

# Amanda White Not Drinking Tonight

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You have to stop drinking completely. You have to admit you have a problem and there's no gray at to kind of explore.

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**Jill Stoddard:** I'm here with Debbie to introduce today's episode with Amanda White, and I was really excited to do this episode because, , this is a conversation about alcohol and people's [00:02:00] relationships with alcohol and. I have had many conversations with clients, with friends, , people who feel like really since the beginning of Covid, their alcohol use has sort of steadily grown to a place that they're maybe not entirely comfortable with, but that they also might not consider.

Entirely problematic. You know, like I'm not an alcoholic. I don't need to go to AA or rehab. And yet there seems to be this growing sentiment that like maybe we're collectively drinking a little bit too much alcohol and not sure that we want to be doing that. So this is what today's conversation is all about.

And so, Debbie, I know you've had some similar thoughts and I'd love to hear what you thought about the.

**Debbie Sorensen:** Yeah, I mean, first of all, it, it is an interesting cultural moment. I think there's just, I, I almost think of it like a day of reckoning around the alcohol. The increase in alcohol that we saw over covid. I don't know about internationally, but I've , [00:03:00] I've read some data on this from here in the US that alcohol.

, consumption has gone up over the last few years and I think a lot of people. Are taking a look at that right now. And it's, it's interesting because I was hearing so much of that, you know, in my life, my personal life, friends and family, I, myself was, you know, sort of just like, oh, okay, I wanna make sure this doesn't become a problem.

Doesn't become too automatic about a year ago. , and then also with clients, Themselves kind of saying, Hey, you know, I, I'm taking a look at this, or maybe someone that they care about. And so I started writing a blog post about this exact thing, like for, for moderate, maybe social or moderate drinkers who might be wanting to come back at the same moment.

You had sent me a text, Jill at, , to me and to Yael as well about, you know, inviting Amanda onto the podcast and her book. And so I just think it's so interesting that it's. It's something that's really happening right now. It's, you know, it's in the [00:04:00] water for a lot of people. And,

**Jill Stoddard:** Yeah, and I think what I appreciated the most about this conversation was it's sort of like nuance and flexibility and like pointing out that there's a problem when we talk strictly in black and white terms.

Like either you're an alcoholic or you're not, and it makes it, it makes it really difficult to have a conversation around alcohol. And I think what Amanda gives us in this episode is a way that we can explore. What is the function of alcohol use? Like what is it that it gets us because of course it gives us something or we wouldn't do it.

, but also, What are the potential costs and we can just sort of decide for ourselves by experiencing and experimenting and paying attention. Like in what ways is this serving me? But in what ways is it may be costing me. And if it's not costing me, great, nothing to do here, . But if it is, you know, maybe I want to [00:05:00] consider whether I want a different kind of relationship with alcohol.

And, maybe I wanna have a different kind of relationship with alcohol right now. And even if that's true right now, that can change next week or next month. Like she really brings a lot of flexibility to this conversation and experience. And I think just getting away from old language and arbitrary rules that just are not helpful for a large portion of the popul.

**Debbie Sorensen:** Yes, I agree. I think for certain people that that. A little bit more black and white kind of approach is gonna work. It's like this is a big problem for me. I need to stop completely. I know this about myself for a lot of people.

In that more gray area zone though, I think you could look at it more like a habit that's doing something for you in the short term. You know, I work a lot with stress and burnout in my practice, and I know a lot of times alcohol. in the short term. You know, we, we have a drink because we're stressed at the end of the day, but then we don't sleep well and we [00:06:00] feel worse the next day.

And it doesn't help as much as some other things that might be a little harder in the moment, like a good night of sleep or exercise or just taking a break or something like that. , but , you don't necessarily have to have a big problem with alcohol. Use for that to be something that's not really working too well for you.

And I think that having this conversation that's a little bit more in that gray area and it's like, well, it really depends on you and your life. To me that's, that's helpful to a lot of people who might have gotten a little more like defensive around like, well, not me. I don't have a problem with this. I don't need to stop.

What are you talking about? So I love, I think this conversation was just super helpful in that way.

**Jill Stoddard:** Yeah, , I totally agree. And you know, Debbie, as with many of our episodes, I couldn't help but notice even though Amanda's books aren't actually ACT books, so many of the concepts and the things that we talked about just fit so beautifully.

Within the ACT framework. So that was something that I really liked and appreciated as well. And so I think listeners are gonna get so much out [00:07:00] of this episode, and if this is not something that relates to you, I bet there's someone in your life it relates to. So definitely share with someone who may want to explore their relationship with alcohol.

**Jill Stoddard:** Hey everybody, it's Jill here and I'm thrilled to introduce my guest for today, Amanda White. Amanda White is a licensed therapist and the creator of the popular Instagram account at Therapy for Women. She is the author of the book, not Drinking Tonight, A Guide to Creating A Sober Life You Love and the Corresponding Workbook by the same title.

She is the founder and owner of the Group Therapy. Therapy for Women's Center based in Philadelphia serving clients across the country. In her clinical work, she specializes in substance use disorders. People are drawn to Amanda's unique expertise, accessible approach to healing and mental health. She has been featured in notable publications such as Forbes, Washington, post Self Shape, women's Health Magazine, and more. Amanda, thank you so much for joining me on psychologists Off the Clock.

**Amanda White:** [00:08:00] Absolutely. Thanks so much for having me.

**Jill Stoddard:** Well, we, we rushed a little bit to try to get you in because we're recording this on December 21st. So we were, we are on the cusp of the new year when people love to make New Year's resolutions and , I think dry January is still a thing, so we thought, right. Okay. So we thought this will come out.

January, , when people are maybe getting to that point where they're starting to struggle a little bit to maintain their, new Year's resolutions or maybe struggling to get through D Dry January. , so I thought it would just be a great time for us to talk about, , people who maybe want to cut down or stop drinking.

