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Stanton Peele with Ilse Thompson. *Recover!* Boston, MA: Da Capo. 2014. 320 pages. \$24.99 (hardcover), ISBN: 978-0-7382-1675-1

Recovery Now: A Basic Text for Today. Center City, MN: Hazelden. 2013. 210 pages. \$9.95 (softcover), ISBN: 978-1-61649-507-7

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Background

Something auite interestina happening in the world of addiction publishing. The unending stream of books on drugs, drug policy, addiction, and addiction treatment are being supplemented with a new genre of books focused, not on how to initiate recovery from addiction (a break from an unending stream of early recovery memoirs), but on how to live as a person in long-term recovery. This reflects a larger shift in the alcohol and other drug problems arenas from pathology and intervention paradigms toward a recovery paradigm as the field's central governing image. These new offerings span texts developed within recovery fellowships, such as Living Clean: The Journey Continues (Narcotics Anonymous, 2012) and such trade publications as 1000 Years of Sobriety (William Borchert and Michael Fitzpatrick, 2010), Okay, I Quit. Now What? (Mark Tuschel, 2011), Being Sober (Harry

Haroutunian, 2013), Alcohol Addiction Recovery (Dave Ball, 2014) and What Addicts Know (Christopher Lawford, 2014), to name just a few. Two recently-released books further bridge this transition in focus from recovery initiation to life in long-term recovery: Stanton Peele's Recover! and the Hazelden publication, Recovery Now: A Basic Text for Today.

Recover!

Stanton Peele's name is familiar to anyone who has worked in any capacity within the modern addictions field. Stanton is a prominent speaker, commentator and prolific writer, who, in addition to hundreds of articles and blogs, has authored such books as Love and Addiction, Diseasing of America, and The Truth About Addiction and Recovery. His gadfly attacks on the portrayal of addiction as a disease, abstinence-only treatment and Alcoholics Anonymous make him one of the most polarizing figures in

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modern addiction treatment, but Stanton Peele has made significant contributions to the addictions field. He was one of the first writers to move beyond a focus on drugs to what came to be called process addictions destructive relationships with people, sex, food, and work. His biting critiques of prevailing approaches to conceptualizing, treating and recovering from addiction and his proffered alternatives have moved discussions of addiction from scientific and professional enclaves to subjects worthy of broader public debate. And more than any other author writing for the general public, Peele has brought attention to alcohol and other drug problems and their patterns of resolution beyond those seen in addiction treatment or mutual aid fellowships.

corresponded Having with shared speaking platforms with Stanton for some years, I sometimes think of him as a cross between a bullfighter waving a red cape before the leaders of the addictions field and the Trickster of Native American folklore whose actions puncture and deflate prevailing institutions and ideas. Stanton Peele is a lawyer as well as a psychologist, and he revels in a good fight. And that is the challenge in reviewing his written work: Stanton's persona can dwarf his written words, leaving both his most avid supporters and rabid critics more focused on him and his most inflammatory rhetorical flourishes than the more nuanced points that can be found in his books. So for the purpose of this review, let us focus on his latest written work.

Recover! offers what is described as the "PERFECT Program" of addiction recovery—PERFECT being an acronym for (mindfulness), Pause Embrace acceptance and forgiveness), Rediscover (integrity), Fortify (coping), Embark (equilibrium), Celebrate (joy), and Triage (realignment). Addiction is portrayed as a "destructive expression of a person's outlook in reaction to his or her life circumstances" rather than a brain disease requiring medical specialized treatment. The recommended approach instead involves self-empowerment and selfassertion—believing that one can and should outgrow addiction. Addiction recovery is portrayed as a process of maturation and self-development.

