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SLEEPLESSNESS
PANICS

SCRUPULOSITY

RECOVERY, INC.

An Answer to Nervous Problems

HYPERTENSION

FATIGUE

Temper

WORRIES

*An Interview
with*

JOHN J. HIGGINS, S.J.

Given to

MARTIN L. DUGGAN

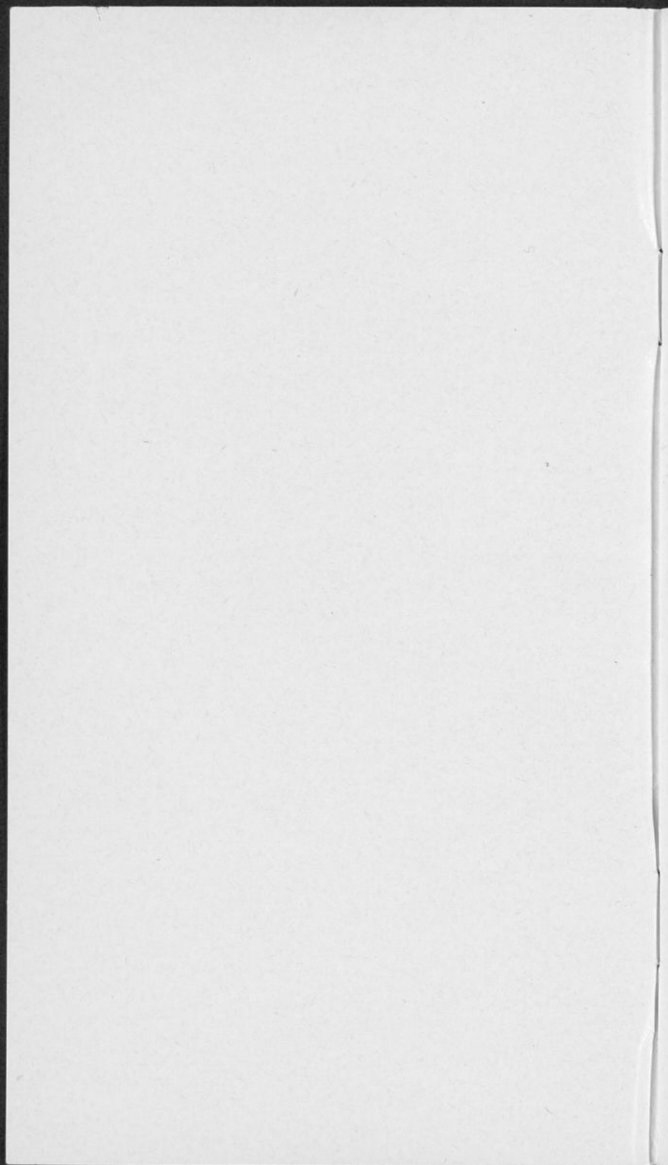
ANXIETIES

Superstitions

Guilt
Feelings

PALPITATIONS

A QUEEN'S WORK
PAMPHLET



RECOVERY, INC.

An Answer to Nervous Problems

A Self-Help,
Family and Community Program

An Interview With
JOHN J. HIGGINS, S.J.

Given to
Martin L. Duggan

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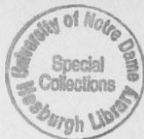
Archbishop of St. Louis

January 20, 1955

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THE QUEEN'S WORK

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INTRODUCTION

The number of nervous* and mental cases in the United States has in recent years increased at an alarming rate, and relapses in such cases after leaving the hospital have been equally alarming. The experts in the field give us these figures which they consider very conservative estimates: one out of every thirteen persons has serious problems with nervous or mental ill-health, and one out of every five families is seriously affected by nervous or mental illness.

As far as can be determined by a number of surveys, these nervous illnesses are second only to alcoholism in causing the breakup of married life. It is high time that the state, the Church, and the educational institutions be seriously concerned about this problem. The good work of the recently expanding program of Recovery, Inc., in rehabilitating nervous people and former mental patients is comparable to the good work of Alcoholics Anonymous and other will-training programs. Recovery has already saved hundreds of marriages and has brought peace back to a countless number of families. In this pamphlet Father Higgins tells us what Recovery is and how it works.

*The word "nervous" is used throughout this pamphlet in the popular sense of a non-organic condition characterized by panics and the lesser emotional disturbances.

INTRODUCTION

The history of the world and the history of the United States are inseparable. The United States is a product of the world, and the world is a product of the United States. The United States has been a part of the world since the beginning of time, and the world has been a part of the United States since the beginning of time. The United States has been a part of the world since the beginning of time, and the world has been a part of the United States since the beginning of time. The United States has been a part of the world since the beginning of time, and the world has been a part of the United States since the beginning of time.

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RECOVERY, INC.

An Answer to Nervous Problems

AS A NEWSPAPERMAN, Martin Duggan seldom is surprised by public reaction to what appears in the paper. Knowing the interests of people is part of his job. There are times, though, when the response is amazing.

