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Circles of Recovery: Self-help Organizations for Addictions, by Keith Humphreys (Cambridge, UK: Cambridge University Press, 2004), 228 pp., \$85 hardcover.

It is nearly impossible to discuss self-help/mutual aid societies without reference to Alcoholics Anonymous (AA). Due its more than two million members, international growth, organizational longevity and its adaptation to nearly every conceivable human problem, AA has become the standard to which all other mutual aid groups are compared. AA's dominance obscures awareness of the large number of mutual aid societies that preceded it (White, 2001) and the growing number of adjuncts and alternatives to AA.

There are four significant trends within the recent literature on addiction recovery mutual aid societies: 1) the emergence of backlash literature attacking the principles and practices of AA and other Twelve Step programs from both ideological (Bufe, 1991; Ragge, 1998; Peele & Bufe, 2000) and personal (Gilliam, 1998; Fransway, 2001) perspectives; 2) a new body of literature detailing alternatives to AA (Kirkpatrick, 1978, 1981, 1986; Christopher, 1988, 1989, 1992; Trimpey, 1989; Kishline, 1994; Volpicelli & Szalavitz, 2000); 3) growing interest in addiction recovery mutual aid groups as an international phenomenon (Mäkelä, et al., 1996; Special Issue, *Contemporary Drug Problems*, Volume 23, 1996; Room, 1998; White, in press), and 4) scientific studies evaluating the effectiveness of AA and its alternatives (e.g., Emrick, 1989; Ruzek, 1987; Kaskutas, 1992; Galanter, Egelko, & Edwards, 1993; Connors & Dermen, 1996; Humphreys & Klaw, 2001). Two noteworthy texts detail the inner workings of self-help/mutual aid societies, document what is known of their effectiveness, and outline how helping professionals and government bodies can best work with such groups. The first is Linda Farris Kurtz's (1997) text, *Self-Help and Support Groups: A Handbook for Practitioners* and the second, the subject of this review, is Keith Humphreys' just-released *Circles of Recovery: Self-Help Organizations for Addictions*. Where Kurtz's text focuses on a broad spectrum of self-help societies the United States, the Humphreys' work is international in scope and focused on peer-based addiction recovery support groups.

Circles of Recovery opens with a discussion of five conditions that contributed to the rise of modern self-help movements: 1) growing need to manage chronic health problems; 2) weakened family and kinship networks; 3) recognition of the limitations of professional care; 4) rising consumerism in health and human services; and 5) the immediate benefits many people experience through participation in mutual aid groups. This discussion detailed important contextual influences but left unanswered why addiction recovery mutual aid groups catalyzed and continue to remain at the center of the international self-help movement. There are several possible answers. Mutual aid groups are particularly well suited to respond to stigmatized conditions that have been inadequately addressed through professional interventions, and few groups have been subjected to more sustained contempt and have been less welcomed in traditional service settings than those experiencing chronic alcohol and other drug-related problems. AA provided a means of healing stigma-induced shame while using anonymity as a protective shield against the continued effects of such stigma. The Twelve Steps of AA marked a technological breakthrough in the management of chronic health problems that was easily adapted to numerous other conditions and cultures, and the Twelve Traditions of AA underscored the difficulties of sustaining self-help groups and provided a framework (e.g., singleness of purpose, a decentralized cell structure, avoidance of public controversy) to enhance the resilience of mutual aid organizations.

Humphreys catalogues the rise of addiction recovery mutual aid groups around the world. The major groups reviewed include Alcoholics Anonymous, Abstainers Clubs, Al-Anon Family Groups, All Nippon Sobriety Association/The Sobriety Friends Society (Danshukai), Blue Cross, Clubs of Treated Alcoholics, Double Trouble in Recovery, Free Life, Jewish Alcoholics, Chemically Dependent Persons and Significant Others, the Links, Moderation Management, Narcotics Anonymous, Nicotine Anonymous, Oxford Houses, Pui Hong Self-Help Association, Rational Recovery, SMART Recovery, SOS/LifeRing Secular Recovery, and Women for Sobriety. The review of these groups is quite systematic with overviews of each group's history, membership characteristics, current status, and research to date on their respective effects. Humphreys provides a great service by bringing all of this information together for the first time within a single text.

