

## **Chapter 3: How Was Your Week?**

### **3.1 About This Chapter**

This chapter answers the question: “What do people do at a typical LifeRing meeting?” It discusses the main body of the process-focused LifeRing meeting format. This consists mainly of first-person reports about current events in each participant’s recovery, combined with supportive conversational feedback, also known as crosstalk.

This chapter assumes that the room has people in it, that someone has already read the opening statement, and that the only thing required now to get the participation flowing is for the convenor to pronounce the opening line, “How was your week?”

### **3.2 A Newsreel of Highlights and Heartaches**

“How was my week?” Most convenors have seen a first-timer at a LifeRing meeting look startled when it comes their turn and blurt out, “What am I supposed to do? Oh, talk about my week? OK, I can do that.” They go on and do it, immediately. Everyone has had a week. Talking about the current events in their life is something almost anyone can and will do. This invitation has a low entry barrier. Using this format, people can be successful and comfortable at participating in a recovery meeting from Day One.

The most productive “How Was Your Week” check-ins resemble a newsreel of highlights and heartaches. Like a weekly “news in review” program, the speaker pulls out one, two, or a handful of emotionally meaningful anecdotes from recent days that stick in their mind, and relates those in rich detail.

The material that people bring to the meeting is as broad and varied as real life. No two meetings will have the identical content. But certain concerns come up time and again. In no particular order, the anecdotes that LifeRing participants frequently contribute in their weekly “highlights” newsreel come from these general areas:

- **Close encounters with alcohol/drugs.** For example, being in a scene where alcohol/drugs are present, having it offered to you, having a craving for it, running into a former dealer, having a drinking/using dream, finding a forgotten stash in the house, etc.
- **Relationships.** For example, a Significant Other who is clueless about one’s recovery, or is supportive at a critical moment; a family member who said something hurtful or helpful; true friends and so-called friends; getting respect and understanding in a relationship; breaking up or starting something new; dealing with a death in the family; responsibilities toward children, and much else.
- **Feelings.** For example, feelings of depression one felt this week; grief, anger, boredom, love, abandonment, loneliness, happiness, pride – any other emotion, up, down or sideways, that had an impact on one’s recovery one way or another.
- **Work issues.** The whole gamut: unemployment, interviewing, promotions, boss problems, issues with fellow workers, retirement, etc. – whatever impacts a person’s recovery.
- **Money problems.** For example, paying for treatment or for sober housing; getting on disability; having “too much” money (temptation to use); dealing with debts, child support, bills, bankruptcy, windfalls, other sources of financial stress.
- **Health issues.** Medications the person is taking, dual diagnosis issues, doctor stories, evaluating different treatment programs, dealing with surgeries, injuries, sicknesses, pregnancy, etc.
- **Spare time issues.** Vacations, holidays, barbecues, parties, sports, hobbies, concerts, trips, TV programs, films, etc.

And much more. Whatever has touched the person’s recovery that week is a fair topic to contribute to the check-in. The typical meeting

thus will feature a variety of topics, depending on who is present and what is happening in their recoveries at this particular time.

The underlying assumption of this meeting format is that recovery is an ongoing project, a work in progress, a continuing voyage. The check-in is similar to a progress report such as would be given by a project manager, author, navigator, or other responsible person. A person may pass, but this is rare; most people participate from their first meeting. Simple arithmetic will indicate the average amount of time available to each one. The expectation is that everyone in the meeting will get some air time to present their current ongoing recovery progress report.

### 3.3 Planning Ahead

Although it's put in the past tense, the question "How Was Your Week" is shorthand for a larger invitation to talk that also includes the week ahead. The opening statement usually spells out this point.

One of the most useful things the participants can do for one another is to help make plans for challenges coming up. For example, a member has to attend a relative's wedding next week, and asks for ideas for how to survive it clean and sober. Others contribute their experiences and thoughts. The person selects the ideas that seem most useful and makes a plan. Then, next meeting, the person can report how it went. Birthdays, anniversaries, and family gatherings all may present challenges to a person's recovery and are good topics to discuss in advance.

Making plans for the week ahead is particularly important before notoriously difficult passages such as holidays. Every year a proportion of recovering people in the U.S. relapses on Valentine's Day, St. Patrick's Day, July 4, Labor Day, Halloween, Thanksgiving, Christmas, and New Year's. This clockwork massacre could be largely avoided by anticipating and planning ahead. The LifeRing convenor will want to nudge and encourage the meeting participants in the weeks before every holiday to talk in detail about how they are going to survive it sober. (There is much useful material about surviving the challenge of holidays in *Keepers* (Nicolaus 1999:201).) Where will I be? Who will I be with? How will I handle the foreseeable challenges that usually come up? A person prepared is a person more empowered.

If people are habitually forgetting to talk about their next week, the convenor could change the format by opening the meeting with the

question "What's coming up next week in my recovery," or "How will I survive Halloween clean and sober?" Or the convenor could nudge a person after they have talked about their previous week by asking "And what does your next week look like, Sandy?" Or, if no one has talked forward, the convenor could start a second go-round on the topic, "What is coming up for my recovery next week?" One way or another, the convenor will encourage people gradually to raise their eyes from the ground, at least occasionally, and look up the road toward the next meeting.

### 3.4 Gory Details Please

The "How Was Your Week" format works best if people enrich their contributions with significant detail. Details are the handles that allow people to grab on to someone else's truth and take it in.

"Yesterday I got so depressed I almost left the house to get a supply. Instead I lay down and took a nap. When I woke up I felt better." Listeners may take from this specific detail not only the particular idea that the speaker laid on the table ("take a nap") but also the broader concept that our feelings at any given moment are not commands that we must unquestioningly obey. (See *Recovery by Choice*, Ch. 6, Sec. 15.) We can take actions that defeat our urges to use or drink. These truths are important tools for the recovering person.

A young man in a meeting I convened recently shared that his biggest sobriety challenge this past week was watching football on television. He found his arm reaching out, reflex-like, for the can of beer. How did he get through it? He bought a six-pack of root beer. He watched the game with another sober friend in recovery. When the triggers got uncomfortable (such as during the beer commercials) they turned off the set. Three valuable tools in three sentences!

In the lively crosstalk that followed, people contributed more. Watch college ball instead of pro ball (no beer ads). Tape the game and watch the replay after you know the final score. Sit farther away from the set and turn down the volume so that the stimulus doesn't overpower you. Screw football, go for a walk instead. And more.

Sometimes people have no tools in their toolbox. For example, they don't know any good ways of saying, "No, thanks" when alcohol is offered, and so they stammer, stumble, and give in. Working in a LifeRing group, they could probably learn an array of twelve tested answers in about six minutes. The *Recovery by Choice* workbook has a good collection of them (Ch. 5, Sec. 14). Or they don't know how

to protect their sober glass in a drinking situation. A simple old trick like, “Keep a rubber band around your glass and always keep it topped up” might turn the tide for them. Or they don't plan ahead; they don't have their own transportation home when it's time to beat an escape.

