



Rebellion Dogs Radio # 54

Discovering the art and science of addiction/recover mutual aid groups?

Rebellion Dogs Radio, Episode 54, looks at the evidence of mutual aid's efficacy through the latest science and through the latest art. The highlight of Episode 54 is a discussion with Susanne, a dancer and choreographer from Susie McHugh Dance¹ who uses her artform to express her first two years of continued sobriety.

We also look at a 2020 Cochrane Systematic Review of AA, Twelve Step Facilitation, and the efficacy of mutual aid in general.

We start from Berkley University, shaking yet another erroneous conclusion: "It's all in my mind; My recovery is founded on reason and reason, alone,":

"Stories are told in the body. It does not seem that way. We tend to think of stories as emerging from consciousness – from dreams or fantasies – and traveling through words or images to other minds. We see them outside of us, on paper or on screen, never under the skin."ⁱ

This is how Berkley University blogger Jeremy Adam Smith starts, *The Science of the Story*.

Stories are told *in* the body? Really? Well, how do we talk about it?

- "I feel it in my guts,"
- "My heart fluttered,"
- "I feel sick to my stomach to tell you this, but..."

Not only do we receive messages through the body, dancer, choreographer Susanne McHugh will talk to us about how stories can be masterfully told *with* the body. We hook you up to a YouTube video to see and hear what I'm talking about.

The Berkley University blog about Stories and our body reveals how present-day scientists see sharing stories and experiencing or storing them in our body. According to Berkley U:

¹ <https://www.susiemchughdance.com/>

“Experiencing a story alters our neurochemical processes, and stories are a powerful force in shaping human behavior. In this way, stories are not just instruments of connection and entertainment but also of control.

We don’t need the science of storytelling to tell a story. We do, however, need science if we want to understand the roots of our storytelling instinct and how tales shape beliefs and behavior, often below conscious awareness. ...

As Neil Gaiman writes in his novel [Coraline](#): ‘Fairy tales are more than true: not because they tell us that dragons exist, but because they tell us that dragons can be beaten’.”

Stories, even fables are “more than true?” When a newcomer hears another addict’s story of being overwhelmed by the dragon that is addiction, but then overcoming the challenge, this story of heroism is “more than true” for the storyteller. It is helpful and hopeful for the listener. If her addiction-dragon can be beaten, maybe my dragon can be conquered, too.

Here’s one more scientific look at storytelling: Last month, I heard on Adina Silvestri’s Atheists in Recovery Podcast #64ⁱⁱ that:

“When we hear people share vulnerable stories, we get an oxytocin release. And when we share our own vulnerable stories, and we’re listened to, we get serotonin.”

This is the reporting from Valley Haggard, the show’s guest who has faced and overcome addiction in her life, she’s a writer and founder of *Life in 10 Minutes* magazine.

Today’s podcast, will review a Harvard PhDs review of AA efficacy, as an intervention to alcohol and other substance use disorder. Our mutual-aid groups, our quaint talk-therapy, while appreciated by some, has been the brunt of ridicule from others. We see how today’s academics looking at today’s evidence, may rescue our credibility for attributing positive outcomes from AA or Women for Sobriety or LifeRing, SMART Recovery or Refuge Recovery. Or, Dharma Recovery, She Recovers or the whole alphabet soup of mutual-aid: CA, DA, GA, MA, NA, OA, TA, AAA, ACA, CMA, FAA, SLAA, OLGA, Al-Anon, On-and-Onamous². Scientific inquiry does not evaluating mutual aid against doing nothing or going it alone; AA and Twelve Step Facilitation is being compared to other more professional and expensive interventions.

² Cocaine Anonymous, Debtors Anonymous, Gamblers Anonymous, Marijuana Anonymous, Narcotics Anonymous, Overeaters Anonymous, Tech Anonymous, All Addictions Anonymous, Crystal Meth Anonymous, Food Addicts Anonymous, Sex & Love Addicts Anonymous, OnLine Gamers Anonymous, Al-Anon, Adult Children of Alcoholics On-and-onamous (just a joke)

Oh, mutual aid meetings vs therapy; I'm listening. Early this century, the great criticism of peer to peer, by academics and barstool or coffeeshop experts, is that AA, for example, lacked statistics, data, and evidence regarding outcome rates. In the absence of evidence, mutual-aid groups are easily dismissed as placebo effects, no more effective than spontaneous remission.

