

Winter/Spring 2011
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TRIVIAL MATTERS

A Recovery Intl. Biannual Newsletter For The Utah/Wyoming/Nevada Area

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Content edited by:

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Welcome to the Winter/Spring issue of our Area's biannual newsletter. We hope you find this edition

informative. As always, if you would like to include articles, testimonials, or offer a Recovery example of your own, just let us know. We'll be happy to feature your input in upcoming issues. Please mail your examples etcetera to Area Leader Karen Allgood at: 3258 West Bradford Park Dr., West Valley City, Utah 84119, or email to: karen4recovery@yahoo.com.◇

Recovery's Founder Acknowledged As Pioneer Of Cognitive Therapy

In his national bestselling book, *Feeling Good—The New Mood Therapy*, David D. Burns, M.D. acknowledges our organization's founder, Dr. Abraham A. Low, for his substantial contribution to the modern-day practice of cognitive therapy.

The Recovery International systematic method of self-help mental health is the result of many years of careful experimentation by our late founder, neuropsychiatrist Abraham A. Low, M.D.



At the start of Dr. Burns's book, *Feeling Good*, he acknowledges Dr. Low's contributions.

Dr. Burns writes, "The development of cognitive therapy has been a team effort involving many talented individuals. In the 1930's, Dr. Abraham Low, a physician, began a free-of-charge self-help movement for individuals with emotional difficulties, called 'Recovery Incorporated,' which is still in existence today. Dr. Low was one of the first health professionals to emphasize the important role of our thoughts and attitudes on our feelings and behavior. Although many people are not aware of his work, Dr. Low deserves a great deal of credit for pioneering many of the ideas that are still in vogue today. In the 1950's, the noted New York psychologist, Dr. Albert Ellis, refined these concepts and created a new form of psychotherapy called Rational Emotive Therapy. Dr. Ellis published over fifty books that emphasize the role of negative self-talk (such as 'shoulds' and 'oughts') and irrational beliefs (such as 'I must be perfect') in a wide variety of emotional problems. Like Dr.

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Low, his brilliant contributions are sometimes not sufficiently acknowledged by academic researchers and scholars. In fact, when I wrote the first edition of *Feeling Good*, I was not especially familiar with the work of Dr. Ellis and did not really appreciate the importance and magnitude of his contributions. I want to set the record straight here! Finally, in the 1960's, my colleague at the University of Pennsylvania School of Medicine, Dr. Aaron Beck, adapted these ideas and treatment techniques to the problem of clinical depression. He described the depressed patient's negative view of the self, the world, and the future, and proposed a new form of 'thinking therapy' for depression, which he called 'cognitive therapy.' The focus of cognitive therapy was helping the depressed patient change these negative thinking patterns. Dr. Beck's contributions, like those of Drs. Low and Ellis, have been substantial."

Recovery International members are grateful to our organization's founder, Dr. Low, and are pleased when modern-day professionals like Dr. David Burns offer credit to the pioneering individuals who dedicated their lives helping those with mental health needs. ◇



Newsletter Note:

For interested Members, we are running low on "Member Interviews" and "Examples" for future editions of our newsletter. Please take a moment to fill out the forms at the end of this newsletter, and mail or email them in. We want to hear from YOU. Thanks!

Area News and Commentary

● **New RI Discovery format offered at the Centerville, Utah meeting**—Judy Gilmore is our Area's first Leader to switch to RI's new Discovery format for her group. The Discovery meetings offer RI's living skills in a friendly, interactive, fast-paced, peer-to-peer setting and through self direction. Join Judy's meeting on Fridays from 2:00pm – 4:00pm at the Centerville City Library, 45 South 400 West, to discover an interesting, new alternative to the traditional RI meeting. ◇

● **Recovery showcased on KSTAR Radio 1400 AM**—In November, Orem, Utah Group Leader Ron Cottle helped promote Recovery International and our local meetings by speaking on air with radio host Diana Hoffman, (from "Healing Talk With Diana Hoffman"). The radio program outlined the many ways Recovery can be used by anyone, with or without a mental health diagnosis, to act and take charge—improving their life, marriage, and family/personal relationships. Ron also scheduled a second appearance on the show at the first of the year in January 2011. Online audio streaming of the show can be picked up through planetarystreams.com and shoutcast.com. Please contact Ron Cottle for further information on the program's air times. ◇



