Group Relations and 12-Step Recovery

SETH HARKINS, EdD, JOHN BAIR, PhD, and
SHELLEY J. KORSHAK, MD
Chicago Center for the Study of Groups and Organizations, Chicago, Illinois USA

Group relations conferences and 12-Step recovery thrive on the participants working in groups. This article is an inquiry into the integration of these traditions, in the Loyola Group Relations Conference, January 14–16, 2011. This conference recruited staff and members from the recovery community. 12-Step meetings were integrated into the conference design. The authors discuss the similarities and differences of the two models and examine the learning of conference staff and members. The authors conclude that Group Relations Conferences focusing on leadership, authority, and recovery from addiction can bring important group relations learning to the recovery community and vice versa.

KEYWORDS Addiction, alcoholism, Group Relations Conferences, recovery, spirituality, 12-Step recovery

INTRODUCTION

The Loyola Group Relations Conference: Authority, Leadership, and Recovery from Addiction was a 3-day nonresidential conference held in Chicago, Illinois, January 2011. It was unique in that it was the first Group Relations Conference (GRC) to include 12-Step meetings within the conference structure. Although GRCs have been a forum for experiential learning about leadership, authority, and overt and covert process in groups and organizations, and sometimes other topics, it is rare that a GRC specifically addresses recovery from addiction as a conference theme. A single exception to this was the work of Garrett O’Connor, MD, who directed GRCs in California in the 1980s. Although O’Connor’s conferences were not explicitly focused

Address correspondence to Seth Harkins, EdD, Chicago Center for the Study of Groups and Organizations, 661 S. Elm St., Palatine, IL 60067. E-mail: Seth.Harkins@nl.edu
on recovery from addiction, the staff members from those conferences were asked to attend 12-Step meetings in advance of the conference. The Loyola GRC was directed by Jeffrey Roth, MD and reflected his vision of a practical application of GRCs, as well as a personal commitment to "carrying the message" of both 12-Step recovery and GRC work.

METHOD

The overarching research questions addressed by this study were the following:

- Can the group relations methodology, theory and tradition be integrated with 12-Step understanding and practice in a nonresidential weekend Group Relations Conference?
- What were the experiences and what was the learning of Group Relations Conference staff and members from a conference that attempted to integrate the Group Relations methodology, theory and tradition with 12-Step understanding and practice?

A qualitative research methodology was used in this inquiry to explore the lived experience of the Loyola GRC staff and members. This qualitative research is intended to be descriptive and analytic of the participants' conference experience and is predicated on the triangulation of data sources: interviews, document artifacts, and field notes. Conference staff were interviewed regarding their experience of the conference with semistructured questions. Interviews were conducted in accordance with an informed consent and interview protocols, with additional probing questions as the interviewer deemed appropriate. Interviews of the staff were audio-recorded and verbatim transcripts provided a basis for analysis of themes and patterns. Additionally, document artifacts related to the conference were examined including brochures, online transcripts of staff meetings, e-mails, staff documents, 12 graduate student papers written after the conference regarding their experience, field notes taken during the conference, postconference reviews, and a focus group. Together, interviews, document artifacts, and field notes constituted the qualitative research triangle.

Group Relations Conferences

In England during World War II, the British psychoanalyst Wilfred Bion (1897–1979) was given the task of taking care of a regiment made up of the troops who had been expelled from their units due to psychiatric problems. Recognizing that he could not possibly care for each person individually, he decided to create groups for achieving various tasks throughout the day.
Rather than focusing on individuals, he concerned himself with the functioning of each group and of the community as a whole. Leaders emerged within each of the groups who furthered the work of their group, and the emerging well-functioning groups took care of its members. This work in the British military and with the rehabilitation of psychiatric patients convinced him of the importance of context: that in understanding an individual one must also understand the group in which the individual is a member (Banet & Hayden, 1977), analogous to the simultaneous discoveries made by the family therapists, that to understand and assist the child one must understand and assist the family. Bion (1961) continued to work with groups at Center for Applied Social Research at London’s Tavistock Institute of Human Relations after the war and published his experiences in *Experiences in Groups*. His contributions, now called group-as-a-whole, have evolved into a methodology, a theory, and a tradition.

