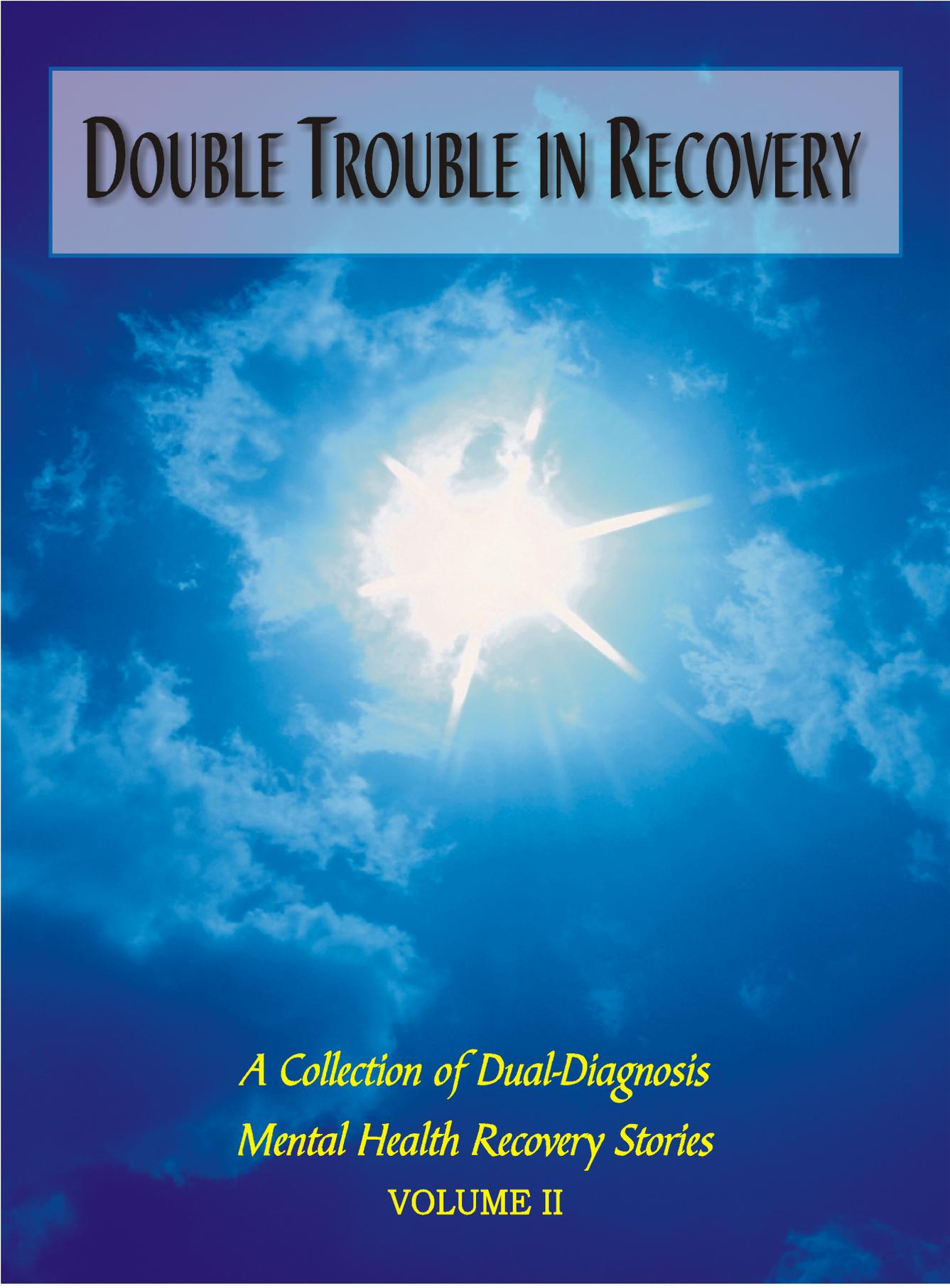


DOUBLE TROUBLE IN RECOVERY



*A Collection of Dual-Diagnosis
Mental Health Recovery Stories*

VOLUME II

Sanity and Serenity

“Anyone can give up, it's the easiest thing in the world to do. But to hold it together when everyone else would understand if you fell apart, that's true strength.”

– unknown

For over 20 years, the South Carolina Self-Help Association Regarding Emotions (SC SHARE) has faithfully provided support to individuals who are dealing with mental health issues. In this capacity, the nonprofit organization has come to understand that a person's mental health can deeply affect so many facets of his or her life. Thus, SC SHARE has become aware of a need to expand its focus to include assistance for people who are struggling with substance abuse as well as mental illness because it is not uncommon for the two problems to be experienced simultaneously.

“Mental illness doesn't care if you have a college degree, high school, what color you are, how smart you are. It's a disease.”

- Carol

The name “Double Trouble” was suitably chosen to entitle this approach since neither mental illness nor substance abuse are easy to live with, and having both seems to complicate the treatment of either condition. Because mental illness is often helped by medication, struggling with substance abuse can seem counterproductive to those who have been diagnosed with bipolar, schizophrenia, depression, or any other form of mental illness. However, a positive balance can be achieved, as illustrated by the testimonials on the pages that follow.

Regardless of the specifics of a person's struggles, SC SHARE believes in and endorses hope for recovery and has witnessed numerous personal accounts of those who are attaining it. Time and again, seemingly insurmountable obstacles and impossible circumstances are transformed from “burdens” into “blessings.”

This booklet testifies of true tales comprised of tragedy, awareness, and perseverance. No two stories are exactly alike but all have

these common elements. And the first step towards recovery is always the same – desiring wellness and seeking it outside of one's self.

SC SHARE is an organization that is pioneering in the long-term approach to recovery from mental illness. This non-profit agency, located in Columbia, South Carolina, is actively bridging the gaps in people's understanding of mental health issues. Although relatively unknown, SC SHARE is the only program in the state instrumental in creating awareness about this issue and encouraging those with a diagnosis to strive for recovery by giving them the tools of education, hope, and support needed to be successful.