● **♪ Tis the season to be jolly...♪**—The Southern Utah RI Area had a jolly time at a local restaurant as they celebrated the kickoff of the holiday season with a Recovery party. ◇

Front Row Partygoers: Mary, Mary Ellen, Jaylene. **Back Row Partygoers:** Wendy, Danielle, Tammy, Tami, Margo, Deb, Helen, and Gwen.



● **♪ Baby it's cold outside...♪**—The Orem, Utah RI Group greeted the winter season with a party of their own at The Stitching Corner. They began the evening by giving a Panel Demonstration attended by three newcomers and 14 Group Members. They followed up the evening with dinner, games, and a trumpet duet, inviting all to share their own talents as well. ◇

Headquarters News

Recent news from ALSHS Headquarters in Chicago has unfortunately not been good. Our organization is suffering in this economic climate, and our donations

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are at an all-time low. It has reached a point of becoming quite serious. The idea of charging for attendance at our meetings is a future possibility, because there is a chance that Recovery/ALSHS may have to close its doors if the financial situation does not turn around soon.

In order to avoid this scenario, here are a few things we're asking from our Area Members:

- 1) Please ask yourself what your mental health means to you and the value you place on attending our meetings.
- 2) Can you dig into your pockets, wallets, or purses just a little deeper to keep Recovery alive? The suggested donation is \$5.00. Can you forgo a five-dollar indulgence during the week in order to donate at RI—such as forgoing a snack at the drive-through or giving up an impulse purchase at the store?
- 3) Please, endorse yourself for your donations. ♦

Quarterly Quote On Mental Health

(Can you spot the Recovery principles in the following quote?)

“The happiest of people don't necessarily have the best of everything; they just make the most of everything they have.”—*Author Unknown*

**This quarter's quote provided by
Orem, Utah Leader Ron Cottle.
Thanks, Ron!**

Marilyn Low Schmitt: On Her Father Dr. Low And His Self-Help Mental Health Program

Excerpted from Marilyn Low Schmitt's speech given at an educational presentation for the University of Illinois Medical School and printed in the April-June 2010 Recovery Reporter.

When one listens to—in the words of Karl Menninger—“people who are legion whose lives were saved or fulfilled” by the Recovery International System of Abraham Low—when one listens to those legions of people as I have all my life, one first hears that, “This program saved my life,” and then one hears a great reverence for the man Abraham Low, though he's been dead 56 years. He loved his patients, and they see him as a wise and tough and loving uncle figure.

But the truth is, Abraham Low was a scientist. He had a pre-World War I German classical education and a medical degree from the University of Vienna. After immigrating to the United States in 1921, he became deeply involved in neurological studies here at the University of Illinois Medical School. Between 1929 and 1938, he published six major studies in brain research. Two of those, from 1931 and 1933, were on agrammatism (problems with reading grammatically) and acalculia (problems with doing

simple mathematics). Those studies lay unnoticed for 50 years until they were rediscovered and hailed by neurologists in the 1980's as predicting brain theories a half-century in advance of today's thinking. Abraham Low was always ahead of his time.

Starting in 1937, he became interested in the mentally ill patients here at the UIC Psychiatric Institute. He saw the revolving door, of release and readmittance, and wanted to do something about it. He took his scientific bent and applied it to the behavior and thought of the mentally ill. From 1937, when he began to call on patients here at the Psychiatric Institute to take charge of their own wellness process, until 1952, in that 15-year period, he forged his scientific knowledge of the brain together with his Germanic/Viennese empirical observation into a systematic formulation of what would push people to take that final step to wellness—not maintenance, wellness. In those 15 years, he unquestionably established the first system of cognitive behavioral therapy. It began here—at UIC.