In 1957, The Tavistock Institute and the University of Leicester cosponsored the first GRC, a 2-week experiential educational event, directed by Eric Trist (Trist & Sofer, 1951), creating a temporary institution to examine the exercise of leadership, followership, and conscious and unconscious process in groups. Using the approach and theory pioneered by Bion, the conference methodology created a “transitional space,” providing the opportunity for people to take up their own authority in ways not possible outside such a setting (Wikipedia, 2011). This conference led to others, bringing together participants from business, industry, education, and other human services fields to enhance leadership and followership skills (Rioch, 1975). GRCs, further developed by Eric J. Miller and A. K. Rice (1975) and A. K. Rice (1975), and others, have been conducted now in at least 20 countries throughout the world since the first GRC, including Canada, Germany, Italy, Mexico, Netherlands, Peru, South Africa, Israel, India, and Australia.

According to group-as-a-whole theory (Bion, 1965; Obholzer & Roberts, 1994), there are, broadly speaking, two kinds of work within groups and organizations: rational work, which furthers the primary task, and irrational work, or basic assumption behavior, which is an avoidance of the primary task. Irrational work generates certain kinds of leadership and followership, which are unconscious efforts to secure the survival of the group by protecting or rescuing group members from fear and anxiety through various irrational mechanisms, such as splitting, projection, projective identification, introjection, and transference. When a group is formed, it acts as a system; the fears and other feelings of the group are split off from some individuals and located within other individuals or subgroups through these and other unconscious processes. Those individuals who become receptacles for these feelings are likely to become strongly influenced. A group dynamic emerges which is led by these members, and the group acts “as if” it had a basic irrational assumption. These processes are unconscious until
they are made conscious as part of the work of the conference (Stokes, 1994).

Wilfred Bion described three basic assumptions. The first is basic assumption dependency. In this situation, a particular member is authorized to be the group leader and is expected to provide security and protection for the group-as-a-whole. Group members act as if they are incompetent, relying on their designated leader to instruct and direct them. In this scenario, members contend that they have no direction or task. They ultimately project their sense of incompetence onto those in authority, and then, when the authority fails to rescue the group, the group finds the authority deficient. Churches are thought to make use of this dynamic.

The second basic assumption is fight-flight. Here the group acts as if its survival were/is contingent upon fighting or fleeing from a perceived enemy or object. As with the basic assumption dependency, the group designates a leader to relieve their fear and anxiety, either by taking up a fight stance against an object or enemy, or by leading a flight from a feared object or enemy. Scapegoating is inherent to this group phenomenon. Basic assumption fight-flight groups are characterized by aggression, which is revealed through bickering, in-fighting, and competition (Hayden & Molenkamp, 2004). Group survival is dependent upon the fight-flight leader binding up the fear and anxiety of the group. When the leader is unable to do this, the group rejects the leader and searches for a new leader who can, it is assumed, provide this protection. Military groups are thought to make use of this dynamic.

A third group function involves basic assumption pairing. In this dynamic, the group acts as if the survival of the group depends on the pairing of two individuals who will couple and reproduce; the hope is that a messiah will be born who will save the group by rescuing it from its fear and anxiety. It focuses on the pairing of two individuals who form a bond involving warmth, affection, or excitement, leading to intimacy and closeness. This leadership is sustained only as long as the members are convinced that the leader will deliver them from their painful anxiety and fear. Pairing leaders are crucified by groups when they cannot deliver. Monarchies are thought to make use of this dynamic.

A fourth basic assumption, oneness, was described by Turquet (1985). In this dynamic, the group behaves as if they are one, joined together by a "powerful, omnipotent force." In such a group, the members surrender their individual identities, preferring to identify with the wholeness of the group (Hayden & Molenkamp, 2004; Turquet, 1985). In this dynamic, the group commits to a movement or a cause as a way of surviving.

A fifth basic assumption of me-ness was proposed by Lawrence, Bain, and Gould (1996). They argue that groups unconsciously collude in opposition to the basic assumption oneness. In this situation, the unconscious assumption is that group survival is predicated on the personal freedom
of the individual members; the members perceive themselves as free to do anything they wish. According to this notion, group members fear being engulfed by the group, and operate as if the only reality is that of the individual (Hayden & Molenkamp, 2004).