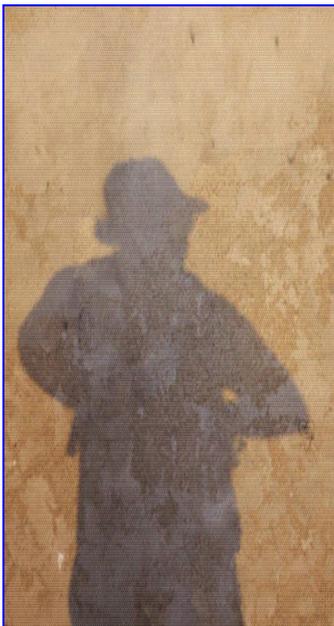
THE 12 STEPS Of Double Trouble in Recovery

- 1 We admitted we were powerless over mental disorders and substance abuse – that our lives had become unmanageable.
- 2 Came to believe that a Power greater than ourselves could restore us to sanity.
- 3 Made a decision to turn our will and our lives over to the care of God as we understood him.
- 4 Made a searching a fearless moral inventory of ourselves.
- 5 Admitted to God, to ourselves, and another human being the exact nature of our wrongs.
- 6 Were entirely ready to have God remove these defects of character.
- 7 Humbly asked him to remove our shortcomings.
- 8 Made a list of persons we had harmed and became willing to make amends to them all.
- 9 Made direct amends to such people wherever possible, except when to do so would injure them or others.
- 10 Continued to take personal inventory and when we were wrong promptly admitted it.
- 11 Sought through prayer and meditation to improve our conscious contact with God, as we know Him, praying only for knowledge of His will for us and the power to carry that out.
- 12 Having had a spiritual awakening as the result of these steps, we tried to carry this message to others with addictions and mental disorders, and to practice these in all our affairs.

THE 12 TRADITIONS Of Double Trouble in Recovery

- 1 Our common welfare should come first; personal recovery depends on DTR unity.
- 2 For our group purpose, there is but one ultimate authority, a loving God, as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
- 3 The only requirement for DTR membership is a desire to stop drinking and drugging, and to work on one's mental health.
- 4 Each group should be autonomous except in matters effecting other groups or DTR as a whole.
- 5 Each group has but one primary purpose-to carry its message to the dually-diagnosed person who still suffers.
- 6 A DTR group ought never endorse, finance, or lend the DTR name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
- 7 Every DTR group ought to be self-supporting, declining outside contributions.
- 8 Double Trouble in Recovery should remain forever non-professional, but our service centers may employ special workers.
- 9 DTR, as such, ought never be organized, but we may create service boards or committees directly responsible to those they serve.
- 10 Double Trouble in Recovery has no opinion on outside issues; hence the DTR name ought never be drawn into public controversy.
- 11 Our public relations policy is based on attraction rather than promotion; we need to always maintain personal anonymity at the level of press, radio and film.
- 12 Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

James



Growing up in the shadow of an alcoholic heritage, James says, “I can remember in childhood swearing I would never drink and do other drugs.” This resolution failed him when, at the age of fifteen, he was offered a beer by an older peer. “I took a big swig and started a love affair that lasted twenty years,” James explains. The alcohol “worked for me.” Small of stature and

insecure, the drink seemed to make him feel more confident and brought with it a “sense of peace.”

In high school, he continued to drink and often became intoxicated. However, he reserved his habit for the weekends, so he continued to be popular, play sports, and make good grades. During his junior year, he was pulled over when driving under the influence of alcohol, but an uncle, who knew the local magistrate, was able to reduce the charges.

After graduating, James enrolled in college in a nearby town, but it “could have been 1,000 miles away for me emotionally,” he explains. His feelings of insecurity only increased. To make new friends, he went to four fraternity parties during rush week, and became intoxicated at each one. Although usually quiet and reserved when sober, he became “full of himself” under the influence of the alcohol.

When the fraternities turned him down, he tried “to fit in somewhere” by exchanging his customary preppy looks with blue jeans, sandals, and tie-dye tee-shirts. He grew his hair long and started smoking marijuana. The pot soon led to other drugs, including hallucinogens. It was the “hey day” of the drug culture, but his choices were made “out of fear” and to “feel whole.” Eventually, his drug use and behavior led to expulsion from the school.

James returned to his parents’ home, but they no longer lived near his old high school friends, and

James felt isolated. After receiving a DUI and losing his license, he decided to take his life by ingesting sleeping pills. He awoke after sleeping for 16 hours, but no one knew what he had tried to do. He called the local mental health center and made an appointment to speak with a counselor. James was admitted to a hospital where he received treatment for depression as well as alcohol and drug abuse. He began taking medication for the depression, but he did not like its “sedative quality” – the way it dulled his senses. After a while, he stopped taking it on his own.

Over the next few years, James improved but continued to drink. He began working part-time jobs and readmitted to a local university and majored in psychology because he wanted to help people. One of his jobs was working at a bar, and he was still “drinking successfully... not out of control.”

In his senior year of college, the bar’s owner offered him a full-time, managerial position with a nice salary. James accepted the job, but had to withdraw from school to do so. Under his management, the bar grew from a small-time establishment to a weekend hotspot

“Switching drugs is like switching seats on the Titanic... You’re still going down no matter what drug you’re using.”

- James

that hosted popular bands and served 400-500 people. He invested in its ownership and became a successful young entrepreneur with a Cadillac and Rolex watch. However, the bar saw a lot of alcohol and drug abuse and he was not immune. When he was introduced to cocaine, his drinking, and all other aspects of addiction, escalated rapidly. At first, he used drugs “socially,” but eventually, he was buying and using it all the time. Even with a solid salary, most of his resources were drained by the cocaine. After a year, he was fully addicted and couldn’t stop using.

Eventually, James began losing weight and ignoring his responsibilities at work. His girlfriend was unhappy with his behavior, but he would assure her that he would quit. He went to counseling and tried to quit on his own, but he could never follow through. Two things happened that caused James to reach “bottom.” His girlfriend left him, and his partner in the bar business forced him out because of his poor job performance. In six months, the money he made from selling his interest in the bar ran out.

James was destined for in-patient rehabilitation, but the trip there was paradoxical. Late one evening, he and his drug dealer were “using” together and began discussing the dealer’s plans to smuggle marijuana into the country. James wanted to help because he needed money to support his drug habit. His dealer refused to take him because he felt James couldn’t be trusted and was “out of control” with his drug use. That night, they noticed a television commercial for a popular rehabilitation hospital and decided that James should go there and get treatment, so he would be a better drug dealer. They called immediately and were told a bed would be available on Wednesday. James and his dealer “partied” until that day, and the dealer drove James there in his own white Cadillac.