The even greater genius of this accomplishment was that he boiled an entire system of intellectual theory and practices down into elements sufficiently simple for preoccupied mental patients to apply to themselves. And he cast those simple elements into a brilliant group structure and process that they could carry out on their own—true self-help, guided strictly by his structured group meeting format. All that is now called Abraham Low Self-Help Systems, but its flagship is called Recovery International.

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Let's examine all that a bit.

First, the Low System is not psychotherapy. We are lay people, we never ask about diagnosis, we don't talk about medication, and we don't tell people what to do about their life problems. We are a training system. Recovery group leaders are ordinary, formerly sick people, training currently sick people in their continuing management of everyday disturbing episodes in their lives. We deal only with very specific, everyday events. And we bring to those day-to-day events, hundreds of simple tools formulated by Abraham Low, in which all participants train themselves—to reduce agitation, anger, anxiety, and all the terrible symptoms of unbalanced thought.

The basic principle of the Low Self-Help System is that inner calm is the greatest friend of the nervous system, and what he called "temper" is the greatest enemy of mental health. Temper is both Anger and Fear, because both stem from the same cause—the judgment of wrong, against the outside world in anger, and against ourselves in fear. Thus, overcoming both anger and fear—the judgment of wrong—is one of the greatest challenges in regaining and maintaining mental health. That requires changes in thought and changes in behavior. And both thoughts and behavior are subject to control, by what he called the Will—as it says on the bronze plaque in the lobby downstairs: "The Will says yes or no, to thoughts and to impulses" (impulses meaning behavior, what we act out with our muscles).

Well, good enough, but how do we make that happen? We get people to sit in a group and speak the words of Abraham Low to each other as friendly commands: the most comforting is, "Symptoms are distressing but not dangerous." "If you can't change a situation, you have to change your attitude toward it." "Don't take yourself too seriously." "Drop the judgment—against others and against yourself." "There are no uncontrollable impulses—there are only impulses we choose not to control." "Feelings are not facts. Feelings lie and deceive." "Don't put a ceiling on the amount of discomfort you are willing to bear." Because if you are going to overcome the agonies of anxiety and panic that descend on you, you MUST bear discomfort. "Bear discomfort and comfort will come." And of course, it is most comforting for people who are suffering these agonies to hear this tough talk—spoken always sympathetically—from people who have themselves experienced and overcome the terrible symptoms of mental illness.

It's about building habits, and those habits are established through the brilliantly and deceptively simple meeting structure that Abraham Low created. Every meeting—led by a trained person who has come through the system—inculcates habits of thought—that quickly or slowly—invade the thinking and behavioral processes of the individual, at whatever pace that person is able to absorb. The system is patient and forgiving.

The meeting structure of RI—and all its variant programs—takes each person through a series of 4 deceptively simple narrative steps, that train us in objective observation

of ourselves and our experiences, reinforce our coping tools, and make us recognize and praise our improvement.

I've left out so much—

- ~ The need to expect setback and how to manage it,
- ~ The relationship between the symptoms, the organs, the muscles, and the brain,
- ~ The patient's sabotage of his/her own improvement,
- ~ The construction of a realistic philosophy of life,
- ~ And the crucial role of hope.
- ~ And so much more.

Folks, all my life, I have watched this system make very sick people well—certainly in cooperation with professional therapists—who by the way, when they use us, say we make their patients better, more cooperative patients (because with us, they learn to stop sabotaging the process!)

And all my life, sadly, I have watched almost the entire psychotherapeutic world—with wonderful exceptions—ignore a low-cost system that sees itself as an adjunct to, not a substitute for, professional psychotherapy. We take people that last crucial mile of getting well, that only they can walk.

Abraham Low's self-help system began here at the University of Illinois Chicago. We are proud of that connection and hope that you will mirror that pride back to us. Cognitive

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behavioral therapy began here.

Please learn about this very successful 70+-year program in its full depth, and take credit as its birthplace.

Thank you. ◇

Leaders' Conference Calls For 2011:

January 15

March 19

May 21

July 16

September 17

November 19

(Calls are held the 3rd Saturday of every other month at 11:30a.m. Leaders are required to attend a minimum of three conference calls throughout the year.)

Salt Lake City Mental Health Conference



On September 24th and 25th, 2010, the Salt Palace Convention Center hosted a two-day

Recovery/Depression Conference on mental health.