**Amanda White:** Yeah, absolutely.

**Jill Stoddard:** I thought maybe we could start, it seems like you came to write this book, these books, both of these books out of personal experience, both because you're a therapist who works in the addiction field, but also as someone who discovered she had a problematic relationship with alcohol and decided to [00:09:00] quit drinking.

So would you be open to starting by telling us a little bit more about you and your journey to this topic in this.

**Amanda White:** Yeah, absolutely. Absolutely. I think I have, a little bit of a unique experience because I've been on different. Sides of the spectrum of having a relationship with alcohol. You know, I started drinking in high school and when I had that first drink, it really, for me, you know, I struggled a lot growing up with social anxiety and I moved a lot as a kid, and alcohol felt like this magic thing that was like, Friends in a bottle it like got rid of my social anxiety.

It felt like I could be this better version of myself, and I just kind of fell in love with it and my drinking kind of took off from there. And as I went through college, , I experimented and obviously I, a lot of us in college really experiment and do, you know, drink a [00:10:00] lot because of the drinking culture.

And it felt like while it looked on the surface, my drinking looked similar to my friends. My drinking was just always coming with more consequences. I s I really was like a blackout drinker. I blacked out pretty quickly. It was really hard for me to control that. I dabbled in like mixing substances, which only made the blacking out worse.

I was like taking Adderall and things like that, and, You know, it got to the point where I lost a lot of my friends at the end of college because I would get into really big fights with them. I would like drive drunk. I would leave the stove on or leave the door unlocked or do things like that. That just really, really made me not a good friend and not a good roommate.

And. So I would say at that point, if you really look at my drinking, it [00:11:00] was more on the, you know, moderate, severe point. I was drinking pretty much every day, and by the end of college I started drinking alone, which changed my relationship with drinking a lot. And then after I graduated college, I also struggled with an eating disorder during this time, so I always knew that my eating disorder was an issue.

I was bulimic, so it was like pretty obvious to me that I shouldn't be bingeing and purging many times a day. . But when I looked at my alcohol, I really was able to justify it a lot because I would just be like, well, everyone else is drinking a ton. And you know, we would joke about blacking out and doing dumb things when we were drunk.

So it never felt like alcohol was really the problem. , and when I graduated college I was really lucky. You know, I'd seen a lot of therapists growing up. A lot of them I lied to, to be [00:12:00] honest. I just kind of, you know, I was young. I wanted them to like me, I wanted them to think that I was doing well. And, , it wasn't until I found a therapist who was honest about, you know, she shared a little bit on her website that she was in recovery.

That, that gave me space for the first time in therapy, to start being honest.

**Jill Stoddard:** Yeah. I wonder if there's a part two that, you know, if I'm honest, they're gonna tell me I have to stop and I don't wanna stop.

**Amanda White:** 100%. That was a huge, a huge thing for me.

And you know, she, we, we worked on my eating disorder first, and it was an interesting dynamic because I did slow down a little bit in my drinking when I graduated college just without that whole drinking

culture. but I was still drinking alone and you know, I was still having consequences and blacking out unlike some of the [00:13:00] other people I knew.

So it got to this point where, Maybe on paper I didn't look like I had a problem, but it was really, really impacting my mental health cuz a lot of the work I was doing with her was, you know, values work of what is important to me. What do I value in my life? How can I live a life that's in alignment with that?

How can I stop people pleasing and start being more honest and then I would get drunk and do everything out of alignment. with my values and I had no control, so it was so hard to reconcile that.

**Jill Stoddard:** Yeah. Well, and even with, you know, you named a number of consequences that it might seem obvious, this is a problematic relationship with alcohol, and even at that time, that wasn't clear to you. You know, you didn't meet criteria according to the D S M for an alcohol use disorder, or abuse or dependence, probably is what it was called at the time.[00:14:00]

Um, and that's something I really wanna talk about here. So you have the, the book that's a self-help book. So in the bio I mentioned there are two books by the same name. So one is a self-help book for, you know, the public, and then one is a workbook for therapists to help clients. Right. Okay. So, um, I'm curious if you can talk a little bit in more depth about your target audience, like who these books are specifically geared toward helping, because I get the feeling it's not just the people who are meeting criteria for very obvious substance use disorders.

**Amanda White:** Yes, absolutely. And that was really why I kind of wanted to write the book is I feel like there was a really big gap in the market of almost everything that's written by a therapist is written for. Substance use disorders specifically, or addiction specifically, and we leave out such a huge portion of the population.

I mean, especially I think [00:15:00] about the pandemic and how many more, you know, drinking went way, way up during the pandemic, but people don't have the language to really explore their relationship with alcohol because we're taught that there's this criteria. , you have to be an alcoholic to explore your relationship with alcohol.

You have to stop drinking completely. You have to admit you have a problem and there's no gray at to kind of explore. It's always right, like is drinking bad enough that I have to stop? And instead what I think the more important question is, is this good enough to continue? Like is

this is drinking actually. Doing what? It's promising to me that it's worth continuing and what are the, the costs and benefits of it.

**Jill Stoddard:** Yeah. Well, I love that you bring up the pandemic, because that's actually one of the biggest reasons I wanted to have you on. I just, I know so. People, and I will admit, myself [00:16:00] included, where drinking just sort of crept up over the course of the pandemic in a way that even without all of the consequences, it still just didn't feel right, like it still felt like, Ugh, I'm just drinking a little more than I'm comfortable with.

I'm clearly using alcohol to soothe

**Amanda White:** Yep.

**Jill Stoddard:** distress, and I don't like that. I don't want that desire to ever turn into a need. , but for exactly the reasons you're saying like, well, I'm not an



alcoholic and I'm not having any of these negative consequences, but like also, you know, how do I talk about this? How do I find tools to help me go back?

And I imagine for some people this is still problematic because when you are doing that for. A long period of time, a year, year and a half, two years, it probably gets increasingly difficult to stop even if you don't consider yourself an addict or have specific physiological dependence or even tolerance.

And I, one of [00:17:00] the things I think is special about the, the books and. That you mentioned there wasn't really a market before. This is you really sort of stay away from the word addiction and instead you ask people the question, would your life be better without alcohol? and so I, the question I had was like, why this question and how does that relate to the term alcoholic, which you've alluded to a little bit already, but can you say a little more about.

