

Fear Me Out Podcast

Episode 59

Hosted by Clinical Psychologist - Dana P. Saperstein PhD.

Guest Speaker

Bob - Addiction

Dr. Dana 00:11

There are two basic motivating forces fear and love. When we're afraid, we pull back from life. When we're in love, we open up to all that life has to offer with passion, excitement, and acceptance.

Fear Me Out 00:30

Coming to you from our studio in Santa Barbara, California. This is the fear me out podcast. We're not your typical Self Help Program. Our show takes a deep dive into those psychological issues that affect us on a daily basis. We hope to shift your perspective and have you experiencing emotions differently. Now, here are your hosts, Kim foskey. And Dr. Dana Saperstein.

Kim Fauskee 00:52

All right, Bob, welcome.

Bob 00:53

Thank you glad. I'm glad to be here.

Kim Fauskee 00:55

I bet there's 100 places you'd rather be right now than sitting here talking to

Bob 00:59

no, I'm want to be here. Yeah, I do. Yeah.

Kim Fauskee 01:03

So we're continuing our series on on addiction. And Bob has graced us with His pleasure. Because he has first hand experience with multiple addictions. Yeah. And so I think the best place to start is, who's Bob?

Bob 01:22

Okay, thank you. Who's Bob? So? Well, I guess I would start off by saying, I'm Bob, I'm an alcoholic. And I, I grew up in a in a family where there was lots of alcoholism, addiction, looking back on it. Now I've discovered now some fair amount of mental health type issues too. And so I was raised with a with a lot of my, a lot of anxiety, lots of worry, lots of anxiety, and drinking. And so I watched that, watch my parents drink every night, you know, several cocktails a night. And so then I, I began drinking myself. So I had my first exposure to alcohol when I was probably 12 or 12 years old, or drinking myself. And I remember I had a friend of mines friend of mines grandfather gave us some alcohol one time before a

baseball game. And so I drank that and, and I, anyways, and then and then when I got into when I got into high school, began drinking with some friends, and then I went to college, and then I drank in college for about four or five years. And I just, I got sober. When I was in college. I was 22 years old, I got sober. And so before that, when I was a little kid, I had surgery when I was about 11 years old, and I had, I had discovered sugar and food then so that was food was first. Then it was then it was growing up in an alcoholic home. And then it was my own alcohol use. I smoke cigarettes, some when I was in when I was drinking. But then when I got sober back in the 70s, it was it was a it was most meetings had were smoking. So I began smoking cigarettes on a regular basis, but a pack a day. And I stopped after about five or six years of that, and I went right to chewing tobacco. And I did that for about two years and Nicorette gum for about two years. And so So nicotine, that's my that's where I got to unfamiliar with being an addict along with being an alcoholic. And then I discovered sugar again. And then and codependency was a was a big topic, like getting in relationships with women that were that I wanted to rescue and fix and take care of. And it's been an ongoing issue I have so that was that was an ongoing topic for me also. Yeah, yeah.

Kim Fauskee 03:47

So So growing up, obviously alcohol was a focal point with your family. Yeah, yeah. terms of both mom and dad drinking.

Bob 03:55

Yes. And cousins, uncles and aunts. Yeah.

Kim Fauskee 03:58

And what type of alcoholics Were your parents? If in fact, they were alcoholics? Yeah. And again, that's your I guess what I'm asking is, I mean, obviously, there's different types of vodka. I mean, yeah, like I grew up with an abusive alcoholic fighter. Right. Right. So I kind of understood early on that a lot of the abuse was predicated upon the alcohol that he was drying

Bob 04:23

right? Yeah. So my dad my my parents were didn't drink during the day my dad would come home from work my mom would you know these he'd come in and how was your day was fine. And and they start having cocktails and they'd have an I used to and they were very very really strong cocktails like three or five three shots per cocktail and so they would they would have like, you know, I looking back down and out six or seven of those, you know, tremendous amount of alcohol Okay, and and get pretty impaired and you know, be drunk, drunk, gone off to bed and, and so they were for much God at nighttime I was I didn't have much support. I had a sister who was was one he was older than me. So she went away she went to college. And so yeah, so I was alone a lot. And and I was scared. I was scared a lot. So it was more like just almost like being ignored. So

Kim Fauskee 05:21

so your parents then were more checked out? Yeah. Especially when you you were home? And yes, and growing up at the time that you kind of need your parents and yes, they would come home and that would be their social activity together. And then they would go off into Dreamland and right or left. Do your own vices.

Dr. Dana 05:39

Right, so much more neglect than overt abuse?

Bob 05:42

Yeah, it was more neglect. It was neglect more than it was any kind of, I don't remember ever getting hit. No sexual abuse.

Dr. Dana 05:51

Do you remember the acute loneliness that you kind of wandered around within that part of your life?

Bob 05:56

Looking back on it now? Yeah, I can see I was very lonely. And I and I, but at the time, I just felt I just I was so used to it. I just was had a lot of anxiety of during guard growing up to really work, you know, and I, my parents were really anxious to so we had a whole house full of anxious people. And so and they drank to the keynote to numb that out and and I had these uncles and aunts who were dying of alcoholism. When I was a young guy, my uncle Frank died when I was like, nine, nine or 10 years old.

Dr. Dana 06:31

From alcohol. Yeah, yeah. So it was a huge part of the culture of the family culture.

Bob 06:35

A big part of my culture. Yeah. Yeah. And so, yeah.

Kim Fauskee 06:41

So you, you had talked about that it was food first for you. Right? So again, feeding your feelings, right? Right. To use that that analogy in so you probably as a kid didn't realize that whatever you're eating or how much you're eating was out of control now, but I guess in looking back on it, that you felt that it was at night, right. And so can you give us an idea of what that was like for you growing up in eating?

Bob 07:13

Yeah, I was. I was I'd had some surgery and I and I, and I was well, I had some was a very intimate kind of surgery and and in my groin area and so I and we didn't talk about sexuality really, at all. Anyways, it was I came from an Irish family. Okay, I call it CIA. Catholic, Irish alcoholic. And

Kim Fauskee 07:45

so well, that explains everything. Is everything.