The dynamics of leadership and authority and the evolution of rational and irrational processes are studied in GRCs in the different group events. The staff, working from a psychoanalytic social systems perspective, consults to the groups, whereas the groups explore the evolution of small-group, large-group, and intergroup dynamics as they occur in the "here and now." The Large Study Group (LG) consists of all the members and may range from up to 60 to 80 members or more, and the Small Study Groups (SSG) usually consist of eight to 12 members and a consultant. Consultants are trained to assist the groups in understanding group-as-a-whole processes, and they assist the members in examining authority, leadership, and the conscious and unconscious dynamics as they occur. They also assist the groups in becoming a functional container in which the full range of thoughts and feelings can be expressed and examined. Importantly, they do not consult to individuals but rather to the group-as-a-whole, seeing individual behavior as it emerges in the context of the system.

GRCs also feature an institutional event (IE) in which members are encouraged to form ad hoc groups to study intergroup relationships while continuing to explore group formation, authority, leadership, and overt and covert dynamics as they unfold in this event. In the LG and SSG, the task and membership are determined by the conference staff. During the IE, members form groups, identify their task, establish boundaries, and assign roles all of their own choosing. The newly formed groups are encouraged to interact with each other. Consultants are available to the groups, if and when a group requests a consultation. In this event, staff and members examine the challenges of communicating and collaborating within and across group boundaries. They also have the opportunity to develop an understanding of the overall institution and the impact of the overall institution on the different groups. Upon conclusion of the IE sessions, conference staff and members convene to share their learning about the exercise of authority, leadership, and overt and covert dynamics within the institution.

In addition to these experiential learning opportunities, Review and Application Groups (RAGs) are held during the conference to assist individual members in further exploring their experiences and in applying their learning to their professional roles outside the conference and in their groups and organizations at home. Unlike the LSG, SSG, and IE, which are "here and now" experiences, exploring events as they occur, RAGs are "there and then" experiences in which members review their learning in the conference. They also make connections to how the issues of boundaries, authority, roles, and tasks and their experiences of leadership and followership are relevant in their groups and organizations outside of the conference.
12-Step Recovery

12-Step recovery is based on the 12-Steps and 12 Traditions of Alcoholics Anonymous (AA). Prior to the creation of AA on June 10, 1936, there were no effective recovery programs or models for the treatment of alcoholism. Although there were many clinics, agencies, and hospitals that provided treatment for alcoholics, none was very successful, and the prognosis for an alcoholic was considered hopeless. Bill Wilson and Dr. Bob Smith are credited as the founders of AA. They discovered that as a group of two, they were able to support one another in abstaining from alcohol and developing long-term sobriety. Bill Wilson and a group of early AA members codified the process of recovery in the book Alcoholics Anonymous (1976) and Twelve Steps and Twelve Traditions (1953). These tracts set forth the methodology, traditions, and culture of 12-Step recovery.

According to the chapter “How It Works” in Alcoholics Anonymous (commonly referred to as the “Big Book”) an individual can achieve abstinence and sobriety provided he or she surrenders to the notion of alcoholism as a disease and admits personal powerlessness over the disease and the associated unmanageability. By coming to believe in a “power greater than oneself” and committing to the program of AA, an individual can achieve progressive recovery. Wilson and the founders believed that surrendering one’s individual identity to the AA group was critical to recovery, and throughout the 12-Steps the emphasis is on working with 12-Steps in a group context. For Wilson and his adherents, the AA group was bound together by a “group conscience,” which united the members in a spiritual relationship with a higher power. Critical to long-term sobriety is the idea of service, the working with other alcoholics and carrying the message to those who still suffer. Importantly, the 12 Traditions constitute organizational principles that ensure AA groups avoid the fractious political in-fighting that characterized attempts to create recovery programs prior to the formation of AA. Roth (1988, 2004) notes that the 12 Traditions provide the boundaries necessary to avoid fractious splitting, projection, projective identification, and the formation of basic assumption groups. Since the Traditions are accepted by AA members worldwide, AA meetings tend to be task focused with the primary task being to help alcoholics recover from alcoholism. Within a 12-Step meeting cross talk is generally prohibited as the emphasis is on self-expression, self-discovery, and spiritual growth.

