

Recovery

Early recovery has a bunch of moments of relief, and a bunch of moments of angst. Years of crummy decisions, trouble, and tragedy don't go away at recovery's door. One of those moments of relief came when I woke Pat and told her I was going to the Commencement Center. I was still absolutely cracker dog crazy, but hope was hiding under that and I had a glimpse of it.

After negotiating the roads out of my neighborhood, I pulled out on the Atlanta highway. I clearly remember saying the most important words I've ever uttered. I said aloud, "Ed, whatever they tell you to do over there, do it. Don't argue with them. Just do it." Later, I saw a lot of people who had a different attitude and they either relapsed or died.

The Commencement Center was on the second floor of a new building behind Athens Regional Medical Center. I walked in and spoke to the receptionist named Debra, who told me to have a seat and wait for the nurse who would be out momentarily. I sat in a chair behind her. A moment later, her screensaver activated and the monitor was filled with crawling caterpillars. Weird choice of screensaver for a drug and alcohol treatment center, I thought, thinking of all those stories about alcoholics having buggy hallucinations during withdrawal.

A woman in nurse's dress appeared at a door. She said her name was Carolyn and asked me to follow. The room I entered had a counter that fronted a nurse's station. A man was seated next to the counter having his blood pressure taken. Straight ahead was a room with men and women, mostly young, sitting on couches and at a table. Beyond that I could see a small patio outside. Folks were out there smoking.

Carolyn led me into an examination room. She told me the normal staff wasn't there that morning because of the Labor Day holiday. Her voice was kind, but it was clear she brooked no nonsense. She asked me what had brought me in. She took notes as I talked about my drinking and what I'd been doing during the past two weeks.. She asked me to stand squarely on my two feet, hold out my arms, and stick out my tongue. Stick out my tongue? OK, I thought, do whatever they tell you to do. She told me to sit on the examining table. As she began probing and tapping, she said that my tongue was quivering, which told her I was still in danger of going into DTs. That flipped my stomach again. During the past two weeks I'd read a lot about DTs on the Internet. Everything I read indicated that after a few days the danger would have passed. When I told her that, she said that wasn't entirely accurate. While we were talking, she casually said three words and told me to remember them. A while later, she asked me to repeat them. I said, "OK," and confidently began to retrieve the words. I struggled. I knew them. What were they? I couldn't remember. I tried harder. Didn't matter how hard I tried, they wouldn't come. I took some guesses. She took notes. I found out later none were right.

After the examination, Carolyn explained the programs that were available for me. Patients just coming in are often admitted to the hospital for detoxification. Because it had been two weeks since my last drink, that wasn't necessary. Some patients were admitted into the day program. Usually that lasted a week, but it could be longer. My stomach turned again with that news. She went to say, though, that it appeared I would be a candidate for the third option – the evening program. The evening program operated

from six until ten Monday, Tuesday, and Thursday. In between, we were expected to go to AA meetings. I'd be examined by a doctor regularly. The evening program typically lasted six weeks. Once I graduated from that, I'd attend weekly after care meetings for as long as I wanted, but for a minimum of two years.

I was relieved. I needed to get back to work. I'd been absent from my job for two weeks. Carolyn drew blood, then told me to go home and return before six. Regular staff would be back for the evening session. She made it clear that I was not to be late.

Back at home, Pat was still in bed. Most days she stayed awake until the middle of the night and slept until noon. I was back on the bench on the patio. At first, the relief was powerful. I was going to get the help I needed to get better. I knew I didn't have cirrhosis or lung cancer from the lab work and x-rays done at my doctor's office. I was still nauseous and had absolutely no desire to eat, but I'd be seeing a doctor – one who knew something about detoxing from alcohol. Maybe that doctor could tell me if I had some sort of illness causing my nausea or if it was alcohol symptoms.

I lit a cigarette. When I did, I noticed my fingers were shaking. What's that? I hadn't been shaking before. Or, had I been shaking and just hadn't noticed? I held my hand out. My fingers were trembling.

Nurse Carolyn's words came back to me, "You are still in danger of going into DTs." I knew delirium tremens were dangerous. They killed people. Wait, I told myself, if I was really in danger, she wouldn't have let me come home. But, why did she say that? Just as I had looked at my red palms over and over at the beginning of all of this, I kept holding out my hands, staring at them, hoping the trembling would stop. It didn't. My fingers weren't shaking wildly, but there was a definite movement. Was that normal? I'd never spent much time studying my fingers, so I didn't know.

That's crazy, Ed, I told myself. You're going back this evening. Ask them about it then. I had a can of Ensure and moved back to the recliner. Pat had awakened and came in to check on me. I told her what was happening. I don't remember how she responded.

I resumed the pattern I'd followed for two weeks – back and forth between the patio and the recliner. Every few minutes I'd find myself holding my hands out, looking at my fingers. At about three, I'd had enough. I called the center and asked for Carolyn. I told her my hands were shaking and reminded her about what she's said about DTs. She told me if I was worried, to come back to the center now and wait there for the evening program to begin. Pat had gone to work, so I left her a note.

Back at the center, I sat in the room that appeared to be a lounge for the patients. The day program people came in and out from meetings. I didn't say anything to them. That seemed fine to them, as if having a stranger sitting there was normal. My renewed energy from taking action that morning had diminished. I slouched on the couch with eyes closed. One patient was eating from a cafeteria tray and the odor created nausea. Fatigue grew rapidly. I remembered a room off the inner lobby, next to the nurse's station. There was a bed in it. I moved to that room, lay on the bed, and dozed. I found out later that patients weren't allowed to lie down in there. I never knew why they let me violate the rule. Maybe anything to keep me calm while I waited.

At six o'clock a staff member stuck her head in the door and told me to follow her. She led me a short distance down a hall and into a room with a circle of chairs. Most were already filled. I was dazed, dizzy, and fuzzy headed. I remember little about that first session, save the beginning. The person in charge said something and everyone

began to introduce themselves. They all seemed to know each other, but each said his or her name, followed by “I’m an alcoholic,” or “I’m an addict,” or “I’m an alcoholic and an addict.”

