

How Was Your Week?

Bringing People Together
In Recovery the LifeRing Way
– A Handbook

Second Edition

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Chapter 1: Introduction

1.1: The Purpose of this Book

The demand for an abstinent recovery path other than the twelve steps of Alcoholics Anonymous has brought a growing number of recovering people to LifeRing. LifeRing Secular Recovery is a network of mutual aid recovery groups based on the “Three-S” philosophy: Sobriety (meaning abstinence), Secularity, and Self-Help. For reasons explained below, the people who organize, lead, and support LifeRing groups are called convenors. At this time, the demand for LifeRing groups outstrips the supply of convenors ready and able to lead them.

The main purpose of this book is to assist and encourage more people to become LifeRing convenors. Accordingly, the main focus of the present book is on the convenor’s role: the practical and theoretical tools that the person leading LifeRing recovery meetings will want to acquire.

The person looking for a general introduction to LifeRing, with no present intent to become a convenor, may be better served by reading *Empowering Your Sober Self: The LifeRing Approach to Addiction Recovery* (2nd ed., LifeRing Press 2014).

The person looking for a structured recovery pathway along LifeRing lines may find a good fit in *Recovery by Choice: Living*

and Enjoying Life Free of Alcohol and Other Drugs, a Workbook (4th ed., LifeRing Press 2011).

The content of the present book is divided into three main parts. The first part, comprising Chapters Two through Ten, discusses the ins and outs of existing LifeRing meetings. The second part consists of Chapters Eleven through Fourteen. These explicate the three basic principles on which LifeRing is founded: Sobriety, Secularity, and Self-Help, and provide an outline of what it means to build a personal recovery program (PRP). The third part consists of Chapter Fifteen, a long discussion of how to get a LifeRing meeting started in a new area. There is an appendix, Chapter Sixteen, which gives a short history of LifeRing together with acknowledgements. A section of references and an index complete the volume.

Here, by way of introduction, is a short summary of the chapters.

1.2: Chapter Two: The Convenor's Vision

The history of addiction recovery shows a great variety of groups, but little insight into the process that makes groups helpful. The LifeRing convenor's vision begins with the recognition that addiction splits the personality into two parts. One part, which we label "A," is the inner voice of the addiction. Its message is "drink and use, no matter what." The other part is the inner voice of survival, sanity, and sobriety. We label this the "S" or sober self. This is the voice that is sick and tired of drinking/using and wants to get free of it. Addicted persons live with this inner war.

Social reinforcement decides which party wins the inner conflict. Typically, when addicted persons come together in a drinking/drugging setting, the "A" in the one connects with the "A" in the other, and this connection empowers the "A" in both of them, and undermines the sober self in each of them. If the "A" succeeds

in gaining 100 per cent control of the person, eliminating the sober voice, then the person will die.

In a sobriety support group, by contrast, the connections link the “S” within each participant. This connectedness reinforces the sober selves, and with each connection they become more prominent within the person, pushing the “A” into a smaller sphere of influence. As this process continues, the person reaches a tipping point when the “S” rises to the top and pushes the “A” into the inferior position.

The group process transforms the person from an addict with a little sober voice inside into a clean and sober person with a little addict voice inside. So long as the person remains abstinent, they can live a full and normal life and develop all the potentials that lie within them. The general aim of this process, and the LifeRing motto, is empowerment of the sober self.

When the average person sees someone who is addicted, they see only the alcoholic/addict – the “A.” The LifeRing convenor sees more. We see also the “S” – the person’s innate goodness, health, and sanity. We see it as our role to facilitate the release and the rise of that inner goodness. We understand that the active ingredient in bringing about this transformation is the positive connections between and among meeting participants. As convenors we are not healers or gurus or counselors or physicians or other kinds of authorities. We are peers in recovery, whose special contribution consists of bringing people together.

LifeRing convenors are the core of the LifeRing network. People become convenors for a variety of reasons. High among them is the boost that convening provides for the convenor’s own recovery work. Convening makes demands on the convenor’s time and energy, but the rewards are beyond measure.

1.3: Chapter Three: How Was Your Week

Chapter Three answers the question, “What do people do at a typical LifeRing meeting?” This chapter assumes that the meeting is all set up, that an opening statement has been read, and that the convenor has asked, “How was your week?”

The invitation to talk about “how was your week” asks the meeting participants to give a newsreel of the highlights and heartaches of their recent days in recovery. This kind of report is commonly called a check-in. People are also asked to look ahead to the coming week to spot any challenges or celebrations relevant to their recovery. It’s most helpful when people talk in concrete details rather than generalities and clichés. Also useful is for people to make “I” statements in place of “you should” statements. This format is focused on the here and now, and does not ask for people’s life stories. Drunkalogues and drugalogues are strongly discouraged.

A key element in this format is “crosstalk.” Crosstalk means dialogue, feedback, conversation. After each person has reported on their past and coming weeks, we open the floor to conversation. Other people can ask the person questions, make comments, share similar stories. Feedback from peers creates two-way connections that are much more empowering than one-way communications. There are some rules about crosstalk: it is voluntary, it is positive and supporting, and it is considerate of the group’s time. The chapter reviews some of the issues that sometimes crop up in crosstalk and suggests ways that the convenor can handle them.

Bottom line, this meeting format aims to create a living room atmosphere where people feel safe and free to engage in sober, supportive conversations with their peers.

We abbreviate this format as “HWYW,” and this is what most LifeRing meetings use. The chapter also points to a number of

variations on this format, including topic formats and hybrid formats, which are discussed in more detail in other chapters.

1.4: Chapter Four: Openings and Closings

This chapter looks in more detail at the start and end of the meeting format. It points out that it's important for the convenor to come a bit early to set up the room. It's important to start on time. The chapter discusses the opening statement and variations on it.

There's also discussion here whether individual meeting participants should begin their shares by labeling themselves “alcoholics” and “addicts” or not.

Most LifeRing meetings end with a round of applause. Some convenors adjourn from the meeting to a coffee house or a pizza place.

Some LifeRing participants benefit from having a more of a social life in the company of others, in addition to the meetings, and convenors may want to arrange social get-togethers to the extent possible.

1.5: Chapter Five: Newcomers

Welcoming newcomers is a pleasant task for the convenor. We have no special ritual for it. The convenor can try to learn the newcomer's needs and interests and connect them with others in the meeting who have a similar profile. Depending on the newcomer's wishes, the convenor can offer them recovery direction by referring them to the *Recovery by Choice* workbook, which provides a structured pathway toward empowerment of the sober self.

