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ABSTRACT

Rational Recovery (RR) and the Addictive Voice Recognition Technique (AVRT) are described. Rational recovery is a young organization which views alcohol and drug dependency differently from the traditional field which sees addiction as a symptom of something, of a disease, of spiritual bankruptcy, of irrational thinking, of unhappiness, of childhood deprivation. In RR addiction is seen as a fact of life--a condition of hyper-hedonism, a devotion to the pleasurable effect of alcohol, and ultimately a condition of chemically-enhanced stupidity. In RR the sole cause of addiction is the Addictive Voice, called the Beast, which is of mid-brain origin, animal-like, and survival oriented. The AVRT proposes that instead of being "in denial," addicts are of two minds, about continuing to use the substance. Among addicted people, the Addictive Voice is dominant, while the "true self" is a faint background awareness. Rational Emotive Therapy (RET) and 12-step programs are seen as having nothing to do with the decision to abstain from alcohol or drugs. RR, however, stands for rigid, non-negotiable lifetime abstinence and should not be mixed with any other treatment. (JBJ)

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I am the founder of Rational Recovery® and the director of a large national organization of addiction recovery groups called Rational Recovery Self-Help Network. I am happy to share this podium with Albert Ellis, who has influenced my work greatly. Rational Recovery started out using many of his concepts of RET, and many people now enjoy a happier life as a result of applying those principles. But I will say, however, that I am even more indebted to the hundreds, actually the thousands, of addicted people who taught me how they defeated their addictions on their own, and in doing so laid the groundwork for Addictive Voice Recognition Techniquesm.

During the previous presentations I noticed a lot of "family talk," when the presenters spoke of me as the father of RR, Dr. Ellis as the grandfather of RR, and the two of us as "spiritual brothers." Today I would like to clarify some issues about Rational Recovery and RET. Dr. Ellis and I are both from Pittsburgh, PA, and we do coincidentally share the same birthday, and we both value rationality, but there are some differences between us that are quite significant.

RR has made quite a big splash in most parts of the country, with its self-help groups, its professional and lay certification program, its institutional licensing program, and its growing body of literature. Research by the medical schools at New York University and Harvard University has produced strong and encouraging results. These results do not measure the success of various theories, but they measure the degree of abstinence among participants. I said long ago, in *The Small Book*, that there is no "horse race" or any other kind of competition between RR and AA. Neither is there competition between RR and RET, or between RR any other philosophy, for that matter.

Rational Recovery is a young organization, finding its way in a field that rigidly and uniformly adheres to the idea that addiction is a symptom of something, of a disease, of spiritual bankruptcy, of irrational thinking, of unhappiness, of childhood deprivation or sexual molestation, of "musturbation," of low self-esteem, of social anxiety, a symptom of depression, or of despair. In any case, the addicted person is spared the responsibility to KNOCK IT OFF, right here, right now, and for good. Unhappiness does not cause addiction; Unhappiness causes recovery!

In RR, we know that alcohol or drug dependence is not a symptom of something. Instead, we see addiction as a fact of life — a condition of *hyper-hedonism*, a devotion to the pleasurable effect of alcohol, and ultimately a condition of chemically-enhanced stupidity. Because of this, I have emphasized from the beginning of RR, in 1985 and 1986, another approach that is not part of RET, an approach that in 1991, I started calling Addictive Voice Recognition Technique, or AVRT. In RR, the *sole cause* of addiction is the Addictive Voice. When addicted people learn to recognize the Addictive Voice and comprehend its nature, they are empowered to immediately and permanently stop the addiction. In a moment I will briefly describe AVRT.

American addiction care is just now coming out of a period of stagnation. For many years, it was thought that the 12-step program of Alcoholics Anonymous was a universal theory of recovery from addiction. The result was an American tragedy that I will not expound upon today. I am concerned about recent efforts to devise a unified theory for the treatment of addiction, in which the 12-step proponents such as Terry Gorski use the forms of scientific

discourse to dignify their down-home, spiritual agenda. Attempts to produce a unified theory of addiction will only draw us back to the time when choice was non-existent, and people were forced by choicelessness into programs that were unhelpful, objectionable, and sometimes quite harmful. The inarticulate assumption in the unified theory idea is that some philosophy or combinations of philosophies can emerge that will favor all addicted people.

I have listened to the previous speakers, several of whom are members of the board of Rational Recovery. We have heard about rational spirituality and spiritual rationality. We have heard about the pre-contemplative, the contemplative and the action stages of recovery, and we have heard about doing RET in self-help groups. But still, you haven't yet gotten the straight scoop on AVRT, which is the heart and soul of Rational Recovery. How could this be, that the *essence* of RR has been omitted by a panel that contains several Rational Recovery board members?

