

How Was Your Week?

***Bringing People Together in Recovery
the LifeRing Way***

A Handbook

Version 1.00

By Martin Nicolaus



LifeRing Press

Copyright © 2002, 2003 Martin Nicolaus

All rights reserved

No portion of this work may be reproduced in whole or in part in any medium without the express written permission of the publisher, except for the inclusion of brief extracts in a review.

All names of persons cited in anecdotes in the text are fictitious and the anecdotes may be composites of several different events. Nothing in this text is intended as medical advice.

LifeRing Press publications represent the opinion of the author(s) and the author(s)' best estimate of the consensus of the organization. Only publications approved by the LifeRing Congress and endorsed as Congress-approved documents represent the official position of LifeRing Secular Recovery.

For additional copies of this publication, contact:

LifeRing Press
Tel: 1.800.811.4142
publisher@lifering.org
Order online: www.lifering.org

To arrange for LifeRing speakers to address your audience, contact the LifeRing Service Center at the same mailing address and telephone, or email service@lifering.org.

Alpha version 0.75 9/8/02
Alpha version 0.76 9/13/02
Alpha version 0.85 12/29/02
Alpha version 0.87 01/02/03
Alpha version 0.89 1/3/03
Alpha version 0.91 1/6/03
Alpha version 0.92 1/14/03
Alpha version 0.95 2/04/03
Alpha version 0.96 3/24/03
Version 1.00 7/3/03

Produced in OpenOffice.org Writer 1.0 on Red Hat Linux 8.0 and Windows XP Professional.

Cover graphic: **M.C. Escher's "Drawing Hands"** © 2003 Cordon Art B.V. - Baarn - Holland. All rights reserved. Used under license.

Table of Contents

Chapter 1: Outline of This Book9

Chapter 2: The Convenor's Vision.....11

2.1 About This Chapter.....	11
2.2 The Convenor Brings People Together.....	11
2.3 Why the Group Process Works.....	13
2.3.1 Two Forces At Work Inside.....	13
2.3.2 When “A” Connects With “A”.....	15
2.3.3 When “S” Connects With “S”.....	16
2.4 The Convenor Sees the Good in Bad People.....	18
2.5 The Convenor Facilitates Connections	20
2.6 The Convenor Empowers Others.....	22
2.7 The Successful Convenor Can Step Away.....	25
2.8 Seven Reasons to Become a Convenor.....	26
2.8.1 It Helps My Recovery.....	27
2.8.2 To Give Something Back.....	27
2.8.3 Because of the Golden Rule.....	27
2.8.4 For More Meaning in Life.....	28
2.8.5 Because Someone Has To Do It.....	28
2.8.6 Because It Feels Good.....	28
2.8.7 Because Convening is Love.....	28
2.9 In Appreciation of Convenors.....	29

Chapter 3: How Was Your Week?.....31

3.1 About This Chapter.....	31
3.2 A Newsreel of Highlights and Heartaches.....	31
3.3 Planning Ahead.....	33
3.4 Gory Details Please.....	34
3.5 Making “I” Statements.....	36
3.6 Your Week In Recovery.....	38
3.7 Similar But Different Formats.....	39
3.8 What “How Was Your Week?” Really Asks.....	40
3.9 The Fewer “War Stories” the Better.....	41
3.10 Crosstalk.....	42
3.10.1 Crosstalk Is Voluntary	43
3.10.2 Crosstalk Is Supportive.....	44
3.10.3 Some Common Issues in Crosstalk.....	46

3.10.4 Timing Crosstalk.....	48
3.10.5 Crosstalk: Conclusion.....	49
3.11 Starting the Check-In.....	51
3.12 After the Check-In.....	52
3.13 How Much Should the Convenor Talk?.....	54
3.14 When the Convenor Must Speak.....	55
3.15 The Format in Perspective.....	58
3.16 Variations on the Theme.....	60

Chapter 4: Opening and Closing.....63

4.1 About This Chapter.....	63
4.2 Primacy, Latency, and Ritual.....	63
4.3 The Opening Before the Opening Statement.....	64
4.4 The Opening Statement.....	64
4.5 Personal Talking Rituals.....	67
4.6 Newcomers	70
4.7 Closing the Meeting.....	71

Chapter 5: Nuts and Bolts.....73

5.1 About This Chapter.....	73
5.2 The Message of the Chairs: Circle Format.....	73
5.3 To Split Or Not To Split.....	75
5.4 The Case of the Missing Box.....	75
5.5 Those Damned Signs.....	77
5.6 Attendance Slips	79
5.7 The Crown and the Clipboard.....	81
5.8 Books and Handouts.....	83
5.9 Literature Racks and Bulletin Boards.....	85
5.10 The Basket.....	85

Chapter 6: The Meeting's Money.....89

6.1 About This Chapter.....	89
6.2 The Three B's.....	89
6.3 Shoe box or Checkbook?.....	91
6.4 The Meeting's Surplus.....	92

Chapter 7: Online Meetings.....93

7.1 About This Chapter.....	93
7.2 Online Recovery Support Works.....	93
7.3 Dealing With Narrow Bandwidth.....	94
7.4 Online Format Issues.....	95
7.5 The LifeRing Online Clubhouse.....	97

7.6 Conclusion.....	98
Chapter 8: Meetings in Special Settings.....	99
8.1 About This Chapter.....	99
8.2 Introduction.....	99
8.3 Finding Level Ground.....	101
8.4 A Base to Build On	102
8.5 Meeting Formats in Special Settings.....	104
8.5.1 Creating a Circle of Choice.....	104
8.5.2 Topics for Minds in Turmoil.....	105
8.5.3 Crosstalk in a Psychiatric Setting.....	106
8.5.4 High-Turnover Settings.....	107
8.5.5 “Talked Out” Settings.....	108
8.5.6 Sticking Together On The Inside.....	109
8.6 Special Rewards.....	112
8.7 Delegates From Special Settings Meetings.....	114
Chapter 9: The Meeting of Meetings.....	115
9.1 About This Chapter.....	115
9.2 LifeRing Is A Network of Meetings.....	115
9.3 The Annual LifeRing Congress.....	116
9.4 Key Points in the Bylaws.....	117
9.5 Conclusion.....	118
Chapter 10: Sobriety	119
10.1 About this Chapter.....	119
10.2 Sobriety Is Our Priority.....	119
10.3 Sobriety Means Abstinence.....	120
10.4 Poly-Abstinence: One-Shop Stopping	123
10.5 Quitting the Easy Ones	124
10.6 Take Your Medications.....	125
10.7 Support to Quit Nicotine.....	127
10.8 Conclusion.....	129
Chapter 11: Secularity.....	131
11.1 About This Chapter.....	131
11.2 Where Is Secularity?.....	131
11.3 The Engine of Recovery is Secular.....	132
11.4 Secularity Respects All Beliefs	133
11.5 Secularity Lets People Come Together	134
11.6 Secularity Lets People Relax and Be Real.....	135
11.7 Secularity is Research-Friendly.....	136

11.8 Knowing Our Limits.....	137
11.9 A Secular Testimonial	138
11.9.1 God As I Understand Him Wants Me To Drink	139
11.9.2 The Difference Between a Bus and a Higher Power...142	
11.9.3 The Voyager Returns.....	144
11.9.4 Lessons From My Laundry Basket.....	145
11.9.5 Hurry Up and Wait.....	147
11.9.6 Let's Give God a Rest.....	148
11.9.7 Mere Transportation From Egypt.....	152
11.9.8 The Lesson of Penicillin.....	153
11.9.9 Sobriety of the Spirit.....	155
11.9.10 Dropping the Anvil.....	158
11.10 Scared to Life.....	163
11.11 Conclusion.....	164
Chapter 12: Self-Help.....	165
12.1 About This Chapter.....	165
12.2 Back to Basics.....	165
12.2.1 A Base to Build On.....	168
12.2.2 Some Clinical Examples	169
12.2.3 Protagonists of Our Own Recovery	171
12.2.4 A Continuing Struggle.....	173
12.2.5 Everyone Here Is Above Average.....	174
12.2.6 Recovery of the Sober Self.....	177
12.3 Building a Personal Recovery Program.....	180
12.3.1 Sources of the LifeRing Approach.....	181
12.3.2 The Clinical Verdict: Alcoholics Recover Because They Heal Themselves.....	185
12.3.3 Choice Is the Mother of Motivation.....	186
12.3.4 Where to Begin the Recovery Plan.....	187
12.3.5 Dealing with Cognitive Distortions.....	188
12.3.6 There Is No Answer Book.....	190
12.3.7 Working With the Recovery By Choice Workbook.....	190
12.3.8 Articulating Your Personal Recovery Plan.....	195
12.3.9 Less is More.....	196
12.4 Self-Help As An Organizational Principle.....	197
12.5 Reprise: The Three “S”.....	199
Chapter 13: Getting Started.....	201
13.1 About This Chapter.....	201
13.2 What It Takes To Be a Founding Convenor.....	201

13.3 Bootstrapping	203
13.4 Finding and Reaching Our People.....	204
13.4.1 Who Are Our “Customers”?	204
13.4.2 Broadcasting and “Narrowcasting”.....	205
13.4.3 Twelve-Step Meetings: Off Limits.....	207
13.4.4 Sobriety Is the Key to the Door.....	209
13.5 Treatment Programs: A Convenor's Primer.....	211
13.5.1 Gaps in the Wall	212
13.5.1.1 Professionalization.....	212
13.5.1.2 Managed Care.....	212
13.5.1.3 Internal ferment in the twelve-step world.....	213
13.5.1.4 Patient resistance.....	213
13.5.2 A Two-Way Street.....	214
13.5.3 Abstinence, Abstinence, Abstinence.....	216
13.5.4 The Strategic Goal is Choice.....	217
13.5.5 Accent on the Positive.....	218
13.5.6 Strength in Numbers.....	220
13.5.7 Using LifeRing Press Literature.....	220
13.5.8 If We Build It, They Will Come.....	222
13.5.9 Leveraging Outreach.....	224
13.6 The Meeting Room.....	225
13.7 The LifeRing Charter	226
13.8 Growing the Meeting.....	228
13.9 Turning it Over.....	230
13.9.1 Convenor Material.....	230
13.9.2 On-the-Job Training.....	231
13.9.3 When to Pass It On.....	232
Chapter 14: About This Book	235
14.1 Conventions Used in This Book	235
14.2 History of This Book.....	236
14.3 Acknowledgments	239
14.4 The Experience Base of This Book	240

Chapter I: Outline of This Book

The demand for an abstinent recovery path other than the Twelve Steps 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 book is on the convenor's role: the practical and theoretical tools that the person leading LifeRing recovery meetings will want to acquire. Much of the book will also be of use to people who have no present intent to become convenors but only want a general introduction to the LifeRing approach.

The content of the book is divided into three main parts.

Part I: What happens at LifeRing meetings.

- Chapter Two: The Convenor's Vision, sets out the convenor's basic role: to bring people together in recovery.
- Chapter Three, How Was Your Week?, answers the question, “What do people do at a typical LifeRing meeting?”
- Chapter Four, Openings and Closings, looks in more detail at the start and end of the meeting format.
- Chapter Five, Nuts and Bolts, and Chapter Six, The Meeting's Money, are a fine-grained look at the tangible tools that are part of the convenor's role.

Chapter I: Outline of This Book

- Chapter Seven, Online Meetings, describes the experience of LifeRing convenors in Internet chat rooms and other online venues.
- Chapter Eight, Special Settings, describes the experience of LifeRing convenors in clinics and other institutions.
- Chapter Nine, The Meeting of Meetings, zooms out to show the LifeRing meeting as part of a larger organizational network centering on the annual LifeRing Congress.

Part Two: The philosophical foundations.

- Chapter Ten, Sobriety, discusses abstinence and issues related to abstinence.
- Chapter Eleven, Secularity, outlines what it means to take responsibility for one's own recovery, and contains a personal testimonial about spiritual sobriety.
- Chapter Twelve, Self-Help, shows how LifeRing participants structure personal recovery programs that are tailored to match their particular needs.

Part Three: Getting Off the Ground

- Chapter Thirteen, Getting Started, is for the convenor building a LifeRing face-to-face meeting in a new area.

A background chapter with acknowledgements concludes the work.

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.

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 spoken entirely as myself without attempting to give voice to a consensus, and I have flagged the sections 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 people 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 formula. 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 barstools 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. I’ve given a more detailed and somewhat more academic account of this process in the essay “How (Our) Groups Work.” (Nicolaus 2000). Here’s a brief summary.

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, 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.

Also active in the mind of the person approaching recovery is another part, which I’ve labeled “S.” This is 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 two hundred 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.

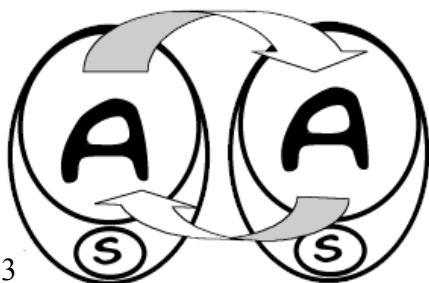
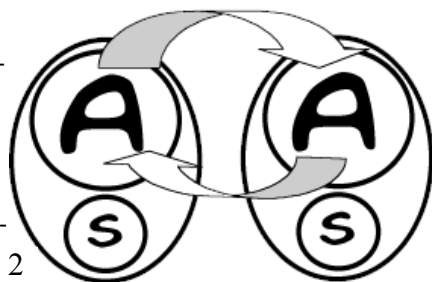
2.3.2 When "A" Connects With "A"

Out in the real 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.

2. 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."

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, a feedback loop 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.

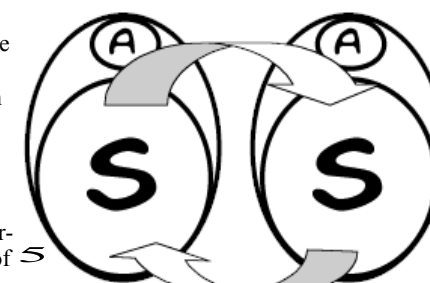
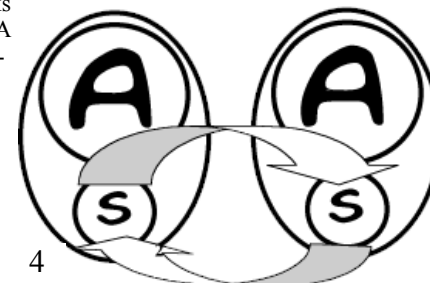
If this circuit continues unbroken, eventually the "S" will lose all traction within the person's thoughts and actions. At that point it is only a matter of time and money before they die. When a person is 100 percent "A," they are dead. Addiction has claimed another victim.

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 4 shows the initial connection.

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 5 shows an intermediate 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.

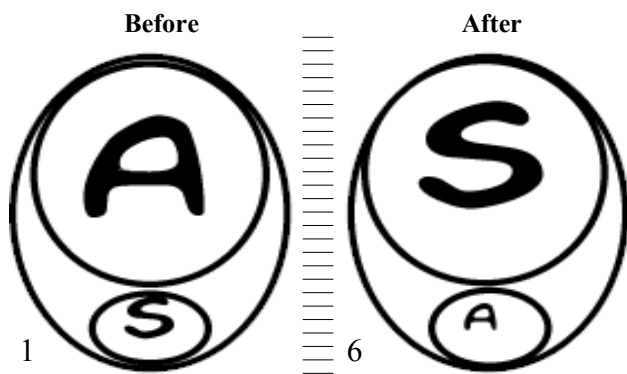
At some point in this positive progression, the balance of forces inside the recovering person reverses or tips over. The “S” rises to the top and replaces the “A” in the dominant position in a more or less stable, resilient manner.

Drawing 5a suggests this turning-over process.

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.

The pair of drawings below contrasts the old primary state of one individual when they entered the process – Drawing 1 on the left side – with Drawing 6 on the right side, showing the same person's primary state after their sober self has risen to dominance.

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. 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 should put alcohol or drugs into their body again, so long as they live, the “A” will come back to life, unseat the sober self and restore the individual back to the state shown in 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 them, so that this sober aspect now surfaces in a stable, resilient manner 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. Further discussion of this point is in the chapter on Self-Help.

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 me as a convenor to do the least harm.

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. 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 on 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 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 is not the disciple of any prophet nor the scholar of any particular doctrine.

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 ten 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 themselves 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.

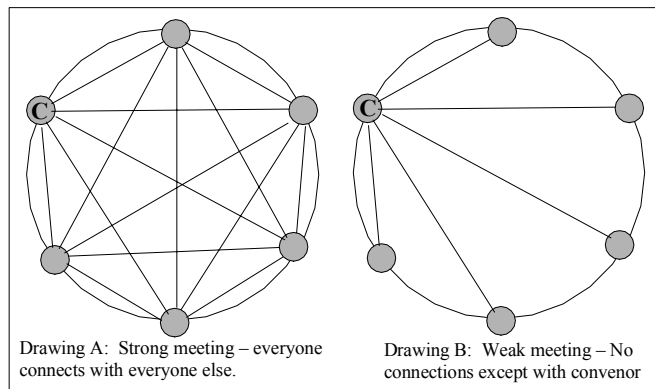
The convenor did not interrupt because the convenor wanted to speak, but because others wanted to. (The convenor will also personally refrain from going on too long, on the same ground.) In general, what distinguishes the convenor's role from that of the ordinary member is its other-directedness.

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. Drawing A shows a meeting in which every participant connected with every other participant at some time during the session. (Assume these are all "S-to-S" connections, see section 2.3.3 on page 16.) This sketch represents 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 meet-



ing; see Drawing B. The convenor in Drawing B is acting like a lecturer, a guru, or a 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. 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 beginning. 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 connecting others with each other.

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 connected 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.

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 feet.

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. 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 the chapter on "Meetings in Special Settings," beginning on page 99.) 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 final chapter 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 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.

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 50 years of nearly everyone being funneled into recovery on the twelve-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 magnitude 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.

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 drank 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. 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.

Chapter 4: Opening and Closing

4.1 About This Chapter

This chapter is about the opening ritual of LifeRing meetings, about the formulas and labels that participants use when they begin to speak, about the treatment of newcomers, and about the closing of the meeting.

4.2 Primacy, Latency, and Ritual

The beginning and the ending of a complex message tend to leave the deepest imprints in the mind. People's memory of the material in the middle is more selective. This basic fact of human psychology, known as the principle of primacy and latency, is the reason why people who make their living communicating put extra effort into their openings and closings. (Chase 2001)

The openings and closings of regularly recurring group events tend to be repetitive, ritual exercises. Rituals can be entirely secular.

Banging the gavel to open a courtroom session, cutting a ribbon to open a road, singing "Take Me Out To the Ballgame" at the seventh inning stretch, throwing out last year's calendars at New Year's, singing "Happy Birthday" and blowing out candles are a few among many examples of rituals having no religious content.

The opening and closing rituals of a meeting establish boundaries that let people know when it's time to focus, and when it's time to go. They establish a sense of familiarity and they bond people together. The closing rituals, in particular, leave an emotional imprint that people carry away with them, and that influences whether they will

come again next week. The convenor who wants the meeting to live long and prosper will pay attention to its opening and closing rituals.

In many of the best LifeRing meetings I have attended, there are definite opening and closing rituals. The content of the rituals expresses something vital about the LifeRing philosophy. In keeping with that philosophy, the duration of the rituals is brief. The formula for success with LifeRing rituals is: short and sweet.

4.3 The Opening Before the Opening Statement

Reading the opening statement is the spoken ritual that launches the meeting, but before that happens, there is a series of silent acts that have a ritual as well as a functional significance. Are the directional signs and the door sign up? Are the chairs arranged? Is the literature laid out? Is the convenor there? The presence of these familiar tokens reassures the member that all is in order; their absence signals some kind of disturbance in the field. The chapter on Nuts and Bolts discusses these preparations in more detail.

The convenor's self-presentation also makes a first impression that forms part of the opening experience for new arrivals. The convenor is clean and sober. The convenor who is cheerful and who greets people agreeably as they arrive sends the message that being at the meeting is a Good Thing. The convenor who remembers names from last time earns points. Many convenors begin informal chatting with people as soon as they arrive, before the opening statement, and set the tone of the meeting before it formally begins.

4.4 The Opening Statement

The opening statement is the vocal ritual that signals the formal beginning of the meeting. It stops the informal chatting and focuses people's attention. It informs newcomers and reminds old-timers of the basic philosophy of the group. It alerts new arrivals that they're in the wrong meeting if they were looking for something with a different approach. It outlines the format and ground rules. After a few meetings, reading of the statement becomes familiar and puts people at ease. At one of the meetings I attend, we jokingly call the opening statement "the Pledge of Allegiance."

Opening Statement

This is a regular open meeting of LifeRing Secular Recovery. LifeRing is a self-help support group for all people who want to get and stay clean and sober.

We feel that in order to remain in recovery, we have to make sobriety the top priority in our lives. By sobriety, we mean complete abstinence from alcohol and other addictive drugs.

Out of respect for people of all faiths and none, we conduct our meetings in a secular way, which means that, during this hour, we do not use prayer or talk about religion. We rely in our recovery on our own efforts and on the help of the group members and other friends.

Everything that we share at this meeting is completely confidential and stays in this room. If you are under the influence of alcohol or drugs now, we ask that you maintain silence at this meeting. You may speak with members afterward.

The meeting format is flexible. We generally begin by checking in and talking about the highlights and heartaches of our past week in recovery, and what we plan to do to stay clean and sober in the coming week.

We encourage cross-talk throughout the meeting. By cross-talk we mean questions and positive, supportive feedback. Positive experiences from your own recovery are welcome. Please allow enough time for everyone to participate by limiting your speaking time if necessary.

If this is your first time at this meeting of LifeRing -- Welcome. Please introduce yourself by your first name. If you would like, tell us how long you have been in recovery and then tell us about your past week and your coming week in recovery. If you would like to know more about the LifeRing approach, we have LifeRing books and handouts available here.

Thank you.

It is good practice to start meetings on time. If the convenor waits too long for stragglers before beginning, then the people who showed up promptly will feel that their time is being wasted, and will come later next time. A minute or two is enough time to allow for people's unsynchronized watches. Starting on time sends the positive message that there is much to do and little time to do it in. Beginning promptly is a part of the ritual and will, with repetition, become part of the meeting's expected format.

The statement is usually kept in the meeting's box, generally in a clear plastic sheet protector, or in a binder. The meeting convenor may read the statement or may ask a volunteer to do the honor. Some readers paraphrase, modify, or ad lib parts of the opening statement

so as to freshen it up, add emphasis, or give it a personal touch. If a volunteer reads the statement, it's good manners for the convenor to thank them when finished.

A suggested bare-bones boilerplate text is in the box on the previous page. Although we may humorously refer to it as "the Pledge of Allegiance," the opening statement is not sacred text. Each meeting is free to compose its own opening statement, provided the contents are consistent with the basic LifeRing philosophy. That means, generally, the following three points. (1) The meeting is dedicated to abstinence from alcohol and drugs. (2) The meeting is secular. (3) The meeting is based on self-help. The way in which these three points are phrased may vary. A more detailed discussion of these points is in the chapters on the "Three S" philosophy later in this book.

The opening statement also needs to remind people that the contents of the meeting and the identities of the people present are confidential; that supportive crosstalk is welcome; that a person who is currently under the influence needs to maintain silence during the meeting; that people should be respectful of others' time by not monopolizing the floor; and that LifeRing literature is available for those who want to know more.

It is important that the opening statement not go on too long. The opening statement should only be the doorway, it should not be half the house. The purpose of the meeting is for the members to participate, not to listen to recitation. Newcomers who want to know more about LifeRing than can be told in a brief opening statement should be referred to our literature. A statement that takes one or two minutes to read is about right. If it takes three minutes, it already pre-empted the airtime of one person in a 20-person 60-minute meeting. People who attend a variety of meetings tell us frequently that one of the features they like about our format is that our opening and closing are brief so that the members can have more time to participate.

If there are announcements of upcoming events or other business, most convenors put them immediately after the opening statement. Some convenors also use this opportunity to pass out current meeting schedules and flyers about new meetings or other events, if available. This may also be a good time to ask if anyone has urgent issues or emergencies they need to talk about right away.

Most LifeRing meetings proceed directly thereafter into the main body of the meeting. Practices such as asking people to raise hands to indicate how much sobriety time they have, giving out chips, and the like, are at this time rarely if ever seen in LifeRing meetings. There is

no rule against such practices; there simply has not been much membership demand to have them.

Anyone can read the opening statement and make announcements, but the person who first asks “How Was Your Week” and starts the check-in is the convenor. That process was covered in the previous chapter.

4.5 Personal Talking Rituals

Meetings not only have collective rituals such as the opening and closing, they generally set up models that people are expected to follow in talking, and these models contain ritual beginnings. So, for example, many people who learned their talking format in twelve-step meetings begin with a phrase such as “I’m Joe, alcoholic.” Many treatment centers train people to add their “drugs of choice” and their clean and sober time: “I’m Jane, cocaine, 14 days.”

LifeRing members at this time have not reached consensus about the utility of this kind of personal talking ritual. Stating one’s first name is clearly useful; that helps people to get to know one another. Most variations of the opening statement ask people to say their first names. But the rest of it is strictly optional. Some people say more, some people don’t. There’s no pressure to go one way or the other.

Most LifeRing participants I’ve met keep track of their clean and sober time. If they mention their clean and sober time at a meeting, many meetings will give them a round of applause. It’s generally up to the convenor whether to initiate this custom. I personally favor giving people a hand for their sober time in meetings where there are a lot of people in their early days. It’s a good, quick and strong way to express group support for their individual success at a time when every little bit helps. I watch the faces of people when we applaud them and they usually show a genuine happy smile. Their sober self is getting reinforcement. Sometimes as convenor I’ll ask a group to clap harder for people with the fewest days, because the person in their first few days is probably doing the hardest work and deserves the most credit. After a while it gets almost effortless most of the time.

If people don’t keep exact count of their clean and sober days, or don’t mention it, that’s fine also. It’s a legitimate question to ask people in crosstalk, but it would be heavy-handed to pressure people to include this in their personal talking format if they don’t want to.

There are good arguments on both sides of the question whether to call yourself “alcoholic” and/or “addict.”

- People who label themselves “alcoholic” and/or “addict” generally believe that doing so helps them overcome denial. They use the phrase as a reminder that they cannot drink or use the way “normal people” can. They believe that labeling themselves in this way keeps them honest and committed to their sobriety program.
- People who do not use these labels generally believe that the labels shortchange who they are. They are not “just” alcoholics or addicts, they are also worthwhile people with many positive qualities and estimable roles. They see the labels as a way of shaming oneself, which can undermine one’s sober confidence and promote relapse. They feel stronger in their abstinence if they don’t use the labels.

That’s the upside of the reasoning on both sides. But there’s also a downside to each of the arguments:

- For some people, the “alcoholic/addict” label turns into a slippery slope to relapse. Since alcoholism is defined as a progressive, fatal, relapsing disease, they come to believe that they will very probably relapse, or even that relapse is inevitable. Most clinicians have seen people in advanced stages of alcoholism who say that they relapse frequently because they are alcoholics and relapsing is what alcoholics do.
- For some people, avoiding the “alcoholic/addict” label also turns into a slippery slope. After a time they may forget why they are not drinking or using, and begin to believe they can have “just one” or “just a few now and then,” and that usually leads back into the toxic soup out of which they had laboriously raised themselves.

To complicate the picture further, there are people who wear the “alcoholic/addict” label to fit in with the crowd, but who don’t really believe it in their hearts. Others believe it secretly but can’t bring themselves to say it out loud. If you ask people what the labels actually mean to them, you may get a jumble of concepts. The label issue is a mess.

The street-corner workshops where new language is coined have not yet come up with a phrase or an image that everyone can wear and that has no downside. In this linguistic vacuum, people experiment

with hybrid formulas such as “I’m an alcoholic in recovery” or “I’m a recovered alcoholic/addict” or “I’m a good mother and a competent systems analyst who has the disease of alcoholism” and many other variations. Some people go back and forth, using the ritual labels on Tuesdays and Saturdays but not on Wednesdays or Sundays.

The good news is that, on the whole and on the average, it makes no difference how or whether people label themselves.

Research suggests no strong relationship between self-labeling and outcome. Many treatment failures are quite willing to accept the label ‘alcoholic,’ and many people respond favorably to treatment without ever calling themselves alcoholic. (Hester & Miller 1996:95)

Therefore, the ritual use of labels when individuals open their statements at meetings is likely to remain optional in LifeRing. Convenors who have strong preferences for one formula or another need to allow space for the strong feelings that run the other way, and for the ambivalence of the undecided. Either approach is valid if it works as a recovery tool at that moment for the person using it.

It isn’t necessary to accept a personal diagnosis of alcoholism or addiction in order to participate in LifeRing. The label “alcoholic” or “addict” is not part of our organizational name. Our bond of unity is not acceptance of a label, but practice of a behavior – abstinence. If people are successful at remaining free of alcohol and drugs, who cares what label they wear on their foreheads? People can very well learn to stop drinking and using first, and then worry about the label afterward. LifeRing will not try to force a label on people for the sake of ritual, or otherwise.

4.6 Newcomers

Some years ago one of the cult-watcher sites on the Internet listed our predecessor organization as a cult. Gales of laughter followed, and the site quickly retracted the listing. Cults have elaborate systems for seducing and engulfing newcomers. Cults assign teams of recruiters to each newcomer, find out everything about them, surround them with overt and covert cult friends, teach them to speak the cult language, think cult thoughts, feel cult emotions, read cult books, eat cult foods, live in cult housing, work cult jobs, and give their money to the cult, all of it.

Groucho Marx once said that he wouldn’t join a club that would have him as a member. Some of our predecessor groups had the flip side

of that attitude: we wouldn’t admit anyone who wanted to belong to us. It’s difficult to think of an organization that was less cult-like in its approach to newcomers. We either ignored them until they went away, or we made them the focus of the entire meeting until they squirmed and ran like ants under a magnifying glass on a sunny day. If they hung around despite this treatment, it meant they had to be really deranged desperate misfits, and that finally made them OK to join our club.

Somehow those meetings didn’t grow much.

The collective mood in LifeRing has brightened since those days, but there remains much room for convenors to improve the treatment of newcomers. For example:

- The convenor can be sure that each newcomer gets the LifeRing handouts and the LifeRing meeting schedule, so that they don’t leave empty-handed.
- The convenor can be sure that each newcomer knows that they can phone or send emails to anyone who signs in on the meeting’s sign-in sheet.
- The convenor can take a few minutes before or after the meeting to chat with a newcomer and take an interest in their particular situation and concerns.
- The convenor can refer the newcomer to members or to third persons who have similar interests, or who live near the newcomer and could share transportation.
- If the newcomer is online, the convenor can refer the newcomer to the online resources of LifeRing, so that the newcomer can hook up with LifeRing online support between face meetings.

These and similar small gestures send the newcomer the message that they are welcome and we want to see them again. More importantly, they send the meta-message that we think highly enough of our group to want to see it have a future.

In extending oneself to welcome the newcomer, the convenor also follows a personal agenda that dovetails with the organization’s. Today’s newcomer, half a year from now, may become the next convenor.

4.7 Closing the Meeting

The meeting's closing ritual is the last impression it leaves as a group on the individual. The closing forms an emotional imprint that remains latent in the individual's memory long after much else has faded, and its quality may tip the scales in their decision whether to return next week.

Most LifeRing meetings at this time close by the participants giving each other a round of applause. This is a simple, positive, upbeat ritual that packs a profound message. The unspoken message goes more or less like this:

"The outside world little understands or appreciates our recovery journey. They tend to believe that we can 'just say no' and be done with it. But we who fight this battle every day know the inner struggles we go through and the work that's involved in rebuilding our lives. We appreciate the courage that it takes to be here. We know the sweetness of the victory that each sober day signifies. We applaud one another, and ourselves, for our success in being here clean and sober today. If someone among us has tripped and fallen, we applaud them all the more strongly for coming back. We applaud to express our confidence that we can meet our challenges in the coming week. Recovery is an estimable project, and we have earned the self-esteem that we feel today. We are heroes and winners in each other's eyes."

From time to time, as the situation allows, the convenor may want to say a few words along those lines to explain the significance of the closing ritual. "Let's give each other a hand for being clean and sober today" is one good shorthand formula. The main point is to close on a strong upbeat note, and the practice of clapping hands together with a loud approving noise meets that requirement perfectly.

Perhaps as the sound of the applause reverberates in people's memories, they will gradually shed the hang-dog attitude that so many bring in with them. Many first-timers have been taught that participating in a recovery meeting is a punishment. They feel that being in these rooms is a sign of how low they have sunk. They slink in as if expecting to receive a beating. How can they ever become free with such an upside-down attitude?

Those who remain in the cave of drinking and drugging are the ones receiving punishment. Those who are still drinking/using are the ones who have sunk low and are sinking still lower. Those who are too

deep in their addiction to pick themselves up and begin attending recovery meetings are the true prisoners in shackles.

Participating in a LifeRing recovery meeting is a privilege and a mark of self-respect. Being here is a sign of how high you have risen. You are entitled to walk in with your head held upright, as a free person. Society ought to shower people in recovery with respect and honors. Until society wakes up to the contribution that people in recovery make to the world, simply by making their recoveries, we will have to be content with respecting and honoring one another.

Chapter 5: Nuts and Bolts

5.1 About This Chapter

This chapter deals with the tangible tools of the meeting convenor's role: signs, chairs, books, clipboard, etc., and how to use them. In a pinch, a LifeRing meeting can happen without any of these items. All it takes is two people supporting one another's sobriety here-and-now in a down-to-earth way and with a self-help attitude. (Under the LifeRing Bylaws, to be recognized as a meeting entitled to participate in the Congress, the gathering also must use the LifeRing name and must take place in a publicly accessible location. See Bylaws, secs. 4.1 and 5.2.1.) The convenor's intangible tools – the attitudes and skills necessary to lead people in having a productive recovery meeting – are far more vital than the tangible tools, and can't be put into a box. But the tangible nuts and bolts also make important contributions to everyone's meeting experience.

5.2 The Message of the Chairs: Circle Format

A few years ago, there was a scheduling mix-up and we had to end one of our LifeRing meetings a bit early. As we were filtering out we watched the setup people for the next meeting (a different kind of group) hurriedly rearrange the chairs. Where we had set them up in a circle, the other group needed the chairs in classroom format: most of the seats in rows facing forward, with one or a few chairs in front facing rearward.

Chair arrangement serves meeting structure and, to a great extent, influences meeting process and content. Chairs set up classroom style (also called auditorium or theater style) assume a division of the group into two uneven parts: a small number of teachers (or presenters, speakers or performers) and a comparatively larger number of students or audience members. This arrangement, in general, says that the minority will be active or productive and that the majority will be passive, receptive, or reactive. This is an oversimplification, but it is true enough.

Such an arrangement would not serve the LifeRing recovery meeting process, as we now practice it. We use classroom seating on special occasions, such as lectures and presentations at our Congresses, but for our everyday recovery meetings we use circular seating. We aren't called "life *ring*" for nothing.

The message of the chairs-in-a-circle is that we are all equals and that we are all equally active participants. The ring pattern allows each person to see each other person's face and make eye contact. What we have in mind by "bringing people together" is to create multilateral connections. We can imagine each person in a ring connecting with each other person, so that the network of lines between them forms a dense web. In the classroom setup, by contrast, there would be a fan-shaped pattern of lines from each audience member to the presenter, but few if any lines connecting the audience members with one another. (See Section 2.6, Drawings A and B, page 23.) The roundness also seems to send a meta-message of togetherness that facilitates bonding and conflict resolution, a point often observed in the design of tables for diplomatic conferences. That's why the LifeRing meeting convenor, before the room fills up, has seen to it that the chairs are in circle format.

Convenors rarely have the choice whether to use tables or not; the available space and furniture usually decides. But where there is a choice, many convenors prefer to do without the table. The table cuts people off at the waist visually and may block out useful messages from the lower half of participants' bodies, particularly the feet. When someone has been speaking too long, or the topic is uncomfortable, or there is some other anxiety, people often signal it unconsciously by wiggling, tapping, or straining their feet. The experienced convenor reads the feet. Nevertheless, a room with a table is vastly superior to no room at all, and I have attended wonderful meetings in grim hospital conference room settings where the furniture and the whole physical environment became irrelevant, and all that anyone noticed was the voices and faces and experiences and the support.

5.3 To Split Or Not To Split

The LifeRing preference for circular seating, or rather for the weekly check-in format with crosstalk that circular seating serves, necessarily puts an upper limit on meeting attendance. This format works best when the group size is small. When meetings regularly exceed the size at which general participation is practical, convenors need to be prepared to split the meeting. We have accumulated considerable experience doing this on Saturday mornings at the LifeRing meeting at the Kaiser Permanente Chemical Dependency Recovery Program (CDRP) in Oakland, CA, and the convenors there have worked out a routine for the process. It takes two rooms, two convenors, two signup sheets, two baskets, two sets of literature, and a few extra minutes of time. Everyone concerned agrees that it's worth it.

There is no hard and fast rule about the break point at which splitting is advisable, but think about the clock. If the meeting is sixty minutes and there are twenty people present, that makes an average of three minutes each. I've seen and led many a good LifeRing meeting including crosstalk with as many as 24 people in a room. However, it's difficult to go into much detail in that amount of time. Some convenors prefer a maximum of fifteen participants. Some feel that the ideal LifeRing meeting size is about eight or ten people. It's up to the convenors to make the call, based on the resources available.

It's a fact that if LifeRing ever becomes wildly popular, the flood of members will put severe strains on our participatory meeting format. We'll need lots more rooms and lots more convenors, or we'll have to turn people away. Those are bridges we'll have to cross when we come to them.

5.4 The Case of the Missing Box

The clipboard, the opening statement, the blank signup sheets, the directional signs, the door sign, the tape, the stamp, the pens, the meeting schedules, brochures, the books, the basket, and other sundries (but never cash!) are most conveniently kept in a box or briefcase.

A cardboard file box (sometimes called "banker's box") works fine for this purpose, at least for a few months. A plastic portable file box with a handle on top, available at most office supply stores, is a step up. You can put hanging file folders inside to hold blank signup sheets, the opening statement, the signs, and other tools of the trade. Illustrated on this page is a deluxe version, a metal-clad camera case

A Box Checklist

Charter
 Directional signs
 Door sign
 Tape
 Opening Statement
 Blank signup sheets
 Folder for used signup sheets
 Clipboard
 Pen(s)
 LifeRing stamp
 ? Date stamp
 ? Signature stamp
 Basket
 Money envelopes

Handouts:

Meeting Schedule or flyer
 Sobriety Is Our Priority (green)
 Secular Is Our Middle Name (gray)
 Self-Help Is What We Do (pink)
 LifeRing Online (blue)
 Resources for Convenors (yellow)
 Other handouts

Books:

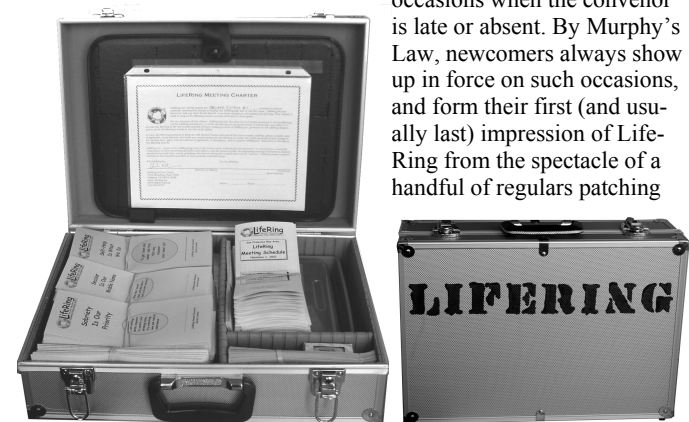
Recovery by Choice workbooks
 Keepers books
 Presenting LifeRing books
 Bylaws booklets
 This book
 Other books

or tool box, available for \$20 from a home improvement wholesale chain. Convenors also use briefcases, salesmen's sample cases, small wheeled airporter suitcases, backpacks, gym bags, and the like. Mark the container prominently: "LifeRing."

Once you have a box, where do you keep it?

One night I went to set up a meeting and the box was missing. The meeting convenes in the conference room of a hospital and the box lived in an unlocked cabinet under a sink in the corner. That night it was AWOL. We summoned hospital security who duly came and investigated and after about twenty minutes located the box in the Lost and Found. We've had only one case of a box permanently missing from a meeting venue in ten years, to my knowledge.

If the convenor takes the box home after each meeting, the meeting will have a problem on the inevitable occasions when the convenor is late or absent. By Murphy's Law, newcomers always show up in force on such occasions, and form their first (and usually last) impression of LifeRing from the spectacle of a handful of regulars patching



together a Frankenstein version of the opening statement from memory, making lame excuses when asked for meeting schedules and LifeRing literature, and not having paper and pen to write down the newcomers' email addresses.

Solution: keep the box on the meeting premises. If you can store the box at the premises in a secure location, that's wonderful. If not, store it at the premises anyway. Unless it contains money, the box is an unlikely target for petty crime. Addicts are not going to lurk on street corners flashing stolen workbooks under their coat flaps – "Psst!" Store the box under the sink, under the stairs, behind the door, in the reception booth, projection booth, janitor's closet, equipment room, ladies' room, behind the potted plant, wherever. Label the box prominently as LifeRing stuff. Let everyone in the meeting know where it's kept and how to access it. That way, if some night you the convenor are late or absent, the meeting can have its materials.

5.5 Those Damned Signs

The meeting won't have much growth if newcomers can't find it. Somehow many of our meetings end up on the twelfth floor of a hospital annex on a weekend when the main entrance is closed and you have to make a quarter-mile detour through the catacombs. Or in the garret of a haunted mansion accessible only via a secret passage and a spiral staircase. Or in the basement of a conference center on floor A-2 accessible only via Elevator Z, and if you miss the turn you're in the boiler room.

To let people find you, you need to have directional signs. More important, you need to post the signs before the meeting, and then you need to take them down again afterward. You'll soon see why this section is titled "Those Damned Signs."

Getting and making the signs is the easy part. Sign templates are posted on www.unhooked.com. You download them as PDF files. You can choose signs with arrows pointing left, right, up, or down. You can add legends, such as "Take Elevator Z to Floor A-2 and exit via rear door." You can print them in black-and-white or in color. It's a good idea to print them on the stiffest paper your printer will take. Then it's a



good idea to put them inside plastic sheet protectors, because they'll get a lot of handling.

Next you need tape to hang the signs.

The best is clear surgical tape, about an inch wide, available in pharmacies. It's also sold as "first aid tape." If your meeting is in a hospital, go to the Emergency Room and nicely ask for a roll of it. It will take many stickings and unstickings without losing its grip and without marking the wall. Next best, but unsightly, is masking tape. Don't use Scotch tape; it wears out quickly and leaves dirt marks on the walls. You don't want the janitors annoyed with your meeting, that's bad karma. Double-sided tape is bad because it won't let you stack your signs in your box without having them stick to each other; besides, it quickly loses its wall stickiness.