Recover! is a well-designed and wellwritten book that will find many appreciative readers among the general public and among some who have struggled in 12-Step and mainstream programs treatment. Even those in 12-Step recovery will find some discussions helpful, though the periodic potshots at A.A. will likely be distracting. Each of the main chapters of the book introduces one of the seven elements of recovery and then outlines the changes in thinking and daily living through which that element can be integrated into one's life. Recover! contains case studies, suggested activities and resources that many readers will find of potential benefit. The book also offers many helpful tips on managing feelings of loneliness or unworthiness, anxiety and depression, cravings, impulses to use, and abusive relationships—all within the larger context of addiction recovery.

Recovery Now

Hazleden, the detonation point for the international spread of 12-step-oriented addiction treatment, is in some ways the institutional counterpart to Stanton Peele. Hazelden symbolizes a collection of ideas and a treatment approach that keep friends and foes alike from seeing the more subtle nuances that exist within its rich history. Its publishing arm has been the most singular purveyor of 12-Step-oriented personal and professional literature in the world. One of Hazelden Publishing's latest contributions is the book, *Recovery Now.*

Hazelden was quite careful in introducing *Recovery Now* to emphasize that this book is not intended to replace the "Big Book" of A.A. or the "Basic Text" of N.A., but one doesn't have to get too far into *Recovery Now* to recognize that this is an effort to merge and linguistically update some of the central ideas within these iconic pieces of recovery literature.

Recovery Now begins with a foreword, "A Doctor Looks at Addiction," authored by Dr. Marvin Seppala, Hazelden's Chief Medical Officer. If Dr. William Silkworth

had lived to the present, this opening piece might well have come from his pen as did the similar "Doctor's Opinion" that still graces the opening pages of the book, *Alcoholics Anonymous. Recovery Now* then proceeds through chapters on addiction as a disorder of the body, mind and spirit before outlining a description of the 12-Step recovery process, with final chapters addressing such recovery issues as personal and family relationships and recovery in the context of work and community life.

Recovery Now is a blend of contemporary 12-Step interpretation blended with references to modern science and accumulating wisdom about how to live a fulfilled life in long-term addiction recovery. Recovery Now will draw appreciative readers from those already within a 12-Step program and serve as a welcoming introduction for those wishing to explore the 12-Step pathway of addiction recovery.

Comparison of Recovery! and Recovery Now

Seen together, the latest contributions constitute two very different views of addiction recovery. Recover! presents a view of addiction maladaptive response to living; Recovery Now presents addiction as a primary brain disease rooted in biological, psychological, spiritual, and environmental vulnerabilities. Peele eschews A.A. and the treatment industry's "fetish" of abstinence, suggests that abstinence should be viewed as an empowered choice for those who want it and goes on to argue that moderation is 'possible for people who have truly recovered from addiction" (p. 65). Hazelden, as one would expect, presents abstinence as THE catalytic step of recovery initiation.

One also gets from these two books quite different views of the role of self and community in the addiction recovery process. The pages of Peele's *Recover!* are focused on how to get into oneselfof self-knowledge, processes selfawareness, self-compassion, selfselfacceptance self-assertion, and forgiveness, where Hazelden's Recovery *Now* is focused much more on the process

of getting out of oneself via processes of self-transcendence. In the former, self is the driving engine of recovery; in the latter, self is the root of addiction and transcending the limits of self is the beginning of recovery.

In spite of these differences, Peele and Hazelden find common ground in a number of themes that pervade their latest books. Foremost among these is the contention that recovery involves more than the changes in one's relationship to alcohol and other drugs. There is in both books a recognition that AOD problems are nested in a broader personal, family and community context and that how one lives one's life in these contexts is an integral part of addiction recovery.

Both books stumble a bit in their historical references. Peele places the roots of the conceptualization of addiction as a disease at the doorway of A.A. with passing nod to the revival of the temperance movement's moralism within the modern rebirth of addiction as a brain disease. The history of the conceptualization of addiction as a disease is a much more complex one rooted in the rise of late 19th and early twentieth century addiction medicineevents that predated both the American Temperance Movement and A.A. Hazelden's Recovery Now refers to Dr. William Silkworth as the "first medical professional to call alcoholism a physical disorder, which laid the foundation for treating addiction as a disease" (p. xiii). This ignores the long line of earlier addiction medicine specialists who conceptualized and treated addiction as a medical disorder. It also ignores the establishment of the American Association for the Study and Cure of Inebriety in 1870 with "Inebriety is a disease...." as its ideological centerpiece.