As each person said those words, I realized that soon I would be expected to do the same. This was the moment of truth. For years, I’d looked in the mirror as I brushed my teeth after a night of drinking alcohol and think, “Ed, you’re an alcoholic.” I’d written those words in emails sent to my colleagues at work during the past two weeks. I had told Dr. Hammes I was alcoholic on the telephone. I’d fudged with Pat and told her I had a drinking problem. But, I hadn’t said I was an alcoholic out loud to anyone face to face. The circle moved inexorably to me. When it was my time, I didn’t hesitate. I said, “I’m Ed and I’m an alcoholic.”

As the words emerged, the relief was amazing—totally different from saying them to myself or writing them in an email or saying them on the telephone.

Now, I was committed.

Amidst all the angst, I felt another enormous sense of relief.

The next day, I returned to work for the first time in a week and a half. I have no memory of the immediate response to my return from my coworkers. I can only guess their reaction was the same as it would be for anyone returning from an absence due to illness. The time before classes begin for the day is a busy time for our office as we take care of students and parents. I don’t remember anything about that part either. The memory is just gone. But, I clearly remember what happened after the bell rang to begin to first period. I sat at my desk, trying to figure out what to do next. I surveyed the top of my desk, then my office. It all seemed so foreign. What do I do now?

I couldn’t remember. I was in the twenty-ninth year of my career and the twenty-first year in the present job and I was at a total loss as to what to do next. The harder I tried to remember, the more blank my mind became. Panic began to set in.

My phone extension rang. I was grateful. It gave me something to do.

The caller identified himself as Randy Flanagan, a counselor from the Commencement Center. He asked me how I was doing. I lied and said I was doing fine. He told me he’d just left a staff meeting. The results of my blood test from the day before had come back and I’d failed it. They’d found barbiturates in my system.

What? Then I remembered. I told him Dr. Andersen had given me belladonna – a barbiturate. I had told Nurse Carolyn that the day before. I told him the ER doctor had given me Phenergan. I told him I’d only taken each of those drugs a couple of times. Maybe two pills each.

Randy responded, “Nevertheless, we think you need to come into our day program. We need to do a more thorough evaluation.”

Relief coursed through me. The responsible, never-miss-work, part of me was still there, but it was massively overshadowed by the panic I’d been feeling moments before. I had more than a year of unused sick leave in the bank, so money wasn’t an issue. After being back at work for a half hour, I knew I wasn’t anywhere near ready to return. I told Randy I’d be there in about an hour.

Robin, my principal, happened by at that moment. I called to him and he came into my office and sat down. I told him about the counselor's call, about the barbiturates, and about how I needed to go into the day program.

Robin wasn't happy and I understood why. He is a good man and puts people first, but he is still responsible for his school and those who work in it. I'd been out for nearly two weeks already. Now I was going to be out some more. He said, "Just tell them you were following doctor's orders and taking the medication he prescribed. Go to the evening program."

I didn't hesitate. "Robin, I'm not ready yet. That's all I can say. I need to go."

He'd done his duty as a principal and my supervisor. Now he followed his heart. "Ed, do what you need to do. I'm with you."

I called the staff together – other counselors, our secretary, our registrar – and told them I was going into the day program and didn't know how long that I would be there. Their support was strong and immediate.

God bless them.

I made arrangements for Mariah to get a ride home. That'd been happening for two weeks, so the plan in place simply continued. During the thirty minute drive back to Athens, I decided to go home first and get the belladonna and Phenergan bottles to give to the center to prove my willingness and sincerity – and to prove that drugs weren't my problem. Pat was still in bed, so I left another note.

At the center, Debra, the receptionist, greeted me warmly and asked me to sit. Moments later, I remembered I'd left my cigarettes in my car. I stood and headed for the door, mumbling about how I'd be right back. Debra said, "Where are you going?"

"To my car to get my cigarettes. I left them."

"I'm sorry. You're not allowed to leave."

What? Not allowed to leave? I was 51 years old. I hadn't been told I couldn't leave somewhere in more than thirty years. I had to go. There was no choice. There was no way I could go through the day without my cigarettes. Even another half-hour with one was iffy. I took a step to the window. I could see my car one story below. I pointed. "My car's right there."

She considered. "Let me check." She went out, and then came back. "OK, but I'll be watching you."

No doubt about it, a whole new life had begun

Soon, I was in Randy's office. I gave him the two pill bottles. I said, "I've only had a couple of the belladonnas and one Phenergan."

He picked up the belladonna bottle, read the label that included the original number of pills, poured the tablets on his desk, and then counted them. "You had seven of these."

I was stunned.

He did the same with the Phenergan. "And five of these."

I thought hard, pushing into my memory with all my might.

Nothing. I had absolutely no memory of taking that many pills.

That was scary.

Real scary.

Randy explained that the first group meeting of the morning had already been held. Another would start at ten. He said someone would orient me later, but for now I should go to the break room where the others were relaxing.

Dressed in my shirt and tie from work, I moved out of Randy's tiny office, down the hall past the nurse's station, and into the break room. A counter with a sink was on the left. A half-filled pot of decaffeinated coffee sat on the counter. A soft drink machine was on the right. No caffeine in that either. A wall phone hung next to that. A hand written sign said next to the phone said, "Keep it short." A metal table with a Formica top and four chairs stood in the middle of the room. A woman with a hospital ID band on her wrist sat eating from an institutional tray, just like the day before. The smell was still nauseating. Open lockers labeled with first names lined the wall to the left. A sofa sat in front of the far wall. A glass door on the right of the sofa led to a patio. People were out there smoking.

One man, maybe in his late twenties, was standing next to the table. He looked at me and said, "Hi. My name's Jason."

I nodded. "I'm Ed."

We stood silently. I was trying to remember what to do next. My brain was fuzzy anyway, and Randy had just added to it with the medication revelations. Jason broke the silence. "Are you our speaker?"

Processing took a while again. Finally, I understood. "No. I'm a patient. Alcoholic. Just came in."

