

Laura Cox Kaplan:

Welcome to She Said / She Said Podcast. I'm Laura Cox Kaplan. I've spent my entire career as an advocate, connector, problem-solver, and master communicator at the highest levels of government and corporate America. With She Said / She Said Podcast, I'm sharing what I've learned that's helped me, and I'm drawing additional perspective from a broad range of women who are creating amazing opportunities for themselves and others. Their stories hold important advice and perspective about common challenges and the best ways to tackle them. I know your time is precious, but stick around. I think you'll find this investment in you well worth it.

Laura Cox Kaplan:

Hi, friends. For many families, the holidays will look and feel very different this year. The added stress of coping with a pandemic that will either prevent us from seeing relatives or will present challenging social situations to navigate. Not to mention the added challenges that some families face navigating political divisions during a contentious election year. All of this can add to an already healthy level of stress. My guest on today's show is Dr. Donna Marks. She's a therapist and an expert on addiction. She's also the author of a book called Exit the Maze: One Addiction, One Cause, One Cure. When you hear Dr. Mark's perspective on the topic, including her own story about addiction, you may see addiction in a very different light. I know I did.

Laura Cox Kaplan:

More importantly, I think you'll gain a deeper understanding of what are often misunderstood underlying causes. Dr. Mark's message is particularly appropriate heading into the holidays because it's one of hope, optimism, personal responsibility, and most importantly, self-compassion, she provides great food for the soul, and at a time when many of us could really use that extra boost, here's our conversation.

Laura Cox Kaplan:

Dr. Donna Marks, welcome to She Said / She Said.

Dr Donna Marks:

Thank you very much for having me on your show.

Laura Cox Kaplan:

Well, I'm delighted to have you, and this is such an incredibly important topic. This is a big, big problem in this country. A lot of people are suffering. Help us understand, is this just that we're more aware of the problem or is the problem bigger than it's been in the past?

Dr Donna Marks:

I think it's both. I think that we're more aware because so many people have become addicted that we can't ignore it anymore. The treatment centers are popping up everywhere. There's an overload of insurance premiums being paid out on treatment, and the death rate is increasing exponentially. So, we can't ignore it anymore, but I do believe there's also an increase in addiction because we have become more of an addictive society. In the past, we were taught more to delay gratification to have patients, to wait, but now we're constantly inundated with eat this, smoke this, drink that, get the new car, get the new girl, get the new fix. The fixed is your [inaudible 00:03:47], and so we have that mindset, and then

also with electronics, we get it right now, right now, right now. The brain has accelerated at a rate of wanting things to happen on the quick fix modality.

Dr Donna Marks:

That is really unfortunate because we want to be able to stop that and let our minds work the way they were designed to work, which is quickly, but also to be able to rest and sit back and just process things as they come.

Laura Cox Kaplan:

Right. Maybe take a step back and help us understand, when we say addictive behavior or someone has an addiction, what are we talking about? What does addiction really mean? How is it defined clinically?

Dr Donna Marks:

Well, it's clinically defined as continuing to do the same behavior despite negative consequences. People like to quote Einstein, the definition of insanity is repeatedly doing the same thing and expecting different results. That's kind of overstated now, even in an addictive way, but really, it's when you do something and you think you have control, but it's obvious that you don't have control, because those negative consequences continue to happen.

Laura Cox Kaplan:

Do there have to be negative consequences in order for it to meet that clinical definition?

Dr Donna Marks:

I believe that that is the definition, because if someone's doing something and nothing bad is happening, then they may have a habit, they may have a pleasure. They may have something that they're enjoying, but that's a slippery slope too, because then you have to get into more detail of what's negative consequences. Many people are highly functioning with their addictions. The workforce is full of sex addiction, pornography, video gaming addictions, but they're functioning at a very high level, and it doesn't appear that there's negative consequences. A negative consequence can be something such as it's affecting your marital life, it's affecting your self-esteem, you don't understand why you're depressed. You haven't put it together yet, that the excessive amounts of your alcohol intake or your social party life or whatever is actually what's causing that malady inside of you.