Whether it's taking a nap, taking a class, taking a shower, going for a walk, having a talk, volunteering at the library, cleaning the house, reading a book, or any number of other things – the meeting is a constant stream of vivid, practical ideas that worked to keep someone sober, someone you can see and talk to. Over time, the accumulation of tools contributed in this concrete, nonthreatening, easily accessible fashion affords each participant the opportunity to select and assemble a personal tool set appropriate to their particular needs.

As the meeting's convenor, I sometimes have the opportunity to pull some general truths out of the diversity of concrete details that participants have laid on the table. For example, I may venture something like, “Urges are to be expected, but we don't have to let them overpower us.” “There's lots of ways to beat a craving.” “We don't have to act on every feeling.” “We have choices about our voices.” As long as I don't overdo it and become repetitive or pedantic, a few well-chosen generalities can help to bring the diversity of details into a sharper, more coherent focus.

At other times, I have to look beyond a wall of bland generalities to get at a vivid core of detail. In new meetings, people sometimes answer the invitation to talk about their week with a drab cliché: “My week? Fine. Just taking it day by day. Thanks.” Then they look to the next person. Of course, the person has a right to pass, and if that was their intent, then the convenor needs to respect it. But if the person simply doesn't know what is expected, the convenor may want to invite a more detailed contribution. For example, “OK, Ronnie, I'm glad you stayed clean and sober. Can you share with the group how you did it? Did you run into any situations this week that in the past you would have drunk or used over? What did you change this time so that you were able to stay clean and sober?” Or, “What specifically are you doing different each day now from what you did when you drank or used every day? Can you share the secrets of your success?”

Telling a story rich in significant detail comes naturally for some people, but others need help to overcome talking in clichés. The convenor who has people unclear on the concept may want to model the detailed narrative, or begin the check-in with a participant who is particularly skilled at speaking in colors.

Details also matter when looking forward. A general plan such as “I'm going to stay sober at my sister's wedding” is weak. The convenor or another participant may want to ask questions such as, “OK, Alex, what exactly will you do when all the wedding guests are raising their champagne glasses to the bride and the groom?” – “Where will you get an amber nonalcoholic beverage to put in your glass?” – “How will you get that beverage into your glass in time for the toast?” – “How will you prevent the server from filling your glass with champagne while you're not looking?” The more experienced group participants can help Alex put together the nuts and bolts that will make the plan work. (For a worksheet that encourages detailed event planning, see *Recovery By Choice*, Ch. 4, Sec. 3, “Learning to do one activity clean and sober.”)

Details, gory details, also make people laugh, and laugh hard – a very frequent side-effect of the LifeRing meeting format. A counselor walking by in the hall stuck his head in the door of one of our meetings recently and looked around sternly: “You guys are having too much fun in here!” We cracked up again. Addiction to drugs/alcohol is a grim business indeed, but getting clean and sober needn't be. Laughter sometimes comes welling up irrepressibly when people get sober. Sober laughter breaks down barriers and helps people bond in sobriety. Laughter is great recovery medicine.

### **3.5 Making “I” Statements**

A good habit that tends to bring out significant, colorful details is making “I” statements. “I” statements begin with “I experienced ...” or “I felt ...” or “I did ...” and the like.

“I” statements have many virtues in self-help meetings. They are based in personal knowledge or belief, and this tends to keep the talk grounded in reality – at least someone's reality. More important, “I” statements are modest; they respect other people's boundaries and their freedom of choice.

By contrast, statements that begin with “you” (as in “you have to do such and such”) or with the royal “we” (as in “we alcoholics always ...”) are bossy and disempowering; they invade other people's space and tend to repel and shut people out. The recovery writer Charlotte Kasl recalls feeling violated and alienated by the constant use of generalizations and stereotypes in twelve-step literature – “We” all did this and “we” all did that, usually selfish reprehensible things. This practice, she feels, “echoes the authoritarian righteous father speaking down to the children.” (Kasl 1992:227) Ironically, the people

most liable to bless their peers with instant diagnoses (“your problem is ...”), universal truths (“we alcoholics always ...”) and infallible solutions (“you have to...”) are usually those with about fifteen minutes of personal sobriety. The delusion that they possess magical healing powers seems to be a stage in some people’s early learning process. Most people learn with experience that I-statements tend to have more basis in reality and tend to be more effective in motivating change.

Compare these two statements:

“We alcoholics have to continue to develop in our sobriety in order to prevent relapse.”

“I signed up for a Saturday morning class to give myself another reason not to drink Friday night.”

The first statement has the cast-iron clang of Absolute Truth, and few would dare argue with it. But in pronouncing it, the speaker postures as an Authority entitled to lay down The Law, and this heavy-footed pose tends to send about half the audience into mental flight and the other half into rebellion. It conjures up no specific consequences for action that would allow anyone to get a handle on it.

The second statement expresses a similar idea as the first, but the emotional response to the speaker is likely to be warm, affectionate, approving: “Good girl, you’re taking care of business, that is a clever idea!” The statement makes no claim to lay down a rule for others, and so it inspires little fear or resistance. Listeners are likely to pick up the concrete detail (sign up for a class) and generalize from it to fit their own particular circumstances (for example: play soccer, go for a walk with my grandpa, volunteer at the animal shelter). The person who laid the concrete detail on the table as an offering is more likely to motivate positive change in some listener’s lives than the one who brandished The Truth as a sword over everyone’s head.

Participants may well bring in news articles or research summaries they have read, or share interesting recovery books, and engage in vigorous discussion of general recovery issues, but the talk always arises from and returns to the personal dimension. “I read this really interesting book, *Hooked*, by Shavelson. He argues the treatment industry needs to be reformed. Specifically (...). The book really helped me make sense of my own experience because (...).” Or, “Did you read that Caroline Knapp died? I was really moved by her book *Drinking, A Love Story*. She was only 42. Lung cancer. Hmm.” These meetings are not graduate seminars in a course on chemical dependency. The discussion always comes back to what is useful to the participants’ own recovery.

Even when a person has specifically asked for advice, the use of I-statements is always appropriate. I-statements promote the good mental habit of taking responsibility for one’s own recovery program.

### ***3.6 Your Week In Recovery***

The question “How Was Your Week” contains an implied limitation: the week *in recovery*. Sometimes the connection between a topic and recovery is not obvious on the face of it. I remember one meeting where a diesel mechanic and a fisherman spent quite a while talking about marine engines. I let it go on because they obviously found the topic fascinating, the meeting was small that night, and I was intimidated by their expertise; but I was fighting an urge to step in and ask “And what does that have to do with your recovery?” I realized later that I probably did the right thing to be quiet in that instance. Neither of them had ever talked shop before without a joint in one hand and a beer in the other, and didn’t think it was possible. The meeting was very liberating for their sobriety. Now they were freed to talk shop sober anytime; they knew they could do it.

Addiction is not a localized ailment like hemorrhoids. It is systemic; it can invade and attack every facet of a person’s life. Therefore, the range of issues that may be relevant to an individual’s recovery is very broad, and no two persons are likely to present exactly identical profiles. For a sample of the broad range of issues that can be relevant to recovery, see the *Recovery By Choice* workbook. Therefore the convenor will want to give a participant the benefit of the doubt that a given topic is related to that person’s recovery. In a sense, everything is linked with recovery somehow; one just has to look for the connection.

