

**An Addiction Recovery Glossary:
The Languages of American Communities of Recovery¹**

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Resiliency and Recovery

Health and social problems are usually studied by examining their sources, patterns and consequences. The rationale for this approach is that understanding such factors will lead to effective prevention and intervention strategies. While this approach has led to remarkable breakthroughs in certain areas of medicine (e.g., infectious disease), the promises of similarly striking breakthroughs in understanding and treating historically intractable problems like addiction remain unfulfilled. Since Benjamin Rush's 1784 treatise on chronic intoxication, generations of addictionologists have authored texts and articles about the pathology of addiction. Studying addictive drugs and why people use them, generating speculative essays on why some people can't stop using them, and describing and evaluating countless efforts to punish or treat those with alcohol and other drug problems are all part of the multi-billion dollar, problem-focused addiction industry.

There is another approach—one that focuses not on the sources of addiction, but on the successful solutions that already exist in the lives of hundreds of thousands of individuals, families and communities. These solutions are of two types: people with great access to alcohol and other drugs who do not use such substances or who use but do not develop alcohol- or other drug-related (AOD) problems, and people who have achieved a sustained resolution of AOD problems across a wide spectrum of problem severity. This second approach assumes that the study of resiliency and recovery may hold the key to more effective strategies for preventing and managing AOD problems—strategies quite different than those flowing from the pathology perspective.

Two fledgling movements are adding momentum to this shift from a pathology paradigm

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to a resiliency and recovery paradigm. The first is a New Recovery Advocacy Movement that is challenging the growing restigmatization, demedicalization and recriminalization of addiction and pushing pro-recovery social policies and recovery-focused service programs (White, 2000c, 2001a). By bringing recovered and recovering people and their families into the forefront of policy advocacy, this movement is shifting the policy agenda from the nature of the problem (i.e., “alcoholism is a disease”) and rationales for intervention effectiveness (“treatment works”) to the recognition of the existence of lived solutions (e.g., “recovery is a reality,” “recovery is everywhere”) and the nature of those solutions (e.g., “there are many pathways to recovery”).

There are also signs of a Treatment Renewal Movement whose focus is on improving the clinical technology of addiction treatment,³ elevating the ethical practice of addiction treatment and reconnecting addiction treatment agencies to the communities out of which they were born (White, 2002a). This movement promises to shift addiction treatment from a model of serial episodes of acute treatment (assess, admit, treat, discharge) to a model of sustained recovery management and support (White, et al., in press/c).

The shift from a pathology perspective to a resiliency and recovery perspective requires new ways of thinking and a new language to frame the sources and solutions to alcohol and other drug problems. In earlier essays, I traced the history of the language used to frame AOD problems (White, in press/a), called for the rejection and or refinement of much of the traditional language used to depict alcohol and other drug problems and their resolution, and began to articulate a pro-recovery rhetoric (White, 2001b). This paper builds on this earlier work by cataloguing and discussing some of the existing and emerging recovery-related terms and concepts.

The Varieties of Recovery Experience

Alcoholics Anonymous is neither the first nor the fastest growing addiction recovery mutual aid society in America. Those distinctions belong respectively to the Native American recovery “circles” of the mid-eighteenth century and the Washingtonian Society of the 1840s (White, 2001a). While A.A. is the standard by which all other such societies are evaluated due to its longevity, its size and its worldwide dispersion, it has never claimed to be the only framework for the achievement of sobriety. A.A. co-founder Bill Wilson stated this plainly when he declared in a 1944 *A.A. Grapevine* article that “the roads to recovery are many.” At the time this statement was made, Wilson could not have foreseen the growing diversity of A.A. groups and A.A. experience, the unending adaptation of the A.A. program to other drug addictions and to other problems, and the rise of mutual aid alternatives to A.A. The latter include groups for women (Women for Sobriety), religious alternatives to A.A. (Alcoholics Victorious, Alcoholics for Christ), secular alternatives to mainstream A.A. (A.A. for Agnostics and Atheists, Secular Organization for Sobriety, LifeRing Secular Recovery), numerous abstinence-based cultural revitalization movements (the Wellbriety Movement), and moderation societies (Moderation Management).

³ These new technologies include innovative outreach and engagement strategies; evidence-based, manual-guided therapies; new pharmacological adjuncts to treatment; new techniques for treating trauma; gender- and culturally-nuanced treatments; and post-treatment recovery support services that emphasize sustained monitoring, stage-appropriate recovery education, recovery support services and, where necessary, early re-intervention.

The near-universal incorporation of the A.A. program into modern alcoholism treatment created a subsequent backlash in which “A.A is not the only way” became something of a professional mantra. Similarly, a modern restatement (“There are many paths to recovery.”) of Wilson’s earlier declaration has emerged as a core idea within a new generation of grassroots recovery advocacy organizations (White, 2000c). While agreement with these propositions is easy to elicit, rarely are varieties of experience within A.A. or alternative pathways of recovery ever detailed outside the addictions research literature.

Words, Ideas and Recovery

Addiction is as much a cognitive as physiological process. It entails a rewiring of thinking—a fundamental reconstruction of one’s core beliefs and values and one’s perception of self and the world. Recovery entails a similar transformation in thinking. There are key words, ideas and metaphors that can unfreeze old ways of thinking/behaving and serve as powerful catalysts for change. What is remarkable about this process is the variability one finds in these instruments of transformation. Words, ideas and metaphors that incite change in one person leave another unmoved. As a result, the growing diversification of recovery experience within and outside A.A. was perhaps inevitable. This paper is an exploration of this diversity.

What follows is a glossary that samples the words and ideas that are central to the recovery experience of hundreds of thousands of individuals and families. It is not intended to be a glossary of the people and institutions that make up the history of the recovery cultures that have surrounded that experience. That task has already been attempted (White, 1998). Nor is it an attempt to replace reference works of particular recovery programs (e.g., *The Little “Big Book” Dictionary*). It is focused instead on sampling the key words and ideas that have initiated and anchored recovery across the boundaries of gender and ethnicity, the sacred and the secular, and the varying goals and methods of problem resolution. The words chosen for inclusion represent a sampling of some of the most basic and some of the least understood words and ideas within these recovery traditions. It is not intended to be comprehensive but representative of the growing diversity of recovery languages, with a special emphasis on those that are less widely known. The latter are purposely elaborated more fully.

There are two intended audiences for this paper. The first audience includes those in recovery who experientially know the recovery tradition of which they have been a part, but may know little, and may have many misconceptions about, the central ideas of other recovery traditions. The second audience includes those individuals working in addiction treatment who are not in personal recovery and who do not have direct knowledge about mutual aid groups. The goal is to help treatment professionals and recovery advocates understand the many recovery styles and traditions that are flourishing in America. The goal is to help the treatment professional and recovery advocate become multilingual in their efforts to widen the doorways of entry into recovery.

The glossary contains language used within diverse communities of recovery in America. It also contains language applied to these groups and their practices by the scholars who have studied them. Some terms have emerged from formal studies on the processes involved in

addiction recovery. Where these have been drawn from published sources, I have tried to provide citation of sources, particularly where a particular concept may stir controversy. Some terms are part of the vernacular of local recovery support groups, recovery advocacy organizations, and recovery-oriented treatment programs. I have tried to summarize the most common meanings of these terms as I have encountered them in my travels across the U.S. Other terms included here are part of the emerging lexicon of the Behavioral Health Recovery Management (BHRM) project (www.bhrm.org) that I have worked within for the past three years. My BHRM colleagues—Michael Boyle, David Loveland, Pat Corrigan, Russell Hagen, Mark Godley, and Tom Murphy, have helped sharpen my own thinking about many of the terms and concepts discussed here.

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This paper is submitted as a work in continued progress. I would be delighted to hear your thoughts about what is here or what isn't that should be. You may communicate with me at bwhite@chestnut.org. Like my earlier papers on recovery advocacy, this paper is in “public domain” and may be reproduced for any non-commercial use. Acknowledge of source is appreciated.

A Warning

Before ending this introduction, a “Warning Label” is in order. This glossary contains ideas that may trigger emotional as well as intellectual responses. Encountering ideas counter to those that have anchored our professional lives or our personal recoveries can be unsettling. The purpose here is not to sway any reader from one view or another, but to simply present a diversity of views about the recovery experience. So regardless of your starting point, prepare yourself to have your thinking and your feelings stretched, as the author's were through every step of this project. I have tried to be objective in this presentation, but have found it fascinating that early reviewers had such contradictory responses, e.g., some suggesting biases towards A.A. while others suggested biases against AA. I will leave it to each of you to draw from this document what you can find of value and leave the rest, trusting that others better than I will come along to more objectively and articulately attach the details to A.A. co-founder Bill Wilson's 1944 declaration, “the roads to recovery are many.”

A Recovery Glossary

This glossary contains more than 200 terms related to recovery from addiction. Each glossary entry begins with a definition of the term as understood by the group or individual responsible for coining and promoting the term. It is then followed by an explication of the

function of the entry within the process of recovery and how other recovery-based groups view the term. For example, with the entry **Crosstalk** we start with the definition of this term within Twelve Step groups and then examine the tradition on crosstalk among other recovery mutual aid groups. All words in bold within a definition are defined elsewhere in the glossary.

Abstinence-based Recovery...

is the resolution of alcohol- and other drug-related problems through the strategy of complete and enduring cessation of the non-medical use of alcohol and other drugs. The achievement of this strategy remains the most common definition of recovery, but the necessity to include it in this glossary signals new conceptualizations of recovery that are pushing the boundaries of this definition (see **partial recovery**, **moderated recovery**, **serial recovery**).

Acts of Self-Care (Acts of Responsibility)...

constitute one of the four daily **rituals of recovery** that span the various pathways of recovery (White, 1996). Acts of self-care, which involve efforts to reverse the damage of addiction and establish new health-oriented habits, can also be thought of as acts of self-repair. Care of the “self” in recovery transcends the self-centeredness that is the cumulative essence of addiction. Acts of self-care might more aptly be described as acts of responsibility—responsibility not just to self, but to family and community. Acts of self-care constitute a paradox of recovery: taking care on oneself serves as a way to help others (by example), just as helping others is a way of helping oneself.

Acts of Service (Unpaid)...

are activities that aid other individuals (particularly others wounded by addiction) or the community. They constitute one of the four core activities within the culture of recovery. Acts of service fulfill at least three functions: they constitute generic acts of restitution for the addiction-related harm to others, they promote self-healing, and, by piercing the narcissistic encapsulization of the recovery neophyte, they open up opportunities for authentic connection with others. Acts of service come in many forms: such acts are done for their intrinsic value and not for profit or hope of acknowledgment.

Acultural Style (of recovery)...

is a style of recovery in which individuals initiate and sustain recovery from addiction without significant involvement with other people in recovery. The term *acultural* refers specifically to a lack of identification with a larger **recovery community**, e.g., involvement in a **culture of recovery** (White, 1996).

Addiction Ministry...

Refers to the outreach, treatment and recovery support services offered through the auspices of local churches as part of their ministry to their community. The rise in addiction ministries, particularly within African American communities, constitutes one of the most significant developments in the modern history of recovery support structures.

Affiliated (or Assisted) Recovery (versus solo recovery)...

is a style of recovery in which the initiation and maintenance of recovery is achieved through relationships with other individuals in recovery. Affiliated recovery also reflects incorporating the status of addiction and recovery into one's personal identity and story style.

Alexithymia...

is the inability to cognitively label and express one's own feelings and experiences. The term has relevance here as a metaphor for the experience of people for whom traditional words and ideas do not accurately depict their problematic alcohol/drug relationships or serve as a catalyst for change. While this condition is often attributed simply to a person's failure to "get it," the solution is usually found in an alternative set of words, metaphors and relationships that do fit their experience and needs and, as a result, incite change (see **Metaphors of Transformation**).