"I never would have guessed," he told his wife, Mae, as they enjoyed coffee over their morning paper, "how many people would be interested in this organization, Recovery, Inc., for nervous people. The city editor told me that we have had more inquiries from the series which we ran on Recovery than from any other subject in his memory."

"I think that's wonderful," Mae Duggan said. "It shows that people really want to do something about their worries, since they want to know more about this Recovery organization."

"Well, our friend Father Higgins would be the man for them to see," her husband replied, gesturing meaningfully in the direction of his empty cup. "He's very active in the organization and knows a great deal about it."

"Listen, I've got an idea," Mae gleamed. "Why don't *you* get together with Father Higgins and write a *pamphlet* about Recovery. That way people can have something handy to read and carry with them."

"Well, that's really not my kind of writing, and besides, I don't see how we could possibly put all of Recovery into one

pamphlet. Say, could I have some more coffee?"

"Well, anyhow you could get enough of it into one pamphlet to stimulate interest and make Recovery better known. Pamphlets are really wonderful. You can put them in your purse or your pocket and have one with you all the time. You can do a lot of good with a pamphlet, and Father Higgins can give you the straight story on Recovery. How about it?"

"OK, OK," Martin agreed, "on one condition: that I get another cup of coffee."

Martin Duggan got his coffee, and—a few days later—a pleasant auto drive from his St. Louis home across the Mississippi to Parks College, near the historic village of Cahokia in Illinois.

The door to the Jesuit residence was opened by Father Higgins himself, a tall, genial man with white hair and a winning smile.

"Come in, Martin," the priest welcomed him. "A bit of a surprise to see you at this time of day. I thought you fellows on a morning newspaper slept all day."

"We usually try to," Martin laughed, "but we get a day off now and then."

"Then this is a purely social visit?"

"Not entirely," the newspaperman said, settling himself comfortably in a huge chair near the window. "You might say I'm working on an assignment from my wife."

And he proceeded to tell the amused priest how he had learned never to underestimate the power of a woman—especially when she controls the coffee-pot.

When Father Higgins learned the purpose of the visit, he joined in the project enthusiastically. Recovery, Inc., is a subject near to his heart.

The conversation went something like this:

A PERSONAL INTEREST

FATHER: My interest in this isn't completely academic, Martin. I guess you could say I've had a certain amount of experience. Back in 1927, I had one of those so-called "nervous breakdowns," spent some time in hospitals, and have been nettled with various kinds of nervous symptoms ever since. Like many nervous people (and there are more of us than you'd ever imagine), I've read nearly every readable book on psychology and psychiatry that has been published in the last 30 years. It's natural, I guess, that a person looks around for help to try to conquer his nerves. I've learned a great deal from chatting with nervous patients during these years, and my friends and relatives in the medical profession have taught me a lot. But honestly, Martin, the most practical thing for nerves that I've found in all these years of hunting is Dr. Abraham Low's book and the Recovery methods.

MARTIN: If I remember correctly from the series of articles we published, Dr. Low is the founder of the whole Recovery movement, isn't he?

FATHER: Yes. Low was a noted psychiatrist, and in 1937 he started an organization in Chicago to help nervous persons and former mental patients. His first group was made up of 30 of his own patients.

They first met at the Psychiatric Institute of the University of Illinois Medical School.

From the very beginning Recovery has been a strictly lay organization with Dr. Low as its adviser and medical director. Since that inauspicious beginning Recovery has made great progress. The methods it employs have brought calm to a great many individuals, and peace to the home; it has saved marriages and encouraged the nervous person to return again to God and to a better practice of his religion. But please let me save face right now. Even though I am convinced that Recovery is doing great work, I am not so foolish as to think that it is a panacea for all nervous or mental ills.

MARTIN: As a newspaperman, I feel as if I've been scooped! If what you say is true, I'm surprised that we didn't hear about the organization much sooner. To be frank, Father, it's only within the past few years that I've heard the name Recovery, Inc.

SLOW EXPANSION

FATHER: Well, if it will help you to regain your professional pride, Martin, I can tell you that the first 15 years of Recovery's expansion were extremely slow. Dr. Low was a very conservative person, you see. He felt that he first had to prove over a period of time that his methods and family group therapy would work. But in the last few years since it was decided to expand the movement, Recovery has expanded outside of Chicago, so that it now numbers over 100 groups in 47 cities and 18 states, and is still growing.

MARTIN: Anything that spreads that fast must have something to recommend it. Now I know from the newspaper articles that Recovery is a self-help system. But I still don't quite understand what the members can do to help themselves.

FREE WILL

FATHER: That's not too hard to explain, Martin. First of all, you're aware, I'm sure, that Recovery is simply a system of will training. A person wouldn't have to know too much about the history of psychiatry to know that there had been a tendency to minimize the work of the human will. The tendency had been so strong, in fact, that Dr. Low humbly insisted in his book that he had rediscovered free will for the psychiatrists.