AA has become the single most effective recovery program for alcoholics. Literally millions of alcoholics have achieved long-term sobriety as a result of the 12-Steps and the 12 Traditions. Because alcoholism involves obsessive thinking and compulsive self-destructive behavior, a number of other recovery programs have evolved using the 12-Step recovery model, including Al-Anon Family Groups, Narcotics Anonymous, Cocaine Anony-
mous, Overeaters Anonymous, Gamblers Anonymous, Debtors Anonymous, Workaholics Anonymous, Emotions Anonymous, Codependents Anonymous, Clutterers Anonymous, Adult Children of Alcoholics, and perhaps as many as 150 others. Many hospitals, mental health clinics, and social service agencies have embraced the 12-Steps and 12 Traditions in the treatment of these and other addictions.

Similarities and Differences in the Two Models

GRCs differ from 12-Step recovery in many respects. Group relations events are interactive, as members and staff investigate the role of the conscious and unconscious processes in groups, seeking to make explicit what forces are enhancing or impeding group functioning. The primary task of Group relations work is educational, and the consultants help the members learn about boundaries, authority, role, task, and leadership and followership. Interpersonal conflict is not avoided; rather it is studied.

By contrast, 12-Step recovery is explicitly a spiritual program with the primary task conceptualized as bringing abstinence and sobriety to individuals who suffer from a disease. Using its own traditions (formalized and informal), language, culture and methodology, 12-Step programs encourage an open expression of thoughts and feelings, while minimizing conflict among the participants.

Closer examination suggests some straightforward differences between these models. First, GRCs are a temporary institution, whereas AA and other 12-Step programs are meant to be enduring. Second, though the membership of each GRC is closed; by contrast, as a larger organization and a smaller group experience, 12-Step recovery is an open egalitarian system with relatively permeable boundaries. The Third Tradition of AA states: “The only requirement for membership is a desire to stop drinking”; and because members self-diagnose their disease, anyone who wants to attend for their recovery can attend any meeting. Further, there is openness at the level of the larger organization. Any member of AA who does not like the procedures of a particular meeting can start a new meeting elsewhere, and provided the new meeting consists of two or three or more alcoholics “gathered together for sobriety,” and they have no other affiliation, they will be recognized by the larger World Service Organization of AA. Third, members in GRCs interact with each other freely during the sessions, whereas in 12-Step programs the members do not interact freely during the meeting but instead follow a no cross-talk procedure. Further, as indicated above, the 12-Steps and 12 Traditions provide boundaries for the groups and guidelines for the individuals in them.

In spite of the differences, the models can inform each other through an examination of their similarities as well as their differences. The models share at least eight significant and interrelated qualities. First, both mod-
els use experiential learning as the primary method for gaining personal and collective insight. Second, both models encourage self-exploration, self-discovery, and self-expression. Third, both models acknowledge the power of irrational processes in the individual and in the group, and, in particular, anxiety and fear. Fourth, both models are grounded in interdependence and collaboration. Fifth, both models believe that groups are systems, and that the whole is qualitatively different than the sum of the parts. Sixth, both models believe that individuals experience growth by acknowledging or surrendering to the power of the group. Seventh: Group relations and 12-Step recovery are concerned with authority and leadership. Eighth: Both models facilitate growth, change, and transformation through the individual's experiences with others.

Conference Demographics
The conference membership consisted of 60 individuals. Sixty percent of the members were women and 40% were men. The members ranged in age between 21 and 71. Twenty-five members were graduate students in social work or psychology. In terms of racial and ethnic diversity, the membership was primarily White with European heritage, but one sixth of the members identified themselves as persons of color, including African American, Arab, Indian, and Asian.

The staff consisted of 12 individuals, seven women and five men. Staff members ranged in age from late twenties to late sixties. One staff member was African American, four were Jewish, and seven were White with European heritage. Regarding previous GRC experience of the staff, the most novice staff member had 5 years experience in GRC work, whereas the most experienced member had been involved in conference work since 1971. Of the staff, seven members identified themselves as persons in recovery belonging to AA, Al-Anon, Overeaters Anonymous, Workaholics Anonymous, Gamblers Anonymous, Debtors Anonymous, and Sex and Love Addiction Anonymous.