(Making) Amends...

are acts of restitution performed by recovering people for the harms they inflicted on others during the pre-recovery years. This ritual emerges from three of A.A.'s Twelve Steps: Step 8: "Made a list of all persons we had harmed, and became willing to make amends to them all"; Step 9: "Made direct amends to such people wherever possible, except when to do so would injure them or others"; Step 10: "Continued to take personal inventory and when we were wrong promptly admitted it"; Making amends—repaying the literal and symbolic debts accrued in addiction—diminishes guilt and anchors recovery upon the values of responsibility, justice and citizenship. This process also opens up the potential for atonement and forgiveness. In A.A., amends are made only when doing so would not injure others (see **Restitution**).

Amplification Effect...

is the strengthening of treatment and/or recovery support services by combining or sequencing particular interventions, activities, or experiences. These combinations and sequences interact synergistically to produce changes of greater intensity than would be achieved if the same elements were used in isolation from each other or in less effective sequences. For example, an individual in a Twelve-Step supported recovery gets greater benefit from combining active step work, home group attendance, sponsorship and other service work, and extra-meeting social activities than by doing any one of these activities in isolation.

Anonymity...

is the tradition within Twelve Step programs to not acknowledge or link one's identity (full name or photograph) as an AA/NA member at the level of "press, radio, and films" (and one would assume television and public Internet venues). This tradition allows A.A. members to speak as A.A.-identified members in a number of venues about their A.A. recovery experiences, but, as a matter of custom, usually precludes recordings, photographs or use of the full name of the speaker. Anonymity is a tradition limited to Twelve Step groups and is not practiced in such organizations as Secular Organization for Sobriety or Women for Sobriety. Going public with one's recovery status is viewed

in some cultural contexts as an important dimension of recovery (Williams, 1992).

Assisted Recovery...

is the use of professionally-directed treatment services or participation in mutual aid groups to initiate or sustain recovery from addiction (see **Solo Recovery, Natural Recovery**).

The Beast (a.k.a. Monster, Dragon, Demon, Devil)...

is a mytho-magical personification of addiction—the compulsion to use alcohol and other drugs and the voice (self-talk) that feeds that compulsion. The “Beast” is a prominent metaphor within the philosophy of Rational Recovery. Externalizing thoughts that support addiction in the persona of the Beast provides a mechanism of control over such self-talk. Rational Recovery promotes a particular technique (Addictive Voice Recognition Training—AVRT) to identify and self-manage such thoughts (Trimpey, 1989). References to “Chasing the Dragon” and “Sleeping with the Devil” as metaphors for addiction, and references to “Batting with the Demon,” “Grappling with the Monster” and “Slaying the Dragon” as metaphors for addiction recovery date back more than a century (Dacus, 1877; Arthur, 1877; Parton, 1868). Such terms reflect the process through which the recovering person castigates and degrades a previously loved object in order to create distance between themselves and the poisonous object of their affection.

Bicultural Style (of recovery)...

is a style of recovery in which individuals sustain their recovery through simultaneous involvement in the culture of recovery and the larger “civilian” culture (activities and relationships with individuals who do not have addiction/recovery backgrounds). A bicultural style of recovery implies the possession of subcultural and cultural skills to fluidly move in and out of the activities and relationships in the recovery culture and activities and relationships with individuals in the larger society (White, 1996).

Big Plan (see Sobriety Priority)

Born Again...

is a phrase used to depict the state of spiritual conversion. In the context of recovery, it refers to a type of quantum change characterized by egocide (death of the old self), a new Christ-centered or God (as I understand him)-centered identity, deliverance from desire (craving) and entry into membership in a faith-based community (see **Conversion and Redeemed**).

Centering Rituals...

are regular, alone-time activities that help keep one recovery-focused. Praying, meditating, reading pro-recovery literature, journaling, setting daily goals and taking an end-of-day inventory, and carrying/wearing sacred objects/symbols are common centering rituals of people in recovery. Other such rituals within the history of recovery include fasting, sweating, seclusion, aerobic exercise (running, swimming), chanting, singing, dancing, artistic expression, and pilgrimages to sacred places.

Character Defects (Shortcomings; Wrongs)...

within Twelve Step recovery, are those “emotional deformities” that have harmed alcoholics and those close to them. These liabilities include pride, greed, lust, anger, gluttony, envy, and sloth (the “Seven Deadly Sins”). They include obsessions (“instincts gone astray”) with sex, power, money, and recognition, and also self-centeredness, self-pity, intolerance, jealousy, and resentment. The A.A. program suggests that if identified and disclosed via the Forth (“Made a searching and fearless moral inventory of ourselves”); Fifth (“Admitted to God, to ourselves, and to another human being the exact nature of our wrongs”); Sixth (“Were entirely ready to have God remove all these defects of character”); and Seventh (“Humbly asked Him to remove our shortcomings”) Steps, these “ghosts of yesterday” could be replaced by a “healing tranquility” (*Twelve Steps and Twelve Traditions*, 1981, pp. 42-62).

Character Reconstruction...

is the process of bringing one’s personal character into congruence with the aspirational values imbedded within recovery frameworks, whether these be Twelve Step groups, secular support structures, religious organizations or cultural revitalization movements. Character reconstruction underscores that full recovery from severe alcohol and other drug problems entails more than the removal of alcohol and other drugs from an otherwise unchanged life. It entails instead the transformation of the whole person—creating a character and a lifestyle in which alcohol and other drugs have no place.

Chips (Medallions)...

are symbols/icons carried or worn on the clothing as a strength-bestowing amulet that reaffirms one’s recovery identity and serves as a token of membership (and tenure) in a larger community of recovery. Chips, ribbons and pins originated within the 19th century recovery mutual aid societies, e.g., the Blue Ribbon Reform Club, the Keeley Leagues.

Choice (versus coercion)...

refers to the role of volition and human will in addiction recovery. As treatment has taken on a coercive nature in past decades, the admonition that “recovery is a choice” is a reaffirmation that while treatment can be coerced, the state of recovery is a doorway that can only be entered through one’s own act of choice. It is in exercising this ultimate power of choice that one moves from the self-conscious and oft-uncomfortable state of not using to the state of being free to not use.

Chronic Diseases...

are disorders that cannot be cured with existing medical technologies and whose symptoms wax and wane over an extended period of time. These disorders often spring from multiple, interacting etiological roots; vary in their onset from sudden to gradual; and are highly variable in their course (pattern and severity) and outcome. The prolonged course of these disorders places a sustained strain on the adaptational resources of the individual and his or her family and friends. Chronic addictive disorders call for a process of sustained **recovery management** (see Disease Concept).

Circles of Recovery...

are places where people from many recovery traditions can come together for sharing and healing. Recovery circles, which began in Native American communities in the eighteenth century, continue in those communities today (Coyhis, 1999).

Cocoon...

is a metaphor for the personal transformation process. It portrays a stage of recovery marked by the need to draw into oneself—to move into a period of isolation and metamorphosis. It is often within this metaphoric cocoon that the business of identity and character reconstruction occurs. It is informative that some of the most powerful transformation experiences in the history of recovery occurred within such isolation. Jerry McAuley's conversion in Sing Sing Prison (White, 1998), Bill Wilson's "Hot Flash" in Charles Towns Hospital (Kurtz, 1979), the transformation of "Detroit Red" into Malcolm X in a jail cell (Malcolm X with Haley, 1964) all offer vivid testimony to the power of this cocoon phenomenon. The death-rebirth experiences of the Native Americans who led prophetic, abstinence-based cultural revitalization movements also reflect this cocoon-like process of personal transformation and recovery (Coyhis and White, in press).

Cognitive Reappraisal...

is and an assessment of the pros and cons of continued alcohol and other drug use and the pros and cons of ceasing such use. This reappraisal grows out of a conscious recognition of both pain and possibilities. Such reappraisal is a common precursor to the initiation of recovery.

Commitment...

is a (usually public) declaration of one's recovery goal. Such declarations, whether in the nineteenth century ritual of "signing the pledge" or through one's self-introduction at a mutual aid meeting, mark a shift from the contemplation and preparation stages of change to the action (willing to go to any lengths) stage of change (Prochaska, et al., 1992) (see **Developmental Models of Recovery**). Commitment can also take the form of religious pledges. Muslims with a history of excessive drinking who decide to quit drinking often do so by performing ablution (cleansing of the body) and, with their hand on the Holy Qur'an, pledging, "By Allah the Great and His Book, I will never touch kmamr (alcohol) again" (Badri, 1976).

Community versus Clinical Populations...

distinguishes the recovery prospects and processes of those with AOD problems in community studies from those with AOD problems who seek mutual aid and professionally-directed treatment services. Compared to the general community, those seeking help from mutual aid societies and treatment agencies present with greater problem severity, greater physical and psychiatric co-morbidity, and fewer family and social supports (Dawson, 1996; Ross, et al., 1999). These differences underscore the problem in attempting to transfer recovery research findings across these two quite different populations.

Complete Recovery...

is a phrase used by Dr. Michael Picucci (2002) to describe an “advanced state” of recovery marked by global health, a heightened capacity for intimacy, serenity and self-acceptance.

Confession...

is acknowledging in the presence of another human being one’s transgressions, imperfections, personal failings and misdeeds. Some people believe that a Higher Power is present in such events. Confession in its various forms has been an element of nearly every framework of addiction recovery. Brumbaugh (1994) has pointed out an important distinction between the acknowledgement of such transgressions within religious and non-religious frameworks of recovery. In the former, the person receiving the confession is “not vested with the power of absolution;” “atonement is not a function of forgiveness (by another person) but lies in the process of disclosure itself.”

Continuity of Contact...

is a phrase used to underscore the importance of sustained, consistent support over the course of recovery. Such support can come from living within a community of shared experience and hope. The phrase also refers to the reliable and enduring relationship between the recovery coach (recovery support specialist) and the individual being provided recovery management services. Such sustained continuity is in marked contrast to the transience of relationships experienced by those who have moved through multiple levels of care or undergone multiple treatment relationships (see **Recovery Support Services**).

Conversion...

is the initiation of recovery through a climactic physical/emotional experience. The potential role of religious/spiritual conversion in remitting alcoholism has been long noted (Rush, 1784; James, 1902). Miller and C’de Baca (2001) have recently referred to such dramatic experiences as “quantum change” and noted that this type of recovery experience was marked by high vividness (intensity), suddenness (unintentional), positiveness and permanence of effect. The history of recovery in America is replete with such powerful transformation experiences: Handsome Lake, John Gough, Dr. Henry Reynolds, Bill Wilson, to name just a few. The behavioral changes elicited in such conversion experiences touch the very core of personal identity and values (see **Born Again, Cocoon, Surrender**).

Crosstalk...

is the use of direct responses (feedback, suggestions) to disclosures within a mutual aid meeting. Crosstalk is contrasted with **sharing**, in which meetings consist of serial monologues. Recovery groups vary widely on their practices regarding sharing and crosstalk. Most Twelve Step groups have discouraged crosstalk. Other groups, like LifeRing Secular Recovery, allocate time for both functions with most of the time devoted to sharing. Some groups such as Moderation Management encourage crosstalk (see **Sharing**).

Cultural Pathways of Recovery...

are culturally or subculturally prescribed avenues through which individuals can resolve alcohol and other drug problems. For example, in societies in which alcohol is a celebrated drug, particularly among men, cultural pathways of recovery constitute those socially accepted ways in which a man can abstain from alcohol and maintain his identity and manhood within that society. Across varied cultural contexts, that pathway might be medical (e.g., an alcohol-related health problem), religious (e.g., conversion and affiliation with an abstinence-based faith community), or political (e.g., rejection of alcohol as an “opiate of the people”).

Cultural Recovery...

refers to the healing of a culture whose values and folkways have become corrupted and illness-producing. Cultural healing involves a return to wellness-promoting ancestral traditions or reformulation and reapplication of ancestral traditions to contemporary life (Simonelli, 2002).

Cultural Revitalization Movement...

is a sobriety-based social movement that, while seeking to renew and revitalize a culture through the reaffirmation of lost values and ceremonies, also provides a therapeutic framework for recovery from addiction and the development of health and wholeness. Such movements most often arise within historically disempowered communities. The roots of organized recovery in America actually begin with the abstinence-based, cultural and religious revitalization movements within Native American tribes in the eighteenth century (White, 2001a; Coyhis and White, in press).