While there, James heard about 12-step programs and learned – for the first time – that alcoholism was a disease. The program insisted upon complete abstinence, and this was another first for James to hear. Unfortunately, his insurance ran out in 9 days, and he had to leave. The dealer picked him up, and James relapsed immediately; however, this experience “planted a seed” because it was all “part of the process of recovery.” James explains that it “took several other treatment experiences before I ever got it.”

In the meantime, the dealer went on the drug run without him, was apprehended by authorities, and convicted to serve nine years. When James looks back at that incident, he believes “that was God working anonymously in my life.”

After several more treatment episodes, James tried to reduce his drug and alcohol use, but every time he would drink, it “led back to cocaine.” Gradually, he began to realize that the facts he learned in treatment made sense. For example, he understood that he couldn’t use any type of drug or alcohol for any reason. James explains, “Switching drugs is like switching seats on the Titanic... You’re still going down no matter what drug you’re using.” He understood that he had to do the 12 steps, he needed a sponsor, and he must be enrolled in a program. To be successful, he could not accept the position of “passive bystander; (he) had to be an active participant.” Before he could remain sober, “Recovery had to be the most important thing in my life.”

While attending the programs, he was finding more success than ever before, but he wasn’t reaching out and began to feel lonely. One day, he decided to return

to the bar to see his old friends but was determined to drink only soda. Looking better than he had in a long time, his former drinking friends were happy to see him and commended him for doing something about his problem. For half an hour, he simply drank his soda and talked, but then someone offered him a beer. One beer won’t hurt, he thought, so he drank one. Then he drank another. After an hour, he ordered a scotch. Two hours later, he was following a street dealer into the restroom to buy drugs.

That brief visit to the bar led to a two-week binge on alcohol and drugs. The entire time, he was miserable. Until then, he had been holding back, but that last “two-week binge smashed all reservations.” James describes this as the “gift of desperation.” After that, he was willing to do anything to quit. He returned to the 12-step groups, found a sponsor, and accepted the advice of his counselors.

Today, James attends meetings regularly, speaks openly about his recovery, sponsors others, and has adopted an effective spiritual program. He returned to college and received a graduate certificate in alcohol and drug studies and a master’s in rehabilitation counseling. Beginning as a volunteer, he entered the field of counseling, and today, he trains and supervises other counselors and facilitates groups to maintain personal contact with clients. He has provided training for SC SHARE and describes them as a “huge advocate for people in recovery for double trouble.”



James claims that getting help for addiction made a “dramatic change in my life.” At first, his main goal was to “stop hurting and stop drugging,” but he’s “gotten so much more” from his efforts. His mental health has also been an ongoing issue in his recovery, and since he became sober, he has had a significant bout with depression that led to suicidal ideation. Today, he continues to attend counseling sessions with a trusted psychiatrist who prescribes his medication. The newer antidepressants, with serotonin inhibitors, which he describes as a vital part of recovery, have been “life-changing” and help to “level the playing field in dealing with life and my depression.”

Carmen

Carmen credits much of her recovery to the intervention efforts of a single caring professional. Before they met, however, she struggled with symptoms of mental illness and had a history of substance abuse. In her early twenties, she became physically ill while trying to deal with a past traumatic experience. Plagued by excruciating aches and pains, sleeplessness, and a lack of appetite, Carmen visited a doctor who ran a battery of tests. When he could find nothing physically wrong, he connected her symptoms with an emotional source – severe depression. Later, she was also diagnosed with bi-polar disorder.

Living in a small town, she had very few resources and felt that some professionals could be close-minded about recovery. They certainly advocated taking medication and coming to counseling appointments but were not very interested in helping a person “restructure” her life. With little to do and minimal support, Carmen found herself “with the wrong people, at wrong places, doing wrong things.” This ultimately led to Carmen becoming addicted to substances.

“Even despite of all the mistakes I made in the past, I have learned from them. I learned to carry myself in a different way – I can hold my head up. I can be a contributing member of society.” - Carmen

people they deliberately admitted. “They took a chance on me,” Carmen explains, and it made a significant difference in her life. Since that time, the program has opened their doors to others with dual diagnoses.

The program in the recovery house was very structured. Residents had to be “out the door” by 9 a.m. and were expected to attend recovery programs and participate in constructive activities in the community. “It

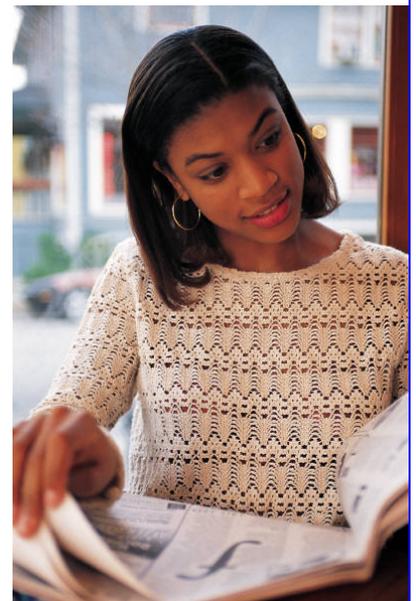
Eventually, she was admitted to an inpatient treatment facility where she stayed for about a month, and this setting laid the groundwork for Carmen’s future. The information she received there was “interesting and different from anything (she) had ever heard about mental health recovery.” While there, she befriended a group coordinator who took a special interest in Carmen’s case and encouraged her to make positive choices. She also heard of another group home, just for women, in a larger city where recovery opportunities were plentiful.

As Carmen’s time at the treatment facility drew to a close, she decided not to return to her hometown. Instead, she was determined to move to the treatment home for women. “I have to go somewhere and do something different,” she told her counselors. She was so desperate, she offered to sleep on the floor when she heard that no beds were immediately available.

When a space finally opened, Carmen made her move. She was probably one of the first dual-diagnosed

taught us to be productive members of society,” says Carmen. “We were not aloud to sit and loaf around.”

Carmen filled her time by educating herself at the local library, keeping a journal of her experiences, and volunteering to feed the homeless. When at home, all of the residents had to share with chores, resolve in-house issues, and discuss leadership roles. This taught each woman how to work with others, regardless of their backgrounds.



Throughout this time, the group coordinator (from the inpatient treatment facility) kept in touch with Carmen, developed a close relationship with her, and followed her progress. She also invited her to attend some of SC SHARE's seminars and workshops.

