

White, W. (2010). Relapse is NOT part of recovery: A brief commentary. Posted at [www.facesandvoicesofrecovery](http://www.facesandvoicesofrecovery.com) and www.williamwhitepapers.com

Relapse is NOT Part of Recovery: A Brief Commentary

William L. White

One does not have to travel far in the American alcohol and other drug problems arena to hear the phrase, “relapse is part of recovery.” The history of the phrase is unclear, although it seems to be of relatively recent origin. The phrase was not present when I entered the worlds of addiction treatment and recovery in the late 1960s. It began appearing with some frequency in addiction treatment conferences and trade journals in the late 1970s and 1980s and inevitably seeped into the meeting rooms of various recovery fellowships. I suspect the early intent of this phrase was a benign one—offering solace and hope to individuals (and their families) being readmitted to addiction treatment or returning to a recovery mutual aid fellowship following additional “research.” One can easily imagine how a counselor or sponsor would positively spin renewed recovery initiation efforts by pointing out important lessons that could possibly be extracted from the recent experience of resumed drug use. However, those good intentions obscure the harm that has come from this simple idea and phrase. It is time—no, past time—we as addiction professionals and recovery advocates abandoned the idea and the phrase. Here are six reasons why.

1. “Relapse is part of recovery” blurs the distinction between pathology and health. One does not hear people describing a reoccurrence of cancer, heart attack, or stroke as part of their recovery from these disorders. Marrying relapse and recovery attaches unwarranted value and nobility to the resumption of drug use and its inevitable consequences. Let’s be very clear: the resumption of drug use by someone with a history of addiction is part of the addiction process—in fact, such persistent use is part of the defining criteria of addiction, not part of the process of getting well. Symptoms of illness and progress towards recovery co-exist for most disorders, particularly chronic disorders, but framing symptoms of illness within a recovery rubric destroys the very meaning of recovery. Casting relapse as a dimension of recovery is more than the medical equivalent of putting lipstick

on a pig; it injects pathology within the very concept of health and wellness. Illness and health by definition constitute different states. Mushy Ideas and language that blur this distinction undermine addiction recovery by failing to clearly delineate the condition one is seeking to escape from the state to which one is aspiring. “Relapse is part of recovery” has currency only when one has not yet fully experienced the latter.

2. “Relapse is part of recovery” fails to acknowledge the potential for permanent recovery with no continued episodes of drug use. As such, it sets the bar of recovery low, fueling pessimism and deflated expectations for people seeking recovery, their families, their employers, and others with significant influence in their lives. A significant percentage of people completing addiction treatment and/or joining an addiction recovery mutual aid society will never use alcohol or other drugs again in their lives. It is time we acknowledged and celebrated that achievement and that potential for others newly seeking recovery.

3. “Relapse is part of recovery” minimizes the pain and potential loss of life involved in the resumption of alcohol and other drug use. Imagine the loved ones of someone with a history of addiction who died in an episode of resumed alcohol or drug use. Or imagine the loved ones of a person disabled or killed in a crash resulting from an impaired driver with a history of failed attempts at recovery. What must these individuals think and feel when they hear the phrase “relapse is part of recovery”? Resumption of alcohol and drug use within a prolonged addiction career can bring devastating and potentially fatal consequences. Masking this harsh reality behind phrases that portray such use as a helpful learning experience offensive and a disservice to everyone.

4. “Relapse is part of recovery” offers the person seeking recovery an invitation and excuse for continued use. By normalizing episodes of continued drug use, the phrase may well create its own self-fulfilling prophecy. Early recovery from addiction is often characterized by extreme ambivalence about both continued drug use and cessation of drug use. In the face of such ambivalence, successful recovery involves creating as much distance as possible between oneself and the recently severed drug relationship. The phrase “relapse is part of recovery” shortens rather than lengthens that distance.

People often bring impaired and distorted thinking to the act of recovery initiation. What is needed in this state are clear language and ideas about

what constitutes progress towards health or regression towards re-addiction. “Relapse is part of recovery” lacks this critically needed clarity.

5. “Relapse is part of recovery” is a thin line away from the “once an addict, always an addict” mantra that has fueled decades of addiction-related social stigma. Such language contributes to social stigma by obscuring the potential for and prevalence of full recovery. What does this phrase mean to the spouse or partner deciding whether to remain in a relationship with a person seeking recovery? To the potential employer? To the landlord deciding whether to rent an apartment? To the child welfare worker deciding whether to recommend reunification of a mother and her children? To members of academic admissions committees? To loan officers? To life and health insurance carriers?

6. “Relapse is part of recovery” provides addiction treatment programs an escape from accountability for post-treatment recovery outcomes. It constitutes a request by treatment organizations for a blank check to continually readmit patients who have failed to achieve stable recovery and the right to place responsibility for continued drug use on the nature of addiction recovery and not the inadequate quality treatment methods. The phrase “relapse is part of recovery” has reaped significant financial rewards for the addiction treatment industry, but it has also contributed to public pessimism about addiction treatment. The addiction treatment industry should not be allowed to escape accountability for recovery outcomes nor financially exploit its patients within the shroud of such euphemisms.

Addiction and recovery processes are far too complex to easily capture in simplistic slogans. It is my suggestion that the phrase “relapse is part of recovery” be immediately replaced with statements that are more morally neutral (See White & Ali, 2010), behaviorally precise, scientifically defensible, and therapeutically beneficial. In summary, such statements could include the following:

- Episodes of continued alcohol or drug use by people addicted to such substances are not an inevitable dimension of long-term addiction recovery.
- Many people who commit themselves to an addiction recovery process will never resume alcohol or other drug use in their lives following this commitment to self and others.

- More than half of all people who seek abstinence as a solution to alcohol and other drug problems via their admission to addiction treatment will use alcohol or other drugs at least once following their initial resolution to stop use and before they achieve stable (permanently sustainable) recovery.
- An episode of drug use following recovery initiation does not mean that permanent recovery in the future is not possible, but such episodes constitute part of the residual addiction process, not part of the recovery process.
- Episodes of resumed drug use are not part of long-term recovery, but the self-evaluation and recommitment following such episodes may for some individuals serve to bolster future recovery stability.
- There are sources of heightened recovery commitment (other than renewed episodes of drug use) that do not involve such risks of harm to self and others (e.g., prolonged addiction, disability, and death).
- Not everyone who achieves a period of prolonged recovery who then resumes drug use is able to re-initiate recovery. The adage that people may have another binge in them but possibly not another recovery is confirmed anew every day. Any potential lesson gained from renewed drug use is more than neutralized by threats such use poses to others and to oneself. Continued episodes of drug use fuels guilt and shame, exhausts relational recovery capital, and reduces the prognosis for long-term recovery and quality of life in recovery.
- Quality of addiction treatment is best measured via long-term addiction recovery—recoveries within which episodes of post-treatment AOD use are eliminated or reduced in number, duration, intensity, and consequences.
- Rates of post-treatment recovery and post-treatment AOD use vary considerably across treatment programs and across addiction counselors. Programs and individual counselors should be held accountable for such outcomes.

Recovery is emerging as an organizing construct for addiction treatment and the larger cultural resolution of alcohol and other drug problems. Injecting relapse into the concept of recovery is a step backward

for affected individuals and families, for the addiction treatment industry, and for society as a whole. Relapse is NOT part of addiction recovery.

References

White, W. & Ali, S. (2010). Lapse and relapse: Is it time for new language?
Posted at www.facesandvoicesofrecovery.org and
www.williamwhitepapers.com