

Presenting

# LifeRing

LifeRing on the Web  
[www.unhooked.com](http://www.unhooked.com)

Styles of Secular  
Recovery, by  
William White and  
Martin Nicolaus  
3

How (Our) Self-  
Help Support  
Groups Work  
10

**There are multiple pathways  
to recovery -- Does your  
program offer clients a choice?**



LifeRing Press / LifeRing Service Center Oakland CA  
1-800-811-4142 [service@lifering.org](mailto:service@lifering.org)

A Primer for Treatment Professionals

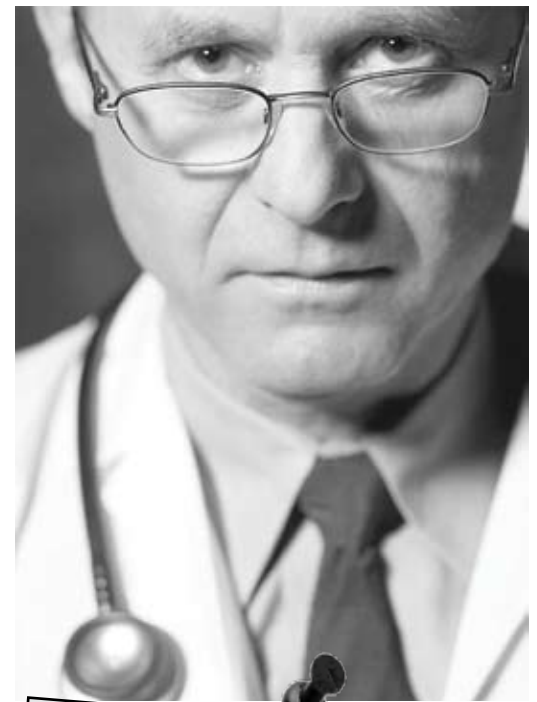
**I run a quality program.  
We tailor the treatment  
to the individual.  
Where can I find  
an abstinence support group  
that does the same?**

# LifeRing

**LifeRing is a new abstinence support group network where individuals work out recovery programs tailored to their personal needs and backgrounds.**

**Abstinence from alcohol and "drugs" is the group's common denominator. How you maintain your abstinence and how you live your new sober life is a voyage of discovery unique to each person.**

**As a professional, you wouldn't dream of treating every client exactly the same way. The key to success is matching the treatment to the individual. LifeRing abstinence support groups give you a referral option that understands.**



**Complete list of LifeRing  
Meetings, Chat Rooms,  
Forums, and Email Lists:  
[www.unhooked.com](http://www.unhooked.com)**

**LifeRing Press Books:  
[www.lifering.com](http://www.lifering.com)**

**About the LifeRing  
network:  
[www.lifering.org](http://www.lifering.org)**

## ***What LifeRing Participants Say:***



- I like LifeRing because its meetings encourage crosstalk, and thereby give recovering people the opportunity to experience normal group interaction soberly, and to practice social skills in a supportive environment. -- David, San Rafael CA
- I have carried the sobriety message in fluent AA for a number of years -- and have found that there is a real need for a different point of view and a different language. I have found both in LifeRing. -- Ralph, San Francisco

• My first LifeRing was exciting as well as comforting for me. I felt at ease and began talking immediately, which I never talked much before, when I was using. Now, I am also a convener of our own meeting. I love the openness that LifeRing brings to me. -- Ted, Lafayette CO



**More about LifeRing: [www.unhooked.com](http://www.unhooked.com)  
LifeRing Press books: [www.lifering.com](http://www.lifering.com) or 1-800-811-4142  
Email or call for information or to book a LifeRing speaker**

*There are many roads to recovery*



# Styles of Secular Recovery

by William White, MA and Martin Nicolaus, MA, JD

**T**he last essay in this column noted the growing diversity in religious, spiritual and secular frameworks of recovery and sketched the history of religious approaches to addiction recovery. This essay reviews the history and growing varieties of secular recovery and the implications of such diversity for the addictions professional.

#### A HISTORY OF SECULAR RECOVERY

The history of non-religious, non-spiritual approaches to the resolution of alcohol and other drug problems begins with the Washingtonian Revival of the 1840s. The Washingtonians removed preachers and physicians from the temperance lectern in favor of men and women who, in the vernacular of the day, were “reformed” or were “reforming.” The Washingtonians replaced religious admonitions not to drink with 1) public confession of one’s addiction; 2) a signed pledge of absti-

nence; 3) visits to younger members; 4) economic assistance to new members; 5) experience sharing meetings; 6) outreach to the suffering drunkard; and 7) sober entertainment and fellowship. While many Washingtonians entered the life of their local churches, Washingtonian leaders were charged by their religious critics with committing the sin of humanism —placing their own will above the power of God. Recovery support societies that followed the Washingtonians took on a more religious orientation, but secular recovery groups continued in some of the mid-century moderation societies, ribbon reform clubs and support societies that grew out of early treatment institutions (e.g. the Ol-lapod Club and the Keeley Leagues).

The Jacoby Club, a recovery support society that grew out of the Boston Emmanuel Church’s early 20th century

*Continued on Page 4*



*Author William White as guest speaker at the 2004 LifeRing Congress in Berkeley, CA*

## Styles... *Continued from Page 3*

program of lay psychotherapy for alcoholism, later separated from the church and shifted to a more secular framework of recovery support. The lay alcoholism psychotherapists of this period shifted from a religious approach (e.g., the early work of Courtenay Baylor) to a strictly secular approach (e.g., the later work of Richard Peabody).

The near-exclusive dominance of Alcoholics Anonymous (AA), Narcotics Anonymous and other 12-step recovery societies in the mid-twentieth century was balanced in the last quarter of the twentieth century by a plethora of non-spiritual, non-religious recovery support programs. Such programs (and their founding dates) included Women for Sobriety (WFS) (1975); Secular Sobriety Groups (later renamed Secular Organization for Sobriety — Save Our Selves (SOS) (1985); Rational Recovery (RR) (1986); Men for Sobriety (MFS) (1988); Moderation Management (MM) (1994); SMART Recovery (1994); and LifeRing Secular Recovery (LSR) (1999). Many of these groups were influenced by the work of Carl Rogers and Albert Ellis. The growth of religious and secular alternatives to 12-step programs has produced the largest continuum of recovery support structures that has ever existed in history.

### LIFERING: ORGANIZATIONAL AND MEMBERSHIP PROFILE

One of the more recent secular recovery support societies is LifeRing Secular Recovery. To provide a more in-depth look at secular recovery, we provide a brief profile of the history and current status of LifeRing. LifeRing was officially founded in 1999, though many

of its early members had been previously involved in Secular Organizations for Sobriety (SOS). Since 1999, LifeRing has provided mutual support through participation in face-to-face meetings (80 groups in 20 states and four countries) (69 percent of members); the LSR email list (43 percent of members); participation in online (www.unhooked.com) chat rooms (33 percent of members); Internet forum (bulletin board) (18 percent of members); LifeRing social

---

**Secular models ... acknowledge the power of addiction, but also posit an opposite power — an irrepressible resilience — within the self that seeks freedom from the drug and pushes the addicted person toward recovery and a meaningful life.**

---

events (14 percent of members); or attendance at a LifeRing Congress (16 percent of members). LifeRing members also consume a growing body of secular recovery literature.

