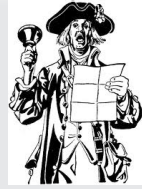


For the Weekly Calendar:



AA Meetings – Rogers Hospital – Oconomowoc

Monday – 7:00 Evening

Wednesday – 7:00 Evening

Thursday – 6:00 Evening ****Note new time**

Saturday – 7:04 Morning (Nobody makes it by 7:00!)

Sunday – 8:30 Morning

NA meeting - Rogers Hospital - Oconomowoc

Saturday - 7:00 Evening

Rogers Hospital – West Allis

Sunday – 6:00 Evening

Wednesday - 7:30 Evening (NA Meeting)

Saturday – 9:00 Morning

Al-Anon Meeting-Rogers Hospital Oconomowoc

Tuesday – 7:00 Evening

Alumni interested in doing Tuesday Evening RAPs with current Herrington Residents or if you're interested in having Pizza with Residents every first Tuesday of March & September, contact Rob at: clean@wi.rr.com for information on how to proceed.



**Save the Date!!
The Winter Retreat is
January 8th - 10th!!**



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*The Herrington McBride Alumni Association
Autumn Edition, 2015*

The Herrington Recovery

Alumni Association Quarterly



From the Desk of our President

By: Rob McCreadie

As summer winds down, I am reminded of what a great year it has been for the Herrington McBride Alumni Association. Reunion picnic co-chairs Kristin Simons, Mike Ingrilli and Jeff Radtke did an outstanding job planning and executing an amazing celebration of recovery. Bill K. shared his story with a standing room only crowd in the multi-purpose center on the grounds of Rogers Memorial Hospital in Oconomowoc. Everyone had plenty to eat; Amy and Tony B. shared their experience strength and hope, Johnny the German took home the losers trophy for Trivial Pursuit, residents and board members took to the countryside searching for treasure in the scavenger hunt and the day turned to night with the fireside meeting giving Herrington residents and reunion attendees an opportunity to reflect on the multitude of gifts that recovery has brought to each of us. All in all, it was a wonderful day of recovery and fellowship for friends old and new.

The HMAA puts on events for residents of Herrington Recovery Center while in treatment and encourages continued connection, support and participation in recovery-based events throughout the year.

Save the dates of January 8th – 10th, 2016 for the 29th Annual Herrington McBride Retreat held each year at the Redemptorist Retreat Center in Oconomowoc, WI. If this year's event is any indication and I'm certain that it is, you'll want to secure your spot early for next year's retreat. This event is open to all those who are recovering from addiction.

I'm pleased to report that support for the RAPs has been overwhelming! Signup for a chance to speak during the second half of 2015 went faster than Rolling Stones tickets. All of your support warms my heart and affirms what an amazing group of people our community is comprised of. RAPS provide an opportunity for alums

and members of the recovering community to come in and share what their life was like, what happened and what life in recovery is like with current residents at Herrington Recovery Center. If you've got at least one year of solid recovery and are willing to share your experience strength and hope, please feel free to email me at clean@wi.rr.com in order to begin the process of being approved to speak at the house. The speaking spots have been filled for the rest of this year, but there is always a need for stable, recovering members of our community to keep what we have by giving it away.

Response to the now weekly Friends and Family program has also been great! Family and Friends programming has created a need for more AA/NA and Al-Anon/Families Anonymous speakers. I have been sharing names of interested speakers with Herrington Recovery Center staff who also appreciate the willingness of qualified speakers to share their Saturday mornings with residents in treatment, their family members and friends.

The Herrington McBride Alumni Association is supported through donations from members of the recovering community, family and friends. Please consider supporting us in our mission as "The Association provides each of us as individuals and as a collective community the opportunity to be in contact with each other and provide a supportive environment for recovery." If you received this newsletter in the mail, you'll find an enclosed envelope that you can use to support our continued work. Our address is also on the back page of the newsletter. The Herrington McBride Alumni Association is a not for profit 501(c)(3) organization and any and all contributions are fully tax deductible.

I always welcome feedback and suggestions as to how we can improve our alumni association in order to continue our mission and to support residents in treatment and throughout their transitions into the recovering community. Thanks to all for your continued kindness and support!