MARTIN: Just let me interrupt a minute, Father. That book by Low that you're referring to, is *Mental Health Through Will-Training*, right?

FATHER: That's right, Martin. I'll tell you something about it a little later. Right now, I just want to point out that the essential element in the whole Recovery program is the power and potential of the will. In applying that principle after studying Dr. Low's book, members learn to avoid the use of language that makes their nervous symptoms worse. They learn to use instead the restrained Recovery vocabulary. They train themselves in the mental attitudes, habits of will, and specific techniques for handling nervous problems that the Recovery textbook teaches them. In my kitchen English, the book provides the patient with a simple but graphic blueprint for rebuilding his health, handy tools for

doing the work, and practical methods to guide him.

MARTIN: If I understand correctly, the members of Recovery accomplish all this by meeting in groups.

FATHER: Right again. The members meet weekly at one particular place—in a library, school, church building, private home—any place they can conveniently get at little or no cost.

VALUE OF THE GROUP

MARTIN: But what good does a Recovery member get from his meeting that he couldn't get by himself?

FATHER: That's a big question that any believer in group therapy would like to be able to answer fully. However, in just a few words: A new Recovery member learns that he is not the sickest person in the world, as he thought he was. Secondly, he learns that what others have done, he can do also in solving his nervous problems; he learns specific ways for handling problems of his own that are similar to the ones described in the meeting. He respects a certain authority in those who have experienced what he has experienced; for this reason he will take advice and even reprimands from a fellow patient which he is not yet disposed to take from his own doctor. He gets relief from aerating and ventilating his symptoms. He leaves the Recovery meeting with more confidence in himself to cope with his symptoms, and he gets a morale boost that will last him through the week.

OUTLINE OF A MEETING

MARTIN: What exactly do the Recovery members do at the meetings?

FATHER: There is no rigid procedure, but we do make it a policy to make the meetings as businesslike and as profitable for all as the leader can make them. People who come great distances — in some groups it's 150 miles — and at great sacrifices want to get something worthwhile out of the meetings.

MARTIN: Could you give me a simple example of how you proceed?

FATHER: We conduct the meetings in our area something like this: We start the meeting by playing a half-hour phonograph record of Dr. Low's lectures, during which the members take notes on points that strike them particularly. After the record we discuss our notes from the record and let everybody comment. Then we usually read a chapter or part of a chapter from Dr. Low's book with comments from the reader and leader after each paragraph or small section. Next, we go the rounds of all the active members sitting at the table and ask for examples of symptoms and how they handled them with Recovery methods. After the example period, we permit new and old members to ask general questions about Recovery methods.

NO SUBSTITUTE FOR DOCTOR

MARTIN: Isn't there a danger that you will be accused of stepping on the professional grounds of psychiatry in your Recovery work?

FATHER: No; if people are honest, they don't make any such accusations because we really don't invade the professional area. *We insist at all times that the patients follow the directions of their own doctors.*

MARTIN: This seems like the right time to bring up another question I have. What do other doctors of psychiatry think of Dr. Low's book and his methods? Do they approve?

FATHER: That's a good question, and the answer is definitely yes. Wherever Recovery is really known for the common sense system that it is, psychiatrists have approved it, accepted it, and sent their patients to Recovery meetings. They are especially eloquent about the work that Recovery does among the families of nervous people. In this type of social readjustment, Cleo D. of Louisville, Kentucky, has done very good work with family get-togethers, picnics, buffet suppers, square dances, and similar activities. As a result, psychiatrists in Louisville and in the larger cities all over the country where Recovery is established are sending their patients to Recovery meetings to get the help which they need between visits to their doctors. One of our leading St. Louis psychiatrists has already sent 15 patients to one of our groups.

MARTIN: Father, this reprint you have here on Recovery from the *Saturday Evening Post* of December 6, 1952—how do you explain the title "They 'Doctor' One Another"?

FATHER: As is true of many an eye-catching title, there seems to be a certain number of people who try hard to misunderstand the meaning. As you might guess from what I've already told you, we really do not "doctor" one another in the sense of invading the professional field. Our group therapy deals entirely with trivial matters and concrete examples, and we never attempt to answer general pro-

fessional questions. I'm sure you would never accuse a housewife of entering the professional field of cooking because she exchanges a few recipes with her neighbors. Nor would you accuse your wife of doctoring you when she gives you a couple of aspirins for your headache. It's the same in our Recovery family groups. We merely retell specific trivial incidents of what we have experienced and how we handled the matter. There's always something in it that is similar to what the others have been experiencing, and we all derive some benefit from the example. We don't discuss major problems or decisions. We leave those things to the professionals.

IMPORTANCE OF THE "TRIVIAL"

MARTIN: I may be "dumb" on this group therapy business, but I'm wondering what good it does to discuss trivial examples.

FATHER: That's a very good question. However, it wouldn't take you long in this field of nerves to realize that it is these trivial matters that cause a lot of the trouble. Once the patient gets control of the easy trivial symptoms, he is far on the way to handling his problems. The constant practice every day in trivial matters sets the pattern that enables the nervous person to handle the bigger situations with good control.