A just-completed survey of LifeRing members provides a profile of those involved with secular recovery. Based on a survey of 401 members, LifeRing members are predominately middle-aged (average 48), White (81 percent), educated (81 percent with college experience and 46 percent with a bachelors or advanced degree), and close to gender-balanced (men,

58 percent; women, 42 percent). Members report diverse religious backgrounds (Protestant, 31 percent; Catholic, 25 percent; Jewish, 4 percent; other, 16 percent; and none, 24 percent), although 82 percent report either no participation or minimal participation in the past year. Most LifeRing members report sustained exposure to alcohol, prescribed and illicit psychoactive drugs and 35 percent report concurrent recovery from a psychiatric disorder (primarily depression and anxiety).

LifeRing members participate in the organization to support their own recovery (84 percent) or to provide personal or professional support for the recovery of another. Most members began participation in LifeRing following referral by a counselor or friend in recovery or by discovering LifeRing on the Internet. Three-fourths of LifeRing members had prior contact with a 12-step program before their involvement in LifeRing.

### DISTINGUISHING THEMES

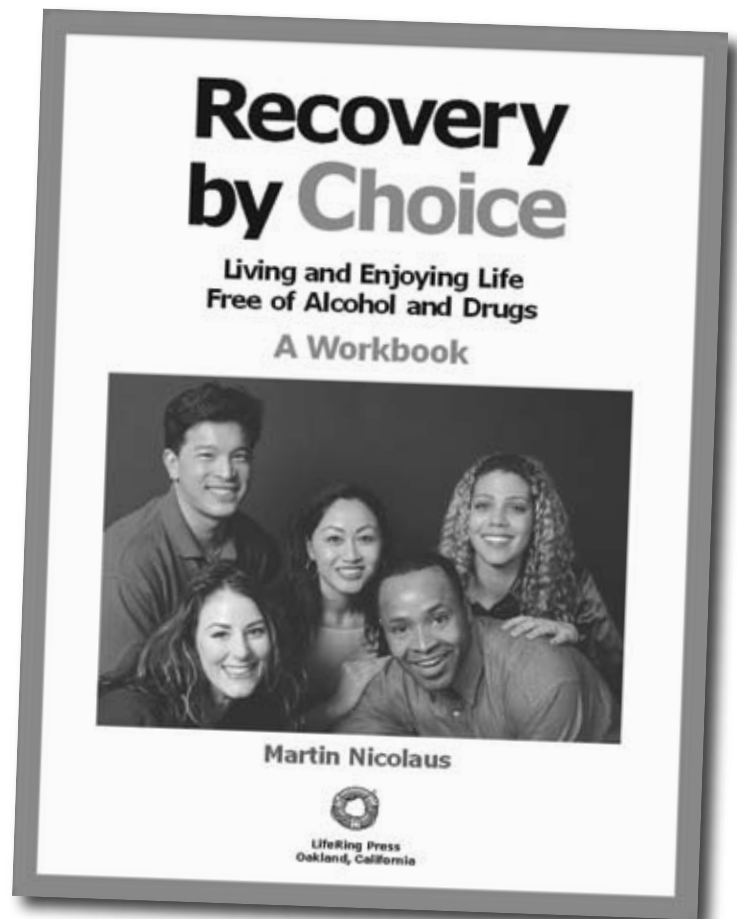
The critical difference between religious/spiritual and secular programs of addiction recovery rests primarily on different views of the source through which addictive behavior is corrected. The former, via the concepts of religious surrender or AA's concept of powerlessness, posit that only external, transcendent resources (a Higher Power) can rescue the addict from his or her entrapment. Secular models, in contrast, acknowledge the power of addiction, but also posit an opposite power — an irrepressible resilience — within the self that seeks freedom from the drug and pushes the addicted person toward recovery and a meaningful life. Women

*Continued on Page 6*

# Readers rave about *Recovery by Choice* the workbook:

- It's the best book written for a person in recovery that I've come across in a long time. I suggest it daily here at the Hospital. -- Sam Houx, Schick-Shadel Hospital, Seattle
- Excellent results and feedback. -- Catherine Trestrail, Director, A Positive Alternative.
- I have absolutely loved the workbook .... I can tell this book is going to make a lot of difference. -- R.B.
- I've got to say I love this book, I wish I had done this when I first got sober, the questions make me think, think, think! -- J. H.
- I still adore my Recovery By Choice book and have become voracious about letting people know that designing your own recovery program, the one that works for you, is possible and extremely satisfying. -- M.G.
- It was phenomenal for me. I think everyone of us should have it, and work it at your own pace. It's intense but so hugely helpful. The workbook is like a hand to hold. I needed it so much. -- L.M.G.
- I have done some introspection over the years, but this workbook is really specific. It's helping me put my finger on what my real issues have been. How I "solved" problems before, and what my options are now. -- M.G.
- I think you'll really like the workbook. It is easily the most useful exercise book I've ever seen. Simply full of wisdom for building a recovery program. -- J.X.
- You will be amazed by what it will show you about yourself. I was shocked! It is also kind of fun to go through. -- RP.
- The workbook is a cool thing, its main purpose seems to be to make you think about yourself, your life. As you sit there reading it, by yourself, you can't really lie to yourself. -- B.M.
- The workbook helped me to create a staying-sober plan that has worked well. Now I'm off to review it and

**Read sample chapters,  
Table of Contents and  
Table of Main Worksheets at  
[www.lifering.com/workbook](http://www.lifering.com/workbook)**



- make some updates. One whole year with NO hang-overs and NO regrets! -- L.L.
- I was amazed at the depth of the workbook, and go to it when I need some extra support or things to ponder late at night. -- L.F.
  - It is helping clients of all ages (16-60). I am a licensed addictions counselor. -- V.S.
  - It is an excellent book -- helped me immensely. Besides being a workbook in which you can fill out answers to checklists and other questions, it has hints, tips, and suggestions that have worked for other people. These suggestions were very valuable to me. -- G.M.

**Third Printing. 304 pages. 8.5x11"  
Lay-flat binding US\$20.00 + s/h**

**Order online using Visa/MC from  
LifeRing Press  
[www.lifering.com](http://www.lifering.com)  
Or 1-800-811-4142  
Ask about quantity discounts**

## Styles... *Continued from Page 4*

for Sobriety affirms the recovering woman's strength of character and posits the source of recovery inside the self; Rational Recovery relies on the power of a rational brain to wage battle against the inner Beast; SMART Recovery extols the virtue of self-reliance, assertive problem solving and lifestyle balance; and LifeRing paints an addict self and a sober self struggling for dominance within the recovering person. The themes of most secular recovery groups are illustrated in LifeRing's "Three-S" philosophy: sobriety ("We do not drink or use, no matter what."); secularity (the inclusion of people of all faiths and no faith within a mutual support process that emphasizes achieving recovery through human rather than divine intervention); and self-help (a focus on individual motivation and effort).

Religious, spiritual and secular addiction recovery support groups are similar in their practical tools for problem resolution, warm social fellowship, and emphasis on experience sharing. In spite of these similarities, secular groups are distinguished by lack of references to religious deities, less emphasis on self-labeling ("alcoholic" and "addict"), greater emphasis on personal empowerment, an openness to crosstalk (direct feedback and advice), the lack of formal sponsorship, and encouragement to complete a recovery process and move on to a full, meaningful life (rather than sustain meeting participation for life). Some of the secular groups (e.g., SMART Recovery) also use volunteer professional advisors (persons not in personal recovery) to facilitate and speak at meetings.

