

## CHAINED OPEN

*The struggle with alcoholism changed my life. This narrative explains how I dismissed charges of alcoholism at my first, second, and third excellent annual academic evaluations. By the fourth year the charges were made with increased intensity, and my teacher evaluation rating was mediocre. I tried and dismissed Alcohol Anonymous; and finally, after some authoritative and caring persuasion, I entered a treatment center to placate everyone. I was certain I would not be diagnosed as an alcoholic. The narrative tells about my experience at the center, my recovery and return to the University community. I found that confrontation elicited my defensiveness, and that self-realization, in the context of pain and suffering, led me to "recovering."*

### by Michael Beechem

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Like many upwardly mobile Americans, I was caught up in a fast-paced lifestyle. After 12 years as a social work practitioner, I entered a Ph.D. program in my quest for a university teaching position. I wanted to teach more than anything.

A few weeks before graduation, I accepted a tenure-track faculty position in the social work department at a southwestern regional university. Soon thereafter, my wife Ruth with our two children, arrived on campus in a 22-foot-long Ryder truck packed with all our possessions, intrigued about the prospects of beginning a new life in this small town of 11,000 (with a university enrollment of 7500).

Soon after the Fall semester began, I was immersed in teaching, and community activities. At the end of the first academic year, I felt positive about overall developments. Our children made the transition smoothly, and my first annual evaluation was positive. The only disconcerting event was a meeting with an administrator who suggested I had a serious drinking problem. I dismissed the accusation as a reflection of jealousy in what could be a

competitive relationship.

I established a reputation as an active community leader by my third academic year. Enjoying the small-town atmosphere and my faculty position, I savored every minute. It was a heady experience to sense ideas catching fire among students in my various classes. I knew teaching was my profession. My classes were jampacked and the students were enthusiastic. The annual evaluations from the Dean for my second and third academic years were excellent. Periodic charges of alcohol abuse persisted from the same administrator, but I learned to co-exist in the environment in spite of the unpleasantness of the accusation.

By the end of the fourth academic year, the administrator's complaints were incessant. At the meeting with the Dean for my annual evaluation the administrator was present. In response to charges of alcoholism, the Dean suggested I consider attendance at the local Alcoholics Anonymous (AA) group. This time my evaluation rating was mediocre.

An otherwise unblemished record was tarnished by



charges of alcoholism. I agreed to cooperate, and a few days later, a faculty member invited me to attend AA with him.

From the latter part of June through October, I attended bi-weekly AA meetings. My intent was to placate my superiors even though I did not believe I was an alcoholic. The meetings seemed silly. Zealous recovering alcoholics relished the opportunity to unashamedly, if not brazenly, disclose their alcoholic behavior. I was uncomfortable at the AA setting, but continued to attend meetings regularly while my heavy drinking continued on the weekends.

When the administrator told me that students had smelled alcohol on my breath, I avoided drinking during the week. Although I never drank during the day, people still detected the smell. I learned that the smell of alcohol from excessive drinking seeps through the pores of the skin. I tried breath fresheners and mouth washes to conceal the scent.

I felt it wise to refrain from drinking during the week, but counted the days, and hours before I could resume heavy weekend drinking. This recovery facade continued into October.

One day, Bob, a new social work faculty member and a recovering alcoholic from the AA network told me about his personal experiences. "Mike, your job is on the line," he said, "but more importantly your life is at stake. You need to get into a residential treatment program now."

"But I need to finish the semester," I countered. "Man, you don't have the luxury of time if you want to live. I've talked with the Dean, and offered to cover your classes."

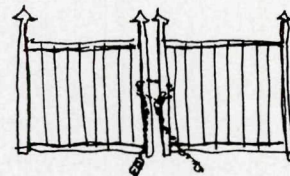
If not for the intervention of someone whom I held in high regard as a professional and as a recovering alcoholic, I would have flatly refused to seek residential treatment. I continued to deny my alcoholism and thought I could prove to all of them that I wasn't an alcoholic. "That's it," I rationalized. "A professional diagnosis from a treatment center will settle these false accusations once and for all."

For the next two days, I was on the phone with prospective treatment centers, calling them from a list Bob had compiled. The typical cost ranged from \$12,000 to \$20,000 a month for residential treatment. Insurance would pay 80 percent after I paid the \$425 deductible. For me living from paycheck to paycheck, my share seemed exorbitant.