At the event, the local Recovery Area set up a table where conference attendees as well as industry professionals stopped by to learn

about Recovery and the Abraham Low Self-Help System programs.

Orem, Utah's Group Leader Ron Cottle traveled to Salt Lake to assist at the conference, distributing information and getting the word out to interested attendees. Several of Ron's Group Members helped at the conference as well, including: Daniel Bingham, Deborah Olsen, Jana Day, Karen Canfield, Linda Denison, Ryan and Melissa Armstrong, Scott Black, Scott Blackham, Sherry Gillespie, Tiffany Rogers, Sharon and Stephanie (no last names available), and also Micky Adams from RI up north.

The mental health conference showcased many speakers with varying views and backgrounds, including Dr. Sue Pickett from Chicago, Illinois, a Director at the University of Illinois Chicago, who has been conducting a major research study for Recovery International over the past three years.

During the conference, Ron Cottle gave a talk about his mental health journey, and after his speech, Dr. Sue Pickett expressed her appreciation for his willingness to get up in front of the audience and share his personal story. It truly highlighted why RI is such a great program.

Our Area Leader Karen Allgood attended the conference and was greatly impressed with the knowledge and the desire of our Area's members who worked so diligently on Recovery's behalf. Thanks to those members and their efforts, RI has been invited to attend the conference again in 2011. ◇

Bounced Donation Checks

Friendly Reminder: Bounced checks written at meetings \$7.00 fee our Area Account, Area more original donation. Please be mindful of this, and thank you for your donations!



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Dr. Sue Pickett Completes Three-Year Recovery Research Study



Dr. Sue Pickett, a Director at the University of Illinois Chicago, recently completed her three-year

evidence-based research study for Recovery International in November 2010. Her evaluation had two goals: 1) To examine the extent to which RI helps participants cope with daily life challenges, and 2) To collect information on RI group participation and satisfaction.

A total of 126 RI newcomers from 97 RI groups nationwide enrolled in the study. The interviews asked participants questions about their mental health symptoms; emotional well-being; mental health recovery; feelings of empowerment, hope, and self-stigma; social support; use of mental health and social services; their current participation in RI;

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satisfaction with the RI program; and support they received from the RI groups.

The initial results of the evaluation show that six months after enrolling in the study, newcomers reported high levels of satisfaction with the groups and felt supported by other members. Attending the meetings was associated with the following: Fewer depressive and anxiety symptoms, less symptom domination—(feeling that one’s life is “controlled” or dominated by his/her mental health symptoms), greater hope, and greater feelings of self-esteem and coping mastery ability.

In all, the preliminary results suggest that RI participation appears to help individuals better manage their symptoms and cope with everyday problems as well as increases confidence in one’s ability to not let life be dominated by one’s mental illness. Final study results should follow soon. ♦

Getting To Know Our Members: Meet Santa Clara, Utah Co-Leader Mary Ellen Beers



Trivial Matters: Please tell us a little about yourself.

Mary Ellen: I grew up in Orem, Utah, went to Orem High and attended two years of college at Utah Technical College (now UVU). I’ve been married 23 years and have three children (two are in college, and one is a junior in high school). My family has lived in the St. George area 16 years. Within the past year and a half, I’ve been diagnosed with several medical problems, starting with MS, and I wouldn’t have been able to cope with any of it without Recovery.

TM: How long have you attended Recovery meetings?

Mary Ellen: Since 2005, so about five years. I’m so happy to co-lead. It helps me keep sharp in using The Method as well as being committed to attending each week. I am so grateful for the friendships I’ve made as well.

TM: How did you discover the Recovery meetings?

Mary Ellen: I have had anxiety and depression most of my life. I just didn’t recognize it or its effect on my body until spring of 2005 when I had become somewhat debilitated (in bed most of the time). I talked to a friend who told me my mental health is the most important thing. That one spot changed my life. She told me about Recovery, and I started to attend, and I’ve been a faithful attendee ever since.

TM: What is your favorite Recovery spot?