So what are the implications of this growing diversity of styles of recovery for the addictions professional? Addiction counselors across the country are developing new understandings and changing their clinical practices based on this diversity. These new understandings include the following.

There are multiple pathways of long-term recovery. People are

---

### **The celebration of recovery pluralism and a philosophy of choice should be the core of comprehensive systems of care for substance use disorders.**

---

resolving alcohol and other drug problems of variable severity through religious, spiritual and secular approaches, and are doing so with and without formal recovery mutual aid involvement and with and without professional treatment (Humphreys, 2004; Dawson, et al., 2005). Religious, spiritual and secular recovery support groups all contain a core of members who have achieved stable, long-term recovery.

**C**lient choice enhances recovery motivation and recovery outcomes. The addition of a secular option introduces an element of choice into treatment planning that can generate powerful motivational benefits for some clients. Patient choice is today standard practice in medical treatment of heart disease, cancer, and other primary disease, and the

value of choice is being increasingly confirmed in behavioral health research (Hester & Miller, 2003). The celebration of recovery pluralism and a philosophy of choice should be the core of comprehensive systems of care for substance use disorders.

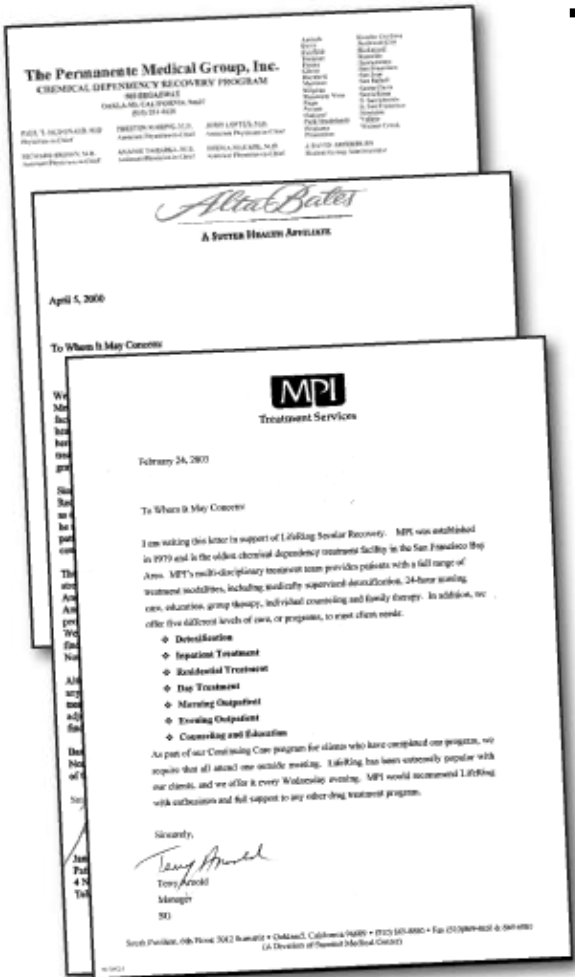
Pathways of long-term recovery differ in their core ideas, sense-making metaphors, and their rituals and techniques of recovery initiation and maintenance. These differences are reflected in the growing variety of recovery mutual support societies. The implication of this understanding is that counselors need to provide a menu of ideas, metaphors, rituals and techniques that are as diverse as the client populations with whom they are working.

Acknowledging the legitimacy of secular recovery groups or referring individuals to such groups does not, per se, undermine a program's abstinence orientation. Although the major moderation group in the United States (Moderation Management) is secular in its orientation, most secular groups are strongly abstinence-oriented. The addition of an abstinence-based secular option within programs with a strong abstinence philosophy reinforces the abstinence message from two otherwise philosophically divergent positions.

The addition of a secular option does not automatically engender tension or friction between clients in treatment. Groups such as LifeRing have been operating side-by-side with 12-step groups on the same treatment premises for years without antagonism. Seeing the diversity of ways people are

*Continued on Page 8*

# Treatment Professionals Who Know LifeRing Recommend LifeRing



**“LifeRing meetings have always been well attended but the Saturday group has been so popular that at times we have had to open a second meeting room to accommodate all the people who wish to attend.**

**I am happy to state that LifeRing has always been able to coexist harmoniously with other support meetings. Patients report being satisfied with the format and some say they attend LifeRing and 12-step support meetings. I am happy to recommend LifeRing to any drug treatment program.”**

***-- Day Treatment Co-Coordinator, Kaiser Permanente Chemical Dependency Recovery Program, Oakland CA***

**“This approach encourages patients to think positively about themselves and to find a reason to live productively....**

**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.**

**Based on our experience at this facility over the past two years, on behalf of the treatment team on 4 North, we would recommend similar LifeRing meetings to other facilities interested in expanding the range of their patient services.”**

***-- Patient Care Manager, Dual Diagnosis Unit, Alta Bates-Summit Medical Center, Herrick Campus, Berkeley CA***

**“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.”**

***— Manager, Merritt-Peralta Institute, Oakland CA***

## Styles... *Continued from Page 6*

resolving alcohol and other drug problems tends to enhance client confidence in the prospects of recovery and engender tolerance toward these different pathways.

People seeking recovery may use religious, spiritual and secular frameworks exclusively, concurrently or sequentially. Individuals may learn to reinterpret a single framework over the span of recovery, may use simultaneous involvement in multiple recovery support societies to meet different recovery needs, or may use one framework to initiate recovery and another framework to maintain and enrich recovery. Fifty-five percent of LifeRing members we surveyed report continued participation in 12-step groups. Of those participating in more than one recovery mutual support society, 44 percent consider LifeRing the most important for their recovery while 30 percent consider LifeRing and 12-step programs equally important to their recovery. Similar findings of concurrent involvement in AA and secular recovery groups have been reported for WFS (Kaskutas, 1992) and SOS (Connors, et. al., 1992). While the concepts used by religious, spiritual and secular recovery groups differ significantly, it seems that many recovering people have discovered how to selectively draw upon these concepts to support their long-term recoveries.