MARTIN: I'd never given a lot of thought to that, but it sounds like good sense. In fact, Father, you've got me interested enough in this whole program that I think I'll drop by a bookstore on my way home, and pick up Dr. Low's book.

FATHER: You'll find it's an excellent manual of both principles and techniques

for handling nervous problems. Dr. Low compiled this manual after about 30 years of medical and psychiatric practice and some 15 years of experience with the Recovery system. And these methods are confirmed by hundreds of actual examples and cases taken from interviews and panel discussions. My guess is that from 50 to 75 thousand people already have read the book. And libraries find that there is a constant demand for the book.

MARTIN: I'll bet you're pleased that the book is being so widely read. As an old philosopher of the Aristotelian school, you must be heartened to know that at least one modern psychiatrist teaches that we have a free will.

FATHER: You know me pretty well, Martin. I'll admit that I thoroughly agree with the basic element in the Recovery program: that the type of person we are dealing with can control his thoughts and impulses and can check his obsessions. Another point that Dr. Low insists upon is that there are difficult cases but *no hopeless cases*. The whole program rests on the tried and proved assumption that nervous patients and former mental cases can be taught self-discipline and, with the aid of the group, can help themselves.

PRINCIPLES OF RECOVERY THINKING

MARTIN: Well, what are some of the basic thinking habits or attitudes that Recovery teaches?

FATHER: I would have to retell the whole book to give an accurate and complete description of each of the ways of looking at nervous symptoms that Recovery teaches. But here are a few that we can take from

the book in the form of slogans: "nervous symptoms are distressing but not dangerous"; "feelings are not facts"; "tenseness intensifies and prolongs nervous symptoms"; "there is no right or wrong in domestic affairs — for our health's sake — if no law has been violated"; "good health is a serious business — we must not gamble it away"; "Recovery is severe self-discipline — it is simple but not easy"; "Recovery does not take the place of the doctor."

MARTIN: That will hold me for the present. I'm going to read the book and learn more about these good habits of thinking. Now I am curious to know some of the habits of will that Recovery teaches.

WILL HABITS

FATHER: From the very first, Recovery teaches the patient always to follow the doctor's authority. Isn't it strange how docile we are in physical illness? If a person breaks a leg, he submits himself completely to the doctor's orders; but in nervous illnesses people are very prone to diagnose their ailments themselves and try to prescribe their own remedies. Recovery teaches them *to act always on their doctor's authority*. Some of the other will habits that Recovery teaches are these: do the thing that you fear or hate to do; endorse yourself even for small gains; keep thoughts of security and reject thoughts of insecurity; have the courage to make mistakes; avoid self-diagnosis; reject angry temper and fearful temper; practice "averageness" and avoid the undesirable kind of "exceptionality."

THE RECOVERY LANGUAGE

MARTIN: You are using words that I'm not sure I understand — such as "fearful temper."

FATHER: Yes, Recovery has its own language, simple and quieting for the nervous person. But I'm counting on your reading the book to get the full meaning of those words. However, if you have time this morning, I will give you my "A-B-C's of Recovery" and the "Seventeen Points." They both give short definitions of some of these Recovery terms.

MARTIN: That's all right with me. I was going to say a while ago that it seems to me some of the precepts of Christianity are contained in the Recovery slogans.

FATHER: You said a mouthful that time, Martin. That's a point that religious-minded people should take notice of. Recovery is good self-discipline. And that also helps explain my interest in Recovery, not just from a personal standpoint, but also as a priest, counselor, and teacher. The training in self-control that Recovery gives is good for everybody. I actually find that I am teaching Recovery methods all day long — in the confessional, in counseling students, and in my classes.

RECOVERY TECHNIQUES

MARTIN: Several times, Father, you have mentioned Recovery techniques. What are some of them?

FATHER: Well, again it is difficult to give any thorough treatment of the techniques without recopying Dr. Low's entire book. However, here are a few to give you a sampling: Quit using the "symptomatic idiom" and the "temperamental lingo"; use

instead the Recovery language. Grow in the will to effort, and practice the *will to bear discomfort*. In doubt, in fear, or in just sheer laziness, *command your muscles* to do what you know you should do, or just command them to stop. In a panic, call a fellow Recovery-ite, but limit your telephone talk to *five minutes*. And then we stress the "spotting" technique: recognize your tenseness, find and reject the cause. We also seek "objectivity": see things as they really are; relabel your troublesome thoughts and call them by their right names; reject thoughts of danger and insecurity by canceling out the unreal danger; use the Recovery slogans to encourage yourself in time of distress.

SOME NERVOUS SYMPTOMS

MARTIN: You mentioned nervous symptoms a number of times. What are some of these distressing sensations that nervous people make so much of?