**Amanda White:** Yeah, absolutely. So it was interesting too when I was doing like the research for the book, I kind of dug into, is there actually a term for alcoholic that is agreed upon in the medical field? And what's really interesting is there is not, if you look it up, there are different terms. Like who has a different, you know, term for it compared to the American Medical Society?

There's no identified really term. And the problem is, is that term came from Alcoholics Anonymous. So [00:18:00] it wasn't really, what's so interesting about the history of it is right before AA came about, there was no treatment. Doctors were not involved, you know, like therapists didn't even exist. really at this

point.

It was

**Jill Stoddard:** Well, people were thought to be degenerate. I mean, just bad people who weren't worthy of

**Amanda White:** exactly.

**Jill Stoddard:** problem, like it's your fault. Yes.

**Amanda White:** yep. It was right. Like this choice and you're just, it's a personality.

You know, degenerate



problem

and people would just, yeah, like go to asylums and be locked up. And that was kind of how they dealt with it. So it's interesting cuz AA did so much, you know, in the early 19 hundreds of paving the way for how we look at this differently and talk about it.

But in so doing, because AA was formed before. Medicine got involved, or psychology got involved. They were the ones that created the blueprint and all of the other fields just kind of [00:19:00] jumped, jumped on afterwards. So there was, you know, and you've seen the field change too, like you kind of alluded to as it used to be.

You know, when I went to grad school, it was very, Abuse versus dependence and how do we figure that out? And now we have created a little more structure with, there's three different categories of mild, moderate, and severe, but we're still leaving so many people out. And I think the really. Interesting thing as a therapist is I can talk to people about so many different topics, right?

And I can talk to them about their sleep habits or their relationship habits or their work habits, and someone doesn't have to say or admit that they have insomnia for us to talk about. How maybe their sleep habits are not healthy. But somehow with alcohol we've decided they have to admit that they are an alcoholic, that they have a problem before they will even talk to us [00:20:00] about it.

And I just feel like that's the wrong question and it shuts people off from being able to genuinely explore it or even, you know, we can help and learn coping skills for our emotions. Even while we're still drinking. There's a lot of work that can be done at the same time ,

**Jill Stoddard:** Well, and especially if somebody isn't in that place, such a confrontational strategy. You know, I, I can think of someone who I'm close to who went for a mental health appointment and was sort of like, Accused of being a problem drinker. I mean, it was very confrontational and I think she would've been totally open to hearing it if the style had been a little different.

But it was, it felt so unsafe that she was like, bye, you know, , I'm gonna, it was one session and then she went to go talk to somebody else because that just, that strategy is just not, it just wasn't effective, especially when that was not the reason she was going. And so she also felt really unhear. . [00:21:00] You know,

like I wanna talk about depression and anxiety, and you're like attacking me and my drinking issues, and that's like, not why I'm here, you

**Amanda White:** Right. Well, it's really interesting too cuz when I graduated with my master's degree, I went and I worked at a traditional rehab for a number of years before I got my license. And it's really taught that way that like people are in

denial. You have to break them down. You have to make them admit that they have a problem, which again, is so antithetical.

To everything else that we learned. Compassion first meeting people where they are listening to their perspective. So when I started my private practice, I had this background and you know, most of the people that were meeting with me, if they had an issue with alcohol, they didn't meet criteria necessarily for, you know, an alcohol use disorder.

They didn't need to go to rehab. And I was stuck with how do I help these people? [00:22:00] Reevaluate their relationship or change, you know, get curious about it, cut back, maybe take a break, maybe even quit if they don't meet criteria, if they're not interested in aa. And that's really where kind of my work and the book came from, is how I, that was the question I came up with to start asking clients because I would say, you know, tell me about your relationship with alcohol.

And they would. Well, I'm not an alcoholic.

And it was like, okay. normally I think that question, can, people wanna shut down the conversation after that And instead it's like, okay, you don't have to call yourself that. What is your relationship with it Like though, you know, what are, would your life be better if you, if you cut back or quit?

**Jill Stoddard:** Yeah. So what do you do when people say, Nope, my life wouldn't be better? You know, like alcohol is a social lubricant. It makes me brave in social situations, you know, all the reasons that people give [00:23:00] for why they drink.

**Amanda White:** Well, I think the first thing to acknowledge that a lot of people don't is like alcohol does serve a purpose in

people's lives, and I think that black and white mentality of alcohol is poison and never does anything for anyone, is just not true and like kind of ridiculous . Like

**Jill Stoddard:** right? It works. Or we wouldn't do

it. Of course. There's a reason . Yeah. It's gotta

**Amanda White:** especially for someone who drinks, you know, a bit, a lot, it's serving an even bigger purpose for them. It's doing something for them in their

life. So I'm a really big believer and we actually have to identify what it's serving, what the role is, because without that, we can't start to think of.

Skills or replacement tools or you know, how they can actually, to me, a lot of times what happens is we start drinking alcohol when we're young and we never actually learn how to make friends, how to deal with our emotions, how to date, how to [00:24:00] have hard conversations, you know, how to socialize without alcohol cuz we

just do it.

So it becomes this way that we kind of. Fit sometimes like ourselves into society, and then we don't have to question whether our life actually works for us because alcohol kind of smooths the edges of different things.

**Jill Stoddard:** Right. And it's everywhere. I mean, you know, especially now coming up on, we're in the middle of Hanukkah. We're coming up on Christmas, new Year's is coming. I mean, all of these events that we're part of, it's quite uncommon for them to not have alcohol be part of them. And you know, you talk in the book about how it's the one thing.

Where you almost have to apologize if you don't drink because people assume you're either, you know, pregnant or an alcoholic or like having legal problems, you know, had a d U i that it's like, it's odd for people to not drink and, and [00:25:00] how challenging that can be socially.