The recognition of multiple (including secular) pathways of recovery is changing clinical practice in a number of important ways. Embracing a “whatever works” philosophy, growing numbers of addiction counselors are:

- **Educating themselves about secular alternatives to addiction recovery**
- **Meeting with the institutional or service committees of local secular recovery groups**
- **Exploring with each client which ideas, words, rituals and support structures will best serve to catalyze or anchor recovery**
- **Including secular recovery literature within client education materials**
- **Including secular groups as a referral option (leaving it to each client to decide which mutual support structure best fits his or her needs)**
- **Expanding the language of counseling to reflect inclusiveness of religious, spiritual and secular pathways of recovery**
- **Inviting representatives of all local recovery support groups to speak to clients or host meetings within their treatment facility**

A day is rapidly approaching when addiction counselors will be knowledgeable about the whole spectrum of religious, spiritual and secular pathways of long-term recovery. Recovery from addiction is cause for celebration whether that recovery comes through a transcendence of self or an assertion of self. •

*William White, M.A. is a Senior Research Consultant at Chestnut Health Systems and author of Slaying the Dragon: The History of Addiction Treatment and Recovery in America.*



*Martin Nicolaus, MA, JD, is CEO of LifeRing Secular Recovery and author of Recovery By Choice: Living and Enjoying Life Free of Alcohol and Drugs, a Workbook.*



## References

- Connors, G.J., Dermen, K.H., and Duerr, M. (1992). SOS membership survey: Preliminary results. In: Christopher, J., Ed., SOS Sobriety, Buffalo, NY: Prometheus Books, pp. 61-65.
- Dawson, S.A., Grant, B.F., Stinson, F.S., Chou, P.S. Huang, B. & Ruan, W.J. (2005). Recovery from DSM-IV alcohol dependence: United States, 2001-2002. *Addiction*, 100, 281-292.
- Hester, R. K., & Miller, W. R. (Eds.) (2003). *Handbook of Alcoholism Treatment Approaches: Effective Alternatives* (3rd ed.). Boston, MA: Allyn & Bacon.
- Humphreys, K. (2004). *Circles of Recovery: Self-Help Organizations for Addictions*. Cambridge: Cambridge University Press.
- Kaskutas, L. (1992). Beliefs on the source of sobriety: Interactions of membership in Women for Sobriety and Alcoholics Anonymous. *Contemporary Drug Problems*, Winter, 631-648.

This article was originally published in *Counselor, The Magazine for Addiction Professionals*, August 2005, v.6, n.4, pp.58-61.

# Reach more winners

List your practice/program  
on [www.unhooked.com](http://www.unhooked.com)

Sixty per cent of  
successful recoveries  
from alcoholism  
occur without AA.\*

You improve your  
chances of serving the  
clients who will be part of  
that successful majority if you  
list your practice in the Treatment  
Finder section on [www.unhooked.com](http://www.unhooked.com),  
the LifeRing home page.

If your practice or program offers:

- Cognitive behavioral modalities
- Strength-based approaches
- Motivational Interviewing
- Solution Focused Therapy
- Dialectical Behavior Therapy
- Aversion therapy
- Reality Therapy
- Psychotherapy
- Individualized counseling
- Client-centered therapy
- Nutritional therapy
- Eclectic modalities
- Any secular abstinence approach

List your practice/program on

**[www.unhooked.com](http://www.unhooked.com)**

Free basic listing with link to your web site  
Preferred placement available  
Contact [webmaster@unhooked.com](mailto:webmaster@unhooked.com)  
or 1-800-811-4142

\* Vaillant, George, M.D. "A Doctor Speaks," in *The AA Grapevine*, May 2001, p. 36.  
Based on research reported in Vaillant, *The Natural History of Alcoholism Revisited* (1996).



# How (Our) Self-Help Support Groups Work

By Martin Nicolaus

When I have the privilege to address treatment professionals about the LifeRing recovery approach, one of the most frequent questions is “how it works.”

By way of introduction, I would like to quote a passage from an article by Prof. Edward C. Senay, Emeritus Professor of Psychiatry and Director of Research, Interventions, University of Chicago. In his contribution to the college text *Substance Abuse, A Comprehensive Textbook*, 3d Ed, 1997, edited by Lowinson et al., Dr. Senay 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. Most substance abusers are quite aware that what they are doing is destructive, that they have been deceived by the culture of drugs and alcohol, and that they want to change. If this were not true, there would be no Alcoholics Anonymous, Cocaine Anonymous, or Narcotics Anonymous [...]. The job of a clinician is to ap-

peal to this pole of healthy striving. Even for those in complete denial, one must assume that there is a positive pole, because one can be sure that it was not there only in retrospect. (“Diagnostic Interview and Mental Status Examination,” in Lowinson, *op. cit.*, p. 364).

Whenever I am asked to explain theoretically what we do in LifeRing meetings and “how it works,” I begin by drawing the outline of a head on the board, and within it I sketch a large area labeled “A” that represents the addiction, and a smaller area labeled “S” that represents its opposite - what Prof. Senay calls the “pole of healthy striving.” (Figure 1, below).

This sketch -- meant purely as a metaphor, not as a picture of brain anatomy - represents the alcoholic or addict as they usually stand at the beginning of recovery. That is to say, the “A” or addicted element within them is large and dominant, the “S” or sober element is comparatively smaller, and the “A” overshadows it. The actual relation between these poles in a real person is, as Prof. Senay aptly points out, an ever-changing balance; but the sketch approximates the average state of a typical person at the start of getting sober.

We have many names for the “A” part of the picture. We call it the addiction, or the disease, or the lizard brain, or the Beast, or the Devil, and many others. But oddly, we have a paucity of names for the pole of healthy striving. In the groups I lead, I sometimes call it the sober place, or the sober self, or I personify it as the Sober Guy or the Sober Gal -- the Sober Me -- within. Whatever its name, by the time an alco-

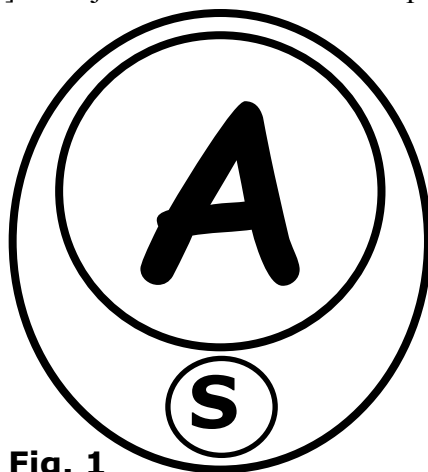


Fig. 1

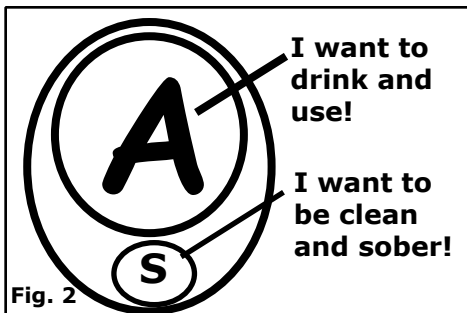
*Continued on Page 11*



**How ...** *Continued from Page 10*

holic or addict shows up on the radar screen of a recovery program or a recovery self-help support group, it is usually active and visible to the discerning eye.

Two main kinds of evidence tell us that a sober place or sober “self” is present within the person.



The first is the psychological experience of inner dialogue. I have spoken with hundreds of alcoholics and/or addicts in various stages of wetness and dryness, and almost without exception they report having conversations -- arguments -- in their heads about their drinking and using. Typically there is one set of voices arguing for getting wasted, but another set arguing against it. (Fig. 2, above.) The active user’s inner conflict over drinking and using, which may appear on the surface as “ambivalence,” is one sure sign that the force of addiction within the person is not the only occupant, and that a lesser but opposite presence is also active within. Inner conflict over drinking/using is one of the almost universally shared experiences of our subculture.

The other class of evidence that tells us that there is some kind of element or force for sobriety within the alcoholic/addict in recovery is the existence of self-help recovery organizations. As everyone knows, the only requirement for membership in them (and our own group is

no different in this respect) “is a sincere desire to get sober.” We know with certainty that a sincere desire to get sober does not originate from the diseased or addicted force within the person. It must arise from an opposite force, a force of health and of anti-addiction -- a sober place within. Without that “pole of healthy striving” within the addict, as Prof. Senay observed, no self-help groups could exist.