Mary Ellen: There are so many favorite spots...bear the discomfort and comfort will come...if you can’t change a situation you can change your attitude about it...if you don’t count your gains it’s as though they never happened.

TM: What do you enjoy doing in your spare time, such as hobbies, interests, and/or sports?

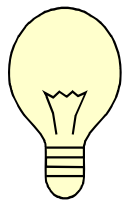
Mary Ellen: I like to go to yoga. I like to learn to cook gluten free foods for myself as I have celiac disease. I go to two other support groups for physical problems. I like to sew and do crafts. Most of all I like to spend time with my family. ♦

PARTIAL VIEW PUZZLE

Complete the “total view” by inserting the correct letters to reveal the following Recovery term:

TE__ER__ENT_L
L I N __

(Answer on the back page.)



“Spot”- light On Policy And Procedure

From time to time it’s helpful to review our organization’s policies and procedures found in Recovery’s *Group Leaders’ Guide*.

This issue’s “Spotlight on Policy and Procedure” pertains to the time limits set for the Example Period as prescribed by Dr. Low.

The Example Period is to last from one hour to one hour and ten minutes. This ordinarily permits four to six examples to be given.

The time allowed for giving an example is five minutes or less. This does *not* mean five minutes for Step One—which is describing the event that worked oneself up. The five minutes or less is for *all four* steps of the example. Meaning five minutes to, 1) Describe the event, 2) List the symptoms, 3) List the spots used, and 4) Describe the temperamental reaction that would have been experienced in former days versus how it was handled using the Recovery method.

Why is keeping within the five-minute timeframe so important? The following includes a few noteworthy reasons:

1) It’s not group minded to take up the majority of the meeting with one’s own example. Others would like time to share their examples, too.

2) Rambling while giving an example can quickly turn into complaining, and in Recovery we are taught to *report*, not complain. Our brains hear what we say, and complaining simply maintains and intensifies our symptoms. When we calmly report our example, we are able to look at the event with objectivity, which in turn, decreases symptoms.

3) Dramatizing the event and/or symptoms leads to taking oneself too seriously as well as a sense of exceptionality. Temper-producing events and symptoms are average. Everyone experiences upset and symptoms in daily life. Our experiences and events are no more exceptional than the average person’s on the street. *Trying to convince the group otherwise is counterproductive to practicing The Method.* It leads to exceptionality as well as seeking pity/comfort from the group, when in reality, the goal of giving an example at the meeting is to demonstrate the benefits and proper use of The Method. It is *not* for saying, “Poor me, look how dramatic and difficult my life is.”

Recovery teaches us that we are average individuals who experience average upsets during our daily round, just like everyone else. As nervous/sensitive people, we must work hard to eliminate the temperamental lingo from our thoughts and words and learn to give “just the facts” at the meetings, rather than blaming, complaining, and over-explaining.

Dr. Low understood in depth what happens during a Recovery meeting. We know only the surface meaning, and that is why it is so important that we respect and follow the formula established for Recovery groups.

The following is a demonstration of a wordy example that goes on for too long. The underlined sections and corresponding numbers below highlight the unnecessary information. A second version of the exact same example is also provided to show a more concise reporting of the event.

Demonstration of a Long, Wordy Example

Step 1—Report the event:

Our house is for sale, and in the meantime, I’m trying to sell our unneeded items online so that we won’t have a lot to move once we sell our home. (#1) I put a framed piece of art online for sale. It didn’t sell for three weeks, so I took it offline for awhile and put some other items online to sell instead, and then I put the picture back online a few weeks ago. (#2) Late the other night, a woman left me a voicemail, asking me to call her back about buying my picture. So the next morning on Saturday, I had to get up early to drive my husband, and his brother who was in town visiting, to a college football pre-game party. I put the picture in the trunk of my car, dropped off my husband and brother-in-law, and then went shopping until 10:00am downtown. At 10:00, I figured it was late enough in the morning to call the woman back. (#3) So I called to see if she’d like to meet me somewhere in the city to buy my picture. But all I got was her voicemail. So I left her a message. But I got tongue-tied while leaving my message, and ended up rambling and saying things I wish I hadn’t said, and by the time I hung up the phone, I was embarrassed at the

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long, bumbling, desperate-sounding message I'd just left. Sure enough, she never called me back, and I lost the sale.