FATHER: Well, they get new kinds every day, every hour. But I'm sure you have heard of these more common ones: heart palpitations, common headaches, "migraine" headaches, nausea, fatigue, numbness, dizziness, general depression, "retirement" depression, head pressure, chest pressure, air hunger, difficulty in concentration, dimness of vision, hypertension, anxieties, worries, menopausal nervousness, post-partum tenseness, weak spells, crying spells, delusions, sweats, rushing around, tremors, shakes, scrupulosity, and the feeling of unreality. Besides all these, there are many, many more.

MARTIN: How does the nervous person know when these symptoms are "merely nervous"?

FATHER: He learns that first from the doctor's diagnosis; and then when the conditions repeat themselves, he recognizes the symptoms from his own experience.

MARTIN: Do many of the Recovery members really experience these nervous symptoms?

FATHER: Why of course they do. When they first come to Recovery, they feel sure that their particular problems are unique; but it doesn't take long for them to realize that somebody sitting at the Recovery table with them is experiencing the same symptoms or worse, and so they learn to practice Dr. Low's fundamental proposition that nervous symptoms are distressing but not dangerous.

GETTING STARTED

MARTIN: Your family and group therapy sounds fine, but how in the world do you get the nervous people to come to a meeting and then continue to come?

FATHER: You can sure think up the toughest questions. It is sometimes very difficult to motivate really nervous people; but if they are *sufficiently dissatisfied or disgusted* with their sad condition, they can be persuaded to make an effort. With this comes the *will to get well*. The next step is to try to convince them to get the full benefit of Recovery by attending a meeting. Once they attend a meeting, they are usually so convinced of the worth of Recovery by the examples and the people they see getting well that they are willing to try another meeting.

MARTIN: What do you think keeps them working at Recovery once they've started?

FATHER: My own opinion is what I call the "secret of secrets" of will training. For many years now I have taught my college students without contradiction that this secret is the acquired ability of finding a present satisfaction in all their daily tasks and duties. Recovery helps the nervous patient to find a greater satisfaction in controlling his nervous symptoms than in giving in to them. And every act of self-control strengthens his weakened self-confidence.

MARTIN: You don't mean a physical satisfaction?

FATHER: No, of course not, but it could be. I mean rather that we get a happy feeling from the fulfillment of some need or desire. "Endorse yourself even for small gains" is the way Recovery expresses the idea. We get an emotional and intellectual satisfaction in doing something which we know is restoring our health — even though the effort is sometimes nervously and physically very painful.

MARTIN: Satisfaction sounds awfully selfish, doesn't it?

FATHER: Maybe it does, Martin, but let's not forget that God made our wills that way: that we choose what is represented as good for us. If God in His wisdom has given us one type of lawful pleasure to help us to observe two basic laws, self-preservation and the preservation of the race, why shouldn't we teach people to find some satisfaction in working for the health and peace of mind?

HOSPITALS AND RELATIVES

MARTIN: That sounds all right to me. And now that we've covered the individual

problems, what are some of the other areas in which Recovery can help?

FATHER: That is a very large order, but I might mention two major areas. First, the hospitals and psychiatric clinics, with the help of Recovery, could prepare the patient for his return to family and work. Recovery training teaches them how to meet new pressures and to adjust themselves. A very large percentage of the relapses of nervous and mental cases could be prevented if the patients were strengthened by Recovery training before they returned to their homes and work.

MARTIN: That's fine, but what about the people the patient has to deal with when he leaves the hospital—can Recovery help the families to do right by their sick relatives?

FATHER: That's just the point I was going to bring up next. It's the second major area I spoke of a moment ago. Most families do not know how to treat their nervous or mentally ill relatives. They are either *over-indulgent* with them or much *too harsh* and severe. Recovery invites the families of nervous persons to come to the meetings and learn from other family people what to do with nervous problems, how to behave toward their sick people, and how to avoid being the cause of relapses.

PREVENTIVE "MEDICINE"

MARTIN: That certainly makes sense. But, Father, can Recovery techniques be used as a preventive measure for people who have annoying nervous symptoms, or for those so-called "borderline" cases?

FATHER: Not only *can* they be used, but they have been and are used by Recovery members everywhere who follow the program and attend meetings regularly but have never received hospital treatment for their nervous problems.

MARTIN: After three years of following the Recovery program and acting as a counselor to the Greater St. Louis groups, can you say that you have seen any improvement or cures that have come about through the Recovery system?

FATHER: There is no doubt about the improvement. And if you mean by a cure that the patient is able to resume his normal work schedule and social activities, then I can truthfully say that I have seen many such cures. These people are not completely free from nervous symptoms — nor, might I add, are even the so-called “normal” people — but after Recovery training, these “cured” nervous people are able to handle their nervous symptoms and no longer feel the constant need of medication or of the shock treatment which they had been taking at regular intervals.

SOME AIDS FOR MEMBERS

MARTIN: I see from the folders that you have brought out during our discussion that you have quite a bit of mimeographed material on Recovery. What are those sheets?