The review of addiction recovery mutual aid groups is followed by a discussion of research findings on the effects of these groups. Humphreys explores two approaches to the evaluation of recovery mutual aid groups. The first views such groups as "treatments" and evaluates their clinical

outcomes. While many of the studies to date are methodologically weak and primarily focus on AA, there is a growing body of evidence that such groups enhance recovery outcomes in terms of diminished alcohol and other drug use and related problems, enhanced global health, and reduced social costs. Also included are summaries of existing research on the appropriateness of mutual aid groups for particular service populations, e.g., women, ethnic minorities, persons with co-occurring psychiatric illness, persons on medications, and persons averse to religion and spirituality. This research contains only a paucity of studies on groups other than AA, underscoring the risk of indiscriminately applying the findings about AA to other addiction recovery mutual aid groups.

The second approach to evaluating recovery mutual aid groups looks beyond the problems that are reduced or eliminated to the intrapersonal and interpersonal effects of mutual aid participation. This latter approach has focused on four areas: spiritual change, the reconstruction of personal identity (life-story) and character, the reconstruction of family and social relationships, and the potential for political empowerment. Humphreys encourages researchers to continue their evaluation of mutual aid societies as “treatments,” but also challenges them to look beyond such narrow outcomes to the broader roles such societies perform for individuals, families and communities. One leaves this discussion feeling that mutual aid groups are more appropriately evaluated as voluntary communities than professional service organizations.

Circles of Recovery ends with a quite detailed discussion of how government agencies, healthcare organizations and individual service practitioners can work with addiction recovery mutual aid organizations. After exploring potential risks of such collaboration (e.g., destruction of grassroots organizations via funding, professionalization, bureaucratization), Humphreys catalogues eight ways government and healthcare agencies can support recovery mutual aid groups: 1) offering “legitimizing rhetoric” via pro self-help social policies; 2) allocating financial support (considered the riskiest of strategies); 3) donating in-kind support (e.g., providing meeting space); 4) supporting self-help infrastructures (e.g., funding of self-help clearinghouses); 5) encouraging positive media coverage of mutual aid groups; 6) sponsoring professional training about mutual aid groups; 7) conducting research on mutual aid groups; and 8) including recovery mutual aid group representatives at policy tables. Individual service practitioners can collaborate with recovery mutual aid groups by 1) educating themselves about mutual aid alternatives; 2) viewing mutual aid groups as alternatives as well as adjuncts to professional treatment; 3) learning how to make

assertive rather than passive referrals to mutual aid groups; and 4) matching the characteristics and needs of particular clients to particular local mutual aid resources. Humphreys concludes that there is great potential in the collaboration between government agencies, service organizations and practitioners and addiction recovery mutual aid groups, but that this potential is best served by cooperation based on autonomy and mutual respect rather than integration or cooptation.

Circles of Recovery is well researched, tightly organized, and lucidly written. It will find many appreciative audiences. Readers in recovery will delight in finding their own pathways of recovery described and legitimized and will be challenged to look at alternative frameworks of recovery that have successfully worked for others. Those who encounter people with alcohol and other drug problems through their professional roles will find a rich introduction to indigenous sources of support for long-term recovery as well as technical guidance on how to work with mutual aid groups. Addiction researchers will be forced to think about the methodologies used in the evaluation of addiction recovery mutual aid groups as stand alone entities and as adjuncts to professional treatment. Finally, state and federal agency personnel will find how they can support mutual aid movements without harming these movements via professionalization and commercialization.

Arriving at this particular point in time, *Circles of Recovery* marks something of an historical milestone. First, it is the most significant contribution to date on addiction recovery mutual aid as an international phenomenon—a phenomenon influenced by but far exceeding the international growth of Alcoholics Anonymous and Narcotics Anonymous. Second, it provides the first, in-depth review of these groups in a format that allows easy comparison and contrast of their organizing principles and rituals of support. Third, it provides the most detailed discussion to date on how governmental agencies and service professionals can nurture the development of recovery mutual aid groups, collaborate with such groups and evaluate the effects of mutual aid participation on individuals, families, and local communities.

Circles of Recovery is also significant in that it represents the product of a new brand of researcher whose focus is not on addiction or addiction treatment but on the prospects and processes of long-term addiction recovery. Perhaps Humphreys and his colleagues will help push the addictions arena through its preoccupations with problems and interventions to a focus on lived solutions. Hundreds of thousands of people have achieved stable recovery from alcohol and or other drug addictions, and

many of them use mutual aid societies to initiate, sustain and enrich that status. Keith Humphreys and other researchers exploring this recovery frontier are piecing together an ethnography of addiction recovery previously missing in the professional literature. They are inviting those of us who know a lot about addiction and a lot about addiction treatment to enter the world of addiction recovery—not as teachers but as students.

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