Step 2—Report your symptoms:

I was horrified. (#4) During my message I'd gone on and on, saying, "I don't know where you live, but I'm downtown right now and will be here until 11:00am, shopping, and I have the picture in my trunk, so if it's closer for you to meet me downtown, give me a call, but after 11:00am, I'll be back home which is farther north of the city, so I hope you call me soon, so that I don't end up too far away from where you're at." I blabbed on and on. (#5) After I hung up, my face felt hot, and I had lowered feelings. I was embarrassed and mad. Mad at myself. Mad at the woman for not calling me back. Mad at all the effort I'd gone to. I had the impulse to call later to reach her again but resisted the urge to do so.

By now, it's clear that the example-giver has been storytelling for so long that she has completely used up her five minutes on Steps 1 and 2 and hasn't even reached Steps 3 and 4 yet.

Below are the underlined sections that were unnecessary and even counterproductive while describing her event and symptoms:

#1 Group Members do not need to know the background information about her house being for sale and how she's selling unwanted items from her home. Remember, *just the facts*. The only kernel of necessary information is: **She put a picture online for sale.**

#2 It also doesn't matter that she took the item off sale and then back up for sale. This is storytelling, which takes up valuable time and leads to dramatization and over-explanation of the event.

#3 Her husband, brother-in-law, the football game, and shopping downtown have nothing to do with the main part of this event. The only pertinent detail is: **She received a call about the picture.**

#4 The use of the word, "horrified," as a symptom is temperamental lingo. Remember, our brain hears what we tell it, and saying that something is "horrific" tends to glorify and dramatize the event. We want to *report* our symptoms, rather than use flowery language to convince those listening just how awful our experience was. In the reporting of symptoms, we want to strive to keep our descriptions average and balanced. In place of "horrified," try less stimulating words. For example: "I was upset." Or, "I felt embarrassed." Or, "I experienced discomfort."

#5 By Step 2, she should be listing her symptoms. During Step 1, she already said that she rambled, so she doesn't need to reenact her message word-for-word here. Sure, it may be humorous or interesting for the group to hear her tale. But this is not Story Hour. Doing so only wastes time and adds to the romanticizing and dramatization of her example.



Now see the shortened version of the same example below. Note how the drama and desire for attention/sympathy is eliminated by simply giving

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Weekly Group Meeting Schedule

(Meeting information may change. Please call to verify.)

Northern Utah:

Centerville
Fridays 2:00-4:00p.m.
Group Leader: Judy Gilmore
Phone: (801) 860-3146
Centerville City Library
45 South 400 West

Central Utah:

Salt Lake City
Mondays 6:30 – 8:30p.m.
Group Leader: Baerbel Osborne
Phone: (801) 596-2944
Salt Lake City Library
210 East 400 South 2nd Floor

Kearns

Saturdays 1:00-3:00p.m.
Group Leader: Karen Allgood
Phone: (801) 419-2214
Kearns Library
5350 South 4220 West

Orem

Wednesdays 7:00-9:00p.m.
Group Leader: Ron Cottle
Phone: (801) 318-0354
Orem Community Hospital
371 North 400 West

Southern Utah:

Santa Clara
Tuesdays 11:00-1:00p.m.
Group Leaders: Shannon
Martindale and Mary Ellen Beers
Phone: (435) 634-8403
Santa Clara Library
1099 North Lava Flow Drive

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Southern Utah Continued:

Washington City
 Thursdays 5:30 – 7:30p.m.
 Group Leader: Jay Finlayson
 Phone: (801) 455-4993
 Washington City Library
 225 North 300 East

Wyoming:

Evanston
 Mondays 4:00-6:00p.m.
 Group Leader: Kathy Barton
 Phone: (307) 679-7589
 Uintah County Building
 350 City View Drive

Nevada:

Las Vegas
 Tuesdays 7:30-9:30p.m.
 Group Leader: Hal Goldblatt
 Phone: (702) 258-4062
 Chabad of Southern Nevada
 1261 South Arville

Web: www.lowselfhelpsystems.org
 Utah/Wyoming/Nevada Area Email: recoveryinternationalutah@yahoo.com

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a brief reporting of the example:

Demonstration of a Concise Example

Step 1—Report the event:

I put a framed piece of art up for sale online. A woman left me a voicemail, inquiring about my ad. When I left her a voicemail back, I became tongue-tied and ended up rambling, leaving a desperate-sounding message, saying things I wish I hadn't said. That's when I began to work myself up.