FATHER: These are some of the aids that I thought might prove helpful to the newer members. Here, for instance, is an alphabetical scheme which I first started when I was visiting Recovery groups in Louisville. For each letter of the alphabet, I've picked

a word that begins with the letter and expresses some fundamental idea about Recovery. Bill D. thought we should call it the "A-B-C's of Recovery."

MARTIN: That's fine as a memory device for those who know the Recovery program, and I think I'll print it somewhere in the pamphlet [see p. 26]. But suppose I am a new member. Do you have a simple summary of Recovery principles to start me off?

FATHER: Yes, I have made up what I call "Seventeen Points of Recovery." Here's a copy that you can keep. I'd like to call your attention to the 16th point, about attending Recovery meetings. At each gathering we have our trivial examples of tenseness-causing situations; we describe the resulting symptoms; then we tell how we spotted and handled the symptoms; and finally we give a quick picture of what we would have done before our Recovery training. I learn that I am not the sickest person in the world and that my symptoms are not unique—in fact, nearly everybody in the meeting has symptoms similar to mine and perhaps worse than mine; I also learn that what others can do, I can do just as well, if I try; and hearing so many different types of examples, I am sure to find some which fit my own problems and so I learn the everyday practice of Recovery from successful Recovery practitioners.

MARTIN: Just glancing at the "Seventeen Points" [printed on page 28], I can see that they're all very practical. But while you were speaking, Father, I recalled that you said that Bill D. called your alphabetical scheme the A-B-C's. Why did you

say, "Bill D."? Is there anonymity in Recovery?

FATHER: Yes, we try to keep the same type of anonymity that Alcoholics Anonymous does. However, we find that the members soon lose their excessive fear of the stigma of being thought of as a nervous person or a recovered mental patient. But even after they lose that fear of the stigma, we never reveal names or examples to people outside the group. This way new members never fear to come to us.

RECOVERY NOT "FAITH HEALING"

MARTIN: As I page through your Recovery book here, I notice that religion seems to be left out.

FATHER: That was done deliberately. Recovery is not "faith-healing"; Recovery is a practical system that many medical men accept as having a sound scientific basis. However, it is very plain that there is nothing in Recovery that conflicts with religion or prevents a person from using religious motivation. In counseling individuals I supplement the Recovery program with whatever religious motivation I find helpful or morally necessary.

MARTIN: That brings back another question I've been wanting to ask you. Do you find anything in Recovery that conflicts with the essentials of Thomistic psychology?

FATHER: That's a good question, but you must remember that since Dr. Low is talking to the man in the street, he avoids as much as possible all technical terms in his treatment of matters that touch on philosophy, psychology, or psychiatry. In talking to non-professional people he frequently substitutes the word "brain" for

mind or intellect, but it seems apparent he means the same faculty that Thomists do. And the fact that he bases his whole program on his acceptance of free will makes him all right with me.

STARTING NEW GROUPS

MARTIN: I am curious to know, too, how you go about starting a new group.

FATHER: That's not hard to answer. In a city where we are already established, additional groups start as offshoots of the parent group with trained members of the old group providing the leadership. When we start in a new city, we follow a procedure something like this: (1) We rent a post office box in the name of Recovery plus the name of the new town. (2) Then we ask the local papers to run news stories and possibly some feature material about Recovery, telling where to write for further information. (3) When we receive sufficient response, we ask the papers to run an announcement of the time and place of our first meeting and we send special letters to those who inquired and invite them to be present. (4) We start the first meeting of the new group with a panel of well-trained Recovery members from established groups. At the first meetings we suggest plans for training leaders from among the new members, and we follow through with visits to the new group until it is functioning as it should. Leaders are trained either at the Chicago headquarters or at an approved leader-training group. Usually we like to get a person who needs the help of the program to act as leader, but sometimes teachers, doctors, or clergymen have been leaders who started new groups.

MARTIN: What groups have been started recently along those lines?

FATHER: Following that general plan, we started new groups in St. Louis, East St. Louis, Carbondale, and Little Rock. By "we" I mean parent groups in St. Louis and then later in East St. Louis. The Louisville branch and the Michigan branch have started new groups in a similar manner.

MARTIN: You spoke before about the help that hospitals could be giving by starting Recovery groups for their patients. Are there any Recovery groups established in hospitals?

FATHER: Yes, there is a group in Our Lady of Peace Hospital in Louisville, Kentucky, another group in Good Samaritan Hospital in Cincinnati, Ohio; and at the present writing I know there are several new Recovery groups getting ready to be set up in hospitals in other parts of the country where Recovery is known.

HOW TO CONTACT RECOVERY

MARTIN: What is the easiest way for an interested person to buy the books and records and to make contact with a Recovery group?

FATHER: In the larger cities like St. Louis, Chicago, Detroit, and Louisville—and perhaps a few more—Recovery, Inc., is listed in the telephone books, and a secretary or Recovery-ite is on duty at least during working hours to answer inquiries. If a person is not near any of these large cities, the quickest way to get the books and records or to find out where the nearest Recovery group is located is to write to Recovery, Inc., 116 South Michigan Ave., Chicago 3, Illinois.