Jason smiled broadly. He had a neatly trimmed mustache and goatee with deeply dark black hair and a lean, muscular build. I found out later that he was a heavy machine operator. He held out his hand and we shook. "Welcome. Glad you're here man." He started toward the patio door. "Come on. I'll introduce you to the others." He ignored the woman sitting at the table. I never saw her again. That wasn't unusual. People would come in and out. Some would stay. Some wouldn't.

The patio was about twenty by twenty feet with a blonde, six foot tall brick wall surrounding it. A glass table with an umbrella sat to the left, surrounded by four metal chairs. More chairs like them sat around the patio's perimeter. Three foot high ashtrays sat among them. Patients sat around throughout the patio. Almost all were smoking.

An athletic looking, tall, African-American guy was the center of attention. He was pacing back and forth, clearly agitated. He put his hand to his cheek. "Man, this is killing me! And, they won't let me take any medicine."

Somebody said. "Asprin, Alphonso."

"Shit on aspirin, man. Don't do no good. Take that shit and nothing. I need something good."

"Can't have it," somebody else said.

Another said, "Man, they ought to let him have something. He's hurting. It's OK if you're hurting."

Jason said, "No it isn't. Gets you going again." Before anything else could be said, he added, "Hey, this is Ed. He's a new guy."

Alphonso sat heavily, holding his cheek. Everybody else said something welcoming. Carolyn, the nurse, stuck her head out the door. "Meeting in five minutes."

Everybody lit cigarettes and I did, too – suck in as much nicotine as you can before the meetings.

I remember nothing of that first meeting in the day program. It lasted an hour. When it was over, a nurse gave us tickets for lunch in the hospital cafeteria. I followed the

others down the stairs and out the building for the short walk to the main hospital building. I was able to smoke two cigarettes along the way.

The cafeteria had bars for big meals like roasted chicken and roast beef; a grill station with hamburgers, grilled cheese, and hot dogs; a salad bar, and more. I don't remember what I chose. It didn't matter because my nausea was unabated and I couldn't eat it anyway. I longed for my Ensure.

After lunch, we returned to the center and the others left to go to a noon meeting of Alcoholics Anonymous. I had to stay at the center so the doctor could examine me. As I moved to the examining room, I was surprised to be greeted by Dr. Farris Johnson. I was acquainted with him because we both had children in the Clarke Central High School mock trial team. Over the previous three years, the team had been quite successful, winning state competition each time. Two years before, they'd won the national championship that was held in St. Louis, Missouri. I'd gone to watch and Dr. Johnson was among the other parents who also made the trip. We'd spoken from time to time during those competitions.

Previously, I would have been embarrassed for someone I knew to know of my alcoholism. But, during the last two weeks of horrid detoxing, I'd lost every vestige of my concern about that. All I wanted was to get better and I had found Dr. Johnson to be a smart man and a nice guy.

Dr. Johnson explained that he was filling in for Dr. Houston, who normally saw the center's patients. She was away on vacation. He examined me, and then opened my file to some printouts. He explained he had the results from the blood work from the day before. He began talking about small changes in the chemistry of blood marrow that drinking alcohol can cause with some people. He showed me some numbers, and then talked about big, red blood cells. He was clearly alarmed by what he saw.

There it was again -- those big red blood cells. The cells Dr. Anderson had told me about two years before. But, Dr. Anderson had told me to cut my drinking in half. Dr. Johnson didn't hesitate to tell me that my numbers were a harbinger for alcoholism and if I didn't quit drinking alcohol the problem would worsen. He did not equivocate. If I keep drinking alcohol, I'll get worse. If I don't drink alcohol, my big red blood cells will probably get better.

Not hard to decide. Don't drink alcohol. Now, I just had to learn how to do that.

After the afternoon group session I went home. I arrived at about the same time I usually arrived from school. The moment I put my key in the front door lock, I felt something that frightened me beyond measure—a sense of satisfaction and great relief. I immediately knew what that meant. My entire being was relieved because it believed I'd soon be taking a drink of alcohol. That's what had happened every day for over two decades immediately after unlocking the front door at that time of day.

When I realized what those feeling meant, the relief was replaced by depression. I could not drink alcohol and my brain and body hated that. All of this happened within seconds without an iota of willful effort on my part. It just happened, and it terrified me.

I stepped inside the house, dropped the stuff I was carrying, ran downstairs and outside to my detox bench. Empty cans of Ensure were still there and I sat amongst them. I needed to remind myself of the horror of the past two weeks. I still couldn't eat anything, but I was feeling better. After my surrender on that same bench the week

before, and after going to the treatment center, and after being placed in the day program, I had hope. I didn't want to lose that hope.

The panic and depression eased out of me. Sitting on the bench was like taking a tonic that provided immediate relief. I looked out at the yard, overgrown from neglect, and breathed deeply. I learned something at that moment that was extremely significant—I'd just had a craving and it had passed. That was something that was critical to know. In the midst of the craving, it feels like life is not worth living if I can't have the craved item – whether it's alcohol, nicotine, or cookies. But, if I catch myself and tell myself I won't feel this way forever, sometime later, usually soon, I'll realize the craving is gone and I feel fine.

I spent most of that night in bed with Pat instead of on my recliner or the detox bench. My sleep was still extremely fitful and I was awake a lot. I'd read a report on the Internet from the National Institutes of Health that said studies showed that alcohol changes the networking in alcoholics brains and sometimes those changes are permanent, resulting in alcoholics never achieving the restful REM sleep again. Something else to worry about.

The next day was Wednesday, the sixteenth day since my last drink of alcohol. On my way to the treatment center, I stopped at a convenience store for some coffee. While waiting in line for the coffee machine, I noticed a Horizon protein bar—double chocolate chip. It didn't make me sick to look at it, so I bought it. Back in the car, I ate it and enjoyed it. Maybe I was making some kind of progress.

