

Experts Disagree With One Another

The problem: Experts from any given group or field are likely to be wedded to the wisdom of what they know best, their own group or field. We at Suppers are watching the relapse rates. We too have an understanding of alcoholism that works for us. We seek to help whole families in recovery with a strong focus on using diet and lifestyle change to support those who have a hard time maintaining sobriety long term. The niche we seek to occupy is characterized by:

- Our belief that, no matter what definition is used to define “alcoholic” or “alcoholism”, it be fluid enough to apply to anyone with the desire to lead a healthier life, a life not dominated by a substance.
- Our desire to create a nearly cost-free and safe place where alcoholics and their loved ones can learn about the many different problems our culture calls by one name, alcoholism.
- A forum in which body, mind, and spirit solutions to the problem of drinking will be well matched to the natural reality of individuals.
- A belief that while alcoholism is suffered by individual people, solutions require support from family, other loved ones, the community, and the greater culture.
- Our understanding that drinkers often come from families with seemingly unrelated problems. Relatives of alcoholics are very likely to have their own problems with alcohol; attention deficits; mental health problems like anxiety, depression, or schizophrenia; or diabetes as well as the fall out of coming from such a family.
- And finally – our particular bias – that a table-based recovery community that restores the family supper table to individuals and the culture as a whole is the best place of convergence of body, mind, and spirit solutions.

At the time of this writing, brain-based explanations of alcoholism are gaining popularity. New theories on abuse and dependence are emerging as scientists are better able to observe brains. Pharmaceutical companies are struggling to come up with ways of manipulating neurotransmitters. Cognitive and behavior-oriented social scientists offer methods of re-patterning thoughts, attitudes, and habits. Twelve step programs have no opinion on the work of these scientists as it is an outside matter, and they offer hope through transcendent spiritual experience. Religious organizations offer their own brands of resisting the urge to use through spiritual experience. Family therapists offer solutions that involve healing the family. Educators focus on educational approaches and prevention. Nutritionists tell us how to use food and nutritional supplements to promote stability and reduce urges. And an array of public health advocates offers a variety of ways in which the culture can reduce risk by increasing media literacy and reducing vulnerability to messages in advertising and media to commercial pressures that promote drinking.

All of these approaches have merit and help some of the people some of the time. None of these methods is particularly wrong.

The biggest problem with experts is that they disagree with one another. That makes it hard for people to know which advice to follow.

In order for individuals to find personal solutions, the place must exist where expertise is available for consideration but not marketed as the solution.

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Another invitation to relapse is the cultural assumption that alcoholism is just one disease. This problem is discussed throughout these pages, but the basic idea is this: If we take a laundry list of problems that all share the common symptom of problem drinking and call it by one name – alcoholism – we will treat it as if it's one problem. It would make as much sense to put all people with headaches in a room and call them "headachers", even though one has a pinched nerve, one drinks too much coffee, and another has a brain tumor. If, on the other hand, we use the analogies described as the "BRIM" of alcoholism and the waterslide concept, we increase the chances of healing individuals' problems as they exist in the natural reality of each individual.

Pride is another invitation. And it sabotages recovery whenever the alcoholic or the people treating the alcoholism make assumptions about alcoholism that don't match the natural reality of the individual alcoholic. We at Suppers see pride's sabotage wherever we see someone doing more of whatever isn't working. This includes using more pharmaceuticals when pharmaceuticals alone aren't working. Or more devotion to spiritual solutions when spiritual solutions are no match for urges. Or providing more behavioral solutions when basic biological needs are not being met. Or providing more biological solutions when needs for human connection are not being met. And so on.

We don't argue with the 12-step idea that the cure for pride is humility. But at Suppers we deal more with curiosity as the antidote.

Lack of a safe place to experiment with possible solutions with open curiosity is also an invitation to relapse. No commercial interest – or any entity that is wedded to its own packaged solutions – is equal to the task of healing such a diverse group as problem drinkers, people we conveniently lump together under the heading of alcoholics.

Our culture treats alcoholics as if they were a herd. But a herd is a group of a single kind. Anyone who has listened to the stories of alcoholics knows there is huge diversity in the responses of individual bodies to ethanol and individual responses to the social pressures that invite problem drinking.

Alcoholics must leave the herd to be heard.

If we are going to heal alcoholics in groups, then the focus of the groups must be to learn how the people are different from one another, while acknowledging the ways in which the "ism" makes them alike. That means providing a forum where experimenting with possible solutions is safe. And not just solutions advanced by the group, but the array of known and suspected solutions of the body, mind, and spirit that might make good matches for each individual. That forum is the Suppers table.

A final invitation to failure is the assumption that problem drinking is some how separate from other health issues. The incidence of alcoholism does not support this assumption. As noted, our understanding is that alcoholism has many health relatives, including but not limited to diabetes, ADD, and numerous mental health problems. In families where one or more of these problems exists, there are likely to be relatives who have problems with alcohol. In this case, the needs of the human body must be restored to their proper place when matching solutions to the problems of the underlying biology.

Our mission, helping alcoholics lead healthier lives in body, mind, and spirit, extends to the family and the community of supporters. It is an invitation to come together at a common table, where people heal one meal at a time.