If the term, "spontaneous remission" is unfamiliar, this describes someone with a negative habit (crime, smoking, meth amphetamines, over-consumption of pornography or chocolate, gaming, romantic fantasy, body-image issues or screen-time), quitting on their own. Sometimes we recognize the negative impact of habits; we stop, all by ourselves. I went to AA for alcohol and other drug issues and I quit smoking all by myself. My clean and sober date required peer to peer intervention by way of meetings. Nothing else had worked so far; not therapy not fear of jail, death, or abandonment. Only engagement with other of common suffering broke my cycle. However, cigarette cessation came from spontaneous remission.

People who stop negative habits without intervention (the spontaneous remission group), can act as a baseline – a control group. How many people stop a negative activity without intervention? How does that compare to intervening with XYZ approach? Juveniles who have committed crime, some of them stop doing the anti-social behavior on their own. They outgrow it, they apply themselves, they lose the bad-influences and enablers that make it easy to "do the wrong thing."

A USA National Institute of Justice report looks at persistence, desistance, and onset.

"Studies agree that 40 to 60 percent of juvenile delinquents stop offending by early adulthood. For those who do persist, the transition from adolescence to adulthood is a period of increasing severity of offenses and an increase in lethal violence."ⁱⁱⁱ

Some youth crime wanes, some gets worse. Kids who commit crimes before the age of 12, take longer to desist from their crime. Property crime, drug trafficking and violent crimes all have different patterns. Economic opportunity influences outcome rates, too.

So if 40 to 60% desistance is a baseline for juvenile offenders, measuring intervention – jailing, therapy, community support – we don't just measure one outcome rate to others in the study. Using those who naturally outgrow crime, as a baseline, can measure how effective different interventions are. If we measure the impact of harsher punishment or community-based supports, testing their effectiveness ought to be compared to a control group of juvenile offenders who outgrow crime through spontaneous desistance. Society benefits from this natural occurring phenomenon and it does not cost \$1, or use up other resources. Testing an intervention into youth crime, let's say a study reveals 70% of young adults in the study, leave crime behind. Questions arise

from the findings: is 70% good or bad? Doing nothing got 40-60% positive outcome rates. If 70% positive outcome rates, for all the energy and money we threw at it, is only 10 to 30% better than the spontaneous desistance that result from doing and spending nothing, what is the cost/benefit analysis for this 10% to 30% better desistance rate? Is that a notable increase or inconsequential?

Let me bring it back to sex and drugs and rock 'n' roll before I lose some of you.

Scientific evidence differs from anecdotal evidence that many of us in recovery rely on. Here is how many of us who have used mutual aid, evaluate our mutual aid efficacy: we tell our substance use story and how we continued use despite harmful consequences, and it got worse. Then, we found recovery and while it was hard at first, it's so worth it now, and we feel so much better than before. This is anecdotal evidence. Our evidence is our personal experience and/or testimony from others. We compare our stable recovery to all previous interventions that failed and here we are: clean and sober. Our impression is reinforced by the number of other successful stories we hear at our increased time spent at meetings. This reasonable conclusion relies on informal observations and the stories of others. I am comparing sobriety now to how bad it was then. My recovery rate was 100% effective. I was stuck; I nearly died; I am sober now while others die from alcohol and other drug use, obviously AA (or whatever remedy we use) worked! Obviously, it's effective; it took a seemingly hopeless case like me, transformed me into what is a life of challenges-yes, but a meaningful life, with a sense of competency and/or mastery in my recovery and other life activities. This is high recovery capital, enough money, enough love, enough positive reinforcement, enough satisfaction. My XYZ program (whatever I did or combination of interventions) is a winner.

Science isn't as likely to measure the new me against my old me, the way I naturally do. Science may look at us who find recovery from substance use disorders and join a fellowship, vs people who stop drinking on their own or they might measure a group of people like me against a group of people exposed to a different intervention.

If you can please, keep a pin in that idea and I'll get back to it soon. But to go back a bit; you may have seen it/maybe not. Episode Four of Rebellion Dogs Radio looked at some of the AA critics who were vocal at the time of that podcast. Lance Dodes, airs his grievances in print. In *The Sober truth: Debunking the Bad Science Behind 12-step Programs and the Rehab Industry ...*

“Most people with a scientific bent would agree that science is based on evidence. Without strong supporting corroborations, we would have no way to distinguish between a gut feeling and a solid result, and no way to separate personal bias from objective fact. But the value of evidence depends entirely on

whether the data is meaningful – whether it is valid ... No field, from the hardest statistical science to the ‘softest’ sociology, is immune to abuse of the word ‘evidence’; some just do a better job of hiding their foundational biases than others. ... addiction studies covering 12-step treatment fail to pass basic threshold standards ... Yet these flawed methodologies are not always apparent to the lay reviewer...”³

The book is over 160 pages of criticism. He does not offer his own evidence supporting or disputing the efficacy of the AA model. He has not undertaken any scientific testing of his own to demonstrate if AA is more helpful or more counterproductive. Dodes does conclude people are better off seeing a therapist, to which he is one and to which he gleans an income from, but to which he offers no evidence that his hourly rate has a better outcome rate than the two bucks someone gives to their mutual aid group through PayPal.