Bob 07:48

Speaking to the explaining everything I did that answers ancestry.com You know how you know you give you some your saliva. And mine came back 99% Irish? Well, you're more than me. I'm 65% Yeah. And 1% Scottish and so I looked at I thought that explains everything. Yeah, and so so the

Kim Fauskee 08:05

so I guess we could just say in here now that yeah, we explained that all we explained

Bob 08:09

all it's all to be an Irish. So then I saw I saw the food piece was just a very, I couldn't, I couldn't do much exercise for like three months, I would just come home from school and just eat right, I would eat two bowls of cereal with milk, whole milk and sugar. And I was supposed to be good for you back then. Yeah, I know it was, but I just would eat that. And then then we'd have dinner. And then my parents would drink and I would and I would probably have dessert after dinner. So I just I gained weight. And then wasn't like at the high school that I began to fill out a little bit but I was

Kim Fauskee 08:41

gained weight to the extent that you were technically obese or chubby

Bob 08:45

chubby, okay. Yeah, I maybe I was obese. I don't know if I was, I just might my my surgery I my gut was not taught anymore. It was it was somehow the muscles got kind of, okay, affected by this by the surgeon or the surgery. So, I mean, I ate and all that was going on too. So. So the food was the food was numbing, it was a way to escape. And it was a way to escape. Yeah. No doubt my feelings that I was then I was I think I think I did that to take care of the loneliness, you know, and I was scared of saying I was and was fearful a lot. I was scared a lot. I woke up just feeling scared.

Kim Fauskee 09:23

So you said you started drinking in high school, or before high school that you were talking about a friend giving you something for a baseball game,

Bob 09:32

but yeah, and then I didn't really drink into like, like, I don't know, high school, like like that. That summer. Then I went to go away to college. And I started drinking there. And I think my first year of college, it was pretty, it was pretty, you know, like I was stopped drinking. Okay, and I turned 19 I began drinking a lot more.

Kim Fauskee 09:48

And do you know why besides the peer pressure of being in college

Bob 09:55

I think it was just looking back on it now was I I think I had the genetic thing going on where I was, I was just, you know, I was I was going to want more. Once I began drinking, I was gonna want, I was gonna want

Kim Fauskee 10:10

more, right? You had that. And we've talked about this in other episodes, the physiological response to alcohol, whether it's your body rejects it, or your body wants more of it. Right?

Bob 10:20

Right. That's what I was. So when I watch people drink now, like if they have like a glass of wine, I've got friends that know that know. So because I'm using, I'm not using my real name, I'm gonna say I'm, I'm in AAA. So I'm allowed to do that with the tradition. So that's how I got sober. But like, when I get when people I have no that no, I'm in 12 Step programs. They go. You know, we'll have dinner and they'll have a glass of wine, not finish it. And I'll say that they'll just look at them. And they go, we know you think this is weird.

Dr. Dana 10:53

So because they didn't finish their drink? Yeah,

Bob 10:55

yeah. And so they kind of laugh and I go, Yeah, I think that's just makes no sense. This, and they would say things like, Well, I'm beginning to feel it. And I go, that's how you're supposed to. That's when you're supposed to keep going, you know. And so that's what Yeah, I find that so that's, I just didn't have that. That. So

Kim Fauskee 11:13

was there a type of alcohol that you preferred?

Bob 11:16

While I was in college, so beer, whatever I could get my hands on. Yeah. I mean, if I was if hard liquor was available, I would drink that

Kim Fauskee 11:23

in. So what was a typical day or typical night for you?

Bob 11:28

Yeah, I, so I would, I wouldn't I didn't drink every day, I drank on weekends, and not even every weekend, what the amounts would be would be? A it would, it would, it would, it might even be just one or two. But I looking back on it. Now, I couldn't guarantee what I would have, I would I would have, you know, I could have eight or 10 or 12, or whatever, I get whatever I get my hands on. And I would just keep drinking. And so but that would not be every day. And it wasn't it wasn't every week and I had an athletic scholarship. And so I managed to have that. And I managed to lose it. But I got it back. So that was my big if that was my big side of my big effect of this was it affected my sports? Yeah. And in schoolwork to both

Kim Fauskee 12:15

Yeah. So I mean, did you drink to the point of blacking out? Yes,

Bob 12:20

I had blackouts. So when I, when I got sober. I, this priest helped me get sober. And he gave me this was a Catholic school I went to and and he gave me this, he gave me this 20 question test. And anyways, I you know, if he answers three, yes, you know, you're an alcoholic. And I answered like, 11. Yes. And then he asked me, have you ever had blackouts? And I said, Well, what are those nice as

well, it's when you don't have memory of what you did. And so I said, Well, yeah, I've had a lot of those. I thought that was normal to just block out from drinking. Yeah, like so I would be I and I, you know, he said, It's not passing out passing out as you just pass out, which I did also blacking out as you're awake. But you don't remember what happened. And I had had those

Dr. Dana 13:03

Did you ever get into any kind of trouble when you were blacked out?

Bob 13:07

I was looking back on and I was pretty worried about driving. Like, I'd look back on how did I get from here to here. And and then and then looking back on it. Now I remember, one time driving important with a girl was dating at the time. And you know, we had the black ice up there. And anyways, I just, you know, I luckily none nobody got hurt. But I was very scared about that. Looking back on it.

Kim Fauskee 13:30

So so I get from your Irish BRAC background why you went to a priest. But what was what was the I mean? Did you have an epiphany like, oh my god, you know, maybe you had lost athletic scholarship at that point or realize academically you were in trouble or what what happened to was the catalyst to get you to seek help from the clergy? Well, he

Bob 13:54

was he had told me that he was in AAA himself. And so and I was my last year in school, and I was and I thought, wow, I'd like to go see what what you know what, you know, what day is like, he was told me is going to meetings. So I listened I went to the meeting. So

Kim Fauskee 14:12

you had a realization, though, at that point that maybe your drinking was out of control and not healthy? No, no, just word dissent. Interesting. This was curious,

Bob 14:20

what what he was interested, okay. And then I and then I eventually talked to him later on about allanon for the for family members. And so I I went to that, and, and I really liked it and I could relate to that because of you know, my family. And then I went back and I I told him I went to the meeting and he said yes. And he asked me about my the blackouts and and he asked What about your drink? I said, my metric is fine. And he said, Okay, well, here we have blackouts. And he gave me that 20 question test and then I just went then I then I by that time I was scared that that information scared me. And then I went to a few more meetings and listened and I thought God I really I've I belong here along I mean hearing people talk. That was the catalyst was him getting sober and then going to meetings and just listening and hearing that what they were talking about reminded me of me. So those are images stick for you. Yeah. Yes, that's a mate. That's what made it. That's what really sold me on it. And that and that I, and that I knew with my family history. That was another part of my story was that I, my, my parents. My mom especially told me how the relatives that how my relatives had died, that they had died of alcoholism. And so, so, because of that, because we didn't keep that a secret. It was It wasn't like they had a heart attack. No, they had alcoholism. And so

Kim Fauskee 15:47

your parents continued to drink? Yeah, yeah. Yeah. Yeah, it was I say not as I do.

Bob 15:51

Yeah, yeah. Yeah. Yeah. Because they didn't. My parents didn't drink like my uncles and Okay. So

Dr. Dana 15:59

what about your sister and all

Bob 16:00

of this never drank? Nope. Nope. So I should say never. I mean, rarely.

Dr. Dana 16:05

But she was not the nicest sister.