Conference Learning: Member Perceptions
Member learning can be understood in terms of boundaries, authority, role, and task (BART). Learning about personal, interpersonal, group, intergroup, and institutional boundaries was powerful for members who submitted papers. One graduate student put it this way:

Prior to the conference, I was not able to articulate my boundaries to my friends and others. After the conference I was able to explain to my friends and family how I feel about their acting and how it influences or impacts me.
Members struggled with the issue of boundaries, especially their wish or fantasy to be rescued from fear, anxiety, and conflict by the staff. For one individual, the perceived lack of boundaries (lack of rescue) put him in “a complete rage.” Although it is untrue that there was an absence of boundaries in the conference (e.g., specific times for sessions, consultations, plenaries, etc.), this individual was strongly affected by the significance of boundaries within groups and organizations. Navigating interpersonal boundaries was important to another member, who acknowledged in his discussion with a woman to whom he was sexually attracted that “I am still realizing how easy it was for me to express my emotions to her without breaking my boundaries or hers.” Personal growth came to this individual as he integrated his learning about boundaries. Another member similarly remarked about the impact of her learning about boundaries when she stated, “I have always known that I have issues with authority, but it was not until after the conference that I realized how much they had impacted my life.” An important learning regarding boundaries was recognizing that they exist on a continuum of closed to open and that boundaries are not necessarily all or none. A member expressed that she found she was challenged to regulate her own boundaries, which, she said, “could be difficult and messy.”

Considerable learning also occurred regarding authority. One member characterized her learning about authority with insight about how interacting with authority figures occurs throughout her daily life. She put it this way, “Throughout the weekend, I experienced a multitude of emotions, and was able to relate some of my reactions at the conference to reactions I have in everyday life. The most obvious way was how I relate to authority figures.” She went on to add that relating to authority has been a challenge in her life because she is unable to ask authorities for help. This member was thus stimulated to think about how she might work on her relationships with authority figures in her life. This challenge of dealing with authority was echoed by another member who stated, “The conference made me aware of how I view authority. I have never before thought of how I see authority figures, and realization alone is very telling. I am ambivalent about authority figures.” Still another member came to terms with her denial about dealing with authority. A RAG consultant confronted her about not having a strong reaction to authority. The consultation was described as “amazingly dead on” about how she deals with relationships outside the group. Jealousy and envy become complicating factors in dealing with authority and finding one’s voice. A member described her insight about authority, jealousy, fear and projection, when she wrote of the IE:

I found myself getting jealous of how highly she (another member) spoke of that group, and angry that she did not speak that way about our group too. I was able to apply this realization to how I treat authority in my own life. Because I am afraid that the authority figures are going
Encountering authority in the stark manner in which conference staff play their roles compels learning about how members feel, think, and deal with authorities. Often this involves what members unconsciously project onto authority. A member reflected his learning about this by noting, “As the conference progressed, I came to appreciate that a part of my rage towards the consultant was a paternal transference onto the consultant staff.” His wish or fantasy was that the consultants would provide him with the nurturing and comfort of his parents. Learning about authority, however, involved more than how one relates to authority figures. Learning about taking up one’s authority is a critical part of the learning process. According to one member, it was important to “assume a bit of my own authority” and speak out “strongly against members who were being extremely disrespectful toward the feelings of others.”

If learning about boundaries and authority were important to conference members, so too was learning about role, and in particular the leadership role. Members were surprised by their willingness or unwillingness to assume leadership. Taking up leadership in groups can generate intense fear and anxiety, as was the case with one member who initially “paralyzed with fear” but who, as the conference progressed felt like “an emerging leader,” particularly in the IE and RAG. The experience of being in large, small, and IE groups provided insight about his leadership, realizing that he took up different leadership roles in different contexts. He was an “instigator” in large groups but “an empathic individual” in small groups. A female member, too, felt the significance of the group context when it came to assuming leadership. According to her:

I tend to either take charge totally or be passive and not feel the need to help at all. I become more of a follower. I think it depends which role I take up based on the composition of the other people in the group. I felt that I was not the smartest person in the group so I think that is why I took more of a passive role.