The chapters also explains why we do not do “sponsorship” (like twelve-step groups) in LifeRing. We have other ways of provid-

ing support between meetings and of providing evidence, where necessary, of a person's sustained commitment to recovery work. The chapter also explains the E-Pals program that provides online orientation and support for people approaching LifeRing for the first time.

1.6: Chapter Six: Nuts and Bolts

This chapter discusses the physical setting and the tangible tools of the convenor's role. LifeRing meetings generally set up chairs in a circle so that people can make eye contact with one another. A room without a table is preferable if there's a choice. When meetings get too big, it may be useful to split into two rooms. Supplies like the opening statement, the clipboard, signup sheets, brochures, books, and the basket are usually kept in a box. It's important to post directional signs and door signs before the meeting starts so that newcomers can find it. Some participants bring attendance slips that the convenor needs to sign. Books and handouts need to be made available. The chapter also discusses different ways of passing the basket for donations.

1.7: Chapter Seven: The Meeting's Money

Most meetings pass the basket for donations. The chapter talks about different ways of handling the money. When the meeting has a surplus of donations over its expenses (for example, for room rent) it can contribute to the expenses of the LifeRing Service Center, which maintains the *lifering.org* web site, publishes meeting schedules and brochures, runs LifeRing Press, and much else. LifeRing is a 501(c)(3) nonprofit and all convenors, regional reps, officers and directors are volunteers, serving without pay.

1.8: Chapter Eight: LifeRing Online

Some people have accumulated impressive amounts of clean and sober time in LifeRing exclusively through online participation. This chapter discusses LifeRing's online presence, starting with the *lifering.org* website and the numerous online venues that radiate from it: chat rooms (including voice and video), email lists, a Delphi forum, a Ning network, a Facebook page, and others. LifeRing online meetings have the same status in LifeRing's internal democratic process as face-to-face meetings.

1.9: Chapter Nine: Meetings in Special Settings

This chapter reports on LifeRing convenors' experiences in special settings such as inpatient treatment centers, locked psychiatric wards, and prisons. These challenging settings call on convenors to raise their game and make adjustments in attitude, meeting format, and other points. Relationships with professionals become particularly important here. LifeRing has proven itself not only viable but highly valued in these settings, and convening there is among the most rewarding experiences a convenor can have. Even convenors who do not convene in special settings can learn from these experiences.

1.10: Chapter Ten: The Meeting of Meetings

This chapter zooms out to show the LifeRing meeting as part of a larger organizational network centering on the annual meeting. This consists in part of educational programs and social events and culminates in the Delegates' Assembly, also known as the LifeRing Congress. The chapter explains that every LifeRing participant has one vote, and that each meeting is entitled to one delegate. The delegates elect the Board of Directors and vote on Bylaws amendments or other policy issues discussed at the Con-

gress. The chapter provides an introduction to key points of the Bylaws that provide LifeRing with its independent and democratic structure.

1.11: Chapter Eleven: Sobriety

This chapter begins the section of the book dealing with the “Three S” philosophical foundations. Sobriety is the primary and most fundamental principle in LifeRing. Sobriety in LifeRing always means abstinence. We practice abstinence across the board, meaning not only from alcohol but also from all other medically non-indicated drugs. Our meetings are open to anyone who wants to practice abstinence, regardless of their “drug of choice.” People who relapse are always welcome back so long as they evidence a desire to become clean and sober. People who desire to moderate or control their drinking/using, or to substitute one drug for another, are politely referred out to other groups. We encourage but do not require LifeRing participants to quit the use of tobacco. We support people taking prescribed psychoactive medications, e.g. for depression or other concurrent diagnoses, provided they have been honest with their physician and their physician is competent in addiction medicine. We do not interfere in the doctor/patient relationship. The chapter has an extensive discussion of issues contained in the “sobriety” concept.

1.12: Chapter Twelve: Secularity

Secularity is the second “S” in the philosophical trilogy. In a few words, secularity means that LifeRing meetings are open to people of all faiths and none. Meetings are free of prayer, and the engine of recovery (see Chapter Two) requires no higher power or other divine intervention. Neither religious witnessing nor atheist/agnostic advocacy are appropriate in our meetings. This format is in tune with the rapidly growing trend away from religious

affiliation in the United States. The chapter discusses a number of other issues related to the secularity principle.

1.13: Chapter Thirteen: Self-Help

Self-help or self-direction is the third of the “Three S” principles. This chapter deepens the explanation of how the LifeRing meeting process works, presented in Chapter Two. It addresses the popular misconception that people who are addicted to alcohol or other drugs are incapable of helping themselves. Quite the contrary. A wide range of clinical evidence demonstrates that alcoholics/addicts not only can help themselves, but that their own self-help is the only thing that really works. Treatment professionals who understand this point direct their efforts at drawing out, facilitating and encouraging the patient’s motivation to get well. The LifeRing self-help principle rests on the soundest clinical experience.

LifeRing does not buy into the fallacy that there is a magic bullet, a cure that always works if you work it, or a protocol that fits everyone. Research makes clear that treatment needs to be individualized. In LifeRing, each participant builds a personal recovery program (PRP). All personal recovery programs are based on abstinence, but on that foundation a broad diversity of approaches arises, each tailored to the individual whose program it is.

1.14: Chapter Fourteen: Building a Personal Recovery Program

Many LifeRing participants build their personal recovery programs by the random access method, picking up key ideas that work for them as they happen to encounter them in the course of meetings or elsewhere. They place these random gems into a mosaic that constitutes their recovery plan.

LifeRing also offers a structured way of doing the same thing, in the form of the *Recovery by Choice* workbook. This chapter is an introduction to the workbook method and to the nine domains or work areas that are at its core. The workbook does not contain a program; it is a tool for building personal recovery programs in a cohesive, organized way. The domains are somewhat like machines in a gym, designed to exercise different muscle groups. It does not matter in what order you work them. There is a relapse prevention chapter near the end, which serves as quality control on your program building project. At the end, you put all the partial plans from each domain together into a written recovery plan for your life.

The random access method and the structural pathway are complementary strategies for empowering your sober self. Whatever the recovering person's preference, the LifeRing convenor has the resources to serve them.

1.15: Chapter Fifteen: Getting Started

This chapter discusses what it takes to get the first LifeRing meeting started in a new area, and to grow the number of meetings once established. The convenor needs to have at least six months clean and sober before starting the meeting, and needs to be aware that starting a first meeting in virgin territory can be challenging. The most effective way to start is by targeting chemical dependency treatment centers, because they all have numbers of people with alcohol/drug issues who need support groups. Although most of the rehab centers are twelve-step, the doors are not as closed to LifeRing today as they were twenty years ago. The chapter contains guidelines on how to approach treatment professionals and how to make presentations in treatment settings. There are ideas about how and where to get meeting rooms. The chapter also summarizes a long list of methods that LifeRing convenors have used to get the word out. It takes energy and per-

severance to get a startup movement like LifeRing up and rolling, but it can be done and is being done, and this chapter shows how. Finally, when the meeting is established and the convenor sits in a room filled with people, there is one more task: identifying and orienting a successor convenor, turning the meeting over, and starting the next one.