Dr Donna Marks:

That's why I say it's a slippery slope. We have to be careful that we do understand what negative consequences mean. Many people picture addiction as someone wobbling down the road with a brown paper bag in their hand, or the person passed out on the park bench, or someone who's gained 300 pounds, or someone who's not functioning at all. That's really, like any illness, the end game of the addiction. It's not the beginning or the middle stages of the disease.

Laura Cox Kaplan:

Yeah. It sounds like what you're describing is something that people can be struggling with and maybe not even realize that it is an addiction.

Dr Donna Marks:

That's correct. We have our habits, and the difference between a habit is something you might do, but it's not causing any type of negative consequence. But many people, for example, I love my candy, let's say. That isn't one of my drugs of choice, but let's just say that ... So, a person will start eating candy and wind up eating way too much of it, half a bag of it, sometimes a whole bag of it, and they'll gain 10 pounds. Then they'll say, oh, I've got to get this weight off. They finally get all their willpower together. They get the food plan, they join the clinic, they get the exercise regimen going, and they stop eating the candy and they lose the 10 pounds.

Dr Donna Marks:

So they think, oh, I've got control. But what happens is, slowly but surely, that part of the mind that is addicted, it says, you've lost all this weight and you don't even think about candy anymore, so go ahead and have that dessert tonight after dinner, and boom. The minute that food gets in the mouth, and the brain starts going again, when can I get my next piece of chocolate cake. Then when you start again, it's even harder to quit the next time. Over the years, it just becomes worse and worse and worse.

Laura Cox Kaplan:

Maybe talk a little bit about the environment that we are living in right now is, to state an obvious point, one of the most stressful periods of time that any of us have experienced. We are still in the middle of a pandemic. We're seeing spikes across the country. We just had a very contentious election, where our friends and family potentially are also divided. It's very, very stressful. Talk about how the current environment can contribute, and is everybody susceptible to developing some kind of an addiction?

Dr Donna Marks:

One of the things that I teach when I'm working with patients is that, in spite of the fact that we think that it's the environment affecting us, it's really what's going on inside of us that's affecting us. If you didn't live here and you didn't care what was happening in the US concerning the election, it wouldn't be affecting you. If you weren't living here, and we are being affected by lockdowns and masks and fear of getting sick, that is a direct effect. However, we do have control over our reactions to things. Even when we get affected by external events, what I teach people is, what is this bringing up in you about your past? Because the most important person that's ever going to take care of you is yourself.

Dr Donna Marks:

We can't be relying on the world and the government. All that, that means good and bad. We have to learn how to take care of ourselves, and then when we get these reactions to actually sink into them and really explore, what is this bringing up for me about my past, and allow ourselves to feel those feelings and to release those feelings in healthy ways. Not by going on it's okay to be angry, but to talk about it, give it words and to purge it in healthy ways, not by destruction of other people's property or other people, or character assassinations. But mainly to get to the fear underneath all of those emotions. Once we recognize that, for many people, what's going on right now, they had things going on in the childhood that were crazy and insane.

Dr Donna Marks:

Here it is, again, the world is insane and I'm at the effect of it, but we're not at the effect of it. We can learn how to be observers of all the what's going on. It doesn't mean we deny the reality, it doesn't mean we deny the truth, it doesn't mean we just laugh it off, and la, la, la. It just means that we decide to react to it in a mature manner. A mature manner means we feel our feelings about it, and we allow

them to be processed and neutralized, and then we can stand from the place of being observers rather than reactors.

Laura Cox Kaplan:

Yeah. Very helpful. You've written this terrific book entitled Exit the Maze. I'll include a link to it in the show notes for this episode.

Dr Donna Marks:

Thank you.