Culture of Recovery (Recovery Culture)...

is a social network of recovering people that collectively nurtures and supports long-term recovery from behavioral health disorders. This culture has its own recovery-based history, language, rituals, symbols, literature, institutions (places), and values. It affords a particularly helpful reconstruction of personal identity and social relationships for those extracting themselves from deep enmeshment within drug and criminal subcultures.

Decolonization...

is the process through which formerly colonized peoples seek political, economic and cultural emancipation. Decolonization can spur recovery movements via cultural revitalization movements that castigate alcohol and other drugs as tools of political and psychological colonization. In the framework of these movements, abstinence from alcohol and other drugs is an act of personal **resistance** and an act of cultural survival. Decolonization calls for protest and community building as an alternative to self-anesthesia and self-destruction (see **Freedom, Genocide, Liberation**).

Dependency Transfer...

is the substitution of a positive addiction for a negative addiction. In Alcoholics Victorious, for example, recovery is viewed as a process of transferring dependence upon alcohol and other drugs to a dependence upon Christ. In the Oxford Houses, the environment is designed to facilitate members shift from a toxic dependency upon alcohol and other drugs to a health “prodependency” on peers (Nealon-Woods, et al.,

1995).

Desist/Desistance...

in the Islamic tradition, is the rejection of Al-Khamr (all things intoxicating). When the Prophet Mohammed attacked strong drink and drunkenness as an “infamy of Satan’s handiwork” and asked a crowd, “Will you then desist?” they responded, “We have desisted O Allah” (Badri, 1976, p. 3-5).

Developmental Models of Recovery...

are conceptualizations of the stages and processes involved in long-term recovery from addiction. Such models assume that there are discrete stages of recovery, that certain tasks and milestones within one stage must be completed before one can progress to the next stage, and that the types of treatment and support services differ considerably across these developmental stages. Those who have developed such models of recovery include: Wallace (1974); Brown (1985); Biernacki (1986); and Prochaska, DiClemente, and Norcross (1992). What these models imply is that treatment interventions and recovery support activities that are effective at one stage of recovery may be ineffective or even harmful at another stage of recovery. Such models have gone by many names including the “cycle of sobriety” (Christopher, 1989, 1992) (see **Stage One Recovery, Stage Two Recovery, Complete Recovery, Disengaged Recovery, Recovery Career**).

Disease (Concept)...

is a term used to depict the nature of addiction. The “disease concept,” the source of which is often misattributed to A.A. (Kurtz, in press), is an esteem-salvaging, guilt-assuaging metaphor for many people in recovery from severe alcohol- and other drug-related problems. The concept identifies those in recovery as sick people in the process of getting well as opposed to bad people trying to be good. A.A. co-founder Bill Wilson suggested that Silkworth’s conceptualization of alcoholism as an allergy “explains many things for which we cannot otherwise account” (*Alcoholics Anonymous*, 1955,1976). Much the same could be said for “disease,” although early A.A. leaders avoided using such a designation (Kurtz, in press).

Disease Management (Distinguished from Recovery Management)...

is the management of severe behavioral health disorders in ways that enhance clinical outcomes and reduce social costs. Its focus is on developing technologies of symptom suppression and reducing the number, intensity and duration of needed service interventions. Recovery management, while potentially achieving these same goals, focuses not on the disease and its costs but primarily upon the person and their needs and potentials. Recovery management emphasizes a person-focused rather than disease/cost-focused service orientation.

Disengaged (style of) Recovery...

is the initiation of recovery through professionally-directed treatment, mutual aid participation or both, followed by the subsequent maintenance of that recovery without significant participation in addiction recovery mutual aid groups. Such individuals might be referred to as a recovery graduates in the sense that alcohol and drug problems and

their resolution constituted a chapter in their lives which is now closed, leaving them free to move forward and write new chapters of their lives. Tessina (1991) has referred to this stage of moving beyond addiction recovery as the “real thirteenth step.”

Drift...

is a sociological term that depicts how some addicted people simply “go with the flow,” only to find that events and circumstances lead to a drift away from drugs and the culture in which their use was nested (Waldorf, 1983; Biernacki, 1986; 1990; Granfield and Cloud, 1999). This style of problem resolution is not planned or even conscious, and such resolution may occur without the individual embracing either an addiction or recovery identity. The fact that this has been noted in studies of natural recovery from opiate addiction but not in comparable studies for alcoholism or nicotine addiction suggests that drift may be less possible when one’s drug of choice is physically and culturally ever-present.

Drug Substitution...

has two meanings in the context of recovery. First, there is the long recognition of the vulnerability for drug substitution in the recovery process. The addiction literature is replete with the tales of people who shed one drug only to develop an equally destructive or more destructive relationship with one or more other drugs. The observation of this risk drawn from treatment and mutual aid populations who present with high severity and chronicity is tempered by a growing number of research studies documenting how many individuals with alcohol or other drug problems in the general population use substitute drugs to manage craving and to phase themselves out of the addictive lifestyle. While noting the potential risk of secondary drug dependence, most of these studies report that secondary drug dissipates in most individuals after 12-18 months (Biernacki, 1986; Christo, 1998; McIntosh and McKeganey, 2002).

Drunkalogue...

is an oft-repeated presentation of one’s drinking career. Such presentations are known for their rote delivery and for the grandiosity they often contain. While drunkalogues seem to serve a recovery maintenance function for some individuals, the negative aspects of the drunkalogue (wallowing in the “what we were like” phase of one’s story) have led groups (e.g., LifeRing Secular Recovery) to promote “soberlogues” as an alternative: a presentation that focuses on one’s current life in sobriety rather than in the past (*Handbook of Secular Recovery*, 1999, p. 31). It is important, however, not to underestimate the therapeutic functions (problem acceptance, identity affirmation, recommitment) that such periodic recounting serves for some individuals in recovery.

Dry Drunk...

refers to a period of self-imposed abstinence that, minus a broader recovery process, magnifies all of the alcoholic’s character defects, e.g., intolerance, resentment, grandiosity, jealousy, etc. (see **Emotional Sobriety, Wellbriety**).

Dual Recovery (see Serial Recovery)

The Ecology of Recovery...

is a phrase intended to reinforce the idea that there are ecosystems that can nourish recovery experiments and ecosystems that can crush recovery experiments. The study of the ecology of recovery focuses on the way in which an individual's relationship with his or her physical and social environment influences the viability and quality of recovery. The phrase suggests a possible integration between clinical models that focus on the individual and **public health models** that focus on the drug, context and consequences of drug-taking or drug-abstaining decisions. More radical conceptualizations of addiction and recovery see the former emerging "organically" from a sick social system and view recovery as contingent upon created a healthier social system that makes recovery possible (see Tabor, 1970).

Eleventh Step Groups...

are organized groups that help A.A. members who share a religious/spiritual commitment pursue continued work on Step Eleven: "Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out." Two of the oldest Eleventh Step groups are the Calix Society and Jewish Alcoholics, Chemically Dependent People and Significant Others (JACS). Eleventh Step groups exist within A.A., and also exist as adjuncts to A.A. participation (White, 1998). The latter provide an arena to work on the Eleventh Step with others who share one's religious faith.

Emancipation/emancipated (See Freedom from Slavery)

Emotional Sobriety...

is a phrase coined by A.A. co-founder Bill Wilson (1958) to describe a state of emotional health that far exceeded simply the achievement of not drinking. Wilson defined emotional sobriety as "real maturity . . . in our relations with ourselves, with our fellows and with God" (see **Wellbriety**).

Empowerment...

is the experience of having some power and control over one's own destiny. Within the recovery context, there are two quite different relationships to power. Among the culturally empowered (those to whom value is ascribed as a birthright), addiction-related erosion of competence is often countered by increased grandiosity and preoccupation with power and control. It should not be surprising then that transformative breakthrough of recovery is marked by a deep experience of surrender and an acceptance of powerlessness. In contrast, the culturally disempowered (those for whom this value has been systematically withheld) are often attracted to psychoactive drugs in their quest for power, only to discover over time that their power has been further diminished. Under these conditions, the initiation of recovery is often marked by the assumption of power and control rather than an abdication or surrender of such power. This point is well-illustrated by the first statement of Women for Sobriety ("I have a life-threatening problem that once had me"), and the "first act of resistance" of the Afrocentric model of recovery pioneered by Rev. Cecil Williams in San Francisco ("I will gain control over

my life”). In Williams’ words, “a black person hears the call to powerlessness as one more command to lie down and take it” (1992, p. 9). Similar sentiments can be found in Native adaptations of the Twelve Steps, e.g., Step Two: “We came to believe that a power greater than ourselves could help us regain control” (Coyhis, 1999).

Empowerment is inspiring, horizon-raising, energizing, and galvanizing. The concept of empowerment applies to communities as well as individuals. It posits that the only solution to the problem of addiction in disempowered communities lies within those very communities. Empowerment occurs, in part, when people impacted by addiction cast aside their victimhood and become active players in the healing of themselves, their families and their community (see **Hope-based Interventions** and **Resistance**).

Enabling...

in the addiction treatment/recovery arena, the act of “enabling” has come to mean any intervention that, with the intention of helping the alcoholic/addict, inadvertently results in harm to the enabled and the enabler. It is thought that actions that protect the person not yet in recovery from the consequences of his or her drinking/drugging increase the likelihood of continued addiction. The concept led family members and counselors alike to fear accusations that they were “enabling” or had become “enablers.” That fear escalated even further in the late 1980s. At the peak popularity of “codependency,” the most basic acts of human kindness toward others were framed not as evidence of compassion but of psychopathology.

While the term *enable* has been useful in distinguishing helpful from harmful styles of support, the use of the term in this way destroyed the original meaning of “enable” (as used in the social work field). That value needs to be rediscovered within the New Recovery Movement. The field of social work has long used the term “enable” to convey a particular type of helping relationship in which the empathy, emotional authenticity, and encouragement of the helper empowered clients to do things for themselves that they had been unable to achieve by themselves. Perhaps it is time to rehabilitate the word “enable” (or select an alternative word such as *empower* which, while overused, comes close to the desired meaning) that can help us recapture the vibrancy and usefulness of the original meaning of this concept (excerpted from White, 2001b).

Enmeshed Style (of recovery)...

Refers to the initiation and maintenance of recovery while almost completely sequestered within the culture of recovery. Such enmeshment serves to isolate individuals from the culture of addiction and can also, at least for a time, isolate them from the larger “civilian” (non-addicted, non-recovering) culture.

Evidence-based Practices (EBP)...

are clinical and service practices that have scientific support for their efficacy (work under ideal conditions) and effectiveness (work under real conditions). Advocacy of evidence-based practice is a commitment to use those approaches that have the best scientific support, and, in areas where research is lacking, a commitment to measure and use outcomes to promote those practices that have the greatest impact on the quality of life of individuals, families and communities. One reviewer offered the observation that

the growing preoccupation with EBP marks a shift in focus from subjective experience to objective outcome, raising the possibility that important dimensions of recovery could be lost if healers are transformed into procedural technicians. The concern expressed here is that there may be important aspects of the recovery experience that are not measurable.

Ex-Addict...

is a term that was commonly used in the therapeutic communities of the 1960s and 1970s to refer to those individuals who had successfully recovered from addiction to drugs (usually narcotics). The term is noteworthy in its depiction of the status (identity) of addict in the past tense—something one was but no longer is—in contrast to the ritual self-introduction in NA, “My name is ____ and I’m an addict.” This distinction hinges on the question, “Once addicted, does one ever cease being an addict?” There are recovery frameworks that answer this question very differently (see **Recovered/Recovering, Disengaged Recovery, Styles of Recovery**).

Excessive Behavior...

refers to the propensity of those recovering from severe alcohol and other drug problems to experience problems with other excessive behavior, particularly during their early recovery years. Such behaviors include excessive relationships with secondary drugs, work, money, sex, food, risk (e.g., gambling), and religion. Working through this propensity for excessive behavior (even excessive work on recovery) is a normal part of the recovery process, and underscores the importance of such values as harmony and balance in the transition from the early to the middle stages of recovery (White, 1996). Excessiveness may even be an ally in the early recovery process (see **Preferred Defense Structure**).