"I was afraid to come at first," Carmen recalls. "I was a little shy; a little nervous. I hadn't been in a classroom for years," but the SC SHARE staff was reassuring and encouraging. Carmen started as a student of the Recovery for Life program, and today, she shares it with others.

Carmen explains, "I am just so grateful to SC SHARE for opening up doors to me because these are doors that I thought were closed. At first, I was a little leery, I was a little frightened, because I didn't know what to expect. I didn't know if I could do it. But the way that (the classes) were designed... just the way that it was broken down, I learned so much. It wasn't just enough for me to learn it, I realized I had to share."

Every week, Carmen teaches three recovery classes: one at the women's home where she lives and two

more at a similar residence for men. Because Carmen has a dual diagnosis, she can relate well to the clientele, who have similar issues, and they have faith in her instruction because she is living proof that recovery is real.

While Carmen teaches these classes, she is also teaching herself. "I can share my strength, my experience, my hope, and it's a real blessing to me because I have not worked in 15 years. I never thought I would be able to do it again... SC SHARE helped me with my self-esteem and my self-confidence and my self-worth. And I get to give back to the community things that were given to me."

Carmen considers these experiences as "a gift from God" that helps her to deal with both the bipolar symptoms and the substance abuse issues that she used to have. To all who will listen, she declares, "Even despite of all the mistakes I made in the past, I have learned from them. I learned to carry myself in a different way – I can hold my head up. I can be a contributing member of society."



Dale

Dale's father was an angry man who often directed his rage toward his son in a physical fury that occasionally resulted in broken bones. As Dale grew older, he tried to fight back, but the violence directed towards him continued into young adulthood. When Dale won a partial scholarship to a local college and attempted to make a better life for himself, his efforts were thwarted by injuries caused by conflicts with his father. He eventually suffered a "nervous breakdown," while still in school, and became so depressed he sought help from a psychiatrist. Dale visited the doctor and took his prescribed medication regularly, but he continued to have problems functioning as a student. Somehow he still managed to finish school and receive a bachelor's degree.

After his graduation, he accepted a position as a middle school teacher, but the task was quite challenging. Controlling a room full of junior high students was overwhelming for him, and Dale's symptoms of mental illness progressed until he became manic in his behavior. He soon found himself looking for another occupation and changing jobs frequently.

Several years later, his mother passed away, a significant loss for Dale, and he began having trouble sleeping. When a doctor prescribed medication to help him with his insomnia, he soon became addicted. After he decided to attend graduate school to obtain a degree in social work, his addiction to medications only intensified.

At about the same time, he met someone and was soon married.

When Dale and his wife learned that they were going to become parents, he withdrew from school to earn more income for the family. A son was born, but his relationship with his wife began to deteriorate. Just like Dale's father, she had a violent temper and became physically abusive toward Dale.

Dale worked whenever possible to support his family, but he continued to misuse prescription drugs, and their effects interfered with his job performance. He was unable to find a permanent placement, and when his wife's violence escalated, so did his addiction.

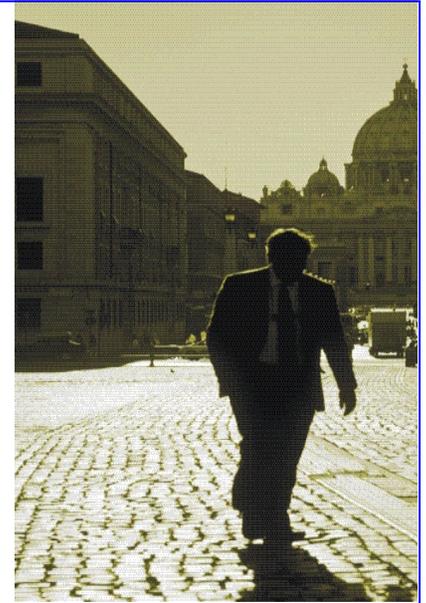
At that time, he was seeing a psychiatrist who provided his services to Dale in exchange for his help as a grounds keeper. The doctor would prescribe medications liberally, and when Dale experienced panic attacks and symptoms of bipolar disorder, he would try to manage them by self-medicating. Later, Dale switched to a new practitioner, but he was still receiving "multitudes of pills," and that doctor eventually lost his license.

When another child was born into the family, Dale's marriage did not improve, so he filed for divorce. His wife received custody of the children, and Dale was often unable to have contact with them even when he was granted visitation rights. When he became persistent, the police were called, and he ended up in jail. He was later transferred to a mental health facility where the doctors believed that he was exhibiting symptoms of schizophrenia.

After he was released, Dale struggled with depression and suicidal thoughts. He was declared disabled, but still worked at various jobs. He moved into an apartment and, on the outside, appeared normal, but inside, he was angry with society.

He eventually started attending 12-step and spiritual programs and found some stability. When he came to understand that he had an addiction, he tried to stop taking the drugs and met with some success.

The custody situation was difficult to handle, and when Dale tried to see his children, he was denied access and incarcerated again for trespassing. During this time, he had a relapse because he was cut off from his support system. He also turned to alcohol, in addition to the drugs, and experienced some psychotic symptoms.



"I arrived at my potential because of what I learned at SHARE." - Dale

Although several years passed before he became serious about recovery, Dale “began again” on his son’s birthday and has now been clean for five years. Now that his children are grown, he is able to contact them regularly and his relationship with them has greatly improved. He maintains that his son “means everything” to him.

Since his sobriety date, he has been gainfully employed and also volunteered to work for a local alcohol and drug abuse commission. At the same time, he continues to attend a 12-step program and even has a sponsor. When one of his friends told him about recovery courses at SC SHARE, he began to attend

regularly and eventually became a Certified Peer Support Specialist. Now he facilitates workshops at mental health facilities and teaches the Recovery for Life program to others. Although this latter program is specifically designed for mental illness, he finds that many of the principles are applicable to the issues he experienced with his addiction to drugs and alcohol.

After all the trials of the past, Dale has come to understand that he “had faith in the wrong things, and they worked for a while and then they turned on me.” Today, he asserts, “I arrived at my potential because of what I learned at SHARE” and realizes that he gets “a certain measure of peace from God and what I do... I just don’t get it from pills and alcohol anymore.”