Laura Cox Kaplan:

Talk about, if you would, how really the profession gets it wrong as it relates to treating addiction. What is it that ... I found the book and incredible read, by the way, which I've told you, but I was surprised by your thesis. Maybe talk a little bit about the thesis of the book, and then I want to ask you about your own personal experience, because this is something that you know about personally, but maybe let's start with the book and the thesis of the book.

Dr Donna Marks:

Okay. Thank you. Well, I believe that there's just one addiction and that there's one cause, and then it can be cured. That's very controversial. I'll explain my position because I think it's often misunderstood. Right now, we have 50,000 treatment centers. It's billions and billions of dollars of industry, and we also have free 12-step programs. The correlation of the relapse rate between the two is about the same. It's about a 25% recovery rate and about a 75% relapse rate. Any sane person can say, something's not right here. Who would take those odds on any other medical illness? I believe that we haven't really fully tapped into what's really wrong and the treatment here. That's my thesis.

Dr Donna Marks:

I do propose some solutions, and the solutions are number one, to recognize that we don't understand addiction. We haven't understood it. We think that an addiction is alcohol over here, food over here, sex over here, gambling over here, work over here, and it's not. Addiction is that emptiness that so many people feel, it's that internal void, that feeling that something is missing.

Laura Cox Kaplan:

It's almost like more the symptom as opposed to the disease itself. Is that what you're saying?

Dr Donna Marks:

Correct. That void is constantly searching in the mind. It's searching for the next thing. What has happened in treatment is that a person will go to treatment for alcoholism, and then they'll start something else. They'll give up alcohol and then they'll get into love addict relationships, or they quit using cocaine and they start drinking, or they quit smoking cigarettes and they start eating M&M's. They stop eating and they go on compulsive exercise regime, so the addiction is never addressed. Like you said, only the symptom of the addiction as address, so that's one problem. The second problem is that I think it's completely unrealistic to go away, as I did, to treatment for 30 days, and often out of town and there's no support system built into the treatment program.

Dr Donna Marks:

The person goes to treatment, goes back to their same environment, and then they're supposed to just be good, little recovering people and go to meetings with complete strangers, with all the anxiety that they haven't learned to manage yet. All their stuff comes up, and then they're told to not look at their past, because that's dangerous or that's got nothing to do with your sobriety. You only look at your role and your past past, I'm talking about your past childhood. You only look at your role and your past, and you take responsibility for that, which is really important to do. But for people who have been brought up in painful childhoods, this is not good advice. Because then, it just gets stuff like it always did. Then it starts getting acted out in the rooms, and there's plenty of people that act out with each other.

Dr Donna Marks:

Then often, you're not talking about the height of mental health and recovery rooms. Some people are extremely involved, but some people that are just coming in, they haven't learned spiritually fit behavior yet. So, some of these new people that come in get exploited, so that's another shortcoming. What I would like to see happen in treatment centers and so that they have people that they can align with while they're in treatment, that they have a therapist that they are seeing while they're in treatment so when they get out, they already have a good bond with that therapist. That they have a sponsor or a sober companion that they've gotten to know real well while they're in treatment. It's just the natural thing to be hanging out in meetings with that person and that person's already been somewhat vetted before they're introduced.

Dr Donna Marks:

Then also, that the family right now, we have, in treatment, three to five days of family, and the family's kind of separated. There isn't much family counseling. The family is educated, but this is like ... can you imagine you have a family who's had an addict in it for years? There's a lot of healing. There's a lot of work that needs to be done. I just think it's critical that the whole family be very involved in the whole treatment process, not a little ancillary thing here. Because if they don't heal together and they're not all a part of the recovery, I think that majorly reduces the chances. Now, I get criticized for that also. I get people telling me that's unethical that you work with the whole family. My response to that is it's unethical not to when you're talking about addiction.

Laura Cox Kaplan:

Yeah. That's sort of shocking to me, frankly. Because it stands to reason that the environment that the person who has been struggling is coming from, that there are triggers in that environment, either family members or other associates. When you talk about advising them, maybe talk a little bit about this notion of codependent behaviors as well, which I know you talk about in the book, and maybe talk about how the consultation or treatment of the family works to address those codependent behaviors. That makes sense?