It's useful to attach the tape to the sign in such a way that you can quickly undo and redo it. Here's how. Tear off about two and a half inches of fresh tape. Fold about a quarter inch of one end of the tape back over itself, sticky side to sticky side, for a handle. Then stick an inch of the other end to the face of the sign. Fold the rest of the tape over the top of the sign so that it sticks to the back. (You've got the sign inside a plastic sheet protector, remember?) Now your quarter-inch folded-over handle lets you quickly unpeel the tape from the back of the sign and stick the sign up on the wall when you need it. When you're done, reverse the process. You can then stack your signs without having them stick to each other. Simple, but you'd be surprised how many convenors forget about the little handle on the tape and have to spend time trying to pry the end of the tape up with their thumbnails, or end up with signs taped together. The devil is in the details.

But that's not why you'll curse the signs. You'll do that because of the running. Before the meeting, you have to go to the meeting room, get the signs out of the box, retrace your route to the main entrance, post the signs, and return to the meeting room. When the meeting is over you have to hike back to the main entrance, collect all your signs, bring them back to the meeting room and put them back in the box. By then, everyone you wanted to socialize with after the meeting is probably long gone.

Of course you could take the signs home, instead of keeping them in the box, so that you post them as you enter and collect them as you

leave. But then comes the inevitable day when you arrive at the meeting having forgotten to bring the things, or when you're late or absent. Some convenors keep a duplicate set of signs, one set in the box, one set to take home. Inevitably the sets get mixed up and both sets end up in the box or at home. You could try deputizing another member as assistant in charge of the signs. You could try leaving the signs posted up permanently. You could try to find a storage place for the signs near the main entrance.

Lucky is the convenor whose meeting room is within eyeball range of the main door, so that hanging up and taking down the door sign is the extent of their sign-posting chore.

The early symptoms of convenor burnout in LifeRing aren't bags under the eyes, snapping at people, and lack of concentration. Regulars can tell that the convenor has lost it when they come to the meeting and the usual signs aren't up. Those damned signs have worn out another perfectly good convenor.



5.6 Attendance Slips

Judges, parole officers, substance abuse case managers, and other authorities can be a distrustful lot when it comes to people who get in trouble for drinking and/or drugging. When they require such a person to attend a given number of meetings, they want documentary evidence that the person complied. This evidence is the attendance slip. It's a simple form, usually smaller than a letter-sized sheet, with a space for a date, time, place, and signature. The person carries the form and gives it to the convenor at each meeting to fill in and sign. The convenor does so and gives the slip back. Eventually, the person turns in the full slip to their case manager as proof of compliance over time.

The argument has been made that recovery meeting leaders should refuse to sign attendance slips as a protest against forced meeting attendance. This argument arises from scenes where a bus pulls up and unloads thirty resentful Drug War parolees who sit in the back of the meeting with their hoods up, never speak, put no money in the basket, and leave as soon as their attendance slip gets signed. Refusing

to sign the slips is a way of sending the message that this type of conscript visitor is not welcome. If they can't get their slips signed, they won't come.

So far, such a scenario has not played at LifeRing meetings. All kinds of people come with attendance slips they need signed, but they exercised a free choice to come to this meeting rather than any number of others. They come in manageable numbers, they participate earnestly, they are civil, they put what they can in the basket, and it's a pleasure to have them. Accordingly, there is little resistance currently among LifeRing convenors to signing attendance slips. It's a distraction, at best, but with a little practice it's quickly dispatched.

The usual system is for the person to hand their slip to the convenor (or deposit it in the money basket next to the convenor) as they come in. If there's time before the meeting starts, the convenor might fill the slip out right away and hand it back. Otherwise, the convenor fills in the accumulated batch of slips in idle moments during the meeting, and whenever that's done, sends the finished batch around the circle, with each person claiming their own. Sometimes convenors use the money basket to return the completed slips; the basket goes out filled with slips and comes back filled with dollar bills. If there's no time during the meeting for the convenor to sign the slips, people just have to wait until the end.

A LifeRing rubber stamp can speed the convenor's chore. If the meeting consistently has many people who need slips signed, the convenor might also speed things up by having a signature stamp made, and ask attendees to fill in the date themselves. You can also get a small self-inking date stamp. There's no good reason for the convenor to develop writer's cramp or take major focus away from the meeting to fill out paperwork. The convenor is a facilitator, not a bureaucrat.

It is OK in the current climate for convenors to sign and return slips at the start of a meeting, even if this occasionally means that the slip owner leaves immediately. If somebody puts in two slips, it's a game. It is not OK in my opinion for a convenor to sign a slip for someone who did not show up at all. That usually gets back to the case manager and brings heat on the meeting. If the authorities get too pushy about slips, convenors are likely to opt out of the system. Most convenors are happy to do a little paperwork as a service to other people in recovery, but few are willing to act as unpaid parole officers.

If I have a lot of attendance slips to process, I'll usually ask someone else to "run the meeting for a few minutes" while I have my head

down. This is a good way for others to get their feet wet in the convenor role.

5.7 The Crown and the Clipboard

Most LifeRing meetings use a sign-up sheet, and this requires a clipboard and a pen. The clipboard becomes an emblem of the convenor's role. If you want to know who the convenor is, it's the person who keeps the clipboard.

Sign-up sheets aren't mandatory and some meetings don't bother with them. Signing the sheet is always optional. Sheets can serve useful social functions, such as:

- When you put your name, email address and/or phone number on the sheet, you are giving permission to other members to contact you between meetings in case they need to hear a sober voice or see some sober mail in their inbox.
- When you put your email address on the sheet, you are giving permission to the convenor to put you on the local email list, if there is one.
- The sheet helps people learn each other's names.
- Signing the sheet is a symbolic way of affirming your commitment to sobriety.
- The convenor uses the sheet to keep track of basket donations and book sales.
- The sheet serves as a running count of how many people attended.
- If someone needs proof their attendance but did not carry an attendance slip, or lost the attendance slip, the signup sheet is a backup.
- In case of emergency, the convenor can look at the information on the signup sheet to try to contact a person.
- At the annual LifeRing Congress, in the event there are questions about a delegate's credentials, the sign-in sheet can serve as validation of the meeting's existence.

Some convenors make a brief announcement before circulating the signup sheet to be sure that members understand its voluntary nature and its purposes.

Convenors generally do not use the sign-up sheets to conduct telephone surveys of past meeting participants, or to check up on members to find out why they were absent from a meeting, or for any similar non-emergency reason.

Signup sheets are not disclosed to outsiders. The fact that you attended a meeting is confidential unless you give permission to disclose it.

As a general practice the meeting convenor puts filled-in sheets back in the box. To date, no privacy concerns have arisen over this custom. The convenor could also take the sheets home, keep them in a safe place as long as seems reasonable, and then send them to the LifeRing Service Center or destroy them. The LifeRing Service Center collects filled-in signup sheets for statistical and historical purposes. Eventually they go into the shredder.

When a meeting is on the mandatory list of a treatment center, the convenor may circulate two clipboards with two sign-up sheets, one for LifeRing and the other for the treatment center. For example, at the Kaiser treatment facility in Oakland, patients in the Saturday morning program get an hour during which they have to attend a support group meeting. AA, NA, LifeRing and sometimes Al-Anon all meet in different rooms on the premises during this hour. It's the patient's choice which one they attend. At this session, which is consistently one of the biggest LifeRing meetings in the area, the convenor has to deal with three signup papers: the Kaiser sheet, our sheet, and the attendance slips of people from other programs. Despite all the paperwork, these are great recovery support meetings.

Choosing the right moment to pass the clipboard(s) is a convenor's judgment call. See the "Basket" section below for a discussion.

Sign-In Sheet LifeRing Meeting LifeRing Secular Recovery			Sobriety Is Our Priority
Date:	City:	Location:	
First Name & Initial	E-mail Address*	Phone Number**	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

(Continued on back of sheet) *Put me on the local email list (optional) **OK to phone me (optional)

Sec'y:	Book sale \$:
Chair:	Basket \$:
Topic:	Total \$:
Chair Next Week:	Treasurer:
Remarks:	

5.8 Books and Handouts

Laying out display copies of LifeRing literature is part of the convenor's room setup routine. If there's a side table or a coffee table, the literature can be arranged for display there. If the meeting convenes around a standard height table, the books can be laid out in the middle. If the room only has chairs, the literature can be laid out on the floor in front of the convenor, with the titles facing toward the center. Some convenors circulate display copies of the LifeRing Press books during the meeting so that people can get their hands on them and scan through them. It's always appropriate to pass a bundle of handouts around for those who don't already have them.

- The main **handouts** form a trilogy that explains the basic Three-S philosophy of LifeRing: "*Sobriety Is Our Priority*" (green), "*Secular Is Our Middle Name*" (gray), and "*Self-Help Is What We Do*" (pink). The convenor will have fewer complications in keeping the meeting focused if all participants have already familiarized themselves with these introductory brochures. Passing them around at the start of the meeting is a surer way to get them into people's hands than leaving them on a table.
- The book **Keepers: Voices of Secular Recovery** is a selection of about 125 short items culled from tens of thousands of contributions to the international LifeRing email list. These items sparkle with the many brilliant facets of a secular recovery community. The contributions are motivational, down-to-earth, and easily accessible to newcomers. The book contains a rich collection of personal sobriety tools. A special attraction is a series of contributions about how to survive and enjoy major holidays, particularly the December season, as a clean and sober person.
- The book **Presenting LifeRing Secular Recovery** is subtitled "A Selection of Readings for Treatment Professionals and Others Interested in an Abstinent Alternative to Twelve-Step Support Groups." Currently, this book is in its second edition. It is written in plain English so that any interested person can access it, professional or not. Many analytically-minded LifeRing members who are not treatment professionals call this their favorite LifeRing book. The book is mainly intended as a tool to acquaint professionals in chemical dependency and mental health treatment with LifeRing, so that they will give their

patients/clients the option of attending LifeRing support group meetings. Referrals from professionals are an important source of new members for LifeRing meetings.

- The **Recovery by Choice** workbook is a tool for self-help based on the LifeRing philosophy of constructing one's individual tailor-made recovery program. The book presents the recovering person with a set of the most common issues that tend to come up in recovery, and allows the person to make the choices that will work best for their personal situation. The format works well for individual self-study at home, and can be adapted for group settings. A number of treatment programs purchase *Recovery By Choice* in quantity for patients/clients who request an alternative to "Big Book" study.
- **How Was Your Week?**, the present book, is of course a convenor's book. But it is normal and healthy for members to want to know everything that convenors know. Encouraging every interested member to become familiar with a convenor's handbook is a way to prepare members to step into the convenor role as soon as they are ready.
- The **Bylaws** pamphlet is just what its name states: the exact text of the LifeRing "constitution," adopted by the founding Congress in Brooksville, FL in 2000, as amended by the annual Congresses since then.

By the time you read this, the selection of LifeRing brochures and LifeRing Press books may have changed. You can always get the catalogue of current offerings on the Internet at www.unhooked.com and/or www.lifering.com.

In addition to the printed materials available from the Press and the Service Center, some convenors also download selected articles from www.unhooked.com, print them on their computer printer, make some photocopies, and lay them out for the taking. In a pinch, you can also download PDF copies of the three principal brochures from www.unhooked.com, and print and fold them yourself.

A good role for a member who is an avid reader and wants to become more involved is Bookperson or Librarian for the meeting. This volunteer can take over the setup, display, distribution and sale of LifeRing literature from the meeting facilitator.

Meetings may also want to experiment with operating a lending library that includes not only LifeRing Press books but also a selection from among the many other recovery titles that may be of interest to

LifeRing members and friends. The BookTalk section of *unhooked.com* contains dozens of reviews that may be useful in selecting titles for a lending library.

5.9 Literature Racks and Bulletin Boards

Many institutions that provide space for LifeRing meetings have literature racks, or places where you can set up a rack, and they have bulletin boards. Keeping the current meeting schedule in the racks and posted on the boards, and keeping the racks supplied with handouts, are small services that send a big message: we are here, we are alive, and we want to see you. If the racks are empty or contain long outdated materials, they send a negative message. Convenors may want to check the rack and the board as a regular part of their setup routine, or may want to recruit a volunteer to do it.



Bulletin boards and literature racks also exist in chemical dependency treatment facilities and other high-traffic locations that do not have LifeRing meetings on the premises. A convenor who can place LifeRing materials in these sites will help bring more newcomers to the meeting.

It goes without saying that convenors need to get permission from the host institution before using its rack spaces and before placing a rack of our own. Some facilities also have rules about who can post what and when on their bulletin boards. Observance of these rules promotes good relations with the space provider.

5.10 The Basket

Passing the basket is a traditional routine at self-help recovery meetings, and LifeRing is no different in this respect. There is never an admissions charge at LifeRing recovery meetings, but there is almost always a basket. The exception is venues where meeting participants aren't allowed to possess money: locked psychiatric wards, some inpatient treatment programs, and the like.

“Basket,” actually, covers a wide range of different containers. I have seen meetings use a wicker basket, a plastic basket, a file card box, a big floppy inter-office envelope, a regular No. 10 envelope, a paper hat, all kinds of real hats, a sock, a scarf, a saucer, a paper plate, a salad bowl, a coffee mug, and a Chinese food takeout box. The most ingenious basket I have seen was a java jacket – a bottomless cardboard sleeve that serves as an insulating handle for hot paper cups. The java jacket worked fine for paper money. It couldn't hold coins, but that was good news from the standpoint of the person responsible for counting the collection – coins are a bookkeeper's headache.

One meeting I know doesn't pass a container at all. They put the cardboard file box that holds the books and signs in the middle of the room. As people stand up to leave they throw their donations into the box.

At another meeting, they pass the basket before reading the opening statement.

Choosing the right moment to start the basket going around, same as with the clipboard(s), if you use them, is a convenor's judgment call. If you pass them right at the opening, you will miss the people who come in late. If you wait until just before the closing, you will miss the people who leave a little early.

Passing the basket and/or the clipboard just before the closing also raises other issues. A person can't handle the basket or the clipboard and join in the closing round of applause at the same time. Having a money basket circulating while people are getting up and leaving the room can also lead to problems.

Many convenors start both the basket and the clipboard(s) going round at some point in the middle of the meeting when everyone who is going to come has arrived and everyone who will leave early is still there. They can be launched in the same or in opposite directions. The basket or board may pause momentarily when they come to the person who is currently talking, then resume their course. The ongoing talk is usually captivating enough that the clipboard and basket complete their circuits without a ripple. In meetings with a lot of unknown first-timers, the convenor may want to keep an eye on the basket as it makes its rounds.

Whichever system you the convenor choose, it helps the members if you establish and hold to a regular pattern, so that a certain way of dealing with the basket and the clipboard becomes part of the meeting's familiar rituals.

If you store your meeting's materials box on the meeting premises, don't leave money in the box between meetings. That's like leaving honey in your tent in bear country while you're off hiking. Once money is found in your box, your box may be subject to constant disturbance.

A more detailed how-to guide for the meeting's Money Person is in the next chapter.

Chapter 6: The Meeting's Money

6.1 About This Chapter

This chapter is about the money that meetings collect when they pass the basket: how to keep track of it and what to do with it.

6.2 The Three B's

For the person who handles the meeting's money, the basic tools are the three B's: the Basket, the Book, and the Bucks.

The "basket" and when to pass it is discussed in the Nuts and Bolts chapter, above. When the meeting is over, the meeting's Money Person or treasurer counts the basket collection. If there's more than a few dollars, it may be good practice to ask a second person to count it again so as to verify and witness the amount. The Money Person then writes the amount collected in the basket in the lower right corner of the meeting's signup sheet in the "Basket \$" line. Money received for books sold is tallied separately on the "Book sale \$" line on the signup sheet.

(optional). **OK to phone me (optional).	
Book sale \$:	
Basket \$:	
Total \$:	
Treasurer:	

Treasurers of meetings that pay no rent and have essentially no expenses have the easiest job. Meetings in the San Francisco Bay Area have it the easiest of all. Treasurers can simply put the basket money collected at each meeting, plus the money from book sales, totaled sep-

arately, into an envelope showing the date and amounts. The Service Center supplies preprinted little brown envelopes for the purpose. The convenor can either hand-carry the envelope to the Service Center if that is convenient or can write a personal check for the amount and mail it. The Service Center will supply SASEs for the purpose.

The Service Center will deposit the funds received in the bank and will mail the person who sent the money a computer-generated receipt acknowledging basket collections received by date, and a separate receipt showing money received for book sales.

It's helpful but not essential if the person forwarding the money will tally the amounts by date. That way the convenor can get a historical overview of the meeting's development as an economic entity.

In case of a question anywhere along the line, the receipts can be compared with the amounts on the money envelopes and on the signup sheets, and everything should balance. There is so little work involved in this arrangement that the convenor often handles it personally and a separate treasurer may not be necessary.

Basket money and book sales money always needs to be tallied separately for tax purposes.

If the meeting also has expenses, notably rent, the treasurer's job becomes immediately more complicated. The treasurer in such a case will almost certainly want to keep an account book. This "book" can be as informal as the back of an envelope or as formal as a computer spreadsheet. Whatever its form, the treasurer's account book usually moves about with the treasurer, and does not usually stay in the meeting's box on the premises.

Recording the amounts of money collected in at least two places, on the signup sheet (which normally stays in the box at the meeting site) and again in the treasurer's own account book, is very useful in the event one set of records becomes lost. It happens.

The meeting treasurer's own account book is the place to record all of the meeting's expenses. Rent, obviously. Purchases of books and other literature from LifeRing Press. Incidental expenses for refreshments, flyers, mailings, stamps, etc. Expenses related to the annual Congress. And so forth. The treasurer will want to keep track of all the meeting's intake and outgo in the treasurer's book.

Meetings that pay rent and have other expenses will want to hear periodic financial reports from their Money Person. The treasurer's account book will provide the basis for these reports. The convenor might call for a short business meeting after the regular meeting, or

set aside time at the beginning of the meeting, to hear the treasurer's report.

6.3 Shoe box or Checkbook?

Treasurers have the option of running the meeting's finances on the shoe box system, or through a checking account. "Shoe box system" means that the treasurer keeps the bills and coins collected at the meeting segregated from all other money, for example in a shoe box or a money pouch. When it comes time to pay the rent or other expenses, or to make a contribution to the Service Center, they take the money out of the shoe box. They pay out the same bills and coins that came in.

The "shoe box" or other cash repository should never be kept in the meeting box.

Some treasurers find the shoe box system cumbersome, and prefer to handle the meeting's finances through their personal checking account. After carefully noting the amounts received in at least two places (the sign-up sheet and their own account book) they commingle the meeting's bills and coins with their personal currency. When it comes time to pay the meeting's rent or other meeting expenses, they write a personal check. They also use a personal check to mail the meeting's surplus funds to the LifeRing Service Center, along with a note that breaks down how much is from the basket and how much is from book sales.

As mentioned earlier, the Service Center will issue printed receipts and mail them to the treasurer, so that in case of question there is an audit trail. The Service center stores each transaction on a computer so that, if necessary, the transaction history can be reviewed.

So long as the meeting treasurer keeps an accurate account book with back-ups, and is a financially responsible person, there is nothing improper about handling the meeting's money through the treasurer's personal checking account. The sums involved are usually small and below the radar for purposes of the treasurer's personal income tax return. If a meeting develops a larger financial volume than can be comfortably handled with this homespun setup, then it's time for the meeting to set up a business checking account. Meeting treasurers who come to this bridge may find it helpful to consult with the LifeRing CFO at the Service Center.

When selecting a Money Person, it is wise to choose someone who is financially responsible and stable in their recovery. Know where to

find your treasurer! It is also a good policy to keep the meeting's cash reserve down to the necessary minimum – two months' rent is a ballpark figure – and avoid the accumulation of large surpluses.

6.4 The Meeting's Surplus

Each LifeRing meeting is a financially independent entity. It keeps its own books and makes its own decisions how to spend its money. The LifeRing Bylaws say that meetings are bound to support the national organization "to the extent the Meeting sees fit." (Article 11, LifeRing Meeting Charter.) At this time, many meetings have no rent to pay and no other significant expenses, and these contribute practically their entire basket collection to the LifeRing Service Center. Some meetings contribute practically their entire revenue above their rent. Some meetings contribute a set amount each month. Some meetings contribute little or nothing. This is a common pattern in organizations such as LifeRing that lack a compulsory dues structure.

The entire financial structure of LifeRing is based at this time on volunteerism. Every LifeRing convenor from the meeting level down to the directors and officers and workers at the Service Center serves without pay or reimbursement of expenses. At this time, the national organization's regular business expenses are modest and consist of items such as office rent, telephone lines, postage, supplies, printing costs, and the like; see the annual Financial Report to the LifeRing Congress for details.

Given the voluntary, meeting-focused financial structure of LifeRing, the center needs to continually justify its existence and its good works to the meetings if it hopes to have their financial support. This means on the one hand that meetings have no cause to complain that the national organization is squeezing or bleeding them for funds. It means on the other hand that some meetings get the benefit of the Service Center's efforts without contributing to its support. So far, this arrangement has worked with relatively little friction. However, as the organization grows, as the founding generation ages, and as the center faces new demands for its services, it is quite likely that something resembling a dues structure similar to that in the 12-step groups may become necessary. The power to make changes in the LifeRing financial structure is in the hands of the LifeRing Congress.

Chapter 7: Online Meetings

7.1 About This Chapter

This chapter focuses on LifeRing meetings on the Internet, particularly in chat rooms. It discusses the benefits and limitations of the online medium and the special opportunities and challenges that face convenors of online LifeRing meetings.

7.2 Online Recovery Support Works

The Internet is a great boon to recovering people. The stock of recovery information and support available in your locality no longer limits you. Do you live in a remote outpost without human neighbors? With a few clicks you can access the resources of the wide world. Don't care for Brand A recovery? In a few minutes on the 'Net you can access the available alternatives. Is the timing or membership of your local gathering awkward for you? Online you can converse about anything any time with anyone, all the time. The dream of recovery support how you want it, when you want it, as much as you want, is very nearly a reality on the 'Net. If you have a computer and an Internet connection, you need never again be alone with your inner monsters. Support is always there.

The very limitation of online communication – its narrow bandwidth compared to face-to-face encounters – is for many people its principal advantage as a recovery tool. The fact that the other person cannot see them and does not know who they are provides them with a vital margin of comfort. Before the 'Net, people in prominent roles who feared their enemies, people who are painfully shy, ashamed, embar-

rassed, or afraid, were cut off, and many no doubt succumbed in isolation. Now they can get and give support online; they can be connected with other sober people.

Online support works for many people. We have a considerable base of experience on this point. LifeRing and its predecessor have been online as an email list since 1995; via the www.unhooked.com web site since 1996. Our first chat room opened in 1998. I have seen people achieve more than five years of clean and sober time (and still going) with no other support system than the online communities. It does not work for everyone, but then nothing works for everyone. It works for enough people to remove any doubt about its usefulness as one recovery tool among others. Online support is here to stay. The concept of "online meeting," considered something of an oxymoron a few years ago, is now a familiar one, and is enshrined in the LifeRing Bylaws. (LifeRing Bylaws, Art. 4.2: "A meeting may come together either face-to-face or via electronic communication ...") Along with online meetings, we now have a growing cadre of online convenors.

The online convenor obviously needs to have use of a computer with Internet access, as well as the computer skills required for the particular online medium: email list, bulletin board, or chat room. In chat meetings, it is very helpful to be a fast typist. Teaching computer skills is beyond the scope of this book, but there are many computer-savvy individuals online in LifeRing who will cheerfully extend themselves to help the online convenor get up to speed.

7.3 Dealing With Narrow Bandwidth

In addition to the technical issues, the online meeting facilitator will want to be aware of the special psychological and social challenges that come with the narrow bandwidth of online keyboard communications.

Compared to getting together in face meetings, meeting online is like stepping into a soundproof windowless booth and communicating only via teletype. All that passes through the narrow slit of the online medium is the disembodied stream of typed words. Facial expressions are filtered out. The tone of voice is unavailable. Hand gestures, other body language are unknown. There is no smell or touch. You don't know the person's appearance, age, gender, or much else. You really don't know who they are. As the old saying goes, "On the Internet no one knows if you're a dog." The real person is hidden inside a black box, inscrutable and untouchable.

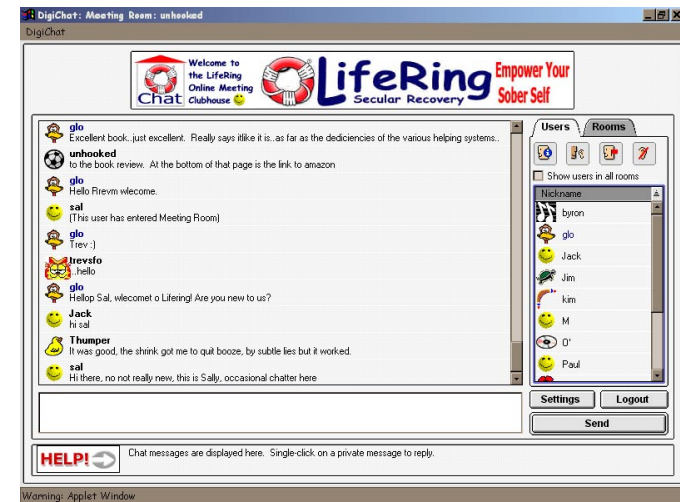
Among the signals that the medium filters out are most of the common inhibitions present in face-to-face communication. We cannot see the hurt in the other person's eye from our words. We are not afraid that the other person will throw their cup of coffee at us for what we say. Accordingly, ordinary nice people sometimes behave on the Internet in ways that sober people rarely do when face to face.

Because of this well-known peculiarity, the online convenor is much more likely to encounter challenges that are rare or unheard of in face settings. In ten years of attending face meetings I have never seen someone barge in the door and start preaching Jesus. It happens online with some frequency. It is extremely rare for a person to show up at a LifeRing face meeting blatantly drunk or drugged, or advocating drug or alcohol use; most LifeRing face meeting convenors have never encountered this. That too is a situation that occurs online with some frequency. Most online meetings most of the time are friendly, sober, and supportive, but the online convenor needs to be ready to act swiftly when trouble looms. Online hosts will want to be quick on the keyboard and have good communications skills, along with patience and perseverance.

Fortunately the online medium also supplies tools that compensate for many of its limitations. The chat convenor has available a series of controls that many face meeting convenors would envy. The face convenor cannot, for example, push a button that filters a given speaker out so that they cannot be heard, and they don't even know it. The face convenor cannot have a completely private conversation with someone across the room while the meeting is going on. The face convenor cannot eject a disruptive person from the room by pushing a few buttons. The chat convenor can do all of those things. Detailed technical instructions for using these online tools are published on www.unhooked.com.

7.4 Online Format Issues

The online chat convenor is likely to get to know meeting participants from all over the country and from several different countries. As in face meetings, there may be regulars who become very familiar, and there may be a constant stream of newcomers cycling in and out. The needs of those present tend to dictate the format of the hour. Sometimes the gathering is strictly social, with wide-ranging conversation and banter, frequently remote from recovery issues. Sometimes a participant has an urgent recovery issue, and the meeting turns into a single-focus support session.



Finding a happy medium between the random chat format and the crisis support format can be a challenge. Grownups seated in a circle in a face meeting are conditioned to stay put, go around in orderly sequence and wait their turn. In a chat room, people pop in and out any time and there are no chairs. Everyone can and often does “talk” at once, like toddlers on the first day of kindergarten. If the chat convenor “reads” an opening statement at all, it needs to be 25 words or less. When there are more than about ten people in the room, the proceedings can quickly become chaotic. Lack of structure usually means that the most assertive individuals and the fastest typists dominate, while others can hardly get a word in edgewise. The chat room host may need to be very proactive, repeating the topic frequently, quickly welcoming and orienting newcomers, and calling on people by name.

The key to organizing a chaotic chat room into something resembling a structured face meeting is the Users list to the right of the chat room screen. (See screen shot above.) Each chat room participant sees the same Users list, and it is in alphabetical order. (The “Show Users in All Rooms” box must be unchecked.) The convenor can invite the participants to do “How Was Your Week” as in a face meeting by beginning at the top of the Users list and proceeding down the list in sequence. Crosstalk is encouraged in the same way as in a face meeting. This structured chat format tends to keep the conversation on recovery and ensures that even the shy and the slow typists get a turn at reporting on their recovery work. Once the meeting clicks to-

gether, it can be a beautiful and profoundly moving experience. Sharing recovery support simultaneously with peers from three different countries and six different states in the United States is a memorable uplift.

A member who finds chat room discussion too thin or too fast can participate instead in the bulletin board (Forum) or the email lists, where messages can be as long and thoughtful as essays, and where flying fingers are not necessary.

The online convenor does not have to deal with attendance slips or sign-up sheets. At this time, it is almost unheard of for treatment programs or court systems to allow credit for any form of online recovery experience. The online convenor has no signs to tape up, but it is useful for the convenor to send reminders about the chat to all appropriate email lists. There is no online basket to pass, but online meeting convenors can and some do remember to suggest that people go to www.unhooked.com and use their credit card to make a donation. Donations can be earmarked to defray the monthly rent the LifeRing Service Center pays to the chat room service provider. There is no particular closing ritual to signal the end of a chat room meeting.

7.5 The LifeRing Online Clubhouse

This section was contributed by LifeRing convenors Gloria M. and Jacqueline J.

Currently, the LifeRing Online Clubhouse is open twenty-four hours a day for anyone who would like real-time online sobriety support. The address is www.unhooked.com/chat/. There are a variety of rooms available and individuals can set up temporary rooms for private talks. LifeRing e-mail list members often request that other members join them in the Clubhouse for help in dealing with an immediate challenge. The Clubhouse has the capacity for moderated sessions with visiting speakers. The Clubhouse is also used for LifeRing convenors' meetings and board meetings. Most online meetings are open to any interested individual. However, some are closed to meet the privacy requirements of specific recovery groups.

The online meeting coordinator is primarily responsible for maintaining the online meeting schedule in the LifeRing Online Clubhouse. The online meeting coordinator's other responsibilities include recruiting and orienting new hosts, providing host support, and arranging coverage during host absences. The coordinator also maintains

a closed online convenor's e-mail list to discuss scheduling, problems, concerns, or ideas among the online meeting hosts.

Online convenors are LifeRing volunteers, the same as face meeting hosts, and with similar roles. Like face meeting convenors, online meeting hosts are autonomous in determining the format of their meeting, although most meetings are structured to include a specific topic for discussion (often the topic is determined in advance) and a time for members to check in and share specific issues. The meetings also offer participants an opportunity to celebrate sobriety milestones and anniversaries.

The long-term goal online is to see LifeRing members present in the online Clubhouse around the clock, so that a person who visits the site will always encounter another person willing and able to provide assistance.

7.6 Conclusion

The Internet involves a tradeoff between access and bandwidth. You get a tremendous expansion of access to recovery resources wherever and whenever you want them. The price is a tremendous loss in the harmonics of communication – the facial expressions, tone of voice, body language, social identity, smell, look, body heat, and touch that we take for granted when we meet face to face. Although bandwidth on the Net is bound to improve, you'll never really be able to shake someone's hand or give them a hug except face to face. The economics of the Net also exclude a substantial portion of the population of this country, as well as a large majority of the rest of the world, who live on the far side of the digital divide.

Because of the reciprocal strengths and weaknesses of face and online communication, the future lies in learning to combine the two modes in the most productive way. In LifeRing, the roles that face meetings and online meetings play are both independent and mutually complementary. The online channels help people find existing face meetings and form new ones; they are incubators for face meetings. The face meetings send people to the chat rooms and email lists; they are conveyor belts supplying the online resources. Content circulates from one to the other. The natural tendency for people who have only met online is to want to meet face to face. The natural tendency for people who have met face to face is to continue the conversation online. Both types of meetings rest on the same philosophical foundations, operate under the same Bylaws, and have the same purpose.

Chapter 8: Meetings in Special Settings

8.1 About This Chapter

This chapter is about convening LifeRing meetings in dual diagnosis clinics, residential treatment programs, halfway houses, prisons, and other special-purpose environments. It discusses the convenor's basic approach and goals, the adjustments that may need to be made in the typical meeting format, and the rewards that come from convening in these settings.

8.2 Introduction

The heavy use of alcohol and/or other drugs has a tendency to yank a person out of their usual environment and land them in special settings. Alcohol and drug use is a factor in a large proportion of arrests for a variety of crimes, and people convicted of drug possession form the major bulge in the large and rising U.S. prison population. (Robert Wood Johnson Foundation 2001) Alcohol and/or drug use are involved in a large number of psychiatric hospitalizations, as well as hospitalizations for physical trauma. Significant concentrations of people with alcohol and drug issues are to be found in a variety of treatment settings, including facilities for people with dual or multiple diagnoses.

In all or most of these special settings, a number of patients as well as clinical professionals are looking for recovery choices. There is, therefore, a field of opportunity and, many feel, a social duty, to

bring LifeRing into these settings. As of this writing, LifeRing convenors have more than four years' combined experience conducting meetings in a locked psychiatric ward for patients in acute crisis involving drugs/alcohol; more than five combined years in long-term residential dual or triple diagnosis facilities; more than three years in a 28-day residential substance abuse facility; dozens of convenor-years with patients in outpatient chemical dependency treatment programs; and several years in prison and parole settings. Although this is still a very modest experience base, we have come to an understanding of certain basic points:

- The LifeRing approach is viable in all of these settings, including with the "hard cases." Our message resonates with a significant proportion of people in these institutions and assists them in helping themselves in ways that are noticeable to them, to their peers, and to clinical staff.
- Convenors active in special settings need to adjust the meeting format and tailor their own role to meet the particular needs of the population in the host facility.
- Convening LifeRing meetings in special settings is among the most rewarding experiences available in recovery. LifeRing convenors providing these services not only get to feel good as human beings, they also tend to develop their convenor skills rapidly and to a high degree of proficiency.

The number of LifeRing convenors who have experience in special settings is still only a handful. They include Mark C., Marjorie J., Syl S., Bill S., Bettye D., Robbin L., Patrick B., Chet G., and myself. If we included outpatient facilities, it would be a much longer list of experienced convenors. This chapter aims to condense the experience of this small band of pioneers and to inspire other LifeRing convenors to take up this challenging and rewarding service.

In each of these settings, the LifeRing convenor will want to keep in close contact with clinical staff and learn their policies and preferences. The professionals have much to teach us. Staff are usually quite appreciative of the convenor's efforts because, at a minimum, we free up staff time for other chores. Occasionally the LifeRing convenor also has the opportunity to educate staff about LifeRing. This occurs not only in formal presentations, when requested, but also in sessions where student nurses, the chaplain, or visiting professionals sit in on the meeting.

8.3 Finding Level Ground

I remember the cold fear that I felt when I first stepped into the dual-diagnosis crisis intervention ward at a local hospital and saw the doors lock behind me. The physician in charge had advised me that most of the patients had been brought there by police on a “51-50” –they had tried to kill themselves, or someone else, or had been found wandering naked in the street. In my fear, I struggled to find ground on which to stand. At moments I pictured myself on a mountaintop, looking down on the rabble from my bastion of sanity and sobriety. At other times I wanted to crawl into a mouse hole and scurry away: I had no competence to deal with these people, and they would quickly see me as a fraud and hoot me out of the room. I had to struggle to find level ground. Other convenors have had similar experiences. (Jones 2001)

As usual, the anticipation was worse than the reality. Once I got settled in the room, said a few words, and got people talking, it began to dawn on me how much we had in common. That man over there with a bandage around his neck, who drank a fifth of bourbon and then picked up a kitchen knife and slashed his throat – I’ve come close to doing that. That nice-looking young man over there with a triple diagnosis (addiction, depression, HIV+) – that could have been me. That distraught-looking woman with the sunken eyes seeing visions, that could have been my grandmother. The longer I listened, the more I saw that there is no great chasm that separates people in special settings from those on the outside. It is more a matter of degrees and situations and sometimes luck, rather than a separation of kind. After one spends some time listening, the people with special challenges that one meets in these settings come to seem like friends and family, and sometimes they *are* friends and family.

Finding level ground does not mean having identical diagnoses. I do not need to have slashed my own throat or experienced clinical depression or had psychotic episodes or a murder conviction in order to relate as a peer to the people I find in special settings. It does mean, I believe, having had some experience in life where one falls into the abyss, loses one’s bearings, abandons all pretense, looks death in the face, but survives and recovers. The AA historian Ernest Kurtz refers to such experiences as “kenosis” – literally, emptying out, figuratively a dark night of the soul, a visit to the abyss. (See White 1998:333) Nearly every person who has followed the call of alcohol/drugs for some considerable distance in life has had such experiences.

Achieving “authenticity of emotional contact” (White’s phrase) with people in special settings is a two-way process. People in special settings tend to have low expectations of the people who come in from outside to see them. They may expect to be judged and preached at, or pitied and held in contempt. When someone makes an effort to meet them on level ground they tend to react with pleasant surprise. They will teach patiently, if the convenor is willing to learn. The convenor’s evident desire to establish a level relationship goes a long way toward achieving success.

It is helpful if the convenor begins the meeting by clarifying the convenor’s role. In the locked psychiatric crisis ward, for example, I usually begin by saying that I am not a doctor or other clinical professional, I am not employed by the hospital or otherwise paid for being here, I have no particular credentials in psychology, and my only qualification for being here is that I used to do alcohol and drugs a lot but have now been clean and sober for a period of time, and I want to share the insights and methods of the group in which I am doing my recovery.

Throughout a meeting in a clinical setting the LifeRing convenor needs to avoid posing or being seen as a doctor or other authority figure. We don’t make diagnoses, we don’t recommend or dispute treatments. At the same time, the convenor can be firm about asking people to participate in our process. We have something to contribute and we are there for a legitimate reason. We are present without pretense or apology. We stand on level ground.

8.4 A Base to Build On

In special settings no less than in ordinary community-based meetings, the convenor’s role is to bring people together in recovery. But in order to come together with others, people have to believe in themselves, and the convenor has to believe in them. The quality of emotional resonance, of relating to people on level ground, communicates a belief in the potential for recovery.

To my mind, the foundation of the LifeRing effort is the belief that there is good in bad people. No matter how low a person has sunk, there is a basis of recovery within them to build on. As long as they are alive, they are not one hundred per cent zero. This is as true in the psychiatric ward and in the felony lockup as in the community meeting.

This message resonates positively with the hardest of hard cases: the alcoholics/addicts who have attempted suicide. These make up the majority in the locked acute psychiatric crisis ward.

- They don't need to hear that their life is unmanageable; they know that, that's why they tried to end it. Even their death was unmanageable.
- They don't need to hear that alcohol and drugs are very bad and may kill them; that's what they were trying to accomplish.
- They don't need to hear that their characters are defective; they already feel like double failures – failed at living and failed at dying.
- They don't need promises that God will pull them out; if they still had faith in those promises, they would not have tried to kill themselves in the first place.

What they do need to hear is that there is something valid within them to build on. When we come in with the attitude that there is something good within them as they are, they tend to pick up their spirits. When we tell them we are not a twelve-step program, they sit up and pay attention. When we assume that there is the capacity within them to recover, they tend to come out of their paralysis and to validate our assumption. When we tell them that success depends on their own efforts, they tend to start connecting with others and entering into networks of support. We adapt the meeting format to bring out these basic qualities (see below). That works for many people in this setting. People rise to our level of expectation. Many patients come out of the LifeRing meeting in the institution with a positive attitude, and some begin to take up their own recoveries.

This has not gone unnoticed by facility staff. At an Acute Dual Diagnosis Intervention Unit where LifeRing meetings had been going on weekly for nearly two years, the Patient Care Manager wrote:

We have found that this [LifeRing] approach encourages patients to begin to think positively about themselves and to find a reason to live productively. This approach resonates with the significant portion of our patients [...] who have received little or no benefit from past 12-Step involvement. [...] Our treatment team believes that there are many viable paths to recovery, LifeRing being one very positive adjunct to our traditional offerings. The LifeRing meeting is a bright spot in the patients' week, and staff find that participation in the

meeting enhances patients' motivation to get well. (Quoted in Nicolaus, ed., 2000:7; see full letter below.)

Prisoners live in a world filled with authority figures, and conflicts with authority in more than one case got them where they are. The last thing they need for their recovery is one more authority figure in their lives. The LifeRing convenor comes in with a different attitude. We do not pretend that we bring The Answer to their drug and alcohol problem. We come in with the expectation that the prisoners can probably find those answers within themselves and each other. We sidestep their natural resistance to authority. We give them a message of self-help, backed by tools that allow them to work out a viable recovery program for themselves. That also works sometimes where other approaches fail – a fact not unnoticed by chemical dependency staff in a growing number of correctional settings, who use the LifeRing Press *Recovery by Choice* workbook to reach their most hardened, most unreachable populations.

8.5 Meeting Formats in Special Settings

The basic guideline for LifeRing convenors is to adapt the meeting format to serve the recovery needs of the people present. With that in mind, LifeRing convenors working in special settings may want to consider some of the following situations and issues:

8.5.1 Creating a Circle of Choice

In some institutional settings, people are compelled to attend the LifeRing meeting during a given hour just as they are compelled to attend twelve-step meetings at other times. This is a different situation from the case where patients or prisoners are given a choice between two or more meetings – LifeRing and twelve-step – in the same time slot. In that case, LifeRing attendance is by choice, not by compulsion. But in settings where there is no choice, the LifeRing convenor needs to make some adjustments.

The convenor knows that the healing process in LifeRing meetings cannot be coerced. People can be forced to enter the room but they can't be forced to open up and connect with their peers. For the LifeRing process to work at all, the convenor will need to establish a bubble of choice within the box of coercion. In meetings with compulsory attendance, some people may brag about their drinking/drugging, testify for Jesus, or recite the twelve steps from memory. In such a setting, the convenor is not entitled to "show the

door” to people who are on a fundamentally different page philosophically. Argument is counterproductive. Only a strictly positive approach can work here. The convenor will want to identify and work mainly with the subset of people within the room who do acknowledge having drug/alcohol issues, who do entertain abstinence as a goal, and who are open to a secular self-help approach.

Essentially, the convenor will be conducting a meeting within the meeting, actively involving and positively energizing those who voluntarily resonate with the LifeRing approach, and encouraging the remainder to stay quiet on the margins. With a good crowd on a good day, the convenor will have practically everyone participating in a supportive manner, and for most of that hour the coercive framework will be forgotten.

People in coercive settings deserve to have the LifeRing option available to them. It is not their fault that the institution gives them no choice during that hour. If we refuse to play when these are the rules, many people who would benefit from LifeRing will never hear about it. It's better to light a candle than to denounce the darkness. The positive response from the participants when the convenor succeeds, or even makes the effort, supplies ample validation. There are active LifeRing convenors in community-based meetings today whose first contact with LifeRing came in one of those temporary microcosms of freedom within the locked steel doors.

8.5.2 Topics for Minds in Turmoil

In the acute psychiatric setting, the usual “How Was Your Week” format that we use in community meetings runs into limits. Prescribed medications severely constrict the horizon of some participants' recent memory. Others have the requisite horizon, but spent their previous week ramping up to and then performing the attempted suicide, homicide, or breakdown that got them into the institution.

There is generally no compelling reason for us to elicit the patients' “How I got into the ward” stories. They may excite our morbid curiosity or educate us but they serve little recovery purpose. In our usual community meetings, the point of talking about events of the week is that the person is engaged in an ongoing life-weaving project called recovery, and the meeting is an opportunity to share the current status of that work-in-progress. In the acute psychiatric ward, most people don't yet define themselves as in recovery; they have not yet become proactive and got busy at the loom of their lives. The objective is to help them move toward that starting point.