Bob 16:08

Well, I mean, I was she was gone. Well, I mean, I was. I was gone a lot. And yeah, I mean, we had our differences for sure. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. So but she didn't drinking was not her topic.

Kim Fauskee 16:22

So So you you got involved in a yes. And yeah, so did you stop drinking cold turkey?

Bob 16:29

Yeah. Yeah, I just I stopped and, and I, I haven't had a drink since then. almost 4047 years. Yeah.

Kim Fauskee 16:37

Well, congratulations on that. Thank you. Yeah. But then obviously, like you had mentioned when we got started here you picked up another vice.

Bob 16:44

Yeah, tobacco so right when I got sober I was I smoked some but then I began to smoke regularly, like on a daily basis. And so I went from I did I smoked tobacco and cigarettes for like about five or six years. And then I stopped that I had had asthma as a kid and I was starting to cough and so I decided to go ahead and and I started chewing tobacco.

Kim Fauskee 17:09

So picking up the tobacco habit, did you feel that you were missing something in your life or there was some you were still trying to to smash some of these symptoms that you were having or the psychological anxiety? Or?

Bob 17:27

I couldn't have worded that then okay. But now I can. That's what I was. I was going from like that there's a phrase it's like switching seats in the Titanic. You know?

Kim Fauskee 17:40

You're just going from the left side of the boat to the right side.

Bob 17:43

Yeah. And I had I had no business smoking I had asthma as a kid my one of the nurses that work with at the hospitals you know, if she said God, you're coughing you're only 27 I said, Yeah, well, I like I was so stupid. I said, Yeah, because I had asthma she goes well, why are you smoking? I mean, that's that's that's really a bad idea with your lungs. So then I said, Okay, she started crying. Wow, that helped me stop smoking. Somebody that actually cared Yeah, yeah, she stood still stayed a good she's been a good friend ever since so based

Kim Fauskee 18:12

bit just based on that conversation. You stopped smoking now

Bob 18:16

Oh, not for a while okay. Not not for I mean, I tried. I just the thing about cigars I kept reading about like, how do you stop was just gotta keep trying until eventually it kicked in. For me. I went right from that to the chewing tobacco. And then twin tobacco. I did that for two years. And then I went from that to the to the gum. So nicotine was a really was a was a very strong addiction. For me. A tough one. Tough one. Yeah, yeah, yeah. Yeah.

Kim Fauskee 18:41

And was it the Nicorette gum that actually was able to curb you?

Bob 18:45

Yeah, I did that I chew the gum for about two years. And then what helped me so the chewing tobacco would help me stop that was I my dentist said Your teeth are getting in trouble. And then are your gums and then the gum the gum? They said your stomach's gonna get affected by it by the juices. And so I I just reduced the gum to like like Wrigley's Spearmint, gum and that kind of thing. And then eventually I got off the gum. Yeah. And that was and that was. And so I mean that tobacco is still I'm still attracted to tobacco. If I walked by somebody who's smoking a cigarette, I'll try and linger to smell it.

Kim Fauskee 19:23

But not if somebody Yeah. But like you were saying, if somebody leaves if somebody's drinking in front of you that there's no desire to do that.

Bob 19:33

Well, and I find I find I've been thinking about that a lot lately, you know, with COVID and everything else is that I find alcohol interesting. I still find it. I'm curious about it. Like I go to the store, and I'll want to find what are they selling vodka for now? I don't think about buying it but i i It's like a topic on my mind. And so again, I'm not like obsessed with it or having and cravings, but I, but I'm aware of it. And I have a lot of respect for it. Meaning that I know people with long term sobriety don't take care of themselves and they go out. So these other kinds of addictions that I that I've had, I know that if I don't

address those, you know, that can blow up on me and they some stem extent has, but that could lead back to drinking. So yes, I stay connected to my recovery. go to meetings. pray a lot. Yeah.

Kim Fauskee 20:31

So you you're consistent still with a 40 some odd years. Yeah.

Bob 20:36

Yes. Yes. Yeah. Yeah.

Dr. Dana 20:38

How much do you think that being a particularly sensitive person has influenced this aspect of your life?

Bob 20:44

Well, I think that I mean, I'm learning a lot I'm learning a lot about that part of my that part of my, I guess my psychology about being really, really sensitive. And I think it helped I think the behaviors that I've gotten involved with working a lot rescuing people food hoarding, before that tobacco and alcohol were ways to numb that out the sensitivity a sensitivity Yeah, yeah.

Dr. Dana 21:13

What do you think that it was necessary? Did it was frightening to you? Or what was what do you what do you think was behind it that you wanted to? to numb?

Bob 21:23

I think it was it just as you're asking, I think it just did hurt too much. I was just in emotional pain. And then I probably stumbled into all this will numb that out for a while. And for some period of time, and then I felt more clicked with with alcohol and college. It was I felt more comfortable dating, dating women, you know, with drinking and liquid courage. liquid courage. Yeah, yeah. liquid courage. Yeah, yeah. Yeah. Yeah.

Dr. Dana 21:57

Are you aware of what feelings you're trying to numb out?

Bob 22:02

My anxiety. That's a big one. Yeah. Tension at any kind of likings anxious tension, worry, worry, fear. Fear of failure. Not being accepted. No being uncomfortable, socially uncomfortable. Remember, like I didn't, I felt like I didn't belong in certain systems. In many social situations. I just didn't feel like it. And that's a that's a common thing that people that are in recovery, just like like we'd like we didn't belong. Yeah. So that was a real service team. Yeah.

Dr. Dana 22:39

And do you think that there was there was a underlying feeling of disconnection and loneliness that was haunting you that you didn't necessarily understand? Yes.

Bob 22:49

I just, I didn't. I didn't know. I think I just assumed that's how people live their lives. Yeah, I think that's how I think that's how I felt how people live their lives was being disconnected. That's how that's how I, I think, look, I'm just sort of thinking out loud right now, but I don't think I really, I mean, I remember just being really anxious in school, grade school. nervous, anxious. It's hard to raise yourself. It's hard to raise yourself emotionally especially. Yeah, yeah. Yeah, it's hard to brace yourself

Dr. Dana 23:26

and everybody around you is acting like everything's normal. So it's very confusing, right? Yeah. Because the kind of deprivation that you suffered was really extreme, but I don't think anybody ever knew that. Right?

Bob 23:38

Right. No, no, we didn't. I mean, none of this stuff was ever talked about. None of this. You know.