**Amanda White:** Yeah, so a lot of, I mean, in both books, but a lot of, I spend, you know, I have a whole chapter in both books about socializing and how to handle that and things like that. And I think because of what you just said, we get very obsessed with having the right reason to tell someone, like the good enough reason that someone will accept why we're not drinking.

And what happens is when we become very into the reason. People try to solve our problem called I want to drink, but I have this reason why I can't. Instead of being like, I'm just not drinking tonight.

I don't feel like it, I don't drink. And really having it just be the choice. We get very caught in the reason.

**Jill Stoddard:** Well, and the assumptions I think we make if we're going to be the person who isn't drinking, there are a lot of assumptions about how other people will, will react or what they'll think. But I can think [00:26:00] of a number of occasions where someone has told me they don't drink or they're not drinking, and I'm like, okay, cool.

You know, like I wonder if there's more concern than they're even really needs to be, if that makes sense.

**Amanda White:** Yeah, I mean I think that what's interesting is a lot of times people who stop drinking say to me, well, people think that I'm judging them and I'm not, or, you know, things like that. And sometimes that comes from they were judging people who weren't drinking because they had an

issue with drinking and they're kind of like projecting it. So I think that's like an A, you know, an important thing to, to remember too. Or if someone is judging you, it is, it is their stuff

**Jill Stoddard:** Right. that's that's a them issue, not a

you issue. Right? Yeah. Yeah. Well, let's talk for a second about therapists. So I, I know you see, do you see predominantly people with substance abuse issues or do you [00:27:00] see across the board kinds of

**Amanda White:** I specialize in substance

use, but I see a pretty wide range. I see a lot of clients who had them in the past and you know, their life moves on and they have other things that come up. And they stay in therapy too.

**Jill Stoddard:** Okay, so if a client comes in to see you, and I'm asking this for the therapists out there really who don't specialize in this area. So if a client comes in to see you or to see a another therapist for, you know, anxiety, depression, relationship stuff, and they're not bringing up substances at all, you

know, like during my intake we always say, how much alcohol do you currently drink?

And it's just kind of, Questions we're checking off the box, but like you said, when you went to see your therapist, you didn't exactly tell the truth. Right? So what do you recommend in terms of how much we therapist should be asking about?

Alcohol use and like kind of like tips for therapists in terms of navigating the issue, especially if maybe we get the sense that they might not be telling the truth.

**Amanda White:** [00:28:00] Yeah, absolutely. Well, I think what's really, I think, number one, I think rapport is really important. I think you gotta make sure that you have a good relationship with the client before you start digging into that, really specifically. But my biggest tip is, I think trying to connect, you know, because I, I think that's right.

A lot of people who come to see me, right? They present with anxiety, depression, relationship issues, whatever. And then when you dig deeper, you can kind of see that those actually may be the root, you know,

what's actually going on is it's connected. So I think if someone, you know, is kind of in that pre-contemplation stage, they're not really aware that they have an issue with alcohol.

I think if someone has a fight with someone or you know, they're having anxiety or depression, that's where some psychoeducation can come in and you can talk to them about, you know, alcohol actually makes anxiety. Worse the [00:29:00] next day. And it might not just be a hangover you're having, it could actually be spiking your anxiety or I wonder how alcohol played a part in this fight that you got in with your significant other.

So I think it's really about showing the client how these issues they're having may be connected to alcohol rather than coming. The alcohol or the substance use first, because

again, like you were saying with your, you know, that person that you knew or your friend, they're coming with a specific issue and they want to feel like their issue is being addressed and heard, and we're not like hijacking the conversation

because we have an agenda that everyone should stop drinking or whatever.

**Jill Stoddard:** right. Well, and it's, it's delicate to this, this dance almost like, you know, we know about psychological react. Right. If I say, Amanda, you need to exercise more, you're, you're probably like, well, I was just thinking the same thing, but now damn it, I'm not gonna exercise all week cuz you're telling me I need to.

and then [00:30:00] there's also what we were saying before is like, I'm afraid if I tell you, you're gonna tell me I have to stop and I'm not quite there yet. And then depending on that stage of change, Stuff, you know, this is where motivational interviewing can be helpful. Sort of like that delicate dance of like, I need to roll with your resistance cuz if I push too hard.

**Amanda White:** Yep.

**Jill Stoddard:** you're out. So that, that can be really challenging and, and I think as therapists we need to pay attention to the response we're getting. If I give you education, so for example, when I was reading the book, you give a lot of education about alcohol, a lot of things I didn't know. And in reading it, I felt very open to it and was like really interested and grateful that I was having this information.

And also as a therapist was seeing, gosh, if you present this at the wrong time, , you know, to a person, you, you could get a lot of pushback and as a therapist needing to really pay attention to that body language and like, are they ready and open for this now? Or do I need to sort of take a [00:31:00] different tact or maybe I'm gonna share it.

And they're not into it, but at least they've heard it. And then down the road, maybe we'll kind of circle back, is that, do you feel like that's an appropriate metaphor? You kind of have to like do this delicate dance and pay attention to the reaction you're getting.

**Amanda White:** Yes, I think that's exactly right. And I'm also a big believer too, in like people deserve and need to experiment for themselves.

And I think that that's not often the case when we're talking about substance use. It's not something I was taught, I was taught, you tell people they're gonna die, they keep, they keep drinking.

And for a lot of people that's just not true. And. I think sometimes there's, you know, like you said, there's more value to someone discovering this for

themselves sometimes than us saying that. And, and I think really as a therapist, like orienting yourself and checking yourself, and I've been surprised before.

I mean, I don't drink, I don't moderate because moderation is too difficult for me and is too draining for me. , but some people [00:32:00] they would rather, you know, they've had a problematic history with alcohol, but they like make moderation work and it's,

who am I to say that their, their life is theirs. They get to

choose what they do.

It's not what I would do, it's not what I would necessarily recommend, but people have a right to explore and try things and they may need to experiment. And that's why I do have. I do talk about in both my books, you know, mindful drinking and moderation and, and ways people can do it a little bit more safely and you know, from this harm reduction approach.