Stanton Peele boasts, “#1 world leading online Addiction Recovery”⁴ to describe his own Life Process Plan. He’s a go-to talking head for 12-step criticism. If I sound like I am putting these voices of recovery down, I am not. I continue to listen to what both of these men have to say – we do need better evaluation and improved methods for overcoming substance use problems. But there is a big difference between finding fault like there is a reward for it and pioneering a better way. I think a “yes, and” approach is better than a dick-swinging, antagonistic winner take all approach to health. AA and rehabs that embrace AA activities or philosophy are the targets of this aforementioned gentlemanly criticism. Fine. But first, do new research instead of bemoaning the research’s deficiencies. Secondly, every example of what they believe AA to be – some uniformed process, controlled by a central authority, anything they pick on, the Steps for instance or the primacy of a supernatural worldview, this gross generalization of what AA is doesn’t describe my AA group at all. Maybe not yours, either. The broad swath of variation of AA is ignored in this characterization. Also, take any one these so-called characteristics of what all AA members supposedly do, and I can show you another mutual aid group that does no such thing. The critics like picking on AA because it’s the biggest but lots of people who leave AA don’t die of alcoholism. Instead of leaving AA to die, they go to Secular Organizations for Sobriety or She Recovers where they practice starkly different rituals. All of these (Women for Sobriety, Life Ring, Refuge Recovery, Smart Recovery) have positive outcome rates... no better than AA, but each one is getting suffers of substance use back on their feet again (listen to

³ Dodes, Lance, Dodes Zachary, *The Sober Truth: Debunking the Bad Science Behind 12-step Programs and the Rehab Industry*, Boston: Beacon Press (2014) p. 151

⁴ <https://www.peele.net/>

Tracy Chabala⁵ on Episode 37 of Rebellion Dogs Radio, talking about comparative study⁶. Or read *The Journal of Substance Abuse Therapy*, Sarah E. Zemore⁷.

Entertainers, Penn & Teller get in on the act with their Showtime part comedy/part journalism hybrid show called *Bullshit* that myth-busts horoscopes, reflexology, fortune tellers and the Dalai Lama. These comedian truth-tellers called Bullshit on AA, too. Penn Jillette's LinkedIn profile does not hold him out as a statistician; he's a magician. Objective truth is not Penn and Teller currency; misdirection is the mastery of magicians. Oh, you have to see this episode of Bullshit; it's very funny. For a review of this critical look at AA that won't throw you into a YouTube looping bender for a weekend, as mentioned earlier, visit Episode 4 of Rebellion Dogs Radio.⁸ AA or mutual aid or self-help is all fair game for skepticism. But as Dodes put it earlier, it is a challenge to any of us "to separate personal bias from objective fact" and no one "is immune to abuse of the word 'evidence.'"

Stanton Peele and Lance Dodes are legitimately qualified to question if AA is effective. Back in 2006, Cochrane Library makes a claim that there wasn't sufficient scientific data to corroborate the effectiveness of 12-Step approaches to substance use disorder (addiction).⁹ Was this widely disseminated finding properly understood? Well what exactly was said?

What was reported in the Cochrane Database of Systemic Review in 2006 was this:

"No experimental studies unequivocally demonstrated the effectiveness of AA or TSF [Twelve Step Facilitation] approaches for reducing alcohol dependence or problems."⁹

Is the lack of evidence of effectiveness proof of a lack of effectiveness? The report revealed a lack of studies demonstrating the effectiveness of AA. Lack of evidence of efficacy is not proof of ineffectiveness.

The Cochrane Data Base Systemic Review of 2006 compared studies available at the time. These comparative studies looked at the following:

To assess the effectiveness of Alcoholics Anonymous and other Twelve Step Facilitation (TSF) programmes in reducing alcohol intake, achieving abstinence,

⁵⁵ <http://www.tracychabala.com/>

⁶ <https://rebelliondogspublishing.com/blogs/rebellion-dog-radio-episodes/posts/tracy-chabala-from-the-fix-on-rebellion-dogs-radio-37>

⁷⁷ [https://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(17\)30490-7/fulltext](https://www.journalofsubstanceabusetreatment.com/article/S0740-5472(17)30490-7/fulltext)