But there are limits. If a participant talks about nothing but marine engines week after week, then the convenor or another member may want to say a word to this person on the side and ask them what is really going on in their recovery. Sometimes such a person is facing very difficult recovery issues and is afraid to open up to the group. In other cases the convenor may want to tackle the issue head-on: “Terry, what does this have to do with your recovery?” If nothing were done, the meeting could in time drift off its recovery anchor and become a marine mechanics’ social club.

### 3.7 Similar But Different Formats

The question “How Was Your Week?” focuses the meeting on current events in the participants’ lives between meetings. As a rule of thumb, the time span of interest is the period since the last meeting and until the next one – most commonly, a week in each direction.

With some regularity, I run into people who are accustomed to meeting formats that sound similar but have different time horizons. At one extreme, a person may think the format is “What Is Your Life Story?” At the other extreme, someone may believe that the format is to talk about “What I Am Feeling Right Now.”

- **The Life Story format.** LifeRing meeting participants will usually get to know one another’s life stories over time. The autobiography comes out in installments. For example, when people have a current relationship heartache, they may flash back to previous events in that relationship or in previous relationships. Occasionally someone has an experience that seems to project their whole life onto a screen, and they share it at the meeting. Sometimes they just feel like telling their life story, and they do. That’s wonderful. But “telling your life story” is not the everyday LifeRing meeting format. One’s whole life story changes little from week to week, and repeating it week after week like a broken record would soon put people to sleep. More important, the “autobiography” format conveys the message that one’s life story is already basically finished and “in the can.” The LifeRing format, by contrast, tries to convey the message that one’s life story is very much unfinished, and that the really vital parts of it are here now, fresh clay in our hands, for us to design and shape as we choose.
- **My Feelings Now.** At the other end of the time scale is the topic “How (or What) Am I Feeling Right Now?” This is an exercise some counselors use in group therapy sessions to help people get in touch with their feelings. Often this topic leads people to analyze how they feel right now about the other people in the group, about the counselor, and about the meeting process. This is a useful therapeutic exercise for its purposes, and if the LifeRing meeting participants want to try it out some week, why not? But as a regular practice, this focus is misdirected. The meeting is not, as a general routine, directed inward on its own process, and the meeting is not psychotherapy. We help each

other to stay clean and sober regardless of how we are feeling. The main business of the meeting is for people to touch base, to present an account of their lives outside the meeting, and give one another support in recovery.

The convenor who sees that newcomers are misconceiving the LifeRing meeting format may want to nudge a participant toward the topic. For example: “OK, Ricky, but what was the highlight of your life story in the last week, and what new chapter will you write in your autobiography next week?” Or: “Thanks, Marty, how does your feeling good right now tie into what has been happening in your recovery since the last meeting?”

### 3.8 What “How Was Your Week?” Really Asks

The rationale for focusing on “How Was Your *Week*” is simply the practical one that most LifeRing meetings convene once a week. The seven-day period is not a fetish. If a member was absent last week or for several weeks, it would be very appropriate to fill the others in on everything that happened with their recovery since the last time they met. If a member is new and wants to briefly sketch their background and life history, that would be appropriate (but is not required). Similarly, if a member plans to be gone for a week or longer, it would not be amiss to talk about the recovery challenges that face them at any foreseeable distance in the future. LifeRing convenors will also want to be patient with the very newly sober whose horizon of consciousness is still measured in minutes or hours.

People who attend more than one LifeRing during the week soon learn to adjust their check-ins. If the group membership is basically different each time, they may repeat the same material at each meeting, curious to see if they get different feedback. If the group membership is mostly the same, they may focus on different weekly highlights and heartaches at each session, or they may shorten the focus to the few days between meetings. If they go to a LifeRing every day they might report on the highlights and heartaches of each day. I have seen very successful late-evening LifeRing meetings on the topic “How Was Your Day?”

There is nothing magical about the seven-day period. Except that it’s longer and more awkward, we could equally well say, “How Have You Been Since Last We Got Together?” It is as if the members of an extended family had scattered and gone their various ways and

had various adventures, and have now assembled again, and everyone wants to hear everyone's stories. The point is to express pleasure at being together again, and to communicate interest and concern for the other's life in the interval since the last meeting. "How Was Your Week" basically says: we care about each other, we want to learn from each other.

### 3.9 The Fewer "War Stories" the Better

The general observation that the weekly check-in benefits from "gory detail" is subject to an important exception. If a person at a meeting has spent their last week drinking/drugging, then the fewer details, the better. A vivid, detailed account of this activity is the last thing that people at a recovery support group meeting need or want to hear. Detailed descriptions of the drink/drug (for example, the quantity and type and brand of liquor, the amount and color or purity of the drug), blow-by-blow accounts of how they connected and how much they used and where and with whom, the quality and length of the high, and the like, tend to trigger the listeners' dormant cravings. "My friend offered me a Budweiser. I said that is horse p\*ss. Let me buy you a real beer. So we tried some of the local microbrews that this bar had, and then I said, let's do some real drinking. What do you prefer: Johnny Walker Red Label or Johnny Walker Black Label?" This kind of recital reinforces the inner "A;" it does not belong in a sobriety meeting.

Even descriptions of the tolerance level people reached ("I was drinking a gallon of vodka every other day, when I walked into the hospital I blew a .32") can trigger people. Paradoxically, such recitals can make people feel that they don't really have a problem and don't belong in the meeting since they never drank in that quantity.

It may be difficult in some cases for the convenor to draw the line where the detail becomes inappropriate, but it's important to be aware of the issue. The convenor may want to watch faces and body language carefully, and be aware of their own gut reactions, as a guideline for when to call a halt to the parade of "wet" detail.

Many people have reported that meetings where speakers told extended "war stories" awakened powerful urges to drink and use within them. They came out of such meetings with their sobriety undermined, and sometimes dove back into the drinking/drugging life immediately afterward. Such meetings were engines of relapse for them.

The purpose of LifeRing meetings is to strengthen the sober impulse within us, not to stir up and energize the addiction. We are here to connect on the sober-sober circuit, "S" to "S." (The reference is to subsection 2.3.3 on p. 16.) Unnecessary details about drinking/drugging are messages from the "A" and stimulate reactions from the "A" inside ourselves.

There is no problem with people describing at length the negative consequences ("I rolled my car, I landed in the Emergency Room, I got busted for DUI, my significant other walked," etc.), but when it comes to the actual drinking/drugging, the fewer words the better: "I drank" or "I used." That's enough.

Since the usual LifeRing meeting format does not feature an extended recital of life stories, there is usually no occasion for people to talk at great length about the drinking/using periods of their lives. If a participant in a LifeRing meeting commences a detailed description of their past drinking/drugging adventures, the convenor may want to head them off at the pass immediately: "We're not here to brag about what big drunks we used to be, Sandy. We're here to support each other in living clean and sober right now. What are you doing, specifically, to stay clean and sober until the next meeting?"