MARTIN: Father, that covers about everything that I wanted to ask you this time. I certainly appreciate your help. I think I now have a pretty good overall picture of what Recovery is.

FATHER: I'm happy that you're so interested. And now in good Recovery style, how about a cup of coffee with me?

MARTIN: I'd like that very much. But let's get one thing straight, Father. If I ask for a second cup, you can't make me write another pamphlet.

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THE A-B-C's OF RECOVERY

A is for the AUTHORITY of the doctor which always comes first. (A is also for AVERAGENESS, by which we rid ourselves of the undesirable "exceptionality.")

B is for the BELIEFS — the *accepted facts* which are the power and strength of Recovery: free will, etc.

C is to CONVERSE and think in the Recovery language.

D is to DO the things you fear or hate to do.

E is to ENDORSE yourself even for small gains in the practice of Recovery.

F is for the "FEELINGS which are not facts."

G is to GROW in the will to effort.

H is to HOLD on to the will to bear discomfort.

I is for the big *I* who can control my thoughts and impulses and check my obsessions.

- J is for JUST NERVOUS SYMPTOMS, which are distressing but not dangerous.
- K is to KEEP thoughts of security, but KILL thoughts of danger and insecurity.
- L is to LIMIT your phone calls to five minutes.
- M is to MOVE your muscles; and MEET your friends at the Recovery MEETINGS.
- N is for NERVOUS fatigue which is just a myth.
- O is for the OBJECTIVITY which stops panics by seeing things as they really are.
- P is to PRACTICE, practice, practice Recovery every day all day.
- Q is to QUIT being a "knocker"; rather have the courage to make mistakes and the humility and honesty to admit them.
- R is for the REALISM that Recovery stands for. (*R* is also to REJECT the thoughts that cause tenseness.)
- S is to SPOT your nervous symptoms and reject the thoughts that cause them.
- T is to THROW out the TEMPERS — angry and fearful — that cause so much tenseness.
- U is for UNDERSTANDING — the trait that gives us the power to help each other.
- V is for the VICIOUS cycles of helplessness that must become the VITALIZING cycles of self-confidence.
- W is for your WILL, which is free and controls your thoughts and impulses.

X is for the 'XAMPLES at meetings which help you to spot and handle symptoms.

Y is for YOU yourself who must work hard at Recovery to get well and to stay well.

Z is for the ZEAL that makes you work for yourself and others — for good health.

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17 POINTS OF RECOVERY

I NEED HELP

1. To profit by Recovery, it is good for me honestly and sincerely to admit that my nerves and my nervous symptoms have become so much of a problem to me that I *really* need some help and am willing to take the necessary steps to get that help.

MY HEALTH FIRST

2. To help to bring myself around to doing the *hard* work of Recovery, it is good for me right now to make my health the most important thing in my life (assuming that I know and believe that life is worth living — in preparation for a happy eternity with my heavenly Father). My health is very precious; I must be careful not to gamble it away.

I CAN — I HAVE FREE WILL

3. It is good for me to act on the conviction that, if I *really want* to, I *can* control my thoughts and impulses, check my obsessions, and endure my painful sensations. I have a FREE WILL.

FOLLOW THE DOCTOR'S AUTHORITY

4. It is good for me to accept the doctor's diagnosis and follow his authority on what symptoms are nervous symptoms and that they are "distressing but not dangerous." (Recovery does not take the place of my doctor; it helps me to carry out my doctor's directions.)

TENSENESS INCREASES SYMPTOMS

5. It is good for me to remember at all times that tenseness increases the intensity of my nervous symptoms and prolongs the sensations. Therefore, stop and spot and reject what's causing the tenseness.

AVOID AND REJECT

TENSENESS-CAUSING THOUGHTS

6. Therefore, it is good for me to avoid — through the use of Recovery methods — the thoughts and attitudes of mind which cause tenseness. (From the book, I learn that some of the more common tenseness-causing thoughts are "angry temper" [the other person is wrong], "fearful temper" [I am wrong], self-diagnosis [I am worse than the doctor says I am], anticipating danger where there is none, failing to practice "averageness," expecting myself or the other person to be exceptional.)

REJECT OR RE-LABEL

7. It is good for me to reject these tenseness-causing thoughts by rejecting them outright, or by rejecting the danger label, or by changing the danger

label to "distressing but not dangerous," to "average," to "this is exceptionality," or to any other label which is a true and unexaggerated description of the symptom. (I know from Dr. Low's talks that nervous persons invariably attach danger to their symptoms.)

SPOT MY TENSENESS AND THE CAUSE

8. After some Recovery practice, I learn to be alert at all times to "spot" my nervous symptoms, to "spot" them as *merely nervous* — and therefore not dangerous, and also to "spot" the tenseness-causing thoughts and to reject them with the Recovery techniques for rejecting.

I MUST ENDORSE MYSELF FOR EACH VICTORY

9. After each victory over my symptoms and harmful thoughts, I will try always to endorse myself for a job well done. I'll try to "feel real good" over my practice of a program which will eventually restore my health and keep me in good health. I'll try, too, to be happy about small gains and honestly admit that I am feeling better.