1.16: Chapter Sixteen: About This Book

The history of this book is intertwined with the birth of LifeRing. This chapter sketches the prehistory and the emergence of LifeRing, describes the experience base on which the book is built, and acknowledges the people who helped in one way or another to produce the first edition and the current edition of this volume.

References are in the “(Smith 2000:99)” format. To find the cited source, go to the References section at the end of the book, look in the alphabetical author index for Smith, find the title published in 2000, go to page 99.

This book is unofficial. I have tried as far as possible to express the consensus view of the LifeRing network and to explicate the fundamental philosophy, embodied in a few words in the LifeRing charter, as accurately as I know how. On some issues I have expressed my personal views without attempting to give voice to a consensus, and I have flagged the passages where that is the case.

Only the LifeRing Congress can expound the official position of LifeRing Secular Recovery. Except for the portions of the text that reflect the LifeRing Bylaws – to date our only official publication – the views expressed here are, therefore, entirely unofficial, and readers are encouraged, as always, to think for themselves.

Chapter 2: The Convenor's Vision

2.1: About This Chapter

People who lead and support LifeRing meetings are called “convenors.” This chapter is a basic orientation to the LifeRing convenor’s role. Much of the rest of the book is based on the points introduced here. If you read nothing else, read this chapter.

2.2: The Convenor Brings People Together

The word “convenor” comes from the Latin, and has two parts. The prefix “con-” means “with” or “together,” as in “chili con carne” – chili together with meat. The stem “venor” comes from the verb “venir,” which means, “to come.” To “convene” therefore means “to come together,” and a convenor is one who convenes others, who causes them to assemble; in other words, one who brings people together. Dictionaries show the word with either an “-er” or an “-or” ending, but the “-or” spelling is more consistent with common words such as “conveyor” and “surveyor” that are built in a similar way.

The convenor, in a nutshell, is one who brings people together. It is an apt name for someone who facilitates recovery from addiction to alcohol and other drugs.

The indigenous peoples of North America discovered already in the 1700s that an effective method to break the power of the European's firewater was for the victims to come together in circles of mutual aid. "Our first experience of individuals turning their own negative experiences with alcohol into a social movement of mutual support occurs within Native American tribes." (White 1998:6)

Since that beginning, American history shows a long and almost uninterrupted sequence of different organized efforts at recovery from addiction to alcohol and drugs, most of them built around the same core concept.

From the original Native American circles, through the Washingtonians of the 1840s, the fraternal orders of the late 19th century, the Keeley Leagues of the early 20th, Alcoholics Anonymous in the mid-20th century, and many others, underneath all kinds of different paintwork and ornamentation, the core concept is the same: bring people together.

Samson Occom (the Mohegan abstinence leader), John Hawkins and John Gough (Washingtonian orators), Nathaniel Curtis (Sons of Temperance), Leslie Keeley (Keeley Leagues), Bill W. and Dr. Bob (Alcoholics Anonymous), Jean Kirkpatrick (Women for Sobriety), Charles Dederich (Synanon), and many others – no matter their culture, creed, or treatment technology, they were all convenors. (White 1998)

Exactly why it works to bring people together is a topic of much confusion. Many of the convenors in the history books seem to have concluded that the actual healing power lay in themselves, or in some sure-fire clinical protocol or magical potion, or in a supernatural being. Thus, in a sense, having once understood that the key thing is to bring people together, they immediately forgot it again, and went running off in a different direction.

Around the turn of the 20th century, the dominant treatment protocol was the Keeley Institutes' Double Chloride of Gold for-

mula. Tens of thousands credited the Keeley potion with their recoveries. With hindsight, the historian White concludes that the formula was “a gimmick that engaged addicts’ propensity for magical thinking.” The real formula that made the Keeley system successful was the social chemistry among those standing in line to receive the injections, and the support they gave one another in “engineering their own personal reformation” after the treatment. (White 1998:63, 336)

Future historians will likely refer to today’s dominant recovery protocols in similar terms.

The challenge for LifeRing is to go forward without gimmicks and without pandering to the craving for magical solutions – to approach sobriety soberly. That requires recognizing the power to recover within those who are recovering.

There is much that remains mysterious about recoveries. How the impulse to get clean and sober begins to awaken and become active inside a given addicted individual – surely one of the most important events in a person’s recovery career – is little studied. But once that impulse has awakened and has established so much of a beachhead in the person’s mind that they show up on the door of a treatment center or a recovery support group, the processes are less obscure.

The great engine of recovery is the everyday process of social reinforcement. The same energy of social support that can lead two drunks on bar stools to their deaths, can give two recovering people in meeting chairs the strength to live sober lives. The alcoholic/addict has these two powers contending within: to die stoned/drunk or to live clean and sober. Which one prevails depends mainly on which one finds social reinforcement.

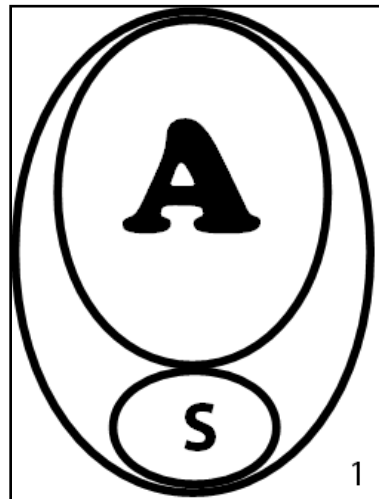
2.3: Why the Group Process Works

The recovery group process works by connecting the “good” within each of the assembled individuals so that these parts reinforce one another and grow stronger. There is a two-minute animated version of this explanation on the *lifering.org* website. Here is a longer text version.

2.3.1: Two Forces At Work Inside

Reduced to its simplest elements, a map of the forces at work inside a person approaching recovery looks like Drawing 1. This is not brain anatomy, it is a schematic diagram. The “A” represents the addiction. It does not matter a great deal what name one gives to it. You can call it the disease, the beast, the devil, the god in the bottle, the little bastard, the lizard brain, or any number of other names. By any label, this is the voice that urges you to drink/use, invents reasons why you should and must, and shifts blame for the harmful consequences. It isn’t simply an urge but a highly complex tangle of habits, feelings, skills, and ideas; it is the management center that takes care of the considerable amounts of hard work required to maintain an addiction.