**Jill Stoddard:** Yeah. So it's almost like it, it doesn't have to be this aa, you know, you have to stop drinking cold Turkey today, and that's it. You're saying like this, Can be a process that unfolds over time. And if you wanna start with moderation, let's see how that goes for you. And base this on your experience, not some set of rigid rules or predictions or assumptions.

And it may be that you find you can't moderate [00:33:00] in a way that works, and then maybe we try something different. Or maybe you can. Is there anything that you have found either through research or in your practice? Kind of like dictates who might be like a better candidate to try moderation versus somebody who maybe it's pretty clear they're better off being totally abstinent.

**Amanda White:** Yes. Yes. And I also actually, I'm really proud of this in the workbook. I actually have a quiz too, that you can give to clients or you can kind of figure out for yourself as a clinician. And it gives categories of someone who might be able to moderate, someone who probably can't, someone who's very unlikely to, I mean, in my experience, I think of it too.

it's like this, um, right, like addiction or substance use does typically have a pattern over time where it does tend to get worse over time. So that's one thing to really look at. And I have an exercise also in, in the [00:34:00] workbook for like a timeline that can help people understand how their drinking has progressed over time.



So I think that's like important data. So, yeah, it's kind of like, I think the more severe your consequences have been often. That is a pretty big sign that moderation might not work for you. I think if you've dabbled in or been addicted to harder substances, drugs, other things, if you, um, have a severe trauma history that is gonna make moderation much more difficult or other mental health issues is gonna make moderation more difficult.

Um,

**Jill Stoddard:** what about family history?

**Amanda White:** Yes, that was, yep. Family history absolutely is probably one of the biggest markers of that because we do know there is a genetic component to it. Um, obviously if anyone is at the point where they're physically addicted to [00:35:00] alcohol, it is going to be, I give ave like I, I will never say never, but I give an extreme, like that's someone who I think it's extremely, extremely unlike.

That they're gonna be able to successfully moderate because their brain has changed and adapted to it, over time. And I think one of the big ones that people forget is when someone has kind of like a magical moment or an emotional connection with alcohol that makes it much harder for them to moderate. As well. Like I kind of shared that emotional moment that happened to me where I experienced alcohol as the solution, right to my social anxiety. So that's something that you can look for too, where it might be that it is the solution to, I don't know, them feeling confident, you know, on dates or it might be the solution to.

not having trauma flashbacks [00:36:00] or

maybe it's the solution to them, um, not having to deal with their family. Like if it's become this emotional, there's like an emotional hook point, it's gonna be much more difficult for them because their brain really clearly associates alcohol with something that is a fix and a

solution. So it's gonna be hard for them to ever, even if they cut back and things like that. Their brain isn't gonna forget that

solution.

**Jill Stoddard:** Yeah, that makes so much sense. And you, you give a lot of different kinds of examples in the book. In fact, in the self-help book, you have

the three kind of characters. It's sort of an amalgamation of people that you've worked with over time, but they all present in different ways and have different characteristics.

But one of the things, I think all of them share in common. I might be remembering that incorrectly, but that as I was reading it, I thought this must just be so many people out there, and again, kind of goes back to the why I try to stay [00:37:00] away from the word alcoholic. And why I ask about whether your life would be better without alcohol is how often you have people saying, well, I've stopped drinking for long stretches, so I must not have a problem.

Oh, I didn't drink at all for the whole nine months I was pregnant. So I'm obviously not an alcoholic, or I don't drink every day, so I don't really have a problem, which means, you know, I probably am not a person who has to worry about this. I don't need to cut down or stop. And what do you say to. People or, or who maybe have, because if we're even talking about it, if you're even thinking about it, there's probably some inkling that maybe you're not totally comfortable with your relationship with alcohol, but also don't think you're an alcoholic and don't necessarily wanna quit cold Turkey.

So what, what's sort of the message for those, you know, people who may be listening, having some of these exact thoughts.

**Amanda White:** I mean, I think my message is, don't know. Right. and like, that's what's so interesting and that's why I think it's important to not get stuck on the alcoholic or not alcoholic, is you [00:38:00] get to call yourself whatever you want. I have no interest in what you could, you don't have to label yourself anyway.

And that's really, I think the power of, it's your life. You get to choose. I think we can, you can stop drinking for years at a time and that still doesn't mean that you're. Having an unhealthy relationship with alcohol right now.

Um, and I think that's, you know, that's really where I came up with the term disordered drinking.

And I like that term because I think it shows the nuance of. Number one, I think almost all of us go through periods of time. Most of us probably in college where we've had an unhealthy relationship with drinking. Just like we can go through periods of time where we have an unhealthy relationship with work or with friends or family or whatever.

And that doesn't mean we will never have a healthy relationship again, but I think it's still looking at just because. You've been able [00:39:00] to stop for a certain period of time, or you don't drink every day. To me again, it's still the question that matters is, would your life be better though if you stop drinking or you cut back on drinking?

**Jill Stoddard:** Yeah. I think one of the things that I have found really compelling, um, is paying attention to, you know, even if you're not having like legal consequences or missing work because. You're hungover. I think we think of really severe consequences, and if that's not happening to me, I'm fine. And what I realized once I started paying attention and trying like kind of gathering data for myself, I realized that the nights where I don't drink anything, my sleep is so much better and it's just affected, even if I just have one glass of wine, my sleep is affected.

And then noticing the ways in which good sleep versus not so great sleep would impact. Felt how I interacted with my kids because it affected my irritability level. Um, you know, really [00:40:00] seeing those consequences that may not have been major, but matter to me. Like you were saying earlier about your values and wanting to live a values consistent life.

And I don't wanna be grumpy with my kids and, you know, I wanna get a good night's sleep. And so those kinds of like in the moment, could I easily live this way? Yes, absolutely. And still do my job. Not go to jail and, you know, not get a D U I or whatever. And yet, like those are things that matter to me that I would really like to live in a more healthy way.

And, and that making that connection was really helpful for me anyway.