Cornell



As a middle child in a family of five, Cornell took on the role of a surrogate parent when his mother abandoned them while they were still young. He learned how to cook, clean, sew, and fix hair – anything that needed to be done. Always a “people pleaser,” he derived self-satisfaction from seeing the smiles on the

faces of his siblings. With the children almost raising themselves, the burden of providing for them financially fell on Cornell’s father, and he worked any kind of job he could find. This included legitimate employment, as well as selling alcohol without a license. This latter situation left Cornell with the impression that drinking was exciting and fun.

When Cornell was eleven, a cousin physically abused him, and this resulted in two surgeries, a long recovery, and facial scarring. Because of this, Cornell was teased by his classmates, and he developed low self-esteem, but he continued to be a “people pleaser” by making fun of himself to defuse the insults. Feeling as though he did not belong anywhere, he tried to fit in with the wrong crowd, until they rejected him because of his good grades.

When Cornell was old enough, he helped the family by finding jobs of his own. Mostly, he worked maintenance and shined shoes, and the latter job led to Cornell supplying people with alcohol. At age 14, Cornell was shining shoes downtown when a patron bet him that he couldn’t drink a specific amount of whiskey. Cornell arose to the challenge, but when he took that first drink, something changed inside. His low self-esteem and scarring “didn’t seem to matter so much anymore,” and the alcohol gave him a boldness that “made (him) feel like somebody.”

After that, everything Cornell did centered around alcohol. He would ensure that a supply was always nearby and even stashed it at the school on the weekends or evenings. When his grades began to suffer, because the alcohol affected his judgment, he

would work harder to improve them so no one would suspect. When he was caught drinking at school, nothing was done, so it didn’t stop. During that time, he also tried other drugs, but they didn’t appeal to him.

After graduation, Cornell found employment but he continued to drink. Occasionally, it led to trouble with the authorities. One evening, while he and his friends were together, a gun accidentally went off, and a friend was killed. No one was charged but Cornell was devastated, and following this incident, he became very depressed. His father feared that he might become suicidal and took him to a psychiatrist. Cornell was given medication that helped him.

Cornell’s drinking began to disrupt his relationships with others. His father asked for Cornell’s help in leasing a long-distance truck, but when Cornell received a DUI, he was unable to help him. Although his father never said a word to him about it, Cornell still believed he had disappointed him. This event was so significant that Cornell no longer drank for pleasure or enjoyment; he only drank to “drown his sorrows.” For him it had evolved into a kind of “survival mode.”

“I believe you cannot sustain your recovery without having a Higher Power, and the one that I choose is God.” - Cornell

In his twenties, Cornell married, and he and his wife had a son together. His drinking did not stop, however, and they fought when he became intoxicated. He also received a number of

DUIs, and his wife would bail him out each time. After ten years, she “had enough of it” and decided to leave.

In the years that followed, Cornell moved around a lot. He would sometimes have a job that enabled him to rent an apartment, but at other times, he was homeless and sleeping in abandoned buildings. When Cornell did work, the jobs were very basic, and the employers could be demeaning. One such employer told him that he was the “sorriest nigger he had ever hired” after Cornell came to work with a hangover. His words were cruel and heartless, and they “cut through” Cornell. Nevertheless, he turned the experience into a “stepping stone,” and instead of allowing anger to grow inside, he pushed himself to seek help.

When Cornell looks back at that time, he says, “God is good” because he believes that He caused this to happen for a reason. Soon after that incident, he contacted his sister who was in a vocational training school. He asked her about it and decided that he would go there too. She gave him the enrollment information, and the very next day, he contacted the school. With no money – but a lot of faith – he applied and received a Pell grant that provided the funds he needed to enroll in the medical assistance program. Money was scarce, and at times, he sold his own plasma to buy food (and alcohol) and pay for the tuition. Determined to make a better life for himself, Cornell stayed on the Dean’s List. Since Cornell had no transportation or driver’s license, he bought a moped and moved closer to the school. One month before completing the program, he was drinking while driving the moped and had an accident. It caused major injuries that almost took his life and required plastic surgery.

While he was recovering, he experienced full-blown delirium tremens (DTs) with hallucinations. Seeking help, he admitted himself into the detox program of a local alcohol and drug abuse commission and stayed for almost two months. After two nights of misery and insomnia, he fell to his knees in a desperate plea to God for help. No words would come, however, because he could think of nothing to say. “God had done so much for me,” Cornell explains, “(so) I closed up my mouth and opened my heart” and told God that “I am willing enough and give me the strength to do it.” After that, he was able to close his eyes and sleep.

When Cornell awoke, his real recovery began. He attended every group available, including a 12-step program, and cooperated with the treatment. “Everything they wanted I did,” Cornell claims. Eventually, the commission even offered him a janitorial job. At first, he felt insulted, but then humility took over. He realized that he was “glad to get a job and a check every week.”

Also, he set out to face the consequences and make amends for the mistakes he had made while drinking. In faith, he went to court for the DUI on the moped, and he was given a fine, which he paid. He also made arrangements to take care of a bad check he had written. On top of that, he owed \$20,000 in back child support. When he left the courtroom, he had a 10-year payment plan, and he eventually paid back every penny. Cornell also returned to school, finished the

last course, and completed the medical assistance program. He gives God the credit for helping him in each of these situations. “I believe you cannot sustain your recovery without having a Higher Power, and the one that I choose is God.”

The day after graduation, Cornell enrolled in the nursing program of a local college. His doctors warned him that he might relapse because of the pressure, but Cornell believes, “Tomorrow is not promised to you, and yesterday is long gone. Today is the best day to take care of what you got to take care of.”

Cornell managed to do well in school, although he was also working long hours to pay his bills. When his father and aunt died and then his brother became terminally ill, however, his grades began to suffer. He was not able to sustain the required 75-percent average to complete his degree and had to wait another six months to try again. He did not let this discourage him, but he continued working and studying. When he returned to school and finally graduated, he was the sole recipient of a special honor, the Dean’s Award.

With diploma in hand, he accepted a position as a staff nurse in a psychiatric hospital. In ten months, he was promoted to head nurse on the evening shift. After that, he changed jobs and worked at a local mental health center providing stabilization to those dealing with mental health issues. In time, Cornell was promoted to an administrator’s position. In that capacity, he became acquainted with the services of SC SHARE and was asked to speak at one of their conferences. He also volunteered at other local organizations such as the Red Cross.

In conclusion, Cornell says, “I am basically a servant – that’s all I want everybody to know about me. I have the nursing and all those titles, but I have a bigger debt to society and that comes out of my heart and that is what I give to my community. The things that I do straight from my heart are my rewards. When I see (those in recovery) moving forward... to improve their life... those are my rewards.”