After two frustrating days, Bob suggested that I call Valley Hope in Oklahoma where he had been on two occasions. "Look, Mike, don't worry about the cost, we'll work with you on the finances. The main concern is to get you here," urged Susan, the Valley Hope representative. "Now don't be alarmed by the imposing metal fence and chained gate. Our policy is to leave the gate chained open because we don't want people to be forced to stay here; we try to maintain a loving and supportive environment." I

responded, that I'd be there in a week hence, after settling some business affairs.

I called a few friends and my parents to tell them of the developments. I needed support during this unsettling period. I recall my mother's advice:



"Look, I think you're really smart to do this." Feeding into my denial, she continued, "What a rare opportunity to write about an unusual experience, an experience that concerns more and more people. If I were you, I would be sure to get everything down on paper and don't worry about editing. That can come later."

I made a point of sharing my plans for treatment with students in my classes. I explained how essential it was for all of us to identify personal shortcomings and work toward improvement. I stated that an honest self appraisal is the foundation for becoming a professional social worker. While altogether forthright, I needed a plausible explanation for my impending 30-day medical leave. I recognized the drinking problem, but had not yet internalized that I was an alcoholic. I was fully prepared to go to any length—even entering treatment—to prove to the administrator that I was not an alcoholic. I was convinced that Valley Hope would not diagnose me as such.

While reading the newspaper in the student center, Dick, the unofficial leader of recovering students, joined me. Dick, a 35-year-old recipient of a student disability grant for alcoholism, had previously been featured on a television program on alcoholism. As television cameras followed him for a day, he was filmed with me during my lectures. I recall how hypocritical I felt being with him considering my drinking problem, which he might have recognized but had never discussed. He would simply remark, "It's really a great relief to be able to own up to one's alcoholism," as he looked directly at me.

This time he spoke directly, "Mike, I want you to know how much it means to the recovering students that you have taken this courageous stand to enter treatment. You will serve as a role model for a lot of people." Feeling especially guilty about my deceitful efforts to pacify the administrator and the dean, I felt like a full-blown phony.

Apprehension was building for Wednesday, November 1st.

## DAY ONE

3:30 p.m.: Ruth and I arrived at Valley Hope. Scared and humble, I entered the admissions office where an intake worker interrogated me with questions ranging from annual income and manner of payments to drinking behaviors.

"What were your drinks of choice?"

"How much liquor did you consume in a week?"

"What times of the day did you usually start drinking?"

"How long have you been drinking?"

"When did it become a problem?"

After an hour of answering grueling questions and signing forms, I was led into the nurses' station to begin yet another session of questioning, mostly about my medical history and, again, drinking behavior. The nurse checked my blood pressure, which registered 150/112 with a pulse of 80. She walked to the medicine cabinet and advised me, matter-of-factly, that I was "withdrawing" as she administered 50 milligrams of Librium and 50 milligrams of Dilantin, an anticonvulsant.

5:00 p.m.: After another hour of information gathering, it was meal time at Valley Hope. We were introduced to two youthful patients, Jeff and Shannon, who invited us to join them for dinner in the cafeteria. Jeff, friendly and outgoing, proudly announced that treatment helped him change from being "introverted and withdrawn" to becoming "outgoing and involved." Shannon, an attractive and engaging young woman, wanted to know about our two children. The meal was interspersed with anecdotes about the success of the program and how it had changed their lives. Jeff asked me what I did for a living and, I noted a disguised look of surprise, that a university professor of social work would check himself into

a substance abuse treatment center.

Sad, with tears swelling in my eyes, I was barely able to answer. Our new friends appeared uncomfortable and changed the subject.

After dinner, Jeff and Shannon showed us the facilities, and then we walked back to the main building, "the mansion." Once a monastery, it was donated to Valley Hope to be used as a treatment center. Thanking Shannon and Jeff, we departed for the "recovery room," a euphemism for the detoxification area where the nurse monitored physical withdrawal symptoms. I shared this room with two other new patients.

Ruth and I were making plans for future visits when I abruptly asked to be alone. I would break down if she stayed longer, something she also sensed. Ruth replied in a voice as unsteady as my own. "What a contradiction! We social workers encourage our clients to ventilate, to get in touch with feelings, yet, we experience the same difficulty in sharing feelings."

After Ruth left, I attended a one-hour meeting in the lecture room to hear the testimonies of local AA members. There were about 50 patients ranging in age from 15 to 70. I was told that most of the younger patients were addicted to hard drugs; however, I was too preoccupied with my own thoughts to feel empathy for them. As Day One concluded, the expression "one day at a time" assumed a new meaning. Day One was a

struggle, but it marked a new beginning.