Dr Donna Marks:

Oh, of course. Yes. Well, what happens is people maladjustment. It's like an ecological thing. If something goes wrong over here, there's an adjustment in nature to kind of adapt to it. Often, people just become ... they say the people who are watching the addict become more disturbed than the addict. The addict's medicating themselves, and everyone else's watching the horror show. It's like the shining. You're watching this person disintegrate before your eyes and getting more and more out of control, and you get more and more scared, and you're trying to do all these things to control it. What I

would encourage people to do is to back off of that behavior and work on what's in you is trying to correct the situation because that person has to want help.

Dr Donna Marks:

There's ways of addressing that person. You can address that person with trying to control them, threatening the, anger, on all kinds of ways, or you can be straight up and honest and give specific examples of your concerns, but do that from a place of love and care and concern. It's all about how you're communicating. Family therapy, it's still all about how you're communicating, to talk about the wounds, to talk about things that have gone wrong, how you want to see the relationship change, how you visualize the relationship, making sure that those visions are lined up on the same page, and then teaching people how to communicate and move through the blocks that are preventing that from happening.

Laura Cox Kaplan:

Yeah. Donna, maybe talk a bit about your own personal story and your own journey in addressing your addiction. You talk a bit about that in the book, but maybe share with us how your suffering really became the impetus for your career and working to help others. Can we talk a bit about that if you would?

Dr Donna Marks:

Sure. I was born into addiction, and I would just remember having a lot of pain in childhood, to the point I didn't want to be here on the planet. I didn't realize that was an unnatural response to family life. But I did have the sense of a connection to some kind of force. I would get these messages like, it's not your fault when I would get abused. It's not your fault. That was, I think saved me quite a bit. But things did get worse throughout my teens. I did go into a major depression and a suicidal attempt. I tried running away from home. I was very troubled. At the time, there wasn't much help available, nor did we really understand what we do now about how to raise children. One of the points I want to make, it's so important, I don't blame my parents at all.

Dr Donna Marks:

I'm totally all about being the kind of daughter that they would want me to be now, rather than what they did wrong. There's such a lack of understanding. We can't blame anybody or anything for addiction. I don't want to do that. There's reasons why people become addicted, but it doesn't do any good to blame, and this is what I was talking about earlier with facing the truth, but without the blame. Anyhow, I was very troubled. I got married to get out of my house and had a child when I was 16 years old, divorced at 18. Part of me is going off on directions off the rails, and then there's still that other part of me that's like, you can do better than this. Go to school, make something of yourself.

Dr Donna Marks:

I always thought I would be a therapist. My friends used to confide in me, and my family confided in me. That was my dream. I did struggle and went through school, got married and divorced. That's when I hit an emotional bottom and I went to 30-day treatment program out of town, came back, had a very hard time acclimating into the recovery programs. I got tons of therapy, all these workshops, all these stop therapy. Then I get certified in just stop therapy, a hypnosis, and get certified in hypnosis. It just went on and on and on, and the spiritual quest all over the planet. After 20 years of that, I really didn't feel much

better than when I first got sober. In fact, in some ways, I felt less integrated. I felt more lost, and that void was even stronger because now, my addiction had switched around so much.

Dr Donna Marks:

I didn't really know who I was or what was going on, other than I was not drinking and drugging. I'd quit smoking and etc. After a surgery, I was given some pain medication. I think that was the beginning of my relapse. I wasn't abusing it, but it did affect my thinking. I got divorced again. My guy had been married to three different people, had three children. I'm in therapy, by the way, with someone who was a wonderful therapist, but didn't understand addiction. I wound up relapsing after 23 years saying, nothing has worked for me, so I might as well just have a good time. That lasted for a while, and then I actually had a call to reckoning one night and was screaming at God, what have I done wrong? I've tried so hard to be a good person, to get better and blah, blah, blah.