Day program participants are required to be at the center by 8:00, but the first meeting isn't until 9:00. I'd been given some reading assignments in the group session the day before, but didn't have any of the books yet. I found one of the books called "The Twelve and Twelve" on the patio and was sitting at a table, smoking, and was reading through its table of contents when I heard the counselor Randy's voice. He asked me if I'd read the assignments. My stomach fell. I'd been a student all my life. I'd earned my doctorate twenty years before when I was 34. I always did my homework. I hadn't read anything because I hadn't been given anything to read. My mind was still a fuzzy mess, though, and I panicked. I lied. I nodded my head, indicating I had done my homework. He asked me some questions and I did the best I could to answer them based on the table of contents I'd read along with whatever I could draw from the knowledge I had of addiction. He nodded and left.

The 9:00 meeting was a daily "housekeeping" session in which announcements from staff were made about the schedule for the day, any guest speakers we might have, and other similar issues. Patients were invited to express any concerns. It lasted about a half an hour, then we had another break and we patients returned to the patio so we could smoke again and try to suck in enough nicotine to last through the next gathering.

The therapy session began at 10:00. These meeting began with each patient, in turn, saying his or her name, followed by his her identification as an alcoholic, drug addict, or both. Some meetings consisted of lectures, others group therapy, some filled with exercises directed by the counselors.

It was Wednesday, my first full day in the day program, and I was in my first group therapy session. A man I hadn't seen before, or thought I hadn't seen, reminded us of the rules involving confidentiality and how we shouldn't hold things in our hands and such. We identified ourselves, and then he started to say something. I interrupted him. "Excuse me, but could you tell me who you are."

He seemed startled by the question. Other patients flinched. In a firm voice, he said, "I'm Jim Hinzman. I'm the director of the center."

It seemed that I was supposed to know that somehow. I was embarrassed for asking such a stupid question, though I couldn't figure out why it was stupid. It seemed reasonable for me to ask about the credentials of someone leading the group. I found out later we had met the day before. I had no memory of that.

After the meeting was over, we went to the hospital's cafeteria for lunch. Despite my ability to eat the protein bar from the convenience store that morning, I was nauseated again and couldn't eat. After lunch, the others went to an AA meeting, but I was asked to remain at the center and was told to go to the examining room where Dr. Johnson had told me about big red blood cells the day before. He and Jim Hinzman were there.

"Have a seat, Ed." Jim said.

Dr. Farris Johnson stands a couple of inches taller than my 6'1". He's an African-American with a short salt and pepper beard. He laughs easily and has a gentle demeanor. He asked me how I was doing and I replied that I was doing fine. He said, "Ed, we've had an opportunity to examine you and observe you for a couple of days. It appears that you've done some damage with your drinking. You have some diminished cognitive abilities." Jim added, "We're going to have you evaluated by Dr. Butcher. He's excellent. We can't say for sure, but if you stay sober, the problem may not be permanent. In fact, there's a good chance you'll regain most, if not all, of what you've lost."

What? It took a moment to take that in. Then, I began disagreeing. I tried to figure out what might cause them to believe that. The first thing to come to mind was Randy's quiz that morning. I admitted that I hadn't really read the material, but will in the future. I told them I'd always had problems with initial recall. In essence, I tried to convince them I'd always been as stupid as I appeared now.

Neither argued with me. They just smiled and nodded. My guess is that my reaction wasn't different than most others and they'd heard it all before.

When I was done, Jim asked me what I'd read in the blue book. At least, that's what I thought he said. I'd seen other patients reading a blue book during our breaks in the last two days.

I said, "I haven't gotten a blue book."

"Big Book."

"What?"

Jim had been half sitting on the examining table. He stood and said, "It's called the Big Book. It's the book for Alcoholics Anonymous. You don't have one yet?"

"No."

"You should have gotten one during your orientation when you came in."

"I didn't have an orientation. Monday night I just went into a session. Yesterday when I got here a meeting was starting, so they told me to go into it."

Jim was obviously irritated. "You should have had an orientation. I'll make sure you do."

OK, I thought. That was the problem. I didn't know things because they hadn't told me yet and I didn't have the books. My mind wasn't messed up. I was relieved.

As soon as the staff returned from lunch, I met with a woman named Mickey for my orientation. I signed papers that I did not read. She told me that to be successful, I had to

be accountable to others. She asked if I would grant permission for the center to communicate about my situation to someone in my work setting. I did not hesitate to agree. I never wanted to drink alcohol again. I'd already shared with my supervisors and immediate colleagues via email what was going on. She asked me who, in particular, they should contact. I did not hesitate to tell them the superintendent of schools, Andy Byers. I'd known Andy for years. He had been a principal in the system before being named superintendent. She told me they would give him reports on my progress, or lack of it.

She gave me several books, including the Big Book. A list of reading assignments and work sheets were included in the material. I felt better. Now I could demonstrate that my brain was OK.

That night, after dinner, I decided that I wanted to memorize the Serenity Prayer. At the end of each group meeting at the center, the counselor leading the session would say, "We'll close with the 'we version' of the Serenity Prayer." Everyone would stand and hold hands in a circle and say:

God, Grant us the serenity to accept the things we cannot change,
The courage to change the things we can,
And the wisdom to know the difference.

By then, I'd been in seven therapy sessions that'd closed that way and I was still mumbling my way through it. The prayer was among the material I'd received that day, so I took it with me to our screened deck and started memorizing it.

No big deal.

At least, it shouldn't have been.

But it was.

It was a very big deal.

I read the prayer, moved my eyes from the paper, and tried reciting it. I got as far as "God . . ." and drew a complete blank. I looked at the paper again. Oh, yeah. I read it through a couple of times. Nothing to it. I put the paper down.

"God . . ."

What? What! What came next?

I could not remember.

I tried again.

And again.

And again.

Nothing. I got "God, Grant us the serenity to . . ."

That was all I could do.

I paced around the deck in a circle. Around and around and around. Reading the prayer on the paper, averting my eyes, and trying again.

Still nothing.

My belly was tight. As tight as can be.

What the hell?

I sat on the porch swing.

Brain damage.

Maybe it was true.

I tried to memorize some more.

Still nothing.

