

Meet B Here Today's Recovery Carrier Bill White

Today's post is the sixth in a series of interviews with folks across the nation (and the Universe!) who embody a life of recovery, from the physical to the psychic. I hope you enjoy this conversation with Bill White, founder, writer and producer of Chipur, an online treasure trove of articles about topics like depression, bipolarity, anxiety and addiction. Bill is also a distance counselor and mentor.

William White defines [recovery carriers](#) as “people, usually in recovery, who make recovery infectious to those around them by their openness about their recovery experiences, their quality of life and character, and the compassion they exhibit for those still suffering.” (www.williamwhitepapers.com, 2012)

Why is your website called Chipur? What does Chipur mean?

Several years ago my son and I were working on a name for my new anxiety/mood ick blog. So I said, “How ‘bout Chipper, as in ‘feeling?’” We liked it, but we started the domain name purchase thing and it wasn’t available. We tried several spelling variations and finally hit pay-dirt with “Chipur.”



And that leads to asking about your work and why you do what you do? What's your story, Bill?

First of all, in addition to producing and writing for Chipur, I provide distance coaching and mentoring services. It flows beautifully using video, phone, email, and text.

I can remember having what I now know to be dissociative episodes when I was nine-years-old. There was so much more, but let's just say something was up very early-on.

Somehow I managed to navigate through my childhood and youth quite well. But then came my junior year of college and all hell broke loose. Dang - sloppy drinking, anxiety and panic attacks, derealization, depersonalization, E.R. visits, intrusive thoughts, mood issues – every characteristic of Hades imaginable. And it continued at an awful intensity for some 10 years. I, nor anyone else, had a clue as to what was going down.

I checked myself in to a treatment center for compulsive alcohol use in 1984, and haven't had a drop since. Still, the anxiety and all that came with it continued. I did all I could to find answers, and in 1989 was referred to the Anxiety and

Depression Clinic at the University of Chicago Hospitals. I caught my first psychiatric diagnoses and began a meds regimen, which had darned-near immediate positive impact. No benzos, by the way. I also began some pretty intense psychotherapy.

So I continued on my recovery journey, as I furthered a marketing career. Fact was, though, an intense passion had been conceived and was growing within. I began a master's program in counseling in 2004 at just shy of 50, and snagged my first license some two years later.

Why do I do what I do? 'Cause I know how it feels to be lost in the woods, having no idea how to get out. It sucks. So if I can help someone in the same state of "lostness," I'm in. And between my journey and training, I bring quite a bit to the healing table.



Now, about the recovery carrier piece. Relating to addiction, what does being a recovery carrier mean to you? I know you're an RC, but do you consider yourself an RC?

In my mind, be it within the realm of compulsive behavior or emotional/mental probs, an RC serves as a recovery role model – and is always willing to lend a hand to those in search of healing.

Bill, you have a beautifully transformed website with tons of information. How do you distinguish yourself from other therapist-types? What is your unique selling proposition, if you will?

You know, I've never liked cookie-cutter approaches to therapy. Take cognitive behavioral therapy (CBT) as it's typically presented. Okay, great, we've identified numerous automatic thoughts and cognitive distortions, and we want to turn them around. All good, except it isn't as naively simple as following the manual and singing Kumbaya. I mean, when was that last time you tried to change a deeply ingrained thought or feeling? Ain't easy, right? And so it's all about meeting a client where they are at any given moment – listening and learning. Only then can the best path toward healing, along with realistic expectations, be discovered.

Why is the time right for the work that you do? What do you think is the number one takeaway your clients have from their sessions with you?

The time's right because insurance companies require counselors to follow very specific guidelines. See, they know what's best for the client, not s/he – or the counselor. Hmmm. I don't have to deal with insurance companies because I'm intentionally not on panels. So clients get what they need and want, not what's on someone else's mind. The biggest takeaway from a session with me? "He gets it 'cause he's been there. And if he could chisel-out a life, so can I." Hear it all the time.

Regarding your client work (in general, of course, no specifics!), do you believe discussion around discrimination, shame and stigma is better or worse than say, five years ago?

I think it's about the same as it was even 30 years ago, when I set sail on my recovery journey. Simple question: Who's more likely to get better quality immediate and long-term care, someone enduring schizophrenia or someone living with Parkinson's? Oh, but the way, both are neurological situations – and both are grounded in dopamine issues.



Where do you see the addiction recovery field 10 years from now, especially as it adjusts to the Patient Protection and Affordable Care Act? More importantly, how will the consumer/client/person seeking services for addiction be impacted?

Be it compulsive behavior probs or emotional/mental woes, I honestly don't know. Gotta' tell ya', I'm not a big ACA fan. Yes, I understand its inclusion upside; however, I don't trust the fed with anything, much less my – and my loved ones' – healthcare. No matter how you slice it – the fed or private insurance companies - someone with vested interests will be deciding who gets what. And, to me anyway, that isn't a hopeful reality.

Finally, Bill, any other words of wisdom you'd like to lay on the B Here Today readers?

No matter what misery you're enduring, you'll never be able to convince me there isn't a remedy. Oh, it may not be total remission – the magical cure – but there's always hope for relief and healing. Do yourself a big favor – shoot for acceptance (not acquiescence) and management v. being beaten-down by unrealistic expectations. You'll be amazed as to how far it'll take you. Oh, and never, ever give-up!