If we start to deconstruct the “sober place” within an active or recently active alcoholic/addict, we will probably find several sources. Part of it is the remnant of the person’s pre-addicted life -- the years of childhood and perhaps of other periods in life when the person functioned without drinking/using. Part of it stems from the kind of primitive reflex-like survival instinct that

---

**We know with certainty that a sincere desire to get sober does not originate from the diseased or addicted force within the person. It must arise from an opposite force, a force of health and of anti-addiction -- a sober place within.**

---

makes even a depressed, suicidal person fight for air when someone pushes their head under water. Part of it is the emotional deposit left by waves of harmful consequences from our drinking/ using. Part of it

*Continued on Page 12*



**Choice begins with information**

**Keep a stock of LifeRing brochures in your waiting room**

**Eight titles and more in the works**

**Order from LifeRing Press  
www.lifering.com  
or 1-800-811-4142**

**Free to treatment professionals listed on www.unhooked.com**

**How ...** *Continued from Page 11*

may stem, as the neuropharmacologist Elliot Gardner has suggested, from the binary chemistry of the drugs of addiction themselves: in the short term they trigger the pleasure circuits, but they also activate slower “opponent” chemicals that are anti-rewarding and make us want to stop. [Gardner, “Brain Reward Mechanisms” in Lowinson, op.cit. p. 68]. Part of it represents our persistent rational reflection that there has got to be a better way.

The sober pole within an addicted person is a complex construction of many layers and pieces. It would be useful to know more about how this element slumbering within the active drinker/user comes to assert itself and to influence behavior. We do know that if the pole of sober striving within the person remains dormant and subordinate to the addictive pole, then the addiction will sooner or later consume them and they will die of the consequences.

Experience shows that this fatal negative imbalance of power inside the addict can change and be reversed if two or more come together in an environment of support for sobriety. In what follows, I attempt to sketch how the self-help group process works to yield recoveries.

The group environment and its rules are clearly important. We know, for example, that if two individuals who are constituted as described in Fig. 1 meet in a bar or a drug house or some similar environment, for the purpose of drinking/using, then typically the communication will run between the addicted part of the two

---

**The objective is to connect the sober places with each other, and to stimulate their activity and raise their energy level.**

---

heads, and the interchange will reinforce the addiction. “Have a drink” - “Let’s get wasted.” This is addicted self talking to addicted self. (Fig. 3, next page.) This kind of interaction notoriously adds weight to the addiction in both heads at the expense of the sober strivings. This is the vicious cycle of addiction. Drinking and drugging environments are not only fueling stations for the substance, they are support groups for the behavior. They are places where the person gets strokes for drinking/drugging and sympathy for enduring the consequences.

Sobriety support group environments -- sound ones, in any event -- are designed to shut down addict-addict bonding and to promote posi-

tive exchanges between the sober selves instead. This design is partly explicit, and partly implied. For example, the opening statements of most of our meetings expressly bar persons from speaking if they are under the influence. On the other hand, no written rule forbids sober meeting participants from discussing, for example, the merits of different kinds of wines or liquors, or the best growing regions for sinsemilla. But participants would recognize implicitly that this kind of topic celebrates drinking/drugging, and awakens and stimulates the addicted brain region. Someone who ventured into this area would be met with silence or a change of subject.

The written and unwritten prohibitions of a sobriety support group aim to isolate the addicted parts of the participating brains from one another, to deprive them of social stimulus, to deactivate them and as far as possible put them to sleep. What we are trying to awaken, to foster and to protect is communication from and to the sober places within one another, as in Fig. 4. Sober talking to sober is the channel where we want the traffic. The objective is to connect the sober places with each other, and to stimulate their activity and raise their energy level.

What flows through this communications channel is at first sight “just words.” (There is of course

*Continued on Page 14*

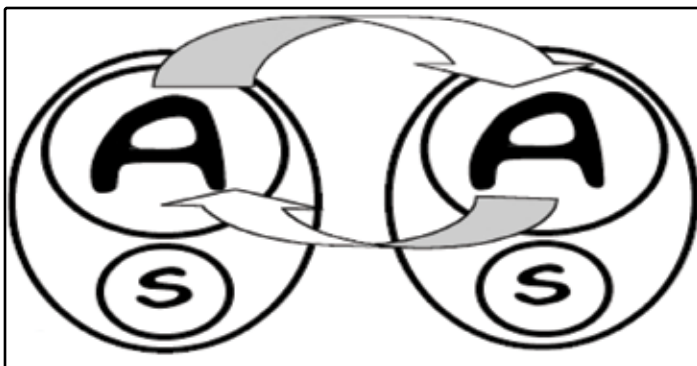


Fig. 3: Reinforcement loop between the addict selves (A to A)

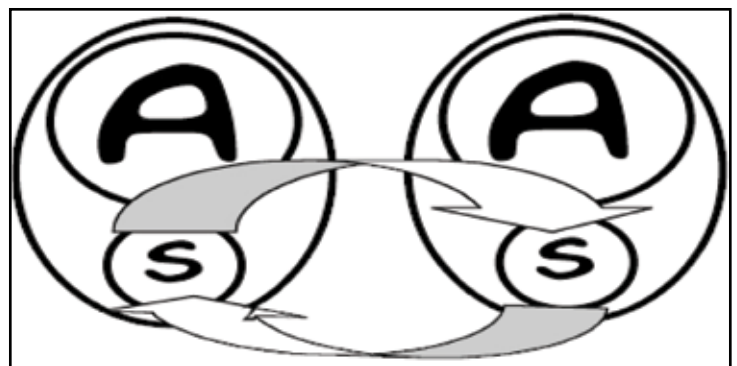


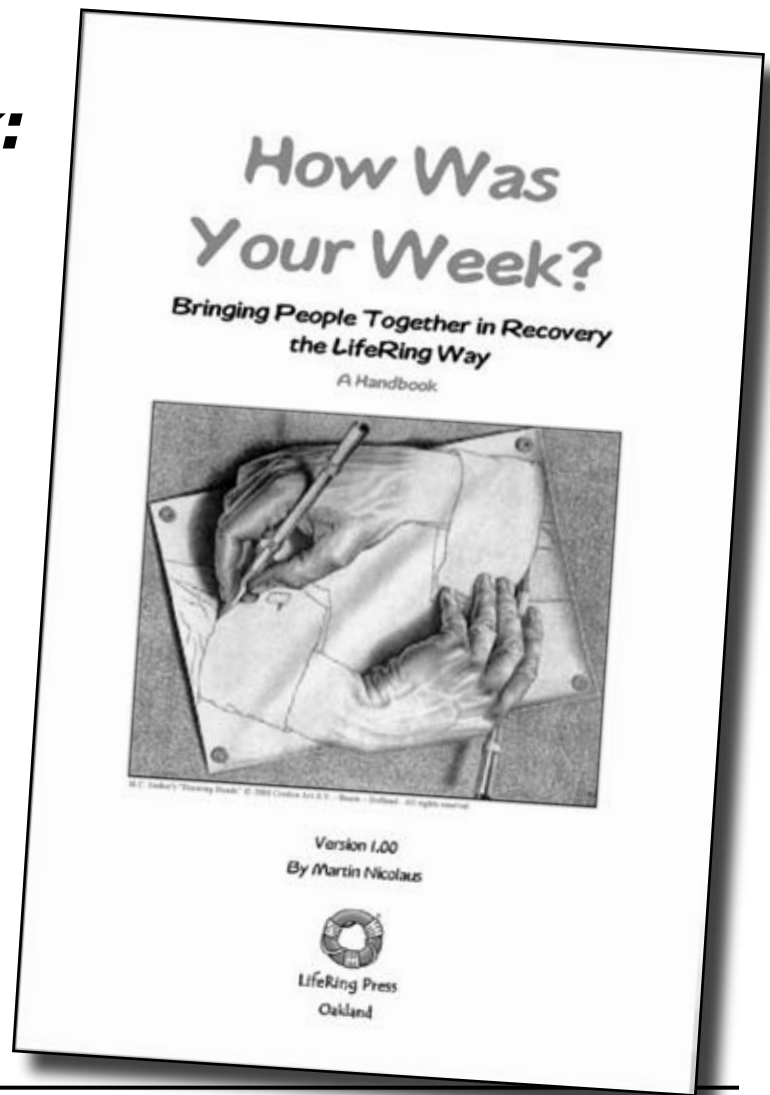
Fig. 4: Reinforcement loop between the sober selves (S to S)