For that reason, LifeRing convenors who work in this kind of setting generally ignore the patients' immediate history and utilize a topic format. After the introduction, we ask people to talk about a broad, positive topic such as:

- Is there a clean and sober place inside of me, and if so, what does it look like?
- A clean and sober dream or vision I have for my life
- A clean and sober memory that I have
- A good time that I have spent with clean and sober friends
- People I know who love me as a clean and sober person

Most of these topics were developed by LifeRing convenor Marjorie Jones. The point of these topics is to focus mental effort and social energy on affirming something positive and recovery-related within the person – some clean and sober identity, vision, memory, or friend. These can be moving sessions. Revisiting better times, reclaiming a better self, reaffirming a better vision for one's life can help people whose minds are in turmoil gain a few moments of comfort and a little boost of energy to pick themselves up and start over.

The convenor doesn't need a long list of such topics; there is high patient turnover and this handful of tested topics goes a long way.

8.5.3 Crosstalk in a Psychiatric Setting

Crosstalk in the acute psychiatric setting can work wonders. To see patients engage with one another in a positive, supportive, sobriety-affirming manner is almost like watching miracles of healing happen before one's eyes. Some patients can talk quite sanely and insightfully about their insanity. They can help each other recover in ways that may be quite difficult for physicians. When patients recognize one another as valid, worthwhile people, you can sometimes see their whole demeanor improve from one moment to the next. In my experience, peer-to-peer conversation can be even more effective in the acute crisis setting than in the ordinary community-based recovery meeting.

But – and it is an important proviso – crosstalk must be explicitly consensual. In the psychiatric setting, LifeRing convenors always ask the participant whether they want to have feedback, and get a clear “yes,” before inviting others to respond. By contrast to the community meeting, crosstalk in the psychiatric setting is off by default, and each patient is empowered to turn it on if they want it. The con-

venor also must be on the alert for the usual snags that may come up in the crosstalk process, discussed in a previous chapter.

8.5.4 High-Turnover Settings

High turnover is the norm in short-term institutional settings. In the acute psychiatric ward the average stay is less than a week. In a nominally 28-day inpatient program, the actual patient stay may average less than two weeks. In outpatient programs, patients may cycle through meetings as quickly as they cycle through the various phases of the program. Often the patients have never heard of LifeRing and have no clue what it is about. Some may assume that it is just another flavor of twelve-step meetings and proceed accordingly. Others may think it's group therapy, or career counseling, or any number of other things. The convenor may get one chance only, or a few at the most, to communicate the LifeRing approach to them.

In such settings, the usual one-minute LifeRing opening statement may not suffice. The participants may ask for, and the convenor will want to present, a more extended positive presentation of the basics of LifeRing practice and philosophy. On occasion, presenting and answering questions about the LifeRing approach will occupy the whole hour. That's fine if that is what the participants wanted to do that particular day. At other times, a few sentences of amplification on the opening statement will be enough. The convenor needs to play it by ear. The priority is to keep the participants engaged and participating. All other things being equal, I strive for a 1:4, 1:3 or 1:2 ratio between explaining LifeRing and doing LifeRing. So, in a one-hour session, we may spend 12 to 20 minutes discussing LifeRing concepts, and the remainder of the hour having a LifeRing meeting.

In some settings, the convenor will face the competing demands of people who are new and want explanations, vs. people who heard the explanation last week or the week before, and want to have the actual meeting. One effective device in this situation is to ask the veterans, who heard the explanation last week, to act as presenters for the newcomers. LifeRing convenor Robbin L. introduced this method. This approach has multiple benefits. The presenters deepen their own understanding, on the principle that one way to learn something is to teach it. The presenters are also more likely than the convenor to be on the same wavelength as the newcomers in that setting, and their words may be more immediately accessible. Finally, the convenor can measure the effectiveness of last week's explanation by listening to its echo this week, and can make the appropriate adjustments.

High-turnover settings also challenge the convenor to come armed with LifeRing literature, particularly handouts and meeting schedules, and to keep the host institution's literature racks filled at all times.

The convenor's Rule One – train your successor – can't be applied in the usual way in high-turnover settings. A core group of regulars cannot form there. Instead, the convenor will need to recruit a successor from meetings in community settings.

8.5.5 "Talked Out" Settings

A different kind of challenge faces the LifeRing convenor in long-term residential facilities where the population is not only stable but is engaged in a constant round of other meetings. Here, the convenor may find that the participants feel "talked out." The conventional opening, "How Was Your Week?" may bring responses such as "We already talked about that in community meeting this morning."

The convenor in this situation will want to ask some questions to find out what the participants really want and need. What was it that resonated with them in the introductory LifeRing presentation that they heard, or in the LifeRing materials they read? When faced with a "talked out" population, the convenor needs to decide whether to prioritize LifeRing content or the LifeRing process.

Focusing on content would mean, for example, to organize the meeting around LifeRing readings, such as the three main brochures, the *Keepers* book, the *Presenting LifeRing* booklet, or the *Recovery by Choice* workbook. Collectively these contain more than enough content for many months of weekly meetings, without much repetition. The convenor could also bring in other interesting and compatible recovery literature as a focus of group discussion. To date we have not had a great deal of experience with content-centered LifeRing meetings, but there appears to be growing interest in them and it's only a matter of time before they become established.

Focusing on process means to move ahead with the "How Was Your Week?" format despite the initial concern that members feel "talked out." I have led LifeRing meetings with resident patient groups who have spent almost all their waking hours in meetings, but where the LifeRing process elicited feelings, ideas, insights and self-revelations that had not occurred to the patients – or that they had not dared express – in their other encounters. Despite the fact they had been talking all day, they talked way past the hour, and I had to eventually disengage myself.

There are meetings and meetings. In many treatment environments, and outside as well, meetings tend to be staged and scripted events at which most attendees are passive spectators. Even the so-called “process meetings” in treatment programs – sessions that on their face bear the nearest clinical resemblance to LifeRing meetings – can be stylized affairs, where people have to grovel and speak in formulas.

The down-to earth atmosphere (the secularism) of the LifeRing format often gives people permission to let their hair down and speak their real feelings without having to fit into some Sunday School formula. The LifeRing spirit, which sees the recovering person as proactive, can motivate people to hold their heads up straight and look monsters in the eye that they would otherwise believe themselves too weak to challenge. The open architecture of the LifeRing approach may get people thinking realistically and optimistically about their own forward path. In short, as they become comfortable with the LifeRing format, people may come to realize that although they had been moving their lips all day, they have not really talked at all. I have seen counselors in the hallway outside our door scratch their heads wondering what in the world the patients found to talk about after a full day of meetings. The LifeRing difference is not necessarily in what we talk about, but in how we talk.

8.5.6 Sticking Together On The Inside

This section was contributed by LifeRing convenor Patrick Brown. Patrick has successfully completed his parole and is currently studying for a degree in psychology at the University of Texas in Austin. His analysis and recommendations for substance abuse treatment in the correctional system is entitled “Substance Abuse Felony Punishment Facilities: Are They Working?” and is available online on www.unhooked.com.

Hello, my name is Patrick Brown, and this is the story of my experiences in the Texas Department of Criminal Justice (TDCJ) system. I was sent to a rehab program as a stipulation of my parole. It is called a Substance Abuse Felony Punishment Facility, putting stress on punishment. I remember the day that we first pulled up to the gates and I saw the razor wire. I thought to myself, “This place doesn’t look like much of a rehab to me.” Little did I know.

The date was May 28th, 1999. The sun was beating down hard on the central Texas ground. Hondo, Texas would be my home for the next nine months, and I was anxious to get

acclimated to my new surroundings. I had heard some horror stories while locked up in the county about the place that I was about to enter, but had no idea just how strange and twisted the place really was. If I were to be asked now to describe the facility, the first word that would pop into my mind would be “cult.”

As soon as I was stripped of my street clothes and put into the TDCJ whites, I was led to a little room where they took all of my personal information and did paperwork. I was now classified as a “client” in a medical context, and with that I suddenly disappeared off the face of the earth. Anyone checking the TDCJ prisoner database would no longer find me.

When I first entered my building, they shaved my head completely bald to strip me of the last vestiges of my “street mentality.” For the first 35 days, I was in the orientation phase of the program. I was not allowed to speak to any of the other “clients” and was only allowed to sit in a certain place in the day-room called “the box.” I was segregated from all others, save for the few “clients” who happened to be in the orientation phase along with me. I was told that I was “toxic” and that I had not earned the privilege to speak with the “family members.” But every night I was forced to attend AA meetings, and was not allowed to talk during them. I was not allowed to attend the secular meeting that was going on, even though I said that attending AA was offensive to me.

Our day began at 4 a.m., when we were awakened for breakfast, and we were not allowed to lie back down until 8 p.m. We were “programming” for the bulk of that time, having very little time for anything else. It was a constant round of seminars with a monotonous content. The main answer that one always received to every problem was “turn it over to God.” We were forced to attend seminars on “Step Study,” and we would receive strict punishment, including the threat of unsuccessful discharge or an extension of our term if we tried to buck the system. I believe that being subjected to AA indoctrination is a violation of my freedom of religion. When I confronted the counselors on this matter, they would not give me a straight answer. I had to keep attending their twelve-step seminars.

I dealt with this problem the only way that I knew how: by passive-aggressive behavior. Whenever they gave a seminar, I would interrupt with points of clarification, like, “When you

say a power greater than myself, you mean God?” And they would give the typical sidestep answer, “A higher power can be anything.” To which I would reply, “It couldn’t be anything with a power less than mine, though, isn’t that right?” We would go on and on like this, and they would always end up telling me, “Until you turn your life over to the care of God as you understand Him, then you are screwed. You will never be sober and you will always be a loser.” That didn’t make sense to me then and it still doesn’t today.

As soon as I “got out of the box” i.e., became a “family member” (and my hair grew back out a little) I began to go to the secular meetings. I knew that I had found my answer when I first read *Unhooked* and saw the logic of this approach. It made sense and I knew that it would work, so I began to build it into my daily life as well as I was able.

At that time our group was ostracized by the other “clients” and we were branded as godless heathens. We were also slandered as racist, even though two of the original members of the group were minorities. We were not allowed the same privileges as were the other “clients” and we were not allowed to meet every day as were the twelve-step groups. They claimed that there was no room for us to have our own meetings, and so while the others were having their meetings, we would just have to sit on our bunks and read. We were okay with that, but then the others complained because it seemed a privilege to them. It turns out that they didn’t really want to attend AA meetings after all! Go figure.

We ignored the name calling, stuck together, and just did our thing. We never quit asking questions in the mandatory twelve-step seminars. We used the LifeRing platform to get some pretty serious work done on ourselves and to really map out where our sobriety would take us. Our group remained small, averaging seven to nine people, for the first six months or so of my stay, but then matters improved. The private outside contractor who had been running the program changed, and there was a lot of hubbub in the background about pay rates and contracts. When the dust settled, we were recognized as a “real” group at last and we were allowed to give seminars on the secular approach to sobriety.

We put together a quality seminar on the secular approach. Some of the counselors who had been the target of our questions in their twelve-step seminars tried to retaliate with sniping of their own, but we knew our stuff and could not be

rattled. Grudging admission of the validity of the secular approach followed, and we were awarded an equal amount of meeting room space. I was named Liaison for our building and before I left (and passed on the torch) our numbers had swelled to equal AA and NA. We were finally getting the constitutional protection that we had fought so hard for.

There were two counselors who had a special hatred for our group. One of them told me to my face that I had no idea what sobriety was all about and that I would relapse as soon as I got home. The other used a mandatory meeting to deliver a church sermon complete with Bible quotes. He gave us all a handout with the scripture passages. I tried to mail it to the American Civil Liberties Union, but it disappeared from the prison’s out basket. I hope that these counselors have grown in their sobriety as I have.

I am now enrolled in college pursuing a degree in psychology in hopes of becoming a therapist someday. The scars that I received in that hellhole are fading with time. I am still clean and sober. I am living my life and improving in some way every day. I am happy, finally. I took personal responsibility for my life and my sobriety, and I also take the credit for my success. I took my power back, and I feel good!

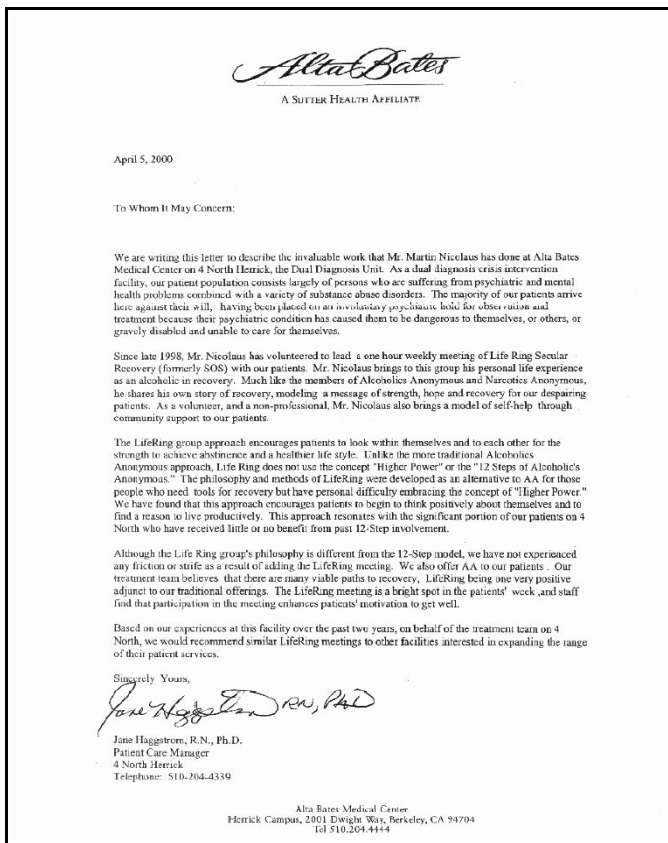
8.6 Special Rewards

The LifeRing convenor in special settings gets to experience dimensions of life that are out of the ordinary. This line of service rightly attracts those who are hungry for a broader, deeper knowledge of reality, and who are not happy unless they are working at the cutting edge. Special settings convenors display great emotional courage, resonating in empathy with fellow humans who are struggling through the most difficult passages. Special settings convenors also display strong analytical powers when they apply general concepts creatively to a diversity of unforeseeable situations. Many people in recovery don’t feel challenged by what they are doing in life. They should become LifeRing convenors in special settings.

Special settings are excellent schools for the convenor. When it comes to presenting the LifeRing approach to audiences, there is no substitute for practice, practice, practice. In the high-turnover setting, the convenor faces a constantly shifting stream of diverse minds, each with a certain interest in LifeRing and questions about it. The convenor who listens to the questions and looks into the inquiring

eyes will soon grow in ability as a presenter. It is not only a matter of style, but of thinking hard about the questions people ask, and digging deep inside to find genuine ways of expressing the answer that engage people and lead to real understanding. The convenor in conventional settings who is rarely challenged to say much beyond “How was your week?” might gain a great deal of depth and proficiency as convenor by taking a turn at leading a special settings meeting with a highly transient population.

Convenors in special settings perform a strategically important service for LifeRing and for society at large. One of the ignorant criticisms that is often flung at us is that our approach won't work with hard cases. Convenors in special settings have the opportunity to



demonstrate that the LifeRing approach can work quite well in locked wards with people who are suicidal, homicidal, or out of control, and behind bars with prisoners who are considered recalcitrant, rebellious, and unreachable.

Society has frequently hammered these populations with the twelve-step message twelve times over, and has given up on them because they do not respond. The LifeRing convenor does not come with a hammer but with a piece of string. We look for the good in bad people, no matter how tiny it may be, and we help them connect up that good with the good in others who are as bad as themselves, so that the goodness flows between them and grows stronger within them. We do not stand as powers over them and we do not try to take their few remaining powers away from them; rather, we facilitate them to empower their better selves. In so doing, we are performing a service to the entire society. It is gratifying that from time to time, LifeRing convenors receive recognition for the efficacy of this approach from professionals in the field, as in the letter reproduced on the previous page.

It almost goes without saying that the convenor in special settings receives a powerful personal sobriety boost from this service. Convening meetings in special settings yields emotional rewards out of the ordinary. I do feel good at the end of our usual community meetings, but I have rarely felt such deep satisfaction as after leading a successful LifeRing meeting with people institutionalized in acute crisis. It's like the warm feeling you get when you have jumper cables and you stop and help a fellow motorist stranded with a dead battery on a freezing day – but better. Why would you want to relapse when you can get this kind of all-around satisfaction in sobriety?

8.7 Delegates From Special Settings Meetings

In regular LifeRing meetings, the convenor is not automatically the delegate to the LifeRing Congress. A delegate needs to be expressly elected as such. In special settings as a general rule it is impractical or meaningless to hold an election. Where that is true, the convenor automatically becomes the meeting's Congress delegate. (LifeRing Bylaws, Sec. 5.4, as amended by the 2nd Congress, 2002.)

Chapter 9: The Meeting of Meetings

9.1 About This Chapter

This chapter is about the connections between LifeRing meetings, particularly the annual LifeRing Congress. It discusses the nature and purposes of the Congress and outlines the key Bylaws provisions that govern selection and power of Congress delegates.

9.2 LifeRing Is A Network of Meetings

One of my darkest days in recovery was sometime in the early 90s, when our convenor announced that our meeting was the only remaining group of its kind in the world. All the other lights of our predecessor organization had gone out. I put on a determined face and said it didn't matter, we'd just carry on by ourselves; but I was whistling in the dark. If we were the only group left, I knew sooner or later we were doomed. A meeting that is disconnected from other meetings is like an individual battling addiction in isolation.

This scare occurred just before we got wired on the 'Net, and it turned out that the convenor was misinformed. Other groups still existed, and we soon connected. Some of them had also felt like the last of the Mohicans. We were all very glad to find each other. We had in fact been shrinking and stagnating. After we began to connect, we started expanding and developing again. To a great extent, LifeRing was born out of that Internet connection.

There are now several online channels by which individual members and convenors in different localities can connect. There are three specialized email lists at this time: the *convenors* list specifically for convenors to provide convenor support and sharing of convenor experiences; the *online convenors* list, for specific issues that come up for chat hosts; and the *lsrcon* for organizational discussion, open to all LifeRing participants, convenors or not. The www.lifering.org Internet address points to a section of *unhooked.com* that contains material of special interest to convenors, including an archive of reports from various meetings. No LifeRing convenor or other member with Internet access need ever again feel the clammy sensation of doom that comes when you think you are all alone in the world. But the greatest sense of connectedness, the biggest radiation of warmth, and the greatest charge of energy, comes from the annual LifeRing Congress.

9.3 The Annual LifeRing Congress

The annual LifeRing Congress is a face meeting. At the Congress, you can see and touch who you're dealing with. You can see their facial expressions, hear their tone of voice, take in their gestures and body language. You can see how they present themselves and how they react. You can tell if their feelings are hurt. You can see them laugh and cry. You can look into their eyes. You can smell them. You can hug them, pat them on the back, and shake their hands. Many of the Congress preparations take place online where you only see disembodied strings of typed words. But the Congress itself is an unlimited bandwidth experience.

Three main things happen at LifeRing Congresses.

- **Socializing.** This is the one chance of the year for most LifeRing people from different parts of the country and the world to actually meet each other. It's an informal talk-fest and hug-fest. It's a time to kiss and make up for online nastinesses, let one's hair down, get real with people, reaffirm old friendships and build new ones. It's a time for people who only knew one another online to meet in the flesh.
- **Education.** LifeRing Congresses to varying extents have an educational component: workshops, seminars, lectures, slide shows, or guest speakers, to which the public may be invited. This part of a Congress shares our best practice,

raises our consciousness, and can help LifeRing become better known in the recovery community.

- **Self-Government.** The heart of the event is the Assembly of Delegates or business meeting, which is the Congress proper. Here each delegate gives a report on the status and concerns of their particular meeting during the past year, followed by general discussion. The CEO presents an annual report. The CFO presents a financial report. The Secretary presents the minutes of the previous Congress. The assembled delegates propose, debate, and vote on motions, and nominate and elect candidates to the board of directors.

Convenors can read the details of the LifeRing organizational structure and process in the Bylaws pamphlet. The drafting committee went to great effort to keep the Bylaws short and in plain English so that the material would be transparent to every interested member.

9.4 Key Points in the Bylaws

What follows is a brief look at some of the main points of the Bylaws as they pertain to the Congress: who can attend, how voting is done, what is the organizational structure generally, who has the power to do what.

- **Delegate Selection.** Any LifeRing member can attend the Congress, but only delegates may vote in the Assembly. Except in special settings, the meeting convenor is not automatically the delegate. There are various ways to become the meeting convenor, but to become the delegate there has to be a vote by the meeting's members. The delegate's role includes the express power to vote at the Congress, the implied duty to report to the Congress on the meeting's status, and the implied duty to report back to the meeting after the Congress.
- **One member, one vote.** A LifeRing participant may attend any number of online and face meetings, but can cast only one vote for delegate. It's the member's choice in which meeting they cast their vote.
- **One meeting, one delegate, one vote.** Each meeting is entitled to one and only one delegate. Each delegate is entitled to cast one and only one vote.

- **Directors and officers.** Any adult LifeRing participant who is in recovery from a substance addiction and has a minimum of two years' continuous abstinence can serve on the board of directors. Officers (CEO, CFO, Secretary) need a minimum of one year. Officers' powers are minimal. Director terms are for three years. Relapse means automatic resignation. Directors and officers serve without pay or expenses.
- **Powers of the board.** The board is mandated to act as steward of the organization's resources and of its reputation, appoint and discharge the officers, and oversee the national operating entities (such as LifeRing Service Center, LifeRing Press). The board has no executive authority over the meetings; it cannot, for example, appoint or dismiss meeting convenors, prescribe meeting formats, or levy dues. In extreme cases, where a meeting has consistently and substantially violated one or more of the three philosophical foundations of LifeRing (sobriety, secularity, self-help), the board is empowered to cancel that meeting's charter; but the board must defend such an action at the next following Congress.
- **Powers of the Congress.** The Congress proper (the Delegates' Assembly) is the supreme legislative authority of LifeRing Secular Recovery. It decides all issues within its authority and elects the members of the board. The Congress may not repeal the fundamental philosophy of LifeRing (sobriety, secularity, self-help). The Congress is not answerable to any outside power. LifeRing has no financial sponsor and is no one's subsidiary. LifeRing is a free-standing, self-supporting, self-governed and self-managed organization.

9.5 Conclusion

The bottom line is that each LifeRing meeting is part of a larger network of meetings, which is ultimately an extended family of people. Like every organization, LifeRing has its business side and its internal politics. Whether a convenor chooses to become involved in LifeRing's business and politics is, of course, up to the individual. But it is part of the convenor's role "to bring people together," and nowhere does this mission bring a higher, larger, and more satisfying result than in the LifeRing Congress.

Chapter 10: Sobriety

10.1 About this Chapter

This chapter is the first of three that discusses the basic “Three S” LifeRing philosophy. This chapter discusses the meaning of the term “sobriety” in LifeRing. Sobriety is the most important concept in LifeRing. Sobriety in LifeRing always means abstinence from alcohol and all other addictive, non-medically indicated drugs. The chapter also discusses the issue of prescribed medications for people with dual diagnoses, and why we provide education and support for participants’ voluntary efforts to quit nicotine.

10.2 Sobriety Is Our Priority

Sobriety is the most fundamental and most important principle in the LifeRing philosophy. Sobriety is our reason to exist as an organization. Sobriety, or the desire for it, is the only requirement for membership. Sobriety support is the purpose of our meetings. Sobriety is the objective of each member’s work in building an individual program. All things individual and organizational in LifeRing start from and come back to sobriety.

We exist and we grow as an organization because and to the extent that our members, and especially our convenors, maintain sobriety. No one would pay any attention to any of our ideas except for the fact that they have helped us as individuals to stay sober and to accumulate significant amounts of sober time. The “secret” of why the LifeRing network has achieved a certain amount of growth and sta-

bility in certain areas is simply that a core group of people in those areas emerged, identified as LifeRing, and remained clean and sober for a sustained period of time. Although we also need many other assets in order to grow as an organization, none of them can achieve the slightest traction without our sobriety. Sobriety, and the fact that we have it, is not only our most powerful message; it *is* the message.

Sobriety is the guiding principle of our meetings. We maximize participation (speaking) because that reinforces sobriety. We discourage war stories because they undermine sobriety. We encourage crosstalk because feedback is a powerful sobriety tool. Every element of the meeting format is designed with the sobriety priority in mind.

Sobriety is the essence of our program. Our approach is simple. Instead of a multitude of complicated stages that require a pilot to navigate, we urge one “prime directive”: D.D.O.U.N.M.W. – Don’t Drink Or Use No Matter What. Do whatever you must to achieve that; the rest will follow.

For individuals as well as for the LifeRing network, sobriety is the foundation of all else. If I have my sobriety, I can overcome all my demons; I can handle any adversity; I can realize whatever potential is within me. If I lose my sobriety, all the rest is lost as well.

10.3 Sobriety Means Abstinence

Sobriety in LifeRing always means abstinence. The word “sobriety” has had different meanings in different times, and some dictionaries give an alternate definition that equates sobriety with moderate or temperate use of spirits. Those alternate definitions do not apply in LifeRing. In LifeRing, sobriety always means zero consumption. Even a single drink or use is a breach of sobriety as we define it.

Occasionally, people who have vaguely heard that LifeRing is an alternative to twelve-step groups approach us with the expectation that LifeRing is a group that supports moderation or “controlled drinking.” Convenors and ordinary members alike inform them immediately that they are mistaken. Our position on this particular issue is the same as the twelve-step groups. People whose concept of recovery consists of cutting down, having just a few, drinking/using more reasonably, and so forth, will not find support in LifeRing for such a program. That area lies outside our foundations. We will regretfully but firmly refer them out.

Moderation as a recovery strategy for heavy drinking has always been controversial, and a strong consensus of researchers and clini-

cians has always rejected it. (Roizen 1987) Large majorities of recovering people responding to surveys reject moderation and elect abstinence.

- More than 92 per cent of recovering people surveyed elected abstinence over moderation, including people who had no use for the disease concept, powerlessness, or other aspects of twelve-step doctrine. (Cloud & Granfield 2001)
- Out of 223 study subjects with successful recoveries interviewed by author Anne M. Fletcher -- the majority of them not affiliated with twelve-step groups -- only one elected moderation. (Fletcher 2001:21)

Nevertheless, moderation has often attracted positive press coverage out of all proportion to its merits, and it has had a camp of articulate defenders. That camp took a body blow in January 2000, when Audrey Kishline, the founder and head of the Moderation Management group and author of its guiding treatise, resigned her position and abandoned the organization, admitting that she could no longer keep her drinking within moderate bounds. Kishline then joined Alcoholics Anonymous and attempted abstinence, but it was apparently too late for her. On March 25, 2000, driving with a blood alcohol content of 0.26, more than three times the legal limit, and in an apparent blackout, she drove her pickup truck across the center divide of a rural Washington State freeway and collided head-on with another vehicle, killing the two occupants. She is currently serving a prison term for vehicular manslaughter. (Seattle Times 6/17/2000)

If any individual had a vested interest in demonstrating the viability of moderation as a recovery strategy for heavy drinkers, it was Kishline. Her own admission that she could not practice what she preached -- underscored by the highway carnage for which she is responsible -- reinforces the thoughtful decision made by virtually all recovering people to maintain abstinence as their guiding principle.

Although LifeRing is an abstinence group and does not support moderation, this does not mean that we engage in a jihad against all other approaches. Addiction is a huge, many-headed monstrosity, and there are all kinds of warriors on many fronts attacking it with many different instruments. As individual citizens, members of LifeRing may well choose to endorse non-abstinence policies such as "clean needle" programs and other "harm reduction" approaches. But LifeRing meetings do not distribute needles. We do not try to be all things to all people. While we can respect and appreciate other efforts, our own approach is different. Our section on the front line, our niche, what we do, is abstinence.

LifeRing is sometimes accused of being extremely hard-line on the abstinence question, and this is true. Alone among the alternative organizations that emerged from the 1980s, LifeRing has no taint of association with moderationism or controlled drinking. We have never had controlled-drinking advocates on our Board or distributed writings by moderationist authors. When the name of our predecessor organization acquired an ineradicable taint from a like-named moderationist spinoff, we changed our name to become LifeRing. We are uncompromising on the abstinence issue because it is a question of life or death for so many of our members. Many of our members have flirted with the "Just One" genie and paid for it with a visit to the emergency room. (Jeanette 1999:95) Experience has burned into our brains the lesson that sobriety for us is digital, not analog. Zero is the portal to life. One is the runway to death. There is no in-between.

The distinction between abstinence and moderation is fundamental to the LifeRing self-empowerment approach. Empowerment to moderate is an addict's delusion. Once an addicted person puts the substance into their body, control will go. One will lead to two and two to many. Moderation is an unsustainable economy. It may happen instantly or it may happen gradually over months, but sooner or later control will go, struggle as you will. The brain circuits that would permit control simply aren't there. They may never have been present, or they may have been burned out from too much drinking/drugging. Even faith in the Almighty does not appear to help here. It is surely no accident that there are no known alcoholics' recovery groups that rely on a Higher Power for support to moderate or control their drinking. In that specific sense, a person addicted is genuinely powerless over alcohol and drugs.

Abstinence is a fundamentally different challenge. The addicted person is not powerless to learn and maintain abstinence. We may have to struggle, but we can win. We may feel weak, but we are not paralyzed, and we will grow in strength with exercise. We have the brain circuits to do what we must in order not to pick up or use. So long as we keep the substances out of our body, we can prevail over the cravings and the other lures that would pull us back into the pit. Zero is infinitely easier than "one," and is sustainable indefinitely. Human beings can learn to do abstinence without supernatural assistance, and in fact many people do it even without formally organized human assistance every day. Prof. George Vaillant of Harvard, a trustee of Alcoholics Anonymous, found in his research that about 60 per cent of alcoholics who remain abstinent long-term (more than five years) do it without AA. (Vaillant 2001) Other students of the field

cite higher proportions for non-AA recoveries. Sober self-empowerment on an abstinence foundation is a realistic and attainable goal.

Although LifeRing is uncompromising on the abstinence issue, we are generous and almost infinitely patient with people who struggle to get there. The requirement to belong is not sobriety itself, but the desire to achieve it. Members may trip and fall many times, but so long as they keep getting up and trying again, they will always be included in the meeting's circle of support.

Some people contemplating or just beginning abstinence see it mainly in negative terms, as the absence of “fun” and other pleasures in life. A detailed engagement with this important issue is beyond the scope of this book. The convenor may want to help such people by referring them to some of the numerous positive statements of the case for abstinence. For example: *Sobriety Is Our Priority* (LifeRing brochure); numerous articles in *Keepers: Voices of Secular Recovery*; the *Recovery By Choice* workbook, especially Ch. 6 Sec. 3, “Recapturing Pleasure” (all from LifeRing Press); and Doug Althaus-er, *You Can Free Yourself From Alcohol & Drugs*, New Harbinger Press 1998. There is more about it also in the chapters on secularity and self-help.

10.4 Poly-Abstinence: One-Shop Stopping

In LifeRing, sobriety means abstinence not only from alcohol, but from all illicit or non-medically indicated drugs. We refer to this as across-the-board abstinence or poly-abstinence. In shorthand, sobriety in LifeRing means being *both* “clean” *and* “sober.” This street-wise terminology doesn't please everyone, but the meaning is clear enough.

Our vision is to unite all recovering people into a single network of support regardless of “drug of choice.” Therefore, if your problem is with alcohol, you are welcome. If it is heroin, you are welcome. If it is methamphetamine, powder cocaine, crack cocaine, marijuana, prescription drugs, ecstasy, nitrous oxide – whatever the addictive substance, you are equally welcome in LifeRing. We do not segregate by “drug of choice.” We are one family with one problem and one solution.

Our across-the-board abstinence policy is based in part on the widespread experience that the use of any addictive substance tends to open the door to use of others. People who attempt partial, single-drug abstinence are following a low-percentage, losing strategy. Gen-

erally, they are either led back to their original drug, or they end up substituting one drug addiction for another.

Our policy of poly-abstinence also reflects the needs of the typical modern person in recovery. Since the 1960s and 70s, the typical person in recovery has been poly-addicted – hooked on more than one addictive substance. There is no sound reason to go to different support groups for your different drugs of addiction. You can work on all of them at the same time in LifeRing. We offer “one-shop stopping.”

10.5 Quitting the Easy Ones

Poly-abstinence requires some participants to make adjustments that may seem obvious, but that nevertheless bear spelling out. Sobriety in LifeRing means quitting not only the drugs to which one is addicted – the hard ones – but also the easy ones, those to which one is not addicted.

Most people are addicted to more than one drug, but few people alive are actively addicted to literally all of them. For example, a person who is addicted to crack and meth may report occasionally drinking a beer or a glass of wine without harmful consequences. From time to time people with this type of pattern ask LifeRing for support to continue their non-addicted use.

The firm and clear answer that we have always given is, “No.” In a poly-abstinence organization such as LifeRing, the member is expected to work at quitting not only the drug or drugs to which they are addicted, but also the drugs to which they are not addicted. The “occasional beer or glass of wine” and the other non-addicted uses have to stop. Since the person says they are not addicted to these substances, letting go of them should be no problem at all. If letting go turns out to be a problem, could it be that there is a lurking addiction issue here after all? All the more urgent, then, to quit. Catch-22.

Sometimes people rail against this obvious necessity, and advance elaborate arguments why abstinence is not required from a substance where there is no addiction, no disease, no problem, no harmful consequences, etc. They put up more argument over the “easy ones” than over the big ones. These arguments completely miss the point.

LifeRing does not require people to accept the diagnosis of addiction. Most people come to that conclusion on their own, but it's not a membership criterion. LifeRing does not sit in judgment over the reasons why a person wants to stop drinking/using. The fact that they

want to stop qualifies them for membership, period, no questions asked. If they want to stop because they feel they have become addicted, fine. If they want to stop because they fear becoming addicted in the future, fine. If they want to stop because stopping feels better, fine. If they want to stop because they want to keep a job, a relationship, a driver's license, fine. If they want to stop because drinking/using is boring, fine. Are there any bad reasons to stop putting drugs and alcohol into one's body?

The desire to stop, as evidenced by concrete efforts to quit and stay quit, is the golden bond that holds our community together. So, then, if someone does not want to stop drinking/drugging, why are they here?

A moment's reflection will show that a poly-abstinence organization that caved in on the issue of "non-addictive use" would quickly self-destruct. If we swept this under the rug, we would soon have a very lumpy rug. If the group gave members tacit blessing to use drugs to which they are not addicted, before very long there would not be a single clean and sober person in the organization. There would be alcoholics smoking marijuana, marijuana addicts drinking alcohol, crack addicts snorting heroin, all kinds of people using all kinds of drugs – and the people who wanted to be clean and sober would be using the exit. This is not a hypothetical scenario; I've seen it happen. (See Acknowledgments, p. 243) But not in LifeRing.

10.6 Take Your Medications

Many people in recovery today are dealing not only with substance addiction but also with a variety of mental health diagnoses, most prominently clinical depression. Bipolar disorder (formerly known as manic depression), post-traumatic stress disorder, attention deficit disorder, obsessive-compulsive disorder, and borderline personality disorder are among the other diagnoses one encounters with some regularity in practically any substance addiction recovery setting.

The LifeRing meeting process evolved specifically to address recovery from substance addiction. It is oriented to the here-and-now, it provides peer group feedback, it is supportive and positive, it is abstinent. It probably won't do any harm to persons with a mental health diagnosis. However, no claim can be made that the LifeRing format has therapeutic benefits for mental illnesses, other than the usual lunacies that arise from alcohol and other drugs. The recovering person with a diagnosis of mental illness would be well advised

to supplement their LifeRing participation with other support groups and/or treatment specific to their diagnosis.

LifeRing respects the physician/patient relationship that is essential to the treatment of mental disorders. The LifeRing founding Congress specifically crafted the definition of abstinence so as not to obstruct patients and physicians in the use of prescription medications to treat mental disorders. We are well aware that some addicts are artists at manipulating the general practitioner to obtain drugs to feed their addiction. But when a patient makes full disclosure to a physician who is competent in addiction medicine, and takes the medication as prescribed, then this is not a breach of sobriety. Such medications can be valuable sobriety tools. The LifeRing sobriety message to the dually diagnosed recovering person under these circumstances is "Take Your Medications!"

LifeRing is open to and compatible with the use of prescribed medications targeted at substance use, such as Antabuse, Naltrexone, buprenorphine, and the like. In the appropriate case they can be useful sobriety tools. Of course LifeRing does not endorse any particular medication.

The LifeRing convenor's role does not include the practice of medicine. In the role of LifeRing convenor, we do not make medical or psychiatric diagnoses, and we do not attempt to override the diagnoses that physicians may have made. We do not recommend medications or attempt to countermand the prescriptions that physicians have ordered. We do generally encourage patients to become informed and proactive in their own health care, including mental health care and substance abuse treatment, and to exercise their rights as patients.

Disclosure of one's own mental health diagnosis and discussion of one's medications is not inappropriate in LifeRing meetings. Sharing experiences relative to different mental health and substance abuse prescriptions, providers, and facilities is a not uncommon topic of meeting conversation. There is an email list specifically for LifeRing participants with dual diagnosis issues.

At this point, LifeRing has very little practical experience with methadone. The early joiners in LifeRing with heroin histories detoxified using buprenorphine and have not used methadone maintenance. Methadone is a prescription medication that blocks the euphoric effects of heroin. It has been extensively studied and shown to be more effective when properly administered than any other known remedy for achieving abstinence from heroin. (Lowinson 1997:406, 411-412) Persons on methadone maintenance who are taking it as pre-

scribed, should be considered clean and sober in LifeRing. However, the actual administration of methadone maintenance frequently falls short of the clinical ideal, and there are numerous instances of methadone abuse. For this reason, people using methadone as a recovery tool may encounter a certain amount of initial skepticism.

10.7 Support to Quit Nicotine

Scientific research and public opinion in the past thirty years have turned against the use of nicotine. Following a series of Surgeon General's reports, tobacco industry admissions, and an extensive medical research effort, nicotine is today recognized as an addictive drug whose use is not medically justifiable at any level. The percentage of American adults who use nicotine has declined from about four in ten to about half that ratio, and surveys consistently indicate that a large majority of those who still smoke tobacco want to quit. (Robert Wood Johnson Foundation, 2001:40) This turnabout in scientific and public opinion is making an impact on substance abuse treatment programs and recovery groups everywhere. (White 1998:309)

A few decades ago, nicotine use was an accepted practice in treatment programs and recovery support groups. Both of the co-founders of Alcoholics Anonymous were smokers, and both of them died of it. Bill Wilson, a cigarette chain-smoker, stopped in the last year of his life but it was too late; he died of emphysema. Dr. Bob Smith, a cigar smoker, died of throat cancer. (White 1998:139-140; Order-Connors 1996). The stereotypical AA meeting of that period was a smoke-filled room. Mental health and addiction treatment settings were little different.

Today, nicotine use in mental health and substance addiction recovery settings is in retreat. Research has established that nicotine use interferes with medications used in the treatment of mental illness, and is linked in complex ways with common mental disorders such as depression. (Lasser 2000; Resnick 1993) The powerful links between nicotine addiction and addiction to alcohol and other drugs – some 90 per cent of active alcoholics are also smokers – have come under critical scrutiny. The high death rate from smoking-related diseases among recovering alcoholics – it exceeds the death rate due to alcohol – has spurred reconsideration of the role of smoking in recovery. (Hurt 1996) Alcoholics who quit drinking but keep smoking die just as prematurely as if they had kept drinking. (Vaillant 1995:209)

Many substance abuse treatment professionals today maintain that nicotine use in clinical settings undermines the facility's poly-abstinence message. A number of influential institutions in the field, including the American Cancer Society ("Nicotine Is a Drug Too") and the Robert Wood Johnson Foundation, among others, now define the target of substance abuse recovery efforts as ATOD: Alcohol, Tobacco, and Other Drugs. There is an active movement among chemical dependency professionals to integrate nicotine cessation into alcohol and other drug addiction treatment. At least one state (New Jersey) has mandated nicotine cessation treatment in all licensed residential chemical dependency facilities. Numerous chemical dependency treatment programs now treat nicotine addiction on a par with other substance addictions and maintain smoke-free facilities. Others have not yet addressed the issue. At this point in time, controversy about nicotine use is widespread in the treatment profession and is reported from within every major substance addiction recovery support group. Much more detail on these issues can be found on www.unhooked.com.

The nicotine issue has been extensively debated in virtually every online forum within LifeRing for several years, and a consensus has emerged on the major issues, as follows.

At this time, LifeRing takes no position as an organization whether the use of nicotine is or is not "clean and sober." LifeRing as an organization does not say that people who use nicotine are not clean and sober. Nor does LifeRing as an organization say that they are clean and sober. LifeRing leaves this decision up to each individual as part of constructing their personal recovery program.

People who still use nicotine, therefore, are welcome in LifeRing. A desire to quit nicotine use is not a requirement for membership.

At the same time, LifeRing as an organization engages in support and education efforts to assist members to free themselves from nicotine addiction, if and when they wish. Members are free to ignore these support and education efforts. Quitting is voluntary.

Support and education for nicotine cessation means, in practice, mainly the following:

- It is appropriate for members to raise their issues and experiences with nicotine in any LifeRing meeting, face or online, on a par with their other substance issues.
- Members who plan to quit nicotine, have just quit, have a quit anniversary, or similar occasions, are entitled to demonstrations of support (applause, attaboys/attagirls)

from their meeting on a par with the support members give each other in their battles with alcohol or any other addictive drug.

- Literature and web sites published under the LifeRing name will include educational materials about nicotine that relate to persons in recovery from alcohol and other drugs.

The LifeRing position of support and education for voluntary nicotine cessation should not be confused with a single-issue approach. LifeRing is not an appropriate setting for individuals who wish to quit nicotine but continue to use alcohol or other drugs. In LifeRing the voluntary nicotine effort is part of the integrated poly-abstinence approach described in an earlier section.

The nicotine issue will probably present additional problems on which LifeRing has not yet reached a consensus. Discussion continues.

It is my personal hope, which not all LifeRing members share, that our efforts of support and education for voluntary nicotine cessation will eventually prove universally successful, so that on some future date we will look around at our membership and realize that LifeRing has become a nicotine-free organization.

10.8 Conclusion

The concept of sobriety is not a timeless absolute but an evolving historical construct. As LifeRing convenors, we are playing a role in shaping the present and future meaning of the term. Our openness and inclusiveness as regards recovery from all the drugs of addiction places us in the front line among mutual aid organizations.

As LifeRing convenors, our commitment to sobriety is a settled and closed issue, beyond argument. But this does not mean that there are no more problems to think about. The issues of methadone, medical marijuana, and nicotine – to name just three – are witness that the map of sobriety has not only a settled central plain but also a turbulent, changing frontier. The turmoil and the occasional bloodshed on the frontier may be disturbing at times, but they are blessings in disguise: they stir the pot, force us to look again at our basic values, and keep the meaning of sobriety ever fresh in our minds.

Chapter II: Secularity

II.1 About This Chapter

This chapter discusses the second “S” in the foundational philosophy of LifeRing. It explains the concept of secularity as it pertains to recovery.