Also active in the mind of the person approaching recovery is another part, which I’ve labeled “S.” This is the sane voice, the part that wants to become clean and sober. The voice of this part argues with the first voice, and says things like “I’m sick and tired of this drug stuff,” and “I want to have a life.” It picks apart and refutes the rationalizations that the addict self fabricates. I’ve labeled this part “S” to stand for “the sober self.” Some people call it the inner survivor, or other names. The labels



aren’t important. What is very important is to be aware that both of these forces – not just one alone – are present and active in the mind of the person approaching recovery.

I’ve spoken with hundreds of people approaching or in recovery, and almost without exception they report that some version of these two forces is at work inside their minds.

Some people see the “A” and the “S” as choices floating before their eyes. Some people see the “A” and the “S” embodied in metaphorical fighting dogs, Sumo wrestlers, armies, etc.

Many people experience the “A” and the “S” as opposing sides of an ongoing argument in the committee in their heads. Many have discovered something similar to dual personalities within themselves: the sober Me and the drunken/drugged Me, Dr. Jekyll and Mr. Hyde. Some people actually hear voices.

In these and other variations, the same basic theme forms a common core experience of recovering people.

This is a fact long noted by writers who have listened carefully to people in recovery. Here are four among many writers who could be cited.

The historian William White, summing up a consistent thread running through more than 200 years of recovery, writes:

Addicts simultaneously want – more than anything – both to maintain an uninterrupted relationship with their drug of choice and to break free of the drug. Behaviorally, this paradox is evidenced both in the incredible lengths to which the addict will go to sustain a relationship with the drug and in his or her repeated efforts to exert control over the drug and sever his or her relationship with it. (White 1998:335).

The physician/journalist/photographer Lonny Shavelson, whose portrait of five addicts in San Francisco (*Hooked*) is one of the most empathetic and realistic descriptions of addict life ever penned, writes:

[T]he fierce power of an addict's obsession with drugs is matched, when the timing is right, by an equally vigorous drive to be free of them. (Shavelson 2001:36)

The senior academician Prof. Edward Senay of the University of Chicago, speaking from decades of clinical experience, writes:

The majority of substance abusers [...] are intensely ambivalent, which means that there is another psychological pole, separate from and opposite to denial, that is in delicate, frequently changing balance with denial and that is a pole of healthy striving. (Senay 1997:364)

Similarly, Prof. George Vaillant of Harvard, summing up a study that followed a sample of alcoholic men for more than 55 years, writes:

Alcohol abuse must always create dissonance in the mind of the abuser; alcohol is both ambrosia and poison. (Vaillant 1995: 298)

These writers attest that the urge to become free of the drugs of addiction is part of the addicted person's core life experience, alongside and in conflict with the urge to drink/use. Although the individual in whose mind this dissonance plays out experiences it typically as intense discomfort, even agony, there lies the root of change for the better.

I've purposefully drawn the "A" in Drawing 1 as larger and on top of the "S," to represent the fact that most of the time, in people who are still actively using alcohol or other drugs, the "A" governs them and is in control of their thoughts and actions. In reality, this is an ever-shifting mental balance that can tip back and forth in fractions of a second. What the drawing shows is the average state, the default condition, of the person still drinking/using, before they have entered and become stable in recovery.

2.3.2: When "A" Connects With "A"

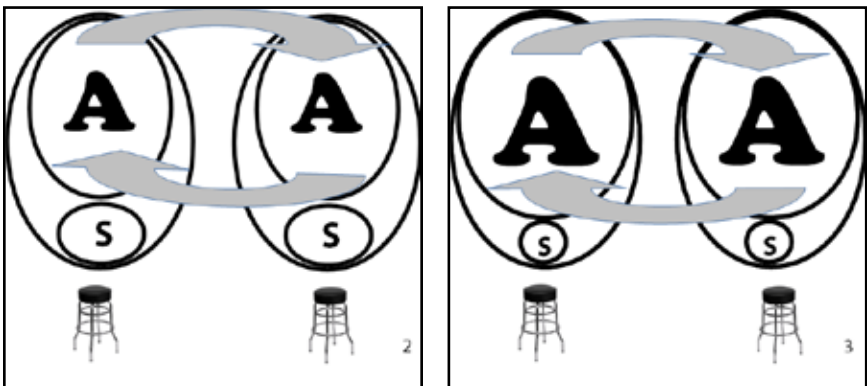
Out in the world, most of the time, when two or more people connect who look like Drawing 1 inside, the addict part in the

one reaches out and touches the addict part in the other. They establish addict-to-addict communication, as shown by the arrows in Drawing 2 (below), where the two people are sitting on stools at a bar. If we start with the person on the left, the outgoing arrow might be something like, “Let me buy you a drink,” and the incoming arrow, which completes the circuit, would be something like, “Sure thing, and I’ll get the next one.”

It’s important that the arrows go both ways – that the communications form a circle. Psychologists call this a reinforcement or feedback loop. Compare this with jumper cables. Jumper cables have two wires. If you just connect one wire, nothing happens. Power flows only when both conduits are hooked up.

For simplicity, the drawing only shows two arrows. In real life, the addict-addict dialogue would consist of many incoming and outgoing messages, all with the same basic content, forming an active closed circuit connecting one “A” with the other.

What happens to the strength and scope of the “A” inside each participant in this loop as this kind of energy flows back and forth? Everyone knows what happens within each addict when addicts connect as addicts: the “A” grows bigger and more powerful within them. Drawing 3 shows the progression of the addiction within both persons at a more advanced stage of the connection. The “A” has grown bigger and more dominant, and has squeezed the “S” into a smaller area of influence.



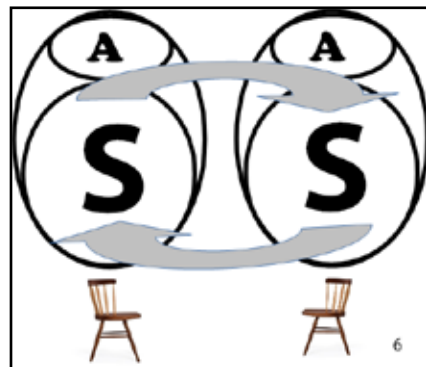
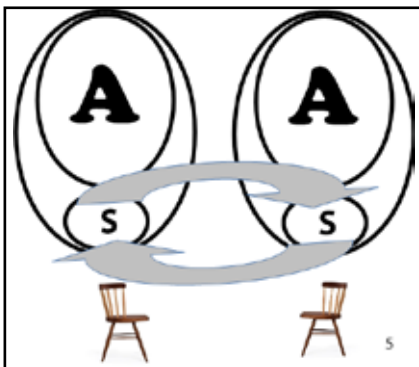
If this circuit continues unbroken, eventually the “S” will lose all traction within the person’s thoughts and actions. There will no longer be a voice within the person that says “Whoa!” At that point it is only a matter of time and money before they die. If they have enough money to get all the drug they want and enough undisturbed time to do it, only luck will save them. Maybe someone will find them, pick them up and call 9-1-1 before it’s too late. Otherwise, it’s over. When a person is 100 percent “A,” they are dead (Drawing 4 right). Addiction has claimed another victim.