* * * * *

Finding Serenity



I was raised in the 1960's-1970's-The days of the 5pm cocktail. We belonged to the country club. Mom's favorite drink was the Rob Roy. Dad would have a beer, or maybe a scotch once in a while. He worked long hours and played a lot of golf. Mom had a degree but stayed home and raised their 4 children.

I was 15 when I had my first drink. Went into the liquor cupboard and put a little of everything together and drank it down with a straw. Blacked out.

I never drank a lot or often in High School. Less than most kids. But when I went off to college I went wild with alcohol. It gave me courage to talk to people and do things I'd not have the confidence for without it. There was a lot of partying but it seemed everyone else was partying just as hard, so I didn't think it was anything unusual. I never got into any serious trouble. I started dating my first husband in the summer after my freshman year of college. My drinking calmed down after we were married and while my kids were growing up. There would be a binge every so often, but not daily drinking. Again, it all seemed normal for the times, and friends we had.

My first husband and I divorced after being married 19 years. I had started drinking pretty heavily in those last few years of marriage. I was a quiet drunk. I would drink too much and go to bed. I attended a few of my kids school events after drinking. Never caused a scene, but I know I embarrassed them. Once on my own again it got worse. My kids were afraid for my health and safety. They decided if I'd been drinking they wouldn't stay with me.

Finally, after being caught drinking in public during the day I admitted being an alcoholic. I read the big book, did the steps, made amends, but eventually kept going back to alcohol for short periods. I went to a couple of AA meetings, but didn't think I needed that. I could handle it on my own. I had told my family and friends I was an alcoholic, so I only drank when alone.

Then my brother died at age 49. We thought it was a heart attack until the toxicology reports came back with a very high blood alcohol level. We knew he'd struggled in the past but thought he had it under control. You'd think I'd have

learned from that, but 3 months later I was drinking again and decided life wasn't worth it. I took a knife and cut up my wrist. I was very close to death when a friend stopped by and found me. I had some reconstructive surgery, spent a few days in the psych ward, was off of work for a while.

This is where things started to turn around. I found a counsellor I really clicked with. We looked into my upbringing and the affect it had on my adult life. Looked at my past concerning my family and ex-husband and their role in my alcoholism. I stayed sober for most of the next 4 years. Then my Dad got sick and passed away. In a short period of time I was drinking, missing work, spent days in bed, drinking and depressed. On June 28th, 2012 my daughter planned an intervention. I went in for detox at Rogers Memorial Hospital, then to Herrington Recovery Center. I took my time there very seriously. I didn't ever want to go back to the place I had been for those depressed/drinking days. I soaked up the information. Did everything I was told to do. Read books, attended every session possible, went to AA meetings.

I listened to other people's stories and struggles. I tried to be supportive, nurturing and understanding. I learned a lot of lessons through other people's shares, but I was there for me. I had my friends and family members in. I tried to talk with everyone, but there were some who couldn't participate. Everyone was there to be supportive, but some didn't want to have a part in it. The kids and I were able to talk through a lot of things that had happened in the past. We did a lot of healing while I was there.

I was released and found a sponsor and several meetings to go to. Did the 90 meetings in 90 days. Listened to and followed advice. Did service work greeting and making coffee at the AA club I belonged to. I was definitely working my program.

My husband proposed New Years Eve 2012 and we were married that May. We bought a log home on 11 acres with a pond, chickens and Ace the Wonder dog. It was exactly what I had always wanted. My husband is nothing like the type of man I've always been attracted to. 3 years earlier my daughter had encouraged me to go online to try to meet someone. I had a stalker in my history, so that was very uncomfortable for me. It was hugely empowering to write up a 'bio' to post-with a very blurry picture of myself. What are my life qualities? What do I have to offer? I had also decided my next relationship was going to be 'all about me.' I had always met someone, learned what they liked and made myself perfect for them. Learned what they were interested in and became interested in that. I chose very self-centered men who wanted to be taken care of. But this time I chose wisely. My husband is more interested in making me happy. He knows all of my insecurities and wouldn't use a single one against me. He knows my skeletons and still loves me. That's pretty amazing to me still.