II.2 Where Is Secularity?

The word “secular” is not a household word in the United States. Most people have never seen it in print and many can’t pronounce it when they do. Many others think they know it, but confuse it with something else – social, circular, sexual. Particularly widespread and frustrating is the confusion of “secular” with “sectarian.” This occurs even in print; thus an Oregon daily described our predecessor organization as a “non-secular group.” Right-wing Christian fundamentalists add to the confusion when they smear anything “secular” as homosexual communistic baby-killing Satanism. Only a relatively few college-educated people are familiar with the term. The LifeRing convenor on the front lines of contact with the general public may well come to feel that the word “secular” is a marketing albatross. What people don’t understand, they fear. To sidestep this obstacle if necessary, LifeRing convenors can and do use either “LifeRing Secular Recovery” or “LifeRing Recovery” in headlines of meeting announcements and other media.

Yet secularity is something thoroughly familiar that most Americans practice all day, every day. When you ride a bus, or drive on the street, or go to the supermarket or to the zoo, for example, you are on

secular territory and operating by secular ground rules. The bus driver does not ask for your faith before allowing you to ride. The traffic light goes through its cycles without caring whether your car sports a Jesus fish, a Darwin footed fish, a Gefilte fish, or no fish. The supermarket checker will cheerfully ring you up without prying into your beliefs. The scientist and the creationist can rub shoulders before the monkey cage in the zoo. If someone on a bus, or on the highway, or in the market or at the zoo should approach you and try to convert you to religion, even to your own religion, you would probably feel that this was not the time or place. There are no Faith Police here to arrest you if you do not conform to religious rules in the way you trim your beard or cover your face. Most of everyday life in this country is secular, and most Americans wouldn’t have it any other way.

“Most Americans are religious in theory but secular in practice.” (Lind 2001) Very high proportions of American consistently tell survey takers that they believe in God, an afterlife, angels, and so forth. But only a minority of Americans actually go to church, and attendance is declining. (Presser & Stinson 1998; Walsh 1998) The proportion of adult Americans who attend religious services or religious study meetings each and every day must be vanishingly small.

Thus, when we LifeRing convenors in the United States take our stand on secularity, our only real difficulty is the word. Once we get past the label, we stand in the mainstream. Secularity is the spirit of the infinitely great practical side of Americans, the side that gets things done, because “God helps those who help themselves.”

II.3 The Engine of Recovery is Secular

In Chapter 2, I sketched a vision of how the LifeRing meeting process works. The engine of recovery at work in our meetings – represented by the dashed line at right -- is the cycle of reinforcing connections between the participants as sober persons. The flow of energy from “S” to “S” strengthens and empowers each of them.



This engine is secular. It does not require a “higher power.” The flow of energy is not vertical but horizontal; not from something higher to something lower, but lateral from peer to peer. It does not matter whether the participants also maintain a relationship with a Superior Being. What counts is whether the participants are able to establish sober-to-sober communication with other ordinary beings like themselves. As we have seen, the “How Was Your Week” meeting format makes this kind of connection possible for virtually everyone from day one.

Because the axis of this engine is horizontal, LifeRing meetings are a venue where almost all kinds of believers and almost all kinds of nonbelievers can meet and work on their recoveries in complete comfort. I say “almost” because there are some believers, and nonbelievers as well, who cannot refrain from “witnessing” or proselytizing even for an hour. Fortunately there are religious meetings, and also atheist-agnostic meetings, designed for people whose personal recovery agenda requires converting others to their cosmic vision. The LifeRing format is a live-and-let-live environment when it comes to theology. Like politics, theology in LifeRing meetings remains entirely a private affair.

11.4 Secularity Respects All Beliefs

I've heard it from a Catholic priest, from Jews, from Protestant Christians of several stripes, from Hindus, from Buddhists, from Native American spiritual followers, and quite a few others: secularity is their preferred recovery format because it respects their religious beliefs.

It may seem paradoxical that strong, practicing religious believers choose to do their recoveries in a secular format, but there is the logic of experience in it. Notwithstanding that you can supposedly plug in any God of your own understanding, the twelve-step program requires a specific kind of God: one who performs psychosurgery to remove defects of character and who maps out individualized life plans for each person. This is the message of Steps 6 and 7 (“Were entirely ready to have God remove all these defects of character ... remove our shortcomings”) and Step 11 (“knowledge of His will *for us*” [emphasis added]). Without that kind of God, the beams and planks of the program come tumbling down.

Not every believer sees God performing this kind of personal services. To a Catholic priest who used to come to our meetings, this seemed too Protestant. To quite a few Protestants, it seems too

“Catholic,” in the old-fashioned pejorative sense of pleading for personal favors. Many religious people believe that God gave humans free will and responsibility to manage their own lives, and that to ask for private hints before Judgment Day is whining and cheating. Some believe that God publicly declared his will to everyone a long time ago and that asking for a personal tutorial reveals a learning disability. Others see God more as a general essence. A God who micro-manages one's life clashes with the teachings of many faiths.

One of the great advantages of the secular approach to recovery is that it allows each participant to keep free enjoyment of whatever religious beliefs they may have or not have. Because we do not rely on religious concepts in our recovery toolkit and because we avoid religious practices in our meeting format, we are a safe environment for persons with every kind of religious belief or disbelief. You can probably do recovery in LifeRing, just as you can do laundry, ride a bicycle, or write software, without changing one hair of your theological belief system.

There is more than abstract virtue to this approach. Leaving issues of faith alone helps to focus one's energies on recovery. To attempt recovery with a program whose basic assumptions about God run counter to one's religious beliefs means having only part of one's energies available for recovery; the other part must guard the fortress of one's existing religious faith. Those who believe in no kind of God are in the same situation in this respect as those who believe in a different kind of God. The faith-based approach saps the recovery energies of those whose specific belief or disbelief falls into the broad spectrum outside the program's required assumptions. Conserving and focusing energies in recovery may be vital. A very wise counselor once told me, “Early recovery is hard work enough. When we ask people also to take on the issues of spirituality, oftentimes it's just too much for them.”

11.5 Secularity Lets People Come Together

The secular approach also has another virtue: it ensures peace in the social environment. The tremendously broad spectrum of religious beliefs and disbeliefs in the world contains numerous areas of bloody collision. There is endless theological strife, not only between major bodies such as Christians, Jews, and adherents of Islam, but between different factions and sub-factions within each of the major religions; between believers generally and unbelievers; and between different factions of agnostics and atheists.

It might seem that the secular format inherently favors the atheist and the agnostic, but a little reflection will show that this is not so. Advocacy of atheism or agnosticism is as much out of place at LifeRing meetings as proselytizing for Jesus, Yahweh, Allah, or Ganesh. Theology as a topic, one way or the other, is out of bounds.

What do people who have issues with drugs/alcohol feel like doing when stress levels rise and arguments break out? At the reunion of a big extended family, if we want peace and sobriety, we have to agree that we don't talk religion. Secularity is the only truly generic formula that can bring the entire spectrum of contentious, disputatious humanity together in one room for the purpose of recovery.

II.6 Secularity Lets People Relax and Be Real

Sunday School is an acquired taste. Few people enjoy a steady diet of it. Somehow, when the room begins to fill with God-talk, the atmosphere changes. People sit up stiffly. They peer over their shoulder before they speak to see if their parents are listening. The fluid motion of the conversation hardens into lime jello with mayonnaise.

LifeRing meetings are time-outs from the pressure to be spiritually correct and to say the right thing. In order to heal, people need to be real with themselves and with one another. It's hard to be real when you're censoring yourself. You don't want to let your hair down in a church service.

I've heard people say it time after time: the LifeRing meeting is the one time they feel free to be themselves, warts and all. People in residential treatment may go to meetings practically every waking hour, all of them run by the twelve-step book. You'd think they're completely talked out by the end of the week. Not so. In the LifeRing meeting, vital things come to the surface, like seals under ice, that could find a breathing hole nowhere else. People open up with themselves and with each other. People have meetings of the sober minds. People laugh deep, tension-releasing belly laughs. People talk way past the hour. All because there is safety and freedom in the secular atmosphere.

A few weeks ago, our Wednesday night meeting at the inpatient program had about half newcomers. The other half were people who had participated in LifeRing two or three times before. I asked these comparative veterans to explain to the first-timers what LifeRing was about.

“The atmosphere is positive. “

“You get to actually connect with people in the meeting.”

“You build your own recovery plan.”

Nobody mentioned the absence of god-talk. The secular atmosphere was so natural and fit so comfortably that it provoked no special notice. Yet, of course, secularity is the foundation on which the positive tone, the conversational atmosphere, and the freedom of building one's personal recovery plan are grounded. What these participants liked about LifeRing was, at bottom, its secularity.

II.7 Secularity is Research-Friendly

If I came to a physician with a medical condition such as diabetes, heart disease, or bipolar disorder and were told that my main hope was to say prayers and trust in God, I would draw one of two conclusions. Either that my condition was hopeless and that I should arrange my affairs and prepare to die. Or that my physician was a religious nut.

In these conclusions, phrased perhaps more diplomatically, I would enjoy the support not only of professional but of public opinion. A small margin of the American public outside of Christian Scientists would rely principally on faith for treatment of medical conditions, if given the choice.

Dr. Joseph Volpicelli, a pioneer in addictions research, writes in this respect:

I have long been frustrated by the alcoholism and addiction field's reliance on miracle cures and horror stories, rather than on science, to guide patient care. After all, most Americans with diabetes or even an emotional problem such as depression wouldn't accept being told by a doctor that praying and 'turning your will and life over to the care of God as you understand Him,' as AA suggests, is the only treatment for their illness. Why shouldn't alcoholics and other addicts get research-based medicine the way people do for any other disease? (Volpicelli & Szalavitz, 200:4)

Mainstream common sense is stood on its head in the field of substance addiction. Here great institutional forces bear down on the patient to accept a God-based approach, and those who resist are often marginalized. (Fransway 2000) If I accepted the priorities urged on the patient in much of what passes for mainstream addiction recovery,

ery, and applied them to the rest of health care, I would throw away my pills and crutches and give my money to the preachers instead of the doctors.

The progress of addiction research is very gradually clearing the ground of the old superstitions. It is too early to say that science has solved all the riddles of substance addiction, but tremendous progress has been made in recent years.

One day, hopefully soon, someone will earn a Nobel Prize for pinning down the exact circuits and neurochemicals that make addiction happen. Enough is known meanwhile to make it clear that the core substance addiction is a physiological event at the cellular level. Tens of thousands of mice and rats and other mammals have been teaching this fundamental lesson for the past few decades. All that is necessary to turn them into addicts is to saturate their bloodstreams with sustained high doses of the addictive substance for a period of time. (Gardner 1997:51) Defects of character, immorality, weakness of will, spiritual alienation, or other higher-level issues are redundant to the etiology.

We now also know from fifty years of psychometric studies on humans that every kind of personality has an equal probability of becoming addicted, and the notion of the “addictive personality” as a cause of substance addiction is a myth. (Hester & Miller 1996:90; Ketcham 200:65; Vaillant 1995)

Addiction research is also gradually shedding light on addiction treatment and recovery issues. NIDA, the National Institute on Drug Abuse, devotes extensive effort to bridging the huge gap between research and clinical practice in chemical dependency treatment. The secular recovery approach welcomes the forward motion of addiction research and forms one of the channels through which research-based findings make their way into recovery practice.

11.8 Knowing Our Limits

The individuals who make up the LifeRing network form, collectively, a considerable database of expertise on the issue of how to get clean and sober and how to lead a clean and sober life. Compared to persons who are still drinking/drugging and who believe themselves paralyzed to improve their condition, we have higher knowledge. Any person with at least one day clean and sober has expertise on this topic that is still beyond the reach of many thousands of others. If you are looking for a group of practical engineers of personal

sobriety, and are willing to listen to about as many different correct answers as there are individuals, you have come to the right place.

We cannot pretend to the same collective expertise on the issue of theology (religion and/or spirituality). Nothing in our life experience, on the whole and on the average, has made us more clever than the median on this front. You will find here the usual spectrum of believers, semi-believers, and disbelievers as elsewhere, and the usual degrees of theological enlightenment, more or less. Accordingly, we do not pretend as a group to offer you spiritual, moral, or religious guidance. If it should happen that in the course of your recovery you feel an urge to modify your theological positions, the soundest course may be to consult with the established experts in that area. Ask your friends, look on the Internet, or check in the Yellow Pages; for example, try “A” for Associations or for Astrologers, “C” for Churches, “R” for Religious Organizations, “S” for Schools (Religious) or for Spiritual Consultants or for Synagogues. In the major population centers there is a large and extremely diverse selection of providers of spiritual, moral, and religious guidance.

In LifeRing, we do not sit in moral judgment over who you are or what you do. We can show you by many living examples that you can become a clean and sober person using whatever resources of character and spirit you already possess, good, bad, or indifferent. There is a section of the *Recovery by Choice* workbook that addresses “using what you have” to get clean and sober. (See Workbook Ch. 6, Sec. 18.)

It has been my experience that when people become clean and sober persons, at some point their innate goodness grabs hold of them and they strive to become better persons by whatever yardstick they hold dear. However, such a transformation cannot be forced, and we will not try to force it upon you. Nor will we deprecate your yardstick. You may find among us many models of sobriety. But we do not presume to hold ourselves up as ethical or spiritual models for you, either individually or as a group. We know our limits.

11.9 A Secular Testimonial

Testimonials still play a very important role in recovery advocacy. In this section I want to testify why I personally prefer the secular approach and why it works for me.

I have done all my recovery – more than ten years at this point – in the secular mode. Along the way I have been in almost constant dia-

logue with friends on the twelve-step road. Thanks to this dialogue I have had the chance to explore the points that we have in common and to understand more clearly the areas where we are apart.

Much of this discussion concerns theology (the study of God) and its place in recovery. My main point is that theology is best kept out of recovery. Don't mix God stuff with recovery stuff. In order to show how I got to that conviction, I have to introduce some classical theological issues, and lift the hood and trace the wiring of some basic twelve-step recovery concepts.

You will probably never hear this kind of discussion in a LifeRing meeting. Theological discussion is always OT (Off Topic) in the LifeRing meeting format. However, this book is not a meeting. Sometimes one has to step outside the box to appreciate the wisdom of its architecture.

My voice in this section is deeply personal, based on my own experiences. Many of my LifeRing friends will have different views and different experiences. That is as it should be. Religion is very personal.

Just because I prefer secular recovery doesn't mean you should follow suit. If twelve-step works for you, keep doing it. If it doesn't work for you, do something else. Different strokes for different folks. As AA co-founder Bill Wilson said, "the roads to recovery are many." (Wilson 1944:1)

I know of a committed twelve-step person, a sponsor, who relapsed the day after she met a person who had long-term sobriety using a secular approach. The idea that her way was not the only way shattered the crystal sphere of her spiritual universe, and she drank. If your sobriety is brittle like that person's, you might be wise to skip this section.

II.9.1 God As I Understand Him Wants Me To Drink

When I was a little boy I was filled with faith in a God who was both good and all-powerful. As I got older and understood more of the world, this divine combination of qualities began to unravel for me. I came to understand that God could be one or the other, good or omnipotent, but not both. Do you know the problem? It goes like this:

- If God is good, then He is not powerful. All kinds of mean people are more powerful than God. They start wars, they bomb cities with innocent little children in them, they spread land mines, they use poison gases and radioactive

weapons, they bomb civilian buildings, they cause famines, droughts, floods, fires, deforestation, and global warming that threatens to destroy all civilization. Endless is the parade of massacres, devastations, epidemics, oil spills, arsons, looting by arms or accountants, lies, usurpations, and hypocrisies. It seems as if God has given up on earth and retreated to His heaven. If He is good, He is weak.

- But if God is all-powerful, then He is not good. If He is in control here, then the whole ledger of neglect, recklessness, and malice in the world is on His account. Behind every massacre lies His hand. All the evil in the world is His doing. If God is all-powerful, then He is a monster.

As I grew up, I learned bit by bit that these same disturbing thoughts had occurred to many others before me. Ivan Karamazov's despair at reconciling belief in the Creator with the vast panorama of evil in the creation -- in Dostoyevsky's novel *The Brothers Karamazov* -- is one powerful literary example. Mark Twain's *Letters from the Earth* is another. Many others have struggled with the problem of evil in Christian theology. Recently, no less a public figure than The Rev. Billy Graham, trying to fathom the theological meaning of the events of 9-11-01, admitted that the reality of monstrous evil in a world under God's control was a problem he had not been able to solve. "I've been asked hundreds of times in my life why God allows tragedy and suffering. I have to confess that I really do not know the answer totally, even to my own satisfaction." (Graham 2001)

What difference does this theological conundrum make to us who are in recovery? It has to do with giving a theological explanation for relapse. The theological problem of relapse in Christian theology presents two alternatives:

- Either, God's will is for the alcoholic to abstain. If so, then relapse arises from something more powerful than God's will. Evidently the mind of the addict, in the grip of the addiction, has the power to keep God from entering, or to pin God to the mat and throw Him out. Man's ill will is stronger than God's good will. Relapse proves that God is not the Highest Power. God is not ultimately in control.
- Or, God *is* in control. If God is almighty, then relapse is God's own handiwork. Not a sparrow falls off a tree, and not an alkie falls off the wagon, but that God knows it and wills it be so. Relapse is God's way of sending the person a message, teaching them a lesson, or otherwise executing

His mysterious and inscrutable plan for them. If their relapse leads to their sudden death, or to a lingering agony, that is God's will for them. If innocent children come out of the womb already addicted or damaged by alcohol, that is God's judgment on them. It is God's plan for our country to have addiction as our Number One public health problem.

Those are the choices. The theology of relapse in recovery is no greater comfort to the inquiring mind than the theology of evil in the larger world. The facile equation of God = sobriety cannot withstand serious examination. God = relapse is an equally valid theological postulate.

Almost twenty years ago a recovering alcoholic who had become sober within AA had a nightmare in which God appeared to him and commanded him to drink. When he woke, he did not drink. He did not believe in God. It was just a dream. But he pondered: what if God's answer to the believing alcoholic's question is "drink"? (Christopher 1985) LifeRing traces its spiritual origin to that question.

I have raised this problem with a number of thoughtful long-term members of twelve-step organizations. Many acknowledge that they have seen it and sweated it. They say that whenever they ask God for His plan for them, they tremble. You never know what the answer will be. They become fatalist: if God calls my number to relapse, so be it, but I pray He calls someone else. They feel they are sober by the slender thread of God's grace alone. They look around at their fellowship and see discomforting evidence that God's grace is selective, inscrutable, and revocable without notice. They become elated on the outside and morbid on the inside. They stop thinking.

Let me pass along to you a Zen parable told to me by Karl S., one of my mentors as convenor.

A novice comes to a great spiritual master and asks for enlightenment. The master gives the novice a clay jug with a narrow neck. Inside the jug is a live goose with its head sticking out. Your problem, says the master to the novice, is to separate the goose and the jug without harming either one. The novice takes the living puzzle home and examines it from all sides. After a sleepless night, it becomes obvious that there is no solution. The next day the novice returns the problem to the master's porch with a note saying, "Not my goose-in-jug." The master sends him a note back: "Ah!"

God as I understood him for more than thirty years wanted me to drink. I do not doubt that He still has His agents on the committees in my brain. It's easy for you to protest, "But that's not the *real* God." How do you know? My alcoholism may have been part of a strategic life plan devised for me by almighty God as *you* understand him, for purposes that neither you nor I may ever fully comprehend. Whether the voice that tells me to drink is God as I understand Him, or God as you understand Him, is a riddle no one can answer. It's a goose-in-the jug.

Enlightenment, for me, means not to ask. I might look to the sky for guidance on other issues. But I make it an ironclad rule to never, ever, under any circumstances, ask God whether I should drink. Not as I understand Him, not as you understand Him. For an alcoholic/-addict like me, asking God about drinking/using is the ultimate slippery place. What if God says, "Drink!"? If I obey, I could end up drunk and dead. If I tell God to go to hell, I could end up sober and damned. There's no solution. The only safe course for me is not to go there. Not my goose-in-jug. Ah!

The short name for this approach is the sobriety priority: D.D.O.U.N.M.W. Many people have known and used this solution for decades. The usual expansion of the abbreviation is Don't Drink Or Use No Matter What. It also means, No Matter *Who*.

It works for me.

The little boy that I once was lives on within me still. I cannot go back to his childish credulity – believing in Santa Claus, the tooth fairy, a God who is both good and omnipotent, and other impossible things. I cannot recapture the liteness and quickness of body I once possessed. But now that I am clean and sober, I can once again feel his keen sobriety of the senses, his clear eyes, his fearless spirit, and his childlike belief – despite everything – in the goodness within people. Sobriety has allowed me to find that child within me again, and that makes me happy.

II.9.2 The Difference Between a Bus and a Higher Power

I still remember my intake interview at the start of treatment. My case manager, after many questions about my drinking and drugging history, asked me whether I recognized any powers greater than myself. I said that I did. For example, the weather, the forces that make earthquakes, the law of gravity, the bus on the street. He probed. Did I recognize any higher powers that were not impersonal forces?

Again I said, yes. For example, General Motors, the Internal Revenue, the US Army – lots of powerful institutions and people could impact my life.

It seemed to me that the good doctor frowned as if I had said the wrong thing. Not until years later did this conversation come back to me and set me pondering.

At the time of this talk, I had been drinking alcoholically for more than thirty years. Yet I was still alive. One reason for my survival was that I still recognized and respected the forces whose power over me did not depend on my belief in them. The weather would scorch, rain, or freeze regardless whether I heard and believed the forecast. The ground would shake whether I believed in plate tectonics or not. If I stepped in front of it, the bus would run me over regardless whether I admitted or denied the authenticity of its appearance. The power of these forces resides in them, not in me. People who get confused about this issue tend not to live very long. Evolution weeds out the poor philosophers.

After I had been clean and sober some time, I became aware of the Higher Power theory of twelve-step philosophy. My friends who were exploring the twelve-step groups talked of “picking” a Higher Power, “making something” their Higher Power, or “admitting” something was their Higher Power. I learned about hitherto unsuspected potentialities of light bulbs and doorknobs. I learned that the clusters of ordinary recovering folks I was getting to know could become gods or God if I said so. I came to see a new side of theology: God only has power over people if they let Him.

A True Believer once told me that our secular meeting format amounted to “not letting God into the room.” I imagined God outside, whining and begging and scratching at the door. This was not the Almighty I had been taught as a child.

The basic difference between a bus and a twelve-step Higher Power is that the impact of the Higher Power depends on my belief. The doorknob and the light bulb remain mundane items of hardware unless and until I declare them to be my gods. A counselor, a recovery group, an organization is just an ordinary nose-picking, struggling, chaotic cluster of imperfect mortals unless and until I promote them to be my Higher Power. God Himself cannot and will not prevent me from relapsing unless I “admit” that He is more powerful than my addiction. Unlike the bus, the jolt of the Higher Power is personal and exclusive to me. The bulb and the knob are a Higher Power to me; they’re just hardware to you. My G.O.D. (Group Of Drunks) is just your bunch of old farts. My Supreme Being will keep me from re-

lapsing because (and as long as) I want it to, but it will let you go to hell if that is your preference. And vice versa. It's up to you and me what it does, if anything.

It seems to me that the Higher Power notion can work if you absolutely don't think about it. It's a clever, bright, reassuring device. Just shut your eyes tight, believe it, and don't ask questions. Once you lift the cover and peek at the wiring, you see that the batteries that make the Higher Power light up are in your own head. The Higher Power is nothing and does nothing unless you make it so. Insofar as the Higher Power helps keep you sober, it is your own sober desire that supplies the energy. Once you understand the mechanism that makes the Higher Power work, you can no longer believe in it. But then, you also no longer need it. You have found the sober power, the “S,” within yourself.

The one thing that worries me about the Higher Power notion is if people begin to apply it in real life situations. The power of the bus resides in it, not in you. Forgetting the difference between a bus and a Higher Power when crossing the street can result in fatal injury.

II.9.3 The Voyager Returns

In a science fiction story I once read, Earth sends out the Voyager space probe containing a summary of all human knowledge in a symbolic code aimed at the presumed extraterrestrial reader. Then NASA folds, many generations pass, and people forget all about the project. One day an unidentified object falls from outer space into a cornfield in Iowa, and all the best scientists get busy trying to decipher its mysterious cargo. Throngs gather, a trailer city assembles, cults form. A bright little girl with pigtails, watching on the news, pops the bubble: “Hey, that's from us!”

The main life guidance circuit in the twelve-step design has two stages. First, I devise a Higher Power, a personal God, a “God as I understand Him.” (Step 3.) Later, in Step 11, I petition this same God that I made, to reveal to me His plan for my life: “Sought ... to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.” To be sure there is no confusion with some other God, this Step contains the phrase “*as we understood Him*” in italics for emphasis.

You don't need to be a rocket scientist to see the circularity. The knowledge base of “God as I understand Him” consists of whatever is within my understanding. When I later query this database, all I

can get out is what I put in. If I put my garbage in, I will get my garbage out. If I happen to get wisdom out, it's because I put wisdom in. The Plan that "God as I understood Him" prints out for me is nothing but my own earlier life plan on made-up God letterhead. Not only the power supply but also the data disk inside the Higher Power device comes from within our own heads.

As a design for information processing, this leaves room for improvement. Transmission losses. Storage losses. Data conversion losses. Delay. Why not eliminate the middlegod and just write out your own sober life plan to begin with?

On the other hand, I can see motivational advantages. People sometimes can give themselves permission to do what they want to do only if they first come to believe that this is the will of a power greater than themselves. Politicians move armies to war by that ancient device. If this fiction helps to keep you sober, I will tell the little girl in pigtails to hush up when you're around. Anyway, in the science fiction story, everyone ignored her.

II.9.4 Lessons From My Laundry Basket

While writing this book I ignored my laundry. A mountain accumulated. I thought I would try an experiment. I would separate it into two equal piles. I would wash one of them myself. The other one, I would let go and let God. But then I needed a pair of clean socks. I scrubbed the experiment.

Recovery from drinking/drugging, in my experience, is a mundane project much like washing a mountain of dirty laundry, rebuilding an engine, painting a house, writing a piece of software, learning to ride a bicycle, or any number of others. You can procrastinate all you want, but it won't get done unless you get down and do it.

I don't believe God was offended years ago when I rebuilt the engine of my Honda by following the manual without asking Him for instructions. I don't believe God was upset because I changed my mind and washed the pile of laundry that I had set aside for Him. There are bugs in every piece of software I've written – drunk, stoned, or sober – but I don't believe God put them there to punish me for not consulting Him in the design. I didn't ask God to pick the color when I painted the house, but it turned out alright anyway. When I learned to ride a bicycle I didn't ask for divine guidance. I wobbled and crashed quite a bit at first, but that had no transcendental significance. I don't believe God is offended that I don't ask Him to run my recovery.

I was talking with some of my friends in the twelve-step orbit the other week about "taking responsibility." It soon became apparent that we were using the same words but talking about different things.

I was talking about being responsible for my recovery, about learning good recovery tools and improving my recovery plan. They were talking about being responsible for every bad thing they had ever done in their addict history.

When I talk to my twelve-step friends about taking responsibility for here and now, I get a string of negatives. No, you're powerless, you can't control that, you can't master it, that's God's job, don't try it at home, you're not God, you'll drink, you can't get there from here, and if you do it anyway, you don't deserve the credit. I am powerless not just to moderate, but over "alcohol," period. I can't manage my life, much less my recovery. (Step 1: "We admitted we were powerless over alcohol – that our lives had become unmanageable.") I can't repair my own defects of character or improve myself in other ways. (Step 6: "Were entirely ready to have God remove all these defects of character." Step 7: "Humbly asked Him to remove our shortcomings.") Only God can do that.

So: I am required to take responsibility for my past, when I was ill and crazed and incapacitated with drink and drugs, but I am not permitted to take responsibility for my present and future, when I am healthy, sober, and filled with energy. Hmm.

As I was pondering this strange apportionment I fell into a reverie, and it seemed to me that my laundry basket (full once again) was speaking to me.

"Hey you," it said. "Listen up, Bozo. I am your laundry basket. I am overflowing with dirty laundry. You made me what I am. Now you have a choice. You can spend your evening making a detailed list of every bit of sweat and dirt, coffee drip, smear of breakfast egg, dribble of pee, skid mark, pubic hair, and cum stain in this basket, and humbly take responsibility for it. Or you can pick it up and throw it in the washing machine. And don't give me that let-go-let-God crap. Maybe God washed Bill Wilson's laundry, but She isn't going to do yours. If you don't want me stinking to heaven, pick me up and get moving."

I'm glad I was alone at the time. Some of my friends would have been offended. Of course, I picked that filthy talking basket up immediately and threw the contents in the washing machine. That shut it up.

It seemed to me that somewhere up in the sky, someone was smiling.
It was my night for imagining things.

11.9.5 Hurry Up and Wait

My friend Sal had been in the infantry. “Hurry up and wait!” “If it moves, salute it!” “FUBAR.” (Fouled Up Beyond All Repair.) “Dig a hole and fill it in!” “Ours is not to reason why.” Sal’s mind had never really left the Army. His conversation was larded with clichés.

When Sal got sober, he got the word, and the word was, “Get a sponsor, work the steps.” Sal wasted no time. He got a sponsor and worked the steps.

“How’s it going, Sal?” I asked.

“Hurry up and wait,” was the reply.

“What do you mean, Sal?”

“I hurried up and did steps 1-5. I admitted I was FUBAR and I inventoried everything and I filed all the paperwork with my HP.”

“And so?”

“And so, I’m entirely ready to have my HP remove all my defects of character and to remove my shortcomings. Steps 6 and 7.”

I looked at Sal. He looked at me. We both looked at the sky. After a silence, Sal cleared his throat and spoke.

“The good news is, while I’m waiting on the HP, I may get to go out and fix everybody else.”

“Huh?”

“Yep. All those times I screwed up I did a lot of damage to other people. So I get to go out and fix it all. That’s my next orders. Steps 8 and 9.”

“But Sal, how can you fix other people if you’re still in the shop yourself?”

“I’ll ask my sponsor. Anyhow, after I fix everybody else I have to go back in the shop. That’s Step 10.”

“Why is that, Sal? Were you too much work for the HP to finish the first time? Or are you going to get new dings and scratches while you’re out fixing other people?”

Sal thought for a moment. “Probably (b). Some of those folks are happier not seeing my face, if you know what I mean.”

“Well, if you can fix what you did to other people, Sal, why can’t you fix what you did to yourself?”

“I don’t make the Regs. Repairing others is mandatory, Steps 8 and 9. Repairing yourself is prohibited, Steps 6 and 7. Mine is not to reason why.”

“Why can’t you just fix yourself and let other people do the same?”

“That’s too logical. This is an Army.”

“Well, Sal, when you’re finally ready to ship out, where are you going?”

“I’ll find out when I get to Step 11.”

“What happens in Step 11?”

“I file more paperwork and wait for my marching orders.”

“Do you have a clue where you’re going?”

“Beats me. But I did peek at Step 12, and I think I’m going to be a recruiter. I think we all are.”

“Well, good luck to you, Sal!”

Sal was comfortable waiting passively for higher-ups to plan out his life for him. He was accustomed to being busy without being proactive. Based on his military experience, illogical orders and meaningless missions were the normal thing. The camaraderie of army life made up for everything else.

11.9.6 Let’s Give God a Rest

Religious joke: An atheist and a fundamentalist moved in next door to each other. The atheist’s lawn grew green, his wife was beautiful and faithful, his children played sports and got good grades and went on to Harvard, he drove a fine car and retired on his investments. He never asked God’s advice on anything. The fundamentalist asked God’s blessing for his lawn, prayed for guidance for his wife, said prayers with his children three times a day, and never made any personal or business decision without first asking God’s will for him. Crabgrass killed his lawn, his wife ran off with a lion tamer, his children became meth addicts and ended up in prison, his house burned down the day after his policy lapsed, and he ended up homeless. One rainy day as he was crossing the street he failed to see a bus. As he lay dying, out of the corner of his eye he saw the atheist getting into a new Lexus. With his last breath he turned heavenward and asked, “Lord, my Lord, why hast thou blessed that infidel and cast thy true

believer into the gutter to die?” The clouds opened, a bright light was seen, and a deep, thundering voice answered: “Because he doesn’t bother Me all the time!”

True story: I met Davis (not his real name) in an upscale residential treatment center. He had the charismatic presence of a preacher. Where others carried a Big Book in the blue vinyl soft cover plain paper edition, he had the annotated leather covered hardback edition printed on gold-edged Bible paper. He knew his text forward and backward. He quickly gathered a group of other patients around him and they formed a tight circle that recited the book day and night. In every counseling session and meeting they made sure that things ran according to the book. Davis and his group came to a LifeRing meeting. Their first question was, what was my religion? When I said it wasn’t important, they went ballistic, and after a few exchanges they walked out.

The next week the whole group was gone. I asked staff what happened. Davis had gone AWOL and relapsed. Crack cocaine. His followers had gone down with him. It was his third time in treatment with the same result.

In the early days of twelve-step treatment clinics, the rule was “no repeaters.” It was essential to staff morale to believe that it always worked; and that was achieved by the simple expedient of refusing to readmit those for whom the treatment did not work. (White 1998:168, 169) Now the bloom is long off the rose. If I happen to ask for a show of hands at any number of centers, the repeaters (and threepeaters, fourpeaters) are sometimes the majority. They keep trying the same experiment expecting different results.

In the acute crisis dual diagnosis psychiatric ward, there is almost nothing but alumni of twelve-step schooling. I have seen them sitting there in their hospital gowns evangelizing the twelve-step message a day after failing at suicide, the picture of psychiatric breakdown. The higher-functioning cunning ones speak in an open cipher. “Let go, let God” seems to be twelve-step alkie street code for “Have a drink!”

In a six-month residential center in San Francisco, my friend Mark C. bucked the twelve-step system all the way. He refused to say the prayers, refused to get a sponsor, refused to work the steps, refused to recite the Big Book, and all the rest of it. Everyone else came down on his case, staff and peers alike. At the end of the six months, Mark was the only one of his class still clean and sober. Everyone else had relapsed and dropped out. He became house president by default. I have heard similar anecdotes from other centers: the goats survive, the sheep go down. (Connors & Jones 2002).

The sober reality is that there are no miracle cures for addiction. Not twelve-step, not anything else. Everything works for some people:

What our sweeping review of addiction treatment tells us is that almost any treatment – be it drinking wine in which eels have been suffocated, taking the latest medication, or joining the latest group-therapy fad – will produce some successful outcomes. (White 1998: 336)

But no single approach works for everyone. Anyone today who claims to have a sure-fire recipe to cure addiction is either a fool, a charlatan, or delusional.

[A]ddiction professionals who claim universal superiority for their treatment disqualify themselves as scientists and healers by the very grandiosity of that claim. (White 1998:342)

If we look at the invention of the automobile, or electricity, or the telephone, for example, we have to acknowledge that these devices have wholly transformed the landscape. When they work, they really work. The horse and buggy, the gas lamp, the Pony Express are history. But the invention of the Higher Power as a recovery engine has hardly made a scratch in the surface. The more it works, the more things stay the same. Or get worse. For sixty years Higher Power groups have been everywhere, doing whatever it is they do, but substance addiction is very far from being a thing of the past, and in some ways its regime is more costly and deadly than ever.

In the earliest days of the twelve-step movement, its evangelists pulled down secularists for lack of humility. The secularists were accused of “playing God – it doesn’t work.” For the past sixty years the twelve-step evangelists have been in the saddle, playing God with a vengeance. They have rounded up everyone in sight and run them through God’s own patented twelve-cylinder Higher Power recovery machine (“it always works if you work it”). They have taught everyone to surrender their lives and wills to God, let everything go and let God do it, let God fix their character defects and shortcomings, let God make every decision for them, put all their troubles in the God box, and get high on God’s spirit. Six decades of recovery under “God as we understand Him” have worked so well that today substance abuse is the country’s number one public health problem. (Robert Wood Johnson Foundation 2001)

What would humility in recovery look like today? To my eyes, a person or organization who was *not* trying to play God would:

- Acknowledge frankly that no one has The Answer or The Program for everyone

- Renounce the claim that some recent mortal was God's amanuensis in the world of recovery
- Abandon the carnival puff that “this always works if you work it”
- Restore the word “suggestion” to its true meaning in the English language, as one option among others
- Take down the giant posters that ape the Ten Commandments
- Decline to be cast in the role of anyone's Higher Power
- Stop posturing as a provider of spiritual guidance
- Permit scientific research into its effectiveness
- Terminate unsupportable claims of effectiveness
- Own its failures as well as its successes
- Abandon coerced assignment of patients to any one treatment modality or any one support group
- Offer the recovering person genuine choices
- Approach each person in recovery with the attitude that “I do not presume to know what is going to work for you, but I will encourage you and support you to find it out for yourself.”

Is there such a thing as genuine humility in recovery today? I see very little. The climate is too harsh for tender little flowers.

As close an approach to genuine humility as I have found in print is this eloquent statement of the treatment counselor's proper role, by William White, in *Slaying the Dragon*:

What we are professionally responsible for is creating a milieu of opportunity, choice and hope. What happens with that opportunity is up to the addict and his or her god. We can own neither the addiction nor the recovery, only the clarity of the presented choice, the best clinical technology we can muster, and our faith in the potential for human rebirth. (White 1998:342).

There is one recovery approach that comes close to the model of genuine humility. Its name is secularity. Let's give God a rest. Maybe we will get better results in recovery if we stop bothering God all the time.

II.9.7 Mere Transportation From Egypt

The Swiss psychoanalyst Carl Jung, whom Bill Wilson considered an honorary co-founder of AA, described the organization's therapeutic strategy as “*spiritus contra spiritum*” – spirituality against spirits. (Ketcham 2000:191-192) In the famous epigram of American philosopher William James, known to Wilson, “the cure for dipsomania is religiomania.” (White 1998:129) As the contemporary twelve-step interpreter Ketcham explains, “the only way to combat the thirst for alcoholic 'spirits' was to develop an even stronger craving for a spiritual way of life.” (Ketcham 2000:190)

The other side of the *spiritus* coin is a profound pessimism about underlying sober human nature. Bill Wilson referred to sobriety dismissively as “mere sobriety.” (Wilson 1969) His movement conceives sobriety only as the subtraction of alcohol, a negative. “When you give away alcohol, you get sobriety, but that's all you get.” (Ketcham 2000:198) The person who has “mere sobriety” is a “dry drunk.” From this viewpoint, what's left when you subtract alcohol from the person is a miserable sinner with a hangover. Consistent with the original-sin theology of the Protestant fundamentalist group in which Wilson had been active, and consistent with his personal history of decades-long deep depression, sobriety appears as a gaping void. (See White 1998:138) Therefore, the person must proceed as quickly as possible to fill up on another kind of spirit, another kind of mania, an even stronger craving for God as you understand Him.

The phrase “mere sobriety” grates on my ear because I see substance addiction and recovery not through the theological lens of original sin but through the metaphor of liberation. To my ears, “mere sobriety” sounds like “mere freedom” or “mere good health” or “mere deliverance from Egypt.”

Substance addiction is a heavy shackle on the native body and spirit. Addictions blind the eye, plug the ear, foul the taste and smell, blunt the touch, impair the balance, poison every bodily system, and torture and impoverish the feelings and the intellect. The seven plagues of Egypt did not cause more harm than does alcohol and other drug addiction. From where I stand, the biblical parting of the Red Sea and the Israelites' escape from the Pharaohs was not “mere transportation.”

To use a more contemporary metaphor, addiction hijacks the airplane of our lives; sobriety shackles the hijackers and frees us to resume our journey.

To be sure, there is usually more work to be done than “merely” to learn abstinence from alcohol/drugs. People coming off prolonged substance addiction, like passengers getting off a hijacked airplane, commonly have injuries to the body and/or the spirit. Not only the body and its thoughts and feelings, but activity patterns, social relationships, attitudes, work habits, much else may need to be restored or reworked in individual cases. In order to become really comfortable with abstinence, it may be necessary for some individuals to look at and to work long-term on related emotional or clinical issues. But my assumption is always, until proven otherwise, that the core person is OK -- except that they cannot safely use drugs/alcohol.

When we take away the alcohol or other drug, what we have left is usually a wonderful, miraculous, precious and capable human being. Most alcoholics/addicts that I have seen clean up really well.

Sobriety is the breaking of shackles, the release of the senses from their foul bindings, the cleansing of the body's system, and the unfettered flexing of the mind and emotions. Sobriety opens the door to allow people to recapture their healthy selves, to resume whatever journey they were on, or to undertake a new one of their choosing, but this time in full possession of their senses. I'll take that, any day.

II.9.8 The Lesson of Penicillin

Some people find the faith-based recovery message deeply inspiring. Sobriety seemed like a permanent hangover to them, and spirituality reanimates them like the proverbial hair of the dog. They felt empty; now they feel filled up with God. *Spiritus contra spiritum* works for them. At least for a while.

Others, including many of my friends, find the faith-based recovery message profoundly dispiriting. They felt a powerful stirring within them to become sober. They had a vision of themselves as clean and sober people. They began to believe in themselves as people capable of transforming their own lives. They were ready to get to work on this project, perhaps the biggest they had ever undertaken. They may have put together days or weeks of sober time entirely on their own. Then they step into the twelve-step recovery room, and what they hear is that they are one hundred percent zero, their belief that they can transform themselves is a selfish insanity, what they already did was impossible, they are nothing but dry drunks, they are doomed to fail doing it their way, and the only possible vision for their future is lifelong attendance at meetings where people endlessly repeat these same paralyzing platitudes.

The hangup for them is not the God thing. They believe in God. The problem is that this faith-based message reinforces the inner voice of their addiction. If there is one Big Lie that the ministry of propaganda of their inner regime of addiction never tires of repeating, it is, “You are powerless to stop being an addict. Resistance to Me is futile.” The twelve-step recovery approach echoes their inner addict's paralyzing trash-talk, and undermines the development of their sober spirit. To use the medical metaphor, the twelve-step message is their disease talking.

People who feel this way are not suffering from distorted perception. Their radar is right on the beam. The subtext of faith-based recovery is that addiction is fate, sobriety is emptiness, and true recovery means to redirect your addiction from alcohol to God. The core meaning of *spiritus contra spiritum* is substitution of one addiction for another. Spiritual addiction in place of physiological addiction.

My friends didn't sign up for drug substitution. They signed up for sobriety. *Sobrietas contra spiritum*. Where is that available?

In medicine, people may have the same diagnosis, but the same medication makes some of them better, does nothing for others, and makes some people worse. Penicillin is an example. It still helps a lot of people. But a growing range of bacteria have evolved resistance to it. As many as 80 per cent of *staphylococcus aurea* bacteria strains today are penicillin-resistant. (Todar 2003) Many other disease-causing bacteria strains have evolved partial or complete resistance to penicillin, as well as to other misused antibiotics. Resistance to the old-line antibiotics is fast becoming a major health crisis. (National Health Council 2000). There is also a small but significant minority of individuals who have developed an allergy to penicillin. The administration of penicillin to people who are allergic kills more Americans each year than die from food allergies. (NIAID 2001). In medicine, it is malpractice not to inquire whether the patient is allergic to penicillin, and the indiscriminate prescription of antibiotics by physicians is being recognized as a great danger to public health. (Centers for Disease Control 2003).