2.3.3: When “S” Connects With “S”

Although the lethal feedback loop between “A” and “A” is very common, it is not inevitable. If people come or are brought together in an environment that blocks or attenuates the “A”-to-”A” connections and facilitates connections between the sober selves, “S”-to-”S”, then a different outcome is probable. Drawing 5 (below left) shows the initial connection. Here the individuals are in a sober setting such as a LifeRing meeting.

Here, the initial outgoing message (left to right) might be something like, “I feel it’s time to do something about my drinking.” And the return message might be, “That’s why I’m here too.” The



drawing shows only a single set of arrows, but in a real connection there are many messages with a similar content going back and forth continuously in an active feedback loop between “S” and “S.”

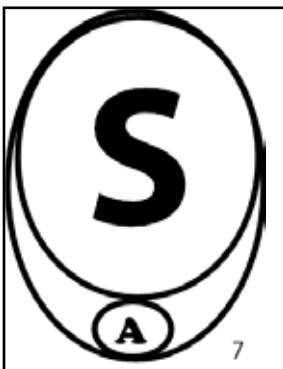
As in the other case, the product of an ongoing sober-sober connection is reinforcement of the sober areas. Drawing 6 (previous page, bottom right) shows an advanced stage in this process. Each message in the circuit is like a little jolt of energy that sends more power to the connected area.

Gradually, over time, as the loop keeps working, the “S” in each participant grows stronger and larger, and forces the “A” to retreat into a smaller sphere of influence.

At some point in this positive progression, the balance of forces inside the recovering person reverses or tips over. The “S” rises to the top and replaces the “A” in the dominant position in a more or less stable, resilient manner.

Turnovers of this kind in both directions are common during the person’s career and even during any given day, hour, or minute. The key achievement of the “S”-to-“S” social reinforcement process is the stability, resiliency, and security of the new, “S”-dominant position.

Before, the person was an addict with a suppressed urge to be sober. Now, they are a sober person with an addiction locked up inside (Drawing 7, below).



If they take care to keep their sober self active and supported, the “A” will lie dormant for life. So long as they do not put alcohol or drugs into their body, they can lead a perfectly normal life. They can realize all the potentials that are within them and seize all the opportunities that life presents.

But if they drink or use again, they revert sooner or later to Drawing 1.

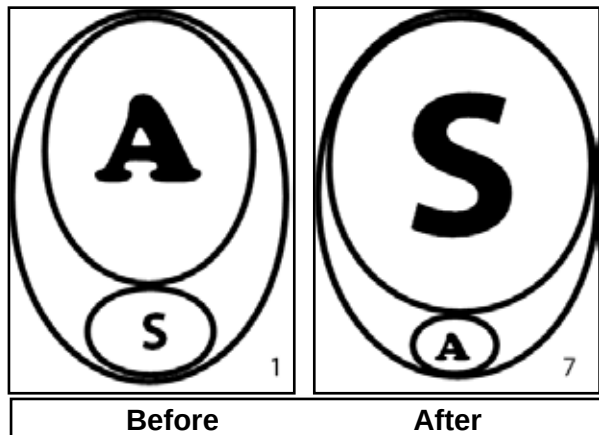
The shorthand description for the progression from the “before” to the “after” condition is empowerment of the sober self. That is, by engaging in a focused, purposeful connection with others similarly situated, the individual frees up the sober potentialities that were latent within, so that this sober force now surfaces in a stable, resilient manner, rises to the top, and defines the person’s identity.

In slogan form, the aim of the group process is, “Empower Your Sober Self.” You will find this slogan embedded in much of the LifeRing literature, and it forms the title of a book that describes the process in greater depth. Some further discussion of this point is in the chapter on Self-Help in the current volume.

The process here described is not the only possible method for getting to a recovery outcome. Just as there are many ways to obtain fire – for example, lightning, rubbing sticks together, mixing chemicals – there are many processes that can yield recoveries.

I’ve focused on this particular process because it is the one that is central to what convenors do in LifeRing recovery meetings. Over the years, I’ve found the metaphor of the “A” and the “S” helpful in understanding what is happening within and between individuals in meetings, and in guiding my work as a convenor.

Now let’s take a look at what LifeRing convenors see and do.



2.4: The Convenor Sees the Good in Bad People

The LifeRing convenor looking at a person who is approaching recovery sees more than meets the average eye. Most of the world sees only the addict, the alcoholic, the person who is bad, sick, weak, dumb, vicious, self-destructive, insane, etc., and who supplies an endless catalogue of depravity – theft, fraud, murder, molestation, incest, hallucination, mutilation, arson, attempted suicide, etc. – for the morbid fascination of the outsider. The convenor's knowing eye takes in that whole dismal panorama at a glance. The convenor neither condemns nor excuses the person for their bad history. It is what it is. It does not capture the convenor's attention for long.

What the convenor looks for and speaks to in the person approaching recovery is not their addiction (their "A") but their good side, their sober self ("S").

The LifeRing convenor knows that the heavy user of drugs and/or alcohol who comes to a recovery setting only appears to be one person, but is really two. The addict/alcoholic inside the person, who has dictated the person's conduct for most of the recent past, lives in a state of war with a clean and sober doppelganger.

- Within the person there is not only the bad but also the good.
- There is not only the disease but also the immune system.
- There is not only the lunatic bent on self-destruction, but also the sensible person who wants to survive.

Helping someone toward recovery means finding, recognizing, activating, reinforcing and facilitating the empowerment of that healthy striving inside the person.

Therefore the convenor treats each person approaching recovery with respect and kindness, no matter how deeply they have fallen and how much they have harmed themselves and others.

The convenor stands before the person approaching recovery as an equal, and conveys the absolute expectation that the person can succeed in leaving the past behind them and building a new life founded on sobriety.

Sometimes the LifeRing convenor has to maintain this vision in the face of considerable resistance. Society in general views the addict from above, with a mixture of pity and disdain. The healing professions have a long history of contempt for addicts and alcoholics; and this is often mutual. (White 1998:332)

Even in the field of chemical dependency treatment, which arose in part to provide the addicted patient with a shelter from the disdain of other professionals, it is not unusual to find staffers who see only the addict in the addict.