I don't ask this to challenge any of them, but only to point out that it is no coincidence that none of them has ever been addicted to anything. Stages of recovery, rational spirituality, and other intellectual confetti are the kind of concepts that occupy the minds of never-addicted, professional people. They are of little or no use to someone struggling for his life against an addiction. The explanations of RR we have heard are based upon the presenters' guesses at what it is probably like to be addicted to a substance. They imagine that unhappy people are more likely to become and remain addicted, and that by "treating" the unhappiness, especially by disputing disturbing ideas and feeling better, the symptom of addiction will go away. Well, it doesn't work that way.

I have also heard today ideas of controlled drinking and "moderation" in connection with RR. Rational Recovery is a federally-registered trademark. For better or worse (I think that it's much to the better!), I am the one who, for now, decides the definition and meaning of the expression, "Rational Recovery." If there are differences of opinion on the issue of moderation versus abstinence among the professionals in Rational Recovery, I would remind everyone that there is another excellent self-help organization, Moderation Management, that specializes in helping people to achieve that particular goal. RR stands for abstinence.

Here is the truth of the matter, as I see it. The 12-steps and RET are flip sides of an ancient debate. Both make remarkable claims for the good, and both produce excellent results among those who engage in them. But neither the 12 steps nor RET have anything to do with the decision to abstain from alcohol or drugs. The scant research on 12-step outcomes shows abysmal abstinence rates. But neither does any research show that RET does any better. Very likely, choice will be the deciding variable on abstinence outcomes of 12-step and RET programs. Regardless of how rational or spiritual one becomes in either program, however, *some variant of AVRT will probably be found to determine abstinence outcome.*

Consider this. There are so many priests and ministers who become addicted that there are special AA groups for them. And there are enough atheists and humanists who become addicted that there are also AA groups for them. Moreover, I have spoken to quite a number of addicted rational therapists. (Heaven knows, for a good many years I was one myself.) Doesn't this suggest that neither spirituality nor rationality is the correct axis of predisposition for addiction or recovery? I didn't get better in Rational Recovery, and I didn't get better by suddenly applying dormant RET ideas. Neither did the several on the RR board who were addicted get better by going to RR or doing ABC's. I decided to quit altogether, and when I did, I was left with the task of resisting my own inclination to continue drinking while I pieced together my life. I believe that all who succeed in recovery do the same thing, regardless of whatever else they may do.

The Addictive Voice is a subcortically-driven mentality that enlists all neocortical resources in its quest for endless intoxication. We call this addictive mentality "the Beast," referring to its animal-like, survival-oriented, midbrain origins. AVRT proposes that instead of being "in denial," addicts are ambivalent, of two minds, about continuing to use the substance. Among addicted people, the Addictive Voice is dominant, while the "true self" is a faint background awareness, "All is not right."

The knowledge and practice of RET is certainly neocortical, so it isn't surprising to find that the addictive mentality, the Beast, is quite capable of "knowing all about RET," and likewise capable of *using* RET as a way of continuing to drink or use drugs. In my many years of working exclusively with chemically dependent people, and in speaking with many people in RR groups that stress RET, I have observed that successful disputations of irrational ideas are much more likely to be incorporated into the addictive mentality that we call the Beast than to be synthesized into a plan to really attack and permanently end the addiction.

When I see people doing ABC's on their substance-specific ideas, I say, "Stop. Who's doing this ABC?" If the individual has already had some exposure to AVRT, the usual answer is, "I guess my Beast is doing this one." In disputing the irrational belief, "I need to drink," the addictive mentality will invariably ask "Is there any evidence that I *need* a drink? Of course not. I merely *prefer* to drink, and I will." No one I have interviewed has said that he or she "must" drink or "needs" to drink. They simply say "I don't have to drink; I want to drink and I will. I shouldn't, but I can't seem to stop."

Applying RET to addictions may be *worse* than ineffective. It may entrench many people in their addictions. Disputing the irrational idea, "I need love and approval," will often provide the Beast with the delicious rational insight, "My friends are criticizing me for drinking too much and I felt very bad about that, but now I do not absolutely need, but only prefer, their acceptance. (hic) Although I would prefer that they accept me, drunk as I am, I can certainly survive without it." Or, "Now that I no longer need social approval and I'm comfortable around people, I don't need to drink to cope with anxiety. I can just drink (hic) like a normal person." After smashing up a car and getting a DUI, one might feel desperately unhappy, yes terrified, and flooded with shame and guilt. But with RET, one may stop catastrophizing and awfulizing and conclude, "This isn't really a terrible predicament, but only very unfortunate. Will I die? Of course not. Will I get no further good from life? Very likely I will, once I get out of jail. Does this prove that I'm a (hic) rotten person? 'No,' to all of these. I can replace the car, and I'll be out of jail soon enough. This is just very unfortunate. I've only proven that I'm a (hic) fallible human being." Now we may have helped produce a resilient, frustration-tolerant, self-accepting, guiltless drunk.