WORK ON THE SYMPTOMS — FORGET THE PROBING

10. It is good for me to squelch my curiosity about the remote causes of my symptoms. I am making true progress when I handle my symptoms and continue to do my daily duties in spite of discomfort. (An amateurish, useless

probing into the childhood emotional upsets that might have started me off, frequently ends up with giving me much "fearful temper"; I feel full of guilt for having been such a silly, foolish youngster.)

PRACTICE THE WILL TO BEAR DISCOMFORT

11. It is good for me to practice constantly *the will to bear discomfort, the courage to make mistakes*, and to get away from my old habits of giving in to the *will to comfort*.

USE THE RECOVERY LANGUAGE

12. It is good for me to give up my use of the "symptomatic idiom" and the "temperamental lingo" and to move my muscles to use only the conservative and truthful vocabulary of the Recovery language. (The strong and tenseness-causing language of danger, angry temper, and pent-up feelings tends to make my symptoms worse.)

ENCOURAGE THOUGHTS OF SECURITY

13. Throughout my practice of Recovery, it will be good for me to encourage thoughts of security instead of insecurity, group-mindedness in place of self-centeredness, the total viewpoint for the partial viewpoint, long-range goals for short-range goals, optimism for pessimism.

I MUST MOVE MY MUSCLES

14. Whenever I seem to be at a standstill in my thoughts and decisions, or just

don't feel like doing anything, then I should remember that I can still *move my muscles* to do what should be done. I should practice *moving my muscles* every day.

STOP THE SABOTAGE

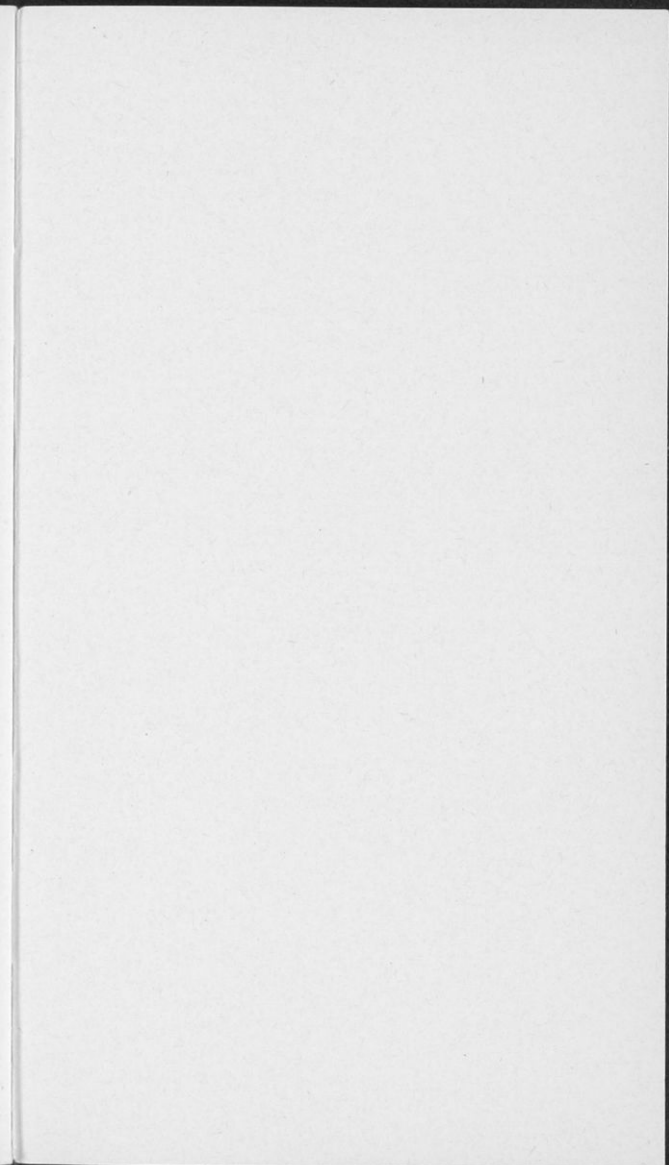
15. After some Recovery practice, I am learning to spot my failure to accept the doctor's authority, or my failure to practice Recovery. These failures I know to be "sabotage." It is human and average to "sabotage" now and then; but it is bad to fill myself with "fearful temper" because I have "sabotaged." I must just smile at myself for falling down like a baby; but then I must get up immediately and get going again.

PHONE IF YOU MUST — BUT MEETINGS COME FIRST

16. It is good for me to attend my Recovery meetings regularly and to use the telephone to call a fellow Recovery-ite whenever I need some help in a panic.

WORK AND PRAY

17. My last-but-not-least point is the motto of another great psychiatrist and doctor of souls, Ignatius of Loyola: "Work [on the Recovery program] as if everything depended upon you; but pray as if everything depended upon God."



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