Addiction lecturers frequently present the disease concept of addiction in a one-sided, antiquated manner, as if the innate immune system that engages with and fights disease had not yet been discovered, or did not apply to this condition.

The faith-based recovery model, where healing depends on the outside intervention of a “higher power,” starts from the assumption that when it comes to the power for recovery, the alcoholic’s tank is empty.

Each of these visions is blind to, ignores, dismisses, or steps on the addict’s own inner sober resources, the “S.” These models look inside the addict and find nothing to admire and nothing to work with. In essence, they have given up on addiction and on the addict.

The person in active addiction all too often echoes these paralyzing views and displays little persuasive evidence that contrary, healthy forces are working within.

At times, the LifeRing convenor’s vision that there is good inside of people who are so very obviously bad – that there is health

inside of people so obviously sick – seems merely a hypothesis, a metaphysic, a faith, or an illusion.

The convenor's vision finds regular empirical validation in the successful conduct of a recovery meeting. If addicts were only bad, there could be no good meetings. If addicts were only sick, the meetings would only spread the infection. If addicts had no recovery power, they would have nothing of their own to contribute to groups except the chronicles of their depravity.

If addicts were only addicts, then there would be no difference between recovery meetings and bar room or drug house gatherings.

Yet anyone who has ever attended a LifeRing meeting will have witnessed a remarkably positive, healthy, sober, lively, and frequently laughter-filled encounter.

Where did all those horrible people go, who caused so much grief to others and themselves? Where did all these likable, vulnerable, interesting and bright individuals come from who populate the meeting? The answer, of course, is that both personas have been in the same bodies all the time, and still are.

It just took someone to see the good in them and bring them together in a way that validated, connected and reinforced that goodness.

2.5: The Convenor Facilitates Connections

The LifeRing model of recovery differs from many others in that we locate the healing power within people and in their togetherness, and not in something external to them. The force that heals arises from within people and gains power when they connect so that it flows between them. The convenor's art and science lies in aligning the connections in a purposeful way.

In chemistry, a catalyst is an element that makes it possible for two or more other substances to react with each other and to

become transformed. The catalyst is not a fuel or an ingredient in the reaction; it merely lines up the molecules of the other substances in a way that allows the reaction between them to take place.

The LifeRing convenor is a kind of catalyst. The convenor's actions make it possible for others to connect with each other and to become transformed. The energy and the material for the transformation came from within them; all that the convenor did was to line them up properly so that they could connect and start the reaction between them.

Some people command a high price for this wisdom that the LifeRing convenor gives away for free. Witness Marshall Goldsmith, ranked among the top ten executive coaches by the *Wall Street Journal* and profiled in the *New Yorker* and *Harvard Business Review*. Says Goldsmith:

A key thing is, I really don't hold myself up as 'coach as expert.' I'm much more 'coach as facilitator.' Most of what my clients learn about themselves they don't learn from me. They learn from their friends and colleagues and family. Anybody around you can help you change your behavior, and they can help you more than an executive coach can. (Goldsmith 2000:22,24)

Although convenors may help to bring about extraordinary transformations, they are ordinary persons in recovery and do not possess or require extraordinary powers. The traditional superhero costumes do not fit the convenor. For example:

- The LifeRing convenor is not a power figure like a surgeon who slashes people open, fixes the mess in their innards, and stitches them up again all better.
- The convenor is not a psychiatrist who develops deep theories about what is wrong with the patient and prescribes appropriate therapies and medications to cure them.

- The convenor is not a chemical dependency treatment counselor or therapist, who assigns a clinical protocol and supervises the patient's progress through it.
- The convenor is not a shaman or priest who channels the power of a supreme being to heal people or save them from evil.
- The convenor is not the mother or father of others' recoveries.
- The convenor is not a performer who puts on a transforming spectacle.
- The convenor is not a professor, wise man, sage, or guru.
- The LifeRing convenor is not the disciple of any prophet nor the scholar of any particular doctrine.
- The convenor is not a recovery expert and is not the owner of any special truth.

This last point bears emphasizing. The LifeRing convenor does not have, and does not pretend to have, a Truth, a Way, a Magic Bullet, or some other sure-fire cure for addiction, other than the homely wisdom that you will stay clean and sober if you don't put drugs or alcohol into your body.

The LifeRing convenor refrains from telling other people what they must do in order to get or stay sober.

I have been clean and sober more than twenty years now and I have a good idea how to keep me that way. I do not know how to get you clean and sober and keep you there.

There are many different ways to do it. What worked for one person often fails another. There are no panaceas for addiction. White, after surveying nearly 300 years of recovery history in the United States, concludes emphatically:

There is no universally successful cure for addiction – no treatment specific.... [A]ddiction professionals who claim universal superiority for their treatment disqualify them-

selves as scientists and healers by the very grandiosity of that claim. (White 1998:342)

I do have complete confidence that you can find a way that works for you. You probably already know the way, or sense it, from the experience of living in your body.

As a convenor I offer you my best efforts to create and to sustain a supportive social framework in which you can pursue your work of self-transformation. There is more detail about this topic in the chapter on Self-Help.

The LifeRing convenor's role, then, is to facilitate a process that runs between and within others. At given moments, in a pinch, the convenor might have to do a bit of healing, a bit of enlightening, and a bit of bossing around, but all those things are incidental and exact a price.

The core of the convenor's role and the source of the convenor's renewal is to connect people with each other in a way that empowers their own inner urge to be free of alcohol and other addictive drugs.

2.6: The Convenor Empowers Others

In an established LifeRing meeting where everyone is familiar with the format, the convenor may be almost invisible and the role may seem trivial. Apart from speaking a few ritual words that signal the opening and closing, and handling a few chores with the clipboard and the basket, the convenor seems to be nothing more than an ordinary participant. If you come in a few minutes late and leave a little early, and the meeting is humming along smoothly, you may not have a clue which member is the convenor. You are probably then in the presence of a convenor who has mastered the role.

It's only when there is a snag in the meeting's process that you may discover who the convenor is. For example, someone goes on

much too long. The next person who wants to speak is squirming in their seat. Other members are tapping their feet impatiently. The convenor is the one who interrupts and asks the talker to please look at the clock.

The convenor did not interrupt because the convenor wanted to speak, but because others wanted to. (The convenor will also personally refrain from going on too long, on the same ground.) In general, what distinguishes the convenor’s role from that of the ordinary member is its other-directedness.

Almost every meeting participant in time connects with others and allows others to connect with them. That is the core process within a well-run meeting; it embraces everyone including the member who also wears the convenor hat. The convenor’s distinct responsibility as convenor is to facilitate and protect the sobriety connections of others with each other.