Dr Donna Marks:

I got a very clear message that time. Donna, it's not me that doesn't love you. You don't love yourself, and bang, that reality of, oh my God, you know, everything that I've done has just been another addiction. Go here, go here, do this, do that, and not really, really know how to love myself, because those of us that have been in these kinds of childhoods, we don't know how. We don't know what it means to take care of ourselves. We hear it all the time. You got to love yourself, you've got to take care of yourself, but what does that actually mean? I really analyzed that. I had been a student of A Course in Miracles for a long time, which is learning how to choose love over fear. I really started breaking that down. It takes thought, it takes contemplation, it takes teaching myself as if I were a little tiny girl.

Dr Donna Marks:

I have to actually teach myself, no, it's probably not a good idea to go play with that person because they don't really have your best interests at heart. Or no, you probably shouldn't stay up till three o'clock in the morning watching scary movies, because you might have bad dreams. Or, yeah, it's probably a good idea for you to take a nap today because you're having a hard time functioning, or maybe one cup of coffee is enough, not 10. I actually started writing down ways to love yourself, including in the morning and getting up and thanking God for the day and thanking God at night. I kind of took a lot of tools that I had learned from so many different things that I had done, but I actually started implementing them on a minute to minute basis. What happened is I started getting happier and happier, more and more joyous, and I started teaching patients how to really love themselves.

Dr Donna Marks:

When that happened, it wasn't about the addiction anymore. People just started letting me know like, "Oh, by the way, I quit smoking because I realized that my lungs are important. They're a beautiful vital organ in my body." By the way, this is stuff we should teach children from their moments of understanding like, the reason we don't want to eat this or the reason we don't want to do that is because your body is so important and so precious. It's such a valuable thing. When we start teaching that early on, when a child sees other people smoke and they say, "Here, come have a cigarette, come have a joint, come have a drink." They'll be going, "I don't think I want to put that in my body," or even if they do, they're going to feel so good about themselves, they're going to say, "Oh, I don't like the way this makes me feel. I don't like coughing. I don't like feeling out of control."

Dr Donna Marks:

So, it's going to have the opposite effect that it does for those of us that have that emptiness inside. It feels good to escape that emptiness and to get that substitute for love.

Laura Cox Kaplan:

Yeah. That's an amazing story. You talk about setting that example for children, even in situations where, and especially in situations where they're not being abused, where they're in loving homes, but there is such, and we talked about this at the beginning of the conversation, there is such an inclination toward popping a pill for anything that ails you, and the diagnosis of ADHD and related behaviors in children is literally off the charts. How do we teach kids recognizing that sometimes that medication is absolutely necessary, but how do we teach kids that self-control, both the self-love and also the self control at the same time when they're children? I think this is a big, big struggle for parents right now.

Dr Donna Marks:

Right. Well, ADHD and childhood bipolar, and a lot of different things are ... the diagnosis [inaudible 00:26:55] right now. I don't want to say that I'm anti-medication, because in rare cases, it's critical for a person wellbeing, whether they're a child or an adult, but we're handing it out as if it's Advil or Tylenol, and there's definite studies that prove that children who are on Ritalin and other Adderall and things like that are much more susceptible to becoming addicted later on. In fact, nowadays, if you're in the rooms of addiction, you hear all the time that people used it intentionally as one of their drugs of choice. It's like speed. We have to be very careful. There's two answers here. One, that we have to teach parents, that just because the child's buzzing around in the classroom or acting manic, or can't concentrate, let's explore why.

Dr Donna Marks:

Because half the time, they're being sent to school with having a bowl of sugar called cereal, or not having proper nutrition, they're also grabbing a can of Coca-Cola, which is sugar and caffeine. The parents aren't teaching them that no, this is not what your body needs, especially when you go to school. It needs nutritious food so that, that brain can work, and explain these organs in the body. That might be one of the reasons. It can be as simple as a diet, so they're going to school ramped up and then they're crashing and they can't concentrate. Or it could be that something's troubling going on in the home. In my case, I wasn't eating that kind of food, but there was some much heavy duty stuff going on that I could not concentrate when I went to school.