Step 2—Report your symptoms:

I was embarrassed. After I hung up, my face felt hot, and I had lowered feelings. I was mad at myself, mad at the woman for not calling back, and mad at all the effort I'd gone to only to lose the sale. I felt the impulse to call her later but resisted the urge.

See how these steps are described with “just the facts?” It may not be as titillating or exciting to share a bare bones example like this. There's no thrill or emotion involved. But that's what The Method is about. Dropping our sense of self-importance and learning speech muscle control, group mindedness, and how to report rather than complain and dramatize.

When keeping Steps 1 and 2 brief, example-givers have enough time to complete Steps 3 and 4, too.

Regarding Step 3, (the spotting portion of the example), the *Group Leaders' Guide* offers one other helpful suggestion: “In reporting Step 3 of the example, the giver should limit the amount of spots/tools they use. By limiting these, the example giver encourages the group to share additional spotting. This also helps to keep the example in the 5 minute time frame.”

In closing, please note that there is no such thing as a perfect example. And there certainly is no “Recovery Prison” for less than perfect examples. Striving for perfection is unhealthy and unbalanced. We simply want to strive to follow the format established by Dr. Low in our meetings, doing our average best to keep within the timeframe prescribed. ◇

Spot Of The Quarter:
 There is no right or wrong in the trivialities of everyday life.



Treasury Matters

Thank you to all who have donated to our Voluntary Contributions baskets. Our treasury *does* matter. We ask as the basket is passed around at the local meetings that you take a moment to think out what Recovery means to you. When you compare your \$5.00 donation to the cost of therapy, you quickly realize it's the best bargain around for mental health! Thank you for your donations. ◇



Area Statistics

Here is a glance at our Area's stats for the last six months:



Average Attendance Per Meeting = 6 Attendees.

(The highest attendance for the last six months once again goes to Ron Cottle's Orem, Utah group with an average of 12 attendees per meeting. Way to go, Orem!)

Average Voluntary Contribution = \$2.88 Per Person/Meeting. *(The highest contributions for the last six months once again goes to Jay Finlayson's Washington City, Utah group with an average weekly donation of \$4.36/person. Good job, Washington City!) ◇*

Recovery In Practice: Featuring An Example From Area Leader Karen Allgood

TAKE 15

Take 15 minutes (or less) to tell someone about the benefits you have received from attending RI meetings.

Studies have shown that 68% of our attendees learn about our meetings through word-of-mouth.

Here is what Area Leader Karen Allgood recently did to get the Recovery word out:

- 1) She chatted about Recovery with her handyman's wife while the handyman worked at her house.
- 2) A donor at Karen's work noticed and asked about the Recovery watch Karen was wearing during a blood drive.
- 3) During a phone call with her life insurance company, Karen informed the nurse on the line about the mental health benefits she's received from her attendance and work with Recovery.

What can you do to TAKE 15 and get the word out?



This event happened to me on an afternoon in December. We had just received a decent-sized snowfall the evening before in my city. I decided to take my dog for a walk as the day was warming up. We were almost home, and I had been enjoying my walk when I came upon a business nearby that had not cleared their walkways—they were still covered in snow/slush and ice, forcing my dog and me to walk into and on a busy street with lots of traffic. That is when I began to get worked up.

My feelings were of anger, frustration, and fear for our safety. My thoughts were: Don't these people who work here or the owners know the city ordinance for the sidewalks? This is a business. They should know better. How rude not to shovel and to force us to walk in the street. What a bunch of jerks. My impulse was to walk up to the door, open it, and start yelling at whoever was in there to clear their walks and also to recite the law to them and say that my dog and I could get run down in the street we were forced to walk in because of them. My sensations were those of

tenseness in my body and clenching my teeth. I was shaking a little bit and felt a headache coming on instantly.

