

"Clear ... engaging ... forceful" -- William L. White

WITH
A NEW
SUPPLEMENT
BY THE
AUTHOR

EMPOWERING Your **SOBER** Self

The LifeRing Approach to Addiction Recovery

SECOND EDITION

By the author of *Recovery by Choice*
Martin Nicolaus

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Empower Your Sober Self

Excerpts from the Book

Foreword by William L. White:

Not everyone will agree with the ideas and approaches set forth here, but for the past decade, individuals and families have used LifeRing Secular Recovery as an effective framework to initiate and maintain long-term recovery from life-impairing addictions. Those recoveries are cause for celebration, and this book details how they did it. Those seeking a solution to alcohol and other drug problems and professionals assisting people with such problems will find great value in these pages. -- William L. White, Author, [Slaying the Dragon: The History of Addiction Treatment and Recovery in America](#)

From the Introduction

One Saturday afternoon, my elder boy, then 10, came into the living room holding a chapter book they were reading in middle school. *The Great Horned Spoon*, it was; about the California gold rush days. One chapter features a brawl in a saloon. With the air of a boy looking for help with homework, wanting a vocabulary word explained, he spoke to me:

“Dad, you’re a ‘*drunkard*,’ aren’t you?”

I had no shields for that word, coming from him. The missile went straight into my heart. I was blowing the Daddy act. [...]

Lots of good people have grown up without fathers. But I wanted my kids to have it better. Now I was blowing it. I pondered whether a kid who has a drunkard for a dad is worse off than a kid who has no dad at all. Instead of making a better life for my kids than I had, maybe I was making it worse.

That brief conversation with my eldest boy left me changed inside, at least temporarily. The balance between the “me” that wanted to get free of drinking, and the “me” that wanted to die drunk, had tipped.

Within a few days, while the impact of my son’s one-child, one-word intervention still burned inside of me, I telephoned the Alcohol and Drug Abuse Program of the Kaiser Permanente HMO, to which the family belonged. It seemed like hours before someone answered the ring. My hands shaking, voice straining to sound casual, I made an appointment.

From Chapter 1: A Person Addicted is a Person in Conflict

The person in the grip of dependency on an addictive substance is a person in conflict. Their personality has split into two antagonistic camps. There is the old, original person, the person they used to be before addictive substances became a priority in their lives. And there is the more recent person, the addict, who lives in the person’s mind/body like a parasite, sucking up more and more resources, and driving the person toward a premature death. The inner struggle between these two personalities inhabiting the same person is the central psychological reality of life as an addict. So typical is this inner split that “Dr. Jekyll and Mr. Hyde” is hands down the favorite modern metaphor for the condition.

In Robert Louis Stevenson's *Dr. Jekyll and Mr. Hyde*, Hyde was the addict who committed unspeakable crimes while under the influence. Dr. Jekyll was the rational physician, a pillar of the community, always helping and doing good. The great hair-raising thrill of the story to this day is the audience's gradual dawning that they were in fact one and the same person.

From Chapter 2: Prepare Your Sober Self for Action

People who use addictive substances are notoriously hard on themselves. The reason is partly that the world is hard on people whose substance use has become too obvious, and we internalize those value judgments. There are elements in the traditional recovery protocol that reinforce these negative judgments, as we'll see in later chapters of this book. But there's an internally generated reason as well.

In the previous chapter, I showed how there's an A and an S inside of the addicted person. The A is the voice that tells you to drink and use. It does more. It tries to keep you in the appropriate state of mind so that you will keep feeding it. That state of mind is miserable and stressed.

The A does not want you to feel good about yourself, to feel confident, to feel capable, except perhaps in an exaggerated, grandiose way that makes you seem foolish and that deepens your despair when your tall schemes come to nothing. If you begin to see your strengths realistically and to make small but real gains that give you confidence, you may no longer want or need to keep using the substances. So, when you "beat yourself up," what's really happening is that your A is beating up your S.

From Chapter 3: How LifeRing Works

- Addiction is not a sin. People in LifeRing groups tend to have a matter-of-fact attitude about substance addiction. Chemical dependency is not a sin that you have to confess and atone for. It happens to people with all kinds of personalities, including people who are warm and caring, brilliant and generous. LifeRing meetings exist not to judge you or shame you or guilt you for your substance-influenced past, but to support you in building your substance-free present and future. The point is to make a fresh start.
- It stays positive. The LifeRing approach is thoroughly positive. LifeRing works by giving encouragement and support to your sober qualities and efforts. You are reinventing yourself as a person who has a life without drinking or using, and in that process you are supporting others in doing the same. What you are doing is worthwhile and important, not only for yourself, but for the group and for the whole community.
- You're a grown-up. Although you may count your sober time as a rebirth and celebrate sober baby birthdays, you are an adult and need to understand some adult truths. The tooth fairy will not come in the night and take your problems away. Only you can get you sober. The group cannot get you sober. Its purpose is to support you in getting yourself sober. Your purpose as a group member is to give others the same support you would want for yourself.

From Chapter 4: Building a Personal Recovery Program

One hallmark of a substance abuse treatment program that operates in a professional manner is its focus on building and carrying out a personalized treatment program for each patient. It would be absurd if the individuals whose recovery it is were to set for themselves a lower standard than that which professionals have recognized as necessary. If a professional needs to respond to the needs of each individual, then the individual can do no less in his or her self-help work. If "one size fits all" does not work in professional treatment, it certainly has no place in self-treatment.