It *was* true.

Panic. I was now in the middle of the third week away from school. When I'd met with Randy when I came into the day program, he said the normal time frame for the day program was a week. That meant my last day program session should be Saturday and I could go back to work.

But, he said, it could be longer, depending on progress.

Is a messed up brain a lack of progress?

I wasn't court ordered to treatment. I could leave any time I want to. But, I'd made a commitment to "do whatever they told me to do." I *never* wanted to drink alcohol again and I knew my best chance was to listen to the experts. I knew I couldn't quit by myself. I'd learned that in a Texas hotel, and through two decades of waking up determined not to drink and drinking anyway. But, I had to get back to work.

I had to convince the staff I was OK and to do that, I didn't need to provide a reason to keep me in the day program. The first step was to memorize that damned prayer. Obviously, I couldn't do that through repetition. I had tried to memorize the three line prayer for over an hour with absolutely no progress.

How could I do it?

Key words. I'd learned a memorization device while in college using key words to memorize material. The key words for the prayer were "Serenity," "Courage," and "Wisdom." It took a few minutes, but I discovered I could memorize those three words. Once that happened, I could manage the rest of the prayer. It was slow, but I could do it.

Now, I retrieved the Big Book I'd been given. The first assignment on the sheet I'd been given was to read "The Doctor's Opinion." Remembering Randy's quizzing from that morning, I knew I had to do more than scan the material. I needed to remember it as well. I moved to my recliner in my office and began reading. After reading a paragraph, I put the book down to recite what I'd read.

Nothing.

I pushed my brain to remember.

Still nothing.

I went back and read the first paragraph again. Oh, yeah. I understood it perfectly. I put the book down and tried to summarize again.

Gone.

No memory of what I'd just read.

Oh my God!

Absolutely overwhelmed by fear, I put the book down.

What was the use?

My sleep had been extremely fitful each night, but that night was horrible. I was exhausted but couldn't shed the fear and panic. I dozed on and off until it was finally time to get up.

It was Thursday morning. After taking Mariah to meet my colleague Deb for Mariah's ride to school, I was on the front porch trying the Big Book again before leaving for the center. What little rest I had helped to clear my mind. I still couldn't remember what I'd just read. The Serenity Prayer crossed my mind. I tried it again. "Serenity," "courage," and "wisdom" were still with me. With those in mind, I could recite the prayer. I could

try using key words with the reading. At the end of each big idea, I immediately wrote a sentence describing the idea in the blank space at the end of the chapter. When I finished the chapter, the main ideas in the chapter had been reduced to several sentences. I read over those sentences repeatedly and was able to remember those ideas, at least for a short time.

There was hope.

The morning session was a lecture on the nature of alcoholism as a disease. A counselor named Joe gave the lecture. I concentrated hard on what he said. I desperately wanted to remember everything he said in case I was quizzed. I focused so hard on trying to remember that I missed a lot of what he said. The main message, though, was that alcoholism has the same characteristics as any other disease. It is chronic, progressive, and fatal.

After that meeting, we patients were given our lunch vouchers and we headed to the cafeteria. That was both a good and bad thing. The good part was I could smoke on the way. The bad part was dreading the never-ending nausea that would engulf me the moment I entered the cafeteria with all those odors. But, this morning there was an immediate difference upon approaching the food bars. The odors were there, but they smelled . . . good. My stomach growled. I got in the line that had big meals and ordered the quarter baked chicken, mashed potatoes, green beans, and chose a salad. At the table, I cut a small piece of chicken from the breast. That was progress. Previously, I hadn't picked up my knife and fork. I put the chicken in my mouth.

It was good!

I tried another. I tried a small bit of mashed potatoes. A green bean.

I waited. No nausea. I tried more. Still good.

I ate. What a joy! I had to stop soon. I couldn't eat much, but not from nausea. I just filled up quickly.

The mind/body connection became obvious. As we walked back to the center under the warm early September sun, I felt great. I walked with a light step that I hadn't experienced in years. The after dinner cigarette was particularly good.

I walked into the center and exclaimed to nurse Carolyn, "I ate, Carolyn! I ate lunch! Chicken, mashed potatoes and green beans. Even some salad!"

"Good for you, Ed." Though her words seemed genuine, they were rote. I imagine she's seen such things happen again and again from recovering alcoholics and addicts as normal activities return and seem like big deals to them. She added, "Your colonoscopy results are ready at Dr. Matthew's office. You can go see him during lunch instead of going to the AA meeting."

I went from euphoria to anxiety again. She was talking about the colonoscopy I'd had done two weeks before my last drink. Dr. Matthew had found five polyps and they'd been sent for analysis. It had been comforting to know I didn't have any big ol' tumors in my colon, but the polyps were worrisome. I didn't know for sure how worrisome they should be, though. Internet research seemed to indicate they weren't a big deal, but anxiety was a way of life for me and that hadn't changed.

That also meant I still hadn't been to an Alcoholics Anonymous meeting. I didn't think much about that, though. I knew absolutely nothing about AA and my focus at that moment was on trying to survive the detoxing. Dr. Matthew said the polyps were of the

type that could turn into cancer eventually, but were benign. I should have another one in three years to check again. More relief.

That night I had the biggest breakthrough in my understanding of my alcoholism up to then. It was a very big deal. I was sitting on the screened deck where I had tried to memorize the Serenity Prayer the night before. I was thinking about the disease concept lecture that day and about how my drinking alcohol was involuntary. From somewhere deep in my mind I realized something very, very important. I'd always assumed my problem was the second, third, or one hundredth drink of alcohol. For years, my focus had been on trying to figure out how to avoid taking the second drink. I thought that was my problem.

That night I realized that the second drink isn't the problem.

My problem is the first drink!

My problem *is not* that I can't keep from drinking more drinks after the first one without help. *My problem is that I can't keep from drinking the first drink by myself.*

The significance of that understanding cannot be overestimated. Much of the discussion at the center in our sessions had been about our powerlessness over alcohol. Until that moment, those were just words. Sitting there on the porch swing, the words became real because I finally understood my real problem.