Expectancy Factors...

are one’s view of the future with or without drugs—views that change dramatically in the transition from addiction to recovery. Recovery is marked by changes in addiction expectancies and recovery expectancies. Opportunities for recovery increase when the expected pleasure of drug use diminishes and the perception of the likelihood of incapacitating consequences shifts from a remote possibility to likely and imminent. Recovery opportunities also increase when recovery rewards are seen as significant and immediate (Fiorentine and Hillhouse, 2000; Burman, 1997).

Faith-based Recovery...

is the resolution of alcohol and other drug problems within the framework of religious experience, beliefs, and rituals and within the mutual support of a faith community. Faith-based recovery frameworks may serve as adjuncts to traditional recovery support programs or serve as alternatives to such programs.

Family...

is the inner social network that surrounds the individual experiencing alcohol or other drug problems. In most recovery circles, family is defined more by function than by blood.

Family-centered Care...

refers to a treatment philosophy in which the family, rather than the individual, is the primary “client.” Such philosophies are usually implemented by offering family members clinical services that focus on their problems and needs and offering a continuum of pre-treatment, treatment, and recovery support services.

Family Illness...

refers to the way in which all members of the family and the family unit as a whole are wounded by the addiction of one of its members.

Family Recovery...

has three dimensions: the healing of individual family members, the healing of family subsystems (adult intimacy needs, parent-child relationships, and sibling relationships), and achieving recovery-conducive boundary transactions with people and institutions outside the family. While the order in which these subsystems heal can vary, family research (Brown and Lewis, 1999) suggests that individual recovery of family members must precede the recovery of the family as a unit (see **Trauma of Recovery**). Beginning with the founding of Al-Anon in 1951, many recovery mutual aid societies have developed parallel societies to facilitate the recovery of family members impacted by addiction to alcohol and other drugs.

Freedom (from Slavery)...

is a metaphor used to confront addiction in the lives of historically colonized or enslaved peoples (particularly African Americans) (See the liberation theology of Cone, 1984; Williams and Laird, 1992). Such framing posits the role of alcohol and drugs as a tool of the colonizer to both wound and anesthetize the colonized. This metaphor can be heard in the rhetorical teachings of many African American Leaders. James Baldwin (1962) reflected these sentiments when he declared that the streets of Harlem would be flowing with blood but for the anesthesia of booze, dope and religion. He challenged African Americans to “throw off the chains of the slavemaster” by refusing to drink his alcohol and use his dope. Slavery (to sin) as a metaphor for addiction and freedom (deliverance, liberation) as a metaphor for recovery can also be found within many religious traditions. For example, the “FREE-N-ONE” ministry in Chicago is a Christian fellowship of men and women who have “emerged victoriously” from their addiction to alcohol and/or other drugs. Their only requirement for membership is a “desire to be FREE” (FREE-N-ONE, n.d.).

Genocide (as a metaphor used in recovery)...

is traditionally defined as a planned scheme to destroy a race or otherwise defined group of people. Genocide attacks the very foundations upon which a group of people exist—their physical safety; their family and kinship structures; their language; their cultural, economical and political institutions; and their dignity and spirit. The term takes on meaning in the context of addiction recovery when alcohol and other drugs become viewed as tools of such genocide and abstinence becomes viewed as an act of resistance—an act of personal and cultural pride and survival. Such a shift in worldview, long noted as a potential dimension of recovery, involves a redefinition of self, a

reconstruction of family and social relationships, a new perception of the order of the universe, and a new understanding of alcohol or other drug problems (Kennedy and Humphreys, 1994). Such shifts in worldview provide a metaphor for understanding one's addiction and recovery in a larger historical and political context. Such worldview shifts have been particularly important in inciting or anchoring recovery among disempowered peoples. In this shift, AOD use once experienced as an act of rebellion—a refusal to be acculturated—suddenly is seen as an imposed scheme of personal and cultural suicide. In this shift, radical abstinence becomes an act of purification and a refusal to die physically, psychologically, or culturally. The link between genocide and addiction is a theme found in abstinence-based, Native American cultural revitalization movements and among some African American groups. Black Panther Michael Tabor (1970) called dope a “form of genocide in which the victim pays to be killed.”

Giving It Away...

is a phrase that captures one of the many paradoxes of recovery: that the methods and fruits of recovery cannot be fully experienced and understood until they are given to someone else.

Gratitude...

is the experience of ultimate reprieve—the gift of one's own life. It is the source of such recovery values as humility and service.

Guidelines/Limits...

constitute a moderation-based technology of alcohol problem resolution. For members of Moderation Management (or those who are seeking a solo approach to moderating their drinking), guidelines provide a framework that defines the meaning of drinking (“a small, enjoyable part of life”), the frequency of drinking (not every day), the frequency of non-drinking (at least 4 days per week), what to do in combination with drinking (eating), what not to combine with drinking (driving or other potentially dangerous situations), and the quantity of drinking (not more than 3 drinks per day for women and 4 drinks per day for men). Those within MM who cannot consistently adhere to these guidelines are encouraged to develop abstinence as a personal goal (Kosok, 2001).

Habilitation...

is the process of constructing a recovery identity from new rather than old building blocks. Rather than retrieving what one lost through addiction, it is building recovery from that which one never had (see **Recovery**).

Habit-breaking...

in the context of recovery, is the conceptualization of alcohol and other drug problems as an acquired habit and the resolution of these problems through the application of techniques used to cease long-standing habits (Dorsman, 1991).

Harm Reduction (as a stage of recovery)...

is defined by the International Harm Reduction Association as a collection of strategies that focus on reducing the adverse health, social and economic consequences of drug use

among persons who are continuing their alcohol and other drug use for the foreseeable future (<http://www.ihra.net/papers/paper1.html>). While harm reduction is often portrayed as an alternative to, and even antagonistic to, recovery, it can also be viewed as a strategy of enhancing long-term recovery. The mechanisms through which this can occur include preventing the depletion of recovery capital and enhancing readiness for recovery via the change-encouraging relationships through which harm reduction approaches are delivered. “A harm reduction approach to a person’s drug use in the short term does not rule out abstinence in the longer term” (Canadian Center on Substance Abuse National Working Group on Policy, 1996, <http://www.ccsa.ca/docs/wgharm.htm>). Many people begin their efforts to resolve AOD problems with their own self-engineered harm reduction experiments, e.g., periods of abstinence, controlling frequency, quantity or circumstances of use, etc.

Healing Forest...

is a metaphor used in *The Red Road to Wellbriety* (in press) suggesting that healthy seeds cannot grow in diseased soil and that injured seeds need a healing forest in which they can be repaired and flourish (see **Ecology of Recovery**).

High Bottom Recovery...

refers to the initiation of recovery through a breakthrough of awareness of all that one could lose through continued alcohol and other drug use. References to “high bottom alcoholics” refer to people who entered recovery without having suffered major economic or social losses due to their drinking (see **Low Bottom Recovery**).

Higher Power...

is, in the Twelve Step tradition, the personification of a positive power “greater than ourselves” that can restore sobriety and sanity to the addicted. Referred to as “God as we understood Him.”

Hitting Bottom...

is an addiction-related experience of complete anguish and despair. Studies have long affirmed the role of this “hitting bottom” experience (heightened AOD-related consequences and threat of greater consequences) and/or (a dramatic breakthrough in self-perception) in the initiation of recovery. The experience has been characterized as an “existential crisis” (Coleman, 1978), a “naked lunch” experience (Jorquez, 1993), a “brief developmental window of opportunity” (White, 1996), a “crossroads” (Klingemann, 1991, 1992), and an “epistemological shift” (Shaffer and Jones, 1989) (see **Quantum Change**).

Home Group...

is the term given to that recovery mutual aid meeting that is most regularly attended. It is the inner circle in which one’s recovery is forged and in which most milestones of recovery are celebrated. A home group is that meeting where one’s absence would be most missed.

Hope-based (as opposed to pain-based) Interventions...

are interventions into the lives of people with alcohol- and other drug-related problems that rely not on enhancing a pain-based crisis, but on enhancing a hope-inspired leap into recovery. Where traditional pain-based interventions rely on amplifying the experience of alcohol- and other drug-related consequences, hope-based interventions rely on living proof (role models) of what is possible, encouraging change, expressing confidence in the individual's ability to change, and providing concrete steps of how the recovery journey can begin. Pain-based interventions rely on threats of what we will do TO you; hope-based interventions are based on a promise of what we will do WITH you. Hope-based interventions are particularly important for historically disempowered and personally victimized people who have developed massive capacities for physical and psychological pain and chronic, self-defeating styles of interacting with professional helpers.

Identity Realignment...

is the process of retrieving a pre-addiction identity, salvaging and fully developing an identity not spoiled by addiction, or creating a new post-addiction identity. Such realignment represents a new or refined definition of who one is (one's identity) and what one does (one's role) (Biernacki, 1986). The hope that a spoiled identity can be repaired or replaced is a crucial dimension of the experience of hope for recovery. The successful rehabilitation of "self" is crucial to the consolidation of recovery (McIntosh and McKeganey, 2002). The early stages of this identity realignment are marked by self-loathing, self-examination, confession and forgiveness, identity reconstruction, restitution, purging of toxic emotions, and mastery of self-defeating behavior (White, 1996).

Idolatry...

in the context of recovery, is the framing of addiction as the sin of worshipping a false god. Such references can be found within many religious traditions. In Islam, for example, alcoholism is viewed as a fruit of the tree of *Jahiliyyah* (ignorance/idolatry) (Badri, 1976).

Illness Self-management...

is the mastery of knowledge about one's own illness and assumption of primary responsibility for alleviating or managing the symptoms and limitations that result from it (Corrigan, 2002). Such self-education and self-management shifts the focal point in disease management from the expert caregiver to the person with the illness (see **Empowerment and Recovery Management**).

Indigenous Healers and Institutions...

are people and organizations in the natural environment of the recovering person who offer words, ideas, rituals, relationships and other resources that help initiate and/or sustain the recovery process. They are distinguished from professional healers and institutions by training and purpose and through relationships that are culturally-grounded, enduring, and often reciprocal and non-commercialized. Indigenous healers could include a sponsor, a shaman, a pastor, a church elder, a folk healer, or a friend.

Initiating Factors ("Triggering Mechanisms")...

are those pain-based and hope-based factors that spark a commitment to recovery and an entry into the personal experience of recovery. Factors which serve a **recovery priming** function are often quite different than those factors that later serve to sustain recovery (Humphreys, et al., 1995). Recovery-initiating factors can exist within the person and within the individual's family and social environment. These factors can include pain-based experiences, e.g. despair, exhaustion and boredom with the addictive lifestyle; AOD-related death of someone close; pressure to stop using; a humiliating experience; and/or health problems. They can also include hope-based experiences: exposure to recovery role models, a new intimate relationship, marriage, parenthood, a religious experience, or a new opportunity. This synergy of pain and hope creates a sequence in relationship to recovery: the experience of pain (I need to do this); the desire to change (I want to do this); belief in the possibility of change (I can do this); commitment (I am going to do this); experiments in abstinence (I am doing this); and a move from sobriety experimentation to stable sobriety and recovery identity (I have achieved this; this is who I now am) (See Prochaska, et al., 1992).

Intervention...

is a process of precipitating a change-eliciting crisis in the life of a person experiencing a substance use disorder by conveying the consequences of his or her behavior on family, friends and co-workers.

Inventory...

is a process of auditing one's assets and deficits of experience and character. In Twelve Step-guided recovery, this process (Steps Four and Ten) is linked to two other processes: confession (Step Five: "Admitted to God, to ourselves, and to another human being the exact nature of our wrongs."), submission (Step Six: "Were entirely ready to have God remove all these defects of character." And Step Seven: "Humbly asked Him to remove our shortcomings."). These mechanisms serve to alleviate guilt and shame and facilitate the reconstruction of personal character.

Liberation (see Freedom, Slavery, Decolonization)...

Is a powerful metaphor for recovery among historically disempowered peoples. It is in this context that the phrase "liberation by any means necessary" takes on personal as well as political meaning (Tabor, 1970).