### 3.10 Crosstalk

All LifeRing meetings allow crosstalk. When meetings use the format described in this chapter, crosstalk is usually OK throughout the whole meeting. The opening statement generally so indicates.

In general terms, crosstalk means dialogue, two-way communication. A says something, B says something in direct response to A. Crosstalk is what people do in normal conversation. Why conversation got this strange name and why it is generally banned from twelve-step recovery meetings are questions beyond the scope of this book. Whatever the reasons, crosstalk is a settled feature of LifeRing meetings, and its presence is one of the first contrasts that people accustomed to twelve-step formats usually notice when they first visit LifeRing. Our meetings strive for a living-room atmosphere: a group of sober friends, relaxed, spontaneous, secure, letting their hair down and talking about the current concerns in their lives. Crosstalk is a vital part of that atmosphere.

Crosstalk provides feedback, and feedback is a powerful recovery tool. Studies show that getting feedback is much more influential in

bringing about change than passive one-way communications. A research-based study of a broad range of treatment methods concludes:

One general finding in the motivation literature is the persuasiveness of personal, individual feedback. Lectures and films about the detrimental effects of alcohol on people in general seem to have little or no beneficial impact on drinking behavior, either in treatment or in prevention settings. (Hester & Miller 2003:138)

Crosstalk is important in the LifeRing recovery model because it closes the loop of sober-sober connections. (See the diagram of S-to-S linkages sketched in section 2.3.3 on page 16.) People who can dialogue with one another are more likely to reach a meeting of the sober minds than people who talk past one another in a series of monologues.

Many recovering people have reported that a format without crosstalk feels isolating to them. Without crosstalk, people appear to be together but they are really talking as if they were alone. Many are slumped in their seats daydreaming instead of paying attention, because they will have no opportunity to respond. Even if they are listening, they are passive, as if at a movie or lecture. Meetings without crosstalk make for a lonely crowd.

Meetings with crosstalk tend to be lively. Most of the participants are likely to be sitting up and paying attention most of the time, because they can ask questions if something is unclear, and they can respond immediately if they have something to contribute.

One of our meetings takes place at night in the front room of a building with big bay windows facing the street. There are no blinds or curtains. Recently a person in recovery who lives across the street telephoned to say that it looked like a good meeting: people were sitting up, looking attentively at one another, and there was a lot of laughing. Just watching the body language made her want to join in. The secret of that inviting quality is crosstalk.

### **3.10.1 Crosstalk Is Voluntary**

Because crosstalk can be so powerful, participants and convenors will want to be clear about the concept and handle it with care. Crosstalk in LifeRing is voluntary and it is supportive.

Crosstalk in LifeRing is always within the power of the person talking. If a person doesn't want any comment on their personal "News of the Week in Review," they can say, "I just wanted to put that out

there; I don't want any feedback on it right now." The other participants need to respect that, and the convenor will protect the member's wish if required. This point may be particularly urgent if there are members who are overflowing with unsolicited advice. Unsolicited advice is disempowering and tends to repel people. If unsolicited advice is a persistent problem in the meeting, the convenor may want to say a few words about it at the outset, for example, "Crosstalk generally is welcome but please only offer advice after you're sure that the person has asked for it. Sometimes people only want to vent."

Normally crosstalk is "on" by default, and a person needs to turn it "off" if they don't want it. But in some meetings in special settings (see that chapter) where people are likely to feel very vulnerable, the convenor may opt to turn it off by default and specifically empower each person to turn it on: "Sam, did you want any feedback on that?"

Crosstalk is always optional with the listeners. Nothing in the LifeRing format requires anyone to provide feedback. The convenor may ask generally, "Does anyone have any feedback on what Chris just said?" The convenor can make a more specific request: "Chris, I bet you're not the only person to have had a drinking dream. Can we have a show of hands? How many people have had a dream where they drank or used?" But the convenor doesn't usually buttonhole a specific participant to pull feedback out of them: "Pat, what do you think about what Chris just said?" If somebody wants to maintain silence, that is their prerogative. Participation is voluntary.

### **3.10.2 Crosstalk Is Supportive**

Crosstalk in LifeRing is a method for obtaining a higher quality of sober mental and emotional connection between the participants than is possible with serial monologues. For that reason, crosstalk needs to be supportive of the person's sober strivings.

Some treatment programs use crosstalk as a weapon of attack. They see their mission as attacking the "A" rather than reinforcing the "S" inside the recovering person. This approach is called "confrontation therapy" or "attack therapy." Although it may work in some cases – anything works for some people – research into its effectiveness generally has been strongly negative. Confrontation therapy has "one of the most dismal track records in outcomes research [...] with not a single positive study." (Hester & Miller 2003:96) If anything, confrontation is effective in promoting relapse. In one study, the more the therapist used confrontation, the more likely the patient was to be drinking a year later. (Hester & Miller, 1996:101) We do not use

confrontation or attack therapy approaches in LifeRing. Crosstalk in LifeRing is always affirmative of the other person's sober self.

Neutral questions asking for relevant information are among the most common items in crosstalk. For example: "Did you detox in a clinic or on your own?" – "Who was your case manager?" – "Did the Naltrexone work for you?" – "How long had you quit drinking before you stopped smoking?" – "What are you going to do if your former dealer phones you again?" – "Are you on anti-depressants?" – "Does your mother know that you're in recovery now?" – "Do you have a sober place to go for Thanksgiving dinner?" – "How old are your children?" And so on.

Sometimes the questions can have an edge. For example: "Is it your plan to go back to drinking as soon as your probation time is up?" – "Were you as hesitant to spend money on your drinking/drugging as you are to spend money on your recovery?" – "In what way have you changed your program since you last relapsed?" Those are challenging questions. But the questions never cross the line into confrontation or attack.

Crosstalk in LifeRing is also a method of giving direct and immediate feedback to the person who has just spoken. Feedback works best when it is positive. "That was awesome what you did, coming back in right away!" – "You must have felt so terrible when they said that to you!" – "That's a great idea, thank you, I'll borrow that!" – "I wouldn't beat myself up too much over that. The main thing is you stayed sober." – "I had a similar situation, and I can really relate." – "I really admire the way you handled that." – "Your participation in this meeting has meant a lot to me" – "You look so much better than you did last week!" And so on.

Supportive feedback does not all have to be warm and fuzzy. Warm and fuzzy is good, but too much is nauseating. Feedback can positively reinforce a choice that the person receiving the feedback did not happen to make. It will still be effective, provided it refrains from attacking the person or telling them what they should do. Making I-statements, always useful in participation generally, is doubly effective when giving this kind of feedback. "Personally I stay away from non-alcoholic beer because it wakes up my cravings for the real thing." – "I could safely go to a Dead concert now but I don't think I would have risked it when I only had a few days clean and sober." – "I always feel stronger at social events if I hang with somebody else who is not drinking." – "I have a friend who took an anger-management class and it helped him a great deal." And so on. Comments from peers coming immediately after the person has spoken, and ad-

dressed directly to the speaker, can have a powerful effect on their feelings and their future behavior.