## DAY TWO

12:15 a.m. Day Two started early as the nurse again took my blood pressure—it had risen from 150/112 to 170/110 in a mere 7 hours and 20 minutes. I began to feel panic. She handed me two capsules of tranquilizers (100 milligrams) with a cup of water, and said I'd feel drowsy in about 40 minutes.

2:25 a.m. The nurse took my blood pressure and it had been reduced to 130/96 from 170/110. What a relief!

6:00 a.m. With only 4-5 hours of sleep, it was time for breakfast. My blood pressure had again increased to 150/100, with a pulse of 76. I then stood in line at the nurses' station for a meal ticket and prescribed meds.

## DAYS FOUR-FIVE

The next few days were traumatic and taxed my adaptive skills. Our regimen consisted of classes on substance abuse, daily small group and individual counseling sessions and testimonies from recovering AA members who were invited into the facility to sponsor groups for us. We were encouraged to attend AA meetings twice a week in the outside community.

As one week of treatment concluded, it seemed like several weeks had past. My whole life was taken up with treatment and group living, and I felt comfortable in my new surroundings.

## DAYS EIGHT -TEN

My counselor, Mark, expressed concern that I was unwilling to relinquish the social worker role; that, when not providing support to a fellow client, I was writing in my journal rather than facing my own demons. Actually, I felt introspective and mindful of loss.

By the eighth day, I had come to accept on an emotional level—I was an alcoholic. Steadfastly, I had denied my alcoholism. "I simply drink too much," On the day after the nurse rushed to the medicine cabinet for anti-convulsant medication, I began to admit, that I was an alcoholic. (Counseling sessions, classes, and peer support continue.)

## DAY ELEVEN

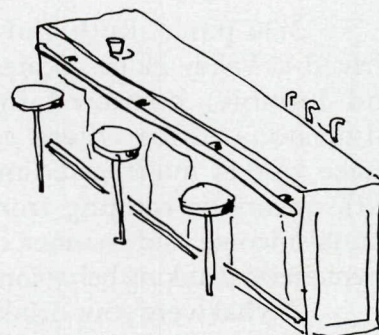
There now seems less of a need for an emotional outpouring. Physically it's like a new lease on life with increased energy. I was relieved that years of heavy drinking had not destroyed my liver and other major organs. Now able to sit through a "Patient Talk" — whereby a new patient shares his/her substance abuse history with the Valley Hope community — without choking back tears, I could focus more on the content than on my feelings. The abrupt transition from a drinking lifestyle to sobriety necessitated grieving.

I received a week-end pass to spend with Ruth at a local motel. The cafeteria fare of cheese and noodles seemed

unappetizing so we drove 25 miles for seafood. The restaurant was also a popular drinking hole for college students and faculty. My attention focused on what appeared to be a college-age coed sipping a draft beer. I was careful not to be noticed as I studied her every move. Sipping her beer deliberately and infrequently, she couldn't be an alcoholic, I thought, not even a "problem drinker," because she lacked the compulsiveness so characteristic of alcoholics. Enviously, I thought that she could handle alcohol.

## DAY FOURTEEN

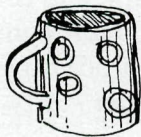
What a role reversal! For 6-7 years, I had provided psychotherapy and, had taught students substance abuse intervention techniques; but now, was relegated to the role of a patient in an alcoholism treatment institution. Paralleling my feelings of shame, I knew I was right in coming here, accepting that I am an alcoholic in need of treatment. "I'm going to lick this problem once and for all!"



## DAYS FIFTEEN THROUGH THIRTY

Weeks two, three and four passed slowly. Treatment continued to progress in spite of the continued concerns of staff and my counselor Mark, that I hadn't fully relinquished the professor role and taken the patient role.

I was only two days away from the "cup hanging" ceremony (to symbolize the completion of thirty days of sobriety) and graduation from Valley Hope. Traditionally, each patient designed his/her coffee cup with water colors. I painted six circles on my cup, with each representing a significant system in my life - physical, emotional, social, spiritual, familial, and occupational. An artistic patient drew a stereotypical professor in the center of the six systems. Lines were drawn to represent how I was now interacting with each system: \_\_\_\_\_ smooth, \_ \_ \_ \_ \_ tenuous, and \_/\_/\_/\_/\_/ conflict.



I looked forward to the ceremony, but hated to see this experience come to an end. I had become quite comfortable at Valley Hope and savored many emotionally-intimate patient relationships. I felt intimidated by the prospect of leaving this

protective environment, and determined to remain sober.