If a "treatment" method takes credit for its successes, then it follows it may also accept responsibility for its failures. That is why I hope all philosophical, religious, and therapeutic approaches will move back from primary addiction care and challenge addicted people themselves to stop their addictions. With the amount of information on AVRT that is already available, and the track records of any known approach, AVRT would seem to be a worthwhile direction for America to take.

Again, neither the 12-steps nor the RET has anything whatsoever to do with the decision to drink or use drugs. Absolutely nothing! George Vaillant has pointed out that of all those who get better from serious addictions, 70% of them do so without getting any kind of help. When those people quit drinking or using they were faced with common human problems, and they solved them using common human means, means that were familiar to them, means that they found within themselves and within their families.

In RET, addiction is viewed as a symptom of irrational thinking, particularly the irrational belief, "I must drink" or "I need to drink." Dispute the thinking, RET proponents say, and away goes the drinking. Many RET proponents suggest, "If you stay sober for a year, really proving that you don't need alcohol for anything, and become more self-accepting, frustration tolerant, and less angry, then you won't need alcohol to cope, and you may resume drinking." Staying sober for a limited time is easy. They all do it, sometimes for months or even years. It's easy as long as the possibility of future drinking exists.

While RET suggests that one may return to drinking after a year or so, when one has become more self-accepting and tolerant of frustration, AVRT steers one toward a goal that most professionals perceive as much more severe than long-term abstinence: permanent, eternal abstinence. Stanton Peele has referred to abstinence as, "...the unnecessary, high cost of recovery." Permanent abstinence is bitter pill for the Beast, but remember that there are two parties in an addiction, "I" and "it." While "it" may be horrified at the prospect of never,

"I" may feel greatly relieved, even jubilant, to have made the decision to never drink under any circumstances. We call this fine feeling, which is sometimes accompanied by happy tears and goose flesh, the Abstinence Commitment Effect, which nicely spells out, ACE. It is abrupt, emotional, and very often signals the end of the addiction. We teach people to trust their feelings and go on their way with confidence that they will live up to their decision to never drink again, no matter how irrational or desperately unhappy they may become.

RET is like a floodlight that illuminates the landscape of recovery for many people. But it is unwieldy and misleading to many people who conclude that its potency in personal growth can be used to achieve abstinence or "controlled drinking." AVRT is like a laser beam that hits the bull-eye and stops the addiction — right now, for good. There is only one cause of addiction — the Addictive Voice. AVRT was devised for addicted people by a recovered addict — me. AVRT enters a world that ultimately is private from those who haven't been there. We communicate with a common bond of understanding and we can tell who has not walked in our shoes. But any of us may feel seduced by objective studies that show experimental subjects beating the odds. That's the nature of the Beast.

The AVRT goal of lifetime abstinence is achieved by self-monitoring for any conscious thinking, auditory or visual, or any feeling of arousal or interest, that supports the future use of alcohol or drugs. Recognition of the Addictive Voice objectifies and thereby neutralizes desire. AVRT supports an arbitrary, absolutistic, autocratic, rigid, non-negotiable decision to abstain permanently, the Big Plan. As you can see, the Big Plan is quite irrational, and I think that's fine. Barry Goldwater's famous comment comes to mind, "Extremism in defense of liberty is no vice." In AVRT, some irrationality in the defense of abstinence is a very good thing.

I have pointed out the irreconcilable philosophical differences between AA and RR and advised addicted people to pick a program and make a commitment to it, and to not attempt to mix the programs of AA and RR. This has been a highly successful arrangement in our licensed Rational Recovery hospitals and agencies. When given a choice, 80% consistently elect the RR track, knowing that they will have no further exposure to the 12-step approach.

But many people insist on blending AA and RET. That is fine, as long as Rational Recovery is not mixed, blended, or melded into the porridge. RR is an educational approach to self-recovery that does not depend on steps, disputations, or self-help groups. I came here today as a professional person, as a clinical social worker, but I am not speaking to you as a professional person. I am a man who knows about addiction and I am sending out as best I can out the message that addiction "treatment" is dead, whether the treatment is by medical, spiritual or rational means. Simple abstinence is an easily learned, common sense solution available to any addicted person. AVRT is a map that shows the way. If an addicted person happens to be in treatment with any of you, you might suggest that he or she might also quite independently from your work together decide to knock it off — for good. My forthcoming book, *Rational Recovery: The New Cure For Substance Addiction*, will tell them how. ■