Although he gives all that is in him, it often is not enough. One feels that something more than human power is needed to produce the essential psychic change. Though the aggregate of recoveries resulting from psychiatric effort is considerable, we physicians must admit we have made little impression upon the problem as a whole. Many types do not respond to the ordinary psychological approach.

I do not hold with those who believe that alcoholism is entirely a problem of mental control. I have had many men who had, for example, worked a period of months on some problem or business deal which was to be settled on a certain date, favorably to them. They took a drink a day or so prior to the date, and then the phenomenon of craving at once became paramount to all other interests so that the important appointment was not met. These men were not drinking to escape; they were drinking to overcome a craving beyond their mental control.

There are many situations which arise out of the phenomenon of craving which cause men to make the supreme sacrifice rather than continue to fight.

The classification of alcoholics seems most difficult, and in much detail is outside the scope of this book. There are, of course, the psychopaths who are emotionally unstable. We are familiar with this type. They are always "going on the wagon for keeps." They are over-remorseful and make many resolutions, but never a decision.

There is the type of man who is unwilling to admit that he cannot take a drink. He plans various ways of drinking. He changes his brand or his environment. There is the type who always believes that after being entirely free from alcohol for a period of time he can take a drink without danger. There is the manic-depressive type, who is, perhaps the least understood by his friends, and about whom a whole chapter could be written.

Then there are types entirely normal in every respect except in the effect alcohol has upon them. They are often able, intelligent, friendly people.

All these, and many others, have one symptom in common: they cannot start drinking without developing the phenomenon of craving. This phenomenon, as we have suggested, may be the manifestation of an allergy which differentiates these people, and sets them apart as a distinct entity. It has never been, by any treatment with which we are familiar, permanently eradicated. The only relief we have to suggest is entire abstinence.

This immediately precipitates us into a seething caldron of debate. Much has been written pro and con, but among physicians, the general opinion seems to be that most chronic alcoholics are doomed.

What is the solution? Perhaps I can best answer this by relating experiences.

About one year prior to this experience a man was

brought in to be treated for chronic alcoholism. He had but partially recovered from a gastric hemorrhage and seemed to be a case of pathological mental deterioration. He had lost everything worthwhile in life and was only living, one might say, to drink. He frankly admitted and believed that for him there was no hope. Following the elimination of alcohol, there was found to be no permanent brain injury. He accepted the plan outlined in this book. One year later he called to see me, and I experienced a very strange sensation. I knew the man by name, and partly recognized his features, but there all resemblance ended. From a trembling, despairing, nervous wreck, had emerged a man brimming over with self-reliance and contentment. I talked with him for some time, but was not able to bring myself to feel that I had known him before. To me he was a stranger, and so he left me. A long time has passed with no return to alcohol.

When I need a mental uplift, I often think of another case brought in by a physician prominent in New York. The patient had made his own diagnosis, and deciding his situation hopeless, had hidden in a deserted barn determined to die. He was rescued by a searching party, and, in desperate condition, brought to me. Following his physical rehabilitation, he had a talk with me in which he frankly stated he thought the treatment a waste of effort, unless I could assure him, which no one ever had, that in the future he would have the "will power" to resist the impulse to drink.

His alcoholic problem was so complex, and his depression so great, that we felt his only hope would be through what we then called "moral psychology," and we doubted if even that would have any effect.

However, he did become "sold" on the ideas contained in this book. He has not had a drink for a great many years. I see him now and then and he is as fine a specimen of manhood as one could wish to meet.

I earnestly advise every alcoholic to read this book through, and though perhaps he came to scoff, he may remain to pray.

~William D. Silkworth, M.D.

look to this day for it is life.
in its brief course lie all
the realities and truths of existence,
the joy of growth, the glory of action,
the splendor of beauty...
today well lived makes every
yesterday a memory of happiness
and every tomorrow a vision of hope.
look well, therefore, to this day...

-ancient sanskrit proverb

So here I was in this wonderful, blessed life, but I'd been uprooted from my AA family. I was 40 miles from my home group. Living life in a rural setting has its challenges in recovery. There is only one weekly meeting within 10 miles of our home. I found myself going to fewer meetings and noticed the 'stinkin thinkin' creeping back in. So I made an effort to find more meetings to go to. I attended a lot of meetings, but couldn't find any I 'clicked' with. None felt like home to me, so I started looking at online meetings and groups.