Learning about leadership in the conference helped members to understand how groups employ members to play certain roles. One member learned this when he was thanked by another group member for holding the group’s anger. This helped him to realize that “my role in groups divides between sarcastic, rebellious smart guy working against the group task when I feel a lack of authority and an enabling supportive facilitator in groups where I feel in control.” Similarly, another member shared this experience of “acting as a container for the anger of the group.” Along these lines, another member expressed her awareness of the role scapegoats play in groups, as well as other roles, such as “star, team player, clown, conscience, protector,
leader, problem-child, the whipping boy, and gatekeeper.” Another member connected taking up leadership and its interface with gender. In her words, “I learned that when a dominant woman comes in the group, I take a step back into a more passive role.” She further learned her vulnerability for role suction and being pulled into the role of a sex object.

What roles one plays in groups, how one experiences their authority and exercise leadership is directly related to task functions. Learning about such functions was important learning for members, who discovered the significance of task clarity. In one member’s view, the task of the conference is “excruciatingly vague.” The search for task clarity prompted a member to observe:

Yet another interesting observation that provided me with newfound knowledge stemmed from the ability to develop and establish a clear task within our group. The group’s ability to form a task depended on the ability to communicate and trust each other to respect each others’ worldviews.

Staying with the task of examining leadership, authority, and group dynamics in the here-and-now was a challenge for members. Anxiety, fear, and other emotions or thoughts distracted them to varying degrees in the small, large, and intergroup experiences. Taking up a task, one member noted, was much easier when “our mutual task was one of seeking out and engaging in purposeful dialogue to help make sense of what was taking place in the conference itself.” This was especially reflected in members learning from the group “Open to Change,” whose elected task was to seek out individuals who had triggered them and engage them in a dialogue about what the person represented and what they set off emotionally.

Learning about boundaries, authority, role, and task combined to promote significant learning about recovery from addiction. The emotional high velocity of the conference challenged the sobriety of recovering members. One member noted that had he attended the conference earlier in his sobriety, he would have been vulnerable to a relapse. Recovering members were grateful to have 12-Step meetings available to them to help protect their sobriety. A member with a number of years of recovery remarked that the conference experience gave her a new understanding of the importance of the no cross talk prohibition in 12-Step meetings. In her view, “It would be complete chaos if everyone was allowed to chime in when people were sharing. That large group showed me that.” This member also made a direct connection between taking up her authority and leadership in groups. As she stated it:

So many times when I am in groups, I feel that I lose my voice. So much of this has to do with my self-esteem and character defects, such as comparing. The more time I spend in recovery, the more this changes.
An experienced conference member with 5 years of continuous sobriety linked with the tendency to lose one's voice and act out character defects believing that the conference made him a better AA sponsor because he found his voice as a sponsor. He was able to speak to issues sponsees were experiencing in group and organizational settings and assure them that what was happening was not about them personally but rather about the dynamics of the group or system.

In terms of their overall experience, the members who wrote reflections papers, participated in interviews, attended postconference reviews, and attended the focus group were, on balance, positive about their conference experience. Although there were those who were explicit that they would not attend another conference or were ambivalent about it, these members nonetheless expressed that they had learned a great deal. As one such member put it, "I feel I learned a lot and experienced some positive personal growth at the conference." Attending a GRC is an intense and complicated experience. A graduate student reflected this by stating, "Even though I feel like the conference experience impacted me positively, I currently feel like I have a ball of emotional yarn in my head and in the pit of my stomach that I am trying to untangle. I think the untangling process will last for quite a while." Members vowing to return to another conference related that they had a positive, even "amazing experience," influencing them in their career choice and helping them to feel empowered in their field. One member spoke of the overall experience as helping her to integrate the various parts of herself. In her opinion, "the greatest gift of the conference was allowing these to merge. In this way, the conference made me feel whole." In terms of the conference as recovery, an experienced member with 5 years of sobriety passionately stated that recovery is about "one's identity as a member of a group" and that GRCs "help me recover myself as a member of society."

Conference Learning: Staff Perceptions.

The learning of staff can also be understood in terms of BART. The staff was a mix of experienced consultants with years of 12-Step recovery experience and non-12-Step professionals with years of experience working with addiction in their private practices and other venues. As they entered into the preconference work, there was a sense of excitement and apprehension. Some wondered whether the paradigms of recovery, with an emphasis on 12-Step recovery, and group relations could work together. Given this mix and the normal competition among staff and the quest for competency in their roles, the success of the conference was determined by the degree to which the director and the staff could create the boundaries for a container sufficient to hold the full range of thoughts and feelings regarding authority, leadership, and recovery from addiction to be explored. The staff worked
to navigate subgroup boundaries, join with each other, and provide a solid container for the conference.