⁸ <https://rebelliondogspublishing.com/rebellious-radio/blog/rebellion-dogs-radio-4-50-years-of-a-a-critics-and-cynics-facts-and-bs>

⁹ <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005032.pub2/>

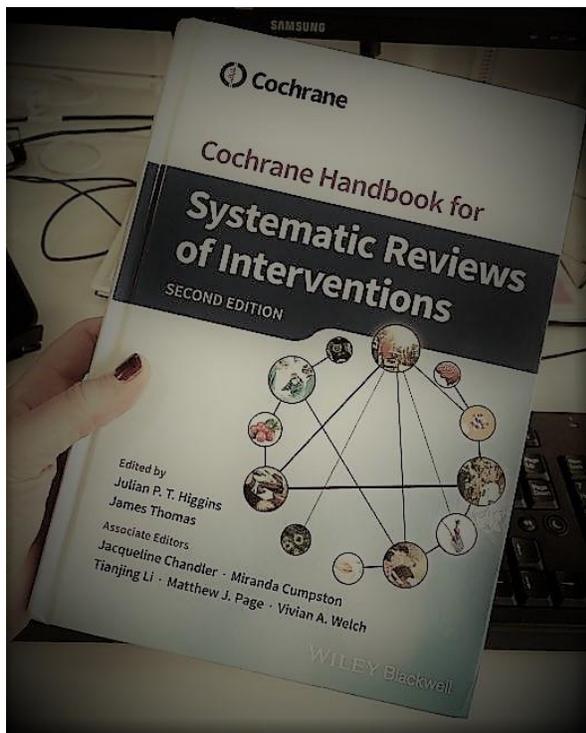
maintaining abstinence, improving the quality of life of affected people and their families, reducing alcohol associated accidents and health problems.

The following interventions will be compared:

twelve-step programmes versus no intervention;

twelve-step programmes versus other interventions (e.g. Motivational Enhancement Therapy (MET), Cognitive-behavioral coping skills training (CBT), Relapse Prevention Therapy (RPT));

twelve-step programmes versus Twelve-Step programme variants (e.g. spiritual, non-spiritual, professionally led, lay led).



So, the 2006 report, understood correctly was a call out for more research. This call to action was met: 14 years later... wait for it... “more has been revealed.”

The lead author of the 2020 Cochrane Library review is Dr John Kelly Professor of Psychiatry in Addiction Medicine, Harvard Medical School and director of Massachusetts General Hospital Recovery Research Institute. Dr. Kelly speaks to what has changed since 2006:

“based on only 8 studies and included just a few thousand participants. The quality of the evidence at that time was not strong. This updated review is based on 27 rigorous comparative investigations and included around 11,000 participants, as well as

economic analyses. Thus, both the quantity and quality of the research has increased substantially in the intervening years prompting this new summary.”

The punchline is this:

“When compared to other well-established commonly delivered treatments for alcohol use disorder, AA/TSF [Twelve Step Facilitation] generally performs as well as other interventions on most clinical outcomes, except for abstinence, where it does quite a bit better - particularly true for helping many more patients achieve sustained abstinence and remission. The review also found that AA/TSF

reduced health care costs substantially while simultaneously improving patient's abstinence relative to other treatments.

The quality of the evidence for the abstinence and economic outcomes was moderate to high indicating there is generally a high degree of confidence that can be placed in these new findings."¹⁰

Kelly refers to 27 studies including over 10,500 participants. This is not the totality of study done since 2006. It's not cherry picking either. The Cochrane methodology is considered the gold standard of meta-analysis and this study filtered over 12,700 files in the last 14 years to the most rigorous and detailed. leaving 21 randomized controlled trials, five quasi-RCT and one purely economic study comparing the cost of AA intervention to CBT, MET and other therapies. The Cochrane Library aims to be highly conservative, being picky to avoid Type-1 errors (conclusions that something works when it really doesn't). The *Alcoholics Anonymous and other 12-step programs for alcohol use disorder* was published March 11, 2020¹¹

Results of these studies of studies were not limited to "does AA work" but looked at the success characteristics of AA engagement that included but were not limited to:

1. identifying and problem-solving high-risk situations
2. cognitive and behavioral coping skills
3. goal setting
4. self-efficacy
5. building social networks, and
6. increasing healthy activities.