When the convenor has laid the foundations properly, then people in the meeting will engage in sober-sober communication with one another all around during the course of the session. In a good LifeRing meeting there is broad participation and active crosstalk involving practically everyone at some time during the session.

The person who believes the convenor’s primary function is to gather people into a circle focused on the convenor is not yet thinking like a LifeRing convenor at all. The meeting is not about the convenor. The meeting is about facilitating sober connections between the participants all around, so that the participants themselves become connected and empowered.

If you were to draw a chart showing who has talked or responded directly with whom at some time during the meeting, you could get a picture like Drawing A, next page, bottom left. Drawing A shows a meeting in which every participant connected with at least three other participant at some time during the session. (Assume these are all “S”-to-“S” connections.) This sketch rep-

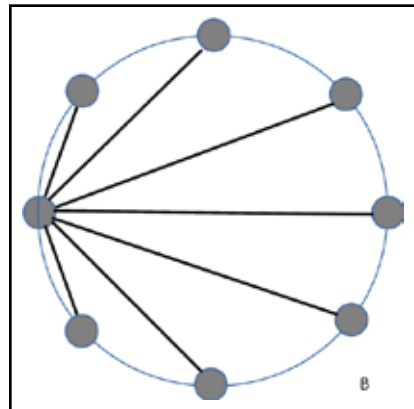
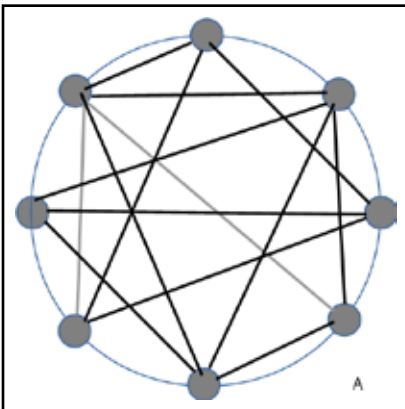
resents an ideal rarely achieved in real life, but it indicates the general aim of the convenor's work. A meeting in which everyone established a bond of supportive communication with everyone else is the strongest possible meeting.

By contrast, if a meeting only has connections running between the convenor and the other participants, without more, it is a weak meeting; see Drawing B, below right. The convenor in Drawing B is acting like a lecturer, a guru, a healer, doctor, or shaman, not yet like a convenor. Such a person may feel a sense of control, enjoy being the focus of attention, and receive many strokes, but they have not yet begun the actual work of convening, which consists of facilitating others to connect with each other.

Eye contact shows the pattern. If every meeting participant looks at the convenor when sharing the story of their week, the convenor is being seen as an authority with healing powers. If this happens to me, I make it a point not to return eye contact, but to look around at the group instead. It may be necessary to ask the person speaking to address the group.

Similarly, if some member other than the convenor were to monopolize the airtime, the purpose of the meeting would be diverted.

A good meeting is one where at the end all the members feel stronger and more connected in their sobriety than at the begin-



ning. The process-centered LifeRing meeting format, with its emphasis on participation, on everyday real-life issues, and its broad scope for crosstalk, is well adapted for this purpose. There is more detail about this in the next chapter.

Outside the meeting, the same concept of other-directedness defines the convenor’s role. To bring another person to the meeting you attend is a form of outreach, and that is a form of convenor work. Convenor work also includes bringing a person you don’t know to a meeting you yourself don’t attend.

Members who give LifeRing presentations, who write for publication, who maintain an online platform, who do computer entry, answer phones, fulfill literature orders, keep the accounts, or any of the scores of other services that are required to get and to keep others connected with each other – these are also doing convenor work. To do convenor work means to facilitate and to empower other people to get together in recovery, including people whom the convenor doesn’t know and may never meet.

A person may have read many books and have a deep understanding of drug and alcohol issues, but if this person does not play a role in bringing people together in recovery, this is not a convenor. A convenor disconnected is a contradiction in terms. A convenor alone is powerless. All the convenor’s power to effect change comes from bringing people together.

2.7: The Successful Convenor Can Step Away

The ultimate test of whether a convenor has succeeded in bringing people together in recovery is whether the convenor can walk away.

In an established LifeRing meeting, the convenor has laid the foundations so well, and the participants have become so con-

nected with one another, that they almost run the meeting themselves without the convenor's intervention.

That is the ideal, and the convenor who achieves it deserves the highest esteem. In order to earn that gratification, the convenor needs to be able to pass on the clipboard and the rest of the convenor role to a successor.

There is nothing more personally gratifying for a convenor than to come back to a meeting two years or five years or more after having been its convenor, and find it still up and running and helping people stay clean and sober. In that sense, the convenor's role is similar to a parent's: nothing is more heartwarming than to see the offspring thriving on their own.

When I convene a LifeRing meeting, I make it my Rule One to work myself out of the job and to prepare to hand over the role to a successor. I make it a conscious policy from the first session to identify the likely people who in due time will become convenors, and to prepare them to take over the role. (In some special settings this policy needs to be adapted; see Chapter Nine.) As a LifeRing convenor I do not teach people how to get sober, but I do teach sober people how to become LifeRing convenors. There are more details about how and when and to whom to pass the baton in the Chapter Fifteen of this book.

Being able to hand over the clipboard, step away, and watch the meeting thrive is not only a matter of intense personal gratification for the convenor. The motto "Pass It On" is essential to the survival of the meeting and to the health and growth of the LifeRing network.

I have seen convenors in our predecessor organization who remained the leaders of the same community-based meeting for years and years. They came to treat the meeting as their personal property and to see themselves as indispensable. They made no efforts to attract or train successors or to rotate the convenor role. When those convenors eventually burned out or moved away,

“their” meetings collapsed. The participants had become dependent on that convenor and could not proceed on their own. This is hardly a model for an addiction recovery organization, is it?

A community meeting where the only person capable of convening is the current convenor, and where no one has emerged as a likely successor, is either a new meeting just getting off the ground, or an old, dried-up meeting that is waiting to die. Such a meeting is fragile, brittle, liable to be shattered by the smallest reverse, and doomed to disappear when its current convenor cannot continue.

The mature, resilient meeting is one that has a core group of past and future convenors in it. Such a meeting has a depth of experience and ability that will carry it through any challenge and any change of personnel.

Moreover, such a meeting will spawn new meetings as it outgrows its rooms and as its experienced members seek the challenge and satisfaction of bringing more people together in recovery elsewhere.

At this time, the demand for LifeRing meetings outstrips the current supply of convenors ready to lead them. Convenors with the experience of starting new meetings are especially valuable.