An important aspect of staff learning was its learning regarding the director's authority. Although the director requested that staff participate in six 12-Step meetings prior to the conference, not all the staff complied. One small group consultant stated that none of the non-12-Step recovery consultants on the SSG attended all six required meetings. Some members asked what would happen to them if they did not attend the 12-Step meetings. Would they be punished or fired by the director? Underlying this was fear and anxiety about the consultants' relationship to the director. Would staff members in recovery be more loved or favored than those who were not in recovery? In the preconference work a small group consultant wondered aloud about drinking at the conference if he felt so inclined. Reflecting what others were perhaps thinking, the director consulted to this in a paradoxical fashion. The director suggested that, if the consultant was going to partake in alcohol, he should do so openly. In other words, the director took up the challenge to his authority by inviting the consultant to make the enactment of drinking something open for review in the conference. In this way, the director brought the principle openness, found in recovery and group relations traditions, together in his consultation. Where challenge to authority was most pronounced was in the joining process, which was the dominant theme and work of staff. Some 12 Steppers and non-12 Steppers were unsure about whether the GRC and 12-Step world could be integrated. This concern was voiced by a staff member who remarked, "GRC is this pristine kind of idea" and wondered whether the integration of the 12-Step model would be corrosive, particularly given the multiple special relationships between and among staff and members. The administrative team was composed of 12 Steppers. The SSG team, with the exception of one consultant-in-training, were non-12 Steppers. As a mirror image, the LSG team was composed of all 12 Steppers, with the exception of one out-of-town female consultant. Typically singleton members, be they staff or members, become objects of projection and carry unwanted emotions for the group. Joining became complicated as the singletons represented pro- and anti-12-Step stances. This potential barrier to joining of these two paradigms was further evident in the director's decision to pair the 12-Step banner carrier, who was a consultant-in-training, with an experienced non-12-Step consultant as her mentor. Although they initially engaged in a fight-flight dynamic, the two eventually built a strong working alliance. Important to this relationship and the joining of 12 Steppers and non-12 Steppers was the mentor's expressed wish to be an alcoholic because he found the authenticity and honesty of 12-Step Meeting so powerful and compelling. Although this consultant complained in the preconference meetings of the discussions being "12 Steppy," he was open to seeing how the two worlds might integrate, and he was willing to look for the "overlap in practical and theoretical ways" because both models
were both "deeply human endeavors" and "adaptive enough to take [new] things in."

As is often the case in group relations work, something lodged in one member gets transferred to another, in this case a female out-of-town consultant. Her contribution was holding firm to the belief that 12-Step recovery was religious and that there were other paths to recovery. She wondered what she was carrying for the membership and was disappointed that what she believed she was carrying wasn't examined by the staff. She was joined in this view by the associate director who was able to help the staff get above the tension by framing recovery from addiction to be another dimension of diversity. In her view, it was too simplistic to divide things into 12-Step versus non-12 Step because the issues were complex. In her words, "It's not a simple split, but a split with a lot of variations." In other words, members and staff brought a wide range of experiences and reactions to recovery, and authentic joining required that staff, like members, create a container that would accept differentiation and diversity within the conference. Although the staff was ultimately successful in joining and creating an inclusive container, the ambivalence about integrating the two worlds explains, in part, the absence of very much discussion about spirituality, a key component to recovery in the 12-Step model. One 12 Stepper observed that this ambivalence may have inhibited him and his colleagues in recovery from bringing their full recovery selves into the conference.

Considerable staff learning also occurred regarding the boundaries and special relationships in the conference. Some staff members were jarred by the revelation of the director's allowing patients to participate within the staff and membership. The occurrence of three staff members being patients of the director and two others clinically supervised by him provoked envy and competition over who had a favorite son or daughter status. These concerns became even more complicated by the number of patients and sponsees of the staff in the membership, many as clients of working sobriety. One member, a sponsee of the director, had been the subject of the report of an ethical violation about his former therapist, who was also in the membership, and a patient of the director. Other complicated relationships existed, including an unknown number of 12-Step sponsors and sponsees in the conference. The staff discussion regarding confidentiality and anonymity was also a critical piece of work because it gave permission to the staff to share openly in 12-Step meetings. Further, it established an ethical boundary for the staff with regards to the member material, while offering a way to consult to material generated in those meetings were it to surface in the other events of the conference.