Crosstalk is also a way for the person speaking to solicit advice if they want it. "I don't know whether to go to the football game with my drunken boss, does anyone have any advice?" – "My Dad says I should partner up with Frankie in a truck driving business but Frankie is on meth and is always offering me some. What should I do?" – "Since I quit drinking two weeks ago I feel like I'm on a roller coaster. Should I ask my doctor for some kind of meds? What do you all think?" Getting and giving advice, when asked for, can be an effective way of creating sober connections between people and energizing every participant's sober brain activity.

Crosstalk is also a natural channel for wisecracking and kibitzing. Artful wisecracking can greatly lighten up a meeting. But it's useful to remember that some people in the meeting may be raw, anxious, vulnerable, irritable, or in any number of other troubled emotional states. Tact and consideration for the other person's feelings are always appreciated. Sarcasm is rarely appropriate. The person who has a warm sense of humor and can make people laugh at themselves in a good-natured way is always a valued crosstalk contributor.

### **3.10.3 Some Common Issues in Crosstalk**

Crosstalk is ordinary friendly conversation, and most of the time people handle it without any difficulty and without any need for the convenor to speak up. But people vary in their conversational skills, and some may be a bit rusty after years of isolation or drug-talk. Others have only experienced crosstalk in very different settings with very different ground rules, such as the "attack therapy" used in Synanon-style "therapeutic communities." (For a vivid illustration, see Shavelson 2001: 149-154) Some people have never experienced crosstalk at all. Consequently the convenor may need to get things unstuck from time to time. Here are some points to watch out for:

- **Interrogation.** Asking questions is a normal part of crosstalk. But sometimes a participant overdoes it. Question follows question like a courtroom cross-examination. The convenor will want to watch the person being questioned for signs of discomfort (read the feet!) and step in quickly before the experience becomes hurtful. For example: "OK, Ronnie, if you have more questions for Alex maybe you two can talk after the meeting. Let's move on."

- **Private conversation.** Occasionally two people in a meeting discover that they have friends in common, or went to the same school, or are planning to attend the same social event, etc. They may use the crosstalk format as a way of having a private conversation on group time. The convenor needs to invite them to do it later.
- **Lost focus.** Occasionally the meeting may lose focus and several people start talking at once in a chaotic manner, either across the room or to their neighbor. The convenor will want to restore focus, for example by recognizing one person to speak, and asking the others to be patient and wait their turn.
- **Spinning the wheels.** If a person has an emergency or other urgent issue in their life, it makes perfect sense to focus much of the meeting's time in crosstalk on that person's situation. But sometimes a person becomes the focus of the meeting and takes up a lot of its time for no productive reason, and the meeting gets stuck, spinning its wheels. For example, sometimes a newcomer (often female) will be deluged with "helpful suggestions" from other participants (usually male). Sometimes a person misuses the opportunity of crosstalk to hog center stage at a meeting because they crave to be the focus of attention. Sometimes also a person is the recipient of more crosstalk than is comfortable for them, and they would like to get the spotlight off them. In such cases, the convenor needs to step in and move the meeting along. How and when to step in is a judgment call for the convenor to make. Often the other participants will signal their discomfort unconsciously by jiggling or twisting their feet. One positive way for the convenor to get the meeting moving again is to ask the participants to give the person in the spotlight a round of applause by way of support, and then ask the next person to share their news of the week.
- **Jumping out of turn.** Sometimes one person's weekly review stimulates another person to share something in crosstalk that turns into that person's own weekly "highlights and heartaches." That's fine, but the convenor then needs to remember who's next.
- **Attack mode.** Occasionally a first-timer at crosstalk will go into confrontation therapy mode: "I think the way you're looking at yourself here is bullshit. You're just put-

ting up this big defensive wall. This is a fatal disease and you're in denial, goddammit!" Whoa! The convenor will want to step in immediately and remind the attacker that this is a support meeting, not an attack meeting. When people feel safe, they may let down their defensive walls; but if they are attacked, they never will. Occasionally people say things in meetings that with hindsight don't seem very perceptive. That happens in life. Among the most helpful things that other people can do when this happens is to keep silent and move on. Attacking the person is not the answer.

- **Unsolicited Advice.** The convenor may want step in quickly to shut off any flow of unsolicited advice before it becomes a deluge. "Pat, don't forget that you need to ask Gloria whether she wants advice or is just putting her stuff out there."
- **No Crosstalk At All.** Occasionally in a new LifeRing where most of the people have experienced nothing but twelve-step meetings, they sit there as if in a coma until it comes their turn to speak. The convenor may have to invite crosstalk repeatedly before people wake up. "OK. Any comments, questions, or other feedback for Sandy?" The convenor may have to model crosstalk, but has to make sure that people understand that crosstalk is for everyone, not just for the convenor. This is not easy. Sometimes the convenor may have to create general silence until someone opens up with crosstalk. In time and with modeling and patience people will come to life.
- **A Crosstalk Monopolist.** Occasionally one person has a crosstalk comment for everyone on just about every issue. After the pattern is clear and saturation has been reached, the convenor can ignore the person and not give them the nod, or ask them directly to hold off and give other people a chance to get their two cents in. "Thanks, Pat, but I asked if anyone *else* had a comment for Alex." If the person is a habitual monopolist, a quiet word on the side after the meeting may be called for.

#### **3.10.4 Timing Crosstalk**

As the number of people in a meeting grows, the convenor will want to become more attentive to the clock. LifeRing convenors, including

myself, regularly lead meetings with crosstalk with 18-24 people in the room. However, in order to fit that many people into one hour, we have to keep an eye on the clock. When about half the time is gone, we need to be about halfway around the room. Finishing up on time involves a bit of guesswork, a bit of nudging, and the goodwill and cooperation of the participants. All it usually takes to move things along is to catch a moment's break in the flow, look at the clock, look at the next person and ask "And how was *your* week?"

In the box on the next page is an outline of how a typical meeting of that size runs. You can see that in this meeting I guessed a bit wrong about the finish. The last few people's time was a bit tight, and the very last person had an issue that probably would have raised up a good bit of crosstalk. Still, everyone could see that an effort was being made to provide time for everyone, and everyone was cooperative. Everybody got to talk. Quite a few people had a chance to get feedback on their issues. Lots of people had a chance to give feedback. People left the meeting pretty much alert and upbeat. This had the feel of a successful meeting.

In a full room or where people don't know each other well, the convenor may want to ask people to raise their hands for crosstalk, and call on them by name or with a glance and a nod. Asking people to raise their hands may be particularly useful if a compulsive talker is present – the convenor can then ignore that hand. As people become more familiar with the format and with each other, the convenor will have less and less of a management burden.

I've participated in meetings using this format with as many as 32 people in the room, but allowing 90 minutes. Convenors with meetings in this size range will want to give serious thought to splitting into two rooms; see the chapter that follows.

Time management is obviously easier in smaller meetings. At some point it becomes unnecessary for the convenor to move the process forward from one person to the next; people will do it on their own. Most people also have a pretty fair sense of time and will tailor their talking to fit the time available.