## Kudos for

# How Was Your Week?

“A masterful job. ... Many recovery mutual aid groups have floundered or collapsed because they failed to clearly define their mission and methods. How Was Your Week? defines the mission and methods of LifeRing Secular Recovery with remarkable clarity and enthusiasm. This book is a significant achievement that will be an invaluable aid ...”  
-- Bill White, Author, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*.

“Through his books and articles, LifeRing author Martin Nicolaus provides the recovery community with what it most needs -- a vast variety of individual paths toward sobriety and improved living. For those who have failed to find a comfortable place in the twelve-step community, Nicolaus’ books lead the way to another chance. -- Lonny Shavelson. Author of *Hooked: Five Addicts Challenge Our Misguided Drug Rehab System*.



## How Was Your Week?

**Bringing People Together in Recovery the LifeRing Way -- A Handbook.**

**By Martin Nicolaus.**

“How Was Your Week?” is the question that opens most LifeRing meetings. This book describes the surface process of the LifeRing meeting format and the deeper healing, empowering forces at work within it. This is a handbook for the people who start, lead and support LifeRing meetings (“convenors”). It will be of value to any readers who wants a thoughtful, reasoned, book-length exposition of the LifeRing approach.

**How Was Your Week? 250 pp. 5.25" x 8.5", comb binding.  
US\$15 + s/h. ISBN 0-9659429-4-5.**

Read sample chapters at  
[www.lifering.com/handbook](http://www.lifering.com/handbook)

Order online with Visa/MC  
from LifeRing Press

**[www.lifering.com](http://www.lifering.com)**  
Or 1-800-811-4142

**How ...** *Continued from Page 12*

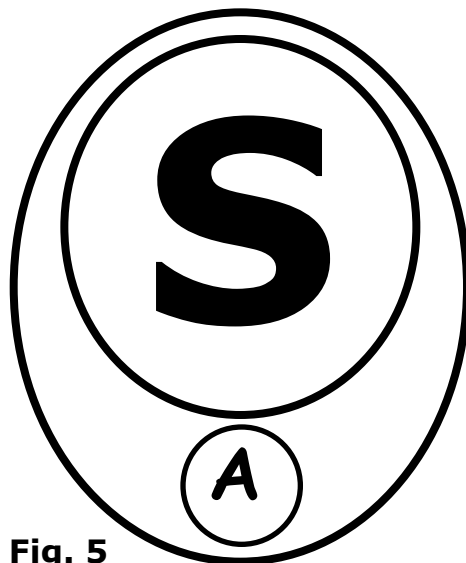
also nonverbal communication, facial expressions, body language.) However, words have the power to change feelings and thereby to change behavior. If I am feeling lonely and I come to you and say “I feel lonely,” I will probably feel less lonely as soon as the words reach your ears. Similarly, if we feel angry, or frustrated, or any number of things, we can change those feelings by speaking them to others who hear us. This “magic” is the basis of all talk therapy. Even tangles of terrifying feelings that twist our bodily tissues in knots can be released through talk. [Judith Hermann, M.D., *Trauma and Recovery*, N.Y. 1997, p. 183].

**S**ober-sober communication is a win-win transaction; it creates pluses at both ends. “I am sober today.” By voicing that statement to you, I affirm my sobriety and make it public to you. This is a plus for my sober self. With these simple factual words, heard by you, my sober self is celebrating an achievement. And you, who hear this statement, also experience a plus. If you were unsure that sobriety is possible, you may take encouragement. You may take it as a stimulus to do likewise. You may take it as comfort that you are not alone in your own sobriety. And if you respond, “I also am sober today,” the effect is doubled. You again experience a plus; and so do I, hearing you. A bond is built between the sober parts within us, and the sobriety within both of us grows larger, stronger and deeper.

What holds for simple affirmations goes also for the more complex communications that take place in most self-help meetings. For example, a member shares an anecdote

from the previous week: “I was at my brother’s house and he offered me a beer. And I said, no thank you, I don’t drink anymore, and I didn’t.” Often, a statement like this will bring applause from the group. Applause from the group is a powerful method of social reinforcement. This anecdote sends strong positive messages. The speaker made a decision to prioritize sobriety over sibling ties. He defined himself as a non-drinker. He stuck to his sober guns. Everyone who hears the anecdote mentally analyzes it from various angles and applies it to their own situation. It is stored away in memory for the occasion when it may be needed. It becomes part of everyone’s sobriety tool kit. Over time, each participant hears and shares hundreds of such experiences and builds them into a mental mosaic that is a meaningful guide to action for that individual.

The desired result of such an accumulation of pluses over time is the resilient dominance of the sober self. The important thing is the resilience. During the hour that the person spends in a well-functioning sobriety meeting, the sober place within the mind is dominant. The sober self is active and has the run of the brain. It hums with the ener-



**Fig. 5**

---

**The person started recovery as an addict who has a sober self locked up within; the person becomes transformed during the recovery process into a sober person who has an addicted self locked within.**

---

gy derived from the immediate connection with the other sober selves. This is the beneficial cycle of sobriety. The addicted portion, during that hour, is isolated, disconnected, and inactive. The problem is to maintain this temporary sober dominance and make it enduring. When the meeting is over and the sober minds unplug from one another, the sober striving tends to retreat and the inner addiction to revive. This is why no single meeting is enough. It may take a great deal of time, many repetitions, and the accumulation of a great many “pluses” before the dominance of the sober force within the brain becomes tenacious, so that over time and on the average, the person’s makeup comes to resemble Fig. 5, in which the sober part overshadows the addiction.

**B**y the evidence, the addicted portion never disappears completely. People may experience catastrophic relapses after ten, fifteen, twenty years or even longer. Nor is the addicted portion “dead.” It can continue to generate mentation and emotional activity for life. Accordingly, the new positive imbalance in the mind is not a static end result, a final fate, any more than its opposite, the dominance of

*Continued on Page 16*



# No LifeRing nearby yet? Client apprehensive? Refer to LifeRing Online:

- Chat room
- Forum
- Email lists

The gateway to LifeRing online:

# www.unhooked.com

**24/7/365, anywhere in the world: LifeRing online is there. Some individuals have achieved 5+ years of sobriety with LifeRing online support alone.**

## LifeRing 101 -- the Slideshow on CD

LifeRing author and CEO Marty N. outlines the basics of the LifeRing approach for a live audience of recovering people and treatment professionals.