The same caution ought to be applied in substance abuse treatment. It is ironic that many of the same authorities who champion the disease theory of addiction rarely transfer lessons learned from fighting other diseases to the disease of alcoholism. Disease organisms evolve; traditional treatments may lose their efficacy and cause more harm than good; different patients require different approaches; the doctor's art must evolve or lose its grip. These basic truths of medicine – indeed, they are truisms – seem lost on much of substance abuse treatment. Its basic approach dates from the pre-penicillin era of medicine, and

it has evolved very little. Today, the twelve-step approach, like penicillin, helps some people stay sober. It does nothing for a great many others. It drives a number of people into relapse. Just as medical science now offers the physician and patient a choice of the old-line antibiotics and other treatments, so also treatment for chemical dependency would be more effective if it were able to offer a choice of approaches.

II.9.9 Sobriety of the Spirit

In my view, spiritual addiction is not an acceptable cure for physical addiction. Healers who prescribe *spiritus contra spiritum*, religio-mania v. dipsomania, aim too low. They have thrown in the towel in the face of addiction, and only seek to switch the patient from one type of bondage to another.

A person in recovery has the right, it seems to me, to demand not only sobriety of the body, but also sobriety of the spirit. What good is it if the liberty of the body is purchased at the price of putting the spirit in chains?

I admit that in trying to describe sobriety of the spirit, my wordcraft fails me. The recovery literature with which I am familiar has no ready made models of spiritual sobriety. The very term appears alien. The established consensus is that people who stay sober but do not buy into twelve-step religion are “dry drunks.” The seeker for spiritual sobriety may have to struggle against a hail of derision and misunderstanding.

Summoning my courage, I will try here to put into words what spiritual sobriety means to me. Sobriety of the spirit is a very personal matter. No two people are likely to define it quite the same way.

In my view, sobriety of the spirit is a quiet thing; it does not preach. Nothing in my life experience gives me credentials to tell you how to live your life or give you spiritual guidance.

I rub my eyes when I see a group of reformed booze hounds posturing as a fount of spiritual wisdom. All that we really know, collectively, is the categorical imperative of abstinence in our lives.

As for “spiritual wisdom,” look around and you can find it everywhere, even in the most unlikely places. Some of the professional wrestlers of the World Wrestling Federation – by way of illustration -- offer life lessons that could benefit many a person in recovery. For example Mick Foley, who took some of the most brutal beatings in modern wrestling history and rose to champion, writes that he was

“the worst natural wrestler” anyone ever saw. “I was really so bad that I wanted to quit, and the only thing that was stopping me was my pride.” He credited his turnaround to “hard work and perseverance” and to the patience of his coach. (Foley 1999:74) Using pride as a motivator (even though pride is “selfish”) and relying on hard work and perseverance to turn yourself around is good quality spiritual advice, in my opinion. The wrestler universally known as The Rock says in his book that when his early career fell apart due to an injury, he invested “a lot of hard work and dedication” to pull himself back together. He learned “about sacrifice and having the commitment to being the absolute best.” He took for his motto, “All it takes is all you’ve got.” (The Rock 2000:86) That’s also quality life guidance, in my opinion. I find no reference in the twelve steps to hard work, perseverance, taking pride in what you do, or commitment to be your best. Yet these are core spiritual qualities that can bring back many a man or woman from the depths of addiction and depression.

There exists a much broader universe of useful life lessons for recovering people than is dreamt of in the twelve-step philosophy.

The life of the spirit as laid out in twelve-step recovery seems to my eyes a perfect portrait of addiction. In my view, a spirit that is constrained all its life and in all its affairs to run up and down the same set of steps is not free. A spirit that is chained to its circle is not a spirit at liberty. A spirit constantly driven by strong cravings, even for God, is hardly sober. A spirit that must always pour itself into others on pain of losing itself is a haunted spirit, never sufficient within itself.

Spiritual sobriety, in my view, means the freedom to range all over the world of the spirit, not only to climb its worn-out steps but also to travel its wild mountain paths, its muddy bogs, its dark forests, its lush meadows, and its trackless wilderness. My sober spirit returns to the circle of its peers by choice, not by chains. A sober spirit is sufficient within itself; it may replicate or not as it chooses.

It seems to me that a person who is spiritually sober is free to believe in any God or in many gods or in no gods. The sober spirit is free of persistent cravings, and is under no obsession in the matter of belief or association. A spiritually sober person can be gregarious and convivial, but can equally find joy in solitude.

The world of my sober spirit has an infinity of colors. There are the vivid reds, blues, and yellows, the bold whites, the reticent pastels, the deep and warm ochers and purples, the restful greens, the subtle grays and the profound blacks. All are necessary, all are beautiful.

As with colors, the world of my sober spirit rings with emotions: pure ones and mixed ones, hot ones and cold ones, high ones and low ones. As a person with a sober spirit, I can resonate fearlessly with any of them. I can soar to the peaks of pleasure, I can be jubilant, I can rumble with anger, I can seethe with resentment, I can lust for revenge, I can swell with generosity, I can purr with contentment, I can stumble in confusion, I can writhe in pain, I can groan with boredom, I can scream in despair, I can glow with love, I can descend into insanity, I can look death in the eye and smell its breath without trembling for my sobriety.

There is every kind of sound and music, every nuance of odor and taste, every texture and every kind of dance and movement in the world of the sober spirit.

As a sober spirit, I am no angel, and I don't need to be. I can work on self-improvement, or I can be blind to my imperfections. However I am, it is good enough and not good enough, like everyone else. I will stay sober anyway. Sometimes I am brilliant and energetic; sometimes I am clueless and slothful. Sometimes I give pleasure to those about me; sometimes I inflict hurt. Either way, I stay sober. I am a friend to some, a foe to others. Some love me, some like me, some tolerate me, some ignore me, some dislike me, some hate me. I will stay sober regardless whether it pleases or annoys them. Sometimes I am a model of virtue for days on end. Some days I commit all the deadly sins before breakfast, at least in my mind. I have done wrongs for which I have made amends, wrongs for which I can but probably won't make amends because they had it coming, and others for which I can never make amends. Others have done the same toward me. That is the way of the world. I do not need to lead a holy life in order to lead a sober life. No matter whether I die on a moral pedestal over my fellows or deeply overdrawn at the bank of good deeds, I intend to leave a sober body.

The world of the sober spirit that I inhabit is no paradise. The universe, from the Big Bang to our solar system's Big Burn some billions of years in the future, sometimes makes sense to me, sometimes not. I stay sober anyway. I stay sober regardless whether the aggregation of molecules into cells and the combination of cells into organisms that can reproduce, make tools, fall in love, and write poetry is a miracle or an accretion of random accidents. Human history is not a pretty picture: a gory chronicle of endless strife. It may culminate in a harmonious universal community or in a disastrous global meltdown. I stay sober with either vision. Today on the world stage the immensely wealthy rapacious few, bristling with weapons of mass destruction, lord it over the swelling, starving, seething multitudes.

Unfairness, hypocrisy, injustice, brutality are the rule; fairness, frankness, equity, kindness the exception. I stay sober nevertheless. This is absolutely not the best of all possible worlds. No one, including God as I understand Him, can foretell what part of this chaos I must accept and what part I can change. The only way to find out is to commit myself and see. And stay sober.

The world of the sober spirit is reality itself – swirling, heaving, blooming reality in all its glory and all its misery, with me and all of us immersed in it. Sobriety of the senses – the so-called “mere sobriety” – is the foundation on which I can travel safely everywhere in this immeasurably vast, breathtakingly beautiful universe of the spirit. At any moment I have the choice to leave again. If sobriety of the body is too much for me, I can always drink or do drugs. If sobriety of the spirit is too much for me, I can always join a twelve-step recovery group. Today I choose not to exercise those options. I choose secular sobriety.

II.9.10 Dropping the Anvil

The turning point in AA co-founder Bill Wilson's spiritual enlightenment is said to have been the moment when he realized that he did not have to subscribe to the prefabricated God of the established religions. “That was a lighting-bolt moment for Bill Wilson, who suddenly realized that he didn't have to buy into anyone else's ideas about God – he could create his own.” (Ketcham 2000:204.) This insight was the origin of the Higher Power device (“God as you understand Him”). Each person can tailor their God to meet their individual spiritual requirements. No two Gods need be alike.

It is not clear whether Wilson ever read Voltaire or knew of his famous aphorism, “If God did not exist he would have to be invented.” Wilson probably was not aware that his own insight echoed the classic atheist proposition that it is not God who created man, but man who created God. (Ludwig Feuerbach, 1841). See, e.g., atheist philosopher Bertrand Russell's 1903 essay, “A Free Man's Worship,” with its thesis that “Man creates God.” Unlike the atheists and unlike many religionists, Wilson saw neither absurdity nor idolatry in people worshipping their own fabrications. He saw a psychological and social utility in worship, no matter what its object.

The most mind-boggling question in theology is the genesis of God. If God created the world, who created God? The Higher Power concept puts theogenesis into the hands of everyone. You can do it yourself.

The great historic merit of self-help theology is that it expresses confidence in the mental capacity of recovering persons and respect for their diversity. It would have been easy for Bill Wilson to say, “You recovering people are too dumb to put together any concept as complicated as God on your own.” He could also have said, “You recovering people are all the same, so one God is all you need.” Wilson knew his people better than to open with that condescending, hackneyed, beaten-to death approach. We are a bright, capable, independent, and individualistic lot, like Americans generally, and Bill W. could see it.

Secular recovery is more modest than twelve-step theology. In secular recovery we use self-help processes only to create ourselves. We do not presume to create gods.

It is only a short swim from self-help theology to direct self-help. If recovering people have the capacity to create their own Gods, they surely have the capacity to create something much more humble: their own recovery plans. If recovering people require a diversity of individually tailored Gods, the same surely applies to their recovery programs. If people are right to resist having a God shoved down their throats, one can see with more empathy why they also resist having a Program shoved down their throats.

The great historic shortcoming of the Higher Power approach is that it burdens the traveler on the journey to recovery with the dead weight of theology. In some ways, the Higher Power concept has made the recovering person's burden heavier. With traditional institutional theology, you can “render unto God what is God's and render unto Caesar what is Caesar's.” (Matt. 22:21.) You can readily keep your religion and your recovery separate. Traditional theology understands about that. Go to your house of worship on your holy day, do what you need to do there, and you can be OK. With Higher Power theology, you are forced to drag God into your everyday recovery process and into all your affairs. You can't get away from it. Higher Power theology is an invasive, micromanaging kind of religion.

Not surprisingly, the Higher Power concept drives people away from recovery rooms in droves. Practically every thoughtful observer of the twelve-step process has observed what an obstacle to entry and retention the “Higher Power” theology forms.

- The twelve-step advocate Ketcham says, “It is the rare alcoholic who accepts 'the “higher power” malarkey' without any quibbling.” She admits it drives “many thousands” away. (Ketcham 2000:202, 203)

- Co-founder Bill Wilson already asked at AA's 30th anniversary in 1965: “What happened to the six hundred thousand who approached AA and left?” (White 1998:139). He estimated that AA “reached less than ten per cent of those who might have been willing to approach us.” (Wilson 1965)
- AA's fifteen-year retrospective summary of its own triennial membership surveys, published in 1989, showed that for each 100 persons who began AA attendance, only five were still attending one year later; in other words, 95 per cent dropped out. (Bufe 1998:91)
- AA Trustee Prof. George Vaillant estimates that more alcoholics today achieve sustained long-term abstinence outside AA than in AA.*

The Higher Power theology raises many questions not only of intuitive plausibility (the “malarkey factor”) but of earnest theology.

- Are the self-help gods found in twelve-step rooms as valid as the older church-certified models?
- Is the diversity of the self-help gods compatible with monotheism?
- Doesn't worship of doorknobs and light bulbs amount to animism, a form of pagan religion?
- Should people individually or as groups permit other people to elevate them to Higher Power status? (What happened to “not playing God”?)
- Is God-making a humble thing to do?

The Higher Power theology also raises persistent questions of integrity. There is anecdotal evidence that the “as you understand Him” concept (“spirituality”) is conceived in at least some twelve-step

* Prof. George Vaillant, interviewed in *AA Grapevine*, May 2001:
“*Grapevine*: You said about 40 percent of the people who remain abstinent do it through AA. What about the other 60 percent? Could we in AA be more open, more supportive of these?

“*George Vaillant*: Yes. You know, if you're batting 400, it's all right to miss a few. I think the fact that AA knows the answer to an extremely complicated problem is probably all right.

“*But it doesn't hurt at the level of GSO for AA to have humility and understand that 60 percent do it without AA.*”

Online at <http://aagrapevine.org/archive/interviews/GVMDInterview.html>

groups with a wink and a nod as nothing but training wheels for newcomers, as Religion Lite. Eventually recruits are to be brought along to the traditional monotheistic Judeo-Christian position. This raises concerns about bait-and-switch tactics and fraud. So, for example, a federal court of appeals found that a probationer did not waive his constitutional rights to freedom of religion by voluntarily attending AA because he was told at first that the AA program was “spiritual, not religious.” Only after he was initiated into it more deeply was its true religious nature revealed to him. (*Warner v. Orange Cty. Dept of Probation*, 1999)

The Higher Power theology burdens the thoughtful or inquisitive recovering person with a heavy load of doubts. To what point?

- Is the theology really necessary for recovery? Isn't the sober social interaction between recovering people sufficient without more to allow them to reconstitute themselves as people who are clean and sober?
- Is the theology a good motivator? Despite considerable busywork, the basic posture of the individual in twelve-step work is passive, petitioning and waiting for their Higher Power to act on them. Is the passive position optimum for healing?
- Is the theological beacon reliable for alcoholics/addicts? More than a few alcoholics/addicts sincerely believe that “God as they understand Him” wants them to drink/use. How can you argue with their personal vision of God? God's will is by definition unpredictable, uncontrollable, and inscrutable. Isn't it a safer policy to follow an objective and unvarying beacon, such as the sobriety priority?

Most people who make successful long-term recoveries from alcoholism choose to do it outside of AA. (Vaillant 2001) Still, despite the bootstrapping, improbabilities, circularities, gaps, detours, and indeterminacies in the twelve-step program design, something in the twelve-step rooms works for a sizable number of people. There are no statistics that can tell us what that something is. Many people credit the positive outcomes to the flashy new things the founders invented: the Higher Power device, the steps – The Program. My hunch, though, is that most of those positive outcomes are due to the very old thing that the founders picked up and revived: mutual self-help. I suspect that many of the admirable people who make their recoveries in twelve-step rooms could succeed at recovery no matter what program they followed.

After nearly seventy years, there is still not a reliable body of statistical research demonstrating to what extent, if any, the twelve-step approach is effective. “Due in part to these groups' philosophy of preserving participants' anonymity, accurate counts of current or former members or their current status are not available.” (RW Johnson Foundation 2001:106) “Direct evidence for the efficacy of AA ... remains as elusive as ever.” (Vaillant 1995:265) If good statistics existed, they would undoubtedly show that more people in recent times have made their recoveries in twelve-step rooms than in any other *organized* recovery effort. The same statistics would also show that more people in modern times have relapsed attempting the twelve-step obstacle course than any other organized program.

There is an old AA story about the swimmer carrying an anvil. (Ketcham 2000: 197) My version is a little different from the traditional version, but it has the same lifesaving moral. It goes like this:

A swimmer was inspired by grand religious, moral and philosophical sentiments to carry an anvil to the other shore. While the swimmer was still on land, the anvil felt light. But as the swimmer got further out in the water, the anvil got heavier and heavier. As she struggled heroically to keep from going under, she heard many voices shouting at her. People were yelling, “Pretend the anvil floats and it will!” – “Get off the pity pot!” – “The anvil always floats if you float it!” – “Surrender to the anvil!” – “There is no gravity, that's your disease talking!” – “The anvil is floating! You're not being honest!” And many other things. In the midst of this cacophony, one clear, high voice of a LifeRing member rose above the din: “Drop the damn anvil! Grab the lifering!”

So there you have it, my personal testimonial about why I prefer secular recovery. As I said, you won't ever hear this kind of theological discussion in a LifeRing meeting. We don't do theology there. In LifeRing meetings, our theological beliefs and disbeliefs remain private. I hope that this outside-the-box discussion has shown you some reasons why that is a sound policy.

The bottom line in all of this is sobriety. For some people, bringing theology into their recovery helps their bodies stay sober. More power to them. For the rest of us, there's LifeRing.

11.10 Scared to Life

One LifeRing convenor I know (Robbin L., second convenor of the Saturday morning Oakland meeting founded by Bill S.) found the bare-bones boilerplate opening statement still too verbose. She summed up the LifeRing philosophy in a single line that cut to the chase: “In LifeRing, we take responsibility for our own recovery.”

Most people, already accustomed to the can-do LifeRing environment, nod in agreement and think nothing about it. But in a few newcomers, these words provoke panic.

Some people come into recovery paralyzed with a sense of weakness, helpless failure, and fear. They are still listening mostly to the voice of their addiction, which tells them, with obvious motive, that resistance is futile. What they crave is to be consoled and rescued in their impotence. They want to feel that the Powers of the Universe see them and will carry them to safety in their arms like a sick baby. They don't want to do recovery; they want to have recovery done to them like a patient etherized on a table. In their eyes, the phrase “take responsibility for your own recovery” drops them into a bottomless chasm in which they must surely perish. You mean, it depends on pathetic, pitiful me? You can't mean it! That's not what I signed up for! Arrgh!

In this moment of existential panic, some people bolt for the door and we never see them again. It is good that the twelve-step groups are there as safety nets to receive them. But others are scared to life. They survive the moment of weightlessness when it seems they are falling into the abyss, and land on their feet. They shake off their sickly paralyzed mood, and their eyes clear up. Yes, that's reality. I guess I got myself into this. Now I'm going to get myself out of it. I'll take all the help you can give. I'll give all the help you can take. But the bottom line is, it won't happen unless I do it. It's up to me.

Secularity contains its own transcendental experiences. For sheer power to eject a person from the orbit of the death star and propel them at Warp 10 into a new dimension of experience, there's nothing like the secular moment of taking responsibility for one's recovery. For many people, this moment is the real beginning of their rebirth as clean and sober persons.

11.11 Conclusion

Recovery is in one sense a mundane project, like learning to ride a bicycle or doing a mountain of laundry or writing a piece of software. The secular approach helps the recovering person get properly focused on the parameters of the task – the here and the now, the interconnectedness of thoughts and actions, the reshaping of relationships with things and with people along new, sober lines. Secularity lets people find the handle and get a grip on their recoveries in much the same way that the secular approach is fundamental to progress in the sciences and the practical arts.

Along another dimension, recovery is a liberation of the spirit from the hideous dominion of addiction. It is along this dimension that secularity truly shines. Any effort to define “the spiritual” and distill it into a catechism for group guidance ends up merely forging another cage. The most strenuous efforts to define a non-sectarian, pan-religious “spiritual” theology end up only creating the narrowest of religious cults. Only secularity, with its strict abstinence from theology, preserves an open sky for the spirit. Only secularity delivers on the promise that recovery from addiction shall be a liberation.

Chapter 12: Self-Help

12.1 About This Chapter

This chapter discusses the third “S” of the foundational LifeRing philosophy, self-help. Self-help as a phrase is as familiar in the American vernacular as the Lincoln penny. The LifeRing convenor faces no public comprehension gap with this term, no “huh?” problem, as we do with “secular.” The problems lie in clarifying its meaning, establishing its legitimacy, and endowing it with flesh and bones.

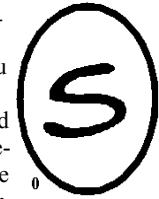
12.2 Back to Basics

To get clear about self-help recovery, it is useful to go back to basics. In Chapter Two, I sketched an elementary schematic map of the addicted brain, Drawing 1, showing the “A” and the “S.” Here it is again, for reference. The “A” is the addiction, the “S” is (for want of a better word) the sober place, the sober self.

If the “S” did not exist, if the entire map were occupied by the “A,” then self-help would be impossible. There would be no “self” that could do “helping.” On the other hand, without the “S” there would also be no living person. If there is no “S” then there is nothing within them to slow or to stop them from drinking/drugging themselves to death. If the “S” loses all traction, the person soon dies.



There is no great mystery where the “S” comes from. It is how we were born. Virtually all of us were born sober; we were born 100 per cent “S.” (If it helps you to visualize it, look at “Drawing zero” here.) The small number of unfortunates who were born drugged or intoxicated via the umbilical cord went through detox immediately following birth. Practically everyone remained 100 per cent “S” at least through the kindergarten years, when (it is said) our basic personality, our emotional range, our social skills, our fundamental knowledge of the world, and much else, first take shape. Any sober time beyond kindergarten is gravy. Many people developed on a 100 per cent “S” basis throughout primary school, middle school, and even high school. These formative sober years make up the sober core or base of the personality. Sober is how people are born and how they are formed and take their initial shape. The sober self is the original self, and it is always present inside and underneath the newer layers of the personality that have been formed by the addiction.



There are many reasons why people start drinking/drugging, and it is useful to know about them, but they don't fundamentally matter. All the roads, if sustained long enough, lead sooner or later to the same place. A sustained high dose of addictive substances reliably produces addiction in mice, rats, monkeys, and many other mammals. (Gardner 1998:51) It does so in humans as well. “Addiction occurs as a result of the prolonged effects of abusable drugs on the brain.” (Leshner 1998:ix) It's as if the overload blows a fuse in a control circuit deep in the brain. The place where the damage occurs lies far below consciousness. You know that you're addicted only after the fact, when the brakes no longer respond to the pedal.

You could sketch the prelude to addiction, when we first start drinking/using, as a small “A” underneath the original big “S” we were born with. When we're still drinking or using drugs experimentally, occasionally, lightly, the “A” is not on top of us. We still have control, but our “S” is already diminished and our consciousness has already become divided into a natural and a toxified area. Nothing much changes until that silent catastrophic “pop” in the buried fuse box. The next time we drink/drug, the “A” has the upper hand. Our brain map now resembles Drawing 1. Suddenly we find ourselves unable to stop after just one or a few. We're thinking about drinking/-using much more than before, selecting or avoiding our friends differently, spending our money differently, and so on and so forth. There are excellent books that describe the diverse dimensions of ad-

diction's rise to power within the personality. (E.g. Knapp 1997, Baugh 2000)

When the “A” gets the upper hand, the “S” doesn't vanish from the map. It is merely displaced from the top and forced into an underdog role. Much like a governing party that's deposed by a military coup, it goes into opposition. Thrown out of the seats of power, it becomes the resistance.

If the “S” becomes totally overwhelmed, the person dies from overdose, disease, or suicidal recklessness (drunk driving, climbing ladders, crossing the street, etc.). How long it takes depends on the drug and on the circumstances. That happens hundreds of thousands of times every year in the U.S., but it is exceptional.

The much more typical scenario, involving millions of lives, is a protracted war of position, maneuver, and attrition between the “A” and the “S.” It would take volumes to describe all the skirmishes, battles, negotiations, promises, betrayals, coups, counter coups, compromises, upheavals and agonies that mark this war within even one brain over a single life span. My drawings, in their crayon-like static simplicity, can give no clue to the volatile, dynamic, chaotic, exceedingly complex nature of the conflicts inside the addicted person's head.

The main points that arise from this short review of the basics are these:

- Self-help recovery is not “bootstrapping.” The base of self-help recovery is the portion of the person's original, native self (the “S”) that has survived through the regime of addiction.
- The person's sober self is the protagonist of the person's recovery.
- Participation in a recovery group is the continuation by other means of a protracted struggle that has been going on and continues to go on inside the person.
- The ultimate aim of the process is to help the person recover themselves, to return to their original sober base and make a new, sober start on the existing foundation.

With these points in mind, you can see that “empowerment of the sober self” (the LifeRing slogan), which sounds vaguely like internal revolution, is actually *re*-empowerment. It seems like something fundamentally new only if our perspective begins with the onset of the addiction (Drawing 1). When we step back to get the whole lifespan

into the picture (beginning with Drawing 0) we can see that recovery is not revolution but restoration. The sober self has been “in there” all the time; it is the original us. The addiction has hijacked the airplane that is our life. The recovery project is to take ourselves back.

This review of the basics returns the thread of this book to the beginning chapters, which outlined the convenor's role and the typical LifeRing process-meeting format. Now we have acquired a kind of x-ray vision and we can see the pipes and wires inside the structure, where previously we saw only the external appearance. Please consider the following.

12.2.1 A Base to Build On

When we LifeRing convenors look for the “good” in a “bad person” (for the sober place in an addicted person) we are not indulging in a wishful fantasy. Virtually everyone was clean and sober from birth through their early formative years. The sober core or base is always there. We have only to see it. If I don't see it, the problem is very likely in my eyes or glasses.

The “self” that does “self-help” is already present. It has always been there. We don't have to bootstrap it in. If the person is still alive, it is there. If addiction is a disease, then the sober self is the immune system. The fact that the person is still alive proves that the immune system, however burdened and battered it may be, is still kicking and doing its job. When the immune system dies, death follows shortly.

This knowledge shapes my attitude as a convenor. It's not only a matter of acknowledging my peers. A car full of people going over a cliff can recognize one another as peers, for all the good it does them. It's a matter of owning hope. I am not, we are not, one hundred per cent zero. There is goodness and strength in us and it is our own.

Yesterday evening in a meeting a young man, nudged hard into treatment by a family intervention, acknowledged that he was an alcoholic and that he had to stop drinking. He then said, “I am confident that I can do this. I am a good man. I have met other challenges and overcome them. I can win this one.”

Should we have pounced on him? Should we have told him he was in denial, that his confidence was his disease speaking, that he was powerless and he could never manage to change his life by his own effort? No. His belief in his native goodness, his confidence, his energy, are precious assets for his recovery. If we destroy those, we convert an alcoholic filled with hope into a hopeless alcoholic; we convert an alcoholic filled with determination into an alcoholic filled

with despair; we change an alcoholic ready to go to work into an alcoholic waiting on heaven to pick him up. If we force this young man into the “powerless” mold we break his bones and set his feet in cement with the water rising. That is not the LifeRing approach. In a LifeRing meeting, if there is one percent strength inside of you and 99 per cent waste matter, we recognize, applaud, support, and build on that one per cent.

One of the most profound lessons in recovery came to me from a security guard in the hallway outside a meeting, as I was setting up before other group members arrived. After I described the general nature of our group for him, he told me a story. He was in the Philippines, in the service, facing discharge and unemployment, and his wife had run off with another man, taking the savings and the children. He lined up seven glasses full of strong liquor and determined to drink himself into oblivion. As his hand reached out to pick up the first one, he hesitated an instant. The thought came to him, “I’m better than that. I’m better than that.” He poured the drinks down the sink. He has not drunk since. His good opinion of himself, his healthy self-esteem, his sober ego, saved his life.

12.2.2 Some Clinical Examples

Treatment professionals with open minds who listen to their patients and are willing to do whatever works, doctrine be damned, may come to adopt a similar, LifeRing-style approach. Lonny Shavelson’s book, *Hooked*, about present-day drug treatment in San Francisco, describes three such positive pragmatists, unchartered LifeRing-style treatment providers.

Dr. Stewart

Meth addict and schizophrenic Darlene, in her first interview with Dr. Pablo Stewart, resident psychiatrist at the Haight Ashbury Free Clinic, is telling Dr. Stewart that if an addict doesn’t want to get off drugs, “you can just talk at them until your eyes turn blue, and they’ll just tell you to fuck off.”

This is not news to Dr. Stewart, and he has an answer. Holding up his thumb and forefinger pinched together, he says, “Just possibly, that person who you’re speaking about may have the teeniest of desires” to deal with her drug problem.

Darlene joins in the game, holding up her fingers and pinching them together harder. “Well, what if that person only has the teeniest, teeniest, tiniest wanting to be off drugs?”

“Then,” says Dr. Stewart, standing up and offering her his hand, “I would think that such a person would do very well in this clinic.” (Shavelson 2001:281)

What gets Darlene to come back for treatment is the doctor’s solemn acknowledgment that something within her, something of her own, no matter how concealed and tiny, is right and good. He bonds with that quality in her, no matter how fragile it may appear, and builds a therapeutic alliance on it.

In the nonprofessional context of our LifeRing meetings, we take that same approach in building alliances of mutual support – “S” to “S” connections – with one another.

Evelyn

Glenda was basically kidnapped off the streets and into treatment. A Lakota Indian off the reservation, she was Number One on the City’s list of homeless alcoholics most likely to die on the street. She winds up in Friendship House in the care of counselor Evelyn.

‘Evelyn tells me, “Glenda, you’re a strong, wise lady.” She says all kinds of things about me that make me feel really good.’ (Shavelson 2001:204)

The counselor Evelyn is a strong, wise lady herself, and she knows that focusing on Glenda’s many deficiencies and shortcomings would be a pointless and abusive therapeutic exercise. Glenda has been beaten up enough. Healing cannot come by reopening her wounds; it must begin with recognizing and reinforcing her positive, sober side.

In the self-help setting of our LifeRing meetings we take that same healing approach toward one another.

Marillac

Marillac is a Drug Court counselor. Author Shavelson watched her run a meeting, and was surprised. He thought Marillac would talk tough to the Drug Court patients, because they were mandated to be there.

Marillac shakes her head. ‘It’s just the opposite.’ She smiles. ‘I have to be more relaxed with them here. The fact that they’re mandated to be in rehab doesn’t make their treatment easier, it makes it harder. They have to show up, but then I have to win them over to wanting to change their lives. If I act tough, all I get is an addict who’s pissed at another authority figure. So I’ve got to grab at what good they have inside of them, and they have to see me grabbing it, bringing it out - accepting them.’ (Shavelson 2001:232)

Seeing what good we have inside us, recognizing that good in each other, grabbing it and bringing it out in one another, accepting each other as valid persons – those are primary moves in the LifeRing process. They follow from the basic insight that we have a sober base to build on; we are sober in our core.

12.2.3 Protagonists of Our Own Recovery

The indefatigable Marty Mann, the first woman to credit her recovery to Alcoholics Anonymous, criss-crossed the country telling audiences that the alcoholic was not a bad person who had to be punished, but a sick person who could be helped. (White 1998:186) That was great progress. But it still casts the alcoholic/addict in the passive role: one who can *be helped*.

Self-help means something more. We are not only people who can be helped, we are people who can help ourselves. We are not only patients, we can be our own therapists. “Relapse prevention is most successful when the client confidently acts as his or her own therapist following treatment.” (Dimeff & Marlatt 1996:177) We not only plead, we decide and dispose. As Dr. Herman wrote in her classic study of trauma victims, the patient “must be the author and the arbiter of her own recovery.” (Herman 1992:133) We are not only victims or villains of our addiction, we are heroes of our recovery. We who are in recovery have the right to hold up our heads, take off our masks if we choose, and wear the white hats. Self-help recovery means to see the recovering person in the role of protagonist.

Our spiritual ancestors in recovery, the Washingtonians, came under attack from traditional temperance preachers for committing “the heresy of humanism – elevating their own will above God’s by failing to include religion in their meetings.” (White 1998:13) The Washingtonians believed

When you meet a sober alcoholic
You meet a hero.
His mortal enemy slumbers within him.
He can never outrun his disability.
He makes his way through a world of alcohol abuse,
In an environment that does not understand him.
Society, puffed up with shameful ignorance,
Looks on him with contempt,
As if he were a second-class citizen
Because he dares to swim against the stream of alcohol.
But you must know:
No better people are made than this.

-- Attributed to Friedrich van
Bodelschwingh, German social
worker and reformer 1835-1910;
my translation.

that “social camaraderie was sufficient to sustain sobriety and that a religious component would only discourage drinkers from joining.” (White 1998:13) They were missionaries, but secular ones. (White 1998:9) They began as six artisans and working men who left the Chase Tavern in Baltimore in April, 1840, and formed the Washingtonian Total Abstinence Society. On the first anniversary of its founding, it held a parade of 5,000 persons. The Baltimore Sun wrote that the drunkard had become the protagonist of his recovery: he had “taken his cause in his own hands – analyzed his disease and wrought his own cure.” (White 1998: 9) Two years after its founding, its branch in Springfield, IL, had Abraham Lincoln as a guest speaker. (Lincoln 1842) Their numbers grew so explosively that their fragile organizational timbers were blown away in a few years, but their energy and enthusiasm continued as a movement in other organizational forms well into this century. (White 1998:14)

One of these successor forms was the fraternal temperance orders. These also were secular. Like the Washingtonians, the fraternal societies relied on mutual support. They looked for the good within. One of these groups, the Sons of Temperance, who counted 73,000 members in 1882, were formed as

A society ... which should, by its living spirit of love and fraternity, unlock the wards of their heart and reach the elements of humanness which lay buried there and rehabilitate and re-enthroned them. (White 1998:15)

It was a society formed, in other words, to empower – to re-empower! – the innate sober self. A similar fraternal order, the Good Templars, had initiated more than 2.9 million persons, and in 1876 counted more than 400,000 reformed drunks in its membership. (White 1998:16)

White gives a fascinating history of the Boston Washingtonian Home. It originated in 1840 as a sleeping room under the meeting hall of the Boston Washingtonian Total Abstinence Society. After various metamorphoses, it became the state-chartered Washingtonian Home, supported by annual appropriations from the legislature. It survived Prohibition, when many others failed. In 1938 it became the Washingtonian Hospital, and it exists still as the Washingtonian Center for Addictions. In the Home’s approach to treatment of the inebriate, the emphasis was on “drawing out his inherent goodness of character.” (White 1998:247) The LifeRing approach, in a nutshell.

It seems to me that it is time to revive the Washingtonian spirit: the vision of innate goodness within the alcoholic/addict, the therapeutic strategy of building on the person’s strengths, the respect for the per-

son as the protagonist of their own recovery. We can do without the Washingtonians' disorganization and chaos, but this country and this recovery movement urgently need the renewal of the Washingtonians' vision and energy.

In our small, quiet way, we in LifeRing are engaged in a Washingtonian revival. Everything we do centers on the vision of the recovering person as the protagonist of their own recovery. We define abstinence from alcohol and drugs (in sharp contrast to moderation) as a practical, doable project. Like other mundane tasks, we can take this project into our own hands, and with hard work and perseverance we can rebuild our lives on this foundation. We have a meeting format well adapted for the purpose. We have a clear, practical understanding of how our process works to produce recoveries. We have much else. Let us only hope that our growth is gradual and measured.

12.2.4 A Continuing Struggle

A person usually comes to a recovery meeting after a considerable internal struggle. That struggle continues after they leave the room. The meeting is one episode, one battle, one hour. The war within goes on 24/7/365 until the sober side acquires a decisive superiority of forces.

Recovery, particularly early recovery, is a bit like doing architecture in Kabul or Sarajevo or Bethlehem or Baghdad during the conflicts. What you build today is at risk of being shot or bombed to pieces tomorrow. The difference is that the hostile forces act within your own mind. The meeting hour is like a council of review and planning that allows the sober architect within each person to do a damage assessment and to formulate a plan for repair, reinforcement, rebuilding, and expansion in the days ahead. If things are bad, sometimes the best you can do as an architect is to dig deeper. But you never quit building, because time is on your side.

To the maximum extent possible, we try to leverage the work of the meeting hour so as to assist the person to retain and to gain sober territory during the time between meetings. This means at the very least that the content of the meeting must be affirmative of sobriety and free of elements that trigger, activate, and energize the person's inner "A." It must be as free as possible of elements that paralyze and demoralize the person's sober self. It means, further, that the content of the meeting needs to be helpful to each individual in responding to the specific, particular recovery challenges that face that individual during the intervals between the meeting hours. It needs to help them

process their recent inputs, and pre-process their pending outputs, with sobriety as the priority.

The LifeRing process-meeting format is not designed like a church service or prayer meeting. It is not a lecture on abstract principles, like in a college classroom. It is not entertainment, like a clown show at a circus. It is not a revival meeting to save souls. It is not a promotional rally to win recruits for the organization. It is more like a tactical council of war during an ongoing campaign – a working session – having but one object: to serve each participant in winning their particular challenges, climbing their particular mountains, and fording their particular rivers, so that they can come back to the council next week still clean and sober.

This aspect of the meeting, as a council of war in a continuing campaign, also helps to shape a positive attitude between the participants. We may not each have the identical challenges, the same mountains and rivers each week. But we each know what the other is going through. We can resonate, empathize, look the person in the eye on a level basis. Because it is built on the premise that we are all protagonists in a continuing war, the meeting builds a camaraderie like no other.

12.2.5 Everyone Here Is Above Average

In the more than one thousand LifeRing meetings I have attended, I have never seen a participant brought in chained, wrapped and gagged like a Taliban prisoner into Guantanamo. Without exception, they all walked in on their own feet or their own prostheses, or wheeled in on their own chairs.

Even if their family, employer, court, doctor, or other authority figure confronted them with a stern-faced "either-or," they made a choice that at least for this hour, their family, job, health, freedom, or parole status were more important to them than their drink or other drug.

They could have said, "Screw it, I'd rather drink/drug than have a family, job, health, freedom, or parole." Many do. We hardly ever see those at meetings. They don't get it together to come. Those are the powerless ones whose life has become unmanageable.

The ones we see at meetings already have the power to make sobriety their priority, at least for right now. They made the decision and they managed to carry it out. The proof of their strength is that they are here. Sometimes that was far from easy. Their presence deserves respect.

Sometimes I see newcomers slinking into the meeting with a hang-dog expression, as if there were something to be ashamed of. They look as if they had been bad children and expected a whipping. They say things such as, “Alcohol brought me here,” with a tone that says, “I never thought I’d sink so low as to be at a meeting like this.”

I want to say to them: “Look around. Where are you? Are you passed out on your floor? Are you kneeling before your toilet? Are you brawling and pissing in a bar? Are you in court? Are you in the emergency room? Are you in the 51-50 lockup? Behind bars? Wearing a toe tag? Those are the kinds of places where alcohol brings people. I have never heard of alcohol bringing a person to a meeting dedicated to stop using alcohol. No, my friend, what brought you here was your determination to be rid of alcohol. Pick up your spirits. You came on the 'S' bus. You deserve a pat on the back, not a whipping.”

Another frequently-heard expression that needs to go back to the drawing board is “My best thinking got me here,” said with a sarcastic sneer. The sarcasm is misplaced. My worst thinking kept me drinking. My best thinking led me to stop drinking and come to the meeting.

Because people who come to the meeting are winners, we do not waste their time with tedious, empty rituals. We try to make the meeting experience a reward, rather than a punishment. We try to acknowledge rather than to insult their intelligence. We invite them to speak and to participate actively in the conversation from the first day, and we structure our format to make participation possible for everyone.

Even the person who has been clean and sober only one day has something precious and important to share: how they did that. They have an achievement that thousands of others can only envy.

The person who comes back to a meeting after a relapse demonstrates extraordinary reserves of strength. They have climbed out of a pit in order to be present. The average person did not have so far to climb. They deserve recognition for that achievement.

Many people come to meetings or enter treatment after achieving a string of clean and sober days (sometimes years!) entirely on their own, or at least without any organized recovery support. We should applaud them for it, and ask them to share how they did it. Their achievement is evidence that the power to be clean and sober is strong within them.

People do not come to recovery meetings because they are unable to help themselves. If they were unable to help themselves, they would not be able to come to meetings. People come to recovery meetings because they can and they want to. They find that doing self-help in company is more rewarding, more likely to work for them, more interesting, and more fun. Like many other kinds of projects – playing the guitar, raising piglets, doing carpentry, riding motorcycles, learning computer graphics, learning Japanese, doing creative writing, and many others – you can get started by yourself, maybe you might even excel at it by yourself (who knows?), but doing it with other people who share your interest makes you feel good, leverages your strength, provides you with new challenges, raises your level, sustains your motivation, expands your consciousness and your circle of friends. Working together with others makes the work lighter and the time pass more quickly.

All help is ultimately self-help. We can yank people forcibly out of the water and pump them dry, but if their will to survive doesn't kick in, we'll lose them again. Without self-help, life is over; all that's left is life support. When people hit a bottom, they will just lie there and bleed unless a spark of self-help inside of them ignites a flame of motivation to pick themselves up. That's why in LifeRing we usually say “get the wake-up call” instead of “hit bottom” to describe the experience that turns a person around. “Getting the wake-up call” (or a similar up-button metaphor) means that their inner drive for self-preservation has become active as a motivating power. They have stopped trying to destroy themselves. They have begun to help themselves.

There are moments of decision in life when we are completely alone with our inner monsters. Groups, friends, counselors, and all the rest of our external support network are tucked in their beds somewhere, and God is busy with the flood in Bangladesh. Self-help is the only help immediately available. Those are the moments when relapse steals as silently as a fog into the control room of the sober mind that believes itself powerless. At pivotal moments like these it makes all the difference to know that the strength to win lies inside of us. We are not one hundred per cent zero. We are better than that. We are sober at the core. We can block this subtle bandit and retain control of our lives.

Our usual closing ritual, giving one another a round of applause, is consistent with the reality that the people who come to meetings, like the children of Lake Wobegon, are all above average. By coming here we have demonstrated sober strength, management ability, mo-

tivation, and intelligence, and we deserve every appropriate measure of recognition and credit.

12.2.6 Recovery of the Sober Self

The strategic goal of the recovery process is, then, to help the person recover themselves, to return to their original sober base and make a new start on the existing foundation, but this time without putting drugs/alcohol into the body.

When people calculate their clean and sober time, they normally count continuous clean and sober days since their last drink/use. This is a useful measure and there is nothing wrong with it. But in a larger perspective, we should count also the clean and sober time since we commenced recovery, excluding relapses, if any, and we should count the original clean and sober time we had from birth. Thus, for a complete profile, a person might keep three separate odometers.

Sometimes newcomers in recovery are taught to look back on their pre-drinking years with contempt. They have heard the lecture that drinking/using arrests their emotional development. Suppose they started drinking at 17. Now they are 30, 40, 50, or whatever, and they are on their first day sober. The lecturer admonishes them that despite their chronological age, they have the emotional maturity of a 17-year old. They are made to feel that this is a very bad thing, of which they ought to feel thoroughly ashamed.

I see it differently. Whatever else might be said about that pre-drinking 17-year old, in one important respect this adolescent was more mature than the adult who followed him: the adolescent was sober. A sober adolescent is certainly higher in the Great Chain of Being than a drunk grownup. For the drunk grownup to “regress” to their sober adolescence would actually be progress. Even if the person started drinking/using at age eleven, returning emotionally from a drunk age of 60 to a sober age of ten would be an improvement. If only a person could actually achieve such renewal in the body, as well as in emotional development!

Sometimes well-meaning drug abuse counselors stereotype all adolescents as impulsive, egotistic, short-sighted, etc. This is unfair. To be sure, such teenagers exist. But adolescents come in all types. There are many who are thoughtful, idealistic, far-seeing, and who have many other admirable qualities – often diminished or lost altogether as they advance in years.

Our sober youth and adolescence, as far as it went, is a fundamental strength that can never be taken away as long as we live. That

strength exists regardless whether the early years were happy or miserable. There is as much or more strength in a sober miserable childhood as in a sober Ozzie and Harriet upbringing. For example: I was born during World War II in a city in Europe that was being bombed. The church in which I was baptized was hit. I grew up fatherless. I had whooping cough, scarlet fever, malnutrition, and other childhood diseases. I was uprooted and replanted from one country to another. I lived for a while in foster care. My Scoutmaster tried to molest me. My mother tried to commit suicide. I changed schools more often than most kids change sneakers. All of that and more, I handled clean and sober. It wasn't fun, it wasn't easy, it didn't come without a price, but drinking/using was not an option. There are few things that life can throw at me now that I didn't already see and handle clean and sober before I was 18. My sober early years didn't kill me, so they made me stronger.