I have a wonderful Women's meeting I travel a good distance to attend every Thursday night. I feel that is my 'home' group. But the online group is a great fit. Not a replacement for face to face meetings, but they provide daily, even hourly encouragement, advice and support. They're a bunch of drunks from all over the world. We have a weekly topic, but I can email any time about anything. The group has newcomers to AA but there are also many old timers. The steps are there within the writing, and lots of tales of what happened, what changed, where they are now and the daily challenges of sobriety.

I have heard that people who stay connected to their inpatient facility have a greater chance of success. I became a member of the Herrington Alumni Board a couple of years ago. It's a wonderful group of people working toward helping the current residents and alumni of Herrington. We host the yearly alumni picnic for Herrington alumni and their families. If you haven't attended it is worth the trip! Inspiring speakers, games, great food, ending with a campfire meeting where everyone is encouraged to share their experience, strength and hope. We also sponsor pizza nights and holiday events for the residents of Herrington. A few of us started a new event last year for Halloween. The residents have a trip to the local thrift stores for an opportunity to put together a low budget costume for the event. We had dinner, karaoke, 'icky feely boxes' and a rousing game of 'werewolf'. A testament that we can have a lot of fun without drugs or alcohol.

I feel so very fortunate to be living the life I am. I can't imagine going back to a life without my daily inspirations, my nightly checks on selfishness, dishonesty, resentments and fears as they creep up on me. My peaceful, calming meditations. My evening review of the days struggles and challenges. I always end my day with gratitude and I have never slept so well as I do now. Going to sleep thankful for what you have rather than worrying about the past or future is wonderful.

I have often said everyone needs a 12 step program. Everyone has their addiction. I feel sad for those who don't have the love and support of a group of like-minded people. It helps us stay connected to others, keeps us honest with ourselves and promotes personal and spiritual growth. Who doesn't need that?

The Doctor's Opinion

We of Alcoholics Anonymous believe that the reader will be interested in the medical estimate of the plan of recovery described in this book. Convincing testimony must surely come from medical men who have had experience with the sufferings of our members and have witnessed our return to health. A well-known doctor, chief physician at a nationally prominent hospital specializing in alcoholic and drug addiction, gave Alcoholics Anonymous this letter:

To Whom It May Concern:

I have specialized in the treatment of alcoholism for many years.

In late 1934 I attended a patient who, though he had been a competent businessman of good earning capacity, was an alcoholic of a type I had come to regard as hopeless.

In the course of his third treatment he acquired certain ideas concerning a possible means of recovery. As part of his rehabilitation he commenced to present his conceptions to other alcoholics, impressing upon them that they must do likewise with still others. This has become the basis of a rapidly growing fellowship of these men and their families. This man and over one hundred others appear to have recovered.

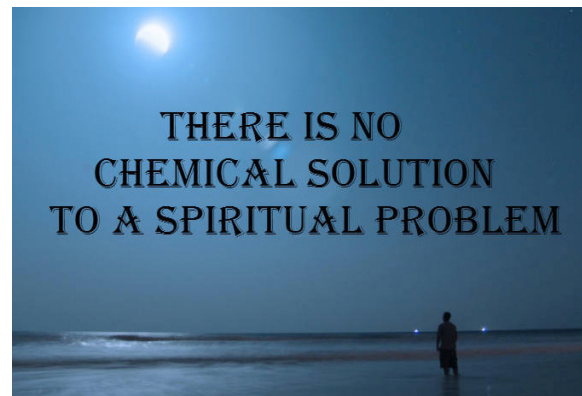
I personally know scores of cases who were of the type with whom other methods had failed completely.

These facts appear to be of extreme medical importance; because of the extraordinary possibilities of rapid growth inherent in this group they may mark a new epoch in the annals of alcoholism. These men may well have a remedy for thousands of such situations.

You may rely absolutely on anything they say about themselves.

Very truly yours,
William D. Silkworth, M.D.

The physician who, at our request, gave us this letter, has been kind enough to enlarge upon his views in another statement which follows. In this statement he confirms what we who have suffered alcoholic torture must believe-that the body of the alcoholic is quite as abnormal as his mind.