I spotted that I was a capable lot and trusted in my validity that I could watch out for our safety. I spotted that my mental health was more important than voicing my opinion to the people at this company and that temper begets temper. I also spotted that to know is not to know why those walks were not cleared and that angry temper is the intellectual blindness to the other side of the story. People do things *that* irritate us, not *to* irritate us. I excused instead of accusing and then endorsed for taking the walk and making sure that my dog and I got our exercise.

Before Recovery, I would have done one of two things. Either I would have gone to the front door and carried out my first impulse to yell (angry temper) and later would have felt like a fool (fearful temper). Or I would have walked home, holding all of my symptoms inside and working myself up further, probably all night or maybe even for days. As it was, I got over my symptoms before I got home and endorsed several times over for controlling my speech muscles not to be vocal and also for moving my physical muscles to walk for my overall physical health on a less than beautiful day. ◇

The Wisdom Of Dr.

Low:

"It is the tragedy of the nervous patient that after years of suffering he develops an unbalanced imagination, the first guesses of which tend distressingly and consistently to interpret inner and outer experiences in terms of insecurity. The greater tragedy is that the first guesses are accepted sight unseen without an attempt at verification. Unable to resist its suggestions the patient becomes the victim of imagination."

(Found in Dr. Low's book, *Mental Health Through Will Training*, pg. 38. These quotes are compiled by RI Leader Cliff Brown and edited by Dr. Low's daughter Marilyn Schmitt.)

POEM

"I Believe" — *Author Unknown*

Sent in by Orem, Utah Leader Ron Cottle

(See if you can spot a few Recovery concepts in the following poem:)

I Believe... That just because two people argue, it doesn't mean they don't love each other. And just because they don't argue, it doesn't mean they love each other.

I Believe... That we don't have to change friends if we understand that friends change.

I Believe... That no matter how good a friend is, they're going to hurt you every once in a while, and you must forgive them for that.

I Believe... That true friendship continues to grow, even over the longest distance. Same goes for true love.

I Believe... That you can do something in an instant that will give you heartache for life.

I Believe... That it's taking me a long time to become the person I want to be.

I Believe... That you should always leave loved ones with loving words. It may be the last time you see them.

I Believe... That you can keep going long after you think you can't.

I Believe... That we are responsible for what we do, no matter how we feel.

I Believe... That either you control your attitude or it controls you.

I Believe... That heroes are the people who do what has to be done when it needs to be done, regardless of the consequences.

I Believe... That my best friend and I can do anything or nothing and have the best time.

I Believe... That sometimes the people you expect to kick you when you're down will be the ones to help you get back up.

I Believe... That sometimes when I'm angry I have the right to be angry, but that doesn't give me the right to be cruel.

I Believe... That maturity has more to do with what types of experiences you've had and what you've learned from them and less to do with how many birthdays you've celebrated.

I Believe... That it isn't always enough to be forgiven by others. Sometimes you have to learn to forgive yourself.

I Believe... That no matter how bad your heart is broken the world doesn't stop for your grief.

I Believe... That our background and circumstances may have influenced who we are, but we are responsible for who we become.

I Believe... That you shouldn't be so eager to find out a secret. It could change your life forever.

I Believe... Two people can look at the exact same thing and see something totally different.

I Believe... That your life can be changed in a matter of hours by people who don't even know you.

I Believe... That even when you think you have no more to give, when a friend cries out to you, you will find the strength to help.

I Believe... That credentials on the wall do not make you a decent human being.

I Believe... That the people you care about most in life are taken from you too soon.

I Believe... That you should send this to all of the people that you believe in.

I just did. ◇

Answer to the Partial View
Puzzle:

TEMPERAMENTAL
LINGO

That concludes the Winter/Spring edition of our Area Newsletter. If you would like to contribute to upcoming issues, we'll be happy to feature your input. Until next time, have a good, "average" upcoming spring. Enjoy the spring showers, and we'll see you at the next meeting!