Dr Donna Marks:

I would have been diagnosed as ADHD, thank God I wasn't. I had two children that were, and we want you to get these kids on medication, I'm like slow down here. There's stuff going on and I will address it. But they're not going on pills, that's just not happening. I think that we need to really be educated as parents. You can get everything you need to know on the web, but don't go on to promotional sites for different medications. Go into a non-promotional sites and really read about this. Then, in terms of emotional management, that's not difficult. If the parents are managing their emotions, the children are going to copy their parents, but all children, at times when they're growing up, they get mad and they get sad.

Dr Donna Marks:

If they get mad, you say, "No, you don't throw your toy at me. That's not okay." One time, I remember my daughter threw a pancake at me and started laughing, and she started laughing, but I went over to

her and firmly I said, "I'm laughing, but this is not okay. I understand you're angry. Tell me what you're angry about. Don't show me. Talk it out. Don't act it out." That's what we want to teach children, to talk about their anger, but to do it in a kind and loving way, which is much harder to do when you're angry, by the way. But if it becomes a natural discipline, it's not so hard. Then when you're sad, cry, feel the sorrow, feel the sadness.

Dr Donna Marks:

We have tears for two reasons, to cleanse our eyes and to cleanse our hearts. When we're allowing that to come out, oxytocin's released in the brain, and you feel better. You don't hang on to that pain, because otherwise, as you grow up, you wind up carrying around buckets of those tear drops that you didn't cry and it weighs you down.

Laura Cox Kaplan:

Yeah. Maybe talk a little bit about, we've touched on the current environment and the current stress level for someone who has suffered trauma, this type of stress can be very excruciating. Can be excruciating even if you haven't suffered trauma, but maybe some advice for ways that a person can hold it together, or things that you can do right now to recenter yourself, things that are working for you and working for your patients.

Dr Donna Marks:

The first thing is to take care of yourself. I'm committed to taking care of myself no matter what happens here. To be able to do what I suggested earlier, when you find yourself really getting ramped up in a reaction, consider the possibility, and of course you're concerned about what's going on in the country, but consider the possibility that this is kicking up something about your past, and just allow yourself to kind of take some time out, turn off the TV, turn off the radio, close your eyes. What is this? Is there any connection here? Does this president, or this incoming president, or these Congress people, does this remind me of anyone or anything in my past? And see what happens. If it does, it might be a good idea to get a therapist and talk about that, or to talk about it with a friend, or to even do some journaling.

Dr Donna Marks:

Just embrace those emotions so that you can get rid of them, because it's normal to have responses to situations, but strong reactions are always about the past. Somebody bumps into you in the grocery store, you might get annoyed. If they apologize, you say, no problem. But if you had somebody as a child that constantly pushed you around and somebody bumps you into the grocery store, you're not going to be mildly annoyed, you're going to be outraged. That's the difference. People that experience that type of outrage right now, I guarantee you, there's something in the past that that's anchored to. You want to deal with that, because that's not affecting the president, that's affecting your serenity. We are in charge of our own wellbeing. You are the most important person you will ever care about, you are the most important person you'll ever love, you're the most important person you will ever respect.

Laura Cox Kaplan:

How about advice for navigating the holidays, even though they are likely to look very different from what they have in the past? Maybe that simplifies it for some people, I don't know. But to the extent that people will be together to some degree over the upcoming holidays, maybe advice for navigating

what can be very challenging when people have strong differences of opinion and have also sort of been through a traumatic situation.

Dr Donna Marks:

Yes. If you're talking about the possibility of ... what are you talking about? Like the possibility of talking about politics during the holidays with family or?

Laura Cox Kaplan:

Yeah, I think politics is probably a ripe one, even though, like I said, I mean, many people are not able to gather, our family is not able to gather for Thanksgiving, and then of course the Hanukkah and the Christmas holidays, it's unclear what those look like or going to look like. But to the extent that people are getting together and they have family members or friends who have different points of view, maybe navigating those gatherings in a way that preserves your sanity and frame of mind, if you will.