So AA is not quackery. AA is more than a placebo and not only is mutual aid better than spontaneous remission, engagement in peer-to-peer groups is shown to be more effective and more cost-effective than the expensive alternatives and their waiting lists (have you ever seen a sold out AA meeting?): Relapse prevention, Motivational Enhancement Therapy and other clinical therapeutic interventions. This isn't to say, "Hey, stop all this other rubbish!" The best results come from a personalized, individual recovery plan. Some can go to NA or Dharma Recovery first, never drink, drug or act out again. Others will need more – therapy, detox, in or outpatient care, multiple tries for sustainable long-term sobriety to take. Others need less; some people do quit on their own. Just like some get involved with their mutual aid group and stay for life where others dig in, get what they need and get back to a life that has sufficient recovery capital whereby lifelong 12-step or other mutual aid engagement isn't needed.

¹⁰ <https://www.cochrane.org/news/author-interview-alcoholics-anonymous-and-other-12-step-programs-alcohol-use-disorder>

¹¹ <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012880.pub2/full>

Others may be introverted or for some reason non-responsive to home groups and weekend retreats and conferences and advocacy.

After you have read/listened to all this Rebellion Dogs report, go back if you're a keener and look at these studies and listen to some of the criticisms from the past. You will hear legitimate criticisms of 12-step (or other) groups. But you will also see some of the flaws in the criticism. Many say AA demands religious adherence. We know that works for some but it's not true that someone whose secular needs to convert to a supernatural worldview. Some criticisms point to AA's being meeting dependent or engaged in learned helplessness attached to the ball and chain of "powerlessness." We all know AA success stories whereby the powerless construct is rejected or the Steps in their entirety, for that matter. Steps are suggested; for some, suggested equals optional. Not all AAs agree on what the secret ingredient is? Is it meetings? Some stop going to meetings. Is it and intervening God? Secular AA may be the fastest growing subculture in mutual aid. Is it a religiously based step by step process, exactly as described in the book, *Alcoholics Anonymous*? Well some re-write the Steps in an irreligious language and as we've mentioned, some don't need or want the 12-step experience. They may get those needs met elsewhere or get everything they need from the community, purpose, and identity of being part of a fellowship.

Besides whatever we think is the AA thing that is the secret sauce, there's some other mutual aid group that does not have that ingredient but their community of recovering addicts is growing also. So what is it? What all these recovery communities have in common is CHIME: Community, Hope, Identity, Meaning, Empowerment. Steps, noble truths, behavioral modification, all of these processes and groups manifest this CHIME¹² result (from [Pathways to Recovery and Desistance: the role of the social contagion of hope](#), David Best).

How it works: For some, there's a Twelve Step process, some an 8-fold path, for others, it's something else. We started off talking about what some scientists are coming up with: Recovery happens in storytelling inside the body, or the telling and listening of vulnerable autobiographies rewire neurotransmitters. The Big Book thumpers may or may not be channeling the grace of Gods but their repetitive process or reading and being read to seems to have the same bonding and stimulating impact of parents and children bonding over lullabies and nursery rhymes. I'm just thinking out-loud here but if I was testing a theory, I'd start with pediatric psychologists. That love and bonding between parent and child, reading the same stories over and over again. It soothes and nurtures. It wouldn't shock me that many alcoholics, who we know frequently come from dysfunctional homes, these AA's may have suffered deprivation from the

¹² Best, David, *Pathways to Recovery and Desistance: The role of the social contagion of hope*, Bristol: Policy Press, 2019, pp. 7-8

wholesomeness of the same stories being heard and read over and over again, in a safe environment. Or maybe some of us did have all that goodness before shit got real and the goth circus that was our addiction came to town and signed us up as part of it's side show. Maybe some of us reconnect with a long-missed wholesomeness when we sit in church basement couches and read 1939 fables about addiction and recovery and higher powers and a sacred book that saves the day.

The same certainty that *Big Book* fundamentalists have about how – and why – it works may be true for most of us. We play back our story, see that after failed attempts success comes, so we think we recognize a pattern – correlation is interpreted as causation. Because we know the chronology of what happened, does that mean we know why it happened? The patterns of failure and success can make us superstitious as we conclude A leads to B. In mutual aid meetings some of us call the *it-factor* meetings, some call it a program, some call it Yahweh.

I write songs. I podcast, I interview and research. That's how it works for me. Let's get to the highlight of this podcast, Susanne McHugh who dances. At time of recording, we are closing out on November 2020, second COVID-19 wave; most performance arts have been curtailed – or have they? Songwriters are live-streaming and dancers are going virtual and indoor stages are going outside for socially distanced audience and artist meet ups.