### 3.10.5 Crosstalk: Conclusion

Crosstalk presents the convenor with its own problems and challenges. But because crosstalk is what people normally do with their friends, most meetings quickly catch on to the concept and handle it well with minimal nudging from the convenor. Crosstalk makes for

### Outline of a Meeting With Crosstalk, 23 people

| Minute | Discussion Summary  |
|--------|---|
| 0      | Opening Statement   |
| 1      | Al: Was away visiting family two weeks, did OK. Details.  |
| 3      | Bob: Dealing with depression this week. Crosstalk by Meg, by Ed, by Rick, by Meg again, by Tami, by Ed again, and others. <i>When it gets repetitive I move it forward by calling on Cal.</i>             |
| 12     | Cal: Out of work, concerned. Sober.   |
| 13     | Dee: OK week, dealing with parents visiting. Crosstalk by Ung.  |
| 15     | Ed: Main issue this week whether to start Antabuse. Crosstalk about Antabuse by Al, Tami, Meg, Fawn, Al again, Dee, Ung, Tami again, and several others. <i>Looking at the clock, I nudge us forward.</i> |
| 22     | Fawn: Got into argument with ex. Stayed sober.  |
| 23     | Gal: OK week, going to Mexico next week on business, former big drinking hangouts, but has guard up. Crosstalk by Cal, Lon.   |
| 25     | Huynh: Doing OK, no details.  |
| 25 ½   | Irene: Doing fine, nothing special coming up.   |
| 26     | Joe: Graduating from program, going back to job, worried whether people will know. Crosstalk from Al, Sandy, Vik, Nora.   |
| 31     | Kit: Routine week, stayed sober.  |
| 32     | Lon: Had court appearance for DUI.  |
| 33     | Meg: Main problem this week: boredom.   |
| 34     | Nick: Had cravings most of the week, stayed sober though. Crosstalk by Vik, Ed, Joe.  |
| 40     | Pop: OK this week, nothing special next week.   |
| 41     | Quill: Report on visit by parents. Crosstalk by Al, Dee.  |
| 43     | Rick: First day clean and sober. Brief attaboy-type crosstalk by Al, Ed, Joe, Nick, others.   |
| 46     | Sandy: Watched a football game clean and sober first time in years. Crosstalk by Fawn, Gal, Lon, Al, several others. <i>I nudge us forward, pointing to clock.</i>  |
| 57     | Tami: Very brief report, doing fine.  |
| 57 ½   | Ung: ditto  |
| 58     | Vik: ditto  |
| 58 ½   | Wendy: Problems in relationship, will tell details next time.   |
| 59     | Closing round of applause   |

stronger and clearer connections between the members, stimulates people to listen actively, stay alert, and participate more, and makes the LifeRing meeting experience richer and more rewarding for everyone.

Sometimes when people ask why we have crosstalk, I compare it to connecting jumper cables between two cars. If you just connect one wire of the jumper cable, nothing much happens. Crosstalk connects the other wire. It completes the circuit and lets the energy flow. When people are asked what attracts them to the LifeRing meeting format, crosstalk is usually high on the list.

### **3.11 Starting the Check-In**

It's the convenor's call where in the room to start the round of "How Was Your Week?" reports. Since the convenor is also a person in recovery, the convenor will ordinarily be taking a turn. The convenor can go first, or turn to the first person on their left and right, or start with someone across the room, either at random or with a purpose. Here are some points to consider:

- When the convenor knows that someone in the room has an urgent issue, it is often good practice to start with that person, regardless where they are sitting. For example, it's good to open the floor immediately to a person who has relapsed during the week and is ready to talk about it, or who is in a crisis, for example an illness or death in the family. Starting with that person assures that their concern will get airtime. Anytime there is bad news it is good to get it out and deal with it first thing, or as early as practical.
- If there are a lot of first-timers, some convenors organize the check-in in two rounds. In the first round, people only say their names and perhaps a few things about themselves and their week (25 words or less), and they indicate whether they have an urgent concern that they want to raise in the meeting. Then in the second round, the convenor starts with the person or persons who have the urgent concern(s), and goes around from there with a more detailed check-in. Other convenors handle this function by asking at the outset, "Does anyone have any urgent issues?"

- Generally it's preferable not to start the check-in with a first-timer because they may feel on the spot without a clear idea what's expected. The convenor might, however, ask the newcomer how they heard about the meeting; sometimes that gets them talking about their week without further modeling.
- Starting with someone across the room emphasizes the convenor's power at the outset, but when it comes the convenor's turn to check in, the convenor more readily falls into place as an ordinary member. Going first or last tends to emphasize the person's status as convenor at the time of their check-in.

Usually after the first person is called on, the check-in proceeds around the room one by one in predictable fashion. If the convenor starts with someone across the room, the convenor may leave it to that person to decide whether the progression goes to the left or the right. The convenor may want to encourage members to pass the turn among themselves without first looking to the convenor to give a nod or say a word. I have also seen meetings where people checked in seemingly at random; whoever felt like going next, did.

Sometimes people who talk address themselves to the convenor rather than to the circle. The convenor may want to deliberately break eye contact with them and look around the room at each member in turn, until speakers get the hint to address themselves to all the members. If necessary, the convenor may ask the group members at the beginning of the check-in to please address the whole group when speaking. The principal purpose of the meeting is for the members to connect with one another.

### **3.12 After the Check-In**

Simple arithmetic will tell any member if the meeting is on track with the clock. At about midway in the meeting time, about half the people present need to have finished. In most sessions, the check-in with crosstalk just about fills up the available time with little nudging from the convenor.

However, there are sessions where everyone has finished sharing about their past week and their next week, and everyone has run out of crosstalk, and there's still a substantial chunk of time available. This situation can arise no matter how many people are present. At that point, the pressure is on the convenor to restart the ball rolling.

The usual device here is for the convenor to suggest a topic of discussion and invite anyone with something to say on the topic to please do so.

When it comes time to propose a topic, the convenor has three basic options. They are to suggest a topic on the fly, to suggest a stock topic, or to go into “Quaker meeting” mode.

- **Topic on the Fly.** Experienced convenors prepare ahead for possible dead time at the end of the meeting by keeping a mental scorecard as people are talking about their weeks. When the check-in is done, the convenor knows that five people this week are concerned about problems with their relationships, three are worried about job issues, two have had drinking/using dreams, and the rest have scattered miscellaneous concerns. All other things being equal, when the check-in is done this convenor will suggest a topic having to do with relationships. “Let’s talk about ways and means that we can get our family members, lovers, and friends to understand better what we’re going through and what we are asking them to do for us at this time.” Not surprisingly, such a proposal will probably start at least five members talking immediately. The convenor who consistently applies this method may acquire a reputation for innate genius at meeting leadership, but it’s really just a matter of keeping score of people’s concerns and reflecting them back.
- **Stock Topic.** The convenor may have a stock discussion topic ready as a standby. For example, “OK, we seem to have talked ourselves out about current events. How about we have a tool-sharing session? Let’s talk about how to recognize cravings and urges, and what can we do when we have one?” Or, “How can we recognize when we seem to be in relapse mode?” The *Recovery by Choice* workbook and the *Keepers* book are goldmines for topics. Filling the time after the check-in is one of the many areas for convenor creativity and innovation.
- **“Quaker Meeting” Mode.** When the convenor asks the group if anyone has a topic they want to bring up, there is a risk that the initial response will be silence, as at a Quaker meeting. Silence, however, can be a creative force. It is the sound of people laboring to find something meaningful to say. Eventually someone will be moved to speak and the silence will be over. Keeping quiet and let-

ting silence happen may not be easy for an inexperienced convenor the first time, but it’s a perfectly valid move at LifeRing meetings; it displays a lot of strength and confidence. Sometimes in the silence people do bring out deep concerns that would not have surfaced otherwise, and the best part of the meeting follows.

