



# Courage to Change

Enhancing Lifelong Recovery and Personal Growth



When we write down our priorities (e.g., eating nutritious food, exercising, paying off credit cards, cutting costs, learning money management, dealing with emotional pain), we experience a paradigm shift. We stop complaining and start moving forward. We take on the challenge. We become empowered and incredibly energized by the simple act of consciously moving toward a goal or at least of knowing what it is we really want.

**Today I will keep my top priorities in mind when making any decision.**

--From *Letting Go of Debt: Growing Richer One Day at a Time* by Karen Casanova

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**Beverly Cobain and Jean Larch, authors of *Dying to Be Free*, outline the myths surrounding suicide.**

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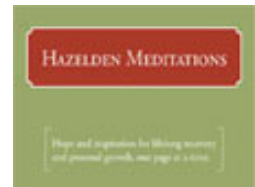


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**William Alexander, author of *Still Waters and Hi, I'm Bill and I'm Old*, tells his story of learning to dance.**

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## Spiritual Reflection



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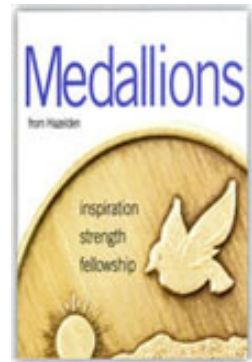
I was sitting on the lawn in Willmar State Hospital. I had scored again. A joint. One stick of marijuana rolled up and ready for me to smoke. I had fulfilled all my obligations for the day—been to morning lecture, did some typing for Father Garvey, and eaten my lunch. Nobody would miss me the rest of the

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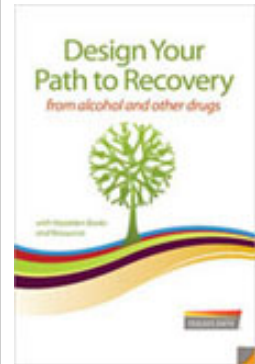
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### **Beverly Cobain and Jean Larch, authors of *Dying to Be Free*, outline the myths surrounding suicide.**

It is correct to say that anyone thinking of taking his own life is certainly experiencing some sort of mental distress. But it would not be correct to say that one must have a mental illness in order to think about, or die by, suicide.

Depressed individuals should absolutely be identified and treated appropriately for their illness, and this undoubtedly helps prevent some suicides. But as we have seen, suicide is a matter of unbearable psychache plus the simultaneous idea of death as the only solution. Many people undergo suggested treatment options for clinical depression and other mental distress and still take their own lives. Depression and suicide are different “animals.” And since most depressed individuals can live long, unhappy lives, we need to know more than the symptoms of depression if we want to prevent suicide. We must learn the signs of impending suicide.

We must also sort the myths from the realities of the issue. The information that follows is adapted in part from *The Psychology of Suicide* by Edwin Shneidman, Norman Farberow, and Robert Litman.

#### **Myths about Suicide**

Myths and misconceptions continue to cloud the issue of suicide today, despite tremendous efforts in recent years to educate the public about the facts as we know them. Examining these myths causes some survivors to feel guilty, but they could not have acted on information they did not have at the time. By exploring these myths, survivors learn more facts about suicide and reducing its stigma. We will never prevent all suicides. But just as knowing how and when to perform cardiopulmonary resuscitation—CPR—allows a person to intervene in a potentially lethal situation, so dispelling the myths about suicide raises our awareness of potentially suicidal symptoms and behaviors, and perhaps our ability to intercede to save lives.

#### **Myth 1: People who talk about suicide don’t do it.**

All talk or threats of suicide should be taken seriously. Some people believe that the threat is a means of getting attention. So be it. Giving someone appropriate attention when they talk of death is a most effective way to prevent suicide. Even those who have tried for months or years to support a loved one who continues to talk about or attempt suicide are shocked when it finally occurs. Most suicidal individuals rarely warn their friends and families directly; instead, they may offer vague verbal clues, usually to people who are not in a position to help them. If suicides are to be prevented, any suggestion, sign, or threat of suicide must be taken seriously. Even though individuals may have made threats or left clues before, this may be the time they die. Action must always be taken when a threat is perceived, even if there is doubt that the person is serious. Still, there is no guarantee that the suicidal person will not complete his plan even when clues are noticed and addressed appropriately.

