

THREE VIEWS OF RECOVERY

Currently, there are three major conflicting views on the nature of recovery. One view states that recovery is the result of a religious conversion experience. Another holds that recovery is really the process of re-socializing oneself to a community of sober addicts. A third view maintains that recovery happens when addicts expose and treat the underlying psychological causes of addiction.

The Conversion Experience View

This view of recovery understands the Conversion Experience as a psychological process defined by philosopher and psychologist William James. In his *The Varieties of Religious Experience*, James stated that conversion is a process by which

“a self hitherto divided, and consciously wrong, inferior and unhappy, becomes unified and consciously right superior and happy, in consequence of its firmer hold on religious realities”

According to James, the conversion experience is a huge displacement and rearrangement of the convert's personality. This internal reorganization is not just a passing experience, instead, a whole new and stable attitude is established.

“the new ideas that reach the center in the rearrangement seem now to be locked there, and the new structure remains permanent.”

For the addict, this means that the former center of his life—the obsession to use—is now discarded and replaced by a sense of personal spirituality. The Conversion Experience View of recovery believes that this kind of radical change in the personality is necessary for true recovery to take place. The Twelve Steps are seen as a tool for creating Conversion Experiences without the intrusion of organized religion. In the Steps, an addict can have a powerful experience, and interpret it however he or she pleases. Therefore, Conversion Experience is often referred to as a Spiritual Experience, and the program is called “spiritual not religious.”

While working the Twelve Steps in a Conversion Experience style, the addict will make a total surrender of both will and life to a Power that heals the addict's mind. A moral inventory is taken to root out and expose the addict's primary trouble—selfishness. Amends and Twelfth Step work are designed to relieve the addict of self-concern and encourage a compassion for others. In this compassion, the Conversionists find themselves guided by a real and living Spiritual Power.

Meetings, in the Conversion Experience View, are a chance for recovered addicts to give testimony to the Power of the Steps and invite newcomers to work the Steps with a sponsor. Meetings are not a time to “share” or “check-in.” Instead, they are a time for those who have had a Spiritual Awakening to offer their services to those who have not.

Outcomes anticipated for people in recovery are very high in the Conversion Experience View. People who work the Steps successfully, are expected to find emotional well-being, freedom from mental obsession, and a deep sense of peace that comes from having a spiritual purpose in life. As long as the recovered person continues to help others, his or her sense of well-being is expected to increase. The times of real pain and anguish that are to be expected in life (when a loved one dies for example) are expected to bring the recovered person deeper into dependence upon their Spiritual Source, and so, while painful, will improve the addict's spiritual life.

The Conversion Experience View exists in many of the Twelve Step fellowships, but is most commonly seen as the View of Alcoholics Anonymous member who strongly advocate for the AA Big Book.

Sometimes called “Book Thumpers” or “Program Nazis,” these AA members have a reputation for being conservative and intolerant in the way they express their View. From their own point of view however, the Big Book advocates are trying to save fellow addicts from the pain of self-centeredness. In this way, they believe that they are expressing the spiritual truth of the Steps.

When Conversionists tell their stories, they are most likely to speak of the mental aspects of their addictions and place a strong emphasis on the personality change that they have experienced due to their experience of surrender to God.

The Re-socialization View

This view of recovery is...

“...highly social and involves the use of informal community resources that provide a sobriety-based framework in which one can stop drinking and maintain sobriety.”

William L. White
Slaying the Dragon

In the Re-socialization View of recovery, the biggest problem of the addict is not a need for spiritual experience, nor is it underlying psychological stressors. Instead, the Re-socialization View believes that the addict’s biggest problem is using. When the using stops, the addict’s biggest problem becomes how to stay stopped. Solutions to these problems are fairly straightforward. “Don’t use, go to meetings, ask for help.” “Keep coming back.” “Meeting makers make it.” “90 meetings in 90 days.” These and other similar slogans outline the program of the Re-socialization view—just keep going to meetings.

At times, meetings are emphasized so heavily that many people who hold this View do not work the steps. However, those who do work the Steps, tend to see them as a way to increase involvement in the fellowship. “Higher Power” and “God” are often interpreted as meaning the fellowship, the meetings, and sometimes the Steps and Traditions. Turning one’s will and life over to the care of God, really means coming to meetings and becoming willing to share and listen to others. Moral inventory and Amends are designed to help the fellowship stay intact even when personality clashes occur.

For Re-Socializationists, sobriety is understood as a difficult process, especially because the sober addict is forced to deal with feelings that were once suppressed by using. When things get rough, an addict goes to a meeting and shares their pain. Other addicts at the meeting sympathize and support those suffering. Sometimes, if there is an addict present who has suffered through a similar hardship, there is a sharing of experience, strength and hope. This makes meetings a kind of mutual-aid group. Other activities that are important in the Re-socialization View are “meetings-after-the-meetings,” sober dances, camp-outs, and other non-meeting social gatherings for addicts.