Kim Fauskee 23:45

Did your parents know that? You went to a

Bob 23:48

that's a good question. This is gonna sound sad. It's a good question. So when I first got sober I was really scared that they would talk me out of it of being sober. Yeah, Flack, like I've gone to AAA so I would, I would I would lie. Yes. Yeah, exactly. So I was I got sober and then I went back home I was getting out of school and so I I moved back home and I would lie about going to a meetings

Dr. Dana 24:20

it's so I mean, most people would lie about going out and getting drunk right and the opposite was for you I would lie about getting sober. I like going

Bob 24:27

to a meetings so ironic that intimate that amazing when you think about all the families I've worked with in my in my counseling field that loved you know, they'd go with or they would go with their kids to go to meetings maybe watch them get a birthday cake that kind of stuff and my would someone I got about two years into it. I finally told them I was in AAA and you know, wanted to make amends for money I had taken etc. Money I didn't spend wisely and so, all my mom said was Yeah, alcoholics are like that. And then my dad said, and they were still drinking themselves and my dad just said that He had worked with guys that were getting lunch getting drunk at lunchtime and, and he just said, I'm glad you're not drinking past the butter. I mean, it was it was. Yeah. And he they just didn't want to talk about someone will say, Hey, I'm sober now three years ago. Okay, that's nice. Can you help us get the plates off the top shelf? You know, that kind of stuff? Wow. That crazy?

Dr. Dana 25:27

Well, because again, you know, you stopped drinking and then they have to face.

Kim Fauskee 25:31

Well, they're I'm sure they're feeling judged. Now you have

Dr. Dana 25:33

their own relationship to alcohol gets brought to the

Kim Fauskee 25:37

forefront and it's you know, deflect, deflect, deflect,

Bob 25:41

I mean, my own, I went to I was a school teacher, I taught high school for a year, then I went back to graduate school. I did my master's thesis while all this was going on, on out on alcoholism, specifically interventions, really. So I did I did a Yeah, I did I have to bring that in and show it to you that I had interviewed people that went through the hospital I worked at, and I did it on an intervention. So I mean, that's in a sense, I think Secretly, I was trying to write that paper to get them to get sober. You know, they'll read that and then they'll want to get sober. I'm sure that was part of my

Dr. Dana 26:14

suddenly you're trying to help them. Yeah.

Kim Fauskee 26:16

So you bring up a good a good point here. And since we have plenty of time to talk about stuff here. Obviously, you've done research and interventions. Yes, I did. And I think this is an important thing that we need to bring up in this addiction conversation. Yeah. And do interventions actually work? Because obviously, talking to you question, talking to you, Bob, and talking to previous guests, they had the wherewithal within themselves, or they had somebody close to them that cared about them, that actually push them to get help. And obviously, there are people that that come home, and again, I'm talking about the classic intervention scenario, they come home, and all of a sudden, their parents and their best friends and the grandmas sitting there saying, you got a problem, and we want to talk talk to you about it.

Bob 27:07

Right? Yeah. So when I that was one of the first things I learned how to do at the job was how to do interventions, they wanted me to be able to do them with people that were already there at the hospital, and wanted to leave. So I would meet with the family. And you know, because the interventions that you're talking about a word where if somebody went, I knew a guy that did that guy and a gal that used to go into people's homes, and, and it got to be complicated. But anyways, so that because the person being interviewed interviewed a week would kick him out of the house. Sure, they had me at somebody else's house. And it was hard to make that work. But but if it's what I found in my, in my degree in my paper was that it would be a couple of things were discovered it was a small, the sample was pretty small. But if nothing else that helped the people that did the intervention, it helped the family, okay, with like, at least we did this. And then and it may take more than one intervention. And then where they're like kind of an official one where like the TV show, where they have the they have a therapist, and they have a who's been hired, and they have a family there and they and they've and they would do what was called the Johnson Institute of intervention. Vernon Johnson was he had a hospital and, and maybe ran in Minnesota. So back in the 70s, and so wrote a book called great book, great title, called

I'll quit tomorrow. It's about intervention. It's a really good book. It's it was it was it's an old one, but it's still a really good book. Now there, the process is a bit different, but but people can have interventions with, you know, their doctor, their their court system, their boss, spouse or child. It can be, in a sense, less than less official. But it may take more than one. But of the official ones, it may take three or four of those for someone to want to go get help. And so at the hospital, I would do a lot I would go see people in the hospital that were there for other reasons. And I would, I would I would talk to them about about their drinking and that was affecting, maybe they had an injury, or they had other other issues. And I would go talk to them about, you know, your alcohol level was pretty high when you were tested, and you're injured and you fell off the roof. And so we would do I did that for quite a long time. Besides there the work I did there.

Kim Fauskee 29:20

Yeah. And I asked that question because I have first hand experience with it because of my father and being hospitalized for for alcohol related stuff. Right. And then he would go through the DTS and and then we would sit there with an addiction specialist and talk to him saying, you know, you, you really have to have help and it just never worked. He got he got to the point where alcohol affected his system so much and had burned his esophagus that he couldn't drink anymore. That was the only reason he stopped. Wow. But we had multiple times where he was hospitalized, to where we did as a family and with an addiction specialist. Try and have the discussion with him in it. It was like talking to the wall.

Bob 30:03

Right, right. Yeah, I was I was surprised that I did this we did a study on it about these these interventions in the in the hospital rooms. And we were surprised about how we follow people for like two weeks and eight weeks after the after the discussion. And we were surprised how we were surprised that about 75 or 80% of people that we did this with, they made at least one phone call. Wow. So we figured it got through enough where they at least made a phone call to somebody, maybe their doctor, a nurse or somebody. And so we figured that was a real win because at least they they knew that they were they they had some awareness out. Most people with alcohol and drug problems don't get help about 20% get help or 80% Don't get help and so it's a really weird scary percentage. Yeah. And I go I've gone to workshops on this for years and the numbers are pretty much the same every year and and so yeah, most don't mean they might add a percent don't get help they might they some of them may go to one or two like they may go talk to her wants to a counselor or a doctor but really getting any kind of help most don't get help

Kim Fauskee 31:17

in you being an you being an addict and a mental health professional right. Do you have an idea why that is? I mean we can all assume why that is but do you have do you have a educated opinion on that?