Dead airtime is rare at LifeRing meetings once people get into the groove. In evening meetings in a residential facility where people have no transportation issues and nothing else to do until bedtime, it’s common for the LifeRing meetings to run overtime. Week after week we’ve sat glued to our chairs in this meeting talking way past the hour, hardly conscious of the people in the hallway passing by our open door coming from the 12-step meeting. Their faces say, “What’s so fascinating in there?” It’s the LifeRing meeting format: personal narrative combined with friendly feedback in a down-to-earth atmosphere.

### 3.13 How Much Should the Convenor Talk?

Eventually each convenor will develop a personal style that feels comfortable and works for them. There’s usually more than one valid way to deal with any given issue that comes up in a meeting. The method that best suits the convenor’s personality and recovery needs is probably the right one.

One of the issues that convenors usually face as they get more deeply into the role is how much to talk as convenor. The convenor needs to find a personal comfort zone somewhere in between talking too much and not talking at all.

- **Talking too much.** As a general observation, convenors who talk a lot after the opening statement, and who interject crosstalk during and after each and every member’s share, and who talk a lot more at the end of the meeting, are probably talking too much. They may be trying to control the meeting where it doesn’t need control. They may be turning the meeting into a process that is mainly about them, rather than about others connecting with each other. Convenors who are know-it-alls, who have answers for everybody even for questions they didn’t ask, who persistently give unsolicited advice, will drive people away and kill meetings. They will end up talking nonstop to themselves.

- **Talking too little.** On the other hand, convenors who only say “How Was Your Week?” and then not another word, may not be talking enough. There may be newcomers who have questions about LifeRing and this convenor doesn’t answer them. Some members may talk too long or monopolize the crosstalk, and this convenor doesn’t move the meeting along. Some members may lead the discussion way off topic, or talk in an uncivil fashion, and this convenor doesn’t restore the meeting’s focus. This convenor isn’t exercising control where control is required. Convenors who consistently fail to speak when words are necessary will also drive people away and kill meetings. They will end up not talking to nobody.

Deciding when and how much to talk also depends on the maturity of the meeting and the number of newcomers present in a given session. When many participants are at their first LifeRing meeting, the convenor has to give more of an introductory presentation. Once everyone is in the groove, the convenor may need to say very little as convenor.

Developing a personal style in the comfort zone between talking too much and too little takes time and experience. Meetings are usually quite tolerant with convenors – convenors, after all, are ordinary people, peers – and allow plenty of slack for making mistakes. Meetings tend to be appreciative of convenors who bring thoughtfulness and creativity to their effort. For example, one convenor I know sometimes brings a guitar to the meeting and plays a tune or two; another writes poems and reads them aloud.

It’s helpful if a convenor can relax and experiment with different approaches, rather than clinging for dear life to one particular routine. One useful function of convenor workshops is to allow different convenors to share their personal approaches to convening, so that every convenor can add more options to their personal convenor toolbox. Some convenors make a practice of attending other meetings to learn from what other convenors do. There are online resources for convenors to exchange ideas, go to [www.unhooked.com](http://www.unhooked.com). It also probably wouldn’t hurt for a convenor to ask the other members for feedback.

### **3.14 When the Convenor Must Speak**

Most of the time, the convenor’s role as convenor is to listen attentively. The convenor will participate in the check-in and in crosstalk like every other member. In a meeting that is running well, the con-

venor will have little occasion to speak as convenor apart from a few words at the opening and closing. Some garden-variety situations where the convenor probably will want to intervene have been covered above. (See Section 3.10.3 on page 46.) In addition, there are some other situations where the convenor must speak up. These are extraordinary, but it is well for the convenor to be mentally prepared. For example:

- **Incivility.** The convenor must speak if someone in the meeting makes racist or sexist remarks, or attacks or insults another member, or otherwise seriously oversteps the bounds of civility. We’re not a Sunday school meeting and we don’t flinch at earthy language and colorful expressions, but we always try to remember that the point of the meeting is to bring people together in recovery.
- **Intoxication.** Convenors need to speak up if a participant attacks the sobriety foundations of the meeting. If an individual who is currently under the influence is trying to speak or disrupt, or if someone advocates drinking or drug use, the convenor needs to take control and ask the participant to maintain silence or leave.
- **Politics.** The convenor has to step in if the discussion turns to politics. It is fine for LifeRing members to be passionately active in political arenas, but LifeRing meetings are not a political arena and political argument does not belong there.
- **Theology.** No less divisive than politics is discussion of religion or theological issues. It is fine for LifeRing members to have passionate theological beliefs and to be active members of their churches, synagogues, temples, ashrams, atheist or agnostic clubs, or whatever. But LifeRing meetings are not the place for theological discussion.
- **Breach of Confidentiality.** The convenor has to step in if someone is violating someone else’s confidentiality. Who is present and who says what at a meeting is supposed to stay at that meeting. This ground rule is essential to give members a feeling of safety, and the convenor has to enforce it.
- **Bashing Other Programs.** Sometimes people come to LifeRing straight out of intense twelve-step involvement with the sense that they have escaped programming by a cult. (See, for example, Bufo 1998). The convenor may

let them vent briefly, but if this becomes the person's main topic or if the person invites other people to develop the theme, the convenor has to step in. People with cult deprogramming issues should seek referral to specialists in that therapy.

When a convenor has to interrupt, as a general guideline the best first move is to deflect and move forward. "OK, Marty, we heard you, that's enough, it's time to move on now. Pat, how was your week?" If that doesn't work, the next best move may be to share with the person how their words are affecting you personally. "Ronnie, what you're saying makes me feel really uncomfortable and I'm seeing people looking for the exit. Now I'd like to hear from Chris."

If that still doesn't work, the person is probably not just being insensitive or having a bad moment, but has come to the meeting in bad faith. If so, the convenor has to be firm and clear and ask the person to be quiet or leave the meeting. Fortunately, instances of this kind are extremely rare in face meetings. In more than ten years of attending, I have seen only three cases of disruptive people. Two of these left immediately after the convenor calmly but firmly told them their conduct was inappropriate in our setting. I have heard of only one situation in LifeRing meetings where it was necessary to call building security because of a disruptive, intoxicated visitor.