Expectations for recovering people in the Re-Socialization View are moderate compared to the expectations for people recovering in the Conversion Experience View. It is anticipated that recovery will be a painful process that lasts a lifetime. One is not expected to find relief from mental obsession, nor a vital spiritual life. Instead, the Re-Socialization View expects that people who stick with going to meetings will eventually be able to manage the business of daily life. Recovering people can get jobs and relationships, and keep them for longer than they used to. Recovering people don’t have to sell their TVs to buy drugs, or do any of the other behaviors associated with addiction. Often, recovering people have more money and possessions than they did when they were using. All of this is expected to provide some value and relief in the addict’s life.

The stories of recovering people who hold this View focus on the physical aspects of addiction and the despair and hopelessness of addicted life. These stories are meant to be a reminder to the speaker, and to his or her audience of why not to use again. Some times, though less frequently, stories focus on the

things that the speaker has gained by being sober. Generally, Re-Socialization stories end with gratitude for the program, the meeting, and for one more day of sobriety.

The Psychological View

This view of recovery states that addiction is only a symptom of an underlying psychological disorder. In the years since the development of psychoanalysis, many psychological theories have been formed and promoted, each with its own view of the nature of the psychological causes of addictions. The theories range from Freud's assertion that the alcoholic is expressing latent homosexual tendencies, to the Family Systems Theory concept of the addict as an actor of a role in a dysfunctional family system. Many of these theories, as they have each come into fashion, have had some impact on the Twelve Steps.

Currently, the psychological agreement seems to be that the addict is someone who uses to cope with some kind of pain. This pain might be the result of early child hood trauma, sexual abuse, a dysfunctional family system, low self-esteem, etc. The pain could also be produced by an existing mental disorder, such as Post Traumatic Stress, Bipolar Disorder, Schizophrenia, depression, etc. Addicts of this second kind are called "dual diagnosis," because they are diagnosed with their mental disorder and addiction. Because addicts are seen as using to cope with pain, addiction is sometimes called "self-medicating."

Recovery in the Psychological View is the process by which an addict learns appropriate methods of self-care. Treatment focuses on treating the source of the addict's pain, and teaching the addict new ways to cope with pain. There is much talk about "feeling feelings," and overcoming fears and shame. Sobriety is seen as a time of self-discovery, because feelings surface that were suppressed by using. Because most of these feelings are uncomfortable, the Psychological View attempts to help people in recovery to manage life while processing difficult emotions. Often, addicts are encouraged to use self-affirmations to build a positive self-image and increase self-esteem. Recovering people are instructed in the basics of self-care: hygiene, nutrition, sleep, and healthy social interaction. Sometimes, the word "H.A.L.T." is used to remind people in recovery to stop and take care of themselves when they feel "Hungry, Angry, Lonely, or Tired." The Psychological View encourages proper medication for people who have a dual diagnosis, and regular talk therapy, with emphasis on processing the pain of childhood and difficult personal relationships.

Working the Twelve Steps is not central to the Psychological View of recovery. When the Steps are worked in this View, they tend to be an extension of the type of therapy mentioned above. One realizes one's powerlessness and turns one's life over to professional treatment. Inventory is usually "balanced," meaning that for every negative aspect of self, there is a positive one as well. Inventory also tends to explore things like family dynamics, early child hood trauma, instances where the recovering person feels that he/she has been victimized, etc. Amends are not emphasized in the Psychological View. In fact, most Twelve-Step rehabs will only utilize the first five Steps. Twelfth Step work is almost non-existent in the Psychological View, as professional treatment is seen as filling the role of 'sponsor.'

Meetings in this View are seen as important to the recovery process. The Psychological View understands meetings in nearly the same manner as does the Re-Socialization View. For the Psychological View, meetings are important not for mutual-aid as much as for group therapy. The emphasis is not on "we help one another out," but "we each get our turn to process feelings." Often, addicts exiting treatment will be instructed to attend "90 meetings in 90 days," and meeting attendance is often part of the routine at rehab. However, in many cases, the Psychological View feels that meeting attendance is not enough for the recovering person. Regular visits to a councilor are encouraged.

The Psychological View's expectations for recovering people are equal to or less than those of the Re-Socialization View. Addicts are expected to struggle greatly with mental obsession and difficult feelings for the rest of their lives. One figure in the Psychological View, Terrence Gorski, has defined what he calls Post Acute Withdrawal Syndrome. PAWS predicts that people in recovery will not be able to get better through meeting attendance and Stepwork. Instead, the addict needs to see a PAWS trained therapist, or

they will have severe symptoms of Post Acute Withdrawal Syndrome that will likely cause them to relapse. These symptoms can never be eliminated, only managed.