When they have successfully started one and turned it over, they will be needed somewhere else to start another. The principle of “Pass It On” ensures that there will in time be LifeRing meetings everywhere that people in recovery want to have them.

2.8: Seven Reasons to Become a Convenor

People who become convenors do it for a variety of good reasons. The following seven are the ones I hear most often. One: it helps their recovery. Two: it expresses gratitude. Three: it’s a moral obligation. Four: it gives a higher meaning to their life. Five: somebody has to do it. Six: it feels good. Seven: for love.

2.8.1: It Helps My Recovery

Being a convenor can be helpful to one's personal sobriety in several obvious ways. For example, the convenor is expected to appear at the meeting on a regular basis, and any kind of regular sobriety practice is usually an effective recovery tool. (For examples, see *Recovery By Choice*, Ch. 3, Sec. 11, My 'Daily Do.')

The convenor has a higher profile as a person in recovery than the average participant, and is therefore likely to have a larger and more active support network. Acting as convenor involves a deeper emotional commitment to recovery than the average person. Relapsing while in the convenor role would be a serious setback not only for the convenor (it would end their current usefulness as convenor) but also for others in the meeting who may have come to look to the convenor as a role model.

For these and similar reasons, many persons who already have their personal recovery programs well launched choose to take up the convenor role for its ongoing supportive benefits. There is more discussion of this issue in the final chapter.

LifeRing Convenor Mary S.:

Tonight's meeting was just one of those wonderful gatherings in which I felt tremendous love and connectedness with each person present.

A member with eleven months' sobriety convened the meeting. It's such a joy to see the transformation that has taken place in him, as he moved from viewing sobriety as a straitjacket to really unfurling his sober wings....

I felt the love of those who truly understood my struggles. I felt gifted by a generosity I never experienced prior to my recovery.

It hasn't always been a rose garden, but my decision to become a convenor, rooted in the purely selfish need for a viable f2f alternative to AA, has been one of the greatest joys I've known.

2.8.2: To Give Something Back

A second reason to become a convenor is gratitude. When I decided I had to do something about my drinking, I found a support group already functioning and available to me. A handful of convenors had arranged for the room, put out literature, and got the meeting up and running. I derived an enormous lifetime personal benefit from their effort. Most newcomers are in a similar situation. After one accumulates some sobriety time one begins to feel grateful to the group. The dollar or two that the average member puts into the basket falls far short of compensation either for the benefit one has received or for the effort that others expend to keep the group running. Donating one's time as convenor is one way to show gratitude and give something back.

2.8.3: Because of the Golden Rule

A third reason to become a convenor is similar to gratitude, but on a different level. It is based on the golden rule of ethics: what goes around, comes around. When I sowed addiction, I reaped addiction and fed on despair. Becoming a convenor is an ethical affirmation of one's individual responsibility for the messages circulating in the social network. The convenor sows a message of sobriety and prepares a harvest of hope and positive transformation.

2.8.4: For More Meaning in Life

A fourth reason to become a convenor is to reach a higher sense of meaningfulness in one's life. Meaning in life arises from connectedness with others. Drugs and alcohol led many people into social isolation, or into a set of phantom relationships with drinking/drugging partners or codependents. Participating in a self-help recovery group over time means re-connecting with people (or connecting for the first time) and establishing authentic relationships. This is a great improvement, and it is enough for many

people. However, some people seek a meaning in life beyond self-repair and self-transformation. Becoming a convenor is a way of dedicating oneself to a mission of service to others, and this can yield a deeper sense of purpose and direction in one's life.

2.8.5: Because Someone Has to Do It

A fifth reason why people become LifeRing convenors is because they feel that something has to be done. Despite more than 60 years of nearly everyone being funneled into recovery on the 12-step pattern, the drug and alcohol problem shows no signs of abatement. There is a great deal of room for improvement in the way we as a society approach the issue. Someone has to step in and help build another road. The LifeRing convenor is the agent of an unspoken social consensus that it is time to give people a meaningful choice of recovery paths.

2.8.6: Because It Feels Good

A sixth reason why people become LifeRing convenors is for the emotional rewards. The convenor's efforts frequently result in profound changes for the better in others' lives. To be a witness to so much transformation is already a privilege. To be a catalyst in such a process can stir one's feelings with indescribable force, bringing up tears of gladness. When I leave a meeting at which things have gone well, I feel a sense of warmth in my gut, unlike any other satisfaction I have experienced. Being a convenor not only does good, it feels good.

2.8.7: Because Convening is Love

A seventh and final reason why people become convenors is love. When people have been clean and sober for some time, they sometimes feel an upwelling of love pent up inside during the long winter of their addiction. Now it surges out of them and seeks an object. No flesh-and-blood person has sufficient magni-

tude to absorb this force. It requires a transcendent object. The role of convenor affords such overflowing love a worthy channel. Love the good in bad people. Nurture the health in people who are ill. Take people whose instinct is to hide and isolate, and bring them together. Connect them, protect them as they recover their self-respect and exercise their sober legs. Bringing people together in recovery is a transcendent embrace. To convene is to love.

2.9: In Appreciation of Convenors

The whole LifeRing network exists so that people in recovery can come to the meetings, talk about their current recovery issues, get their sobriety charged up, help strengthen others' sobriety, put a couple of dollars in the basket, applaud, feel good, and leave. This meeting process keeps people clean and sober, week after week. Thanks to their sobriety, people develop new lives, new relationships, new interests, new everything. They become transformed in diverse and wonderful ways that no one, not even they themselves, could have anticipated.

People can have perfectly satisfactory recoveries without becoming missionaries. We are a pragmatic organization, not an evangelical one. But there will always be some among our members who get inspired by what they see happening and leap up to get involved. Whatever their mix of motivations, when they see the need for a meeting, they step in and start one. When they see a lack of literature they get it or make it. When they see anything that needs to be done, they get down and do it. They are both talkers and doers, but above all doers. They not only dream, they convert their visions into nuts and bolts and make them work. They are producers, makers, shakers, people who move mountains. They are LifeRing convenors.

Convenors are the core of our organization, and the bridge to its future. Those comfortable meetings with their friendly process, the week-to-week recharge of people's sobriety energies,

all the benefits that spin off from sobriety – none of that would have started, and none of it would keep going very long, without someone to found the meeting, set up the room, establish the meeting format, keep the conversation rolling, provide the literature, connect the meetings together, and perform scores of other services in and outside the meeting context. People emerging from the cave of alcohol and drugs need people who can bring them together. Recovery requires convenors and members who do convenor work. The convenors of yesterday and today need to pass on their accumulated experience and knowledge to the convenors of tomorrow, so that our network of hope, choice, and transformation may have continuity and growth.

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