If you had a nice quiet suburban childhood, that also can make you strong in a different way. It may give you a sense of normalcy and security that you can fall back on when things get chaotic. Regardless of whether our sober beginnings were easy, hard, or a bit of both, they were sober. Sober is how we began. That is a strength no one can take away.

The onset of my drinking coincided with my coming of age. That was one challenge I hadn't faced. I went to college, I participated in fraternity rush, I was desperate to belong. The frat house tables were loaded with free wine, beer, and booze. Alcohol seemed the doorway to acceptance, security, and getting laid. I went for it. Night after night I crawled back to my dormitory on hands and knees and woke up in the morning covered in my vomit. I was lucky not to choke on it and die then and there. Alcohol was part of my rite of passage into adulthood. Unfortunately – although I didn't understand it until much later – during that passage I became addicted. The huge amounts of alcohol with which I dosed myself burned out my control circuits. I was never afterward able to drink “nicely” again. In the early years I stayed sober on weekdays and binged on the weekends and special events. I added nicotine and marijuana to the mix. Later I got drunk unconscious every night.

When I got sober, a little over ten years ago, my rite of passage into adulthood was far behind me. I was no longer desperate to belong; I was burned out with belonging. I had as much security as I could tolerate. I had two children. My original emotional and situational reasons to drink no longer applied. The only true remaining “reason to drink” was that I was addicted to alcohol. All the rest had become hollow pretext.

If I could do it over again, with hindsight, I would have left the booze, the dope and the smokes alone. Any frat house that needs to use liquor as a recruitment tool, I wouldn't want to join. I would have set a higher value on myself, on my mind and my body, than to mess them up with alcohol and drugs. I would have known that getting laid is more likely and more interesting clean and sober. I would have hit the rocks and whirlpools of the passage into adulthood clean and sober, come what may.

I admit to some skepticism about the theory that drinking/using totally freezes one's emotional development. It seems a bit too sweeping. But even if it is entirely true, its message is not a cause for shame but a reason for hope. Picking up the thread of your life again from where you left off before you started drinking is a tremendous opportunity. It means you have a second chance to navigate the passage where you took a wrong turn the first time. You have a second chance to start your working life and career, to choose a mate in life, to start a family, develop friendship networks, and do all the other things that make a life – but this time, clean and sober. You are wiser now and have learned that the path of drugs and alcohol was a dead end. In your second chance, you will take the clean and sober path.

I personally was a bit slow getting the picture and I waited a bit too long to start over exactly from where I left off. Nor would I want to discard my whole intervening life of thirty-odd years. But I can apply the lessons learned from that early passage to the passages that face me at this stage of living. I now know that life is full of surprises and unexpected challenges, and that it's best to ride them out absolutely clean and sober, no matter what.

Everyone has had not only a sober beginning, but also positive achievements during times when they were drinking/using. I have quite a few blessings to count from my drinking/using years. Despite my addiction, I fathered two wonderful children who are rapidly becoming fine adults. There were many other bright sober moments during that long night of my life.

Despite their drinking/using, people manage all kinds of achievements and accomplish all kinds of wonders, large and small. Sometimes just staying alive while staggering under the burden of addiction counts as nearly a miraculous accomplishment, to be viewed with awe and respect. When I look back on my life, I try to keep my eye on the “S” – on my sober start in life, and on the tenacity and survival skills of my sober self during the years I carried the ballast of drugs and alcohol. There is an unbroken thread of continuity that connects my present clean and sober condition to the clean and sober condition in which I was born. During the time that I

drank and used, the original sober me did not cease to exist. The addiction merely forced it underground. Now that I am sober again, I am not two people but one.

It does no good to beat oneself up over having got addicted. Focusing on one's shortcomings and deficiencies, on one's lost opportunities and spilled milk, does not help “normal” people move forward in their lives. Normal people cut their losses, focus on their assets, and move forward. So should we who became addicted. The only thing that is really different about us is that our addictive-substance control circuits are burned out and gone. We cannot safely drink or use again. Remembering that point is vital to our survival, but this variation is trivial on the scale of human disabilities. Apart from this detail we are normal people. We may have some messes to clean up, we may have to make up for lost time, but this sets us apart from the mass of humanity only in degree – and often not even that. There is no scarcity of people who wasted time and created messes without drugs or alcohol. We were not morally lower than the norm, and we do not have to strive to be morally higher in order to compensate. We are not different in kind from the ordinary, normal run of humanity.

Now that we are sober, we can stop merely surviving and start living. We can shake off our inner addict's plan for our life, and follow our own. We can do more than just get through the day. We can seize the day: *Carpe diem*.

Those are the basics, as I see them.

12.3 Building a Personal Recovery Program

In classical Greek folklore there was a roadside innkeeper named Procrustes, who had a bed that was absolutely the perfect size. If the travelers were taller or shorter than Procrustes' bed, it was they who were deficient, not his bed. Therefore, if they were short, he stretched them until their limbs tore out of their sockets; and if their feet hung over the end he cut them off. He did this only for their own improvement.

Dr. George Davidson of Ontario, Canada, points out on his web site that “Procrustes kept his overhead down considerably by investing in but one bed. Had his unfortunate guests been alcoholics and addicts they surely would have been accused by him of 'denial' or 'codependency' when they protested in vain the severance and extension of their limbs to accommodate the infamous bed.” (Davidson 1999)

LifeRing is unique among recovery groups in rejecting the “perfect bed” approach. We really, truly, do not have a capital-P Program that we want you to fit in. No twelve steps, no any number of steps. No special therapeutic technology or pharmacology that we “suggest” all our members to use. We do not have and we do not want to have a capital-P Program. Our pride is that we have as many small-p programs as we have participants. We provide encouragement and support for each individual to build a personal recovery program that works for them. Make a bed that fits you.

We provide the platform: Sobriety, Secularity, Self-Help. What you build on that platform, what path you trace for yourself, is up to you. We practice open architecture. Even the hefty *Recovery By Choice* workbook is not a capital-P Program and does not contain such a Program. It is nothing more than a scaffolding – a temporary rig that you can use in the process of building a personal recovery structure of your own. Then you can discard it.

To be sure, “building your own program” is not a panacea either, and it isn't intended for everyone.

Some people say, “I don't want to do what I want to do, I want you to tell me what to do!” Of course, as soon as someone tells them what to do, they rebel. Such people find the LifeRing approach terminally frustrating. It contains no authority figure to which they can shift blame.

Others say, “I don't want to figure out what will work for me, that's too much thinking.” They don't want to do recovery, they want to have it done to them, like a patient anesthetized on an operating table.

Some people are so down on themselves that they cannot get their minds around the self-help concept, on which building a personal recovery program is founded. Poor me, I'm too sick (dumb, crazy, etc.) to figure out what's good for me. I've tried “my way” and I've always failed. Such people have not recognized the “S” inside themselves.

Fortunately, there are other groups where they can be served. LifeRing does not aspire to be all things to all people. We are for that special population that tends to be anti-authoritarian, inclined toward rebelliousness, fiercely self-reliant, and insists on figuring out everything for themselves – in short, the typical alcoholic/addict, the average American.

12.3.1 Sources of the LifeRing Approach

The LifeRing self-help program-building approach is based on three main sources: extensive experience with recovering persons, study of modern methods in adult education, and research on what works in clinical treatment. All lead to the conclusion that the Procrustean “perfect-bed” approach leaves much room for improvement.

Recovering people are notorious for anti-authoritarianism. The founders of AA were already well aware of it. Everyone who works with recovering populations knows how many hard, rebellious heads can be found here. The obvious reason for this quality is that we have just emerged from the inner dictatorship of our addiction. We are sore and tired of our inner drug-lord jerking us around. Authority is a reminder of the bad place from which we just escaped. A strong impulse for remaining sober is to stay free of that choke chain, which would have killed us. The recovering person's anti-authoritarianism is a healthy streak; it comes from deep within the survival centers of our brain. Even if we could break it, we would crush a principal motive that sustains many people's sobriety.

It is counterproductive, therefore, to try to cram a recovery Program down people's throats. Roll with the resistance. (Miller 1996:87, 96) Let people create their own recovery programs. People really and truly have a place inside of them that wants to get clean and sober and stay that way. Have confidence in their “S.” If you allow them and expect it from them, they will figure out what they need to do for their own recoveries. The psychologist Daniel Goleman speaks of “the Pygmalion effect,” the dramatic change that overcame hard-core low performers in the U.S. Navy when their supervisors dropped the usual abusive tactics and started expecting the best of them, treating them more like winners. “Expecting the best of people can be a self-fulfilling prophecy.” (Goleman 2000:150)

We recovering people are also very diverse. The notion of a uniform “addictive personality” holds no water.

Fifty years of both psychological ... and longitudinal studies ... have failed to reveal a consistent 'alcoholic personality.' Attempts to derive a set of alcoholic psychometric personality subtypes have yielded profiles similar to those found when subtyping a general population. ... That is, alcoholics appear to be as variable in personality as are nonalcoholics. (Hester & Miller 1996:90; see also Vaillant 1995:380).

Even Ketcham's mainline twelve-step exposition admits that the idea of a pre-existing alcoholic personality "has been debunked" by numerous studies. (Ketcham 2000:65)*

Addiction ranges high and low, across the spectrum of gender, ethnicity, nationality, language, religion, sexual orientation, and everything else. It seizes many different types of individuals. It stands to reason that if our objective is to reach the whole person, and not just some generic quality they all have in common, then we have to vary the approach to fit the individual.

In a comprehensive study of what works and what doesn't work in chemical dependency treatment programs, the National Institute on Drug Abuse (NIDA) found that the number one feature of successful programs was that they fit the treatment to the individual.

No single treatment is appropriate for all individuals. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society. (NIDA 1999)

The same finding emerged from an academic analysis of hundreds of treatment outcome studies: the best design for a recovery program is based on "informed eclecticism," offering the patient a choice of different evidence-supported methods, looking for a good fit for the individual.

There does not seem to be any one treatment approach adequate to the task of treating all individuals with alcohol problems. We believe that the best hope lies in assembling a menu of effective alternatives, and then seeking a system for finding the right combination of elements for each individual. (Hester & Miller 1996:33)

The editors of *Substance Abuse: A Comprehensive Textbook*, state the obvious:

Each patient or client develops problems in unique ways and forms a unique relation to the substance of choice. Common

* Ketcham avoids asking whether the debunking of the "alcoholic personality" theory leaves any scientific foundation under Steps 4, 5, 6, 7 and 10. Dr. James R. Milam, the principal author of the original work to which Ketcham's *Beyond the Influence* is the pale sequel, was more rigorously honest. "The recovering alcoholic should also beware of the AA belief that character flaws or personality defects cause alcoholics to get into trouble with alcohol, a belief which simply has no basis in fact. The alcoholic should be assured throughout treatment that his personality did not cause the disease and that he is in no way responsible for it." (Milam & Ketcham 1983:156)

sense dictates that treatment must respond to the needs of each individual. (Lowinson 1998:xi)

Combine the diversity fact with the anti-authoritarian fact, and you have an arrow pointing to the LifeRing approach. No compulsory capital-P Program. Let each person create their own personal program. Result: a diversity of small-p programs matching the diversity of people.

As it happens, modern developments in learning theory based on experience with non-addicted adult populations converge toward the same result. People who make their careers educating and training adults in organizational settings found that running everyone through the same program, assembly-line style, didn't cut very deep.

Summarizing research on the effectiveness of training programs used in Fortune 500 corporations, Goleman writes: "The standard training program, where everyone goes through a cookie-cutter experience, turns out to have the worst return on investment." (Goleman 2000:266) One-size-fits-all may be adequate for transmitting dry academic knowledge, but it doesn't work when the aim is to change deep-seated feelings, attitudes and behaviors. That requires an individualized fit and individual initiative in creating the learning plan.

The assembly-line approach ... may work when the content is purely cognitive. But when it comes to emotional competencies, this one-size-fits-all approach represents the old Taylorist efficiency thinking at its worst. Particularly in this domain of education, tailoring – not 'Tayloring' – maximizes learning.... We change most effectively when we have a plan for learning that fits our lives, interests, resources, and goals. (Goleman 2000:266)

When people create their own plans, they reach deeper into themselves. They become more emotionally committed to the plan and invest more resources into carrying it out. Making one's own action plan is now a mainstream strategy in evidence-based corporate and other organizational training programs. "At American Express [among other firms] everyone designs their own action plan." (Goleman 2000:266)

Years of study and experience with people in complex organizations led MIT professor Peter Senge to the same conclusion. Author of *The Fifth Discipline: The Art and Strategy of the Learning Organization*, Senge studied how adults learn in social settings, and how organizations either facilitate that learning, or become rigid and brittle. The strongest organizations, he found, encourage people to develop their own learning paths and thrive on the resulting diversity.

Don't impose a favored mental model on people. Mental models should lead to self-concluding decisions to work their best. Self-concluding decisions result in deeper convictions and more effective implementation. People are more effective when they develop their own models – even if mental models from more experienced people can avoid mistakes. It's important to note that the goal is not agreement or congruency. Many mental models can exist at once. Some may disagree. All of them need to be considered and tested against situations that come up. (Senge 1994: 174)

Action programs that people author by their own efforts are more likely to be carried out to completion, and their diversity is a source of resilience for the whole organization.

12.3.2 The Clinical Verdict: Alcoholics Recover Because They Heal Themselves

It may be argued that these findings about individualized, self-driven transformative learning are inapplicable because they derive from a “normal” population. Alcoholics and addicts are alleged to be a special case: incapable of helping themselves, hopelessly locked in cognitive distortions. There is allegedly nothing useful within the alcoholic to build on.

Yet decades of research with alcoholics and addicts demonstrate that no treatment modality brings lasting improvement unless it mobilizes the patient's own natural, inherent recovery resources. George Vaillant MD of Harvard University is the author of the most comprehensive longitudinal study of alcoholics ever conducted. He spent decades researching and treating alcoholics and addicts at a Boston metropolitan clinic. After a careful statistical analysis, he was forced to the melancholy conclusion that the results of their treatment were no better than the natural recovery rate for this disorder. (Vaillant 1995:352).

This does not mean that treatment is useless. It does mean, Vaillant argues, that clinicians need to learn about and make use of the patient's own inherent natural healing forces – what I am calling the “S” -- inside the recovering person.

Vaillant cites by way of analogy a 1940 textbook on healing tuberculosis, a disease for which there was then no known cure. “Treatment rests *entirely* on recognition of the factors contributing to the resistance of the patient.” (Cited in Vaillant 1995:353, original emphasis). Along the same lines, an exhaustive 1975 study of alcoholism treat-

ment programs concluded that the dominant role in determining success or failure was the role of the patient, and not the kind of treatment used on him. (*Id.*). Another careful research study of different treatment approaches concluded that the key task for clinicians is to capture and make use of the “natural forces” of recovery within the patient. (*Id.*)

Vaillant's own data, he wrote, “bear powerful witness that *alcoholics recover not because we treat them but because they heal themselves.*” (Vaillant 1995:384, emphasis added) What clinicians should do is to “redirect therapeutic attention toward the individual's own powers of resistance.” (385). The object of treatment, in other words, is to mobilize self-help.

I submit that the LifeRing approach, in focusing attention on the recovering person's own “S,” and in shaping the format so as to make mutual reinforcement of the sober selves the core of the group process, is based on the soundest clinical wisdom. Self-help is, at bottom, the only thing that works.

12.3.3 Choice Is the Mother of Motivation

An important product of the LifeRing self-help approach is motivation. Everyone knows how central motivation is to recovery. If a person doesn't want to get clean and sober, they won't. The central problem for treatment professionals is how to raise and maintain motivation.

Study after study shows that the mother of motivation is *choice*. When people choose a particular program from among a list of alternatives, they work at it harder and are more likely to complete it successfully, than when it is assigned to them as the only thing.

A strong and consistent finding in research on motivation is that people are most likely to undertake and persist in an action when they perceive that they have personally chosen to do so. One study, for example, found that a particular alcohol treatment approach was more effective when a client chose it from among alternatives than when it was assigned to the client as his or her only option. ... When clients are told that they have no choice, they tend to resist change. When their freedom of choice is acknowledged, they are freed to choose change. (Miller 1996:93-94).

The blood banks discovered twenty years ago two magic words to reduce donor fainting and nausea, and dramatically improve donor returns: “Which arm?” Giving the donor a choice, even such a simple

one, converted the experience from something like being victimized by a vampire into performing a civic act of generosity. (Chase and Dasu 2001:83) Choice redefines the patient as a protagonist, as one who disposes and decides, and this transformation releases powerful positive energy.

In LifeRing, each participant can say: My recovery program is me, and I am it. No one else has a program precisely like this one. It works for me because I built it myself; I know it intimately; I own it and I operate it; I made it; it is mine. With those feelings comes investment and commitment – motivation.

There is a growing movement in the chemical dependency treatment profession today toward modernization and diversification of treatment approaches. New published approaches such as William Miller's Motivational Interviewing (Miller 1996:89), Doug Althaus-er's *You Can Free Yourself From Alcohol & Drugs* (Althaus 1998), Dr. Joseph Volpicelli's "Pennsylvania Model" (Volpicelli/Szalavitz 2000), and William White's "New Recovery Movement" (White 2002) are among the more visible signs of a wider stirring and heaving within the industry, moving slowly from a tunnel vision to an open-field, choice-based approach.

The LifeRing approach resonates strongly with much that these newer professional voices are saying. As a light network of self-help groups – and not an entrenched institutional heavyweight – we can respond to recovering people's evolving needs much more quickly than the treatment profession and the treatment facilities. The motivating vision of the recovery environment as a "milieu of opportunity, choice, and hope" (White 1998:342) will be some time coming in the institutions. In our LifeRing groups it is a reality here and now.

12.3.4 Where to Begin the Recovery Plan

LifeRing convenors are not in the business of telling people how to get sober. When someone asks me where they should start their recovery plan, I tell them in all honesty that I do not know. Obviously, they should start by not putting alcohol or other addictive drugs into their body. Beyond that, it depends on the person. A good place to start is with something that motivates you to get started.

One suggestion that works for many people is to start with the recovery plan you already have. Many people spent years contemplating the decision to quit drinking/using. They visualized what life would be like sober. They imagined what they would do and who they would be if they left drink/drugs behind them. That dream, arising

from their underground sober self, may have been a powerful force in moving them from contemplation to action in the first place. Consider that dream the first draft of your recovery plan. Try to write it out, or tell it to people, so that you can see it reflected back. Once you have it in front of you, you can start working on the nuts and bolts of making it come true. To be sure, a plan that you made during your drinking/using years may have been influenced or censored by your inner "A." Now that you are sober, you may want to revise it. That is only normal; plans are made for revising. At least, there you have your starting point.

Another approach is to pay attention to your feelings as you listen to a variety of people talk or post online about their issues. What piques your interest? What makes you sit up straight and ask questions? A good starting point is one that gets you motivated, enthusiastic, eager to learn and do more.

The person who relapses frequently after a few days, or who experiences continuous intense cravings that bring them to the edge of relapse, has an obvious starting point: figure out how to approach relapse danger spots differently and work on ways to reduce and ride out cravings when they occur. This kind of "bailing the boat" exercise often leads naturally to more forward-looking planning work.

The *Recovery by Choice* workbook can be a good tool to find your starting point. I've seen people leaf through the book, find a topic that resonated positively with them, and start there, right in the middle of the book. That's completely valid. The book is not "steps." It can be worked in any order.

When should people start making a recovery plan? If you haven't already been planning (dreaming, visualizing) your sober life before you quit drinking/drugging, then the best time to start doing so is as soon as you are able. Already in lucid moments during detox, people may clearly glimpse the general outline of the road ahead of them. As soon as they are finished with detox and fully functioning they can start planning in detail.

12.3.5 Dealing with Cognitive Distortions

In early recovery, it is not uncommon for people to be blind to the obvious, to add two and two and get three or five, to be forgetful, to procrastinate, to have a limited horizon, to be unreasonably irritable, ecstatic, absent-minded, or any number of other bubbles in the lens. But, as every teacher knows, the same kinds of cognitive distortions

arise in every population at every age group from a variety of causes, and yet learning and transformation manage to occur.

Scientists constantly battle distortions of the most extreme and subtle kind in their instruments of observation (witness the Hubble space telescope, launched with the wrong shape mirror), and yet science progresses.

The key thing to understand is that plucking one's eyes out is not the best solution to cognitive distortions. One discovers and learns to compensate for the distortions in the lens by viewing and comparing many different subjects in various lights and perspectives. The solution to cognitive distortions is not to give up on cognition, but to become more active and wide-ranging as an observer.

This self-help principle holds true even when the cognitive distortions stem from severe mental illness. In the film, *A Beautiful Mind*, based on the life of the brilliant mathematician John Nash, the Nash character suffers persistent hallucinations: people who seem real and who control his life, but exist only in his mind. His psychiatrist tries to persuade him to submit to heavy chemical shock treatments that risk turning him into a vegetable. Says the doctor: "You can't use your mind to get out of this because the problem lies in your mind to begin with." But Nash persists, and eventually he prevails. He finds a place in his mind that is not damaged and he works from there. He stops isolating, begins to accept the support of those who love him, and finds companionship among professional peers. He keeps working, exploring, problem solving, learning, teaching. He gradually learns how to render his hallucinations small and harmless, and to resume a normal and productive life. This moving film is a tribute to the power of self-help even in the face of the most severe cognitive distortions.

Dr. Judith Herman's classic study of trauma explores a different class of cognitive distortions: the feelings of profound depression, heightened vigilance, sudden flashback memories and other emotional injuries that haunt victims of traumatic events such as trench warfare, rape, domestic violence, child abuse, and political terror. She warns the therapist who has such patients that the patients will present themselves as utterly helpless, but that this belief is a delusion arising from the trauma. Recovery requires shedding the lie that the patient is powerless to help herself. "The first principle of recovery is the empowerment of the survivor. *She must be the author and arbiter of her own recovery.* Others may offer advice, support, assistance, affection, and care, but not cure. Many benevolent and well-intentioned attempts to assist the survivor founder because this fundamental principle of self-empowerment is not observed."

(Herman 1992:133) To put it in other words, self-help is not merely a possibility, it is the only genuine possibility for escape from the many mind-warping distortions that afflict the person beginning recovery.

12.3.6 There Is No Answer Book

Doing recovery, at all crucial points, is not like solving an algebra problem or learning the dates of the Civil War. Beyond the generic prime directive, "Don't Drink Or Use No Matter What," there are many possible correct answers to the "recovery problem." This means that the individual will not necessarily win by peeking and copying someone else's solution. There's really no Answer Book. You're doing it right when you're stringing clean and sober days together and living your life. If you're relapsing or having a string of near-relapse experiences, it's a sign that you need to debug your program and change something.

You can find the correct answer only after you understand what the correct question is. The question is not, "How Did People in the Past Get Sober," nor "How Do People in General Get Sober Today?" nor "How Do *You* Get Sober?" It is, "How Do *I* Get Sober?" No one else can have the blueprint for that particular project. It's never been done before. A poem by the Spanish writer Antonio Machado (1875-1939) says this well:

*Caminante, no hay camino
se hace camino al andar.
Al andar se hace el camino,
y al volver la vista atrás
se ve la senda que nunca
se ha de volver a pisar.*

Traveler, there is no trail.
The trail is made as you walk.
By walking you make the trail,
and when you look behind you
you see the path that you will never
return to step on again.

You can learn from others, you can draw strength from others, you can accept help from others. But in the last analysis, it is your road, only you can walk it.

12.3.7 Working With the Recovery By Choice Workbook

Building one's personal recovery program is the major activity that is going on in most LifeRing meetings. Our regular weekly process format specifically focuses in on this work-in-progress. As people report on their week in recovery and their coming week, they are, in effect, giving status reports on their personal program-building project. Here are the issues I confronted last week, here is what I did and am doing to solve them in a clean and sober manner; here is what I will

be facing next week, here is what I intend to do in order to prevail as a clean and sober person. We may not always call it that, but what people are doing is writing their own recovery plan, week by week, in their heads. They are answering the essay question, “How Do I Get Sober?” without using pencil or paper.

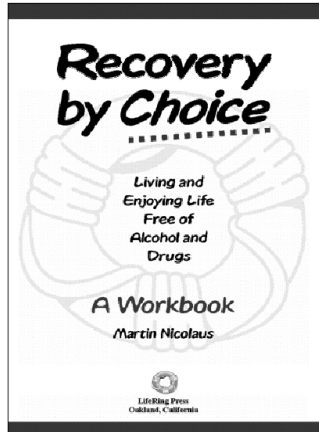
The *Recovery By Choice* workbook is a tool that allows people to do the same program-building work and answer the same question using pencil and paper.

Working in a book has advantages and disadvantages. Among the disadvantages is that the book costs money; it’s only a book and can’t hug you, give you feedback, or tell you it understands; and writing in a book is usually more effort than just talking. But bookwork also has advantages. The money spent on the book is money not spent on alcohol or

drugs. Because it’s a book, it can always be there with you when you want it. You can say anything you want in the book, even things you’re not ready to say at a meeting. And the very effort of writing often brings the reward of more effective mastery of the material. Many people, including myself, are muscle learners and don’t really take in an idea until we’ve run it out physically through our arms and fingers and written it down.

Working with a book also has other features that can be useful. When we speak at a meeting, or hear someone else speak, the words aren’t recorded anywhere and we may soon forget them. When we write them in a book, they’re preserved for future reference. When we only work on our program orally, from meeting to meeting, our work tends to proceed more or less in random fashion. When we work in a book, we can proceed in a more organized way. When we only tackle the issues as they come up in a meeting, we become dependent in our work on who happened to be at the meeting and what we happened to talk about. Using the book, we can decide the whole sequence and content of our recovery planning in a comprehensive way. Working with the book gives us the advantages of permanence, organization, and control – in a word, structure.

The *Recovery by Choice* workbook is an open-ended tool for building individual recovery programs. Other than the “prime directive” –



Don’t Drink Or Use No Matter What – which is at the top of every page, the workbook does not contain any command-type instructions for how to get and stay sober. It describes some widely-used tools, such as the “Daily Do” exercise, various ways of dealing with intense emotions, and the like; but it does not contain a capital-P Program, not even one that is “suggested.” There are few exclamation marks, but a great many question marks. It is not an answer book. It is a question book.

The book’s primary device is a menu of options, similar to multiple-choice questions. All the options come from something somebody said or might have said at a meeting. Sometimes there is just a handful of options; sometimes the options run on for pages. There are many blanks to fill in, either free form or in the form of tables and worksheets. In any case, there is no Answer Book, no scoring, and no fine print at the bottom that you can read if you hold the book upside down. It’s up to you to decide what the best answer is for who you are and what your real-life situation is.

All these detailed multiple-choice questions are a buildup for the ultimate question in the workbook’s final chapter, which is your recovery plan for the next period of your life. True to the workbook’s underlying plan, that chapter consists of blank sheets. You write it yourself.

The first chapter of the workbook sets out the general concept that in sobriety, people have choices. Whenever we come to a fork in the road, we apply the Sobriety Priority: we figure out which path leads toward a stronger sobriety for us, and select that one. The chapter gives a basic tool (the T-chart) for making those choices.

The main body of the book is based on the main issues that people tend to bring up for discussion in meetings. The order of the chapters is not of great importance. They are not steps on a staircase that everybody has to run in sequential order. They are more similar to the different exercise machines found in a health club; it’s up to you whether, when, in what order, and how hard you work them. It’s not an assembly line concept; it’s more like a cafeteria. The chapters are:

Chapter 2: My Body. This is a checklist for giving oneself a doctor’s checkup, including things like liver damage, nutrition, depression, HIV, and pregnancy. You can flag the issues that apply to you, if any do, and make a plan to get help and deal with them.

Chapter 3: My Exposure. Here you can take a survey of the alcohol and drugs in your environment and do a risk assessment. Lets you work out your options in the face of your ex-

posure, how to get more safe space and safe time, how to recognize your personal triggers, and how to turn the “trigger” mechanism to your sober advantage by using various “Daily Dos.”

Chapter 4: My Activities. Here you look at the things you do and sort them into three bins: activities you can already do clean and sober, activities you can learn how to do clean and sober, and forget-it activities that you had best avoid for the time being. This chapter has tools for mastering almost any specific activity so that you can learn to do it clean and sober from now on.

Chapter 5: My People. People can be a major excuse to drink or use drugs but also a major source of support for staying sober. In this chapter you sort through the people in your life and decide which kind they are. Who is my friend in recovery? Who is my enemy? How do I deal with people who try to get me to drink? Why are they doing it? There is a long worksheet for dealing with pressures to drink in a close-range intimate relationship.

Chapter 6: My Feelings. An important goal in recovery is to feel good clean and sober. The chapter begins with a section on recapturing and increasing the pleasures in life. It then turns to other kinds of feelings. You can identify and label your own feelings, spot vicious circles of feelings that may trap you in drinking/using, and use a menu of options for surviving strong trigger feelings without drinking/using. You can make a plan for working on other emotional issues you may have identified.

Chapter 7: My Life Style. Recovery may involve changes in your work situation, your housing, living situation, social life, sex life, finances, and so on. This chapter contains a series of checklists for spotting problems in these areas so that you can make a plan to address your life style issues, if any.

Chapter 8: My History. Before you became addicted you were clean and sober, and that gives you a base to start from. Charting how you got into the pickle can be a clue to ways and means of staying out of it. This chapter briefly discusses why addiction happens, and lets you try to sum up how much drinking/drugging has cost you. It lets you draw a general balance sheet of your life, both pluses and minuses, as a basis for tying a knot around the past and moving forward.

Chapter 9: My Culture. Our world is filled with messages that concern drinking/using, and part of recovery is learning to live sober in a culture that, to a great extent, is not. This chapter has worksheets for thinking about heroes and villains and for analyzing your culture and your subcultures. If you have a plan for improving the chances of people’s recovery in your culture, here is the place to sketch it out.

Chapter 10: My Treatment and Support Group Experience. Treatment programs and/or support groups are part of the recovery experience for many people, including obviously people who attend LifeRing meetings. This chapter lets you decide what works for you and what doesn’t in the treatment and support group context, and make a plan for getting more of what you need and less of the rest.

Chapter 11: My Relapse Prevention Plan. Here’s a series of checklists for recognizing an approaching relapse before you pick up the first drink or drug, and for picking out the mental termites that can erode even the most solid sobriety plan if left unattended. And, if you do decide to relapse, there’s a comprehensive checklist of things to think about beforehand ... so maybe you’ll change your mind.

Chapters 12, 13 and 14: My Recovery Plan for Today, for This Week, and for My Life. These are worksheets to help plan for recovery challenges on several time scales, concluding with a set of tools to combine all your various issues and concerns from the previous chapters into a recovery life plan.

You can see from this summary that the workbook covers a lot of ground. You would have to go to a lot of meetings to encounter all of these topics in weekly check-ins. That is no accident; the workbook is distilled from the experience of attending almost a thousand face meetings and reading tens of thousands of email messages, as well as a fair number of recovery books and reference works.

For the LifeRing convenor, the *Recovery by Choice* workbook is a way of allowing the meeting participants to take the meeting home with them. It is also a useful tool for those who want to work alone, to do bibliotherapy. Readers with good imaginations will hear the voices of many hundreds of meeting participants echoing in the workbook’s pages.

Some people are perfectly happy if we just point them to a tool crib and to various bins of parts and connectors. They can and will get to work and start happily tinkering and puttering, and before long they have made something quite ingenious and admirable. There are other

people, no less energetic or clever, who look to a recovery group to provide a structured pathway where they can apply their energies in a systematic manner over a sustained period of time. Their expectation is entirely legitimate. The inability to respond positively to this demand was one of our organization's long-standing weaknesses in the past. The *Recovery by Choice* workbook responds in a strong and clear manner to this valid and widely-held expectation, while preserving the “do it yourself” and “small-p program” approach that is basic to the LifeRing vision. The workbook lends validation and prestige to the LifeRing recovery approach by demonstrating that our general concept – our operating system, if you will – is powerful enough to support a big and detailed application with lots of bells and whistles.

The workbook can also help the convenor develop stronger rapport with treatment professionals, some of whom are beginning to use *Recovery by Choice* themselves. Patients can show the workbook to probation officers, judges, and other authorities as evidence of the seriousness of their recovery effort. In some treatment facilities, the workbook now provides clients with an alternative recovery pathway. These clients are very likely to seek out LifeRing meetings when they graduate.

Although *Recovery by Choice* is a useful asset for the LifeRing convenor, and has received a wide positive reception, it may be necessary in some instances to cool people's enthusiasm for it. People who are accustomed to the twelve-step environment sometimes jump to the conclusion that the workbook is the LifeRing “Big Book” or “Bible.” This is mistaken. We are a secular group and “bibles” are not our style. *Recovery by Choice* is large but it is just a workbook that a person wrote. There can be and one day hopefully will be other LifeRing workbooks in addition to this one. No one in LifeRing has to use the workbook and it isn't even “suggested.”

The workbook is just one available tool among others. It wouldn't be *Recovery by Choice* if it were anything else. The book has a limited purpose; and when that purpose is accomplished – when you have built your recovery plan, have it firmly in hand, and are able to revise it and update it as your reality changes – then you are done with the book and can discard it or put it on the shelf for the memories.

12.3.8 Articulating Your Personal Recovery Plan

Even though we in LifeRing have been talking about “building a personal recovery program” for some time, we have not done as much as we could, in my opinion, to help people articulate their plans in any

detail. People are staying clean and sober using the LifeRing approach, so clearly there is something about it that is working for them, but at this point not many persons would be able to explain their own recovery plans beyond a few generalities such as “the sobriety priority,” “social support,” “going to meetings,” and the like. It would be helpful for newcomers in building their own recovery plans if the older-timers made a practice of articulating their plans in some detail. I wrote my personal program shortly after my fourth sobriety anniversary. It is included in *Keepers: Voices of Secular Recovery* (1999). A collection of written personal recovery plans would make an excellent lesson-by-example of what, concretely, the LifeRing self-help approach to program building means for the individual.

12.3.9 Less is More

The big-P Programs are by their nature disempowering. If the person in recovery mentally surrenders to them, adopts them, and manages somehow to stay sober through them, all the credit goes to The Program. The recovering person brought nothing to the table; their effort was worth zero. The Program got them sober; The Program is Great. If things happen that The Program didn't foresee, they are in deep trouble. They remain dependent on The Program, and become personally threatened and incensed if The Program is criticized.

It is different in LifeRing. Because the recovering person has invested their own judgment and effort in building their recovery program, its success is a credit to the individual and boosts their sober self-esteem and confidence. The recovering person's own effort was the crucial element. Having constructed their program themselves, they have the skill to modify or extend it to meet unexpected situations. They are independent, resilient, and self-sustaining. If LifeRing is criticized, they don't get defensive. If someone blasts LifeRing for not having The Program, they cheerfully agree, baffling the attacker. They may love LifeRing and feel grateful to it, they may continue to attend meetings for many years, they may give their time and money to make it available to others, but they aren't dependent on it or powerless without it.

When you are a LifeRing convenor, your responsibilities are different than as a group leader in capital-P Programs. Other than the “prime directive,” there is no capital-P Program for you to drill into the members, by one means or another. Your role, rather, is to protect and occasionally to sweep the philosophical foundations of LifeRing so that the members have a safe, clean, and well-lighted space for

their own program-building activity. You are the guardian of the meeting's process; and part of that job is to protect the group against any effort to impose The Program – any capital-P Program – on it. You are, in a word, the keeper of the flame of motivation.

As convenor, your only reward will be that on your watch the other participants in your meeting made good progress in constructing their sobriety programs, and so did you. If, at the end of your term, they are not even aware that anyone was in charge, and believe that everything happened completely by itself and by their own doing, you did your job well.

12.4 Self-Help As An Organizational Principle

Self-help, the “third S” of the LifeRing philosophy, also has an organizational dimension.

Self-help as an organizational principles means that all LifeRing participants, including all convenors, are peers in recovery. There is no physician, therapist, counselor, or other professional in charge of the meetings.

Physicians and other professionals not themselves in recovery may visit and observe the meetings, and are usually bid welcome as guests. Meeting convenors appreciate the courtesy of a self-introduction by a visiting professional before a meeting commences. Convenors are usually happy to cooperate with the professional guest, but occasionally there may be items on the meeting's agenda that the participants would feel more comfortable handling in the absence of an outside observer.

Professionals who are themselves in recovery are always welcome to participate in the meetings in their capacity as recovering persons. Of course, their role in the LifeRing meeting is not that of providing treatment to the other participants. LifeRing convenors may act as their own physicians and counselors in the same way that all recovering persons do, but, as was pointed out in the second chapter, the convenor role is not one of healer or teacher, but of facilitator, bringer-together, builder-of-connections.

On occasion, treatment professionals acting in their professional roles have helped to start LifeRing meetings because they saw that some of their patients/clients would benefit from having LifeRing available as a choice. Sometimes that is the most direct path to getting a LifeRing presence established in a given community. Such initiatives are

usually welcome and can, if properly handled, lead to successful and self-sustaining LifeRing meetings. The secret of ultimate success is that the initiating professional's first priority is to work themselves out of a job. Participants in a LifeRing meeting are not yet getting the real LifeRing experience so long as the meeting is led by a treatment professional acting in a professional capacity. Self-help means *self-help*. Getting to the point where the professional can “let go” and surrender control of the meeting to a nonprofessional may require considerable effort and confidence on the professional's part.

The LifeRing organizational structure nationally is one of government by peers in recovery. LifeRing as an organization values its good relations with physicians and other treatment professionals, seeks counsel and advice from professionals, refers members to professionals' books and other publications, and may invite professionals to speak at our functions, but the governance of LifeRing is in the hands of laypersons who are themselves in recovery from a substance addiction. This requirement is codified in the LifeRing Bylaws at Sec. 6.5.

LifeRing includes and welcomes people who are in relationships where alcohol/drugs are a problem, and who are not necessarily alcoholics or addicts themselves. Sober spouses and significant others are welcome to attend LifeRing meetings, if only to see what their loved one is up to. Codependency meetings, face or online, are part of LifeRing. Codependency is also a self-help issue.

By the same token, people who have an alcohol/drug issue neither in their own lives nor in the lives of people close to them would not have a role in LifeRing meetings. It is understandable why people with no alcohol/drug issues would want to attend LifeRing meetings rather than sit home alone and watch television. But they have no reason to engage in self-help, or any kind of help, related to issues of substance addiction, and their presence would be out of place.

Self-help is also a question of economics. No LifeRing recovery meeting charges a fee or requires a donation. Most do pass a basket, but contribution is voluntary. Meetings are independent economic entities; see the chapter on The Meeting's Money.

What goes for meetings also applies to the LifeRing organization as a whole. We own and administer our own assets. Self-help means that the LifeRing organization nationally has to live within its means. No one can sell off the membership's voting rights to a big donor or lead the organization down the road of financial sponsorship. Although we operate on the thinnest of shoestrings, it is our own shoestring and we tie it ourselves.

Self-help also means that we avoid outside entanglements. LifeRing meetings and/or the national office may rent space from treatment centers, hospitals, churches, libraries, colleges, banks, title companies, and other entities, but they are autonomous from and avoid affiliation with any such institutions. LifeRing meetings are affiliated with each other via the national LifeRing network. LifeRing may on occasion enter into coalitions or joint working relationships with other groups, but we retain our independence. LifeRing is not affiliated with any political party or movement, and is not the front group, fifth column, subcommittee, or subsidiary of any ideological, cultural, philosophical or other organization. Self-help means organizational independence.

12.5 Reprise: The Three "S"

There they are, the three elements of the LifeRing foundation, as best as I see them and know how to explain them. It only remains for me to add that these three philosophical concepts form a single platform. They blend seamlessly. Sobriety leads to and merges with secularity; secularity leads to and fuses with self-help; and self-help comes around again to join with sobriety. Sobriety, Secularity and Self-Help are the three segments of the outer boundary of an undivided circular foundation. At the Sobriety segment of the boundary stands a reminder that our lives depend on respecting our minds and bodies; if we drink or use, the ground beneath us turns to quicksand. At the Secularity segment of the boundary stands a reminder that our recovery is our own responsibility and our own work to do. At the Self-Help segment boundary stands a bright monument celebrating the diversity and the bottomless creative and healing power of the human spirit.

There are no walls that keep us from transgressing these boundaries, other than those we maintain in our minds. At any moment we have the choice to depart in any direction that lures us. What keeps us here is the freedom, the energy, the companionship, the quality of life that we have found and built on this platform. It is our city of recovery; our circle of opportunity, choice, and hope; our ring of life.

Chapter 13: Getting Started

13.1 About This Chapter

Chapters Two through Eight of this book described a LifeRing meeting or network of meetings that are already formed and operational. This chapter assumes that the convenor stands in a territory where no LifeRing yet exists. The chapter is a guide to the prerequisites and the methods for putting a new LifeRing face-to-face meeting on the map.

Much of this material also applies to the founder of a new online meeting. Please refer to the chapter on online meetings at p. 93 and contact the Chat Coordinator (see <http://unhooked.com/chat/> for the email address) for further details on starting an online meeting.

13.2 What It Takes To Be a Founding Convenor

The first requirement to be a LifeRing convenor is personal sobriety. This may seem too obvious to mention, but it bears emphasizing nevertheless. The convenor must be clean and sober *before* founding a LifeRing meeting and *during* their entire watch as convenor.

There is to date no hard and fast rule how much sober time a person should have before becoming a LifeRing convenor. Making such a rule would be in the province of the LifeRing Congress. We have been working with an informal rule-of-custom that a face meeting convenor should have a minimum of six months.

Chapter 13: Getting Started

There may be unusual situations where the length of sober time a convenor has before beginning a meeting is unimportant. Suppose at a treatment program in an area where there is no LifeRing, a whole cohort of fifteen people decides they are going to use LifeRing as their long-term recovery support group. None of them has much more than a month, but they already have their group together, and they can continue to meet at the facility. There is no need for them to hunt a room, do publicity or ask for referrals. After a while most of them will have the six months. No problem.

In the much more common case, however, the founding convenor does not already have a whole group together. The convenor has to appear before referral sources, other recovering people, and the public to recruit members. If so, the convenor has to have sufficient sober time to be credible.

We are a sobriety group and the proof of our concept lies in our personal sobriety. The convenor's basic message is, "Come to LifeRing, it works to keep you sober!" The convenor needs to be able to walk that talk, otherwise the message carries no weight. Not only referral sources, but newcomers to the room expect the convenor to have a solid piece of sober time. A convenor with only six months is like a Class A rookie pitching in the Major Leagues, but with hard work and luck you can get results. One year is much more presentable. Two years is respectable everywhere. Anything over that is gravy.

Convenors who are not sober or who relapse while in the convenor role not only lack credibility, they can do serious, long-term damage to LifeRing's reputation. More than seven years after the incident, I still hear from referral sources about a certain convenor of a dissident faction of our predecessor organization who conducted his meetings with brandy on his breath. His meeting was thrown out of the host facility as a result. Even though we are twice removed organizationally from this incident, and it happened years ago, it is still thrown up to us. As a startup organization, we are like Jackie Robinson: we need to be twice as good in order to get equal treatment.

