy knew about his dad was that he did drugs. It occurred to me that at an unconscious level, perhaps Randy's own drug use was a kind of desperate bid to maintain some kind of connection to his lost father. If so, I thought it might help him to try to contact his father at a deeper level. On a hunch, I asked Randy to write a letter—not to Pot, but directly to his dad. "What kind of relationship would you have liked to have had with him?" I gently asked. "Write to him about that." After some initial eye-rolling and foot-dragging, Randy brought in his letter:

Dear Dad,

I wish you would have came to me instead of just running away from me. I would have loved to been with you. I just wanted to be your son. When I spent time with you it was great. And now you are gone and I will never see you again: I wish you were here now because I could realy use you as my dad. Even though you whernt around when I was younger I could use you. You could make up for it now I miss you so much.

Randy

When I asked Randy to read the letter aloud in group, he got as far as the second sentence when his voice cracked and his eyes began to tear. The group of kids was silent, utterly present with him as he half-read, half-wept his letter. As I sat with them in the circle, absorbing Randy's torrent of grief and loss, I was reminded why I so persistently encourage clients in my groups to read their letters out loud. Again and again, I find that when feelings move from the heart to paper, then from paper to spoken word, our felt connection with our experience deepens. And when that experience is witnessed by other people, our capacity to embrace our own pain—and the caring of others—deepens still more. Bearing witness is a very profound thing to do for another human being, and we don't forget the people who have done this for us.

Randy didn't forget. After that session, he slowly began to let go of some of his bravado and stoicism. Randy's letter seemed to provide a kind of makeshift memorial honoring his connection to his missing parent. He brought the letter to our next several group meetings and started sharing more about his dad. He began, also, to soften noticeably toward me. Where in the past, I had been a tolerable but essentially clueless adult, now, as a result of several conversations we had about his letter, Randy began to trust me with parts of himself he had carefully edited out before. I listened to his tirades about his stepfather's cruelty, the depth of his ache for his own father and his admission of how brutally hard it was to break free of pot, especially living with his mother, who smoked and dealt the stuff. I looked for ways to support his strengthening desire to quit, eventually helping him move to a supervised, independent living program that enabled him, for the first time, to stay clean for an extended period of time.

For me, the turning point in our new, trusting relationship was the day Randy invited me to come to one of his football games—even though it turned out that he wasn't starting and wasn't as good a player as he had made himself out to be. I wasn't his dad, but at that moment, I was a good-enough stand-in. I went to the game and cheered like a madman.

This slow tending and deepening of my relationship with Randy, culminating in the reparenting he allowed me to do, embodies for me both the limits and power of letter-writing to create change. If I had merely instructed Randy to write a letter to his dad with minimal follow-up, I would have continued to be a meaningless, expendable adult in his life. I can't say for sure, of course, but I doubt that he would have bothered trying to quit drugs. The letter was vital in our work together

because it allowed Randy to uncover and experience his longing for his dad, which in turn created a space for a relationship with an adult man who was willing to care for and guide him. His letter wasn't therapy, but it created a generous, fruitful opening for therapy. It gave us a chance, and we seized it.

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