

Educational Activity:

*“What an Order! I Can’t Go Through With It!”
When Recovery Seems Impossible*

INTRO

Some time ago, a person who had just sustained yet another relapse in addiction came to see me, despairing of ever making a success of abstinent recovery. He exclaimed, “I’m just not even sure I have what it takes to stay sober. Maybe it’s just impossible for me! Maybe I just don’t want to get sober. I think I’m just one of those people they talk about who’s incapable of being honest.”

Hello, everyone, and welcome to our regular podcast! We’re coming to you from our studio at the Council on Alcoholism and Drug Abuse of Northwest Louisiana! I’m your host, Kent Dean, CADA’s Director of Clinical Development. Today, we’ll discuss doing the seemingly-impossible in achieving and maintaining an abstinent recovery in addiction. Is it really possible? You’ll be able to earn one contact hour of continuing education by completing the post-test after you listen to the program. We’ll give you instructions on how to do that at the end of the show.

To be truly empowering, hope needs to be based on plausible reality. If I aspire to do the truly impossible, I’m merely setting myself up for failure and disappointment. I wanted my patient to know that recovery is, indeed, possible, even though achieving it may, initially, seem like nothing more than a pipe dream.

I asked him if he’d ever seen the gigantic Gateway Arch on the Mississippi River in St. Louis. “Yes, I’ve seen pictures of it, but what does that have to do with what we’re talking about?” (I could well understand why he’d be confused as to why I’d bring up the Arch in a discussion of the impossible!)

**Eero Saarinen (1910-1961):
Jefferson National Expansion Memorial Arch (1947)**
(U.S. National Park Service)



I told him I was using the Arch as an analogy. You see, when the Arch was designed in 1947 by Finnish-American architect, Eero Saarinen, actually constructing it then was impossible. Up to that time, no one had ever succeeded in erecting a free-standing, inverted catenary curve (the shape of a hanging chain). First of all, in the 1940s, structural engineers hadn't yet figured out how such a construction project could be accomplished; on top of that, the one-of-a-kind cranes and other equipment required to raise such a structure had yet to be conceptualized or fabricated.



Although no one had ever asserted that the Arch could *never* be built; the reality at the time of its design was that pioneering ways would have to be found to put it up in due course by following established-yet-innovative engineering practice. In spite of the obstacles—political and financial as well as engineering—work commenced on the Arch in 1961, and the keystone was fitted into the apex in 1965.



In the decades before the design of the Arch, another seemingly-impossible innovation was taking place, this time in helping people with addiction. **Derived from established spiritual principles and out of a rift with the Oxford Group, which had been a reasonably effective peer-support environment for alcoholics as well as a more-general support for upright living, was born the first 12-Step program, Alcoholics Anonymous.** AA and the spiritual principles it embodies are strikingly-effective adjuncts to what we understand now about treatment for addiction.

The following comes from AA's website, aa.org, on AA's origins:

“The origins of Alcoholics Anonymous can be traced to the Oxford Group, a religious movement popular in the United States and Europe in the early 20th century. Members of the Oxford Group practiced a formula of self-improvement by performing self-inventory, admitting wrongs, making amends, using prayer and meditation, and carrying the message to others.

“In the early 1930s, a well-to-do Rhode Islander, Rowland H., visited the noted Swiss psychoanalyst Carl Jung for help with his alcoholism. Jung determined that Rowland’s case was medically hopeless, and that he could only find relief through a vital spiritual experience. Jung directed him to the Oxford Group.

“Rowland later introduced fellow Vermonter Edwin T. [“Ebby” Thacher] to the group, and the two men along with several others were finally able to keep from drinking by practicing the Oxford Group principles.

“One of Ebby’s schoolmate friends from Vermont, and a drinking buddy, was Bill Wilson. Ebby sought out his old friend at his home at 182 Clinton Street in Brooklyn, New York, to carry the message of hope.

“Bill W. had been a golden boy on Wall Street, enjoying success and power as a stockbroker, but his promising career had been ruined by continuous and chronic alcoholism. Now, approaching 39 years of age, he was learning that his problem was hopeless, progressive, and irreversible. He had sought medical treatment at Towns Hospital in Manhattan, but he was still drinking.

Bill Wilson’s kitchen table, where, in November, 1934, Ebby Thacher described his sobriety gained through the Oxford Group



“Bill was, at first, unconvinced by Ebby’s story of transformation and the claims of the Oxford Group. But in December 1934, after again landing in Towns hospital for treatment, Bill underwent a powerful spiritual experience unlike any he had ever known. His depression and despair were lifted, and he felt free and at peace. Bill stopped drinking, and worked the rest of his life to bring that freedom and peace to other alcoholics. The roots of Alcoholics Anonymous were planted.” †

We might add that Bill Wilson’s relationship with Ebby extended to an attempt to help him stay sober on many occasions thereafter. Bill Wilson stayed sober by adapting some of the principles of the Oxford Group and formulating the 12-Steps. Ebby Thacher soon returned to drinking. Wilson always called Ebby his "sponsor," and even though Thacher had returned to drinking, Wilson looked after his friend's welfare for the rest of his life. Thacher struggled with sobriety, but he ultimately died (sober) from emphysema in 1966. Wilson gave the eulogy at his funeral.

The 12-Step programs, starting with AA, are designed to be approached in virtually the same way by everyone, because their spiritual principles are

considered universal. Professional treatment, on the other hand, is individualized to meet the current and ongoing needs of each specific patient presenting for help. There is no “one size fits all” in any branch of healthcare, but the principles of disease detection, formulation of goals for recovery, and a specific action plan to make those goals reality are accomplished under the guidance of physicians and mental health professionals. Although, in the beginning, recovery does, indeed, seem like a tall order, it is something that people are accomplishing every day.



Through much trial and error, specific techniques and mathematics had to be worked out for erecting Saarinen’s Arch, which systematic endeavor led to the successful construction of a new kind of building. **Likewise, a growing number of people remain in abstinent recovery, having availed themselves not only of the peer support of the 12-Step programs but of contemporary medication and psychotherapy targeting addictive disorders and whatever co-occurring disorders present in each patient.** All of these tools used together on an ongoing basis can spell the end of the despair that causes people with addiction to believe “What an order! I can’t go through with it!” Our answer? “Yes, you can! Here’s how!”

‡ https://www.aa.org/pages/en_US/aa-timeline/to/1

OUTRO

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See you next time!