## DAY THIRTY-ONE

The "cup hanging" ceremony for the three Valley Hope graduates started at 9:40 a.m. as counselor Craig, holding a microphone, announced me. I was proud to be graduating and motioned to Ruth to join me on the stage, as I reflected on her support. Craig shared how I had worked the program ... "but it was a real challenge for him because Mike is used to helping people; then he had to agree to a role reversal and work on himself. I love Mike and am optimistic that he will be successful in recovery."

I began my talk by recalling the week preceding my admission spent contacting residential treatment centers. While many of the programs seemed intent upon enforcing stringent policies, Susan of Valley Hope, had emphasized the need for me to be in a "loving and supportive environment." I recalled her statement that the heavy metal entrance gate was "unchained."

In expressing my appreciation to the staff, I explained that, "much of the therapy I received was from the patients and I'll always feel a sense of gratitude to you for helping me through some very difficult times." I concluded by displaying my painted cup.

Following the ceremony, Ruth and I departed to celebrate a new chapter in our lives — undoubtedly the most important

one in my life.

## POST TREATMENT

After a year of sobriety, I noticed changes in my teaching. I felt confident, had more energy, worked harder to prepare lectures and was more patient with students. With more reflection and insight I was able to make better decisions. I could not recall every having such an abundance of physical and mental energy. In the days of drinking, I would tire at about noon—now it seems possible to go on forever. Student advising improved since I was being less hurried and more relaxed and the students were less rushed and more at ease. Soon after returning to campus, a number of recovering alcoholics, disenchanted with the local AA group for reasons ranging from confidentiality, that was sometimes breached, to an interest in organizing a campus group that was homogenous and geographically accessible. A colleague and I agreed to work on it. About 7 recovering alcoholics were at the first planning meeting. Some did not want the typical A. A. structure, others wanted the group to be free of a religious orientation, and an "agnostic" expressed the view that "any religion tends to turn off people who aren't religious."

We agreed that there would be no reference to the "serenity prayer," the "higher power," and the "12-step program." This group would remain a loosely organized and informal support group. Our

initial group of seven —two faculty professors, one mid-level staff, and four students increased to about 15 members in six months. One of the students, a long-time AA member, and now active in the campus group, commented that, "I really didn't expect to get support for my sobriety in a group without a formal structure, but I was certainly wrong on that."

I soon understood that Ruth and the children had assumed the heavy burden of concealing my alcoholism from others. The children had avoided inviting friends over, for fear of the embarrassment of finding me drinking. Ruth would tell people that I was sick with the flu or that my back was acting up so she could break social engagements. As I reflect on what happened, I am deeply saddened that they had to handle such an onerous responsibility.

Ruth and I noticed a distinct difference in how people treated us on a social basis. The first party we were invited to following treatment, was the annual New Year's Eve celebration hosted by long-time friends. At the party, guests appeared uncomfortable in our presence, they simply were not as gregarious or outgoing as previously. In March, invited to

a St. Patrick's Day party, we found that anytime we sat with others, they did not drink alcohol. Randy, the host, was surprised that we had even attended. "We weren't sure we should invite you because we were afraid it might tempt you," he remarked. Most of our drinking friends no longer invited us to social events. Ruth later remarked that we were treated like we had an illness, a plague. We wanted to be treated as we had been before, but nothing was or would be the same as before.

### ANNIVERSARY (ONE YEAR LATER)

A sense of freedom was in the air on this warm fall day as Ruth and I drove to Valley Hope for my first anniversary, an important milestone in my post-treatment life.

While driving I reflected on a year of sobriety, and the prospects of being recognized at Valley Hope. There would be a formal ceremony involving the staff and patients, complete with a cake. I was going to address the group about my "new life of sobriety."

I thought that "Perhaps, I could tell them that sobriety alone is not a panacea; it was

simply the first of many new challenges." The book, *I Never Promised You a Rose Garden*, occupied my mind as we continued to speed ahead. Startled by a siren, a State Trooper appeared in the rear view mirror. Pulling over to the shoulder of the road, I lowered my window.

"May I see your driver's license, Sir?"

