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An Addiction Recovery Glossary
The Languages of American Communities of Recovery

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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, studying 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 and other drug (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 keys 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 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 2000, 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 (i.e., "recovery is everywhere") and the nature of those solutions ("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, 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, Boyle & Loveland, 2002).

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, 2004), 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 emerging recovery-related terms and concepts.

What follows is a glossary of 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. It is focused instead on accurately and respectfully conveying 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

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 working in addiction treatment who, compared to earlier decades, are less likely to be in personal recovery or to 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 and the 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 meaning 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 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.

A Recovery 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 constitute one of the four daily rituals of recovery. These rituals, 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 and to family and community.

(Unpaid) Acts of Service are activities that aid other individuals or the community. They constitute one of the four core activities within the culture of recovery. Acts of service fulfill at least two functions: they constitute generic acts of restitution for the addiction-related harm to others, 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 local community. The growth 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 that do incite change. (See Metaphors of Transformation)

(Making) Amends are acts of restitution performed by recovering people for the wounds they inflicted on others during the pre-recovery years. 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. (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 Twelve Step recovery may get greater benefit from combining active step work, meeting attendance, 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 link one's full name to AA/NA at the level of "press, radio, and films" (and one would assume television and the Internet). This did not preclude many early prominent AA members' involvement in advocacy activities. Several AA members, including co-founder Bill Wilson, testified before congress in support of specific legislation, making certain to clarify that they were speaking as individuals in recovery and not on behalf of AA as an organization. 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 mythomagical personification of addiction--the compulsion to use 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 (addiction 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 "Battling 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).

Born Again is a phrase used to depict the state of Christian 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 identity, deliverance from desire (craving) and entry into membership in a sober, 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, within Twelve Step recovery, are those "emotional deformities" that have hurt alcoholics and those close to them. These liabilities include pride, greed, lust, anger, gluttony, envy, and sloth (the "Seven Deadly Sins"). They include obsession ("instincts gone astray") with sex, power, money, and recognition. They include self-centeredness, self-pity, intolerance, jealousy, and resentment. The A.A. program suggests that if identified and disclosed (via the Forth and Fifth Steps), these "ghosts of yesterday" would 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.

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 treatment can be coerced but that 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)

Clinical versus Community 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 former, the latter 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.

Cocoon is a metaphor of 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, 2003).

Cognitive Reappraisal is a conscious assessment of the pros and cons of continued alcohol and other drug use and the assessment of the pros and cons of ceasing such use. 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 stages 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).

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 flawed 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 all frameworks of addiction recovery. Brumbaugh (1994) has pointed out an important distinction between the acknowledgement of such transgression 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 reliability and endurance 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 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 discourage 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 (an alcohol-related health problem), religious (conversion and affiliation with an abstinence-based faith community), or political (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 & White, 2003)

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 helps facilitate the 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.

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, DiClimente, 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, 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 an individual might be referred to as a recovery graduate 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."

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)

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 drug use was nested (see 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 primary drug is physically and culturally ever-present.

Drug Substitution has two meanings in the context of recovery. The first is the long recognition of vulnerability for drug substitution in the recovery process. The addictions 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 McKegany, 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..
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 and the 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 creating 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 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 usually serve as adjuncts rather than alternatives to A.A. participation (White, 1998).

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 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 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 participants in healing themselves, their families and their communities. (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. 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.

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 the individual from the culture of addiction and can also, at least for a time, isolate one from the larger "civilian" 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 and addict." This distinction hinges on the question, "Once addicted, does one ever cease being an addict?" There are recovery frameworks that answer this question quite 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. Excessive relationships with

secondary drugs, work, money, sex, food, risk (e.g., gambling), and religion are common in early recovery. 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 refer to 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 & 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 a severe alcohol or other drug problem. 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.

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).

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, 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, ND)

Genocide (as a recovery metaphor) 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 worldviews 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 the term used to depict strategies aimed at reducing the personal and social costs of alcohol and other drug use. Often viewed as an alternative to and even antagonistic to recovery, harm reduction approaches can also be viewed as a strategy for protecting the individual, family and community while enhancing recovery readiness.