Carol

“From a very young age I knew that I was different,” Carol confesses. With two alcoholic parents, she was not abused but often felt neglected. She describes her father as a “very smart man” and her mother as a “sick women,” who “took all of her frustrations out on me.” Her father’s job in the oil business also necessitated that they move around a lot, so Carol was uprooted quite frequently. She can recall feeling a great deal of anger as a young child.

At the age of 12, she was raped by a family member and also accosted by a close family friend. Later in her teen years, Carol started abusing alcohol, and when she came home intoxicated at 16, she became her father’s “drinking buddy.”

In her teen years, Carol says that her behavior could be described as very erratic, cycling between depression and mania. Everything in her life was on “high speed,” and her brain was constantly clicking and thinking racing thoughts. Today, Carol realizes this was a symptom of bipolar disorder, and as for many women, it was characterized by risky behavior, poor decisions, and promiscuity.

At the age of 18, Carol decided that she “probably needed to get married” and accepted the proposal of the first man who offered. She soon discovered that he too abused alcohol, and the marriage only lasted four years, but Carol “got the pearl out of the oyster” when her daughter was born.

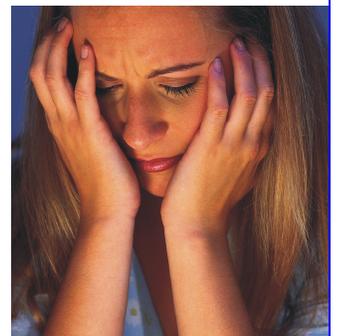
After a divorce, Carol was living on her own with her daughter and “not making it.” She found a job at an airline and met a pilot she believed would be her “knight in shining armor” since he could provide for her and her child. They married and had a son together, but unfortunately, he proved to be very abusive and also had a problem with alcohol. Because of his job, he was away for days at a time, and Carol felt there was no stability in her life. Her drinking escalated, as did her cycles between depression and mania. Within the relationship, Carol had no coping or

“I’ve always said that people with mental illness work twice as hard at life than anybody else... I wouldn’t trade what’s happened to me – I would do it just the way I had to do it. I learned so much about life and myself...” - Carol

communication skills, and her husband often hit her or “bullied” her into what he wanted her to do.

Her husband eventually realized that he had a drinking problem, and both he and Carol joined a 12-step program and stopped drinking. Carol describes the organization as her “saving grace” that helped to keep her mental illness in check for a while.

Even so, the marital abuse did not end. When her husband attacked her, he could reduce her to a fetal position on the bathroom floor. Carol lived in constant fear because he collected guns and had a firing range in the basement. She tells of how he would come home from a trip late at night, and she would awake to find him staring at her intently. She felt sure he was thinking about murdering her, so she “slept about an inch off of the mattress.” Many times, she would fly out to see her stepmother when he came home just to stay away from him.



After 21 years, Carol and her husband ended the marriage with a very “angry” divorce. While on her own, Carol’s symptoms of mental illness only increased, and she became homeless three times, “running up and down roads and living out of her car.” She also had a new boyfriend, and he was another abuser. One day, he put her in a “chokehold,” and she

bit him so he would release her. When he started bleeding, the police were called and she was arrested.

Soon after that, Carol visited a country doctor at a free clinic “in the middle of nowhere,” and he was actually



the first professional who diagnosed her with having bipolar disorder. She could not accept this at first, so she continued to decline and spent some time in two psychiatric hospitals.

When Carol couldn't seem to support herself, she decided to go to college and enrolled in a state university. Although her life was plagued with instability and stress, she

channeled her anger and resentment from her second marriage into completing a degree. Whenever she was discouraged, she remembered how her ex-husband had told her she was stupid, and thought, “I’ll show you.” The university provided exceptional vocational rehabilitation services as well as psychiatric support when Carol needed it. She finally graduated from the university with a bachelor’s degree in social science and won an award for “outstanding adult learner.”

After graduation, Carol lost her focus and became very sick. When she was in school, she had said to herself, “I’m going to get a college degree and everything will be great,” but afterwards, a job was not easy to find. She sunk into mania and became homeless. One night, she stepped into a phone booth and called a suicide hotline to prevent herself from jumping out into traffic. Someone from the hotline picked her up, and she was hospitalized again. After a couple of weeks there, she moved into a homeless shelter. Three months later, she found an apartment in the government housing project, two blocks from the college where she had received her degree.

Severely depressed, Carol looked around her and thought, “Everybody else was living their life, and it was like a movie and I wasn’t a participant.” Even when she found a part-time job at a florist, visited a psychiatrist, and took her medication regularly, she



still felt like a “lost soul.” Around that time, her brother visited her and convinced her to move to South Carolina. She decided to go with him and made a vow to herself, because of all the instability, moving, job changes, and fears, that she would not make any other major changes in her life for one year.

In South Carolina, Carol visited a local mental health facility, where she started her recovery journey, and was eventually asked to become a consumer advocate. She also became certified in their peer support program. While she was helping others in the mental health system, she learned about SC SHARE and started taking classes there. She describes the staff at SC SHARE as “uplifting,” “positive,” and “compassionate.” They helped her to get her life “back on a track again,” and she started developing positive goals. Since she had always been married, she had to learn how to live independently and take care of herself. This was very hard for her, and the “fear was engulfing.” Eventually, however, she moved into an apartment, learned how to pay bills, and found a job with a nonprofit agency as an employment job coach, and her college degree supported this type of career.

Today, she is the acting president of SC SHARE’s board of directors. Between SC SHARE and the coworkers in the nonprofit agency, she receives a lot of support, stability, and guidance. Her employer encouraged her to think about buying a house, and she did. This was “quite a leap from the homeless shelter,” which she lived in 8 years prior. And although she had stopped dating 12 years ago, she is now in a serious relationship with someone she can trust.

Carol says about herself: “I’m really a walking miracle. I’ve been very fortunate because once I wrapped my head around that I was mentally ill, then my recovery could begin.” In the interim, she’s trying to help her son, who is now struggling with addiction and mental illness. For Carol, life is difficult at times, but “I’ve always said that people with mental illness work twice as hard at life than anybody else... I wouldn’t trade what’s happened to me – I would do it just the way I had to do it. I learned so much about life and myself...”

Today, Carol can say, “I’m happy and satisfied” and “I do sleep on my mattress now.”