Young people often reveal their suicidal thoughts to a friend, but they may not be taken seriously. One survivor mother said, "After his death, I learned that Ronald had confessed to four of his good friends and one school counselor that he didn't want to live anymore. He was obviously begging for help. No one believed him...and not one of them said anything to me!"

### **Myth 2: Suicidal people want to die.**

Suicidal individuals are suffering severe mental and psychological pain. They are not so much seeking death as craving the peace of unconsciousness, escaping their constant feelings of utter distress. Many spend much of their lives searching for ways to relieve their pain so they won't have to die. When the suffering becomes unbearable, and if nothing they have tried reduces it, then there may appear to be only one way to relieve it. Suicidal individuals do not desire death over life. They need to be free of pain.

### **Myth 3: Once suicidal, always suicidal.**

Nearly everyone has had a suicidal thought at some point in their lives and did not act on it. Indeed, most suicidal episodes are short-lived. An individual may suffer powerful thoughts of suicide once in his life, pass through that period, and never have another suicidal thought. Some who have considered killing themselves have been saved by a kind or coincidental act that reduced their psychache and self-destructive thoughts. Acts of fate, circumstance, fortuity, and pure chance have probably saved or prolonged thousands of lives. An unexpected visit, a hug, a phone call, or some kindness may offer a small reprieve of time during which other options can be considered.

### **Myth 4: Using the word *suicide* may cause someone to do it.**

Talking about suicide does not make it a prospect in the minds of others. Unless a person is already considering the act, the word *suicide* will only bring to mind their personal feelings and opinions about the topic. It is actually advisable to talk about suicide to suicidal individuals, as this gives them unspoken permission to express their feelings and the opportunity to accept help. If and when the day ever comes when we can all openly talk about suicide without disgust or trepidation, perhaps we can look forward to fewer suicides.

### **Myth 5: When a distressed person's behavior suddenly improves dramatically, the danger of suicide is over.**

To the contrary. If a person who has been chronically sad, angry, withdrawn, or troubled suddenly appears happy, laughing, lighthearted, and "back to normal," family and friends tend to see it as an improvement, a welcome sign of progress. But in reality, the abruptness of the mood shift can be a danger signal. The common manner in which individuals heal from long periods of mental suffering is to gradually improve. An "overnight" lifting of the spirit often means that the person has planned his suicide down to the last detail and is feeling relieved that his pain will soon end. He might seem like his old self again, perhaps making plans for the future, and this will fool everyone.

The mind of the suicidal person is deep within the tunnel. His thoughts are still constricted. Though the pain is still there, he can tolerate it temporarily as he carries out his plan to die.

### **Myth 6: People who kill themselves are losers.**

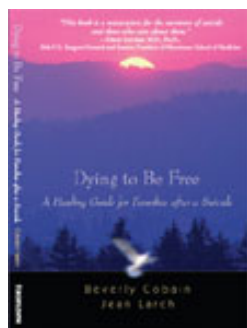
Nothing is further from the truth. They may be leaders, excellent students, talented, intelligent, "normal," beautiful, and get along well with others. Many survivors feel that the loved one's problems were "just the normal ones." This is why it is common to hear comments such as these:

"He was the last person in the world I thought would kill himself."  
"I can't believe he was feeling so awful."

“She had everything to live for.”  
“She was planning her wedding!”  
“He just started a new job.”  
“How could she leave her two small children?”

The frightening fact is that suicide knows absolutely no boundaries. It occurs in people of all ages, races, genders, intelligence levels, talents, and lifestyles. One has only to talk with survivors to begin to understand that no one is the “type” to die by suicide.