If I don't drink the first drink, I won't keep drinking.

I couldn't wait to get to the center to tell them about my discovery. I didn't say anything upon arriving the next day because I wanted to save it for the group session. When that finally came at ten, as soon as it was appropriate, I lifted my hand and waved it.

"I figured something out last night."

Randy was leading that morning's sessions. "What's that, Ed?" he asked.

"My problem is the first drink! Not the second, third, fourth drink. It's the first one! By myself, I can't keep from taking the first drink."

I was disappointed. I imagined that I would be contributing an idea to the center staff that they could latch onto and help other people to discover. But, it seemed obvious Randy already knew about how the first drink was the real problem.

Well just, duh.

Still, it was new and significant to me. From the moment that idea came clearly into my mind, all notions of trying to quit drinking alcohol by myself left me. I had to do whatever it took, take whatever measures necessary, so that I would never, ever take that first drink again. For that, I needed help.

Forever.

One day at a time.

On Friday, I relished lunch again, and then got in the van with the others to go to my first Alcoholics Anonymous meeting. The meeting began with some readings. Every time somebody talked, he or she began the way we did at the center, "Hi, I'm John and I'm an alcoholic." The meeting's chairman asked if anybody had something that was affecting his sobriety. He asked if there was anyone there for his first AA meeting. I raised my hand. They asked me my name and I responded in the way I'd become used to that week, "I'm Ed, and I'm an alcoholic." Because I was a newcomer, the meeting became a "First Step" meeting. The first step of alcoholics anonymous is, "We admitted

we were powerless over alcohol and our lives are unmanageable.” In a first step meeting, members tell the new guy about what happened in their lives and how they came to accept the first step. Suggestions and tools are also provided. Things like go to ninety meetings in ninety days. Get a sponsor – a man who’s been sober for a while who guides the newcomer through the twelve steps and is someone to call when the newcomer thinks about taking a drink of alcohol. Look at the similarities of other members, not the differences, they said. Even though alcoholics come in all shapes and sizes – some are guys living under bridges and others are lawyers and mayors– all have the same obsession to drink alcohol.

At the end of the meeting, chips are offered. I had heard about picking up a white chip in our meetings at the center, but I didn’t know what that meant. I just knew I was supposed to do it. Now, a member explained the chip system. Poker chips are offered to people for the amount of time they are sober. In that meeting, a white chip was given to the newcomer who wished to make the commitment to become sober, and chips were given to those who had been sober for thirty days, ninety days, six months, nine months, and years or multiples of year. I stood and picked up a white chip. Everybody clapped and I felt good.

I went to the center Saturday morning with great trepidation. When would I hear something about being released from the day program? We had our morning meeting and went to lunch. Nothing was said. After lunch, we rode the van to the Cobb House for an AA meeting. Because it was Saturday, we were going to be able to go home right after the meeting. Nobody had said anything about my status yet. Maybe that meant I was home free.

The Cobb House was a Victorian two-story house that AA rented for meetings. Meetings were held all over town in churches, coffee houses, and such, but the Cobb House hosted several meetings a day. When we arrived, the meeting was about to begin. There was a circle of chairs, but because there were more attendees than could fit in the circle, chairs were placed in an adjacent room behind the circle and I sat in one of those.

Just as the meeting was starting, I looked around and was startled. Dr. Johnson came into the room. He was the doctor from the center who had told me about my brain problems – the one I was acquainted with before becoming sober because our children had been involved in the same school activity. He had been filling in for the doctor who usually served the patients at the center. Now, he came in the room and sat right behind me.

I was terrified and demoralized. Why would Dr. Johnson be here? I knew the answer. He knew me from before. He was a friend. Not a close friend, but I had spent time with him during our children’s mutual school activities. The center staff had decided that I needed to stay in the day program. They were afraid I would resist. So, they sent Dr. Johnson to the meeting to tell me.

That was the longest hour in the history of Earth. I paid no attention whatsoever to what was said in the meeting. My heart was beating hard, my hands sweating, and my mind was racing. What would I tell Robin, my principal? How could I keep asking people to carry Mariah back and forth to school? How could I keep asking my colleagues to operate short staffed?

Finally, the meeting was ending. My heart pounded harder. I was ready to puke. At the end of the meetings, everyone stands, holds hands, and says the Lord’s Prayer or the

Serenity Prayer. Dr. Johnson stepped up and took my hand. The three-line prayer took an eternity. Then, we all chanted, “Keep coming back, it works if you work it.”

I dropped Dr. Johnson’s hand and glanced to my left. Dr. Johnson nodded at me and said, “Hi, Ed.” Then he moved away and greeted another alcoholic effusively. Then another. Then another. What? It seemed like he knew all of them. First I thought it must be from filling in at the treatment center. But, that didn’t make sense. That many people didn’t go to the center.

Then it hit me. As I watched him it became obvious.

He was one of us.

That’s why he was there.

Another massive tidal wave of relief – as big as when the doctor said my liver was fine. I still wasn’t absolutely certain about my fate, but the immediate relief after the terror filled hour relaxed me. Back at the center we were told we could leave. One of the staff members, I forget which one, said to me, “See you Monday evening, Ed.”

And that was that.

The relief from being released from the day program was quickly replaced by thoughts of returning to work after being absent for three weeks. In the last few years, I’ve heard many alcoholics talk about embarrassment being a huge factor in their recovery. I wasn’t embarrassed. I’d been admitting I was an alcoholic to myself for years. Shortly after my last drink, I emailed messages to my supervisors and colleagues admitting my alcoholism. I had wanted to talk to the faculty meeting about it in a faculty meeting. In the meetings during the day program, I’d fully embraced my alcoholism and had no problem accepting the disease concept. The alcoholism wasn’t my fault. My responsibility was to do something about it, just as a diabetic shouldn’t be embarrassed by his disease, but should do something about it.