Let's hear about how one dancer found recovery and expressed her challenges and individual approach not through storytelling in a verbal sense but storytelling through motion. Recovery stories can be experienced in the body and the body can be the vehicle for telling the story. We will talk about how *Seven Three Zero* not only shares the experience of one member's first two years of recovery, but this dance was chosen for Dance Bloc II at Dixon Place... something Susanne didn't know when we spoke over Zoom, earlier in the month. How exciting. Here are interview highlights from the Zoom call:

Susanne said she was nervous – nervous about talking. I questioned her about how someone could be so vulnerable dancing for all to see, and then find talking nerve racking. "I have bared my soul so many times on stage, but as soon as I have to open my mouth, it's terrifying. I don't really know why. There is something I love about being so exposed on stage but it feels like home [the stage] feels safe. I feel like I have more control. When I have to talk, I get nervous and I ramble. The way I feel emotions is so intense; it is hard for me to explain them. It's almost like there are no words to explain them, but in movement, I can explain it."



We talked about how meeting our heroes can be something that worries us; what if they don't live up to our image of them on a pedestal? "That's super valid," Susanne adds. Her hero is film maker, Tim Burton. "But I just really want to see what he's like. It's crazy but I am willing to take the chance; if he's boring, I would be mad. I would often say, 'I want to be the Tim Burton of the dance world.' I'm a lunatic, I don't know."

I asked Susanne about life with addiction. "I believe my issues with alcohol solely have to do with my mental illnesses. I am diagnosed Bipolar 2, Generalized Anxiety Disorder and OCD

[Obsessive Compulsive Disorder]. Alcohol became this magical elixir that would take away all the strains from those illnesses. It was an escape from the brain of Susanne McHugh, you know. And that was nice, for a while, until it wasn't. I was the kind of alcoholic, I didn't necessarily drink every day but when I did drink, I could not stop. I always thought that the idea of having just one glass of wine with dinner didn't make sense to me. I was drinking for a purpose. Of course it gave me confidence and took my anxiety away but it was also part of my creative purpose. It was kind of like reaching the cathartic level, pouring out my soul a little bit. I kind of took that and used it to get sober, in a way. When I first got sober, I was in AA for three or four months. And then, well, I'm an atheist and it was traditional AA. I live in New York City but at the time I was unaware of secular meetings. Of course, you know, we got to the higher power business and I couldn't do it. So many people would say, 'It's a God of your understanding. It doesn't have to be Jesus.' But I couldn't subscribe to this. There

is a certain way of speaking in AA and the slogans that were, for lack of a better term eerie to me, to be honest. So I kind of like stopped going. I did not relapse; I stayed sober; but I stopped going to AA. What I mean when I say I sort used that cathartic feeling that once was initiated by alcohol, I used that to stay sober in a way, using the cathartic feeling for my art. My whole life I have been dedicated to dance. But instead of just dancing in my room, drunk, all passionate or whatever, I now made a dance company. Instead of dancing alone in my room, I was dancing in a rehearsal space with five or six dancers. I was going to residencies, applying for grants and I really just – in a sense like a workaholic type of deal – but it was through my art so that was awesome.

That's what really kept me sober. It gave me meaning and it gave me purpose. .

I can't speak for all alcoholics of course, but my addiction with alcohol was about me struggling with those things. It was, and it still is, I say dance is the reason I'm alive. It is extremely healing. Part of that is the subject matters I choose for my art."

We talked about COVID and how Susanne creates art with the stage in mind, but now it's about video and films, "That's out of my comfort zone," she says. "Part of it is exciting because it's a challenge. COVID is initiating a lot of collaboration between different types of artists and fields which is great. But do I think it's sad that we can't go see shows? Well, yeah. It's sad."

Susanne shared about working on outdoor stages and the challenges of dancing in a mask, not to mention the financial struggles and scariness of COVID-19. She had to adapt her dancing style. "I have a very specific aesthetic. It's the way I move. People in college used to say, 'Oh, Susie-style.' It's very dramatic. I like contorted positions. I never want anyone to call any one of my pieces, 'pretty.' I would rather they hate it than say, 'Yeah, that was pretty.' That would be an insult to me. I like things a little weird, a little dark – the Tim Burton of dance."

Let's talk about "Seven Three Zero," I asked.

"Okay, well 730 is like two years and I have two years of sobriety. It's a very straight forward piece. It's about, you know, my struggle with the higher power aspect of AA, really. And feeling like, 'Could I stay sober without one? Would I be forced to subscribe to the thing and just questioning all that. Then, finally realizing that I don't have to. I am very passionate about that; I really don't have to believe in something that I don't believe, in order to stay sober, I think there are other avenues. And part of that was because I had found the secular Zoom AA meetings, while I was making this solo. Because that was very much on my mind like a wake up; oh my goodness, there's a whole world of people who

think like me. That was a very big relief. The piece is about both. It's about presenting the issues that I had but also about the relief – yeah I can do this without a higher power.”