Billy

One of Billy's earliest memories is of his parents' divorce proceedings in a Chicago family court. Billy, who was a preschooler, was called into the judge's chambers and asked with whom he wanted to live. At this traumatic event, Billy's father was asked to give up his custodial rights, and the young boy stayed with his mother. She soon remarried, and Billy's stepfather adopted him. Billy was close to his mother, and his stepfather raised him as his own, providing moral guidance and his physical needs. "Anything good in my life is from him," Billy explains.

Billy was six or seven when he tasted alcohol for the first time when his grandmother gave him whisky in a coffee cup for a sore throat. He didn't like the taste, at first, but it took away the pain. When he was at her house, he would often see glasses of amber-colored liquid sitting around because his grandmother drank quite a bit. He remembered how the alcohol had taken away the pain, so he would take little sips when no one was looking.

His parents drank cocktails after work, but his stepfather's consumption was moderate, while his mother's was not. There were also a lot of arguments between them, and Billy would isolate himself in his room when they fought. "There was not a day that wouldn't go by without an altercation," Billy remembers.

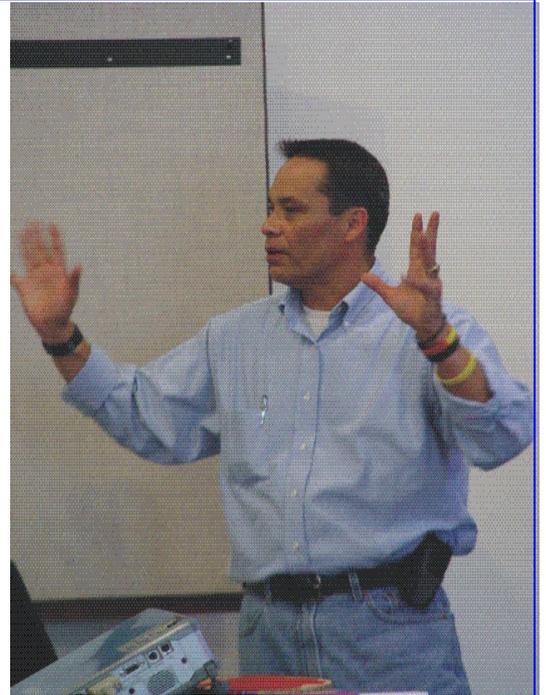
When Billy entered middle school, his family moved to California, and he struggled with "not having an identity." His maternal grandmother had taught him about his biological father and his Cherokee Indian culture.

So Billy changed his look to identify with the Native American culture, which caused strife with his mother, probably because this reminded her of his father.

In high school, Billy became involved in track and field. Any time he encountered conflict, he turned to running or locked himself in his room to escape it. By his senior year of school, Billy had started going to football games with friends, and one of their main objectives was to obtain alcohol. He would often come home late to avoid his parents' arguing and drinking, and many times, he too would be intoxicated.

After graduation, he applied to a two-year college, but he continued to abuse alcohol. In addition, a dealer who lived near the school introduced him to cocaine. His drug and alcohol abuse became so severe, he had to drop out of school. Several times, public intoxication landed him in jail, but his mother always bailed him out. When Billy wasn't drinking or using, he would fall into a deep depression because he would "think about where I should be or what I could have been with my running career," so he stayed drunk or high as often as possible.

Not long after, Billy looked in the mirror one morning and saw "a skull" staring back at him. He was also having audio hallucinations of people calling his name when no one was there. He soon went into treatment, but the intake person told him that he did not have a dependency; he was just abusive. Because of this, he was placed in extensive outpatient treatment. He enjoyed the group therapy, making new friends, and attending the 12-step meetings.



The night he graduated from the program, he met with old friends and began drinking again. He told himself that he had addressed his drug problem, but alcohol was not an issue. For years after that, he still “abused alcohol as often as possible.” He even joined the military and found plenty of opportunities to abuse alcohol while there.

With the GI Bill, he went back to school, but dropped out because of alcohol and cocaine abuse. He went into treatment again when he received another DWI. There he was diagnosed with clinical depression and given anti-depressants and sent to a 12-step program. After a while, he decided that he did not like the way the medicine made him feel, so he quit taking it. Instead, he used drugs and alcohol to suppress his emotions.

While still in active addiction, he learned that his biological father was living in North Carolina on a Cherokee Indian reservation. One night while he was high, he started calling people randomly to track him down. The fifth phone call connected him with a woman who knew his father. She gave Billy the number to the chemical dependency unit of a Cherokee Indian hospital. Billy called the number the next day and was surprised to discover his father was the director of the unit. After their conversation, his father sent him a plane ticket to come visit. He knew right away that Billy had a problem. During his time with his father, Billy discovered that his lifestyle was identical to Billy’s, except his father was in recovery. His father encouraged Billy to seek help, but his response was: “I’m good to go,” and returned home.

Teaching others about recovery “sustains me and gives me a purpose.”
- Billy

Everything changed for Billy on March 28, 2000. Right before that day, he was alone but on the phone with his mother after consuming a dangerous amount of drugs and alcohol. He glanced down and noticed a puddle of blood spreading from a cut on his wrist. Apparently, he had slashed it with a serrated knife without even knowing it or intending to commit suicide. He told his mother and hung up the phone. She called 9-1-1, and the police and ambulance arrived shortly thereafter.

Billy woke up in a hospital and was placed in a psychiatric unit. The doctors said he would have died if he had cut just a little deeper. Billy believes that a Higher Power intervened because He had work for him to do. So Billy entered treatment, and this time he was determined to stop abusing drugs and alcohol. He was also diagnosed with dysthymic disorder, and for this, he took antidepressants until he learned to deal with it through cognitive behavioral therapy.