Bob 31:29

Yeah, I think that the the addiction and I'm looking at my life as a good example of it you know, the whole addictive process is so strong that it it defies logic like logic would say well God this is affecting your your liver, your esophagus, your your brain your your family your finances. And so you know if you keep this up it's gonna have a negative effect on all those areas and the person will keep drinking so the so what the people that end people that go to 12 Step why that makes sense is that there's a richer

reliance on a on a higher power like up and up higher power could be the group and rely I gotta have I gotta have help through their faith in something Yeah, or maybe the faith might be my I'm not my doesn't work for me. I'm not taking care of this I need something big it something other than me to help us and our country our world is so I think this is my opinion so focused on I can take care of this myself, just buckle up. You know, buck up and you can do this little willpower will go a long way. Yeah, yeah. And and and and what what, what addiction shows is that it's it's it defies it defies that it defies logic. So that's, that's my take on how come people I mean, I've, I've seen people that are you know, that they're that their skin is, you know, their eyes are yellow. Your skin is yellow. They've got jaundice connected to this. And they don't understand why the doctor wanted me to come see him. They don't they don't they don't. They don't. Well, how come? What do you do here as I'm a drug and alcohol counselor. I wonder why the doctor wanted me to cut one of you to come see me. That is stunning. Yeah, I would. I would. I would. One guy I took them to the ice. I thought I was willing to try anything. I just walked we walked together to the, to the mirror in the room. And I said, I'm gonna try something with you. I said, I don't mean to embarrass you, but I just want to try something. It's alright. It's okay. I seen him a couple of times. I got to know him a little bit, which he think he's I think he trusted me. It's like, Well, I'll try this. I said, let's look at my eyes. Yeah. And so they're Hazel, and then what's part that's white. So to your eyes. They're Brown. And then what's this look like? This is yellow. So do you know why it's yellow? Well, let's have a liver issue. So do you know what your liver is an issue? Well, I got cirrhosis. You know, you got that. I mean, I had to find any any. And but it's not it's not that big of a problem. That's

Dr. Dana 33:59

what he would end up saying, yeah. Wow. Yeah.

Kim Fauskee 34:02

Even though they can understand the logical sequence. Yeah, of this, it still doesn't trigger that I have this problem. And I caused this issue. Right.

Bob 34:13

Yeah, it's, it's, it's interesting. What finally, what will finally get somebody's attention. You know, like, like, I remember one guy was having an intervention with his family woke up in the morning and he goes living over there all they know, there's all their kids. And, and they all had their lists. They, they write out a list of what they want to say, on Christmas. You came home, you were laid, you fell down the couch, you fell off the couch and you cut your head, I was embarrassed for you. I was sad. I was scared. And so they're all ready to read it. The ABA therapist there this guy's never met, and his granddaughter who was like five, walked up to him and just looked at him. And he said, Where do you want me to go and what time do we leave? Wow, it was just His granddaughter's look on her face. That was enough. did it for him that was what did the form? So again, we know you never you never you never know. You never know what what it's what it's what we just don't know what, what's going to finally, I've got guys that call me every every year on their birthday and go they say they have they'll mention a meeting we had that really helped them really turn the turn the tide. So, and we never know, we never know what it's gonna do. It's uh, it does defy logic. And it's take something. I mean, that's the bias of kind of like, my perspective is that it most people that get help rely on something, they can't do it alone.

Kim Fauskee 35:39

And so we've talked about, we've also talked about in the addiction piece that I think AAA does actually have the highest percentage of people that that don't become really addicted to alcohol, which is somewhere in the high teen area there, which is above the normal thing. So when you talk about 80% of people not even wanting to address their problem. Yeah. Where do you think then we'll take a out of the equation right now, where do you think people that don't, or continue to have an issue, even though they've sought help

Bob 36:10

now as they seek help, but they keep drinking? Yeah, or whatever their

Kim Fauskee 36:13

addiction is? Exactly like,

Bob 36:16

like what I did. I went to other other, right. I think that people that are that, I don't think that's unusual to go from, or discover to discover, like, there's an old saying, like, you know, if, if you've been sober for 10 years, and you're not in at least three programs, you're not working a good enough program. Like he could be in Debtors anonymous, Narcotics Anonymous, or a gamblers anonymous, right. You've

Kim Fauskee 36:38

just moved on to, like,

Bob 36:40

I think there's over 200 or 150 There's a lot of 12 Step programs. Wow. So 100 And a lot like over 100. And so

Kim Fauskee 36:49

you're talking about different 100 Different addictions that have employed that 12 step process.

Bob 36:55

Yeah, exactly. Yeah. gambling, sex, anything, right. There's all kinds of sex addiction type. There's SLA, there's Sex Addicts Anonymous. There's lots of differences. And then there's, besides Elena, there's adult children of alcoholics ACA, there's Alateen. So what? So there's a guy out of Harvard, I think last name is Daly has done some pretty good research on how how successful 12 Steps hard to study, because there's no charts, there's no sign up sheets. They just, you know, it's anecdotal. A lot of it, but he's done a pretty good job with, he's a smart guy and knows this stuff. How to do research. But tell me that question again. About I want to answer

Kim Fauskee 37:42

that. Yeah. You know, we talked about that there's a, we use again, the AAA talks, about 17% of their members. Don't become addicted again. And again, that's the alcohol, not to something else. I mean, that's the statistical stuff that anybody can go on and find out there. So I'm just I'm guessing when you

talk about 80% Don't even seek, right, you know, any help that 20 That 20% there? How many of them? Do you think of that 20% kick their habit and move on in a healthy life.

Bob 38:21

So here's the here's the these then these statistics came out, I there's an addiction. There's a California Society of Addiction Medicine, see Sam, and there's a sandwich, the American Society of Addiction Medicine, they do conferences, and I tried to go to one of them a year. And they and the numbers are that. So they this 20% That's getting this getting help. About half of them are people that are that are already active in a program. And they stay with it, but they might, they might relapse with something else or they go back to there. But I've never heard that 70% On I've never I've not heard that before. That's an that's a new one for me.

Kim Fauskee 39:01

And again, whether it's reliable or not, but if you Google it, that's what it shows up. Okay. Yeah. And it can be completely anecdotal. Like you just said, Yeah, so

Bob 39:11

the one the this may be not actually the question, but it reminded me of this statistic about the so they, they come up with about, you know, the diagnostic categories, the DSM like for what's alcohol abuse, and other kinds of drug use, drug abuse, and what's what's considered a use and what's considered a disorder. So, people that they did surveys of like 60,000 people, and they came up with these these questions and they came up with, out of out of those, they extrapolate that out to like, 21 million people are in trouble with drugs and alcohol in the country. And that's been pretty consistent with a lot of people. A lot of people Yeah, so 2 million are getting help. Okay, okay, 90 million aren't getting help, but they but they're having symptoms of the disease of the addiction disease. Okay, and then when asked, and they're answering yes to, you know, issues with family, job health, spirituality, sexuality. Do you have a problem? 95% say no. After they, after they've already identified the symptoms, they say on how problem with it. So they're in denial. Yeah, big time. Yeah. And then the and then and then the average length of time for someone to get help from the beginning of symptoms, to getting help. So they have symptoms, like legal job family, and they get held, the average length of time is eight years. Wow. So it could be 20. It could be one, but the average cycle time was eight years. So

Kim Fauskee 40:36

long Delta,

Bob 40:37

that's a long, that's a long so like, I compare it to my skin, you know, my Irish skin disease, you know, I have my dermatologist goes, Okay, this, this can stay this can go, you know, I know that it's real. We're not we're not, you know, we're not like, I'm not going to debate with him. He just says this, this is called of whatever. But with alcohol and drugs, people can. They'll, they'll linger with it for a long, long time, even though they're having job, legal family, all kinds of all kinds of issues with it. And then, but, but 80% are don't even think they have a problem.