Another reason why the founding convenor needs to have a stable and robust sobriety is that starting a new meeting in a cold territory can be a lot of stress. Paradoxically, the effort to build a new togetherness can make the convenor more lonesome than ever. In the early days in a new territory, the convenor may and probably will spend more than one session in the meeting room alone. We even have a joke about it. What do you call it when you sit in a room by yourself for an hour? Answer: Convenor training. (It's a joke!)

Another point to consider is that a face meeting convenor can't be "in the closet" about their recovery. You don't have to be "out" before all the world but when you post meeting notices, contact media and referral sources, negotiate for a meeting room, etc., you are revealing yourself as a recovering person to everyone you contact in your local community. Is your recovery ready for that? Not only that, but you are promoting a recovery brand that most people have never heard of. Even the contacts who are OK with the concept of people in recovery may look at you with skepticism and sometimes hostility. Is your recovery strong enough to handle it?

You may also want to take a look in the mirror. You will be representing not only yourself but an organization. People judge people by first impressions. Have you had a haircut recently? Are your nails clean? You don't have to look like a model, but you have to look like you have your act together.

There are other significant stresses for the founding convenor. Getting a meeting room can take legwork and time. Getting the word out can be a big project. Making all the other preparations can be a serious drain on the convenor's time, wallet, and emotional resources. Convenors may also get so absorbed in facilitating other people's recovery that they neglect their own personal sobriety program and relapse. I've seen it happen.

The bottom line is that you must be sober in order to start a meeting. Never start a meeting in order to get sober. We've tried it, it doesn't work. This is an old story. William White, the historian, writes about Luther Benson, a 19th century alcoholic who preached temperance on the lecture circuit with impassioned eloquence in the hope that this work would help him remain sober. He was soon drinking before, after and between lectures, and concluded that trying to cure others in order to cure himself was "the very worst thing I could have done." (White 1998:7-8) All the happy babble about "If you want to get it you have to give it away" assumes that you and the people who want it have already found one another. Until you get to that point – which can be a long, uphill struggle – the motto is, "If you want to give it away you got to have it first. Lots of it."

13.3 Bootstrapping

The person early in sobriety in a cold place who wants to start a new LifeRing may feel caught in a Catch-22. In order to start a meeting you need to be sober, but in order to stay sober you need the support of a meeting. How are you supposed to bootstrap yourself?

One solution: go online. Using the LifeRing email lists and forums and chat meetings for support, an otherwise isolated person just beginning their recovery can build up enough sobriety time to become a credible, robust face meeting convenor. It's been done. Go online every day, twice a day. Engage with people. Read the literature. Soon you may feel not only connected, but overwhelmed with the amount of support that's out there for the asking.

The other solution: find a partner. Use all your online connections to advertise: "Middletown, KS, recovering person wants to start LifeRing, seeks kindred spirit." Use all your local connections by word-of-mouth. Is there someone you already know in twelve-step meetings who feels as you do? Do you have a sympathetic counselor, minister, physician, lawyer, nurse, bartender, barber, manicurist, massage therapist, bus driver, or somebody else who sees a lot of people, and who will put out the word for you on the local grapevine that an abstinent alternative to twelve-step is forming and to get in touch with you?

When you have a partner, you already have the nucleus of a meeting. You can meet in living rooms or over coffee for a few months and recruit others by word-of-mouth until you feel solid and credible enough to go public. Lots of social movements start in this quiet way, in living rooms. Don't be in a rush to raise the flag and make a big public display. When you are ready to make the big move, you can share the chores and the expense, and you'll never be alone in the room. Having a partner is the best way by far for a convenor in early sobriety to bootstrap a new LifeRing meeting in a new territory.

13.4 Finding and Reaching Our People

In order to make a meeting, the convenor needs other people. The convenor's role definition, after all, is "to bring people together." To bring them together one first has to find them and reach them.

13.4.1 Who Are Our "Customers"?

It may be a useful mental exercise for the startup convenor to pretend that a LifeRing meeting is a commercial enterprise, like a grocery store or a barber shop or an auto repair shop, and to ask, where and how will we get our customers? Thinking about the meeting as a business proposition can be helpful in coming to grips with the nuts-and-bolts issues that have to be solved in order to turn a dream into a reality. The convenor who does not confront these questions may end

up spending more time in solo meditation than is necessary or beneficial.

Some startup convenors think about getting a room before they think about the “customers,” but it may be wiser to think about the “customers” first, and let that analysis illuminate the search for a location.

Who is our target audience? In the heroic era of Temperance, larger-than-life reformers like Carrie Nation marched into saloons brandishing umbrellas, smashing bottles, beating inebriated sinners about the head and shoulders, driving them into the street and herding them onto the horse-drawn wagon to the revival tent to be saved.

That's not our style. Were it so, then LifeRing convenors should be hanging out in bars trying to argue the besotted sober. We know better.

Our target audience is people who already have a desire to quit drinking/drugging, or who have already quit and want support to stay quit. (I'm using the word “desire” in the loosest sense here.) We are not a reform group trying to save people from their addiction despite themselves. We are a support group to connect people who want to help themselves.

Such people are scattered all over the social and geographical landscape. Wherever people drink/drug, a certain proportion of them get sick and tired of drinking/drugging, and the urge to quit arises within them. This process goes on all the time, entirely independent of us, like a force of nature. As long as people drink/use, there will be a percentage who get sick and tired of it and want to quit. Our potential customers, our people, are scattered here and there, everywhere. The great mother of all problems is finding and connecting with them.

13.4.2 Broadcasting and “Narrowcasting”

The primary way that big businesses reach a widely scattered customer base is unrelenting exposure on network television. One day, if we become a large and established organization, LifeRing will enjoy persistent favorable national network television coverage. Until then we are relegated to the cheap streets.

A few of the people who want recovery are active on the Internet search engines, hunting out all their available options. We are there for them at www.unhooked.com and at a number of other Internet addresses (currently www.lifering.com, www.lifering.org, www.lifering.info, www.lifering.biz, and www.lifering.ca plus a

number of local sites) and they can readily find us. Through their online LifeRing connection they may be able to find and connect face-to-face with other people who are online in their community. We at the LifeRing Service Center can sometimes help make those connections for them. But a lot of people in recovery have spent their computer money on drink and drugs, or are not computer-literate, or reside for other reasons on the wrong side of the great Digital Divide. How will we reach those?

Some recovering people haunt bookstores, and they have spending money. We can covertly slip our meeting notices between the pages of recovery books in bookstores and libraries (“salting”). But a great many people in recovery are not active readers; and many bookstore owners and librarians are wise to the ways of missionaries, secular or otherwise, who mess with their merchandise.

A few LifeRing meetings started as maverick twelve-step meetings and gradually peeled off and changed their affiliation. That's fine when it happens spontaneously, due to internal pressures in the twelve-step world. But there is no effective lever from which such a result can be engineered from the outside, nor is it a wise strategy to spend energy on the attempt.

Many communities have noncommercial community channels, public access TV, free speech forums and similar openings that the local LifeRing convenor may be able to utilize. We can also put free or cheap ads and calendar notices in community newspapers, hire inexpensive services that post flyers on utility poles and in laundromats all over town, and use other affordable media that broadcast to a general audience. LifeRing convenors have done all of that in several communities. However, most of these efforts to broadcast to a general audience using small ads in the cheap media have so far had very limited impact. The fish are too widely scattered or run too deep and the cheap nets are too small and shallow to catch many. That is why they are cheap.

The LifeRing convenor is in the same situation in this regard as many other small entrepreneurs. We can't afford to broadcast via the high priced media, and broadcasting via the cheap media doesn't reach enough of the customers.

This dilemma, however, is far from hopeless. The solution is to switch from broadcasting to “narrowcasting” or focused marketing. Instead of trying to cover the whole sea where the fish are widely scattered, narrowcasting focuses effort on limited pools where the target population is concentrated. Focused marketing in various

forms is today a widely practiced business strategy used by commercial and nonprofit concerns alike.

Are there pools where our “fish” are concentrated? Yes, there are. On any given day in the United States, about nine hundred thousand people are in licensed chemical dependency treatment programs of various kinds and in various settings. (Robert Wood Johnson Foundation chartbook, 2001:106) Based on the fact that the people are there, it can be assumed that they have some desire to get clean and sober, however fragile and temporary it may be. Practically all of these people need support groups and all of their treatment providers will refer them to support groups.

Perhaps the same number of people or more attend twelve-step meetings. They already have a support group.

Apart from those two pools of concentration, people who have a desire to quit drinking/drugging are scattered thinly all over the social and geographical landscape. Those are basic demographic facts. It does no good to fight or ignore these facts. The landscape is littered with the bones of meetings that dried up and died because they found no way to reach the pools where the people are to be found. The LifeRing convenor who wants to turn the dream of a new meeting into a reality will need to make peace with demographic facts and build on them.

13.4.3 Twelve-Step Meetings: Off Limits

LifeRing convenors or members do not attempt to infiltrate twelve-step organizations and conduct recruitment within them. If that occurs – and instances are rare – the members are acting as individuals on their own. It happens that people who normally attend twelve-step meetings as well as LifeRing meetings share about their LifeRing experiences in their twelve-step meetings, and share their LifeRing literature with interested twelve-step friends in the normal course of their participation. But we do not enter twelve-step meetings for the purpose of recruitment or propaganda. We do not slip LifeRing meeting announcements under windshield wipers of cars in twelve-step parking lots, or similar tactics. LifeRing has nothing to gain, and much to lose, from provocative, antagonistic, confrontational, or invasive tactics toward twelve-step meetings. We have everything to gain from mutual tolerance and respect. They travel their road, we travel ours. Although the roads are different, we are on the same journey.

Does this mean that we, as LifeRing convenors, are not interested in reaching the members of twelve-step groups? On the contrary. When we are invited to share our views with audiences composed largely of twelve-step people, we happily accept. But twelve-step meetings are generally not free speech forums, nor should they be. LifeRing convenors are realists; we do not go where we are not invited.

A “hands-off” attitude toward twelve-step meetings is also important because it improves the working climate for our friends within the twelve-step community. In the treatment industry, many of the professionals who have been most active in supporting LifeRing as a support group option are long-time participants in twelve-step groups. They want an abstinent secular option, and are willing to invest time and effort to make it happen, because it is the right thing to do. A notable example is within the Texas prison system, where long-time Narcotics Anonymous activists employed by the prison administration set up and organized a secular alternative support group network without being forced to do so by a prisoner lawsuit, simply because it was the right thing to do. They want people to come to twelve-step by choice, not by compulsion.

There are twelve-step activists who want the treatment industry and the twelve-step organizations to step back from one another, take down the big Steps and Traditions posters from the treatment room walls, and play a more neutral, independent role. They don't seem to be vocal on a national scale, but I hear them in many treatment facilities on a local level.

Nationally, LifeRing is recognized, included on referral lists, and treated fairly by such twelve-step notables as AA historian Ernest Kurtz, recovery historian and treatment consultant William L. White (*Slaying the Dragon*) and Stacia Murphy, president of NCADD (the National Council on Alcohol and Drug Dependency). These and other figures in the twelve-step world take to heart the pluralist streak within AA co-founder Bill W., who recognized that there are many roads to recovery, (Wilson 1944) and that AA has no monopoly on getting drunks sober. As Wilson said in an address to the New York Medical Society:

Your president and other pioneers in and outside your society have been achieving notable results for a long time, many of their patients having made good recoveries without any AA at all. It should be noted that some of the recovery methods employed outside AA are quite in contradiction to AA principles and practice. Nevertheless, we of AA ought to applaud the fact that certain of these efforts are meeting with increasing success. (Wilson 1958)

Many LifeRing convenors have encountered individuals within the twelve-step world who would be happy to see an abstinent alternative emerge – “whatever works” – and are willing to help to make it happen, or at least not stand in the way.

13.4.4 Sobriety Is the Key to the Door

Unlike participants in twelve-step meetings, patients/clients in treatment programs are a perfectly proper and legitimate audience for our outreach. There they are, nearly a million of them each day, clustered together at locations where you can find them, all needing support groups. We have support groups. The LifeRing convenor who wants to fill a meeting room with people who want recovery will want to do everything possible to reach the patients/clients in treatment programs.

In the San Francisco Bay Area, the earliest convenors already took the trouble to get their local meeting announcements into the major chemical dependency treatment programs. These efforts made a big difference in my life. When I arrived for my intake interview with the medical director of the program on my first day clean and sober, he already had a sheet of paper with the meeting schedule to give me.

At that meeting, I met some other patients from the same treatment program. We banded together and we would speak up, politely and respectfully, at strategic moments. For example, when a counselor asked the group, “And how many twelve-step meetings have we attended this past week?” We would say, “None.” When the scolding began, we would add that we had been to two secular, non-twelve-step, abstinence support group meetings.

This game went on for quite some time, and I suppose the counselors thought we would just relapse and go away. But, instead, we stayed very much sober, and also attracted other patients to our informal caucus. While many of the patients who relied on twelve-step were dropping like flies all around us, we stayed rock steady through thick and thin and were obviously enjoying ourselves. After a while, our cheerful sobriety wore down the ranks of the staff skeptics.

Today, LifeRing enjoys a level playing field at this treatment facility, and at a growing number of others. As a support group we are treated more or less on a par with twelve-step groups, and the patients enjoy all the benefits of choice. At such facilities, program literature and forms such as signup sheets have been modified to speak of attendance at “outside meetings” instead of “twelve-step meetings.” All patients are given the choice of LifeRing or twelve-step attendance, or a

combination thereof, from the outset. Using variations on this same basic sobriety-centered approach, LifeRing convenors in the San Francisco Bay Area have built a network of more than 25 LifeRing meetings at this time, at least two meetings every day of the week. The recovering person who wants or needs to do “90 in 90” (90 meetings in 90 days) can do that entirely in LifeRing if that is their preference.

The basic point of this story is that if you have sobriety, then you need not be afraid to rattle the cages of treatment programs. Sobriety is the key to get in the door. You could make a big difference in someone's life when you make the effort.

Professionals in the chemical dependency field know that relapse is very common. “The most common treatment outcome for alcoholics and addicts is relapse.” (Dimeff/Marlatt 1996:176) If you can demonstrate that you have something that keeps some people sober – especially people whom the professionals expected to fail – then you have something that serious treatment professionals want to know about.

Some LifeRing convenors have wounds in their souls from certain treatment programs, and they like the idea of approaching those programs for referrals about as much as a doing their taxes. In truth, some programs are abominably bad and would be shut down in any other health care field but substance abuse. Substance abuse in some eyes seems to legitimize patient abuse. But the convenor who simply turns away from mistreatment and never looks back may be missing an opportunity to help other patients in that program by getting them to a LifeRing meeting.

The LifeRing convenor who has been a patient at a treatment facility has a valuable asset for building the ranks of the meeting: their contact with the staff, and possibly also with other patient graduates. Every LifeRing member who has been in a treatment program, and who has at least six months of sobriety, can pick up the phone, call the counselors they knew, and set up an appointment to bring them LifeRing literature. You can ask for fifteen or twenty minutes of staff meeting time to share your LifeRing experience. Be sure that staff always have a suitable stack of your meeting flyers to hand out to patients. If the program has outside speakers come in to speak to patients, insist on being included. Don't take no for an answer. Sobriety is the gold standard. If you have sobriety, you can get what you need.

The LifeRing convenor who has never been a patient in a treatment program will want to learn the ropes of this milieu for the same obvi-

ous reasons that a seller of cowboy boots will want to become familiar with rodeos. Remember, the role of the convenor is to bring people together. That requires knowing and going wherever our people can be found.

The startup LifeRing convenor or convenor partnership, then, may want to sit down early on with the Yellow Pages and make a list of their local treatment facilities. There is also an online national treatment locator maintained by a federal agency (SAMHSA, linked from www.unhooked.com) that lists licensed and accredited facilities nationwide by zip code, with telephone numbers, addresses, and often the names of the directors, along with types of service and other useful information. Some localities also have associations of accredited substance abuse counselors, and these have mailing lists that can be borrowed or rented. From these lists, the convenor(s) can select and prioritize the most likely looking facilities, and then plan out a campaign of approach.

I sometimes talk to convenors in communities where the LifeRing meeting is not growing and I ask them what they are doing to try to attract newcomers.

In some cases they are relying entirely on word of mouth. Word of mouth is good if your existing members are widely connected into self-renewing pools of other recovering people. Word of mouth is good also if your organization is deeply wired into the media and if every Hollywood movie with a drug or alcohol theme includes a plug for your group. But if you are new to the scene, and if your existing members tend to stay to themselves outside of their meeting, then word of mouth may not be enough to reach new members.

In other cases, the convenors are trying to broadcast to a general audience using the cheap media, and are not finding their high expectations fulfilled. Sometimes the convenors become dejected and believe that nobody wants what we have. But when I ask them what have they done to get the word out to the pools of recovering people who are concentrated in the local treatment programs, they have assigned that a low priority.

13.5 Treatment Programs: A Convenor's Primer

Treatment programs virtually all refer their patients/clients to support groups. The basic reason is that most courses of treatment are too short. Support groups provide the long-term follow up or mainten-

ance that the programs themselves cannot provide. In a sense, the central function of treatment is to induce the client to take up long-term support group participation.

For historical reasons that are discussed in some detail in White's *Slaying the Dragon* (White 1998) most treatment programs in the U.S. operate on a model derived from the twelve-step groups and routinely refer their patients into twelve-step groups. The symbiosis between twelve-step groups and the treatment programs is often so close that it may be impossible to tell where the twelve-step group leaves off and the treatment program begins. This long-standing connection is familiar stuff to anyone acquainted with the field in the United States.

13.5.1 Gaps in the Wall

The significant fact for LifeRing convenors and others is that in recent decades, cracks have developed in this relationship and there are openings for change. In my experience, four developments have stirred the pot most deeply: professionalization, Managed Care, internal ferment, and patient resistance.

13.5.1.1 Professionalization

Rank-and-file substance abuse treatment providers are underpaid, overworked, and receive little professional respect. In their own healthy self-interest they have formed associations to advocate for elevated and uniform educational standards, accreditation, and improved compensation. This movement marginalizes counselors whose only credential is their own recovery, and it advances counselors who have university degrees and graduate-level accreditation. Most of the latter have been exposed to the scientific method, behavioral psychologies, and the secular outlook. These professionals, by and large, are much more receptive to abstinent alternatives. In general, the more M.D.s, Ph.D.s, and other accredited professionals a program has on its clinical staff, the more likely it is to have a LifeRing meeting.

13.5.1.2 Managed Care

The Managed Care movement has forced nearly all recovery modalities under the cost-benefit microscope. Is this stuff really working? The answers in many cases have come up negative. The Managed Care axe has almost stripped the forest of 28-day inpatient treatment, once the protocol of choice. Wherever state funding and insurance

play a role – almost everywhere – Managed Care exerts unrelenting daily pressure to show that treatment is responsive to client needs. Managed Care has little to recommend it either from the management or from the care standpoint, but it does have one silver lining: where clinical directors are earnestly concerned about their outcome numbers, LifeRing is more likely to get a hearing.

13.5.1.3 Internal ferment in the twelve-step world

The seamless connection between twelve-step organizations and most of the treatment industry has always had critics within the twelve-step organizations, who see it as a violation of the AA tradition mandating independence from outside entities. Many twelve-step participants are less than thrilled by the massive influx of treatment patients into their meetings. I hear more and more voices within the twelve-step world pushing certain treatment programs to stand on their own feet and act like they have a brain of their own. The LifeRing call for a choice of support groups resonates with these appeals.

13.5.1.4 Patient resistance

Undoubtedly the greatest and strongest force for change has come from the patient population. For reasons that the social scientists will probably take a long time to unravel, patients today are not throwing themselves as willingly into the twelve-step melting pots as they used to. Perhaps the reason lies in the accumulated cultural and political upheavals of the past half century – the anti-colonial movements, the civil rights era, the Vietnam War years, the counterculture, the booms and busts of the eighties and nineties. (Althauser 1999:2) Or it may be that the twelve-step movement, born in the Great Depression, has experienced a hardening of the arteries and an exhaustion of its primal spirit. Or it may be that the disease of alcoholism, like so many bacterial and viral diseases, has evolved resistance to the dominant treatment modality. I do not know. Whatever the reason or set of reasons, the bloom is off the rose. The counselor whose mission it is to steer patients into twelve-step groups is facing more and more patients today who are OK with abstinence but not OK with the twelve-step approach. Silent resistance is widespread, but more and more patients are saying the equivalent of the old anti-war slogan, “Hell no, we won’t go!”

Some programs only experience an unremitting chorus of individual resistance. Answering the telephone and the emails at the LifeRing Service Center in Oakland I hear a constant refrain from counselors and case managers around the country: “A lot of our clients refuse to do twelve-step groups ... they understand about abstinence but they

go to a couple of twelve-step meetings and never go back ... twelve-step isn’t working for them We need something else or we lose them.” Even from the lucrative “Serenity Heavens” – the high-priced for-profit long-term residential programs -- I hear stirrings of resistance and rejection, and declining enrollments.

In some programs, the patients band together informally, form a caucus, and/or threaten mutiny. One treatment program director phoned the LifeRing Service Center in 2002 to say that the patients had met with her as a group and swore that they would either drink in protest or quit the program unless an alternative to the twelve-step support groups was made available to them.

One patient in a 28-day inpatient program told me: “Before you guys [LifeRing] came, I figured my choice was AA or a bullet to the brain. I like my chances better now.” I have heard less melodramatic but similar expressions from patients many times.

Patients in large majorities are willing to do abstinence but many tell me they could not maintain abstinence using the twelve-step approach. The basic message they get from twelve-step is that they are powerless to recover and their only chance is to rely on something that sounds to their ears like total malarkey. As a result, they say that after twelve-step exposure they feel more depressed and less competent to do recovery than before. For many of these individuals, twelve-step work is an engine of relapse.

In the coerced setting, when patients/clients are backed against the wall, they find lawyers, file suits and win court orders mandating a secular treatment and support group option. A collection of appellate decisions mandating a secular option is assembled at <http://unhooked.com/sep/index.htm#policy>. At this time, the law requires a secular option in coerced settings in the states that make up the second federal appellate circuit (NY, CT, VT), the seventh federal appellate circuit (IL, IN, WI) and in the states of Virginia and Tennessee. The U.S. Supreme Court so far has declined to review these decisions. All of these decisions stem from patient resistance to coerced twelve-step participation.

13.5.2 A Two-Way Street

The upshot of these factors is that the LifeRing convenor today has opportunities that have not existed for many decades. The old stereotype of the U.S. treatment industry as an impenetrable and monolithic fortress of twelve-step dogma has developed significant cracks and, in a number of places, is crumbling or has crumbled before our eyes.

Behind those walls there is a small and growing number of professionals who are not only open to LifeRing, but who actively seek us out. There is a substantial and growing number of patients who welcome LifeRing with enthusiasm because the twelve-step approach spells relapse for their recoveries.

It follows that the relationship between LifeRing and the treatment industry today is a two-way street.

- One: LifeRing has much to offer the treatment industry. Our meetings provide a vitally needed service for the growing ranks of the program's patients/clients who want another abstinence flavor besides twelve-step. In so doing, we perform an essential service for the treatment programs themselves. We make it possible for them not to fail those clients. We give patient rebellion a safe, abstinent place to go, and we ease internal tensions and frictions in the clinical setting. We improve the programs' outcomes balance sheet, if they keep one. Offering the patient a choice of support groups is the hallmark of a modern professional-quality program. Having a LifeRing meeting available as an option makes a treatment program look good.
- Two: The treatment industry has much to offer LifeRing meetings. Treatment professionals are gatekeepers who funnel patients/clients into other resources in large numbers over time. Channeling people into support groups is at the core of their function. The LifeRing meeting that has a place on the local treatment professionals' referral list will experience a steady stream of newcomers.

The cracks in the twelve-step-treatment-industry nexus spread in an uneven, irregular manner. They are not visible everywhere or to the same degree. Even in the San Francisco Bay Area there are doors that remain closed to us. Nevertheless, LifeRing convenors everywhere who still stand alone in the cold outside the walls where recovering people are concentrated, rather than inside among our people, may have mainly themselves to blame. The doors may not have opened because the convenors have not knocked on them, or not often and persistently enough.

13.5.3 Abstinence, Abstinence, Abstinence

In the San Francisco Bay Area, LifeRing convenors have given literally dozens of presentations in treatment programs. We have ad-

dressed patients, staff, mixed groups of patients and staff, and high-level program directors. At a number of the larger treatment facilities, LifeRing presentations are scheduled every eight weeks, or at a similar interval synchronized with the facility's treatment cycle.

Sometimes the LifeRing speakers have the whole hour to ourselves; sometimes we share the platform with speakers from other support groups. Sometimes staff gives us only a few minutes. We have learned to scale our presentations to fit the time available.

If I have an audience that knows nothing about LifeRing, and I have only one brief chance to get the LifeRing message across, I will hammer on three points only: abstinence, abstinence, and abstinence.

The most pervasive and damaging myth about recovery alternatives is that only twelve-step is abstinent, and that all the alternatives promote moderation or controlled drinking. We need absolutely to sweep aside this misconception in order to be heard.

Effective LifeRing presentations begin with stating the speaker's clean and sober time. If the presenter has at least two years of clean and sober time, all achieved in LifeRing, that alone can stand as the central message. The rest of the presentation is a footnote.

Effective explanations of the LifeRing philosophy begin with the first "S," Sobriety, defined as abstinence. Write it on the board if there is one, "Sobriety = Abstinence." If I have time, I make a joke. I say that we considered abbreviating our philosophy as one "A" and two "S," but "Three S" sounded catchier.

Effective outlines of the difference between our approach and the twelve-step approach begin by noting the identity of our views on the issue of abstinence, expressly rejecting moderation and controlled drinking.

Effective discussions of any recovery-related topic benefit from using the word "abstinence" as many times as will reasonably fit into a sentence.

If the only thing that the audience remembers from a short initial LifeRing presentation is "LifeRing = abstinence," the presentation has been a success. Of course, there are many other topics to cover as well; but in a first meeting, the abstinence message is the most vital part of the LifeRing philosophy to get across.

13.5.4 The Strategic Goal is Choice

The LifeRing convenor's strategic goal in the treatment industry is always *choice*. We do not want to supplant the twelve-step approach but to be a supplement to it.

It's helpful to our cause that LifeRing has operated for years in a variety of treatment facilities without any friction with twelve-step groups or twelve-step group leaders. Although we clearly have a different approach and we obviously reject some propositions that are fundamental to the twelve-step world view, we have coexisted peacefully with twelve-step meetings for a long time, sometimes literally next door. We know very well that the LifeRing approach is not intended for everyone and it is not our ambition to become the only program. We are glad that the twelve-step groups are there so that people who don't resonate with the LifeRing approach can have an alternative. We respect the twelve-step group leaders and members because we are all working on the same project, leading our lives clean and sober.

It's also useful to point out that the LifeRing option is not an either-or choice. Many people attend both twelve-step and LifeRing meetings, and we have no problem with that. The same cannot be said, unfortunately, of certain twelve-step meetings. A newcomer in the San Francisco Bay Area who attended a LifeRing meeting and got the LifeRing stamp on her attendance sheet was interrogated about it by a twelve-step meeting secretary and confronted with an either-or choice. For that matter, I have been told that certain AA districts warn members against attending AA meetings in other districts. I have had people come to me in tears at discovering that the AA meeting into which they had been recruited was part of an organized cult within AA. LifeRing is not a cult and we do not demand exclusive possession of our members' soul.

Therefore, what LifeRing offers to a treatment program and to its clinical staff is "another arrow in the quiver." The aim of having LifeRing meetings included on the professionals' referral list is to allow patients a wider choice of abstinence support groups. We are a plus; we represent an enrichment of their program; we allow them to help patients who would not otherwise be helped. We offer an additional channel on their set; one more road to recovery; more tools in their box; more healing resources for the patient to select from. The key word is *choice*.

13.5.5 Accent on the Positive

In approaching treatment professionals, the LifeRing convenor not only needs a credible term of personal sobriety, but also a positive explanation of how LifeRing works to keep people clean and sober. Presentations to treatment professionals are not occasions to criticize other approaches. They are occasions to put our own best foot forward and to lay out our basic philosophy and practice.

The convenor will want to be familiar with our "Three S" and with the main points of our usual process-meeting format. We have a great deal to talk about, and the practiced convenor can easily fill an hour speaking positively about recovery the LifeRing way and answering questions.

Each convenor will have to work out a presentation that works well for them and for the audience. A 45-minute slide presentation I gave at the 2002 LifeRing Congress in Berkeley, very similar to presentations I have given to treatment professionals, is available as an audio file on www.unhooked.com/realaudio/lifering101.ram by way of an example.

Generally, if the audience is composed of people whose horizon is defined by the twelve-step world, it will be helpful to include those elements of LifeRing that are identical to or similar to twelve-step practice. For example, abstinence and group support. The "make-your-own-God" concept in the twelve-step world is a useful bridge to understanding our "build-your-own-program" approach. There are quite a few other elements in twelve-step thought that have counterparts in the LifeRing approach. Mentioning these points will reassure the audience that LifeRing is not a concept from an alien planet.

At the same time the convenor can highlight positive features of our own approach that, as it happens, contrast with the twelve-step approach. For example,

- The LifeRing poly-abstinence approach is a point that most treatment professionals accept as solid and obvious, and that they have long embraced in their own practice. They have to backpedal hard in order to justify segregating the community of recovering people into different organizations based on "drug of choice."
- Our inclusion of crosstalk in the meeting format provides feedback, which most counselors know to be a highly effective motivational tool.

- Our support for members' voluntary efforts to quit nicotine, if and when they are ready, resonates affirmatively with most professionally trained counselors.
- Our underlying "You can do it" attitude is an outlook that counselors in all the helping professions (at least outside substance abuse)* know as essential for healing and progress.

And so on. It is not necessary to draw the contrasts explicitly; the listeners are painting the picture in their own minds.

When the convenor has hewed strictly to the positive, and has succeeded in portraying LifeRing as a viable and coherent recovery approach, the listeners will sometimes surprise the convenor by voicing their own spontaneous doubts about the twelve-step method.

This phenomenon occurs frequently in presentations to patients. The convenor has not said one cross word about any other approach, but in the question period some of the patients spontaneously cut loose with strong criticisms of the twelve-step meetings they have experienced. The LifeRing convenor then needs to take the high road and gently restrain the attacks with a reminder that there are many roads to recovery.

This paradoxical phenomenon also occurs with treatment staff. When the convenor's presentation has been entirely positive, staff will often vent their frustration that "patients just don't get the Higher Power thing, maybe we should try something else," and similar fertile thoughts. Twelve-step fatigue is deep and widespread beneath the surface. Occasionally, after the presentation, in confidence, a twelve-step counselor will bare their professional soul: they see nothing but relapse after relapse, the Promises don't come true, it's just not working, why are we even here?

The reason for high staff turnover in addiction counseling is not only the low pay, the long hours, and the lack of respect, but the high rate of relapse. Counselors, like everyone else, want to feel that they are doing some good in the world. If LifeRing can help the treatment professional get a positive feeling more often in life, they may be ready to give it a try.

* A comprehensive comparison of mainstream psychological counseling approaches with the twelve-step approach appears in "Alcoholics Anonymous and the Counseling Profession: Philosophies in conflict," by Christine Le, Erik P. Ingvarson, and Richard C. Page, *Journal of Counseling Development*, 07-01-1995, p. 603. Online at <http://www.unhooked.com/sep/aacouns.htm>

13.5.6 Strength in Numbers

When I first started doing treatment center presentations in 1995, I did them alone. Gradually I got smarter, and for the past few years practically all the treatment presentations in this area have been done by speaker teams. Doing a presentation with one other person gives us two angles of approach into the minds of the audience, and it helps the person get training as a speaker. There is only one way to learn doing presentations, and that is by doing them. Some of our most successful presentations have been with three, four, five, even six speakers dividing the speaking time. This way we get multiple angles of approach. We are very likely to get a broader resonance than any single speaker. When they speak as part of a team that includes people with two or more years of LifeRing sobriety, newcomers with just a few weeks of sobriety can deliver very effective presentations. There's no need to rehearse anything ahead of time; people can just talk on the topic of "what I like about LifeRing."

When there are three or more presenters, it's a good idea to put the two most experienced LifeRing speakers first and last. Sandwich the first-timers and the less-experienced speakers in the middle. Audiences most remember the first thing they hear, and the last thing.

13.5.7 Using LifeRing Press Literature

LifeRing convenors approaching treatment professionals will want to come armed with literature. This will consist not only of a local meeting flyer – good for posting and handing out – but also of other literature designed for the program's patients/clients, particularly the three main handouts that outline the "Three S" philosophy.

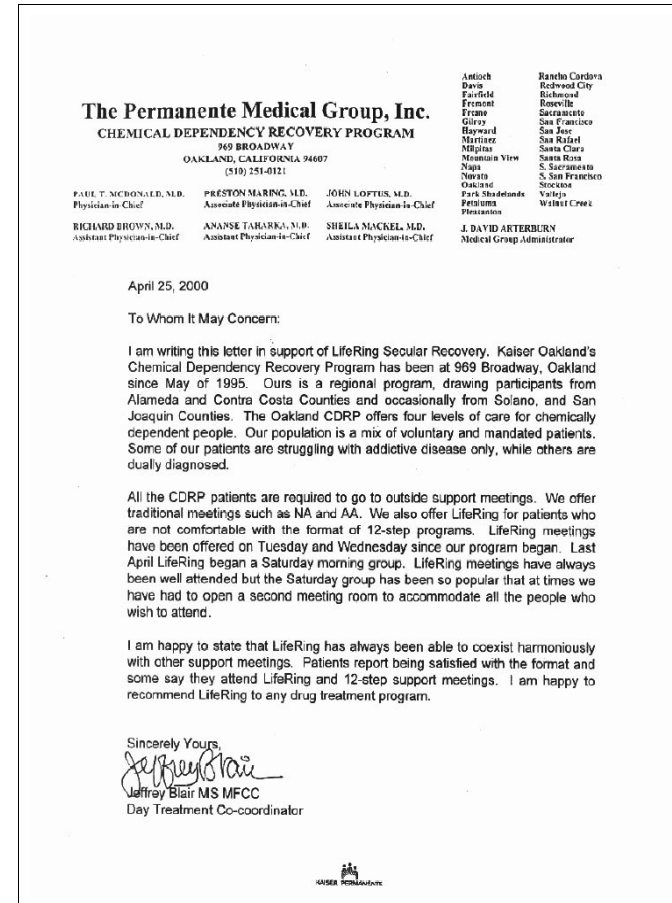
In addition, the presenter will want to come with an ample supply of the *Presenting LifeRing Secular Recovery* booklets. This contains:

- A Frequently Asked Question section.
- Letters of recommendation for LifeRing from treatment professionals at centers where LifeRing meetings have been established. (There is an additional letter, received too late for inclusion in the *Presenting* book, on p. 223, below.)
- Reviews of books of interest to treatment professionals that advance viewpoints helpful in understanding the LifeRing approach.

- An excerpt from the NIDA treatment study recommending an individualized approach, rather than one-size-fits-all.

The LifeRing Service Center makes these booklets available on terms that allow convenors to hand them out free to treatment professionals as part of an effort to obtain referrals to a LifeRing meeting.

In addition, convenors will want to bring at least a few copies of the *Recovery by Choice* workbook. Although economics forbids distributing these free to all professional staff, donating one copy to the center's library is usually feasible. It is a good practice to circulate a display copy of the workbook among the audience while the LifeRing presentation is in progress so that they can leaf it and leaf through it. The book tends to underline the convenor's positive message that LifeRing is a well thought-out, structured approach that can help their clients achieve long-term abstinence.



13.5.8 If We Build It, They Will Come

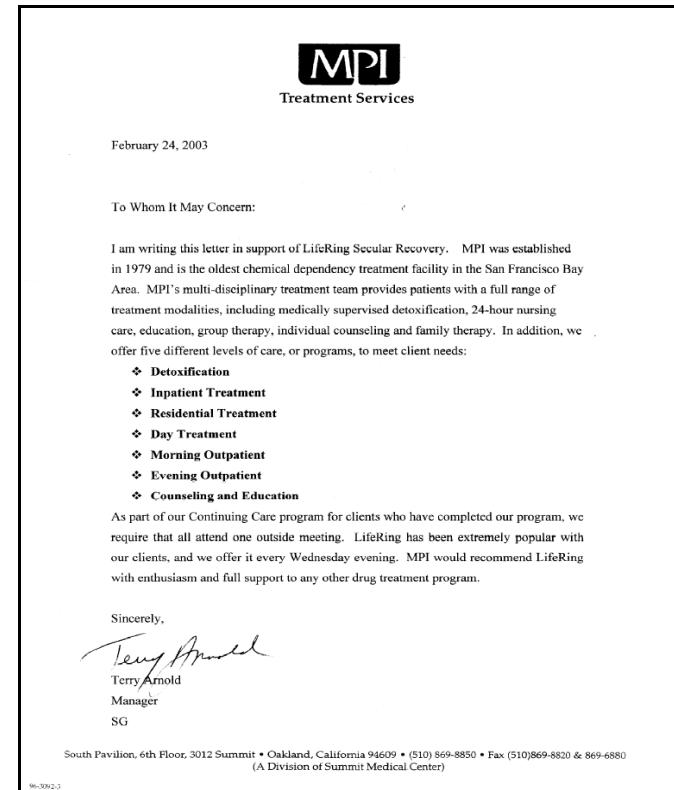
The LifeRing convenor who advocates choice-of-support-groups may encounter skepticism from some counselors that patients will actually attend something other than twelve-step. Some counselors just don't listen to patients; if they listen they don't hear; if they hear they don't believe. LifeRing convenors themselves may be unsure on this vital point. How many will come to a LifeRing meeting if it is offered as a choice side by side in the same time slot with twelve-step meetings?

In the San Francisco Bay Area we now have more than four years of practical experience with situations where the LifeRing meeting runs side-by-side with twelve-step meetings in the same time slot.

In a large regional outpatient program in Oakland operated by Kaiser Permanente, the country's biggest Health Maintenance Organization, beginning in the spring of 1999, patients in the Saturday session have been mandated to attend support groups between ten and eleven o'clock in the morning. (See letter of recommendation from this facility, previous page.) The facility hosts at least three support group meetings side by side in its rooms during that hour: LifeRing, AA, NA, and sometimes another twelve-step group. Patients have the choice which meeting to attend. The Saturday morning LifeRing at that facility, running in the same time slot in rooms on the same hallway as twelve-step meetings, consistently draws between fifteen and thirty participants out of a census of 45, and frequently has had to split into two rooms to handle the overflow. It is consistently among our largest meetings in the area.

In a nationally known 28-day inpatient facility in Oakland, known as a strongly traditional twelve-step program, a weekly LifeRing meeting has been running for more than three years in the same time slot down the hall from an AA meeting with an outside speaker. (See letter on next page.) Patients have the choice which meeting to attend. The LifeRing meeting draws an average of between a third and two thirds of the facility's census. As the letter of recommendation states: "LifeRing has been extremely popular with our clients, and we offer it every Wednesday evening. MPI would recommend LifeRing with enthusiasm and full support to any other drug treatment program." Some weeks practically the whole patient census elects to attend the LifeRing meeting, and the atmosphere is excellent.

Patients in treatment programs want choice. If we build it, they will come.



13.5.9 Leveraging Outreach

Once you the LifeRing convenor have established a stable connection with some of the pools where our target audience concentrates, you may find that your other "nets" gradually become more effective.

Most people who have attended treatment programs go out into the wide community and tell at least some of their family, friends, and co-workers what they heard and learned. If they have heard of LifeRing in treatment, they will spread the word wherever they go. If they have personally benefited from their LifeRing involvement, they will become walking LifeRing advertisements. There is no better promotion for your meeting than someone who credits LifeRing with a role in helping them get themselves clean and sober.

The next time someone reads the word LifeRing in your calendar notice in the local community throwaway, or sees your bookmark salted into the pages of a recovery book in a bookstore or library, there may be that little spark of recognition that raises the item above the blur.

When you have become a presence in treatment programs, your word-of-mouth circuits will start working for you. Conversations that mention LifeRing run into fewer terminators – people who say “Eh what? Lifething? Never heard of it!” – and more repeaters, people who continue the circuit because they have name recognition, as in, “Yeah, LifeRing. My sister-in-law’s ex went to that, she said it did the bum some good.” Focused outreach to the places where our fish are pooled gives all of our other outreach nets positive leverage.

13.6 The Meeting Room

Once you the convenor have decided where your people can be found, the next step is to find a location where you can meet with them. In the San Francisco Bay Area we currently have more LifeRing meetings than any other metropolitan area in the world. About three out of four of our meetings are located in or very near to chemical dependency treatment facilities. Some are in community centers that also host a variety of other recovery meetings. Very few are in general-audience locations that have no connection with a recovery effort or institution.

In theory a LifeRing meeting can be located anywhere, even in a cathedral. Churches have budgets. Renting meeting space implies no organizational affiliation. There are LifeRing meetings now that meet in churches, public libraries, municipal and county community centers and recreational facilities, meeting rooms of title companies, hotels, college classrooms, general hospitals, student clinics, and in people’s living rooms. All of these and other locations can and do serve the basic purpose. The founding convenor may have very little choice in the matter of rooms and needs to be creative, flexible, and opportunistic. Take whatever you can find.

If you have the option, however, consider the advantages of locating your first meeting in or near a chemical dependency treatment facility.

- Foot traffic. Your people are right there, within walking distance, or very near. An excellent location for a LifeRing meeting is in one of the group rooms of a large treat-

ment facility. Arrange your meeting schedule so that your meetings start as soon as the treatment program’s own group sessions close, or fit into time gaps in the program such as the lunch hour. The next best location is in close geographical proximity.

- Referral contacts. Your referral sources are on location and you can contact them frequently. They can see that your meetings are active. If necessary they can drop in to reassure themselves that you are not roasting babies. When you are in their view, you are in their minds, and they will not forget you when making referrals.
- Economy. Most treatment centers provide meeting spaces for recovery groups without cost. The reason for this is solid: the groups provide a valuable service to their patients. In some cases your meeting literally frees up hours of staff time and allows staff members to catch up on their paperwork or help other patients. They are usually sincerely grateful that you are there. Therefore your LifeRing meeting in a treatment facility rarely has rent to pay. This greatly simplifies the convenor’s job; see the chapter on the Meeting’s Money.

It may be well to remember that a meeting requires the coordinated motion of physical bodies in space, and this requires investing energy to overcome inertia. A location with short transportation lines maximizes the average number of bodies you will have in your meeting and the number of sober minds that will be able to connect with one another.

13.7 The LifeRing Charter

The LifeRing charter (see next page) is a useful piece of paper that convenors can use to demonstrate the *bona fides* of their meeting to meeting space providers and referral sources. Some space providers can only rent meeting space to nonprofits and require proof that your meeting is part of a nonprofit entity. Some space providers will rent to nonprofits at a discount. Some are just cautious about who they rent to and want to see paperwork. Some referral sources don’t require paperwork, but papers would help to establish your pedigree. When you’re a local unaffiliated group, you’re sometimes regarded as nobody. National affiliation establishes your identity and gets you recognition. The meeting charter serves all of the above purposes. You can use it alone or in combination with supplementary docu-

mentation, such as LifeRing's 501(c)(3) tax exemption letter or LifeRing's corporate charter (both available for download on www.unhooked.com) to establish your *bona fides* wherever required. If these documents are still not enough, contact the Service Center with your needs. "Serve the Meetings" is the Service Center's mission.