- What is the LifeRing meeting format?
- What are the fundamental tenets of LifeRing philosophy?
- How does the LifeRing process work?
- What does LifeRing contribute to the recovery community?

This 45-minute slide show presentation was recorded live at the 2002 LifeRing Congress in Berkeley, CA. Runs on your Windows computer using Real Player software (included on disk). Produced by Jill T. **\$10 & S/H**



Order online from LifeRing Press **www.lifering.com** or 1-800-811-4142

**How ...** Continued from Page 14

the addicted self, was a final fate. The inner dialogues do not disappear, but this time they have a different outcome, and because of that they are experienced not as tortures, but as affirmations, even as celebrations. The person started recovery as an addict who has a sober self locked up within; the person becomes transformed during the recovery process into a sober person who has an addicted self locked within. That is the only difference, but it is a profound one.

Although the images I have sketched are not intended as pictures of brain anatomy, the basic process is consistent with psychobiologist D.O. Hebb's rule that "the strength of a synapse between two neurons is increased by the repeated activation of one neuron by the other across this synapse." (Hebb, 1949). Both the strengthening of the sober circuitry and the corresponding atrophy and reduction of the addicted brain networks through repeated social activation and non-use, respectively, exemplify basic patterns of brain development. (Siegel, *The Developing Mind, Toward a Neurobiology of Interpersonal Experience* (NY 1999), pp. 13-14).

I believe that the foregoing process describes -- in a very generalized, schematic way, to be sure -- how our self-help recovery groups work. I base this description on having attended something approach-

ing a thousand of our meetings over the past seven years and more. Although I have attended only a few meetings of other kinds of self-help groups, and have never participated

---

**The therapeutic process here described has no need of a "Higher Power" hypothesis.**

---

in an AA or NA meeting, I will be so bold as to conjecture that when they work at all, they all work approximately this way. Prof. Senay's observations quoted at the outset suggest that this dynamic between the two contending "poles" within the person is what makes possible the existence of self-help groups in general.

On several occasions when I have presented these thoughts and diagrams before audiences of people familiar with the 12-Step process, I have been told that "this is exactly what we do also." And indeed, there is much in the AA universe that resonates with this description of the healing process. There is the image of AA as "two drunks talking;" there is the emphasis on the sharing of "experience, strength and hope," and much else. Yet, as soon as my interlocutors tell me that what I have described is exactly what they also do, they feel assailed by doubts. The process of mutual self-help I have

described relies on communication among humans. The healing power comes from a specific purposeful kind of interaction between people, much as fire comes from skillfully and persistently rubbing two sticks together. Reflecting on this, my interlocutors grow confused. This sounds so right, so intuitively correct, so much in accord with experience -- but what about the "Higher Power"? The therapeutic process here described has no need of a "Higher Power" hypothesis.

Reduced to its barest essentials, the road map that we sketch for the newly recovering person comes down to these few words: empower your sober self. In Prof. Senay's words, "the job of the clinician is to appeal to this pole of healthy striving." For us, as LifeRing participants, the job is to help one another find and recognize this "Sober Me" within us, and to assist one another in reinforcing that place, extending its influence over our behavior, and increasing its energy level, until it becomes the dominant force within us, overshadowing the addicted side. This is what it means to make sobriety one's priority. This process is not easy or quick. However, the concept is so clear and simple that a newcomer can grasp it on day one, and it supplies enough challenges to last a lifetime. •

*(Originally published on [www.unhooked.com](http://www.unhooked.com), 2000)*



**"We the members of LifeRing Secular Recovery, in order to establish a free-standing, democratic recovery support network based on abstinence, secularity, and self-help, adopt the following Bylaws."**

**The LifeRing Bylaws, 2006. 12 p. \$1.00. Order from [www.lifering.com](http://www.lifering.com) or 1-800-811-4142.**

**Free to LifeRing convenors.**



**Where could I  
send my clients  
to learn to make  
better everyday  
choices?**

# LifeRing



**LifeRing is a new abstinence support group network where the usual topic is, "How was your week?"**

**People review the decisions they made last week, and those they will make next week, in a sober, supportive group setting.**

**LifeRing meetings are informal laboratories where participants learn life skills by sharing their experiences and getting feedback from peers who understand.**

**Life skills and sober social support, all in one package. No wonder that referrals from treatment professionals make up the largest source of new LifeRing participants nationwide.\***

**Complete list of LifeRing  
Meetings, Chat Rooms,  
Forums, and Email Lists:  
[www.unhooked.com](http://www.unhooked.com)**

**LifeRing Press Books:  
[www.lifering.com](http://www.lifering.com)**

**About the LifeRing  
network:  
[www.lifering.org](http://www.lifering.org)**

## **What LifeRing Participants Say:**



The people in Denver's LifeRing have been a fundamental part of my recovery and continue to be a valued source of support, strength and joy." - Katy O., Denver

What LifeRing means to me is having a community that is built around and assumes sobriety. I've made lifelong personal friends and my weekly participation -- now over 8 years -- keeps me away from the 'slippery slope.' -- Donna, Berkeley CA

I really like LifeRing because it allows for individuation and that's crucial for me. I guess I'm not much of a blind follower. I know what's best for me. I'm the one that lives in my skin. The group process of LifeRing is what works for the thinking person. -- Sam, Seattle WA

I have always insisted on being the "captain of my own ship," and LifeRing offers the framework in which I can create my own recovery plan - one that fits ME! -- Kathy, Nanaimo BC Canada



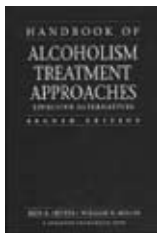
**More about LifeRing: [www.unhooked.com](http://www.unhooked.com)  
LifeRing Press books: [www.lifering.com](http://www.lifering.com) or 1-800-811-4142  
Email or call for information or to obtain a LifeRing speaker**

\* Based on Membership Survey, available online at [http://unhooked.com/survey/2005\\_lifering\\_participant\\_survey.htm](http://unhooked.com/survey/2005_lifering_participant_survey.htm)

## Books that Belong on Every Professional's Bookshelf



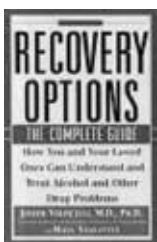
- **Slaying the Dragon, The History of Addiction Treatment and Recovery in America**, by William White (1998, Chestnut Health Systems / Lighthouse Institute, order direct: <http://www.chestnut.org>), ISBN 0-938475-07-X, \$19.95. The history of recovery in America began in the 1770s and reveals, in White's thoroughly researched account, an unsuspected diversity and richness. Indispensable reading for everyone interested in the Big Picture. Reviewed at [http://www.unhooked.com/booktalk/slaying\\_the\\_dragon.htm](http://www.unhooked.com/booktalk/slaying_the_dragon.htm).