Healing Forest is a metaphor used in The Red Road to Wellbriety (2002) 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 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 the "God as we understood Him," Higher Power is the personified antidote to the Beast.

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 "turning point" (Ebaugh, 1988), a "crossroads" (Klingemann, 1991, 1992), and an "epistemological shift" (Shaffer and Jones, 1989).

Hope-based (as opposed to pain-based) Interventions are interventions into the lives of people with severe 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 who exhibit 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 KcKeganey, 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 worshiping 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 resources that help initiate and/or sustain the recovery process. They are distinguished

from professional healers and institutions by training and purpose as well as by relationships that are culturally-grounded, enduring, reciprocal and non-commercialized.

Initiating Factors ("Triggering Mechanisms") are those factors that spark a commitment to recovery and an entry into the personal experience of recovery. Factors which serve this 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 addictive lifestyle; AOD-related death of someone close; pressure to stop using; a humiliating experience; 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 move from sobriety experiment 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 is linked to three other processes (confession, acts of restitution, and acts of service) that serve as mechanisms for the alleviation of guilt shame as well as for character reconstruction.

Liberation (See Freedom, Slavery, Decolonization) can be 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 and 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 straight 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, 1967; Moos, et al, 1979; Tuchfield, 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, 2000).

Manual-guided Recovery depicts the growing trend toward proceduralizing 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, 1979; Chelsea and Chelsea, 1985; Taylor, 1987; and Williams, 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., disulfram), 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 interaction and mutual identification within the culture of recovery in America. In spite of the dramatic differences between AA, WFS, SOS, 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. 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. Some recovery frameworks such as Rational Recovery (Now AVRT—Addictive Voice Recognition Training) no longer utilize meetings as a recovery support mechanism.

Meeting Types and Formats refers to the boundaries of inclusion and exclusion of meetings (open versus closed; gender mixed or men/woman only; young people, 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 (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! (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). 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 that was 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 that they will recovery). As a technique of preparing people to change, motivational interviewing is an alternative to waiting for an individual to "hit bottom" and an alternative to confrontation-oriented intervention strategies (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 that are resolved through a wide variety of recovery styles and support structures (White, 1996). Multiple pathways models have moved from the addiction arena into the recovery advocacy arena. 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). 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, and Toneatto, 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 the 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, 1999).

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. Such qualitative dimensions of recovery defy capture in the rush to bridge the gap between clinical research and clinical practice in addiction treatment.

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. Having been used as a recovery support structure by Native Americans for more than a century, the Peyote Way demands certain practices: 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.

Prayer (See Centering Rituals)

Preferred Defense Structure is a concept first proposed by John Wallace (1974). Wallace was an early proponent of the idea that there are developmental stages in the transition between alcoholism and 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) were needed to get through early recovery, but that these same mechanisms (collectively christened, "preferred defense structure") had to be given up for long-term recovery. He suggested that interventions that were effective at one stage of recovery might be ineffective or even harmful at other stages. For example, interventions that weakened this preferred defense structure 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 AA for quite a while but I've only been working the Program (the Steps) this past year." Program has also taken on

a more generic meaning for any codified approach to addiction recovery. The Handbook of LifeRing Secular Recovery 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 his or her own, highly personalized approach to recovery (A Handbook of Secular Recovery, 1999).

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 AA also involved in psychotherapy, members of WFS, SOS, and MM also involved in AA, 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, first 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 long 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.

Quantum Change (See Conversion)

Rebirth... (See Born Again)

Recovered / Recovering... (Abstracted from White, 2001b) 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 the 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. Achieving both utilities may require that one language be used inside recovery circles while another language is used to speak publicly. The terms "seeking recovery," "in recovery" and "recovering" could be used to depict individuals who are making concerted efforts to remove destructive patterns of alcohol and other drug use from their lives. This usage would be congruent with how we speak of people responding to other chronic conditions and illnesses. The language assumes both commitment and progress rather than a complete absence of symptoms. In a similar manner, the term "recovered" could be used to depict those who have achieved an extended period of symptom remission. The period used to designate people recovered from other chronic disorders is usually five years without active symptoms.