LifeRing embraces the modern, evidence-based principle of individualized treatment and applies it to self-treatment. Apart from the prime directive, not to put addictive substances into the body, which we all share, LifeRing dismisses the notion that any single program is appropriate for all our participants. Matching our program to our individual problems and needs is what each of us does and should do. Building a LifeRing Personal Recovery Program is what both science and common sense indicate.

From Chapter 5: About Powerlessness

In the fourth century AD, at the dawn of the Dark Ages, not long after Christianity became the official religion of the remnants of the Roman Empire, there lived two wandering teachers.

One was a Christian monk named Pelagius. Born in the remote provinces of the British Isles, he found his way to the imperial capital, and also visited and taught in Carthage and in Palestine. He led an exemplary life of poverty, modesty, and virtue. Even those who opposed his teachings respected his life style. He preached that God had endowed human beings with the power and the freedom to make moral choices, both for evil and for good.

The other teacher was, by his own public admission, a fornicator, a thief, a drinker, and the father of an illegitimate child, among other vices. He was a Manichean – a religion that holds that everything composed of matter, including all living beings, is dark, corrupt, and evil, but that the forces of light, which exist outside of material things, will eventually prevail. His sudden mid-life conversion to Christianity and his quick promotion to bishop of the North African city of Hippo aroused so much popular skepticism that he felt it politic to write a 160,000-word “Confessions” in his own defense. He preached, in opposition to Pelagius, that man was powerless to choose virtue, and could only choose sin; whatever human beings achieve that is good, they achieve exclusively through the power and grace of God, and God alone deserves the credit.

When my chemical dependency counselor on my Day One in 1992 held up for me the two schedules of the two kinds of recovery support group meetings – the groups that became LifeRing, and the 12-step groups -- I had no inkling that I stood before a modern edition of the dispute between the virtuous monk Pelagius and the converted sinner, Augustine of Hippo.

From Chapter 6: About the Disease Theory of Alcoholism

In this chapter, I'll tell the fascinating story of how the disease concept of alcoholism came to be part of AA's teaching. You'll see the psychological utility as well as the economic and political interests behind the disease concept. You'll learn why the AA version of the disease model of alcoholism has failed to persuade many thoughtful people, including people within the medical and scientific communities. You'll see that leading advocates of the disease model themselves undermine its credibility because their approach to treating alcoholism has little in common with accepted modern medical practice. Finally, I'll present a brief summary of the pros and cons of the disease model and suggest a guideline for making up your mind whether to embrace it or not.

If you become part of LifeRing, you'll have complete freedom of opinion on the disease issue. LifeRing as an organization does not take a position on it. Sometimes we have debates within the organization between partisans of different lines on it. Our experience is that people who love the disease model, people who hate it, and people who are on the fence about it can all stay clean and sober. And that's what matters.

From Chapter 7: Genetic Headlines Meet Laboratory Realities

My friend Kevin comes from a mixed Native American and Irish background. On his father's side, all the male ancestors as far back as anyone can remember died of alcoholism, directly or indirectly. Six of his mother's sisters died of alcoholism, and so did both maternal grandparents. It is a safe bet that if alcoholism comes in the genes, Kevin has those genes. But Kevin doesn't drink or do other drugs. He's had a few nips now and then at ceremonial occasions but as a general rule he doesn't touch the stuff. It just doesn't appeal to him.

Sarah was Jewish. Nobody in her family tree, going back at least four generations, has ever had an issue with drinking or other addictions. Sarah started drinking in a college sorority, started doing pills not long after, and kept this up for almost three decades. When I met her, her friends said she was drinking two liters of vodka per day. Her skin was yellowing, a sign of liver failure. She refused to consider slowing down or stopping. She died at 49.

These examples touch only the surface of the problem of determining what role genetic factors play in the development of alcoholism and other addictions. Almost everyone knows a heavy drinker with a long family history of alcoholism who very probably inherited alcoholism in their genes. But almost everyone also knows people who break that stereotype, people like Kevin who should be alcoholics by family history but who don't drink, and others like Sarah who have no sign of genetic background but drink and suffer with the worst of them.

Newspapers headlines occasionally announce that "the alcoholism gene" has been found. Headlines appear such as "Born to the Bottle" and "Gene and Tonic: Science Proves that Alcoholics Can't Help it." Popular excitement follows. But when the research is checked by other laboratories, the claims become smaller, and soon they evaporate.

From the Conclusion

There is, in sum, no rational cause to set addicted persons apart by their nature, character, or constitution from the rest of humanity, to view them as inferior, or to accord them less empathy and respect. To put it more personally, there is no reason for us, who know addiction from the inside, to view ourselves as different, inferior, or less worthy of empathy and respect.

To see the sober person inside the addict is not to flip from one absolute to its opposite, from contempt to admiration, but rather to see the person as a living contradiction, a person living two lives and balancing two personalities. To see addicted persons as living contradictions is to understand why liberation is the fitting metaphor for recovery.

Liberation as a metaphor points to the sober self imprisoned within the addicted brain and affirms its inherent dignity and value. Liberation conceives recovery as the empowerment of the sober self, bursting the shackles of chemical dependency, and emerging as the original sober person, newly freed and reborn.

Although this may sound revolutionary, it is in reality a restoration. Addiction has hijacked the person's original self; it has stolen its energies, feelings, thoughts, and dreams, its very identity. Recovery gives them back. What we recover when we recover is our original self, the authentic us, the sober person we were meant to be and really are.

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