Another area of learning involved accountability. Although being explicit that all sessions would begin and end on time, it is routine in GRCs for the staff to leave the Opening Plenary once the opening remarks are finished and questions from the membership are answered. The exit of the
staff before the published time boundary sent a signal to the membership that the staff couldn't be trusted to put their words into practice, known in 12-Step circles as "walk the talk." Although the staff was concerned about the number of members who dribbled into the plenary, no discussion within occurred regarding the staff's violation of the time boundary. It was completely out of the staff's consciousness until the issue was raised by the members in the IE and the closing Plenary. For some members, the error reflected the experience of growing up in an addicted family system, where the rules of the household shift according to the needs of the alcoholic or addict. Although the event could have been perceived as a simple mistake and common practice in GRCs, the message for this membership was that the staff boundaries are rigid and idiosyncratic, perhaps explaining why the "Street People in Recovery Group" established a shadow conference in the IE that developed its own rules rather than following those of the director. The message was reinforced, moreover, by the way IE played out. Although there was a rational attempt to allocate space for IE groups, the associate director and assistant director were unable to contain the membership long enough during the first session of the IE to communicate the suggestion for a procedure for claiming authorized space before a portion of the membership bolted outside; this group tenanted a room, leaving the "Street People in Recovery" without the space that they had claimed by following the staff's suggestion. The confusion surrounding space led some members to further question the competence of the staff and the integrity of the conference. The perception of the possibly self-serving or convenient rigidity of the staff became a learning opportunity about the salient importance of boundaries for persons in recovery, for organizations, and how irrational behavior affects the institution as a whole.

Finally, there was learning about the integration of the 12-Step meetings into the conference. The 12-Step Meetings were important to the conference to give recovering individuals the opportunity to share their experience of the conference within that venue, and also expose the nonrecovery members with AA, Al-Anon, and the 12-Step approach. Although some staff and members found these meetings to be a safe haven and an opportunity to connect with others in recovery, many of the staff expressed concern that because the meetings were located at the end of the day they were not well attended on the second and third days of the conference. Even with 12-Step meetings and open discussion of recovery in the conference, relapsing occurred, especially among women who struggled with anorexia and bulimia. One staff member disclosed that she engaged in binging and purging after the conference day ended. One member acknowledged "eating whole pans full of fudge." Clearly, group relations work is challenging on multiple levels: physically, cognitively, and affectively. Potentially, the 12-Step recovery meetings can decrease the relapsing that is triggered by the conference work.
CONCLUSIONS

Six conclusions can be drawn from this attempt to integrate two seemingly different models of experiential learning. First, the conference experience demonstrated that group relations and 12-Step recovery could be integrated in a GRC. Second, the learning experiences of members and staff revealed that understanding about boundaries, authority, roles, and task and the role of the unconscious in group life had clear implications for persons in recovery. Persons in recovery reported being challenged by the intense learning about authority, leadership, and the role of the unconscious, particularly in relations to valency persons in recovery have for carrying the emotions of others and the potential for scapegoating. Third, the integration of group relations and 12-Step recovery revealed two different languages, methodologies, cultures, and traditions that were mutually informative about recovery from addiction. Persons in recovery reported the leaning from group relations enhanced and deepened their recovery. Fourth, these models were successfully integrated because the staff was able to effectively and authentically join. By joining in the examination of its own splits and tensions, the staff created an effective institutional container in which members could, in turn, similarly examine issues related to authority, leadership and recovery from addiction within the here and now and there and then formats of the conference. Fifth and finally, creation of this temporary institutional container and the work by members and staff within it had implications for personal growth and recovery through self-exploration and self-examination within group contexts. Within the group relations context the tensions associated with multiple special relationships and tensions were examined and understood in relation to authority, leadership, and negotiated across group and interpersonal boundaries. Sixth, the inclusion of 12-Step meetings within the conference design was critical, for it introduced nonrecovering members to the 12-Step world, and served as a "safe haven" it helped recovering individuals needing to talk in 12-Step terms about how the GRC supported and challenged their sobriety.

REFERENCES