The recovery revolution
The battle over addiction treatment in the United States

Reviewed by Paul Christensen


Opinions on addiction, its causes, and effective approaches to its treatment are numerous and contested. Depending on who one asks, addiction is everything from evidence of moral depravity to a chronic brain disease, with much debate, discussion, and disagreement in-between. Claire D. Clark’s impressive and accessible *The Recovery Revolution: The Battle Over Addiction Treatment in the United States* examines the history of addiction treatment, demonstrating how the ‘views held by treatment leaders and people in recovery [have] related to broader historical trends and contributed to the development of treatment policies’ (p. xiv). I fear this statement falls short of conveying the persuasive and insightful manner with which Clark lays out the evidence for how historical trends, charismatic leaders, and opportunistic politicians have shaped opinions of and treatment trajectories for addiction, often in consequential and sometimes frustrating ways. *The Recovery Revolution* makes a forceful and compelling case for re-evaluating how and why certain truths and treatment logics surrounding addiction have taken root. In doing so, Clark reminds readers of the necessity in scholarship to challenge, question, and critique assertions that are presented as fact and influential voices that silence or marginalize, critique and challenge.
The Recovery Revolution is divided into three parts: ‘Revolution’, ‘Co-optation’, and ‘Industrialization’. Each section deals with a distinct time period, beginning with the 1960s, moving to the 1980s, and ending with the 2000s and 2010s. In ‘Revolution’ we are introduced to the drug rehabilitation organization Synanon and its founder Charles ‘Chuck’ Dederich, the first of several charismatic and controversial group leaders encountered throughout the text. Breaking with the conventions of Alcoholics Anonymous, Dederich ‘developed a group process that used confrontation and ridicule to force participants to confront their moral defects’ (p. 11). Synanon’s therapeutic method proved attractive in the mid-twentieth century and the organization grew from its origins in a ‘Venice Beach flophouse’ (p. 21) to a major therapeutic community (TC) attracting the attention of scholars and the popular press alike. According to Dederich, Synanon ‘points out [addicts’] stupidity in the hope that they will learn to grow up and function like adults’ (p. 23). As Clark neatly outlines:

In contrast to programs that exemplified a ‘rehabilitative ideal,’ Synanon and similar programs aimed for habilitation. The structured environment and cathartic attack-therapy sessions did not simply correct a few minor neuroses; they broke down the addict’s personality and remade it, this time in the context of a neo-Victorian moral habitus. (p. 58)

Clark reveals how addiction treatment and recovery have been shaped by myriad factors that are disconnected from attempts to understand how or why someone might become addicted or seek care. Addiction treatment in the United States, Clark convincingly argues, is too often focused on finding a new approach or eagerly touting the methods charismatically put forward by leaders capable of attracting followers. Yet such approaches create deep and lasting emotional fissures that thwart criticism or inquiry into how well a TC functions, giving even less attention to the reasons why someone begins to use and misuse addictive substances.

‘Co-optation’ moves the reader to the ‘second generation’ of TCs and forward in time to the late 1970s and 1980s. Synanon’s success had spurred the founding of new facilities including Dayton Village, Odyssey House, and Phoenix House, yet addiction as an intractable social issue remained. Political figures, from Richard Nixon down to city mayors, had begun to openly discuss TCs and position themselves in relation to the issues of addiction and recovery. Most notably in this section, Clark highlights how, again, helping and treating addiction is secondary to political currents, shifting popular opinion, and even personal vendettas between influential individuals. The difficulty of enacting and maintaining a long-term, coordinated, and, when necessary, critically evaluated treatment program is sadly evident. More than anything, the reader is given clear and distressing evidence in this section that a few charismatic individuals, including David Deitch of Dayton Village and Julianne
Densen-Gerber of Odyssey House, and opportunistic political figures have been largely responsible for the piecemeal structure of American addiction recovery outlets and the corresponding inconsistency in working to foster successful recovery.