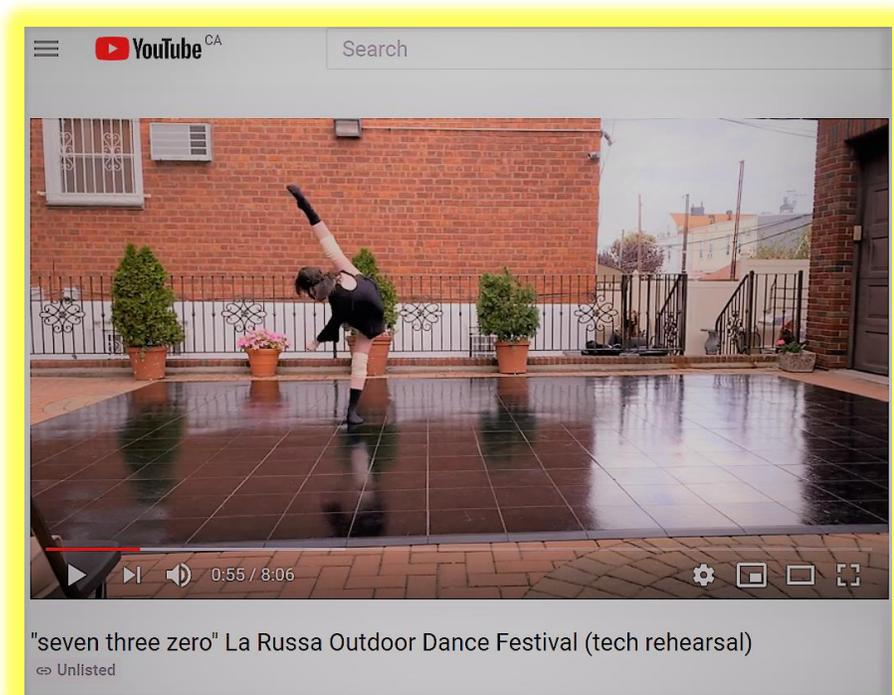
Letting go of God?

“Yeah, my dad didn't like it but other people did. I was talking to my boyfriend today and I was saying that, with my art, I don't mind ruffling a few feathers, which is sort of interesting that I can't talk. I don't mind recreating a panic-attack on stage, but I can't have a conversation. In that solo I said, 'I'm an alcoholic. I don't believe in God and I have issues with traditional AA,' all in one solo, in front of an audience. And that's not the easiest thing to do.

As an artist I would rather have a target on my back and initiate a conversation, than be forgotten, or be pretty, or blend in. I want people to think, afterwards. On some level, I am sure it may be disturbing to some people; but also it could be comforting to a lot of people in the way the secular [AA] rooms were comforting to me. To find out that you're not the only one struggling with that idea in AA, or any emotion in life, to be honest, kind of my M.O. in my work is to make people feel like they are less alone.”

Note the link
(Rebellion Dogs
Radio Episode #54)
to Susie McHugh
Dance's video. Log
on, have a look; if
you're like me,
look again. It's like
a great song. Who
wants to hear a
great song only
once?

There is so much
going on, on Zoom
in secular AA. Visit
Rebellion Dogs
Radio for
upcoming zoom stuff.





"AA helps more people over the long-term due to its ability to keep people actively involved in its recovery-focused peer support social network allowing their brains and bodies to adjust to the absence of alcohol and help them adopt a new lifestyle."

Dr John Kelly, Lead author

 Cochrane

And as we speak, the likes of John F. Kelly and other academics are studying us substance use problem-cases and how it's going for us on Zoom. Brandon G. Bergman and John Kelly in *Journal of Substance Abuse Treatment* (October 4,

2020) have a study called *Online digital recovery support services: An overview of the science and their potential to help individuals with substance use disorder during COVID-19 and beyond*.¹³

Attention: We are proud to announce, we have a new acronym: digital recovery support services, now called D-RSS

"Telemedicine and online, digital recovery support services (D-RSS) have taken center stage as potential solutions for individuals who are increasingly unable to access SUD [substance use disorder] treatment and recovery support services in person. Given the expansive reach of D-RSS, greater understanding of whether, and for whom, they are helpful may enhance the field's public health response to SUD more broadly.

At any given time, many millions of Americans with substance use problems depend on recovery support services that leverage peer-to-peer connection. Attendance at mutual-help organizations (MHOs), such as Alcoholics Anonymous (AA) and SMART Recovery, is the most common form of help-seeking for all professional and nonprofessional services among individuals with current SUD as well as those who have resolved a substance use problem..."