Dr. Dana 41:10

Well, that's very discouraging, actually, in a certain way. So.

Kim Fauskee 41:13

So in that line, there, I'm going to ask this question to both of you. Yeah. Because there's somebody listening here that either is, or know somebody, or they're related to somebody that says that they don't have a problem. But But again, the you know, they see them drunk, and it's socially and they're, they're having fun. And every time that they drink and see them socially, they're always drunk. And that, you know, having a glass of wine or a bottle of wine at night with dinner is okay. That's that's the norm. You know, I think so. When does it when is it actually a problem?

Bob 41:58

So the AMA, World Health Organization, what what 12 STEP program says, There's a guy named Jelinek wrote a book about the disease of alcoholism. It's it's loss of control. So basically, not being a predict what's going to happen if you take up a take a drink, and then affecting life in a negative way, some part of life in a negative way.

Kim Fauskee 42:20

So So I want to go back to that loss of control. Yeah, yeah. So when you're talking about loss of control, does that mean that you're not in control of your actions? Is that what you just said in terms of what you're saying? Or how you're reacting to somebody else?

Bob 42:38

So like, let's say somebody says, like, they say, Well, I'm, you know, I'm controlling because I'm planning on getting drunk. I'm gonna get drunk. I go, Well, my guess is, you know, it's like my 19 year old daughter. Yeah, college. Yeah, you want to get drunk, but my guess is you don't want anything bad to happen. You want to get drunk, maybe, but you don't want to get arrested, or pass on your car, and, and, you know, have somebody or kill somebody. Yeah. And they and they go well, then so then. So then they said, the loss of control would be, they can they drink or use, but then something bad happens, or maybe nothing bad happens, but there's a risk for that. It also could be that they, they have a really good reason not to drink or really good reason only have one drink, like they're having a job interview the next day, or they're on their first date with somebody or they're going to try to impress somebody, you know, a date or whatever. And then they, they get hammered, and it turns into a big mess. So that'd be like a lack of control. And then negative consequences would be family, job, legal, health, and then and then keep doing it, you know, having the consequences and keep doing it. So. So that's those are the those are sort of the, that's when it's a problem. On the family part of it. I find this interesting that, like, let's say, you know, you go to a big city, and there may be several 1000 Aaa meetings, or AAA or NA meetings a week, several 1000 Maybe like 10 20,000 meetings a week, like a place like New York, but you'll have like 5% of that in Al Anon. So, there's a lot less people going into Al Anon or NAR anon for for the relatives than people that actually have it. But if you look at the statistics for every alcoholic, an addict, there are about four people that get caught up in with it. They get caught up in get caught up in it with the alcoholic,

Kim Fauskee 44:33

right that they say the addict always takes prisoners. Yeah, so that'd

Bob 44:36

be parents, spouse, children, friends, co workers, so they would all be candidates to go to Al Anon or NAR anon. But there's, it's even harder. It's even harder for the family to say I've got a problem. I love an alcoholic. And I've got a problem. It's hard enough for the alcohol or the adequacy, I got a problem. It's even harder for the family because There's there's much fewer meetings, there's much for people getting help that have that have that

Dr. Dana 45:05

to finish. Don't think that being in a relationship with somebody who's an addict because of good hiding place, in a certain way?

Bob 45:11

Yes. Because they can they can they can ignore themselves. That's right. Because your focus is on

Dr. Dana 45:15

trying to save the other person. And you don't have to show up yourself and deal with your own ratios, because stuff you're spending all your time trying to save somebody else. So to me, I always look at it like it's an insurance policy. Yeah, yeah. You don't have to deal with your own stuff.

Kim Fauskee 45:29

Yeah. Well, I think there's still a stigma attached to it as well, right? That you don't want to be found out or you don't want your family member be found out? Yeah, either, as well. But I but I agree with you,

Dr. Dana 45:40

you know, my experience is a little bit different in that even somebody who's not what you consider an alcoholic, alcohol doesn't do anybody any big favors in terms of relationships and communication, because some say a lot of people who have trouble in their relationship, they say things, they fight in ways that they never would if they hadn't had a drink or two before the argument began. Because in my mind, alcohol is an accelerant. And even if you don't have a encodes a problem with it, it's still going to accelerate whatever feelings you might have in relationship to somebody that you love. So I think it causes much more problems. And people kind of recognize even though they might not necessarily have a problem with alcohol, that's what it does to them and to their relationship that, to me, causes all kinds of really serious problems. The other part of it that I I know that I'm very unusual in this regard, is that I don't understand why people don't want to feel what life is like, without a substance. I don't I don't really understand that. Because I think that life has such a richness to it. Conceivably, but it also I understand has a ton of pain.

Kim Fauskee 46:56

And also Well, Bob can answer that question. I think he already did answer that question. Yeah. Yes. So avoid the pain. Yes, and the anxiety,

Dr. Dana 47:02

but all you're doing is prolonging it by avoiding it. And maybe people don't realize that what they're doing. I mean, I just keep flashing all the time on. When I used to go to Mexico surfing. I know I've already told the story. But um, after five hours in the water and feeling the most intense high of endorphins and, and wonderfulness that came as a result of being in the water. I was the only person that walked out of the ocean and did not grab a beer, right straight right from the water. And I would think to myself, why would somebody want to dull that intense rush that they have?

Kim Fauskee 47:42

Because I don't think they were thinking that it's going to do it, I think they're going to think it's going to enhance that experience.

Dr. Dana 47:47

They look at it as as a celebratory thing. But really what it does is dampen the dampens the endorphins that you've created naturally. Because I would watch and people start to get sleepy and start to you know, sedated by the alcohol. And it wasn't like they were drinking a whole six pack. They were just getting a beer or two. But I think why would you not want to like, cherish this moment, right? And really hope it lasts as long as possible, right? Because there's nothing like that feeling right? Now, I've used a lot of different substances. I've never found anything that feels that good. Right? So I was always so puzzled why people would just immediately want to bring it down to a manageable level. And I mean, the conclusion I came to, and I'm not sure it's correct or not, is that we have a really hard time allowing ourselves to experience the joy in life, right? So even though people all the time talk about wanting to be happy, you know, you and I have our, you know, our bias toward that. Yeah, about the concept of happiness. And I don't think that most people believe they deserve the joy that life has.

Kim Fauskee 48:53

When I asked you and Bob this question where you guys taught that growing up? I certainly wasn't.