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, 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 demonize 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 & 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 AA'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 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 behavioral health fields as well as recovery supporters within the wider community. Recovery management is based on the assumption that there is a wellspring 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.recoveryadvocacy.org for a sample of a recent recovery survey.)

Recovery Environment (Space, Landscape) is a term that stands as a reminder that recovery flourishes in communities that build the physical, psychological and social space where healing can occur. It stands as 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 stage one recovery. The Oxford Houses are the best known and researched system of recovery homes in the United States (Jason, Davis, Farrari, and Bishop, 2001)

Recovery Identity is the degree to which one self-identifies with the statuses of addiction and recovery and the degree to which one initiates and sustains recovery in isolation from or in relationship with other recovering people (See 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 severe 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 support of long term recovery from behavioral health disorders.

Recovery Outcomes refers to the degree of benefits achieved as a consequence of recovery from addiction. Discussions of recovery outcome rest on the understanding that not all recoveries are the same and that 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 of 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, 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, 1998).

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 precontemplation 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 Model). 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. The multiple pathways of recovery often share four core daily activities: centering rituals, mirroring rituals, acts of self-care, and 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 1998 & 2001a 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, or 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. ("Therefore, if any man is in Christ, he is a new creation, old thing 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 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.

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 life 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 this kind of awareness

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 (versus Recovery) is a term preferred by some for the process of solving alcohol and other drug problems. Resolution, resolving and resolved are less medicalized terms. 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) Another use of the term "resolution can 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 wounds inflicted on individuals and the community (see Amends)..

Resurrection (as a metaphor of recovery) 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 continue into the present era (see Williams, 1992, p. 81).

Rituals of Recovery Include centering rituals, mirroring rituals, acts of responsibility, and unpaid acts of service.

Roads to Recovery is a phrase first used by Bill Wilson to convey the diversity of ways used to escape alcoholism. When some AA members criticized the inclusion of a story in the A.A. Grapevine of a celebrity writer who achieved solo recovery (no involvement in AA), 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 mutual aid societies 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 communication common 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 person talks, everybody else listens. Then the next person talks, and everybody listens. 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 that have come to embody certain recovery principles and prescriptions. While they inspire some and irritate others, 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) at the same time they serve as a kind of in-group code through which recovering people find each other when mixed with civilians.

Sober House Movement refers to the dramatic expansion 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 pattern of alcohol/drug consumption 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 peel 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 a sobriety date provides a quantitative measure of the length of symptom remission for one problem, it misrepresents the often complex processes involved in recovery and provides little information on the quality of sobriety measures. 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. One can thus speak of physical recovery, family and relational recovery, social recovery, economic recovery, etc. (Ron Coleman).

Spiritual (Spirituality) (Abstracted from White, 1992) 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, 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.

Spiritual Awakening refers to the progressive changes in character and relationships that recovering people experience through the stages of recovery. Such an incremental process of change is also commonly described as a spiritual "experience." This gradual awakening stands in contrast to a sudden conversion).

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 quite 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 / Storytelling 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, the turn-around-experience, and an account of life in recovery (White, 1996) (See Witness/Testify).

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 ("Quantum Change", Miller and C' de Baca, 2001) versus incremental change (Procahska, 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 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).

Traditions are the codified principles that govern the group life of Twelve Step organizations. Such principles, which have

been cited as a source of A.A.'s resilience (White, 1998), have varied by their presence or absence and their content in 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 within prescribed guidelines of frequency, quantity and contexts. A long-term (3-8 year) follow-up study of such trials among problem drinkers 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 (p. 43, first 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. 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)

Varieties of Recovery Experience is a term Ernest Kurtz adapted from William James writings to convey the growing diversity of recovery styles within A.A. as well as 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 is achieved by standing as a witness and offering 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 AA co-founder, Bill Wilson, described as "emotional sobriety" (Wilson, 1958)

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 far beyond the history of addiction recovery (White, 2000a, 2000,b).

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),

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