Finally, ‘Industrialization’ brings the reader to the recent past and the well-known and criticized position of a ‘drug-free America’ championed by the Reagan White House. In this section we are introduced to Straight, a totalitarian and frighteningly aggressive TC eager to use violence to obtain results, before eventually folding under the burden of persistent lawsuits. We also see clearly how then First Lady Nancy Reagan’s national image was deliberately shaped and rehabilitated from one of cold indifference to that of a caring advocate, while her husband simultaneously gutted federal funding for treatment and recovery programs. Again, Clark illustrates how political ambition and popular opinion drive addiction policy far more than attention to care, recovery, or reasons why people begin using substances. ‘Industrialization’ chronicles the ‘punitive turn’ (p. 154) of the war on drugs and the corresponding mandatory minimum sentencing that has swollen American prison populations to the world’s largest while doing little to address or curtail addiction. This section of The Recovery Revolution is the most insightful and maddening; Clark lays out in an irrefutable way the perverse motives and futility of American drug and addiction policy, which emerge as uninterested in recovery, let alone to what drives so many to turn to addictive substances in the first place.

By way of conclusion, Clark looks for hopeful signs but tempers any optimism by framing the contemporary moment as a pivotal one. Will the recovery revolution find vindication in treatment options that carefully and comprehensively consider the needs of people who struggle with addiction? As Clark cautiously notes, ‘It is still too soon to tell whether the recovery revolution has reached its conclusion’ (p. 210).

My most substantial critique of The Recovery Revolution may be rooted in disciplinary differences. Clark makes clear in the preface that the book (p. xiv):

argues that sensationalism can undermine even the best intentions of treatment advocates, so [she] chose not to dwell on interviewees’ recollections of their darkest private moments. [She] instead selected statements that demonstrate how the views held by treatment leaders and people in recovery related to broader historical trends and contributed to the development of treatment policies.

Such an approach highlights methodological differences between archival and primary source work and the ethnographic approach with which I am more familiar as an anthropologist. There is much I question and disagree with in the assumption of
sensationalism and the discounting of interviewee accounts. Despite whatever lurid details or exaggerations an interviewee might assert, shifting through these to find patterns relevant to the lived experience of those struggling with addiction remains an important aspect of better understanding addiction. Perhaps such an approach belongs in another book that can aspire to offer insights equally refreshing to those provided by The Recovery Revolution.

I would have liked more attention paid to how Clark’s rich historical analysis could be used to improve contemporary approaches to treatment and recovery. In particular, Clark poses insightful questions at the book’s end and I would have like to hear more from her on how scholars and advocates for better and more humane treatment might begin to address those questions. What is most often referred to as the ‘opioid epidemic’ in the United States continues to make ever-greater demands on the nation’s treatment and recovery apparatus (Nelson et. al 2015). Thus it would seem that the need for informed assertions of how treatment and recovery can be implemented, maintained, and sustained has never been greater. Clark’s work is well positioned to make meaningful contributions to this very real and consequential epidemic of addiction, and I would have welcomed more such connections to current issues. In truth, these are minor critiques, and The Recovery Revolution is an informative text that should assume a prominent place in the substance and treatment canon.

About the author
Paul Christensen is Assistant Professor of Anthropology at Rose-Hulman Institute of Technology in Terre Haute, Indiana. He is a cultural anthropologist specializing in contemporary Japan, and his research interests include the use of psychoactive substances and recovery from addiction. He is the author of ‘Scripting Addiction, Constraining Recovery: Alcoholism and Ideology in Japan’ (Japanese Studies 37) and ‘Real Men Don’t Hold Their Liquor: The Performance of Drunkenness and Sobriety in Japan’ (Social Science Japan Journal 15). He published the book Japan, Alcoholism, and Masculinity: Suffering Sobriety in Tokyo with Lexington Books (2014). Email: christen@rose-hulman.edu

References