The whole paper is worth a read but from what I read about advantages and draw backs I would like to draw out three talking points.

1. Do some outreach. The paper, directed at professionals, is pro-our-Zoom-meetings. Addiction and mental health caregivers are being encouraged to refer clients to our D-RSS (AKA, our meetings), which may, in part, account for what seems to be increased attendance. Think about your own local treatment center, detox, half-way house, hospital, mental health center. Do they know how to find your zoom meeting online? I'm thinking that's a "No." In the local Greater Toronto Area Intergroup office, committee activity is almost dormant; Public

¹³ <https://www.sciencedirect.com/science/article/pii/S0740547220304098?dgcid=author#s0005>

Information, Cooperation with the Professional Community, and Hospitals and Institutions have been slower than groups at shifting gears for a new digital reality. That leaves our groups with the job of outreach. Call your own doctor if you're comfortable, tell her AA (for any patients who are having trouble during the pandemic) is online now. Or what about sober living places that people periodically came from to check out your face-to-face meeting? Tell your meeting's old landlord that your group is still meeting; pass on the login information and maybe send them a digital link to a beginner's pamphlet if they hear from anyone looking for us.

2. "Digital spaces may not allow for the implicit perception of non-verbal cues that people use to guide their behavior and decision-making in social interaction." Let's be gentle with each other. Any of us could say something that might have been funny in our old meeting hall but comes across as crass or insensitive, online. It is easier to misunderstand each other online. It's easier to miss cues and stick our foot in our mouth. So, if we can be less inclined to jump all over each other and if we're not sure what someone meant by what they said, we can PM (private message) them or ask for clarification if/when it is appropriate.
3. "D-RSS may not facilitate active recovery involvement as well as in-person groups. This active involvement generally produces greater substance use benefits compared to attendance alone." The meeting after the meeting, going for coffee or a meal, or to a movie, concert or watching the game – these between meeting activities may have more to do with my recovery than what was said in the meeting. This social interaction isn't as prevalent in the Zoom meetings I'm attending as it was in my face-to-face community. We're not playing pool together or jamming or going to karaoke or the gym, together. Can our groups do more informal stuff – watch parties with online movies or shows, hanging out on social media while we're all watching the game? Watching a Ted Talk simultaneously, we can text back and forth with each other.

I say the responsibility declaration at the end of a lot of meetings. But "the hand of AA" or whatever fellowship you or I attend, is more than putting on a virtual meeting. At least it can be; this would give people who need a little extra comradery and either some laughs or a deeper, "can we talk" moment that online meetings don't allow for.

Anyway, I'm confessing out loud; I'm not preaching. These are things I'm going to think about more. Our group always had greeters at the literature table that we would direct newcomers to for questions and free printed resources. How can we replicate this on Zoom?

The point is this: People are still studying us, online, the whole recovery system relies on us and we might not be as connected with the community as we were, pre-

pandemic. I for one am going to try a couple of little things. Our group met in the University classroom. We would get faculty, med-school, nursing, and social work students visiting. I'm going to let them know that U of T curious minds are welcome at our open AA meetings and I'll let them know how to find Beyond Belief Agnostics & Freethinkers AA meeting.

Under "this just in!" I am part of a new podcast that is just in the building stages. It is for the International Society of Excellence in Recovery Management. Dr. Ray Baker and I were working on a book together. That got stalled about ¾ the way through. It may still get done; but we're doing a podcast together. I'm quite excited; stay tuned.

The podcast closes out with song. This is from friends of mine, David and Vanessa more associated with my other radio: [IndieCan Radio](#), this is a Toronto band who opened for Bon Jovi in a Toronto Arena once but I usually see them playing at 1 or 2 AM in a Toronto Queen Street west indie club. They are called, [Goodnight Sunrise](#)^{iv}. This song was actually written at the start of the pandemic, but it's a good anthem any time in life. The song is called, "We're Not Dead Yet."

Don't forget to click the link to watch Susie McHugh Dance's [Seven Three Zero](#)¹⁴ and other show notes. Let's be gentle with each other out there. We're all in this together.



ⁱ https://news.berkeley.edu/berkeley_blog/the-science-of-the-story/

ⁱⁱ <https://adinasilvestri.com/episode-64-writing-as-a-vehicle-for-truth-telling-healing-and-recovery/>

ⁱⁱⁱ <https://nij.ojp.gov/topics/articles/juvenile-delinquency-young-adult-offending>

^{iv} <https://gnsr.bandcamp.com/>

¹⁴ <https://fb.watch/1Vw66NoWKJ/> YouTube Seven Three Zero by Susie McHugh Dance