Both books suffer from a limitation of choices even as both allude to diverse pathways to recovery. Peele's Recover! is most adamant in the value of personal choice, but the book has nothing positive to say about those who would choose a 12recovery framework, Step and unexpectedly finds little reference to secular recovery support frameworks such as SMART Recovery, Women for Sobriety, Secular Organizations for Sobriety, or LifeRing Secular Recovery. Hazelden's

Recovery Now gives a brief nod to 12-Step fellowships other than A.A. and N.A., makes one reference to SMART Recovery, Women for Sobriety, and Secular Organizations for Sobriety and promises (p. 182) an appendix in which such alternatives will be presented in greater completeness, but no 12-Step alternatives are listed in that Appendix. Lacking in both texts are acknowledgement and discussion of the growing varieties within 12-Step fellowships (including a growing secular/humanist/agnostic wing of AA), the growth of secular and religious alternatives to 12-Step fellowships, the growth of online recovery communities, and the growth of new addiction recovery support institutions--recovery community organizations, recovery community centers, recovery residences, recovery schools, recovery ministries, and recovery cafes.

The Two Worlds of AOD Problems

I had the sense in reading these two books back-to-back that they were written for quite different audiences—audiences that have long made up the apples and oranges of the alcohol and other drug (AOD) problems arena. Peele's book seems to be aimed at much lower severity of AOD problems, particularly alcohol problems, in the community—problems quite different as we noted above than those commonly seen in the rooms of 12-Step meetings or in specialized addiction treatment. Peele is correct in stating that a larger number of AOD problems within community populations are resolved via self-directed and moderation-based methods without the aid of 12-Step meetings or addiction treatment. What is missing is reference to the fact that as AOD problem severity, complexity and chronicity increase, these self-directed strategies become less viable. Hazelden's book seems to be directed to members of 12-step groups, those among them who find 12-step texts outdated and anachronistic and those engaged in 12-steporiented addiction treatment—in short, those individuals who enter recovery with the most severe and complex problems and the lowest recovery capital. Hazelden is correct in positing abstinence as the most viable

strategy for this population, but is remiss in not noting that options beyond abstinence, involvement in 12-step fellowships and involvement in professional treatment become more viable (and potentially more effective) with those presenting with problems of less severity, complexity and duration and greater recovery capital.

It could be argued that both Peele and Hazelden's worldviews are correct—but correct for quite different sets of people. Peele's *Recover!* portrays addiction as something to be fixed before then getting on with one's life and not looking back, and there are clearly individuals who achieve this. Hazelden's *Recovery Now* portrays addiction recovery as a lifelong process requiring sustained vigilance, an active recovery program and support from others in recovery. Millions of people regularly participating in religious, spiritual and secular recovery mutual aid groups around the world offer themselves as living proof of the value of a long-term program of personal and family recovery. The Peele and worldviews are best viewed not as either/or options but as styles of recovery emerging differences in problem severity, differences in availability of personal recovery support resources and differences personal temperament and preference.

In viewing addiction recovery and almost exclusively intrapersonal process, Peele's book is a selfhelp book in the purest sense of this term and will benefit those who can achieve recovery in this "up-by-the-bootstraps" approach to problem resolution. Hazelden's model may be much more suited for those who, having burned their way through numerous self-help efforts, have lost, are at imminent risk of losing or can't find their boots. For those reading these two recovery roadmaps to determine which is "true", A or B, the answer is, "Both." Welcome to the new world in which alcohol and other drug problems exist across a broad spectrum of severity and are resolved through diverse pathways and styles of recovery initiation varied approaches to long-term recovery maintenance.