Low Bottom Recovery...

refers to the initiation of recovery by individuals in the latest stages of addiction who have experienced great losses related to their drinking and drug use. Low bottom recovery is associated with the experience of anguish and desperation—a choice between recovery on the one hand or insanity and death on the other (see **Hitting Bottom**).

Maintenance Factors...

are those activities and influences that serve to stabilize, consolidate and strengthen long-term recovery from alcohol and other drug problems (Humphreys, et al., 1995). Recovery maintenance factors include: geographical/social disengagement from the culture of addiction; negotiation of entry into the sober world; development of a sobriety-

based social support system; institutional re-connection (family, church, school, workplace, pro-social community organizations); non-drug-related leisure activity; resolution of family distress/conflict; improved relationships with parents or children; positive response from significant others, family and friends; a stable economic support system; solidification of new identity; and the use of “justifying rhetorics” (personal rationales for abstinence) (Schasre, 1966; Moos, et al., 1979; Tuchfeld, 1981; Granfield and Cloud, 1999; Sobell, Ellingstad, and Sobell, 2000; McIntosh and McKeganey, 2002). Overall, recovery maintenance factors are generated through the diminishment of pain and global improvements in multiple areas of life functioning, including the enhancement of meaningful and pleasurable activities and relationships (Blomqvist, 1999; Larimer and Kilmer, 2000; Humphreys et al., 1995; Tucker et al., 1994; King and Tucker, 1998). The number and quality of pro-recovery relationships is predictive of recovery maintenance (Margolis et al., 2000; Gordon and Zrull, 1991; Stall and Biernacki, 1986; Laudet and Savage, 2001).

Manual-guided Recovery...

Are written documents that proceduralize the steps of addiction recovery so that such recoveries can be self-initiated and self-managed over time without the use of professionally-directed treatment services or involvement in formal mutual aid societies (see **Solo Recovery**).

Mass Abstinence...

is the resolution and prevention of alcohol and drug addiction through the collective decision of a people/community/culture to reject all consumption of alcohol and other drugs (Badri, 1976). Such mass action has often been the result of broad social movements (the American temperance movement), cultural revitalization movements within disempowered communities (See Willie, 1989; Chelsea and Chelsea, 1985; Taylor, 1987; Williams and Laird, 1992), or through religious reformation movements.

Maturing Out (See Natural Recovery)

Medication-assisted Recovery...

is the use of medically-monitored, pharmaceutical adjuncts to support recovery from addiction. These include detoxification agents (e.g., clonidine), stabilizing agents (e.g., methadone), aversive agents (e.g., disulfiram), antagonizing agents (naloxone), and anti-craving agents (acamprosate, naltrexone). They also include medications used to lower risks of relapse via symptom suppression of one or more co-occurring physical or psychiatric disorders. The use of such medications in the context of treatment is known as pharmacotherapy. The stigma attached to medication-assisted recovery (e.g., methadone) is being countered by wider dissemination of the research supporting its scientific efficacy as well as through the growing participation in recovery advocacy activities of people who have successfully achieved medication-assisted recovery. One goal of such advocacy is to have people in medication-assisted recovery recognized as legitimate members of the recovery community.

Medicine Wheel...

is a Native American system of teaching and healing that includes the four directions, the four elements (earth, fire, air and water), the four peoples (Red, White, Black and Yellow), and the four directions of growth. Medicine Wheel teachings, with their emphasis on interconnectedness and harmony, have figured prominently in Native American recovery frameworks (*The Red Road to Wellbriety*, 2002).

Meeting...

is the basic unit of regularly scheduled interaction and mutual identification within the culture of recovery in America. In spite of the dramatic differences between A.A., W.F.S., S.O.S., LifeRing Secular Recovery, Moderation Management, Alcoholics Victorious, and other mutual aid groups, they all share the “meeting” as the central ritual of commitment and communication, each with its own time, place and format. The importance of this ritual is intriguing in light of the fact that “meetings” per se are not talked about in most of the basic texts of these groups. The exception to the central role of the group meeting is found in the experience of Rational Recovery, which announced in late 1998 that the Rational Recovery Self-Help Network was being disbanded on the grounds that the Network had outlived its usefulness. In a series of posted papers (<http://www.rational.org>), R.R. founder Jack Trimpey proclaimed that addiction recovery groups did more harm than good and challenged people to use R.R.’s Addictive Voice Recognition Technique to exercise their free will and take responsibility for their own permanent recovery from addiction. Trimpey argues that group support is unnecessary for recovery and that prolonged group involvement results in a “recovery group disorder” that inhibits full recovery.

Meeting Types and Formats...

refers to the boundaries of inclusion and exclusion of meetings (open versus closed; gender mixed or men/woman only; young peoples’; smoking/non-smoking) and the style and content of a mutual aid meetings, e.g., speaker meetings, discussion meetings, or study meetings (texts, steps/principles).

Metaphors of Transformation....

are personally and culturally meaningful words and ideas that serve to catalyze or crystallize recovery efforts. Such metaphors are highly variable within and between cultures and draw their power from personal/cultural fit rather than scientific validity. Words, ideas, metaphors, symbols, and rituals that incite change in one personal (e.g., gender, age) or cultural (ethnic, class) context may provide no such catalyzing effects in other contexts. White and Chaney (1993) have described critical differences in the dominant metaphors within recovery programs evolving out of men’s experience versus those that have evolved out of women’s experiences. The latter programs emphasize empowerment rather than powerlessness, internal rather than external resources, divided attention rather than focused attention, shame rather than guilt, self-esteem rather than humility, and place great emphasis on physical and psychological safety and on body image.

Mirroring Rituals...

are activities that bring us into relationship with other people who share our aspirational

values. In the context of recovery, they are rituals of fellowship in which recovery identities and recovery communities are solidified through the acts of storytelling and mutual support. Mirroring rituals (sharing, listening, observing, laughing) constitute one of the four core activities within the culture of recovery.

Moderated Recovery (Moderated Resolution)...

is the resolution of alcohol or other drug problems through reduction of alcohol or other drug consumption to a subclinical level (shifting the frequency, dosage, method of administration, and contexts of drug use) that no longer produces harm to the individual or society. The concept takes on added utility within the understanding that alcohol and other drug problems exist on a wide continuum of severity and widely varying patterns of acceleration and deceleration. Early members of Alcoholics Anonymous made a clear distinction between themselves and other heavy drinkers and problem drinkers, suggesting that moderation was an option for some problem drinkers, but not alcoholics like themselves. The following two excerpts reflect their beliefs about the issue of moderation.

Then we have a certain type of hard drinker. He may have the habit badly enough to gradually impair him physically and mentally. It may cause him to die a few years before his time. If a sufficiently strong reason—ill health, falling in love, change of environment, or the warning of a doctor—becomes operative, this man can also stop or moderate, although he may find it difficult and troublesome and may even need medical attention (Alcoholics Anonymous, p. 31, first edition).

If anyone, who is showing inability to control his drinking, can do the right-about-face and drink like a gentleman, our hats are off to him. Heaven knows we have tried hard enough and long enough to drink like other people! (Alcoholics Anonymous, p. 42, first edition).

The prospects of achieving moderated recovery diminish in the presence of lowered age of onset of AOD problems, heightened problem severity, the presence of co-occurring psychiatric illness, and low social support (Dawson, 1996; Cunningham, et al., 2000; Vaillant, 1996). The most common example of moderated resolution can be found in studies of people who develop alcohol and other drug-related problems during their transition from adolescence to adulthood. Most of these individuals do not go on to develop enduring AOD-related problems, but instead quickly or gradually moderate their AOD through the process of maturation and the assumption of adult responsibilities (Fillmore, et al, 1988).

Moderation Societies...

are mutual aid societies that seek to resolve alcohol-related problems by moderating rather than ceasing alcohol consumption. More specifically, these societies set limits for their members on the quantity, pacing, frequency, location and rituals involved in alcohol consumption. Such societies date from the sixteenth century in Europe (Germany) and the nineteenth century in the United States (Cherrington, 1928, p. 1798). The core themes of the currently most popular moderation society in the United States, Moderation

Management (Kishline, 1994) are moderation, balance, self-control (“self-management”) and personal responsibility.

Motivational Interviewing...

is a non-confrontational approach to eliciting recovery-seeking behaviors developed by William Miller and Stephen Rollnick. The approach emphasizes relationship-building (expressions of empathy), heightening discrepancy between an individual’s personal goals and present circumstances, avoiding argumentation (activation of problem-sustaining defense structure), rolling with resistance (emphasizing respect for the individual experiencing the problem and their necessity and ability to solve the problem), and supporting self-efficacy (expressing confidence in the individual’s ability to recovery and expressing confidence in recovery) (Miller and Rollnick, 1991).

Multiple Pathways of Recovery (Multiple Pathway Model)...

reflect the diversity of how individuals resolve problems in their relationship with alcohol and other drugs. Multiple pathway models contend that there are multiple etiological pathways into addiction that unfold in highly variable patterns, courses and outcomes that respond to quite different treatment approaches, and are resolved through a wide variety of recovery styles and support structures (White, 1996). Groups like the Santa Barbara, CA Community Recovery Network openly proclaim themselves:

...an advocacy organization whose primary purpose is to fully represent the recovery community in its diversity. As such, we have no bias or formal opinion concerning the manner or means by which people achieve or maintain recovery (The Nature of Recovery, 2002).

Mutual Aid Groups...

are groups of individuals who share their experience, strength and hope about recovery from addiction. Often called “self-help” groups, they more technically involve an admission that efforts at self-help have failed and that the help and support of others is needed (Miller and Kurtz, 1994; Kurtz L., 1997). Mutual aid groups are based on relationships that are personal rather than professional, reciprocal rather than fiduciary, free rather than fee-based, and enduring rather than transient (see **Indigenous Healers and Institutions**).

Natural Recovery...

is a term used to describe those who have initiated and sustained recovery from a behavioral health disorder without professional assistance or involvement in a formal mutual aid group. This type of resolution of alcohol and other drug problems has been variously christened “maturing out” (Winick, 1962, 1964); “autoremission” (Vaillant, 1983; Klingeman, 1992); “self-initiated change” (Biernacki, 1986); “unassisted change” (McMurran, 1994); “spontaneous remission” (Anthony and Helzer, 1991); “de-addiction” (Klingeman, 1991); “self-change” (Sobell, Sobell, Toneatto, and Leo, 1993); “natural recovery” (Havassey, Hall and Wasserman, 1991); “self-managed change” (Copeland, 1998) and “quantum change” (Miller and C’de Baca, 2001).

The New Recovery Advocacy Movement...

depicts the collective efforts of grassroots organizations of recovered/recovering people and their families whose goals are to 1) provide an unequivocal message of hope about the potential of long-term recovery from behavioral health disorders, and 2) to advocate for public policies and programs that help initiate and sustain such recoveries. The core strategies of New Recovery Advocacy Movement are 1) recovery representation, 2) recovery needs assessment, 3) recovery education, 4) recovery resource development, 5) policy (rights) advocacy, 6) recovery celebration, and 7) recovery research (White, 2000c).

Paradox...

the extraction of meaning from an apparent incongruity is a common recovery experience (e.g., “to get it, you must give it away;” “when you think you’re looking good, you’re looking bad;” “you can find serenity when you stop looking for it”).

Partial Recovery...

is 1) the failure to achieve full symptom remission (abstinence or the reduction of AOD use below problematic levels), but the achievement of a reduced frequency, duration, and intensity of use and reduction of personal and social costs associated with alcohol/drug use, or 2) the achievement of complete abstinence from alcohol and other drugs but the failure to achieve parallel gains in physical, emotional, relational, and spiritual health. Partial recovery may precede full recovery or constitute a sustained outcome (see **Emotional Sobriety, Wellbriety**).

Partnership Model...

is the term used to distinguish the nature of the service relationship in the **recovery management** model from traditional “expert” models of problem intervention. Partnership implies a more enduring relationship and one with greater mutuality of rights and responsibilities.