Dr Donna Marks:

If people have the skills to be able to listen to totally opposing points of view, and this isn't just politics, this has been going on for a long time, it's usually religion and politics, to just listen, but you can't do that if you're in that reactive mode, you cannot do it because you get flooded. You get flooded, flooded, flooded, flooded, and you're wrong and I'm right, and now you're wrong and I'm right. If you cannot do that, if you are not there, it's okay, but having a pact. This is a Hanukkah, this is Christmas, this is Thanksgiving, let's focus on what we are grateful for and thankful for, and let's take those topics off the table. I would even suggest that you have those agreements before you get together with people.

Dr Donna Marks:

We want to get together, we want to have people over, or we want to come over. Do you have a policy on discussing politics? Because we just don't want to go there right now or whatever the case may be, so that you're not caught in those situations that just ruin the holiday, because you're better off setting up social events where you're going to feel comfortable. That's one thing, but as a family and as a whole, we have become so accustomed that things have to be perfect. I want my holiday, this holiday to be like the perfect one before. Whether it was or not, that's how we remember it. That doesn't open up the possibility to a new perfection, a new way. For me to just look at how much Christmas and Hanukkah and all holidays have changed since I was young, we used to make decorations, not because we had to financially, but because my grandmother loved doing, and she was good at it.

Dr Donna Marks:

We painted gold Flemish flour, we made homemade ornaments, and Christmas cookies and all kinds of things. When I went over with some Jewish friends, they were doing the Hanukkah candles and prayers and stuff. It's just beautiful. A lot of that's lost now. It was just such more of a hands-on experience. Now, we're ordering off of online and picking up dinner already made and all kinds of things. I would encourage people to get back to some of that family time, old-fashioned goodness, where each person might make a dish for Thanksgiving and have kids participate with the cooking, and talk about what the holiday represents and what it means to them and what they're thankful for.

Dr Donna Marks:

The gift giving can change focus too. It doesn't have to be all about materialistic, but it can be about doing favors. Teaching children to respect that maybe their grandparents can't come over this year so that they understand. They love you very much, but they're in a high risk because grandpa has a heart condition and grandma has a lung condition. If they get sick, they may not get well, but we can call them, we can Zoom them. We can take over food and drop it off for them. There's lots of things we can do to feel like we're giving of ourselves and to have that feeling of gratitude. There's lots of ways that we can get through this, and even, in a very positive way, I have been so blessed during this whole virus.

Dr Donna Marks:

I said, I'm not going to let it affect me negatively. I'm just not going there. And it hasn't. I've had more time to write, to read, to spend time with my husband, my kids. It's just been great. It's just really been terrific, but I have to watch my mind because it'll start judging, I don't know how long this going to last, and why [inaudible 00:38:14] in the backseat, [inaudible 00:38:15], but I just say, okay, well, that's interesting information. I'm going to put that mind, just like the news channels, and it's just a bunch of la, la, la, la, la, and I'm just going to stay centered into my own sense of gratitude.

Laura Cox Kaplan:

It's such important advice, especially for people who are in a potentially sort of health compromised situation, if you're an older adult. Those folks in particular really are unlikely to be able to celebrate these holidays in the way that we have come to know. Maybe talk a little bit more about advice for them. You've just shared some of your thoughts about what you're doing, but maybe other ways that maybe they can be looking at the situation and also how we can help support them.

Dr Donna Marks:

Yes. For the people that are compromised, first of all, to not make them feel guilty or bad, to respect that this is what they need to do to feel safe. Like I said earlier, you're the most important person to ever take care of yourself. If you don't feel safe going out for the holidays, or anywhere else for that matter, there's nothing wrong with that. You're keeping your stress level at a minimum, well, keep your health at a maximum to help the family members accept that and understand that. When you're communicating that you're not going to your family, tell them we're going to really miss you, we love you so much. Let's set up a Zoom meeting. Then also, the family members can call the elderly and say, what can we do for you? This is a holiday. What can we do for you?