**Amanda White:** Yeah, I think those, I think you're exactly right. I think because we have an idea of who has a problem, what it looks like, we miss those smaller consequences of do we get into more fights? Are we more irritable? Are we not showing up a hundred percent at work because we're not, you know, we didn't get a good night's sleep and all of those small.

also matter, and I think it's [00:41:00] naive to act like those don't matter. Where if we took alcohol away, those would be something that someone would be open to talking about probably in therapy. But the second it is connected to alcohol, people can get defensive or shut down.

**Jill Stoddard:** Right. And I think taking that approach of like, well, don't believe me just cuz I'm telling you it's true. Like do an experiment is essentially

what you're saying. Like, go see. And if this isn't affecting you in a negative way, then there's nothing that needs to be done here. Right. If there's no cost to this, then have fun.

Right?

**Amanda White:** That is my exact, I mean,

that's where I think costs and benefits are really, really important and

everyone's are different and, um, we, everyone gets to decide for themselves what's worth it and what's not. And I also think at different points in our lives, certain consequences can be worth it and certain ones aren't as well.

**Jill Stoddard:** Yeah, absolutely. You talk about, um, you have a whole chapter actually on mindfulness, so how, you know, we, mindfulness is such a buzzword, it's been kind of like [00:42:00] bastardized in western culture. And um, so talk to us about how mindfulness practices can be helpful for people who might wanna cut down or stop drinking.

**Amanda White:** Well, I think on a basic level, most people, when you're drinking, you're, you're kind of doing it to shut off that part of your brain. You're kind of doing it so that you don't have to be mindful and you can kind of fall into a little bit of numbness. So I think naturally people who kind of struggle with drinking too much, Are not very mindful.

Often alcohol kind of takes us out of our body and mindfulness is the practice of being present and in our body. And I really think it also becomes the foundation for emotional regulation, communication skills or boundaries, um, self-care, all of these other things. So I really, I mean, I agree with you. I think mindfulness.

kind of become such a [00:43:00] nebulous word, and it's not meditation , but I think it's just that small practice of, especially if someone drinks a lot, it's, it's, they really have to practice being in their body, noticing sensations. Like one of the hardest things often for people who drink a lot is like getting sick or doing something like that where they, there's a physical sensation in their body because they're so used to just having that.

Easy way to check out of the present moment. So it can feel really scary, I think, to be in the present moment sometimes. And that's where I think practicing mindfulness, even if someone is still drinking, it's a skill that they can practice at the same time to to set themselves up. Or if they stop or cut back, it'll be.

**Jill Stoddard:** Yeah. And, and I think you, you know, you point out that, I mean, how often are we doing things just on autopilot? I feel something that I wanna feel and so I drink or whatever people do to not feel what [00:44:00] they don't wanna feel. Or even I do this thing to prevent a feeling from coming in the first place. And if you're not aware of.

what's happening inside your body? You know, you, I always, I give my clients the example sometimes where I'm not generally a nail biter, but maybe once or twice a year I look down and my fingernails are just gone and I have no idea where they went. Like I have, I have no memory of biting or peeling my nails.

They're just gone. And that's a behavior I'm never gonna be able to change if I don't work on being mindful and aware that this thing is happening. And so, you know, it seems like it really is a necessary first. to, to changing anything. And then you use this nailer acronym, which, which I loved. And you know, in terms of, you're talking about the importance of processing emotions, but aptly point out that so many of us are like, okay, yeah, I get that.

I should do that, but like, how do I do that? So do you wanna walk us through that acronym and, and of course the mindfulness is a piece of it, [00:45:00] because part of it is the first, the end for nailer is notice.

**Amanda White:** Exactly. Exactly. Yeah. So many people don't understand. Don't know what to do, want. Oh, an actual, you know, a step-by-step thing. So that was kind of my solution, to that question. So, yeah, the N is notice, it's noticing the physiological sensations that are happening in your body. And I think this is so connected to drinking, because if we're talking about mindfulness or relapse prevention, so often people say, I don't even know what happened, but all of a sudden, you know, I had a drink in my hand, or all of a sudden I, I was drinking and I don't even know what happened.

And often. , it's because their brain has been primed to the second they have like, you know, their heart rate increases or their stomach tightens or their throat gets tight. Their, their go-to response to deal with it is to drink.

**Jill Stoddard:** Yeah, it's just so automatic.

**Amanda White:** Yeah. So, yeah, that first part is noticing. And I think [00:46:00] also it's like getting comfortable with the sensations that are happening in your body.

They're, they're uncomfortable. People can feel like they're gonna die or feel like it's never gonna end. Um, and then the next part of nailer is like that awareness. It's understanding what else is happening in your life. Um, and getting curious, like when we go into like investigating of, you know, what else is happening in your life that may be contributing to this feeling?

Do you have a really big project at work due tomorrow? Are you stressed about something you and your partner got into a fight about? Really creating that context so that you can help yourself understand why this is happening and why you might be feeling this way. . Um, the labeling, the L is really important because, um, we, you know, there's been a lot of studies done that say that the more specifically we can identify how we feel, [00:47:00] the better we're able to take care of ourselves.

And I often give the example of, and I'm sure you know this as a parent, you know when kids are young and they don't have the vocabulary to identify how they're feeling. They aren't gonna be a, it shapes how they feel. So if kids only have the word mad instead of frustrated, maybe they're gonna be angry and mad more of their life because they don't have that word to describe frustration or disappointment or something like that.

**Jill Stoddard:** Yeah. And I've been surprised just at how many, even adult clients I have, that they feel good or they feel bad, and that there really is a, a lack of ability to identify specific. Emotions. That that's, it's a, it's a skill that really needs to be honed, you know? Especially if it's something that was never taught growing up or, or modeled.

**Amanda White:** right. 100%. Yeah. Most. I think there was a study done that said most adults only can name [00:48:00] I think five or six.

Emotion words, which is not very many. There are

thousands that exist. And then, you know, the final process is kind of like exploring, um, how that feels in your body, exploring what else might be going on.