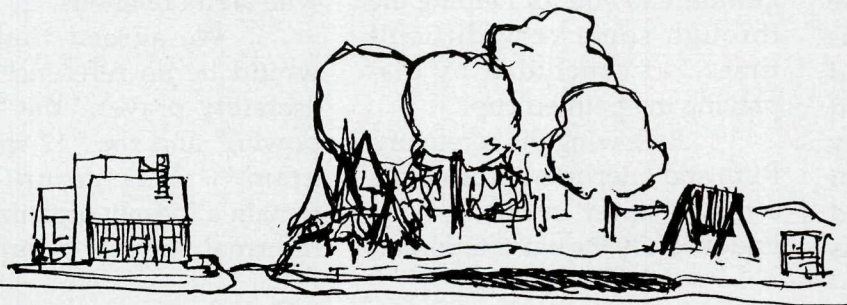
"Yes, officer," as I handed it to him.

"You realize that you're doing 85 in a 55 MPH zone, don't you?"

"Yes, officer, I became aware of that as soon as I heard your siren. I have no excuse. I was hurrying to make a 9:30 meeting at Valley Hope Treatment Center to celebrate my first year of sobriety."

I hoped that explanation might appease him, as I'm sure that traffic cops become weary of the number of drunk drivers on the road. My hunch paid off. I thanked him profusely and, this time, we slowly resumed our journey. There was some irony to the high speed — I have a reputation for very conservative driving, probably compensating for driving under the influence on an almost daily basis for years.

As we approached the "chained open" entrance gate leading to the "mansion," I was at ease seeing the beautiful grounds, and the gaudy mansion which offered a sense of security. I did not feel like an outsider, Valley Hope had been my home for thirty days.



Warmly greeted by the administrative secretary, she assured us that everyone was expecting us for the anniversary celebration. Excitement surged through my body, a natural high no longer masked by the lobotomizing effects of alcohol. As we sat down in the classroom, everyone's attention focused on us.

Mary introduced me. She told how difficult it had been for me to "resign my professor role and just be a patient." She concluded by announcing that, much to the staff's chagrin, I had kept a journal during treatment.

My brief talk related to the need to grieve the loss of one's old drinking self, in order to stay sober. At the conclusion the patients enthusiastically applauded.

I felt I'd completed a "right of passage." At the time of my one-year "anniversary" I knew few successful recovering alcoholics. I felt tremendous warmth and acceptance from the Valley Hope community and proud of my successful recovery, so far.

## EIGHT YEARS OF RECOVERY

I celebrated eight years of sobriety in November. In the midst of my fifth academic year at the University of West Florida I am now the Director of the Center on Aging, and teach courses in the social work department on death and dying, gerontology, and substance abuse. Yes, even a substance abuse course, which I would

never have taught during my active drinking days. I continue to enjoy teaching, and the enjoyment has increased along with my teaching effectiveness. With improved organizational skills, I have more time to be involved in student-related activities. For the first time I complete research projects that I start. I lacked the concentration to do research and complete an article. Now I publish.

My new-found energy has changed my life style dramatically. Recovery has dramatically improved our finances. No longer do we incur expenditures of \$500-600 monthly for alcoholic beverages and I also do more of the household chores.

I enjoy my family and have come to understand and appreciate their uniqueness; I spend more time with them than when drinking occupied my time. Instead of listening superficially, I can be attentive and listen with genuine concern.

I find myself actively engaged in the recovery process, aware of the insidious nature of alcoholism and how a small voice within me can threaten to coax me into indulging in "just one drink" to help during a stressful situation.

It seems that most people are casual about drinking and often forget that I'm recovering. A university administrator and close friend recently suggested that we go out and "tip a few." I was annoyed that he'd forgotten that I'm recovering. While I want people to be sensitive to my recovery, I want them to treat me like anyone else. Perhaps I can't

have both.

The composition of my substance abuse classes includes a wide spectrum of students with varying interests. Some are recovering students, others have friends and/or relatives who are substance abusers and they look for answers about intervention strategies. A challenge I often face is establishing a balance between experiential (self disclosure) and theoretical content. On the one hand, I encourage the recovering students to share personal anecdotes but realize that if overdone, they distract and anger the non-recovering students. I usually curtail lengthy personal narratives in class and encourage the student to meet with me. Self-disclosures are cathartic for those who have hidden their addictions, perhaps for several years.

I have not confronted others with drinking problems; instead, individuals have sought me out to express concerns about their drinking or the drinking of friends and relatives. I've not had much success in personal confrontation because typically people become defensive, as I did. It has been my experience that people are more receptive to treatment when they are faced with trouble, pain, and suffering, caused by the alcoholic behavior, than when someone makes observations about their drinking.

Sobriety has resulted in an overall improved quality of life. □

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