Pathways (to Addiction and Recovery)...

is a phrase that connotes the movement into and out of addiction and into (and potentially out of) recovery. The image of pathways conveys the notion of choices that ultimately shape one’s personal destiny. There have been many advocates of single pathway models of addiction and recovery: addiction is caused by one thing, unfolds in a highly predictable and homogenous pattern, responds to a narrow approach to treatment, and remains in remission through a singular approach to recovery management. Single pathway models are being replaced by **multiple pathways models**: there are many etiological pathways to alcohol and other drug problems; these problems unfold in highly diverse patterns and vary considerably in their course; different types of AOD problems respond to different intervention approaches; and there are multiple pathways and styles of resolution for AOD problems (see **Roads to Recovery**).

Peyote Way (Peyote Road; Tipi Way)...

is a sobriety-based ethical code of conduct associated with the Native American Church. The Peyote Way provides a framework for recovery by demanding faithfulness in

marriage, fulfillment of kinship duties, brotherly love, hard work, generosity, and abstinence from alcohol (LaBarre, 1976; Slotkin, 1956).

Powerlessness...

is the acknowledgement of one's inability to control the frequency and quantity of alcohol or drug intake and its consequences through an act of personal will. It is most exemplified in Step One of the A.A. program: "We admitted we were powerless over alcohol—that our lives had become unmanageable."

Prayer...

is a process of spiritual communion/communication involving expressions of praise, gratitude, and supplication (See **Centering Rituals**).

Preferred Defense Structure (PDS)...

is a concept first proposed by John Wallace (1974). Wallace was an early proponent of the idea that there are developmental stages of long-term recovery. It was his observation that some forms of the primitive defense mechanisms used to sustain addiction (denial, minimization, projection of blame, "either-or" thinking) are needed to get through early recovery, but that these same mechanisms (collectively christened, "preferred defense structure" have to be given up for long-term recovery. He suggested that interventions that are effective at one stage of recovery could be ineffective or even harmful at other stages. For example, interventions that weakened this PDS in early recovery could inadvertently increase the risk of relapse.

Program...

has come to have many meanings within American communities of recovery. It has come to be synonymous with Twelve Step recovery, as "How long have you been in the Program?" and with the Twelve Steps, as in "I've been in A.A. for quite a while but I've only been working the Program (the Steps) this past year." The term reflects the combination of activities that make up Twelve Step recovery: meetings, reading, fellowship, prayer and meditation, service work, and other activities reflected in the Twelve Steps. Program has also taken on a more generic meaning for any codified approach to addiction recovery. The *Handbook of LifeRing Secular Recovery* (1999) suggests that there are two broad approaches to recovery frameworks: the big-P through which a person addicted to alcohol or other drugs surrenders themselves to the prescriptions others have earlier followed to achieve recovery, and the little-p that creates an environment of safety and mutual support within which each person works out their own, highly personalized approach to recovery.

Program Tripper...

is a person who is simultaneously or sequentially involved in two or more recovery support programs. While the term was used to disparage such practice, there is considerable evidence that such combinations are common, e.g., members of A.A. also involved in psychotherapy, members of W.F.S., S.O.S., and M.M. also involved in A.A., and members of these groups who later attend support groups for problems other than addiction (see **serial recovery**).

(The) Promises...

refer to the fruits of recovery that could be expected by working the Twelve Steps of Alcoholics Anonymous:

If we are painstaking about this phase of our development, we will be amazed before half through! We are going to know a new freedom and happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and of economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves.

Are these extravagant promises? We think not. They are being fulfilled among us—sometimes quickly, sometimes slowly. They will always materialize if we work for them (Alcoholics Anonymous, p. 96, 1st edition).

Public Health Model...

is an approach to the resolution of alcohol and other drug problems that shifts the focus from the personal arena (recovery) to the environmental (economic, political, cultural) arena, e.g., lowering total per capita drug consumption within a population via product taxation, limiting number of outlets, restricting product promotional activity, public education, etc. Public health model proponents address many contextual issues historically ignored by the treatment and recovery communities.

Purification...

is a ritual of cleansing associated with Native American alcoholism recovery practices. Purification rituals include isolation, fasting, sexual abstinence, purging, and sweating.

Qualify...

is the term used to describe the process of disclosing one's addiction and recovery experiences within the context of a recovery mutual support group. The practice of "qualifying" ("My name is _____ and I'm an alcoholic") began within Alcoholics Anonymous in the 1960s (in California) during a time that narcotic addicts began seeking admission to A.A. The qualifying ritual was a way to affirm the A.A. tradition regarding criteria for membership; it came to serve as a symbolic ticket of admission to closed meetings (Source: Jim B., AAHistoryLovers@yahoo.com). Today, the only requirement for A.A. membership, as defined in A.A.'s Twelve Traditions, is a "desire to stop drinking."

Quantum Change (see Conversion)

Radical Recovery...

is an awareness of, and activism directed toward, the contextual factors that contribute to the initiation or maintenance of alcohol and other drug problems. While recognizing the vulnerability of particular individuals to such problems, this approach gives particular attention to the role alcohol and other drugs serve as tools of political, economic and cultural pacification and exploitation (Rapping, 1994; Morell, 1996).

Rebirth (see Born Again)

Recovered/Recovering...

are terms used to describe the process of resolving, or the status of having resolved, alcohol and other drug problems. The former is drawn primarily from recovery mutual aid groups; the latter is drawn primarily from the treatment industry. Recovered is drawn primarily from individuals who have resolved such problems have been referred to as *redeemed (or repentant) drunkard, reformed drunkard, dry drunkard, dry (former) alcoholic, arrested alcoholic, sobriate, ex-addict, and ex-alcoholic*. They have been described as *sober, on the wagon, drug-free, clean, straight, abstinent, cured, recovered, and recovering*. Modern debate has focused on the last two of these terms. While *recovering* conveys the dynamic, developmental process of addiction recovery, *recovered* provides a means of designating those who have achieved stable sobriety and better conveys the real hope for a permanent resolution of alcohol and other drug problems. The period used to designate people recovered from other chronic disorders is usually five years without active symptoms (Abstracted from White, 2001b).

Recovery....

is the experience of a meaningful, productive life within the limits imposed by a history of addiction to alcohol and/or other drugs. Recovery is both the acceptance and transcendence of limitation. It is the achievement of optimum health—the process of rising above and becoming more than an illness (Deegan, 1988, 1996; Anthony, 1993). Recovery, in contrast to treatment, is both done and defined by the person with the problem (Diamond, 2001). “Recovery” implies that something once possessed and then lost is reacquired. The term recovery promises the ability to get back what one once had and as such holds out unspoken hope for a return of lost health, lost esteem, lost relationships, and lost financial or social status. Recovery, in this sense, is congruent with the concept of rehabilitation—the reacquisition of that which was lost. For those who have pre-existing levels of functioning that were lost to addiction, there is in the term recovery the promise of being able to reach back and pick up the pieces of where one’s life was at before addiction altered one’s life course. For those who never had such a prior level of functioning, the term recovery may be more aptly framed “procovery” or “discovery”—the movement toward that which is new. For those wounded by childhood victimization, the term “uncovery” may be an apt description of the early healing process (White and Chaney, 1993). This reaching back and reaching forward represent two very different positions from which recovery is initiated, and mark the differences between treatment approaches based on rehabilitation versus those based on **habilitation**.

Recovery Activism...

is the use of personal recovery experiences as a springboard for economic, political and social change. Recovery activism seeks redress of environmental conditions that contribute to addiction or constitute a barrier to recovery.

Recovery Advocacy...

is the process of exerting influence (power) toward the development of pro-recovery social policies and programs. Recovery advocacy activities include: 1) portraying alcoholism and addictions as problems for which there are viable and varied recovery solutions, 2) providing living role models that illustrate the diversity of those recovery solutions, 3) countering any attempt to dehumanize and stigmatize those with AOD problems, 4) enhancing the variety, availability, and quality of local/regional addiction treatment and recovery support services, 5) removing environmental barriers to recovery, including the promotion of laws and social policies that reduce AOD problems and support recovery for those afflicted with AOD problems, and 6) enhancing the viability and strength of indigenous communities of recovery.

Recovery Assets (see Recovery Capital)

Recovery-bonded Relationships...

are relationships that are grounded on the shared experience of recovery. They elevate and deepen the recovery experience, and serve as a replacement for the pathology-bonded relationships that often existed as a centerpiece of the addiction experience. These special people go by many names: sponsor, mentor, role model, and, most importantly, friend (White, 1996).

Recovery Capital...

is the quantity and quality of internal and external resources that one can bring to bear on the initiation and maintenance of recovery from a life-disordering condition (Granfield and Cloud, 1999). In contrast to those achieving natural recovery, most clients entering addiction treatment have never had much recovery capital or have dramatically depleted such capital by the time they seek help (see **Habilitation**).

Recovery Career...

is a way of conceptualizing the stages and processes involved in long-term addiction recovery. The concept of “career” has been used to describe the process of addiction (Frykholm, 1985) and to conceptually link multiple episodes of treatment (Hser, et al., 1997). Recovery career is an extension of this application and refers to the evolving stages in one’s identity, one’s relationships with others, and, in some cases, styles of involvement with mutual aid groups. There could, for example, be significant changes in the perceived meaning and application of A.A.’s Twelve Steps over the long course of a recovery career.

Recovery Celebration...

is an event in which recovered and recovering people assemble to honor the achievement of recovery. Such celebrations serve both therapeutic and mutual support functions but also (to the extent that such celebrations are public) serve to combat the social stigma

attached to addiction by putting a human face on addiction and by conveying living proof of the enduring resolution of alcohol and other drug problems.

Recovery Coach (Recovery Support Specialist)...

is a person who helps remove personal and environmental obstacles to recovery, links the newly recovering person to the recovery community, and serves as a personal guide and mentor in the management of personal and family recovery. Such supports are generated through mobilizing volunteer resources within the recovery community, or provided by the recovery coach where such natural support networks are lacking.

Recovery Community (Communities of Recovery)...

is a term used to convey the sense of shared identity and mutual support of those persons who are part of the social world of recovering people. The recovery community includes individuals in recovery, their family and friends, and a larger circle of “friends of recovery” that include both professionals working in the addictions field as well as recovery supporters within the wider community. Recovery management is based on the assumption that there is a well-spring of untapped hospitality and service within this recovery community that can be mobilized to aid those seeking recovery for themselves and their families. “Communities of recovery” is a phrase coined by Ernest Kurtz to convey the notion that there is not one but multiple recovery communities and that people in recovery may need to be introduced into those communities where the individual and the group will experience a reciprocity of “fit.” The growth of these divergent communities reflects the growing varieties of recovery experiences (Kurtz, 1999).

Recovery Consultant (see Recovery Coach)

Recovery Deficits...

are the specific internal and external obstacles that impede initiating or maintaining a solution for AOD-related problems. The notion of recovery assets and deficits suggests two very different approaches to the process of **recovery priming**. One focuses on reducing obstacles to recovery; the other focuses on increasing internal and external recovery resources.

Recovery Demography...

is the study of populations of people who have resolved alcohol and other drug-related problems. Such studies are generally done through population surveys, surveys of recovery mutual aid societies or recovery advocacy organizations, and through longitudinal follow-up studies of people who have been treated for alcohol and other drug problems. The major purposes of such surveys are to measure the incidence and prevalence of recovery and the variations in recovery across various demographic and clinical categories (See www.facesandvoicesofrecovery.org for a recent recovery survey.).

Recovery Environment...

is a term indicating that recovery flourishes in communities that build the physical, psychological and social space where healing can occur. It is a reminder that

communities can intervene in alcohol and drug problems at the community level as well as the level of families and individuals. The growing sober house movement and the creation of drug free zones within public housing projects are examples of efforts to create sober sanctuaries for the newly recovering (see **Ecology of Recovery**).

Recovery Home...

is a self-managed, self-funded communal living environment for people in early recovery. The Oxford Houses are the best known and researched system of recovery homes in the United States (Jason, Davis, Ferrari, and Bishop, 2001).