Why you're feeling that way, making sure you come up with the right label. And then the final step is like releasing. It's like, you know, like I said, your body has a physiological sensation that comes up when you experience an emotion and it's like energy and finding a way. To work through that energy and release it, whether that's going for a walk or journaling or talking to someone about it,

letting it go through your body and come out so that you fully work through and process that emotion.

**Jill Stoddard:** Yeah. And so, so the, the sort of shorthand would be, you wanna notice it, be aware of it, like label it and then allow and release. And the release feels different to me than [00:49:00] like, you're not saying you have to go get rid of it, because that's why people drink in the first place is because they wanna go get rid of it.

So there's a d I just wanna make sure that's clear. It's like it's not, do whatever you can to make that emotion go away. How would you describe that difference? Like you talk about allowing and releasing, and they're not, they sound like they could be opposites, but they're not actually like, how do we allow, and then what's the difference between release versus get, get rid of it, avoid it.

**Amanda White:** Yes. Yes. Um, I think that's a really good point. I think the best way to explain it is if you think about evolution and you think about the process of. What we were born to do When we have that fight, flight, freeze kick in, which is essentially what's happening when we have an emotion, there's all this energy that courses through your body and your body needs kind of a signal to know that you're safe.

And, um, If anyone hasn't read the book Burnout, I highly, highly recommend it. They talk [00:50:00] about this a lot in the burnout book of how your body goes through this process. Normally and in nature, if you see an animal that almost gets hits by a car, often they'll like shake to kind of release some of that, you know?

Cortisol that's pumped through their body and things like that. So it's, it's exactly, it's not about stopping feeling or getting rid of it. It's literally about just letting like that energy come through and, and release in that way so that you can reset yourself

a little bit.

**Jill Stoddard:** Yeah. The most recent time I had this experience, my son and I, I'm trying to remember what it was, but he's only eight, and we got in a dumb fight and I was not, I was really frustrated, but I also was not acting exactly like an adult, and I went and ran on my treadmill. as a way like, and that's what it felt like.



It's like I, I have all this pent up tension and frustration and energy and I need to go do something. And that's how it felt is like I wasn't pushing it away or avoiding [00:51:00] it. I was releasing it and then it put me in this more like homeostatic state, you know, away from fight flight into homeostasis where I then could go to him.

And you know, as I'm on the treadmill, I'm think. You are an adult, he is a child, you know? So I was able to sort of work through it a little bit cognitively while also working through it physically and then, you know, was in a better space to be able to go to him and say, I'm sorry. Can we start over? And he said I'm sorry too.

Yes. You know, and it was just a, it's, I don't know that I would have been as well equipped to have that reparative conversation if I hadn't had that 30 minutes of just trying to release all that pent up frustration.

**Amanda White:** exactly. We

want ourselves to kind of come back to, to baseline, come back to homeostasis. We don't want, when we're in that fight, flight, freeze, like the rational part of our brain kind of goes offline to [00:52:00] protect us. So we're not able to have, , we're not able to be really insightful a lot of times or take, you know, responsibility for our part or things like that.

And

it doesn't always, like, exercise is a really effective way to do it. It could just be walking, but there are other things you, even just like physical touch can be really powerful for people talking to someone else, you know? And getting support can be really effective for some people that might look like journaling.

Um, Or doing something creative, doing something where you can practice that mindfulness and let the let yourself return to homeostasis.

**Jill Stoddard:** and I think this is another area where it's great advice to say experi. What works for me might not work for you. You know, to try all these different things and notice your own experience of what really works to help you get to that place. I take this yoga class , where the teachers always do this thing where you like shake your whole body and jump up and down and, [00:53:00] and tap your whole body with your ha.

It is weird. It's like nothing I've ever done before. And when we first started doing it, I was in a really judgey place probably cuz I also felt a little bit silly. , but when I just sort of like, let go and let it happen, I was like, oh, that actually was very, I mean, it felt like it was this big release and now that I'm a little more used to it, I'm like, oh.

I'm like kind of on board with this weird jumping, shaking, tapping thing. It ju I , I dunno what it's

doing, but I liked

**Amanda White:** yeah, it's like you could do a couple jumping jacks. You could like shake out, you could stretch a little bit. It, you know, it's what works for, for you.

**Jill Stoddard:** Yeah. Yeah. I also love your chapter on self-care and we actually recently had, Scott Berry Kaufman was on just a couple episodes ago.

Yeah. And you share his sailboat metaphor. And I had never seen. before. It's sort of like a reworking of Maslow's hierarchy. So will you share that [00:54:00] metaphor and talk a little bit about like what self-care is and is not, and how that's important to cutting down or stopping drinking?

**Amanda White:** Yeah, so Scott has this amazing, cuz he kind of, he did a lot of research on Maslow and Maslow's hierarchy of needs. And I think thinking of self-care in terms of needs is really helpful because it orients us into understanding how some things are self-care for one person, right? But not for someone else.

If you don't have. Housing, support in your life if you don't have, , food on the table. All of those kind of basic needs, , getting your nails done, is not really self-care. And I think, I think self-care is kind of also become this bastardized version on, on social media where it's almost become the same as treating yourself.

which is not what self-care is at [00:55:00] all.

**Jill Stoddard:** Yeah.

**Amanda White:** , so yeah, so Scott Barry Kaufman comes, has come up and re kind of reshaped, Maslow's hierarchy of needs where he talks about things as a

sailboat. So the base of Maslow's, you know, um, physical needs, things like that still form. The base of a sailboat, but he talks about how the higher level needs, like growth and self-exploration are like the sale of a sailboat.

Where if we don't have that solid base of our, you know, physical and mental needs being fulfilled, it is not gonna make sense for anyone to be interested in traveling or growth or this exploration because they need stability. but I really loved this idea that you can kind of open your sale and close your sale depending on what's going on in your life and what's relevant to you.

So I kind of break up self-care into a couple different categories and I really am kind [00:56:00] of the believer cuz self-care was such a big part of the work that I did when I was getting into recovery. How do I actually take care of myself? How do I know what self-care is? And I think that it's also really important to remember that it will change depending on what's happening in your life or what your needs are.