**Excerpted from *Dying to Be Free: A Healing Guide for Families after a Suicide* by Beverly Cobain and Jean Larch. Beverly is a survivor of three family suicides, including the 1994 death of her cousin Kurt Cobain. She is a registered nurse with certification in psychiatric and mental health nursing. Jean Larch, S.W.T., is a crisis intervention specialist who works closely with suicidal individuals and family members who have survived such a loss.**



### [Dying to Be Free](#)

A Healing Guide for Families after a Suicide

Softcover, 126 pages

Cobain and Larch break through dangerous silence, complicated emotions, and brutal stigma to offer this gentle, healing guide for family members who have lost a loved one to suicide.

List Price: \$12.95

**Online Price: \$11.65**

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**William Alexander, author of *Still Waters* and *Hi, I'm Bill and I'm Old* tells his story of learning to dance.**

Every Wednesday night, I dance. There is a woman at the bar who is the best zydeco dancer I've seen.

On one auspicious evening, when the air was thick and thunderstorms threatened, this woman, Karin by name, paid a lot of attention to me. I felt singled out and it worried me. She would pull me away from my partner, for example, and make some small correction in my form. Each small correction led to a greater ease in the dance. Toward the end of the night of dancing, she asked me to dance with her, and dance we did.

She told me that there were only three things that I needed to remember. First, I was to “give weight” to my partner, meaning that my partner and I needed to lean back into each other’s arms, trusting that we would not be dropped. Karin and I did that, giving each other weight, and our spins and twirls and low-down deeply funky moves were easier than I could have imagined.

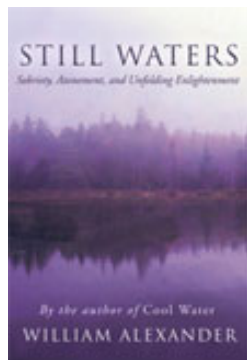
Second, she told me to always face my partner directly; to never turn aside from the one I was dancing with. We did that, spinning and grinding, and Karin began to disappear, to be replaced by the dance. And, third, she told me that rather than leading with arm and hand pressure, I needed to lead from “right here,” she said, pushing her hand directly into the middle of my chest, the heart chakra, that place in Hindu cosmology that both controls and is the source of the breath and of love. Breath and love, one thing. To love is to breathe, to breathe is to love.

When we finished our dancing together, I thanked Karin for her special attention that night, figuring that she saw that I needed all the help I could get. I was the sinner of the dance, in need of constant attention and correction. I expected judgment. What I got was mercy.

“I did it because I can tell you’re going to be really good,” she said.

The Goddess had spoken. All I need to do, for goodness' sake, is trust that I will be held while holding another, face my partner directly, and lead from breath and love.

Excerpted from [Still Waters: Sobriety, Atonement, and Unfolding Enlightenment](#) by William Alexander. A storyteller, writer, and popular public speaker, Alexander is also the author of [Cool Waters: Alcoholism, Mindfulness, and Ordinary Recovery](#) and [Hi, I'm Bill and I'm Old: Reinventing My Sobriety for the Long Haul](#).



### [Still Waters](#)

Sobriety, Atonement, and Unfolding Enlightenment

Softcover, 198 pages

Though clean and sober for twenty years, Alexander felt that the insistent longing that had once fueled his addiction now produced in him an aching emptiness, a persistent dissatisfaction. Join him in this beautifully searching memoir as he discovers a path of simple-hearted contentment—and encounters *something more* in recovery.

List Price: \$12.95

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## **Best-selling author Melody Beattie writes of the moment she knew that God was real.**

I was sitting on the lawn in Willmar State Hospital. I had scored again. A joint. One stick of marijuana rolled up and ready for me to smoke. I had fulfilled all my obligations for the day—been to morning lecture, did some typing for Father Garvey, and eaten my lunch. Nobody would miss me the rest of the day. They'd probably think I was out here meditating or praying.

By now, it was fall. The leaves on the massive oak trees had turned yellow, red, and orange. The surface of the lake across the highway was still. Soon it would change to a sheet of ice. I'd been through the intense heat, the mosquitoes, the flies, and the humidity of the summer. I'd probably be here for the three feet of snow and subzero temperatures of winter too.

I pulled out a book of matches, put the joint in my mouth, struck a match, and inhaled deeply on the marijuana stick.