Dr. Dana 48:58

I wasn't either. It wasn't ingrained in me. But I didn't have anybody in my family that drank anything more than

Kim Fauskee 49:05

Yeah, but I don't want you I don't even think that you have to be a child of an alcoholic or a child of an addicted person. But I just don't think in in again, you probably brought your kids up differently. I'm trying to bring my kids up differently in that aspect to to appreciate those things that life has to offer and it doesn't need to be drug related or alcohol related to to embellish those those things. But But I but I agree with you because I think most people have never been taught from an early age how to appreciate those things. And like Bob was talking about, you know, with anxiety and his parents not paying attention to himself. He had to grow up on his own and had to figure out how to deal with you know, that symptomology that he had and he chose alcohol because it would numb that for him and then you know when progress down the road?

Bob 49:58

Yeah, yeah, I think People get when people do get. Maybe it should be a high school class. Yeah. Yeah. When people do get when people do experience recovery, they will talk about God that was so much fun. You know, the hiker that are going in the ocean or, or, you know, a nice meal or whatever it might be a friendship, or even or even going to a meeting, like having all people that are laughing and having a good time. And that that feels they feel they feel joy. People have a look at sober and then I'll say, like when I've worked, you know, I've worked in recovery for a long time people. I'll say Savi anybody here had a good belly laugh last couple of weeks? Yeah. Cool. Did you have that when you were drinking? Not really. The belly laugh was drugged. But now it's really it's a really, it's a heartfelt belly laugh. And so they they get that sense of that kind of joy. From that great belly laugh.

Dr. Dana 50:55

So Bob, what about the concept of brain chemistry as an issue in one's life that's, that contributes in this regard? Yeah,

Bob 51:04

that's a I mean, there's so much about at these workshops I've gone to was over the years and there and when when he first started, it was put together by two people, the co founders was one was a was a stockbroker, and one was a physician. And there's so much they didn't know but they really had some the right idea that there was something wrong with our bodies, our bodies were just different. And so now, so yeah, I think brain chemistry is like they can see where like, when I first got in the field, there was a substance called th IQ, tetra hydro isoquinoline. And it was a, it was a, it was a chemical that the brain that an alcoholic would produce in their brain, which would tell them, let's drink some more. Yeah, and then that, then now it's now they can look at the brain changing when somebody drinks or uses or other drugs. And then when they get when they get cleaned, that the brain changes. Again, meditation can cause the brain to change. But the sensitivity piece, which I'm just learning a lot, I'm learning a lot more about that recently, was about how, you know people drink in us because they're, they're, they're, they're born or they're, or they're wired to be really sensitive. And so drinking and using can be a way to help medicate that.

Dr. Dana 52:21

So it takes it takes the edge off the loneliness. Yeah, and the anxiety and anxiety.

Bob 52:25

Yeah, it can, it can, like this really works. This, this, this works, and numbing that out, whatever, whatever this is, it could be could be food, could be behavior, could be pornography, could be drugs, could be alcohol to be gambling could be all kinds of stuff work.

Dr. Dana 52:41

And what about the notion that sometimes when you become sober, it's necessary to treat your neurotransmitters as a way of ensuring your sobriety

Bob 52:52

that's shifted a lot the law over the years about people, like it's much, much more accepted to take to take medication, safe medication, like an antidepressant. We want to be careful about medications that

can be a dick can be abused, that can be addictive, that can be addicting. But there's lots of antidepressants out there that are that are a doctor can prescribe that are that are, I mean, you could probably take too many of them. But as far as like getting addicted to them. They're not they're not the addicted type of medications. So, yeah, as compared to like opiates, or valium or Xanax, those kind of drugs. Those can be helpful too. But they can mainly if you have pain, you got to have opiates for at least for a while.

Dr. Dana 53:33

So what would you consider to be like some one of the hardest things that you struggle with in treating yourself with the kind of respect and regard that you deserve?

Bob 53:44

I think that I that I, I deserve, I deserve to be to not be so anxious all the time. And to, you know, like anxiety doesn't have to be like a way of life. And so learning how to, like eat healthier, learning how to like I'm like my heart issue with hoarding. Learning how to get rid of stuff, getting asking for help, and getting rid of stuff, making my home a nice making my home into a home. I mean, really having a home and having it be a home that I can be proud of. I've had I've had some experiences of that. But I've had several struggles with that, because home has been a painful place for me. So yeah, it's a it's a, it's a, it's been a long haul to get to learn those kinds of skills. And I'm asking for help. And I'm glad I'm asking for help. And I'm glad there's help out there. Yeah,

Kim Fauskee 54:42

in one day. And that was a great segue because before we conclude this conversation, I want to talk more about that recovery is a journey. There's not a finish line. No do it and that your typical way of putting it in that you're still struggling with some addictive qualities in your life. Right? So yes, can we can you talk a little bit more about it because we didn't get the kind of the last piece of it.

Bob 55:07

Currently, my my big ones are food. So learning how to eat healthy, and I've got some issues with my knees, I had an injury. So I, you know, finding ways to exercise that are that are that are compatible with my knee injury. So like walking, walking in the pool or stationary bicycle stretching and that kind of stuff. Hoarding I've asked him, I'm asking some friends, I've asked him friends over the years, helped me get rid of stuff.

Kim Fauskee 55:32

So when you talk about hoarding, I mean, obviously, there are TV shows. I don't want to, to assume that it's to that extreme right? Is it to that extreme?

Bob 55:42

Well, I have a spare bedroom that's got a lot of like about waist deep of just boxes. Okay, I got, I got three storage containers that have got just junk in them. So I got a closets that are ones pretty manageable ones not living rooms, okay. Kitchens. Okay. But main bedrooms, okay, but so I can I'm not like to the point where people, you can't walk in there. I don't have that kind of stuff. But, but just it's just junk that I don't. And I like learning how to let go of that stuff and getting and asking for help with it.

It's just, I can't do it alone. And I got to ask Mike asked God to help me with this and ask other people that we were there was also and get professional help, too.

Kim Fauskee 56:22

And so you know, you can draw getting help is really important. Yeah. So you can draw the parallel, obviously, to alcohol and food and other things to the anxiety and depression and stuff. But where does where does the hoarding come from?