Recovery Identity...

is the degree to which one self-identifies with the status of having been addicted or the status of being in recovery or having recovered from addiction, and the degree to which one initiates and sustains recovery in isolation from or in relationships with other recovering people (see **Identity Realignment, Affiliated Recovery, Solo Recovery**).

Recovery Management...

is the provision of engagement, stabilization, education, monitoring, support, and re-intervention technologies to maximize the health, quality of life and level of productivity of persons with alcohol and other drug problems. Within the framework of recovery management, the “management” of the disorder is the responsibility of the person with the disorder. The primary role of the professional is that of the recovery consultant (see **Illness Self-Management**).

Recovery Needs Assessment...

is the solicitation of information on the needs of people at different stages of recovery. While the identification of such needs can be done through formal surveys, they are most frequently conducted by focus groups hosted by local recovery advocacy organizations or through interviews conducted by outreach workers.

Recovery-oriented Systems of Care...

are health and human service institutions that affirm hope for recovery, exemplify a strengths-based (as opposed to pathology-focused) orientation, and offer a wide spectrum of services aimed at the support of long-term recovery from behavioral health disorders.

Recovery Outcomes...

are the degree of benefits achieved as a consequence of recovery from addiction. The term “recovery” embraces everything from the removal of alcohol and drugs from an otherwise unchanged person to the total transformation of personal identity, character and lifestyle. Recovery outcomes might also be referred to as recovery-generated assets.

“Recovery Porn”...

is a term of contempt for items or services aggressively marketed to people in recovery with the primary purpose being the profit to the seller rather than the recovery of the buyer. The term is a reminder that there are moneychangers in the temple of recovery, and that people in recovery need to protect themselves from potential exploitation.

Recovery Planning and Recovery Plans...

the recovery plan, in contrast to a treatment plan, is developed, implemented, revised and regularly evaluated by the client. Consisting of a master recovery plan and weekly implementation plans, the recovery plan covers ten domains: physical, employment, finances, legal, family, social life, drinking, personal, education and spiritual. Recovery plans were pioneered within the “social model” programs of California (Borkman, 1997).

Recovery Priming...

is the process of helping someone move from an addiction career to a recovery career. It is the sudden or cumulative achievement of recovery momentum. Within stages of change theory, it is moving someone from a pre-contemplation stage of change to an action stage of change. It most often involves exposure to recovery role models with whom one can identify, the removal of recovery obstacles, the affirmation of hope in recovery and the expression of confidence in the individual’s ability to recovery (see **Developmental Models of Recovery**). It also refers to the process through which mastery of one self-destructive behavior (alcoholism) enhances the prospects of resolving other destructive behaviors (e.g., nicotine addiction).

Recovery Progression...

is the idea that there are natural stages within the addiction recovery process (see **Developmental Models of Recovery**). Simonelli (2002) has suggested that this progression moves from addiction to sobriety to recovery to wellness.

Recovery Representation...

refers to the involvement of recovering people and their family members in addiction-related public policy bodies and their involvement in the design, delivery, and evaluation of addiction treatment and recovery support services.

Recovery Research (Agenda)...

is an effort to balance problem-oriented research activity with solution-oriented research activity. A recovery research agenda could document the prevalence of recovery, create a cartography of pathways and styles of recovery, define the stages of long-term recovery, identify those support services most crucial to long-term recovery, measure dose and matching effects of such services, document variations in recovery patterns across various demographic and clinical subpopulations, and document the social and economic benefits of recovery (see **Recovery Demography**).

Recovery Rights...

address problems of discrimination against people in addiction recovery. Issues included within this arena span discrimination in housing, employment, access to public services, health and life insurance, and scholarship funds for vocational training and college and universities.

Recovery Rituals...

are activities through which recovery from addiction is enhanced (White, 1996). The multiple pathways of recovery often share four core daily activities: 1) **centering rituals**, 2) **mirroring rituals**, 3) **acts of self-care**, and 4) **unpaid acts of service**.

Recovery Support Groups (Mutual Aid Groups)...

are groups of recovering people who meet regularly for fellowship and mutual support. See www.bhrm.org/Guide.htm for a recovery mutual aid guide developed and maintained by Ernest and Linda Kurtz. See White, 2001c for a history of such groups in the United States.

Recovery Support Services...

are services designed to 1) remove personal and environmental obstacles to recovery, 2) enhance identification and participation in the recovery community, and 3) enhance the quality of life in recovery. They include outreach, intervention and engagement services; “case management” (problem-solving and service coordination) services; post-treatment monitoring and support; sober housing; transportation; child care; legal services; educational/vocational services; linkage to pro-recovery leisure activities; and recovery coaching (stage appropriate recovery education and support).

Recovery Support Specialist (see Recovery Coach)

Recovery Values...

are those virtues that have come to be associated with recovery from addiction. Variable across recovery pathways, a sampling of such values can be found in Native adaptations of the Twelve Steps: honesty, hope, faith, courage, integrity, willingness, humility, forgiveness, justice, perseverance, spiritual awareness, and service (Coyhis, 2000).

Red Road to Sobriety...

is a Native American Framework of recovery developed by Gene Thin Elk (Lakota-South Dakota). The term, “Red Road” has come to mean a style of sober living that, rather than just the absence of drinking, reflects internal peace and living with respect and in harmony with others and the earth (see **Wellbriety**).

Redeemed/Redemption Repented/Repentance...

is the resolution of alcohol and other drug problems through an experience of rebirth. In this model of understanding, the addicted self dies, and the new drug-free self is born. Such rebirth in the Christian tradition is promised in scripture: “Therefore, if any man is in Christ, he is a new creation, old things have passed away; behold, all things have become new” (2 Corinthians 5:17).

Relational culture (power)...

is an organizing principle used by some recovery advocacy groups to mobilize the recovery community. The principle is based on enhancing mutual identification by consciously exploring (cultivating mindfulness) the shared experiences and needs of people who have been impacted by addiction. The strategy involves conducting a series of intentional conversations designed to enhance the consciousness of people in recovery

and bring such people together for joint reflection and action.

Religion...

is a system of beliefs about the nature of the universe, the nature of ultimate concerns in life and the meaning of personal destiny, all of which are affirmed through creeds, prescriptions for living, and rituals of worship. Religions of many varieties have provided, and will continue to provide, a framework for addiction recovery. While some people use religious experience to initiate recovery, others use religious affiliation and worship to sustain and enrich their recovery. There are also explicitly non-religious, secular pathways of recovery.

Renounce/Renunciation (see Commitment)

Reprieve (versus Cure)...

is one way of understanding the means through which recovery is attained. In this understanding, recovery is a daily suspension of addiction contingent upon recovery self-management: doing what is necessary to, and avoiding what would undermine, the stability and durability of recovery. There is a second and broader meaning to the term reprieve. In confronting the imminence of death through the experience of addiction, there is often an awareness that every day of living is a reprieve, regardless of one's health status. What that awareness encourages is a fidelity to personal priorities and the achievement of meaning and pleasure within the confines of each day. When recovering people characterize their addiction as a hidden blessing, it is often in gratitude for what this awareness has added to the quality of their life.

Resistance (Recovery as an act of)...

is the framing of addiction, not as an act of surrender, but as an act of personal and cultural assertion. It is a refusal to be silenced by self-destruction. In this framework, recovery is a conscious entry into struggle on behalf of oneself and a larger cultural community (see **Genocide**).

Resolution...

is a term preferred by some for the process of solving alcohol and other drug problems. *Resolution*, *resolving* and *resolved* are less medicalized terms than recovery. For those who wish to reserve use of the term recovery to the reversal of severe AOD problems or to abstinence-based recovery, the term *resolution* might be a more preferable term applied to those who work out non-abstinent solutions to less severe and less enduring AOD problems (see **Moderated Recovery**).

Use of the term "resolution" can also be found in Dr. William Silkworth's (1937) distinction between a resolution not to drink and a decision not to drink. Silkworth noted that a resolution was a "momentary emotional desire to reform," whereas a decision is an attitude-transforming mental conclusion and conviction that one must never drink again. He suggests that resolutions based on appeals to emotion must be replaced with decisions made with one's mind.

Responsibility...

is the acceptance of accountability for past, present and future actions. This value has importance in the context of recovery as the antidote for projection of blame and other strategies of defense characteristic of active addiction.

Restitution...

is the process of rectifying harms inflicted on individuals and the community (see **Amends**).

Resurrection (as a metaphor of recovery)...

refers to characterization of recovery as a rebirth or a return from the dead. The term dates to the Washingtonian Temperance Society, which was also sometimes referred to as the Lazarus (or Resurrection) Society. References to the resurrection of addicted people through the act of recovery continues into the present era (see Williams, 1992, p. 81).

Rituals of Recovery...

include 1) **centering rituals**, 2) **mirroring rituals**, 3) **acts of responsibility**, and 4) **acts of service** (White, 1996).

Roads to Recovery...

is a phrase first used by Bill Wilson to convey the diversity of ways used to escape alcoholism. When some A.A. members criticized the inclusion of a story in the A.A. *Grapevine* of a celebrity writer who achieved solo recovery (no involvement in A.A.), Wilson responded by declaring, "The roads to recovery are many" and that the resolution of alcoholism by any method should be a cause for celebration by A.A. members (Wilson, 1944) (see **Pathways to Recovery**).

Secular Recovery...

is a style of recovery that does not involve reliance on any religious or spiritual ideas (God or Higher Power), experiences (conversion), or religious rituals (prayer). Groups providing support for a secular style of recovery include Secular Organization for Sobriety, LifeRing Secular Recovery, and Rational Recovery.

Serial Recovery...

is the process through which individuals with multiple concurrent or sequential problems resolve these problems and move toward optimum level of functioning and quality of life. Serial recovery refers to the process of sequentially shedding two or more drugs or recovering from two or more different conditions. It refers to the overlapping processes involved in recovering from addiction and other physical or behavioral/emotional disorders (see **Sobriety Date**).

Service Committees...

are the structures within recovery mutual aid societies (e.g., A.A., N.A.) through which members support the organizational work of the societies and render help to those still suffering from addiction.

Service Work (see **Acts of Service**)

Sharing...

is the stylized form of communicating “experience, strength and hope” within many recovery mutual aid societies. It is well-described in the *Handbook of Secular Recovery*.

*“Sharing” has a very definite meaning in self-help groups...the first person talks, and everybody else listens. Then the next person talks, and everybody listens...and then the next. At no point is anybody’s “share” an answer or other direct response to anyone else’s. Each share stands entirely on its own, complete and sufficient unto itself....The “no response” rule of sharing time protects the speaker from having their statement judged, criticized, ridiculed, or otherwise attacked. This in turn promotes the fullest possible openness and honesty (Handbook of Secular Recovery, 1999, pp. 30-31) (See **Crosstalk**).*

Sin...

is a designation of the state of addiction as defined by groups like Alcoholics for Christ: “We agree that drunkenness is a sin and we believe that alcoholism is a disease with spiritual origins. We rejoice that Jesus forgives us of our sins and heals us of our diseases.”

Slogans...

are a shorthand method of communicating to oneself and others in recovery. They are phrases that have come to embody certain recovery principles and prescriptions, e.g., Easy Does It, Live and Let Live, First Things First. They have become a visible symbol of American communities of recovery, widely heard in recovery dialogue and widely seen on posters and bumper stickers. They represent a form of meditative mantra (self-talk) while simultaneously serving as a kind of in-group code through which recovering people find each other when mixed with civilians.

Sober House Movement...

refers to the advent of recovery communes :self-run residences where people (often in early recovery) can live in a recovery-supportive living environment (see **Recovery Home**).

Sobriety-based Support Structure...

is a social network of people who share and support recovery from alcohol and other drug problems. Such affiliation, whether religious (churches), spiritual (A.A./N.A.) or secular (W.F.S., S.O.S), offers a “program” of recovery that includes reasons and methods of altering one’s consumption of alcohol and other drugs within a larger change in one’s philosophy of living.