When my lungs were filled, filled to the point of bursting, I lay back on the grass and exhaled. My eyes wandered to the biggest fluff of white cloud I could see in the sky. *I wonder what that cloud can turn into if I stare hard enough*, I thought.

The blue from the sky, the white from the cloud, began to mesh into a purple color, a purple haze. One moment, it was a sky with clouds and I was an addict smoking a joint.

The next moment, the heavens seemed to open up. It was as if God Himself were in the molecules of that purple haze, that blue sky filled with fluffy white clouds. It was as if God reached down through those molecules and touched my heart. It was as if I were one with the power, the force I felt.

At that moment, I knew that I knew that God was real.

And I knew that I had no right to keep doing this to myself, ingesting chemicals into my body, the way I had done for so many years, the way I was still doing, right now, on the lawn at this chemical dependency treatment center.

I took one more hit off that joint.

Then I stood up, dropped the joint on the ground, crushed it into the lawn with my shoe, and walked into that treatment center with a new resolve.

It's hard to explain a spiritual awakening to someone on the outside, just like it's hard to explain the compulsion to use dope when using makes your whole life painful and everything starts falling apart. But in that moment on the lawn at Willmar State Hospital, I knew that God was real and my time as a junkie was done.

I couldn't tell anybody what had happened on the lawn. I figured it best to keep it to myself that the sky had turned purple and I had seen God. I was already incarcerated by the criminal justice system in a mental institution for an indefinite length of time. If I relayed this experience to anybody, they'd never let me out.

But I began to change, even though I didn't tell anybody what had happened. I didn't know it at the time, didn't understand what was taking place, but I was beginning to learn about power. And the power I was learning about was the power of admitting powerlessness, the power of admitting defeat.

I was experiencing a psychic transformation. For so many years, people had been yammering at me to change and do the right behaviors—get a decent job and don't use drugs. Well, I hadn't been able to change my behavior. But I had experienced a change of heart. And new behaviors began to spring naturally, well, almost naturally, out of that.

A few days later, I was standing outside by the tennis courts. The man who had given me the amphetamines walked up to me and casually offered me a handful of pills. My right hand reached out to take them. With my left hand, I pushed back my right hand.

"No thanks," I said. "I don't do that anymore."

He looked at me strangely, shrugged his shoulders, and then walked away. I was amazed and horrified at what I had just done.

This was the first time in my life I had turned down drugs. The staff in the treatment program had been hammering at me that I needed to talk about my feelings, talk about them instead of acting out, talk about them before I acted out. I went inside the treatment center, grabbed one of the other patients, someone I knew was trying to stay straight, and asked if I could talk for a while. I said I had some feelings going on.

For the next three days, with only a few hours sleep each night, all I did was talk about how hard it was to stay straight and how much I wanted to get high. All I could think about, all I could feel was that I had turned down a chance to use, and how I badly, obsessively, compulsively wanted some drugs.

On the third day, this anxiety, this compulsion, this obsession, stopped. It miraculously disappeared. I had survived the initiation into sobriety. Twenty-seven years later, the obsession and compulsion to use have still been removed. They were taken from me, on day three, by the Grace and Power of God.

**Excerpted from *Playing It By Heart: Taking Care of Yourself No Matter What* by best-selling author Melody Beattie.**

Melody's compassionate and insightful look into codependency--the concept of losing oneself in the name of helping another--struck a universal chord among families struggling with a loved one's addiction. Twenty years later, the concepts continue to ring true for millions worldwide, as the book has sold more than four million copies and has been translated into more than a dozen languages. Beattie is the author of numerous books, including *Codependent No More*, *Beyond Codependency*, *The New Codependency*, *The Language of Letting Go*, *More Language of Letting Go*, and *52 Weeks of Conscious Contact*.



**[Playing It by Heart](#)**

Taking Care of Yourself No Matter What

Softcover, 262 pages

Through personal essays, inspiring anecdotes, and prescriptive reminders, Beattie helps readers understand what drives them back into the grasp of controlling behavior and victimhood—and what it takes to pull themselves out, to return to the healing, faith, and maturity that come with a commitment to recovery.

List Price: \$15.95

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