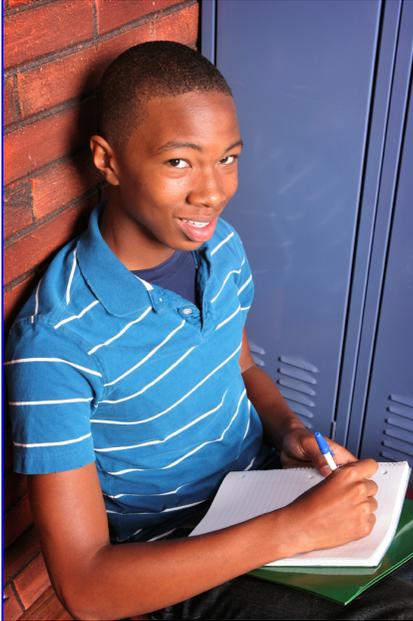
In the summer that followed, Billy was faced with a difficult decision: go to Arizona with his mother or visit his father in North Carolina. If he went with his mother, he would be surrounded by alcohol, but if he went with his father, he would find support in his recovery. He chose to go to the Cherokee Indian reservation, where alcohol was not allowed and left behind his old friends and familiar drinking places as a “good kind of isolation.” His father encouraged Billy to attend 12-step meetings and cultural activities, such as purification ceremonies, which promote sobriety. Eventually, he made the move permanently to Cherokee, North Carolina, and enrolled as a member of the Eastern Band of the Cherokee Indian tribe.



Since the time, Billy has returned to college and received an associate’s degree in addiction counseling and a bachelor’s in psychology. He has also studied forensic psychology on a graduate level. Currently, he is involved in 12-step programs and “Faces of Recovery,” a nonprofit agency that advocates for substance abuse and mental health reform. Because of this work, he was contacted by SC SHARE to host workshops about mental health advocacy and recovery. To prevent complacency and maintain his recovery, Billy stays active and aware by constantly sharing his experience with others. He explains that this work “sustains me and gives me a purpose.”

Michael

Michael was the fifth child born into a family of eight. When his mother and father separated because of his alcoholism, she provided domestic services to others so she could take care of her children's needs. According to Michael, she did her best to raise her family with good values, morals, and standards; faithfully took them to church; and was active in the community advocating for civil rights.



When Michael went into fourth grade, school integration caused him to be bussed to a primarily “white” school. Since he knew few of the other children, he became attentive in class and, as a result, excelled academically. Although he experimented with drugs and alcohol in high school, he continued to perform well and

had hopes of becoming an architectural draftsman some day.

When he graduated, however, three of his older siblings were already in college, and he knew his mother could not afford to send him too. Instead, he entered the Marine Corps, and they trained him to become a data processing clerk. In this setting, he also found occasions to use drugs and drink. At the time, his alcohol use was mostly “recreational,” and it made him feel like a man to be able to purchase it legally.

After an honorable discharge, he returned home and used his military training to land a data entry job at a local business. On the weekends, he would ride into New York City, which was only about 35 minutes away by train. “This was where my addiction took off,” Michael recalls. He had no children and no commitments, so he started

interacting with the wrong crowd and spent his spare time in disco clubs where drugs and alcohol use was widespread.

For a while, he was able to stay employed, but as his drug use worsened, he had difficulty keeping a job. His family ridiculed his behavior, but he did not seem to care because satisfying his addiction was all that mattered to him at the time. When he did not have the money to buy the drugs, he would steal from stores or his employers and sell the goods to get what he wanted. This behavior landed him in jail several times.

To escape the wrong people and places where drug use was so prevalent, he decided to move to another city. Unfortunately, the addiction stayed with him, and he eventually lost everything – his home, his job, and his car. Although he had marketable job skills, Michael “was more concerned with the next drug than my next job.” He tried to move back home with his mother, but when he continued to use drugs, she made him leave. After that, he was homeless much of the time or lived with dealers while selling drugs himself.

Following an accidental overdose, he awoke from a coma in the ICU, and his doctor told him that he had barely made it. Around that time, he also learned that he was HIV positive, and with this grim news, Michael had very little hope for his future. He believed he had no one to confide in, and very little information was available about the disease at the time.

Arrests were occurring more frequently, and after selling drugs to an undercover officer, he received a five-year mandatory sentence in a maximum-security prison. Michael recalls, “You don’t know what freedom is until you lose it... Prison is a cold isolating experience with... no reward if you don’t seek it.”

“Today, he does what he does “because there is somebody that needs a little hope like I needed. I just want to be that person to help them....” - Michael

In the beginning of his five-year term, Michael was required to stay in his cell most of the day. Just to have something to do, he would attend 12-step meetings in the prison, and he eventually vowed to himself that he would stop using drugs while there. During one of the 12-step sessions, he heard a guest speaker talk about his recovery from addiction and his 14-year experience living with HIV.

“This guy was a godsend,” Michael believes because it gave him hope that he could have a life, even with this disease. He questioned the man about his condition and began educating himself about the medications and lifestyle changes necessary for a more healthy life.

Eventually, the prison authorities discovered that Michael had office skills and asked him to help with data entry for the institution. Every night, he was released from his cell and taken to an office where he was treated with respect and given a job that lent him a sense of purpose that he had not felt for a long time. Michael remembers, “I was starting to feel better about myself,” in spite of the circumstances and illness. When his family came to visit, he finally shared his dark secret – that he had HIV – and was encouraged when they showed love and support for him. All together, these circumstances “started me back on my road to recovery.”

Before his official release from prison, Michael was moved into a transitional home where he continued to attend 12-step meetings and work at a job. When his time was served, he was one of eight candidates selected statewide to receive the Community Justice Achievement Award from the transitional home authorities.

Almost immediately, Michael wanted to “give back to the community.” He began working with the Recovery Aftercare Program (RAP); speaking about his experiences to teen awareness groups and after-school programs; serving on various community boards, such as the Police Activities League (PAL) and the community health center; working with the city’s “Weed and Seed” initiative to improve the community; and volunteering for a number of addiction advocacy groups such as Connecticut Community for Addiction Recovery (C-CAR). This latter agency eventually hired him to be the regional coordinator for his area of the state.



In 2004, Michael married a young lady he had known since his youth. They eventually decided to move south where the cost of living was less expensive and some of her family was residing. In their final days in Connecticut, 200 people joined them for a going-away party on the beach. The transition was “bittersweet,” but Michael says, “I was willing, ready, and able to prepare myself for new beginnings.”

After his relocation, Michael was looking for a job that “had something to offer” when he learned about SC SHARE. He interviewed with the agency and was hired as their full-time Community Support Coordinator, and one of his primary responsibilities is overseeing the “Double Trouble in Recovery” program. In this capacity, he travels throughout the state to develop Double Trouble groups in different communities. In addition, Michael provides support to local 12-step groups and is involved in his local church again.

Today, he does what he does “because there is somebody that needs a little hope like I needed. I just want to be that person to help them... I know this is God’s will... He has given me all that I need to do his will; it’s up to me to do it.”





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