Dr Donna Marks:

Can we pick up groceries for you rather than just have them delivered? Can we bring you some Thanksgiving food or a holiday meal? Whatever the case may be, just keep that sense of connection. Maybe, why don't we call each other every day or every couple of days. Add a little extra thing on there, and kind of, just as if we would be going shopping together or spending time together, we can still do that, it just has to change form. But mainly ask them, what can we do for you? What do you need from us that we could help you through this? Because we know it's going to be hard for you to be alone, to be at home, but I don't want you to feel lonely, and I want to be there to support you and help you, so what can I do?

Laura Cox Kaplan:

Yeah. That's really, really great advice. Donna, as you look back on your career and on this terrific book that you've written, which again, the title is Exit the Maze: One Addiction, One Cause, One Cure, what's the impact that you hope to have had?

Dr Donna Marks:

Well, my mission is to save as many millions of lives as possible, and I don't think that's going to happen if they're having a war on addiction. The only thing that ever happens in wars is that people get killed. What I'd like to see happen is that it become a part of our consciousness, that each one of us is a beautiful, important, valuable human being, and that we raise children to believe that about themselves, so that the thought of putting toxins in their body, nicotine and drugs and trans fats and unhealthy things, that's the number one cause of unnatural deaths, because those toxins are what cause the heart disease, the lung disease, the kidney disease, the brain diseases, etc. If we teach children how important they are, and not just the words, but the way we treat them, and then we role model that behavior for themselves, we won't have to fight addiction.

Dr Donna Marks:

It just will be unnatural to be addicted. I think that, that's my mission, is to really help raise the consciousness about addiction. It's not that person here at the other extreme. It's a progressive illness, and just like cancer, don't wait until you have a big old luck coming out of your chest before you go to the doctor. Take care of yourself and educate yourself. Because if you wait until you have stage four cancer, you're in real trouble. But if you could see signs and symptoms like blackouts, or unmanageable weight control issues, struggling your whole life, and that you can't stop doing the electronics, or whatever the case may be, if you can recognize that, that's not healthy behavior and learn alternatives, like kids used to do the coal things like play with dough and color.

Dr Donna Marks:

Even as adults, we can go for walks, we can watch a sunrise, we can read our favorite book, we can listen to our favorite music. There's some many things to do. Once we shift our consciousness to that quick fix and to know, I want to grow into ... who am I? I'm here. I have a reason and a purpose and a mission, and so I want to feel good about myself and I want to feel that I'm here to share and receive love and to fulfill my purpose. That's why we're all here. We're not here to self-destruct, and we're not here to destroy each other. We're here to share and receive love. Once we shift from self-destruction, fear-based anger and guilt, and to healing ourselves, and raising children who love themselves so much that they don't want to hurt themselves, then there won't be a war. It will just be something that we did back in the 1900s and 2000s.

Laura Cox Kaplan:

Yeah. Donna, thank you so much. Really, really appreciate you being here. Again, Dr. Donna Marks, the book is called Exit the Maze: One Addiction, One Cause, One Cure. Really appreciate you joining me today.

Dr Donna Marks:

Thank you.

Laura Cox Kaplan:

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Friends, for more information on Dr. Donna Marks, her website is drdonnamarks.com. I've included a link in the show notes for this episode, episode 128, and I've also included a link to her terrific book, entitled Exit the Maze: One Addiction, One Cause, One Cure. Also, friends, if you're enjoying She Said / She Said Podcast, I could really use your help. If you have an extra minute and you happen to be listening to us on iTunes, please click review and give us five stars, and if you have an extra minute, include some nice feedback. I love hearing from you, and I truly, truly appreciate the fact that you've joined us and that you already send me such great feedback and input. I really, really appreciate it.

Laura Cox Kaplan:

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