My concern had more to do with my basic shy nature. I imagined awkward moments coming. When a colleague has been away for three weeks, it’s natural to ask about that. I was reasonably certain the reason for my disappearance was not common knowledge. Just a few days before my release from the day program I’d received an email from a teacher who had been a student in the school years before. I had counseled her when she was a student and having hard times. Because of that, my relationship with her was different than with most teachers. In her message, she said she’d had a dream that I was dying of cancer. She hoped I was OK. I had replied that I was fine. I’d had an illness, and then some personal issues came up that I had to deal with. That interchange convinced me my colleagues and supervisors had not spread the word. The teacher was one who was in the news loop at school and if she didn’t know, I suspected no one did other than the ones I had told.

So, the awkward moments would come. I had no fear of telling each one I’d been in treatment for alcoholism, but that would lead to long conversations and there were over a hundred staff members and that would become tiresome.

On Sunday, Pat and I went to Wal-Mart. As we were walking along the aisles, my eyes fell on the shaving supplies. I stroked my beard. I’d had a beard for over a quarter of a century. Pat had asked me grow one shortly after we met. That was a little

disconcerting. Does that say something about being butt ugly? But I complied and liked it. It was great not to have to shave every day. The beard had become a core part of me.

And I thought of two things. First, I needed to shed myself of many of the vestiges of my active alcoholic life. Not shaving was another of the many shortcuts typical of an alcoholic. It would be good to change that. Also, if I showed up back to work without a beard, maybe that would provide a focal point for conversation and avoid the awkward moments.

I decided to go all the way and bought an electric shaver. At home, it became quickly apparent that I needed to use some scissors and razor first. I found an old razor Pat had used, but we had no shaving cream, so I created lather from hand soap. By the time I was finished, my face was a bloody mess – covered with abrasions, and cuts. A face that hadn't been shaved in more than twenty-five years was at risk at best and it didn't have a chance against an old razor and make-do lather. I worked at quelling the bleeding long enough to finish touching up with the electric shaver. In the end, I looked like somebody had pulled me into an alley and beat the crap out of me.

As I find is true in nearly all cases now, the difficulties shaving presented turned out to be a blessing. When I arrived at school Monday morning, the most common reaction was to ask if I'd been in an accident. My plan worked perfectly. There were no awkward moments and the beard discussion satisfied the need to say something after a three-week absence.

Only one week had passed since I had returned to work briefly before receiving the call to return to the center for the day program. It seemed like years. The week before, my mind had been in a total fog as I sat at my desk and tried to remember what it was I did each day. Now, my mind was much clearer. Having been eating solid food since the previous Thursday, I also felt much stronger physically.

Despite the improvement, my brain was still operating strangely.. There were two primary manifestations of the damage I'd done to it. I had a difficult time holding more than a thought or two at a time. Complex problem solving was not possible. If I were talking to more than one person, I had to concentrate very hard to keep up with the conversation. If I lost focus for even a moment, I'd find myself coming back to the conversation completely lost.

The second problem was that I would substitute words unconsciously when I was speaking. I might intend to ask, "Have you had geometry yet?" Instead I would say, "Have you had Chevrolet yet?" I learned to watch people carefully as I spoke to them. From time to time, the person would look puzzled, or have some other unusual reaction, and I would think back. I would usually remember the wrong word I'd said and correct it. Sometimes I couldn't remember and would move on, hoping the conversation would clarify things.

While the second deficit was more noticeable, my inability to concentrate on complex issues was more disturbing. My job was all about problem solving. To do that, I had to deal with complex issues such as relationships among several people. If I couldn't do that, I couldn't do my job.

I was frightened.

I tried to live life one day at a time as the center's staff had suggested. Sometimes it had to be one hour at a time. As the days went by, I began to feel more confident that I could function well enough to get by. Hopefully, the time would come when I wouldn't

have to struggle so hard to stay focused during conversations. The Serenity Prayer was always at the tip of my tongue.

My evening program began on the Monday I returned to work.. Several of the day programs patients who I had been with entered the evening program when I did. We joined the addicts and alcoholics who were the veterans. Most patients stayed in the evening program for six weeks, so the “old hands” had from one to six weeks in the program. They seemed so much more mature in their progress than us newcomers. Within a week, we’d join them as veterans.

And so it goes.

The treatment center became my oasis. My time in the day program had been filled with angst as I struggled through my cognitive deficit issues and the angst of worrying about getting back to work. Now, arriving at the center was a relief. After all those years of unending struggle against alcohol, good things were happening.

We had about ten patients in the evening program at any given time, but folks were constantly coming and going. It was like the moving sidewalks in airports. Addicts and alcoholics got on and off at different times and the sidewalk just keeps on rolling along. Some stayed the whole six weeks. Some were resistant and failed to comply with the staff. Some of them had to stay longer than the normal six weeks. Some of the resistant ones were dismissed from the program. The patient who had the tooth problem on my first day and wasn’t allowed to take narcotics took the medicine anyway and was asked to leave. It wasn’t his first act of rebellion. There was no tolerance for failure to comply, and there’s a good reason for that. The disease has no tolerance for recovery. To be successful, those fighting the disease can’t be tolerant either. Some of the patients just quit coming. We wouldn’t know why.

The evening program operated on Monday, Wednesday, and Thursday. We were expected to attend AA meetings on other days. The sessions started at six and we’d leave around nine. We had group time on Monday and Wednesday with counselors taking turns leading us in exercises designed to help us make better choices. From time to time a counselor would present a lecture, giving us information on how the drugs and alcohol we were abusing were changing our bodies. Family members came on Thursday night. They heard lectures to help them understand the disease, and they participated in group therapy.

Pat came a few times. Each of the girls came once. My family said they didn’t feel terribly affected by my drinking. They didn’t know much about my drinking at the time because I kept it hidden. I didn’t ever appear to be drunk and didn’t act out. Figuring out how my drinking is still a puzzler. With some people, it’s obvious. Not with us.

