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Styles of Secular Recovery

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The 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 abstinence, 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 Ollapod Club and the Keeley Leagues.

The Jacoby Club, a recovery support society that grew out of the Boston Emmanuel Church’s early twentieth century 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, Narcotics Anonymous and other Twelve-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 Twelve 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% of members), the LSR email list (43% of members), participation in online (www.unhooked.com) chat rooms (33% of members), Internet forum (bulletin board) (18% of members), LifeRing social events (14% of members), or attendance at a LifeRing Congress (16% 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%), educated (81% with college experience and 46% with a bachelors or advanced degree), and close to gender-balanced (men, 58%; women, 42%). Members report diverse religious backgrounds (Protestant, 31%; Catholic, 25%; Jewish, 4%; other, 16 %; and none, 24%), although 82% 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% report concurrent recovery from a psychiatric disorder (primarily depression and anxiety).

LifeRing members participate in the organization to support their own recovery (84%) 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 Twelve 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 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.

Implications for Counselors

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 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.

Client 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 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 Twelve Step groups. Of those participating in more than one recovery mutual support society, 44% consider LifeRing the most important for their recovery while 30% consider LifeRing and Twelve 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, and
- 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.

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.

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