Sobriety (Clean) Date...

is traditionally defined as the anniversary date of one’s last drink or episode of drug use. Such calculations are not always clear-cut. Let’s take an individual who was addicted to methamphetamine, stopped using it completely after a near-death experience at age 21,

increased cannabis use for 18 months and then stopped that out of concern that it was getting to be a problem, developed an alcohol problem following a divorce at age 34, and stopped a 2-pack a day nicotine addiction at age 45. From age 22 on, they have also been episodically treated for depression. What is this individual's sobriety/recovery date? This not atypical story reveals the way in which many recovering people phase drugs out of their lives over a period of time and manage recovery from addiction in tandem with recovery from other co-occurring problems. While the sobriety date provides a quantitative measure of the length of symptom remission for one problem, it may not reflect the complex processes involved in recovery or convey the quality of sobriety. Families in recovery often speak of recovery date rather than sobriety date, although such a date is often difficult for families to pinpoint. Some family members place their recovery date at a crisis that led to their decision to get help, a moment of breakthrough during a counseling session or an Al-Anon meeting, or a period in which they began to see and tell the truth about what was happening in their family (see **Serial Recovery**).

Sobriety Priority...

in Secular Organization for Sobriety and LifeRing Secular Recovery, is the decision to never use alcohol/drugs again in one's life, *no matter what* (Christopher, 1988, 1992; *Handbook of Secular Recovery*, 1999). It is analogous to what in Rational Recovery is called the "Big Plan" (Trimpey, 1989).

Sobriety Sampling...

is an experimental period of abstinence designed to test one's capability for, and the experience of, abstinence. It is an action stage of problem resolution that stops short of, but can potentially lead to, a lifetime commitment to abstinence (Miller and Page, 1991) (see **Tapering Down** and **Trial Moderation**).

Solo Recovery...

is the initiation and maintenance of recovery from addiction without involvement in professionally-directed treatment or recovery mutual aid societies (see **Natural Recovery**).

Spheres (Zones, Domains) of Recovery...

are the life arenas through which the recovery process is expressed., e.g., physical recovery, family and relational recovery, social recovery, economic recovery, etc. (Ron Coleman).

Spiritual (Spirituality)...

is a heightened state of perception, awareness, performance or being that personally informs, heals, empowers, connects or liberates. For people in recovery, it is a connection with resources within and outside the self. There is a spirituality that springs from pain, a spirituality that springs from pleasure, and a spirituality that can flow from the simplicity of daily life. The power of the spiritual to draw us beyond our normal range of experience is evident in the language of non-ordinary experience: awakening, rapture, peak experience, defining moment, epiphany, rebirth, and ecstasy (see **Hitting Bottom, Conversion**). The spirituality of fully experiencing the subtlety and depth of

the ordinary is depicted in such terms as harmony, balance, centeredness, bliss, serenity, and tranquility. All of these can be part of the multi-layered experience of addiction recovery (Abstracted from White, 1992).

Spiritual Awakening...

refers to the progressive changes in character and relationships that recovering people experience in recovery. This incremental process of change is also commonly described as a spiritual “experience” of the educational variety. This gradual awakening stands in marked contrast and is less common than the sudden personal transformation (**conversion**) experience.

The Spirituality of Imperfection...

is a recognition that human beings are flawed and make mistakes of various kinds. It is in this recognition and deep acceptance of one’s own imperfection that a new awareness emerges—the recognition and acceptance of the imperfection of others. It is in this second step that the alcoholic finds a framework for identification and relationship with the larger body of humanity (Kurtz, 1999).

Sponsorship...

is the practice of mentorship between one recovering person and another. It has a long tradition dating to the Washingtonians (1840s), has been most institutionalized within Alcoholics Anonymous and Narcotics Anonymous, and is also found within many faith-based recovery groups. The latter refer to sponsorship as the “ministry of encouragement.”

Stability/Durability (of recovery)...

refers to the duration of time at which recovery and its continuation become quite likely, and the risk of relapse grows remote. The concepts of stability and durability are to distinguish true recovery from the self-imposed respites from alcohol and other drug use that are a normal part of addiction careers. Research studies have generally defined 3-5 years as this point of predictive stability and durability (Vaillant, 1996; Nathan and Skinstad, 1987; De Soto, et al., 1989; Dawson, 1996; and Jin, et al., 1998).

Stage One Recovery...

according to Ernie Larsen, who coined the Stage One-Stage Two distinction, is the process of breaking a primary addiction (Larsen, 1985, p. 4). Picucci (2002) describes it as the early years of reducing chaos, achieving stability, learning to accept help from others, and clearing out the wreckage of the past.

Stage Two Recovery...

according to Larsen, involves “rebuilding the life that was saved in Stage I” (Larsen, 1985, p. 15). Stage Two Recovery transcends the early concern with the addictive behavior and instead focuses on a reconstruction of personal character, identity, and worldview and a reconstruction of personal relationships.

Story Construction/Story Telling...

is the process through which the recovering individual reconstructs their identity and shares their experience with others as acts of self-healing and service. Nearly all recovery stories—sacred and secular—follow a three-part sequence of the development of addiction (what it was like), the turn-around-experience (what happened), and an account of life in recovery (what it is like now) (White, 1996) (see **Witness**).

Styles of Recovery...

is a phrase that reflects the many varieties of ways people successfully approach the management of behavioral health disorders. These styles reflect the different ways in which identification with the disease and the recovery process becomes part of one's identity and the degree to which one relates to other people who share this recovery process (see **acultural**, **bicultural** and **enmeshed**). Styles also reflect temporal variations in recovery: recovery as a sudden transformational process (Miller and C'de Baca, 2001) versus incremental change (Prochaska, et al., 1992).

Surrender...

according to Dr. Harry Tiebout's (1949) classic paper on the subject, is the collapse of "the unconscious forces of defiance and grandiosity" and "accepting without reservation or conflict the reality of his condition and his need for help." Tiebout noted that such a collapse could mark the beginning of a process of continuing change or could be an ephemeral experience followed by a rigid, primitive hold on sobriety or a return to drinking and the resurgence of defiance and grandiosity. He noted that true surrender was followed not just by sobriety but "internal peace and quiet." While experiences of acceptance, powerlessness and surrender mark the very core of the change process in Twelve Step recovery, recovery programs for historically disempowered groups often emphasize the self-assertion rather than surrender (see **Empowerment**).

Tapering Down...

is a strategy of lowering frequency and quantity of alcohol and other drug consumption either as an end in itself or in preparation for a final quit date. The strategy is designed to lower pharmacological tolerance, ease acute withdrawal at the point of quitting, and serve as a recovery priming experience (Miller and Page, 1991).

Temple (Body as)...

is a Christian recovery concept in which the human body is viewed as the temple of God. The concept calls for respect for that temple via refusal to defile that temple with poisons (alcohol and other drugs).

Thirteenth-Stepping...

is a euphemism for sexual involvement between members of a recovery group.

Traditions...

are the codified principles that govern the group life of Twelve Step organizations. Such principles, which are cited as a source of A.A.'s resilience (White, 1998), vary considerably across recovery mutual aid societies. Most recovery mutual aid societies have evolved toward a tradition of singleness of purpose and non-affiliation, while there

are significant differences across these societies on issues related to such things as anonymity, service expectations and length of expected active membership.

Trauma of Recovery...

is a phrase coined by Stephanie Brown and Virginia Lewis (1999) to depict the strain of unfreezing the adaptive mechanisms used to maintain family homeostasis in the face of active addiction and the resulting impairment of other family members. The phrase vividly conveys the enormous changes in family structure and process that unfold with recovery. It conveys that the achievement of family health following the initiation of recovery is best measured in years rather than months, and it conveys the family's need for support during these critical points in the recovery process.

Trial Moderation...

is a strategy used with persons who reject abstinence as a necessary goal. The strategy consists of establishing a test period in which an individual seeks to consume AOD within prescribed guidelines of frequency, quantity and contexts. A long-term (3-8 year) follow-up study of such trials among persons experiencing alcohol problems revealed that more than half eventually choose abstinence (Miller and Page, 1991; Miller et al., 1992). This strategy was actually recommended in the book *Alcoholics Anonymous*:

We do not like to brand any individual as an alcoholic, but you can quickly diagnose yourself. Step over to the nearest barroom and try some controlled drinking. Try to drink and stop abruptly. Try it more than once. It will not take long for you to decide, if you are honest with yourself about it. It may be worth a bad case of jitters if you get a full knowledge of your condition (Alcoholics Anonymous, p. 43, 1st edition).

Triggering mechanisms...

in contrast to the oft-noted relapse triggers, are experiences that spark the initiation of sobriety experiments (Humphreys, et al., 1995). These may build cumulatively toward stable recovery or be unleashed in a single, conversion-like experience (see **Developmental Stages of Recovery, Conversion; Initiating Factors**).

The Twelve Concepts...

depict the service structure within Alcoholics Anonymous, particularly the relationships between the A.A. World Services Office, the General Service Board and Conference, and local A.A. groups.

Twelve Principles...

are the values imbedded within the Twelve Steps. There have been several efforts to briefly catalogue these values/virtues/experiences. One version is: 1) Surrender, 2) Hope, 3) Commitment, 4) Honesty, 5) Truth, 6) Willingness, 7) Humility, 8) Reflection, 9) Amendment, 10) Vigilance, 11) Attunement, and 12) Service. Another version is: 1) Honesty, 2) Hope, 3) Faith, 4) Courage, 5) Integrity, 6) Willingness, 7) Humility, 8) Brotherly Love, 9) Justice, 10) Perseverance, 11) Spiritual Awareness, and 12) Service.

(The) Twelve Steps...

are the actions taken by the early members of Alcoholics Anonymous that resulted in their continued sobriety and which were subsequently suggested as a program of recovery for other alcoholics in the text, *Alcoholics Anonymous*. The Twelve Steps are reproduced in virtually all A.A. literature and have been adapted for application to a wide spectrum of human problems.

Twelve Traditions (see Traditions)**Two-Stepping...**

is a phrase used in Twelve Step circles to refer to the process of going from Step One (problem acknowledgement) (“We admitted we were powerless over alcohol—that our lives had become unmanageable”) to Step Twelve (service to others) (“Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs”) without bothering with any of the steps in between.

Varieties of Recovery Experience...

is a phrase Ernest Kurtz adapted from William James to convey the growing diversity of recovery styles within A.A. The term also applies to the growth in alternative (non-Twelve-Step) frameworks of addiction recovery.

Virtual Recovery...

is the achievement or maintenance of recovery through Internet support groups and with little or no participation in face-to-face support meetings.

(Achieving) Visibility (or Voice)...

is the process through which historically disempowered people become seen and heard as they take responsibility for their own recovery. Recovery thus becomes an antidote to silence and invisibility. Visibility for recovered and recovering people is achieved by standing as a witness and offering public testimony to one’s return to life (Williams, 1992) (see **story construction/story telling**).

Wellbriety...

is a term coined by Don Coyhis (1999) that depicts recovery as more than just symptom suppression. The term implies the pursuit or achievement of global (physical, emotional, intellectual, relational, and spiritual) health, or “whole health” (*Red Road to Wellbriety*, 2002). It is analogous to what A.A. co-founder, Bill Wilson, described as “**emotional sobriety**” (Wilson, 1958).

Winner’s Circle...

is a peer-led recovery mutual aid society for ex-offenders that is facilitated by Treatment Alternatives for Safe Communities (TASC).

Witness (testify, testimony)...

is the act of telling one’s story as an act of service, whether the target of that story is an

individual, a community or a culture.

Wounded Healers...

are people who, having survived a life-threatening and life-transforming illness/experience, help guide others through this same illness/experience. There is a rich tradition of wounded healers that reaches deep into the history of addiction recovery (White, 2000a, 2000b). Several reviewers noted a shadow side of the wounded healer: the person whose unhealed wounds leads them to use service work to work out his or her own problems or to escape such problems.

Zones (or Domains) of Recovery...

are the arenas in which recovery processes unfold. These have been differentiated as zones of action and experience. The zones include physical recovery, psychological recovery, spiritual recovery, relational recovery, and lifestyle (occupational, financial, recreational) recovery (White, 1996).

Resource Note: An excellent resource guide prepared by Ernest and Linda Kurtz that describes many of the recovery mutual aid societies referenced in this paper and their respective web sites is posted at www.bhrm.org.

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