Dr. Dana 56:40

Well, I think it's another way of medicating yourself in a certain way. It's a compulsive behavior. Yes. It as long as you're engaging in the compulsive behavior, not feeling your feelings, is it's a medication for loneliness, right? It's a metaphor. But the downside is that it also creates shame. Because every time you look at the stuff, you're gonna feel ashamed of yourself, right? So it's kind of, in a certain way, like when you talk about your house, right, wanting to have a really nice place that feels like home, right? I don't know that that's really ever been a part of your life, because there's still elements of shame that's attached to your home. Right? Right. And I don't think those things happen by accident. I think that now, this is different than a person whose whole house is filled. Sure, you know, from floor to ceiling, right. So that's the kind of compulsion that's completely out of control, right? This is more of a small scale way of just reminding yourself that in some ways, you don't deserve the goodness that life has to offer. Because every time you look at it, you're going to be reminded of your shame, right? And the fact that that your house is in a certain way, kind of contaminated, right. And that seems really sad to me. But if you're focusing on that, then you're not going to feel the internal loneliness that you might be struggling with on a deeper level. Because I really believe that addiction, and all kinds of other stuff, there's an underlying basis of not enough love, feelings of loneliness, and a feeling of desperation, of having contact, but also an accompanying belief that you don't deserve it. Right? Because most of the time, people that have these issues come from families, where there's so much abandonment, and so much neglect, and abuse, that it's really hard to come to terms with all of that stuff. It takes an enormous amount of courage to face the underlying right trauma and an issues that created the need for all of these behaviors in the first place. So I'm a firm believer that alcoholism, certainly any kind of addiction is a problem. But I don't see it as the problem. I see it as a major symptom of, of the way you feel about yourself, and what's missing in your life, which is a feeling of clean love,

Bob 58:59

which is a feeling of clean, love, see Lea and clean and

Dr. Dana 59:03

clean love, which is in very short supply in a lot of people's lives. Right? Very short supply. Very short. Yes. And so I think that that we do the best we can to try not to feel that absence. A lot of my work with people who come to see me is to help them understand especially people are very self conscious and feel like people are judging them that most of the people that they encounter are not leaving considering who they are. They're so busy trying to figure out how to get their own needs met. And wondering whether anybody's ever gonna like them or care about them that they're not really judging you the way that you think they are. Because I think most people go through life feeling a desperate need for love. Because we're not taught that that how much that matters and how dependent we are on

other people to help us feel a sense of well being because we're made feel so ashamed of those of those needs,

Kim Fauskee 59:55

or were made to feel that we should be independent. That's the strength right,

Dr. Dana 59:59

right, which is So, again, I agree an incredible deception that causes way more problems than I don't think most people realize. Because then you then you reframe the fact that you feel so lonely and near shame that you are craving love. And just so, so sad, because it's the human condition to want to feel that connection.

Kim Fauskee 1:00:19

Right. As we conclude this conversation, I want to thank you for being vulnerable and transparent and telling your story. And, and again, it's it's been fantastic from the standpoint that you have first person experience with being an addict. But you also are a professional within the industry there. So obviously, this conversation is going to resonate with somebody that's listening here, right? And if they're within that 80%, or they're a family member within that 80%, that hasn't sought help, right? What advice do you give somebody?

Dr. Dana 1:00:55

Yeah, what would you say, Bob, under these circumstances?

Bob 1:00:57

Well, gosh, if you're listening to this, it's okay to ask for help. And if you remember the family, it's okay to ask for help for yourself. Because this is a real, like you said, DNA can really be a decimal number on somebody, too, it helps that person that's loving an alcoholic or an addict or whatever, whoever it might be, to not have to look at themselves. So to ask for help to do all that, to help themselves while they're helping the person is, is really a good place to start. And then the other person, the other person who's got this suck, got the issue that 80% is, is, you know, it's okay to so I would really encourage you to go talk to somebody and get us find a specialist or go go to a 12 step meeting, you can go to open ones just sit and listen. You can read literature now with Zoom. You know, there are lots of meetings on Zoom. You can you can do it from the privacy of your own home. And and and not even put your name on there and not even just have a picture or just let have it be blank. So there's no excuse. If so you can just go listen to a meeting. And yeah, I know people that a lot of people have gotten sober on Zoom.

Kim Fauskee 1:02:09

You hit you had said something important that I want to reiterate early on, it's it's about community because I was nervous. Everybody had told me to go to Al Anon, that was gonna be my my first thing. And I'm like, Yeah, I don't you know, I don't know what to expect there. And at that point, you know, I wasn't vulnerable in that, but it was finding that community and hearing those stories, like, Oh, I'm not an anomaly right out here. That really made the difference for me. Yeah. So yeah,

Bob 1:02:39

yeah, there was a one thing that you've mentioned about connecting, like love is why we're having such a hard time starving for love. And there's a heard a great phrase, the opposite of addiction is connection. So if somebody wants to, if somebody's got this, either they're either their CO addicted, like the idea they have a loved one has got this disease, and they're addicted to them, so to speak, you know, the Rephrase codependency, when I first began working in the field, it was the phrase was co addict. And so because it's like being addicted to somebody, and so getting connected to somebody is just trying it now with a zoom. I mean, people can go can try this out without having to leave their home perfectly fine, no matter what, no matter what they're looking at doing. It's a no they can, they can get some help with that. So I would that's I just would encourage somebody to if you're listening to this, for whatever reason you listening to this podcast for you know, if this inspired you to go get some help or go talk some about getting some help, you know, get some help.

Kim Fauskee 1:03:37

And I want to close with one thing because you're doing important work with first responders as well. So I want you to talk a little bit about that and then we'll

Bob 1:03:46

I'm doing some work with with with fire firefighters and police and some counseling with with them and trying to open the open the door for for that population to feel like they can ask for some help and provide them with information and a place to come and talk about trauma, which is a they're almost they've all had trauma in their life from their jobs. And matter of fact, addiction now is also seen as a trauma as a disease a trauma that so many people that have had that got that going on. They've got trauma backgrounds, so firefighters and police that that's what they that's what they see every day. So getting some help on substance use or mental health or trauma issues, and I really enjoy that kind of work. Yeah, a lot of them have both trauma issues and substance use issues. I heard this see when I first got involved into this one statistically scared me and I felt so sad about it was number one cause I think the number one one of the number one of the number one causes of death for firefighters and police is suicide.

Kim Fauskee 1:04:44

I think they I've heard that as well. Yeah, yeah, it being a being a former first responder. It doesn't it doesn't surprise me because even even counseling it when when I was doing it back in the day wasn't really available. Right right to talk When not when you go on a call and see a whole family deceased from a car accident, right, that has an effect on you. Yeah, it does. Yeah. And, you know, we were, you know, we go back and just talk about it amongst ourselves without any right without any help so, so thank you for doing that. Thank first responders.

Bob 1:05:16

And now what's going on as a lease agents I've been working with now is peer support, where they, they're taught how to support each other. Perfect, and then they can support each other because that's what they'll trust. And then those those firefighters police will then encourage and it goes to somebody if they need professional help. Yeah. Thanks for saying that.

Kim Fauskee 1:05:33

Again. It's about the community. Yeah, that that community. Yeah, exactly. Right. And connection, like you were saying. So yeah. Thanks again. Thank you so much. Thank you. Beautiful. Thank you both. It

Dr. Dana 1:05:42

was great to be courageous and extremely helpful information. It's

Bob 1:05:46

glad to be part of this. Yeah. Thanks for asking me. Yeah, great.

Fear Me Out 1:05:52

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