Stories of people recovering in the Psychological View often reflect their experiences in therapy. They speak of learning to feel their feelings, coming to grips with early childhood trauma, becoming better at taking care of themselves, or similar topics. Sometimes stories will include mention of Stepwork, but it is usually clear that this is Psychological and not Conversion Experience style Stepwork. Stories include much Psychological language, and will often focus on the emotional accomplishments of the speaker. The process of self-discovery and learning to love oneself feature strongly in Psychological View stories.

Arguments between the Views

Each View of recovery has an argument with each of the other Views. These arguments help us to distinguish the Views from each other, and clarify the values of each View.

Conversion vs. Re-socialization

From the Conversion Experience perspective, Re-socializationists are diluting the meaning of the Twelve Steps by not emphasizing a spiritual interpretation of the program. Conversionists point to the fact that many people in recovery could benefit from a Conversion Experience, but are unwilling to make the effort as long as they can 'get by' on meeting attendance. The fact that Re-socialization allows people to 'get by' and suffer from the mental obsession is seen as a crime by Conversionists; it keeps suffering people from getting real help, and it turns the program into a place where people get by without getting better.

From the Re-socialization perspective, Conversionists are seen as narrow-minded and possibly dangerous. Re-socializationists point to the fact that plenty of people are staying sober in the program without having to get religion or work the Steps. The fact that Conversionists are pushing their nearly religious View of recovery means that some people, who might otherwise stay in meetings, get turned off and don't come back. Some of these people probably go back to using and may even die as a result. For the Re-socializationists, anything that keeps alcoholics/addicts out of meetings is a bad influence on the program.

Re-socialization vs. Psychological

The Re-socializationists see the Psychological View of recovery as having a basic misunderstanding of the disease of addiction. Alcoholics drink because they are alcoholics, and drug addicts use drugs because they are drug addicts, not because they are trying to cope with pain. Addicts may be in pain, but this is probably the result of their disease, not the cause of it. Psychologists are also seen as having the wrong approach to dealing with addictions. While therapy might be helpful for many, real recovery depends on one addict helping another. This is because only someone with first-hand knowledge of the disease of addiction can really understand the condition of another addict.

People who hold the Psychological View of recovery see the practices of Re-socialization as insufficient to help people recover. Meetings are good for what they are, but meeting attendance alone is often not enough to help addicts deal with the underlying psychological causes of their using. People who have a dual diagnosis, who suffer from PTSD, who are severely depressed, or who have deep personal issues to work through will need more than meetings to successfully stay in recovery.

Psychological vs. Conversion

The Psychological View of recovery reacts strongly against the Conversionist idea that selfishness is the root of the addicts problems. The emphasis on selfishness is seen as bordering on abusive. According to the Psychological View, recovering people need to be affirmed and nurtured, not scolded or told that they

are bad. In this View, addicts already have negative self-images, and focusing on selfishness can only serve to increase that negative self-image. For some in the Psychological View, the Conversion Experience View of recovery is seen as taking advantage of vulnerable people. People new to recovery are in an impressionable frame of mind, and Conversionists seem to be attempting to force newcomers into a religious point of view.

Conversionists see the Psychological View of recovery as causing more harm than good. In the Conversionist View, telling addicts to care for and think about themselves only increases their already high level of self-concern and selfishness. Furthermore, the Psychological emphasis on “feeling feelings” and “expressing pain” leads to a recovery environment dominated by narcissism and diseased thinking. In this View, an addict can never express his/herself enough to rid their psyches of the mental obsession to use. The Psychological View tortures recovering people by forcing them to obsess over their symptoms without offering a real solution to the basic problem of addiction.

Agreement among the views

Our division of the recovery culture into three Views is somewhat artificial. In reality, there are many recovering people whose recovery philosophy represents a mix of two or more of the Views mentioned above. Recovery culture represents a wide spectrum of belief and experience, and there are many ways in which each of the Views can be adapted to match each of the others. For example, the Conversion Experience is a powerful mental experience, and can be understood in Psychological terms. Mutual support networks and Re-socialization clearly have a Psychological benefit as well. And Conversion Experience, in its need to be shared with others, has a strong social impulse and a clear desire to help others Re-socialize themselves. However, our depiction of the three Views of recovery should help our understanding of the Twelve Steps by revealing the major themes that are present within all Twelve Step recovery programs. By looking at each View in its purest form, we can get a clear picture of the kinds of programs and experiences that are available in recovery culture.

Posted with permission from stepstudy.org