- **Handbook of Alcoholism Treatment Approaches: Effective Alternatives**. Reid K. Hester, William R. Miller, editors: 2nd Ed. Allyn & Bacon, 1995. ISBN 0205163769; also 3rd Ed. 2004. A painstaking meta-analysis of treatment outcome studies suggests that the substance abuse treatment methods that are in the most widespread use today are those for which there is the least scientific evidence of effectiveness. Reviewed at [http://www.unhooked.com/booktalk/hester\\_miller\\_handbook.html](http://www.unhooked.com/booktalk/hester_miller_handbook.html)



- **Hooked: Five Addicts Challenge Our Misguided Drug Rehab System**, by Lonny Shavelson, The New Press, New York, 2001. ISBN 1-56584-684-2. A book full of heart and wisdom about five remarkable addicts' lives, readable as an intensely human story, and a passionate brief for reform of the substance abuse treatment system. "What we today call drug rehab does not provide consistent and coherent help to the majority of addicts who come seeking it." Reviewed at [http://www.unhooked.com/booktalk/hooked\\_shavelson.htm](http://www.unhooked.com/booktalk/hooked_shavelson.htm)



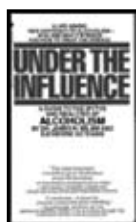
- **Recovery Options: The Complete Guide. How You and Your Loved Ones Can Understand and Treat Alcohol and Other Drug Problems**. Joseph Volpicelli, M.D., Ph.D., Maia Szalavitz. Wiley & Sons, 2000. ISBN 0-471-34575-X. Paper, \$15.95. An evidence-based, non-hysterical consumer guide to the recovering person's options. Reviewed at [http://www.unhooked.com/booktalk/recovery\\_options.htm](http://www.unhooked.com/booktalk/recovery_options.htm)



- **Substance Abuse, The Nation's Number One Health Problem, Key Indicators for Policy**. Prepared by the Schneider Institute for Health Policy, Brandeis University, for the Robert Wood Johnson Foundation. Feb. 2001, 128 pp., free from the Foundation. More deaths, illnesses and disabilities in the U.S. result from the use of tobacco, alcohol and illicit drugs than from any other preventable health condition. This book presents an impressive array of facts and figures, illustrated with graphs and charts. Reviewed at [http://www.unhooked.com/booktalk/substance\\_abuse\\_rwjf.htm](http://www.unhooked.com/booktalk/substance_abuse_rwjf.htm)



- **You Can Free Yourself From Alcohol and Drugs: Work a Program That Keeps You in Charge**, by Doug Althaus, M.Ed., CSAC, MAC. Oakland: New Harbinger Publications, September 1998. ISBN 1-57224-118-7. Doug Althaus is Program Coordinator of the CDRP at Kaiser in Honolulu. His book, based on nearly ten years of clinical experience, is a fascinating effort to move beyond the old spiritual paradigm of the 12 Steps into a newer, more secular and more self-empowering recovery model. Reviewed at <http://www.unhooked.com/booktalk/althaus1.htm>



- **Under The Influence: A Guide to the Myths and Realities of Alcoholism**, by Dr. James R. Milam and Katherine Ketcham. This oldie but goodie (1981) has stood the test of time and is still one of the best introductions to alcoholism and recovery. Reviewed at [http://www.unhooked.com/booktalk/under\\_the\\_influence.htm](http://www.unhooked.com/booktalk/under_the_influence.htm)

*Buy these books from your favorite independent bookseller*

# Some Thoughts for the Office Bulletin Board

**"The roads to recovery are many."**

AA Cofounder Bill W., The AA Grapevine, Sept. 1944

**"1. 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."**

National Institute for Drug Abuse (NIDA), Principles of Effective Treatment (1999)

**"We change most effectively when we have a plan for learning that fits our lives, interests, resources, and goals."**

Daniel Goleman, Working With Emotional Intelligence (1998)

**"The 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."**

Lonny Shavelson, Hooked: Five Addicts Challenge Our Misguided Drug Rehab System (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: "[...] it doesn't hurt at the level of GSO for AA to have humility and understand that 60 percent do it without AA."**

AA Trustee George Vaillant, MD, The AA Grapevine (May 2001)



Photo: Lonny Shavelson, Hooked

**"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. [...] There is also reason to believe that clients have wisdom about what is most likely to work for them."**

— William R. Miller, "Increasing Motivation for Change" in Reid K. Hester, William R. Miller, editors, Handbook of Alcoholism Treatment Approaches: Effective Alternatives. 2nd Ed. (1995)

**"It is time that the recognition of multiple pathways and styles of recovery fully permeated the philosophies and clinical protocols of all organizations providing addiction treatment and recovery support services."**

William White and Ernest Kurtz, The Varieties of Recovery Experience: A Primer for Addiction Treatment Professionals and Recovery Advocates (2005)

**"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."**

William White, Slaying the Dragon, The History of Addiction Treatment and Recovery in America (1998)

**"The first principle of recovery is the empowerment of the survivor. She must be the author and arbiter of her own recovery."**

Judith Herman MD, Trauma and Recovery (1997)



**Abstinence**  
From Alcohol and  
Drugs



**Peer  
Support**  
How Was Your  
Week?



**Secularity**  
Faith or  
disbelief  
remain  
private



**Choice**  
Personal  
Recovery  
Programs

## LifeRing Service Center

1440 Broadway Ste 312 Oakland CA 94612  
service@lifering.org 1-800-811-4142

Dear Treatment Professional:

When you refer your patients/clients to LifeRing support groups, they will find abstinence, peer support, secularity, and choice.

All LifeRing groups are based on abstinence. LifeRing does not support moderation, harm reduction, or controlled drinking approaches. LifeRing groups include alcoholics as well as drug addicts without distinction, just as most modern treatment programs do.

LifeRing groups provide peer support. Discussion centers on current life issues (“how was your week?”) and on planning to meet recovery challenges in the days ahead. The atmosphere is safe, confidential, positive.

LifeRing groups are secular. The proportion of church-goers and others is about the same as in the general population, but religious belief or disbelief remains a private matter during meetings. Meetings are free of religious practices and usually end with a mutual round of applause.

LifeRing members each build personal recovery programs. As a professional, you know that matching the treatment to the individual is the key to success. Many LifeRing participants use the *Recovery by Choice* workbook as a tool to build their personal recovery programs.

Experience and research teach that there is more than one road to recovery. The treatment professional who can offer patients/clients a choice of recovery pathways enjoys a big therapeutic advantage. Giving patients a choice creates client investment, powerfully enhances motivation, and yields better outcomes. Choice is a central feature of the modern quality treatment program.

This booklet is a short introduction to LifeRing. If you would like to speak with a LifeRing representative in person, or if you want a LifeRing speaker to address your patient and/or staff audience, please contact the LifeRing Service Center at 1-800-811-4142 or [service@lifering.org](mailto:service@lifering.org). Thank you.

Sincerely yours,

Martin Nicolaus (“Marty N.”)  
CEO

Price US \$5.00

**Presenting LifeRing: A Primer for Treatment Professionals.** Copyright © 2006 LifeRing Inc. Order from LifeRing Press using your Visa/MC at [www.lifering.com](http://www.lifering.com) or 1-800-811-4142. For a complimentary copy, send your treatment professional business card to LifeRing Press, 1440 Broadway Ste 312, Oakland CA 94612. This publication replaces *Presenting LifeRing Secular Recovery: A Selection of Readings* (2000, 2002).

ISBN 0-9659429-5-3



9 780965 942959