It did not satisfy us to be told that we could not control our drinking just because we were maladjusted to life, that we were in full flight from reality, or were outright mental defectives. These things were true to some extent, in fact, to a considerable extent with some of us. But we are sure that our bodies were sickened as well. In our belief, any picture of the alcoholic which leaves out this physical factor is incomplete.

The doctor's theory that we have an allergy to alcohol interests us. As a laymen, our opinion as to its soundness may, of course, mean little. But as exproblem drinkers, we can say that his explanation makes good sense. It explains many things for which we cannot otherwise account.

Though we work out our solution on the spiritual as well as an altruistic plane, we favor hospitalization for the alcoholic who is very jittery or befogged. More often than not, it is imperative that a man's brain be cleared before he is approached, as he has then a better chance of understanding and accepting what we have to offer.

The doctor writes:

The subject presented in this book seems to me to be of paramount importance to those afflicted with alcoholic addiction.

I say this after many years' experience as Medical Director of one of the oldest hospitals in the country treating alcoholic and drug addiction.

There was, therefore, a sense of real satisfaction when I was asked to contribute a few words on a subject which is covered in such masterly detail in these pages.

We doctors have realized for a long time that some form of moral psychology was of urgent importance to alcoholics, but its application presented difficulties beyond our conception. What with our ultra-modern standards, our scientific approach to everything, we are perhaps not well equipped to apply the powers of good that lie outside our synthetic knowledge.

Many years ago one of the leading contributors to this book came under our care in this hospital and while here he acquired some ideas which he put into practical application at once.

Later, he requested the privilege of being allowed to tell his story to other patients here and with some misgiving, we consented. The cases we have followed through have been most interesting; in fact, many of them are amazing. The unselfishness of these men as we have come to know them, the entire absence of profit motive, and their community spirit, is indeed inspiring to one who has labored long and wearily in this alcoholic field. They believe in themselves, and still more in the Power which pulls chronic alcoholics back from the gates of death.

Of course an alcoholic ought to be freed from his physical craving for liquor, and this often requires a definite hospital procedure, before psychological measures can be of maximum benefit.

We believe, and so suggested a few years ago, that the action of alcohol on these chronic alcoholics is a manifestation of an allergy; that the phenomenon of craving is limited to this class and never occurs in the average temperate drinker. These allergic types can never safely use alcohol in any form at all; and once having formed the habit and found they cannot break it, once having lost their self-confidence, their reliance upon things human, their problems pile up on them and become astonishingly difficult to solve.

Frothy emotional appeal seldom suffices. The message which can interest and hold these alcoholic people must have depth and weight. In nearly all cases, their ideals must be grounded in a power greater than themselves, if they are to re-create their lives.

If any feel that as psychiatrists directing a hospital for alcoholics we appear somewhat sentimental, let them stand with us a while on the firing line, see the tragedies, the despairing wives, the little children; let the solving of these problems become a part of their daily work, and even of their sleeping moments, and the most cynical will not wonder that we have accepted and encouraged this movement. We feel, after many years of experience, that we have found nothing which has contributed more to the rehabilitation of these men than the altruistic movement now growing up among them.

Men and women drink essentially because they like the affect produced by alcohol. The sensation is so elusive that, while they admit it is injurious, they cannot after a time differentiate the true from the false. To them, their alcoholic life seems the only normal one. They are restless, irritable and discontented, unless they can again experience the sense of ease and comfort which comes at once by taking a few drinks-drinks which they see others taking with impunity. After they have succumbed to the desire again, as so many people do, and the phenomenon of craving develops, they pass through the well-known stages of a spree, emerging remorseful, with a firm resolution not to drink again. This is repeated over and over, and unless this person can experience an entire psychic change there is very little hope of his recovery.

On the other hand- and strange as this may seem to those who do not understand-once a psychic change has occurred, the very same person who seemed doomed, who had so many problems he despaired of ever solving them, suddenly finds himself easily able to control his desire for alcohol, the only effort necessary being that required to follow a few simple rules.

Men have cried out to me in sincere and despairing appeal: "Doctor, I cannot go on like this! I have everything to live for! I must stop, but I cannot! You must help me!"

Faced with this problem, if a doctor is honest with himself, he must sometimes feel his own inadequacy.