The meeting charter is also helpful within LifeRing to establish your *bona fides* as a meeting. If questions arise at a Congress about your meeting, your charter paper may help to resolve any ambiguity. If questions come up about whether your meeting is entitled to be listed on the web, or to receive referral services, or otherwise to be included in the LifeRing internal process, the charter document can help to decide the issue. The LifeRing Service Center keeps a photocopy of meeting charters and the volunteers there very much appreciate the record keeping clarity and simplicity that comes from having a charter document.

You get a charter by downloading a blank charter form from www.unhooked.com, filling in the meeting information and the contact information, and sending it to the LifeRing Service Center. (You could also phone the Service Center and ask to have a blank sent to you.) Your original with the countersignature of a LifeRing director or officer will be mailed back to you.

Although having a charter paper is useful and recommended, it would be a mistake to make a fetish out of the document. The charter

LIFERING MEETING CHARTER



LifeRing, Inc. hereby grants the _____ (location or Internet address) meeting this charter to display the LifeRing logo and to use the name, "LifeRing Secular Recovery" and any short forms thereof, to promote abstinence, secularity and self-help. This charter is valid so long as the Meeting remains actively dedicated to these goals.

For the duration of this charter, LifeRing Secular Recovery Service Center promises to list the Meeting on the LifeRing meeting list, to notify the Meeting of any publications or events that may affect it, to include the Meeting in the democratic internal decision-making process of LifeRing Inc. pursuant to the LifeRing Bylaws, and to serve the Meeting's needs to the best of its ability.

In turn, the Meeting promises to keep the LSR Service Center informed of the current name, address, phone number, and, if applicable, email address, of at least one contact person for the Meeting, to notify the Center promptly of any change in its meeting time, place, Internet address if applicable, or description, and to support LifeRing Inc. financially to the extent the Meeting sees fit.

LifeRing, Inc., owner of the LifeRing logo and of the service mark "LifeRing Secular Recovery," is chartered as a nonprofit corporation to serve recovering alcoholics and addicts, and the general public, by organizing meetings dedicated to sobriety, secularity and self-help, and by providing educational information toward that end. By "sobriety" LifeRing means complete abstinence from alcohol and illicit or non-medically indicated drugs.

For LifeRing Inc.:

LifeRing Service Center
1440 Broadway Suite 1000
Oakland CA 94612-2029
www.lifering.org
services@lifering.org
510-763-0779

For the Meeting:

(Director or Officer) _____ (Mail Address)

Phone: _____ Email: _____

paper only memorializes the underlying agreement between the meeting and the larger LifeRing network. You enter into that agreement by the act of using the LifeRing name and/or logo. In legal terms, each meeting that uses the LifeRing name and/or logo enters into an implied license to use the name and logo only in a manner consistent with the basic purposes of the organization. This license is legally enforceable whether it is recorded on a piece of paper with signature or not. Thus, if you make "a few little modifications" to your local meeting format so that it now begins with a sacrifice to Baal, continues with compulsory Scientology exercises, and ends with a pitcher of beer at the local tavern, you could be sued in court to make you stop using the LifeRing name and logo, regardless of whether or not you have a charter document. Hopefully such a situation will never arise.

The charter document can also serve an informational function. If members are ever in doubt about the organization's basic philosophy – its reason for existence – the charter document is the most authoritative and succinct statement available. A meeting that has no other LifeRing literature but the charter can still find its way. If you are permitted to do so by your meeting space provider, you might frame a copy of your charter and hang it for display in your room.

13.8 Growing the Meeting

Once the LifeRing organization becomes fairly well known in a community, meetings may grow quickly. Recent LifeRing convenors in the San Francisco Bay Area have no experience of sitting in a room by themselves. Where the local treatment facility gives LifeRing meetings a level playing field with referrals and facilities, the room is full from day one. By the second month these convenors are worrying about whether to get a larger room and/or a second room because of the overflow.

While writing this book I started a lunchtime meeting at an outpatient facility in downtown Oakland. We had eight people the first week, 18 the second, and since then have averaged between 16 and 24 people steadily. This experience is not unusual for new LifeRing meetings at major treatment facilities.

Still, a thriving meeting consists of more than a room full of bodies. There has to be chemistry between them. In a treatment setting, turnover in meeting attendance can be as rapid as turnover in the facility's own program. The challenge for the convenor there is threefold:

- Guide the participants to the other LifeRing meetings in the area so that they can settle in a meeting nearer to where they live after they leave treatment
- Plant the seeds so that people will take LifeRing with them to areas where no LifeRings exist yet, and perhaps start new meetings there
- Develop a core group of regulars

The first objective requires distributing current meeting schedules and talking up the existence of the other meetings. People who attend other LifeRing meetings should be encouraged to report on their experiences there. Convenors will benefit from visiting one another's meeting, being recognized there, and inviting members to come check their meetings out. As much as possible, we want to encourage participants to see and use LifeRing as a network of meetings, not only as a single point.

Regularly distributing LifeRing literature in the meeting is also a key to encouraging participants to start LifeRing meetings in areas where there are none. This goal may be many months off for them, and it is not a realistic objective for everyone, but it is not too early to talk it up, get the literature into their hands, and plant the seeds.

Most important for the convenor of any new meeting is retaining and building a core group of people who participate on a regular basis. Without the core group, the convenor has to work hard to re-establish the ground rules at almost every meeting. A core group carries the meeting and makes the convenor's work light. The chemistry between the core group members sets the tone for the meeting and models the process for newcomers. Newcomers are often attracted to a meeting because of its core group, provided that the group is open and welcoming to newcomers. Some hints and ideas for welcoming newcomers are in an earlier chapter, at page 69.

Developing a core group requires a little bit of luck and a lot of common sense. You need luck to draw a set of people who get along and have good chemistry. Common sense tells you to give people talking time, listen carefully and empathetically to what they have to say, avoid giving unsolicited advice, give them responsibility, and be there for them between meetings if that seems appropriate. In other words, building a core group largely means applying the basic convenor skills discussed in the initial chapters.

13.9 Turning it Over

Now you are a convenor, you have a room, you have people in it, and you are exhausted and exhilarated. You have brought them together in recovery. The peer-to-peer bonds are forming. Sober-to-sober communication is flowing. Synergy is surging. People are feeling their sober power growing inside of them. They are weaving their personal recovery programs in the quickness of the here and now. They are taking charge of their recoveries and making plans to prevail against the challenges of the coming week. The pulse of your own sobriety is going strong. Everything that you dreamed of is becoming a reality. Is your work finished now?

No. You have one more task ahead of you: turning it over.

13.9.1 Convenor Material

Somewhere in the ring of faces in the room there is at least one, perhaps quite a few more than one, who will be ready in a few months to become convenors themselves. From the first meeting, and every meeting thereafter, you need to be scanning the room to identify them. How can you tell the likely convenors of the future?

- They are clean and sober. If they relapse they quickly get up again. They don't repeat the same mistake more than twice. They make whatever life changes they need to make to achieve a stable recovery. They are actively building and implementing their personal recovery program. Sobriety is their personal priority.
- They are regulars. They arrive on time just about every time, and stay for the whole meeting. If they go on vacation, they announce it ahead of time. If they unexpectedly miss a meeting for some reason, they try to phone somebody to let people know.
- They participate. You can count on them to give a vivid highlights-and-heartaches newsreel of their past week in recovery, and to lay out their personal challenges ahead. They get and give crosstalk. They ask helpful questions, and make people laugh in a good-natured way. They show empathy. They refrain from talking too much. They model how to make the best use of the LifeRing meeting format.
- They have something extra. They explain things well, or they have a bigger reserve of empathy, or they are more

energetic or more patient, they volunteer to help, they take responsibility, they defuse sticky situations, they listen really well, they make friends well, they help people between meetings, they show leadership ability, they have creative ideas – or some combination of the above.

The LifeRing meeting format, with its participatory nature and its open architecture, is an apt one for potential convenors to develop themselves and to display their qualities.

The current convenor sometimes only needs to observe and let matters take their course. Over a period of a few months or a year or so, depending on the situation, a natural new convenor, or several of them, will usually emerge, and all the current convenor has to do is get out of the way at the appropriate moment.

13.9.2 On-the-Job Training

The current convenor may want to create opportunities for others to develop in the convenor role. As early as possible, the convenor could, for example:

- Decide that the meeting today is too big and needs to split into a second room. Whoever emerges as the “split” convenor will be developing the skills to become the main convenor.
- Hand the clipboard to a likely successor and excuse themselves to go to the restroom ... and take a long time before returning.
- Announce that they will be late to the next meeting, and ask for a volunteer to start the meeting off.
- Announce that they will be absent for the next meeting, or the next two, and ask someone to take over temporarily.

The ingenious convenor can craft other similar opportunities for regulars to obtain in-the-water convenor swimming practice.

It also helps if the convenor spends extra time with the people who are developing toward the convenor role and does whatever may be helpful to them to come along. Perhaps the convenor can lend them a useful book, or go have coffee, or arrange to meet for lunch between meetings, or some other positive effort. It doesn't hurt at all for the convenor to say publicly and privately that the LifeRing system is to pass the convenorship along and to ask others to think about stepping into the role one of these days.

In the San Francisco Bay Area, where we have periodic convenor workshops, the current convenor of each meeting will want to bring along at least one, if not more, other meeting participants. These workshops are useful not only in developing meeting leadership skills but also in developing the theoretical understanding of why we do what we do. Every LifeRing convenor needs to be able to explain the basic LifeRing philosophy and to relate it to everyday practice.

13.9.3 When to Pass It On

There can be no hard and fast rule about how long a convenor should remain in the role before turning it over. It depends entirely on the circumstances. In one meeting I started, I was able to turn it over within a couple of months. In another, it's been almost three years and I'm very close to being able to walk away, but not quite.

The convenor needs to find a middle ground between “too early” and “too late.”

Walking away from a meeting before another convenor is at all ready to take over amounts to abandonment. The meeting could disband, or continue but merge into the twelve-step background, or go off on a wild tangent and self-destruct. Walking away prematurely is irresponsible.

On the other hand, if the convenor holds on too long, members will become frustrated and people who are ready to become convenors may become hostile or go away. Such a convenor no longer brings people together but drives them away.

In my observation, convenors are more likely to underestimate than to overestimate the readiness of others to step into their role. In one instance the convenor held on for many months longer than the usual six to eighteen months or so, arguing that the meeting had high turnover and nobody was regular and stable enough to take over. When this convenor finally did relinquish the reins, it turned out that there were at least four people in the meeting ready, willing, and able to be its convenors, but too polite to suggest that it was time for a change. The convenor role has its gratifications and convenors may be reluctant to let them go.

If the founding convenor of a community-based meeting (as distinct from a meeting in special settings, see that chapter) cannot find a successor after two years or so, my intuition says that something may be wrong; let's have a look.

- If this meeting has lots of newcomers but no core of regulars, that is a red flag. Perhaps the convenor could do more to retain people. Generally, people come back if they feel that their participation is welcome and valuable. One of the most meaningful ways of communicating this message is to invite people to become convenors themselves when they feel ready.
- In other cases, the convenor is doing all the right things within the meeting, but something is wrong in the meeting's time, location, or supply lines (referrals, outreach, word of mouth). The local convenor workshops, if they exist in that region, or the online channel (the *convenors* email list) are good venues for analyzing problems of this kind in detail and getting feedback from other experienced convenors.

If the meeting is doing well and a core group has developed, the actual handover to a new convenor can occur in any number of ways. If there are several people who are clearly candidates for the convenor role, and if they cannot come to an informal agreement about sharing or taking turns, the meeting could hold a quick vote. Most of the time formal votes are unnecessary. The outgoing convenor hands the new convenor the clipboard and the other tools of the role, and sits back. The new convenor starts or continues the meeting. It may be appropriate to begin with a few words of thanks and a round of applause for the outgoing and incoming convenors. A card of thanks to the outgoing convenor signed by all those present may be appreciated. The less ceremony, the better.

It's usually a good practice for the former convenor to continue to attend the meeting as a regular member for a period of time. This can be good for the convenor in the same way that a cool-down walk after a strenuous run is good for the body. It may be good for the meeting because the experienced convenor can be there as a backup if the new convenor runs into an unexpected snag. Once the transition is complete and the meeting is in cruise mode with the new pilot, the convenor's job as convenor in that meeting is finally done.

Congratulations!

Now it's time to start the next one.

Chapter 14: About This Book

This is an appendix that deals with the language used in the book, the history of the book, acknowledgements, and the base of experience out of which the book arose.

14.1 Conventions Used in This Book

Anyone writing today about groups of mixed gender faces the problem that the English language lacks gender-neutral personal pronouns. Books in which everyone is a “he” leave out half the world. Making everyone a “she” inverts the problem without solving it. None of the neologisms such as “hem” or “sher” have caught on. The constant use of “he or she” and “his or her” is terminally awkward.

In this book I adopt the solution that is becoming mainstream in popular speech, namely the plural “they” and “their.” For example: “Each convenor will develop a personal style that works for them.” This is how people talk, by and large, in the groups out of which this book arose. The reader unaccustomed to this vernacular grammar will soon get used to it and may come to admire it for its equity and economy.

A more difficult problem is how to refer to people who used to drink and/or use drugs much more than was good for them and who have now stopped, or are attempting to do so. These are the central figures in this book. The terms “addict” or “alcoholic” are too broad in one dimension and too narrow in another.

These terms are too broad because not everyone who decides to stop putting addictive substances into their body is necessarily already addicted. Many if not most LifeRing participants independently come to that conclusion about themselves at some time, but this self-dia-

gnosis is not a prerequisite for participation in LifeRing. Anyone who wants to stop using these substances and to build a life free of them is welcome as a participant, regardless whether they or others believe that they are addicted.

The terms “addict” and “alcoholic” are in another sense too narrow, because they leave out what is really essential about the main characters of this book: the fact that they are working on leaving the use of addictive substances behind and rebuilding their lives on a new foundation. A concept that does not distinguish between the person slumping off the barstool and the person striding forward with a firm step and a clear head is not very useful.

The solution that I adopt in this book is the term “recovering person” or “person in recovery.” This usage points to what is distinctive and important, namely the positive changes people have made and are making in their lives.

Some people find this usage objectionable because it seems to have an implied medical bias, as in “recovery” from an illness or disease. It may be helpful to keep in mind that “recovery” also refers to an economy coming back from a recession. One also recovers one’s balance; one recovers from an embarrassment or a *faux pas*; one can recover a lost object or a suppressed memory; one can even “recover” upholstered furniture. In the chapter on Self-Help, I suggest that what we are really recovering is our original, sober selves.

Until better terms come along, these will have to serve.

14.2 History of This Book

This book has a bit of history. In 1988, the draft of an unsigned guidebook for group leaders of what was then Secular Sobriety Groups (SSG) circulated in photocopies in the San Francisco Bay Area. Its author was very probably Janis G., a prodigious organizer who founded the first meeting of SSG in the San Francisco Bay Area on March 17, 1988. In 1990, the organization then called Council for Democratic and Secular Humanism (CODESH) published a 12-page pamphlet largely based on that draft as an organizational manual for SSG, which CODESH had by then acquired and renamed Secular Organizations for Sobriety (SOS). This was called the Group Leader’s Guidebook. In 1996, Florida SOS group leader Tom Shelley and I, then an SOS group leader in Oakland CA, learned that the Guidebook was going to be revised, and that none of the SOS group leaders was going to be consulted in the revision. We and other group leaders

felt that we had a few things to contribute. With the unanimous support of an informal national gathering of SOS group leaders in the spring of 1997, we wrote our own group leader's guidebook and established our own Press to publish it. This was LifeRing Press and its maiden title, *Sobriety Handbook: The SOS Way*. It was an odd little book, part textbook, part grab-bag anthology, part crusading broadside, but there was a great deal more in its 100 pages than in the 1990 pamphlet. I was the book's editor and author of some of its chapters, as well as the publisher, typesetter, and the order fulfillment, shipping, and bookkeeping department. With an attractive cover, Maurits Escher's "Hands," the book was well enough received and served its purpose.

In 1999-2001, LifeRing Secular Recovery emerged as an independent organization, and LifeRing Press became its publishing house. In 1999 the Press reissued the work under the title *Handbook of Secular Recovery*, in what was called "edition 1.5". Published only online or as a letter-size photocopy edition in a plain blue cover, this edition reflected the organizational name change and some minor amendments, but was otherwise substantially the same as the 1997 original. The "1.5" edition was intended as a stopgap until a proper second edition could be prepared. That time has now arrived.

Besides the external organizational changes, the six years since the publication of the original edition have brought a great deal of additional experience and some important internal evolutionary changes.

A major change has occurred in the typical LifeRing meeting format. The 1997 edition described the main body of the meeting's time as spent in "discussion completely at random" or else organized around the "topic system." Today the old topic system has mostly moved into the background in face-to-face meetings, and discussion completely at random is also unusual. Most LifeRing meetings today use primarily a process format centering on a weekly check-in, with its trademark opening line, "How Was Your Week?" At the same time, the role of crosstalk has expanded. Crosstalk now generally flows throughout the hour. We try to achieve a "living-room conversation" atmosphere. The old topic format could be somewhat stiff, and it usually restricted crosstalk to the last ten or fifteen minutes of a meeting. These evolutions in meeting format came about purely through collective trial and error. Nobody decreed or decided them. The features of the new process-centered format make up a major part of the new subject matter in this book and supply its title.

So much experience of use to convenors has accumulated in the intervening six years that the material about openings and closings, the nuts and bolts of meeting operation, and handling money, treated in a

few paragraphs earlier, now fills three additional chapters. New convenors will especially appreciate the attention to practical detail that these chapters provide.

At the time of the 1997 edition we had no meetings in psychiatric wards, inpatient treatment programs, transitional living facilities, or other special settings. Today we have a small but significant and interesting store of experience in such challenging environments, more than enough to make a chapter. Leading a meeting in special settings is a privilege and can be a rare learning opportunity for the LifeRing convenor.

At the time of the 1997 edition, fast modems ran at 14,400 baud, and our sobriety email lists and the *unhooked.com* website were in their infancy. Chat rooms in Java were unheard of. In the interim, the LifeRing online presence has grown exponentially, and the new concept of "online meeting" was born and enshrined in the new Bylaws. A new chapter attempts to summarize the experience in this important new area.

At the time the 1997 edition was written, the organization had virtually no internal organizational life, much less a democratic one. Its status as a wholly-owned subsidiary of an outside organization blocked all movement in this direction. Accordingly there is next to nothing in the original edition that refers to intergroup relations or to organizational management and self-governance. The 2001 Brooksville Congress, at which LifeRing adopted its own Bylaws, changed all that. Accordingly, the current edition contains an entirely new chapter devoted to intergroup issues, "The Meeting of Meetings."

The core and most enduring legacy of the first edition was the "Three S" philosophy. It remains the core of the present edition. The "Three S" concept has proved durable and productive. The three parts of the philosophy are central to what we do, and they throw our distinctive features into clear relief. They integrate well with each other, and the bundle is scalable: you can deliver it in thirty seconds, or unpack it and spend three days.

This edition not only develops the "Three S" in much greater detail than the original, it marks an important shift in priority. The 1997 edition placed secularity in the first position, ahead of sobriety and self-help. This prioritization reflected the influence of the Council for Secular Humanism, the parent organization and financial sponsor of our predecessor. Now that LifeRing has found its feet as an independent organization, prioritizing secularity appears backward. This edition puts sobriety in the first place in the philosophical triad, where it belongs.

This shift in emphasis is more than a change in the order of the words and topic headings. It ripples through practically every detail of meeting format, relationship to the environment, and outreach.

Although secularity came first in the earlier edition, it appeared basically as a negative quality – the absence of prayer and religion. Illuminated by sobriety, secularity now turns out to hold a vivid positive content: social reinforcement of the sober self and taking responsibility for one's own sobriety. This edition contains an extended personal reflection and meditation on the mundane and the spiritual, including an exploration of spiritual sobriety.

Self-help, the third “S,” flows naturally from secularity and into sobriety. As before, our self-help philosophy rejects capital-P programs (the one-size-fits-all model). Open architecture continues to be our hallmark. LifeRing participants construct personal recovery programs that closely match their individual needs and that grow with them as they develop. At the time of the first edition, constructing a personal recovery program was barely more than a slogan. We now have available a comprehensive tool for making this project a reality: the *Recovery by Choice* workbook. Self-help in this edition is much more than a rhetorical phrase; it is a pragmatic, well-reasoned strategy that can be worked out to any desired scale of detail. This edition also throws a clearer light on the connections between the self-help approach and the vital element of recovery motivation.

At the time of the 1997 edition, the organization was still mainly turned inward and showed relatively little awareness of the larger recovery environment. We had few relationships with treatment professionals, and basically wrote the whole industry off as a lost cause. There is now a considerable body of experience showing that sections of the treatment profession can be approached, and that positive relationships with treatment professionals can be highly beneficial for LifeRing meetings, and vice versa. Based on this accumulated experience, the chapter on Starting New Meetings has been completely rewritten from the 1997 edition.

In sum, this edition is really a new book, significantly larger, deeper, and wider in scope than its predecessor.

14.3 Acknowledgments

Many people reviewed the drafts of this text, made suggestions, contributed specific sections and/or ideas, and enriched the development of the book from draft to successive draft. Special acknowledgments are due to the following:

Patrick Brown of Austin TX contributed the section on organizing in prison to the Special Settings chapter.

Glo M. of MN and Jacquie J. of VA contributed several paragraphs to the chapter on Online Meetings.

Marjorie Jones, a director of LifeRing and its CFO, and one of LifeRing's most seasoned and thoughtful convenors, read the entire first draft and contributed numerous ideas both on paper and in conversations to its inception and to its final form.

Scott Newsom, Ph.D., of Dallas TX contributed early comments and suggestions. Charlotte G. of San Rafael CA helped with feedback on the sequence of chapters. Bill Somers of Vacaville CA gave me useful insights into the secularity chapter. Syl Scherzer of Emeryville CA reviewed the chapter on meetings in special settings and offered detailed feedback.

Mark Connors and Gillian Ellenby of San Francisco offered detailed feedback on the whole of version 0.76. Gillian, a director of LifeRing and its Secretary, and herself a meeting founder, experienced presenter and convenor, followed up with a close reading of later versions, and made valuable suggestions on the book's over-all organization, approach, title, and appearance.

To all of these and to the numerous others who contributed ideas and pointed out areas for improvement, I am very grateful.

14.4 The Experience Base of This Book

The personal experience on which I drew in writing this book stems mainly from participating in about a thousand face-to-face meetings of LifeRing and its predecessor since my sobriety date of Oct. 2, 1992. I attended my first meeting that week and have been attending about two or three face meetings a week on the average ever since. If you add participation in LifeRing email lists and LifeRing online meetings, my experience amounts to well over four thousand connections. During the writing of this book I regularly convened one face meeting; started, convened and turned over a second; and regularly

attended a third. I currently lead two hours of online chat meetings per week, and moderate the online Forum.

I had the privilege of learning the elements of the convenor's role early in my recovery from two San Francisco Bay Area convenors, Karl S. and Mike B., who modeled the qualities that an all-around convenor needs to have. They were of course solidly clean and sober. They were reliable at opening and setting up the room and skillful at facilitating the participation – more or less the minimum tool kit that every convenor needs to have. They had much more.

- They saw themselves as part of a larger network of convenors and meetings, and actively participated and involved other members in conferences, intergroup meetings, social events, Internet groups, and in organizational governance, such as it was.
- They understood that philosophical clarity, particularly about the core concept of sobriety, is the foundation of each group's survival, and they fought hard to defend the sobriety priority against subtle erosion and outright assaults.
- They were practical people versed in organizational nuts and bolts such as budgets, copy machines, phone lines, and many other vital details.
- They understood that recovery support groups, such as ours, need to have inputs and outputs that connect them with the treatment professions, with various institutions, with other recovery organizations, with media, and with the general public.
- They were avid readers who studied the recovery literature and could talk intelligently on many of the controversies in this field, and tried to keep up on the latest findings of scientific researchers.
- They understood and practiced the convenor's Rule One: pass it on.

These two, who were more or less my direct mentors as convenors, were themselves already the second generation of our movement. They were carrying on from figures like Janis G., the prodigious convenor who started the first meeting of this type in Northern California in 1988 and drafted the first organizational manual, and from the writer James Christopher before her, who started this branch of the alternative abstinence trend in Los Angeles in 1986. I had the

experience of meeting Janis briefly and I got to know Christopher well over the course of several years. I've had the privilege of meeting and learning from other veteran convenors of this movement, such as Tom S., Paula B., Laura L., and the late Nick A. of Florida, Ed B., Larry B., and Luisa B. of Los Angeles, and others. I've worked with and learned from many of the other San Francisco Bay Area convenors of my own third generation, including Geoff G. (who has ten days more sobriety than I do and doesn't let me forget it!), Bill C., Mike F., Rich R., Fred and Elly S., Sue T., Craig M., John D. and Lisa E., Rick and Karen F., Sherry F., and others, all still sober but many gone on to other pursuits. It's been a privilege to sit in with and learn from many of the current generation of LifeRing convenors here in the San Francisco Bay Area, including Bill Somers, Gillian E., Dennis T., Amy L., Teresa B., Gary E., Raphael E., Mark C., Alicia B., Sharon B., Aram A., Chet G., Marjorie J., Tracey D-T., Larry S., Lori A., Meg H., John O., John H., Dave W., Robbin L., Bettye D., Syl S., Marylou B., LouAnthony G., Owen P., Charlotte G., Lin L., Susan S., Laura H., Gary B., Dennis M., and others. It's a delight to realize that we've grown so large that I no longer know them all in person. I've worked closely with and learned a great deal from many of the online convenors, including Tom Shelley (the listmeister of lsrmail), Glo M. and Paula B., (the former and the current online meeting coordinators, respectively); chat convenors John R., Rick B., Ben G., Angela N., Steve S., Mona H., Jack P., and others, and from many active participants in the chats, lists, and the forum. One of the guarantees of LifeRing's future is the caliber and breadth of talent that has come together around this recovery vision.

I took turns leading some of the established face meetings in the Oakland and Berkeley area after about a year of sobriety. In 1995, when I had three years' sobriety, I founded a new meeting, on Tuesday nights, at the Kaiser Chemical Dependency Recovery Program in Oakland CA. In January 1999, I went across the Bay and started the first LifeRing meeting in San Francisco, and a year after that I co-founded the first LifeRing meeting in Marin County. In 1999 also, I was the founding convenor of the first LifeRing meeting in special settings, namely the locked dual diagnosis crisis ward at a local hospital. The following year I co-founded the first LifeRing meeting at a 28-day inpatient drug treatment program. In the fall of 2002, I founded the second lunchtime LifeRing meeting ever – Mark C. in San Francisco founded the first – and the first in downtown Oakland. To date, all of the meetings I helped to start are still up and running, and several of the convenors to whom I was able to pass the baton have themselves taken the convenor's Rule One to heart: they have trained

their own successors and gone on to found additional new meetings, all of which are also still going.

Thanks to my mentors, I was an active part of the larger family of meetings and convenors from fairly early on. Much of this intergroup participation was online. I was one of the first dozen or so members of the nationwide email list that Tom Shelley in Florida started in 1995. Reading and writing to this list was my “Daily Do” for several years, and I sifted through the first approximately thirty thousand posts on this prolific list to compile and edit the book *Keepers: Voices of Secular Recovery* (LifeRing Press, 1999). I co-founded a separate email list especially for convenors, so that convenors could give one another support and share experiences specifically related to convenor work. In June of 1996 I launched the www.unhooked.com website, which is today the entryway into our organization for many people all over the world. Subsequently I started www.lifering.com as the LifeRing Press website, and www.lifering.org as a website specifically for LifeRing convenors. I launched the first LifeRing online chat room linked to www.unhooked.com, and then set up, trained, and hosted weekly chats in the more sophisticated Digi-Chat multi-room facility that runs in [unhooked.com](http://www.unhooked.com) presently. I created and occasionally moderate the LifeRing Recovery Forum, an online bulletin board also linked to www.unhooked.com.

My experience with face-to-face intergroup meetings began in 1996, when I attended a gathering of convenors of our predecessor organization in Mexico City. The following spring I participated in a national membership retreat at the “UU in the Pines” center in Brooksville, Florida. In September 1999 I was coordinator of the Secular Recovery Conference in Berkeley, CA, which brought together convenors and members from a number of states and featured a lively internal discussion. I have led several convenor workshops and convenor round tables in Oakland. I was an active member of the Bylaws Committee that drafted the LifeRing constitution. At the historic Brooksville Congress in April 2001, where LifeRing was officially formed as a national organization, I became one of the first elected directors of LifeRing Inc. and its CEO. I was program coordinator of the second annual LifeRing Congress in Berkeley in 2002.

Philosophical issues, particularly revolving around the sobriety priority, were part of my education as a convenor from early on. At the time I joined, the local groups of our predecessor organization were in open schism. A number of the convenors in the San Francisco Bay Area were in revolt against the national organization’s across-the-board abstinence policy. They believed that members need abstain only from the substances to which they were addicted, but could

freely use all the remaining substances in moderation without forfeiting their right to call themselves “clean and sober.” Thus members who defined themselves as addicted only to alcohol could smoke marijuana; members who diagnosed themselves as addicted only to cocaine could drink alcohol; and so on. This faction left an indelible taint on the name of our predecessor organization. In the third year of my sobriety I became personally involved in this struggle, first as attorney for the national organization in trademark litigation against the schismatic faction, and years later as a leader of the movement to unite the various untainted chapters of our predecessor organization under a new name (LifeRing) and on an independent, democratic foundation.

My entry into the groups that are now LifeRing came via referral from my case manager at a chemical dependency treatment program where I was a patient. Because of this history and my interest in it, I have been keenly aware of the symbiosis between support groups and the treatment industry. I was part of an informal group of patients who agitated for years within our treatment program to obtain recognition for our secular support group as a legitimate option alongside the traditional twelve-step groups. At the same time I have been an unabashed cheerleader for that treatment program. Every eight weeks since 1995, with a couple of misses, I have appeared in the role of successful alumnus to speak to incoming patients in early recovery at that facility, and to let them know about LifeRing. In more recent years, I have given presentations about LifeRing to staff and/or patients at a variety of chemical dependency and mental health treatment facilities. In the fall of 2001 I had the honor to present LifeRing to a conference of chiefs of chemical dependency services of the Kaiser Permanente HMO in the Northern California region. In every presentation I attempt to bring at least one other convenor with me by way of on-the-job speaker training, in the spirit of Rule One. Based on this experience, I edited and produced a booklet, *Presenting LifeRing Secular Recovery* (LifeRing Press, 2000; now in its second edition, 2002) that has served to introduce the LifeRing option to potential referral sources in the treatment professions across the country.

Although I have no professional background in the chemical dependency area, I have tried to read intelligently in the field. In this pursuit I owe much to my LifeRing friends who have steered me toward interesting new titles. Through such friends I found William L. White’s *Slaying the Dragon*, Lowinson’s *Substance Abuse* textbook, Reid Hester & William R. Miller’s *Handbook of Alcoholism Treatment Approaches*, Doug Althausen’s *You Can Free Yourself From Alcohol*

and Drugs, Lonny Shavelson's *Hooked*, and others. One of the recreations of my career as a LifeRing convenor has been to write reviews of these and other books in the BookTalk section of www.unhooked.com. Through the relationships created by these reviews, some of these authors became speakers at our LifeRing congresses, so that other convenors and members could hear them and see them in person – again the convenor's Rule One in action.

In these and other ways, I have tried to live up to the description of the convenor role that my informal mentors modeled. Even though they have meanwhile gone on to other pursuits, they passed on the good stuff about convening before they went. One day I also want to go on and do other things. With this book I hope to pass the good stuff on to you.

-- MN 7/3/03

References

- Althaus, Doug, You Can Free Yourself from Alcohol & Drugs, Work a Program that Keeps You in Charge. New Harbinger, Oakland, 1998.
- Baugh, Laura, with Eubanks, Steve. Out of the Rough, Rutledge Hill Press, NY, 2000.
- Brown, Patrick. "Substance Abuse Felony Punishment Facilities: Are They Working?" online at <http://www.unhooked.com/lifering.org/Patrick/Texas%20SAFP%20Evaluation.pdf>
- Bufe, Charles. Alcoholics Anonymous, Cult or Cure, See Sharp Press, Tucson AZ, 1998.
- Centers for Disease Control, "Background on Antibiotic Resistance," 2003, online at <http://www.cdc.gov/drugresistance/community/>
- Chase, Richard B. and Dasu, Sriram, "Want to Perfect Your Company's Service?: Use Behavioral Science," Harvard Business Review, June 2001.
- Christopher, James. "Sobriety Without Superstition," Free Inquiry, Summer 1985.
- Christopher, James. Unhooked, Staying Sober and Drug-Free, Prometheus Books, 1989.
- Cloud, William and Granfield, Robert. Recovery from Addiction: A Practical Guide to Treatment, Self-Help, and Quitting on Your Own, New York University Press, 2001.
- Connors, Mark and Jones, Jacqueline. "Staying Sane and Sober in Twelve-Step Treatment." Paper presented at 2nd LifeRing Congress, March 17, 2002, online at <http://www.unhooked.com/congress02/pdfs/stayingsane.pdf>
- Council for Democratic and Secular Humanism, Group Leader's Guidebook, 1990.
- Davidson, George, MD. Steps, Staggers, Lurches, And Lunges, website at <http://www3.sympatico.ca/gdavidson/home.htm>
- Dimeff, Linda & Marlatt, Alan. "Relapse Prevention," in Hester/Miller, Handbook of Alcoholism Treatment Approaches, 2nd ed. 1996.
- Feuerbach, Ludwig. The Essence of Christianity, 1841. Online at <http://www.marxists.org/reference/archive/feuerbach/works/essence/index.htm>
- Fletcher, Anne. Sober for Good: New Solutions for Drinking Problems – Advice from Those Who Have Succeeded. Houghton Mifflin, New York, 2001.
- Flint, A. et al. "The effect of physiological levels of glucagon-like peptide-1 on appetite, gastric emptying, energy and substrate metabolism in obesity," Nature 25, 781 - 792 (23 May 2001).
- Foley, Mick. Mankind, Have a Nice Day! A Tale of Blood and Sweatsocks, Regan Books 1999
- Fransway, Rebecca, ed., 12-Step Horror Stories: True Tales of Misery, Betrayal, and Abuse, See Sharp Press; ISBN: 1884365248; 1st edition (June 1, 2000).
- Gardner, Eliot. "Brain Reward Mechanisms," in Lowinson et al., eds., Substance Abuse: A Comprehensive Textbook, 3rd Ed., 1997, Williams & Wilkins, p. 51.
- Goleman, David. Working With Emotional Intelligence, NY Bantam 2000
- Graham, The Rev. Billy, Address at the Episcopal National Cathedral in Washington D.C. on the Occasion of the National Day of Prayer and Remembrance (9-14-01), online at <http://www.americanrhetoric.com/speeches/bgrahammemorial.htm>
- Herman, Judith MD. Trauma and Recovery, The aftermath of violence – from domestic abuse to political terror. Basic Books 1992.
- Hester, Reid and Miller, William, Handbook of Alcoholism Treatment Approaches: Effective Alternatives. 2nd ed. 1996 and 3rd ed. 2003. Allyn & Bacon, Boston.
- Hurt, Richard MD et al. Mortality Following Inpatient Addictions Treatment, JAMA 275:1097-1103 (4/10/1996).
- Jeanette, Diane. "The 'Just One' Genie," in Keepers: Voices of Secular Recovery, LifeRing Press 1999.
- Jones, Marjorie. "Four North" http://www.unhooked.com/Life-Ring.org/news/four_north.htm.
- Kasl, Charlotte. Many Roads, One Journey: Moving Beyond the 12 Steps, Harper, 1992.
- Ketcham, Katherine, et al., Beyond the Influence, Understanding and Defeating Alcoholism, Bantam Books 2000.
- Knapp, Caroline. Drinking, a Love Story. Dell, 1997.

- Kurtz, Ernest: Not God: A History of Alcoholics Anonymous, Hazelden 1980.
- Le, Christine, et al. "Alcoholics Anonymous and the Counseling Profession: Philosophies in conflict," Journal of Counseling Development, 07-01-1995, p. 603. Online at <http://www.unhooked.com/sep/aacouns.htm>
- Leshner, Alan, Ph.D., Director, National Institute on Drug Abuse, Foreword in Lowinson et al. Substance Abuse: A Comprehensive Textbook, Lowinson et al., eds., 3rd ed., 1998
- LifeRing Secular Recovery, The LifeRing Bylaws, Adopted by the LifeRing Constitutional Congress, Feb. 17, 2001, Brooksville FL. LifeRing Press, 2001.
- Lincoln, Abraham. Address to the Washingtonian Temperance Society, 1842, online at <http://www.assumption.edu/ahc/LincolnTemperanceAddress>
- Lind, Michael, The New York Times, Dec. 9, 2001.
- Lowinson, Joyce H., et al., "Methadone Maintenance," in Lowinson et al., Substance Abuse: A Comprehensive Textbook, 3d ed., 1997, p. 406, 411-412.
- Lowinson, Joyce, et al., editors, Substance Abuse: A Comprehensive Textbook, 3rd ed., Williams & Wilkins, Baltimore, 1997.
- Members of LifeRing Secular Recovery, Handbook of Secular Recovery: A brief introduction to the theory and practice of Lifering Secular Recovery. LifeRing Press, 1999, edition 1.5. Online at <http://www.lifering.com>
- Members of Secular Organizations for Sobriety, Sobriety Handbook: The SOS Way, LifeRing Press, 1997.
- Milam, James R. and Ketcham, Katherine, Under the Influence, A Guide to the Realities and Myths of Alcoholism, Bantam 1983.
- Miller, William R. "Increasing Motivation for Change," in Hester, Reid and Miller, William, Handbook of Alcoholism Treatment Approaches: Effective Alternatives. 2nd ed. 1996. Allyn & Bacon, Boston.
- Morse, Gardiner and Goldsmith, Marshall: "Behave Yourself: A Conversation with Executive Coach Marshall Goldsmith", Harvard Business Review, Oct. 2002, pp. 22, 24.
- National Health Council, Antibiotic Resistance: a Serious Public Health Threat, December 2000; at <http://www.nhcouncil.org/programs/dr/p.pdf>
- National Institute on Allergy and Infectious Disease, Facts and Figures 2001, at <http://www.niaid.nih.gov/factsheets/allergystat.htm>
- National Institute on Drug Abuse (NIDA). Principles of Effective Treatment, National Institute of Mental Health, Washington D.C., 1999. Online at <http://www.nida.nih.gov/PODAT/PODAT1.htm>
- Nicolaus, Martin, editor. Presenting LifeRing Secular Recovery, A Selection of Readings for Treatment Professionals and Others Interested in an Abstinent Alternative to Twelve-Step Support Groups, LifeRing Press, 2nd ed., 2002.
- Nicolaus, Martin, editor. Keepers: Voices of Secular Recovery. LifeRing Press, 1999.
- Nicolaus, Martin. Recovery By Choice: Living and Enjoying Life Without Alcohol or Drugs, a Workbook. LifeRing Press, 2002.
- Order-Connors, Bernice, LSCW, CADC, CPS. [Smoke Screen](#), Professional Counselor Dec. 1996
- Pert, Candace. Molecules Of Emotion, Scribner 1997.
- Presser, Stanley, and Stinson, Linda. "Data Collection Mode and Social Desirability Bias in Self-Reported Religious Attendance," American Sociological Review, Vol. 63, No. 1, Feb. 1998
- Resnick, Michael P. Treating Nicotine Addiction in Patients with Psychiatric Co-morbidity, in Nicotine Addiction: Principles and Management, C. Tracy Orleans MD and John Slade MD, eds. 1993
- Robert Wood Johnson Foundation. Substance Abuse: The Nation's Number One Health Problem, Key Indicators for Policy ("Chartbook"), Princeton NJ, 2001.
- Rock, The. The Rock Says, Regan Books 2000.
- Roizen, Ron, "The Great Controlled-Drinking Controversy," pp. 245-279 [Chapter 9] in Marc Galanter (ed.), Recent Developments in Alcoholism, Vol. 5, New York: Plenum, 1987. Available online at <http://www.roizen.com/ron/cont-dri.htm>
- Russell, Bertrand. A Free Man's Worship, 1903, online at <http://www.users.drew.edu/~jlenz/fmw.html>
- Senay, Edward C. "Diagnostic Interview and Mental Status Examination," in Lowinson et al., eds., *Substance Abuse, a Comprehensive Textbook*, 3rd ed..

Senge, Peter. The Fifth Discipline: The Art and Strategy of the Learning Organization, NY Doubleday, 1994.

Shavelson, Lonny. Hooked: Five Addicts Challenge Our Misguided Drug Rehab System, The New Press, NY 2001.

Smoking and Mental Illness, a Population-Based Prevalence Study, by Karen Lasser MD et al, JAMA 2000;284:2606-2610 (11/22/2000).

Todar, Kenneth. Bacterial Resistance to Antibiotics. 2003. In Microbiology Textbook, online at <http://www.bact.wisc.edu/microtextbook/ControlGrowth/resistance.html>

Vaillant, George, MD. "Interview: A Doctor Speaks," AA Grapevine May 2001. <http://aagrapevine.org/archive/interviews/GVMDInterview.html>

Vaillant, George, MD. The Natural History of Alcoholism Revisited, Harvard University Press 1995.

Volpicelli, John R., MD, and Szalavitz, Maia. Recovery Options, The Complete Guide, John Wiley & Sons, NY 2000.

Voltaire, Francois. Épître à l'auteur du livre des trois imposteurs, 1770. See online at <http://www.bartleby.com/65/vo/Voltaire.html>

Walsh, Andrew. "Church, Lies, and Polling Data," in Religion in the News, Fall 1998, Vol. 1, No. 2. The Leonard E. Greenberg Center for the Study of Religion in Public Life, Trinity College, Hartford CT. Online at http://www.trincoll.edu/depts/csrpl/RIN%20Vol.1No.2/Church_lies_polling.htm

White, William. Slaying the Dragon: The History of Addiction Treatment and Recovery in America, Chestnut Health Systems, Bloomington IL, 1998.

White, William. "The Rhetoric of Recovery Advocacy, An Essay on the Power of Language," 2001, online at http://www.unhooked.com/sep/wmwhite_language.pdf

Wilson, Bill. Address to the General Service Conference, 1965. Online at <http://www.historyofaa.com/billw/gsc1965.htm>

Wilson, Bill. "The Impact of Alcoholism," Hearings before a committee of Congress, July 1969, online at <http://www.a-1associates.com/AA/testimony.htm>

Wilson, Bill. Address to the New York Medical Society, April 28, 1958. Online at <http://www.historyofaa.com/billw/med1958.htm>

Wilson, Bill. The Grapevine, Vol. 1, No. 4, Sept. 1944.