I have found it helpful to try to remember that the purpose of the meeting is to facilitate connections between the "sober selves," the "S" inside each participant. When the "S" is speaking, participants deserve the widest latitude and the utmost freedom. But on rare occasions, the "A" inside one or several individuals at a meeting may surface and attempt to establish a connection with another "A", or to break up the connections between the "S" and the "S." In those situations, the convenor's task is clear: shut down the "A" connections, re-establish the "S" connections. Abstract principles such as "freedom of speech in general" are misplaced here. It is not the purpose of the meeting to provide a forum for addicted speech, but rather for sober speech, and sober speech only.

In all situations of this type, the convenor's personal style and social skills will play a role in shaping the outcome. Convenors with a relaxed, humorous style will often be able to defuse budding problem situations quickly with just a word or two before they get out of hand. Convenors who lack assertiveness in the face of disruption may find that the meeting gets chaotic and turns into an uncomfortable experience for many of the participants – an experience that undermines rather than fortifying their sobriety. Participants look to the convenor to take charge, and when that does not occur, tensions rise.

Convenors may need to remind themselves that the interests of the meeting as a whole clearly outweigh the interest of a disruptive individual.

### 3.15 The Format in Perspective

The typical LifeRing meeting format described in this chapter is built from two culturally familiar modes of discourse: personal narrative and friendly conversation.

Personal narrative – this is what happened to me, this is what is going on with me – as a form is probably older than the written word, older than the *Odyssey* and the *Iliad*. Experience sharing has been part of American alcohol recovery meetings since at least the Washingtonians in the 1840s. (White 1998:9) The LifeRing edition of this format puts the main focus on our current work-in-progress rather than on our past debaucheries. In so doing, we depart from the model of the Christian revival meeting. Our format more resembles a cooperative workshop where the participants are sharing a skill, such as repairing motorcycles or raising piglets or writing poetry, or helping one another with a shared burden such as surviving grief or going through divorce or parenting special children.

Friendly conversation as a form of discourse has been in decline since the rise of television, and some people have experienced it mainly on the screen, in scripted programs such as *Cheers* and *Friends*. Still, there seems to be enough sap left in the tree so that in a positive climate it readily sprouts again. At the best sessions, there are moments when the protocol of taking turns and raising hands evaporates and the group catches fire, with many people spontaneously contributing, back and forth quickly but not chaotically, with high energy and focus, often ending in gales of laughter. Eventually it settles back into its circuit, with the participants' faces flushed with laughter and feelings of togetherness. For more than a few participants, the LifeRing is the only gathering place where they can talk both honestly and safely. Here they can be themselves and be respected. Here they can see eye to eye with peers and feel connected. For some people the LifeRing is their sober family, or their family, period.

Because the format's building blocks are culturally familiar, people can feel comfortable participating in this recovery support group from day one. Most people participate (talk) at their first meeting, and do so regularly thereafter. It is rare for someone to pass. There are a number of benefits:

- Participation is powerful in facilitating self-knowledge and change. Oftentimes when people are going through passages in their life, they may not know what they are thinking until they hear themselves saying it. Sometimes people need to think out loud in order to work through some problem in which they feel stuck.
- Participation is a motivator. People tend to feel good about a meeting if they got a chance to talk. When people talk, they become more invested in the meeting because they helped to make it what it was. They gain self-respect as sober persons.
- Participation, especially in crosstalk, allows people not only to take support but also to give support to others. They come to see their personal sobriety as meaningful to others.
- Because the talk centers on current events in the members' lives, the meeting is an ever-changing river. One can attend for many years and always hear something new.
- "How Was Your Week" is an equal-opportunity format. It's democratic. If you've had a week, you can talk. Your week did not happen in someone else's book and you don't need to be learned or eloquent to talk about it.
- The current-events focus brings the hour of decision and the hour of consulting with a sober group close together, and makes it more likely that the group process will play a role in the individual's decision making.
- The reporting format encourages people to take charge of their recovery course, plan for contingencies in advance, and report the results back to their sober reference group.
- The current-events format is likely to help people carry the meeting with them in their minds during the week. "I went down the wine aisle of the supermarket but I wasn't even tempted because I imagined I had you all walking with me!"

In a nutshell, the combination of tool-sharing and supportive conversation exercises and reinforces the sober impulse inherent within recovering people. The reporting and tool-sharing work tends on the average to fortify the more analytical and intellectual side, and the supportive conversational atmosphere tends by and large to supply more emotional sustenance. The combination of the two functions fa-

cilitates the all-around growth and competence of the sober self within the recovering person. As the person repeatedly works through the processes comprised within the LifeRing meeting format, they become more confident and capable – in short, empowered – as persons who live clean and sober lives.

The two major components within the LifeRing format lend themselves to different lifetime recovery agendas.

- Some rely on LifeRing mainly as a tool-sharing and program-building workshop early on, and gradually transition to participation in LifeRing-as-extended-family over a longer term of years, or life-long.
- Some people rely on LifeRing mainly as a workshop for the tools they need to get started; they then rely mainly on other support systems, such as their significant other, family, peer group at work, church, sports team, social club, and the like, for motivation to stay sober long term.
- Some come to LifeRing with their sobriety already well in hand, but they want a congenial long-term sober support environment.
- Still others use LifeRing initially as a kind of artificial womb; and only later start taking advantage of it as an educational cooperative and tool-sharing workshop.

The LifeRing format can readily accommodate each of these different patterns of utilization and personal recovery agendas. As will become more clear from the chapter on Self-Help, the issue of how long to participate in LifeRing meetings is entirely up to the individual; it is one of the many questions that the person in recovery answers in the process of constructing their personal recovery program.

### **3.16 Variations on the Theme**

The process-centered format described in this chapter is the usual pattern seen in the typical LifeRing meeting in the region where LifeRing has achieved its greatest development at the time this book is written. By no means is this format an iron mold. Convenors and members are free to innovate, improvise, and adapt the format to suit the needs of their particular time and place. The basic guideline for modifying the meeting format is the sobriety needs of the people who are participating there and then. For example, meetings in special set-

tings and meetings online may use significantly different formats, discussed later in this book.

Even in regular face meetings, variations are common and beneficial. For example, some convenors like to read a motivational passage at the outset. Some organize a special session periodically where people bring in and discuss their favorite current reading. Some invite a guest speaker (for example, an effective counselor), or arrange for a member to give a presentation on a favorite recovery topic, or go see a movie together. Recently some convenors have begun experimenting with ways to include the *Recovery by Choice* workbook in the meeting format. It is entirely possible that a more content-centered LifeRing meeting format will emerge alongside or within the process-centered format described in these pages.

Occasionally, where the meeting is small and everyone is familiar with everyone else's current issues, the talk is completely free-form and wanders wherever it will within the broad parameters of LifeRing philosophy. It is another hour well spent in sober company. The LifeRing meeting format is a living thing in constant evolution. Convenors and members are busy all the time tweaking and pushing the envelope in small and large ways. Time and experience discard the changes that don't work and conserve the ones that do.