You know, like before the pandemic self-care for me was often staying at home on a Friday night. Putting on my pajamas and like watching a movie where with the pandemic, my life shifted a lot. I didn't see that many people . So self-care now sometimes is me like, Going on a date, leaving my house, getting dressed, doing these things that are totally opposite than what I did before.

So I think that's really frustrating for people because they want just a list of self-care

things. , yes,

**Jill Stoddard:** Yeah. , tell [00:57:00] me what to do.

**Amanda White:** Right. Exactly. But it's a lot more fluid than that, and

it really depends on your life, your values, your needs.

**Jill Stoddard:** Yeah. Do you have a way that helps people? I can just imagine people saying like, I don't even know what I need. Is there, is there a question or two people might be able to ask themselves to try to figure that that base of the boat, what that even is.

**Amanda White:** Well, I think one thing that can really be helpful that I like to give clients to ask themselves, How will you feel afterwards, like after you've completed this kind of activity? Because I think anxiety can also get in the way,

right? Where people say, I'm so anxious going to this event. I don't wanna go, this doesn't feel like self-care, so I'm gonna take care of myself and I'm gonna cancel.

**Jill Stoddard:** Mm-hmm.

**Amanda White:** But then they feel really bad after they cancel or they wish they would've gone and, they let anxiety kind of rule [00:58:00] that. So that's where I think thinking about after you've been, after you've gone, after you've done the thing, how do you feel? Because if it's like skipping a workout, for example, there are times where I've skipped a workout and it's been because I just like didn't feel like going and I got distracted and I didn't prioritize myself.

And then after. You know, the class was over or whatever. I felt bad and I was like, you know, I probably should have gone. That probably wasn't self-care for me to not go, but there have been times where I've been injured, I've been sick, I've been so busy that I really needed that time, and afterwards I've been like, yeah, I made the right decision.

I'm glad I didn't go. So that is I think, one helpful question that people can ask themselves.

**Jill Stoddard:** that. I think that's such a, that's such, that is really great. I've never thought about it in that way. And there's so much flexibility in this because what self-care is, looks like today is gonna be different from what it looks like tomorrow. And it's not just this list. [00:59:00] Of, you know, 10 things that count as self-care for every person and every context.

It's really much more nuanced. I think that. Fantastic.

**Amanda White:** Yeah.

**Jill Stoddard:** Um, well, we're starting to creep up to the end here and of course, as always, I have so many other questions. The books are fantastic. There are, you know, there's a whole chapter on boundaries. That's awesome. There's a chapter like you alluded to earlier about how to handle social situations.

So I really recommend, you know, therapists who wanna learn more about this to help their clients can pick up the workbook and other people who are considering. Wanting to cut down or stop drinking. I, I just found it such a useful resource. I'll, I'll end with one other question that I think can come up for

a lot of folks, which is what to do if somebody that we're close to, you know, what a parent-child, partner, friend, if we think that their relationship with alcohol is problematic, but they don't agree or they don't see it, [01:00:00] any advice there?

**Amanda White:** I mean, my advice is, I think it's like anything else. I think you can say that you love them. You can share your concerns. You can say that you care about them. I mean, if it's at a point where they are physically in danger or physically putting you in danger or something like that, I think that's a little bit different of a conversation where they might. you know, actual help and they might need to go to rehab or something like that. But for the average person, I think it's remembering that, you know, when I often, when people ask me that, I ask, how do you get anyone to change?

You know, we can't really make anyone change. We can share our experience, share our support offer to help offer, to give them resources.

Plan things with them that don't involve drinking or things like that. Um, but at the end of the day, it is their life and they're gonna have to come to terms with [01:01:00] that.

**Jill Stoddard:** Yeah. Yeah. I do like that you say something in the book about, you know, there's this sort of misperception that people will only change their relationship with drinking when they hit rock bottom, like this worst rock bottom that there could be, and you. disagree with that? Can you say a little bit about that?

**Amanda White:** Yeah. I mean I think that there, I think that idea is really dangerous because it gets people believing that they should just keep pounding, it, and just keep going until they, it's like putting this. Magic on this moment of rock bottom. It's putting the magic in the circumstances where I think people can hit many rock bottoms through their life.

I think people can decide to change for all different kinds of reasons, and I think that if we only say someone has to hit rock bottom and that will make them change, it prevents months or years of time from them being able to [01:02:00] explore. Their relationship with alcohol and it's easier to stop drinking or cut back actually the less long you've been drinking and the less consequences that are

**Jill Stoddard:** Higher your bottom

**Amanda White:** Right,

exactly. So why are we preventing people from exploring,

you

**Jill Stoddard:** And it's also giving an out because I mean, isn't there really? Couldn't we all always say, well, it could be worse, so this isn't my rock bottom, so that's my excuse to keep drinking. I'm gonna wait until and, and that bottom may not exist until, you know, death.

**Amanda White:** Right, and that's the problem is you can always come up with a reason of

something being worse or

someone, and then someone can also look at someone else's rock bottom and say, well, at least I didn't, I'm not there yet, so I'm

fine. Where it's really about you and your life and what and what works

for you or doesn't work for you.

**Jill Stoddard:** And your values, like you said before. Yeah. Well, this has been such a useful conversation. Thank [01:03:00] you so much for joining me. If people want to find you, find out more about you, where can they connect?

**Amanda White:** Yeah, so you can find me on Instagram at Therapy for Women. Um, you can also check out my website, [amandaewhite.com](http://amandaewhite.com). And um, if you're interested in like therapy in the Philadelphia area, we also have therapists licensed in 22 states across the country. Um, you can check out therapy for Women's Center dot.

**Jill Stoddard:** Fantastic. Well thank you so much and happy holidays. Happy New Year.

**Amanda White:** You too.

Thank you.

**Yael Schonbrun:** hey psychologist off the clock listeners. I'm going to guess that if you are listening to this episode, that you love to geek out about books in psychology.

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