Among the patients, I was the old guy in the bunch. The others were in their twenties or thirties. My favorite was Marsha, a cute-as-a-button young woman who was kind of pudgy in a Pillsbury dough boy kind of way. She had come in a week before I had. From all accounts from the veterans, and Marsha herself, she’d been a trembling, crying, crazy mess at first. She was more a prescription drug abuser than an active alcoholic and fit right into the irony often accompanies addiction. She taught health education for a hospital for a living. I never saw the crazy part. Now, she was consistently cheerful.

Marsha was the only other patient from Athens. All the others were from other towns. Had my mind not been so muddy I might have figured out why by myself. I asked a counselor if Athens didn’t have any addicts or alcoholics. She said most folks from

Athens went elsewhere. Secret and hush hush, you know. Cities and towns traded addicts and alcoholics.

Ricky was missing fingers and had hepatitis C. Hepatitis C seems to be part and parcel of drug addiction. It's mostly spread by shared needles and by sex. Ricky wasn't working at the time, but he had been in construction. In fact, three of the others were as well. Over the years, I've found that construction occupations are filled with addiction. Phillip was another group member. He was a large machine operator. Dave's construction business was killed by his drinking. Steve, barely out of his teens, had been busted trying to buy marijuana from an undercover cop at a car race track. He was on probation at the time, so this time they put an ankle bracelet on him and he was under house arrest, allowed to leave his home for treatment only. P.J. was in his late twenties and didn't work. He had lost a bunch of his colon due to a disease not related to alcohol. Lindsey was another pudgy woman, but pudgy in a different way from Marsha. She was the hard kind of pudgy.

Others came and went, but that was the core.

I spent a little time trying to write a journal of what was going on but couldn't. Drinking alcohol had become entwined with writing and I just couldn't do it. I'd sit at my computer, type a few words, then tighten up so much I couldn't continue. Without notes, I don't remember too many details. My memories have merged into broad concepts and bits and pieces of lectures. However, I remember one incident well. Lindsey resisted mightily. During the third week, a counselor confronted her and she cried. During a break on the patio while we smoked, the others railed about the counselor. It wasn't right to treat Lindsey that way, they said. I just sat and smoked and stayed quiet. I'd made that decision to do whatever the center staff told me to do and my guess was that the counselors knew what they were doing. When the break was over, Ricky spoke up right away. The others joined in. The counselor needed to be more understanding, they said. There was no need to be mean. The counselor attempted to explain the concept of "tough love." The others weren't interested in hearing it.

I wanted to stay out of it, but eventually could not.

"Hey," I said to interrupt another of Ricky's harangues. "I want to ask y'all something." There was an edge in my voice they weren't used to. Ricky stopped in mid-sentence. I continued, "How many alcoholics and addicts have y'all helped get sober? What are your credentials? Tell me the experience and training you're drawing on to tell these folks how to help us."

Silence.

"I've got a lot of training in counseling and psychology, but I don't know squat about alcohol and drug recovery. From what I've figured out since being here, y'all don't either . . . except, like me, in being spectacularly unsuccessful in trying to stop drinking and doping by yourself. I don't ever want to drink alcohol again. It was awful. Really, really awful. For years and years. I don't want another drop and I don't know how to keep from doing that by myself, so I'm going to listen to these guys and do what they say and if I think they're being mean to somebody I'm going to believe they know a whole lot more than I do and I'm going to *shut up* about what I think."

I don't know if that was the right thing to say or not, but it ended the discussion. The rebellion was quelled and we moved on.

Thursday of my sixth week came and it was time to graduate from the evening program. Patients had to meet certain criteria to graduate and most did. Seven of us had started at about the same time and all but one was graduating. P.J. hadn't been to enough AA meetings on days we didn't meet at the treatment center, so he had to stay another week. He wasn't happy about that. I told him not to worry about it. In this deal, nobody really graduates anyway. You just move from one thing to another. We were moving to the after care program, in which we'd meet with a center counselor once a week for two years, and continuing AA, or whatever else we wanted to do to recover. We'd be doing the latter for the rest of our lives if we wanted to stay sober. Really, time was irrelevant. Didn't help. P.J. still wasn't happy.

Graduation night began like any other with a group session for a couple of hours. At eight, family members began to appear for the graduation exercise. We broke from our meeting to greet them and take a break. The night was full of storms and a heavy rain shower began just as the break began. Almost everybody in the group smoked, so a bunch of us went on the patio and huddled under the umbrella covering the table. Our upper halves were out of the rain, but the wind was blowing hard and my pants from the knee down were drenched. As I leaned under the umbrella, my face inches away from all the others as we tried to suck in our nicotine without burning each other, I detected a deeply held longing somewhere inside me – I needed to quit smoking, too.

Back in the meeting room, patients and family members sat in a circle. Pat and Kalli, our middle daughter, were there. Each of us received a coffee cup with the center's logo and phone number on it, along with a little fuzzy character to go on our cars' dashboards. We all received a heavy, metal coin with the Center's logo on one side and the Serenity Prayer on the other. The coins were passed around the room one at a time as every person, including family members, made a comment about the graduate who would receive that coin. Many of the family members had attended family sessions each week so they could make personal comments to the graduates. When they didn't know a graduate, they'd make general good luck wishes.

When it was my turn to receive the coin, a dad of one of the patients said, "Ed, I saw you when you first arrived here. The difference between then and now is truly amazing. I wasn't sure you'd live. You look great now."

That was a very big deal.

Soon, the ceremony was over. We all hugged and made promises to keep in touch. We didn't. The only one I saw later was P.J. He had graduated from the treatment center a week after we did. When I saw him a month later he said he had relapsed. He said the center wouldn't let him back in. They wanted to arrange long term, residential treatment for him. He said he wouldn't do that. He said they were full of shit and he'd be just fine. I told him he needed to do what they told him to do.

Two weeks later, he died. Overdosed.

I learn lessons from other people's misery. That sounds awful, but I do. I've done a lot of that. Right there, at the beginning of my sobriety, P.J. taught me, in no uncertain terms, how deadly this disease of addiction is. Not how deadly it *can be* – how deadly it *is*. Over the years, many others have reinforced that lesson. Each time, I have renewed my commitment to do all I can to never, ever, ever drink alcohol again.

So far, I haven't.