



## Rebellion Dogs Radio, March 2015

### It works if you work it: A conversation about the science of the 12 Steps with Joe Nowinski, PhD

This year, a new book looks at 12 Step outcomes. It's called, *If You Work It It Works! The Science Behind 12 Step Recovery* by psychologist and award winning author, Joe Nowinski PhD. It is a jargon-free look, not at if, but at how, 12-Step programs help alcoholics/addicts. I read it, I interviewed Dr. Nowinski and I will share our conversation with you.



Both Nowinski and Lance Dodes squared off in [The Fix](#)<sup>i</sup> recently; did you read it? Nowinski plays advocate and Dodes plays critic of 12-Step modality. It's an interesting read. Someone else was having their say in the *Atlantic*. Gabrielle Glaser wrote a 2015 feature for the *Atlantic* called [The Irrationality of Alcoholics Anonymous](#).<sup>ii</sup>

While we'll be focusing on Joe Nowinski's book, let's look at the fist-pumps and drum beating on the other side of the debate. Recently, in the *Atlantic*, Glaser talks about her passion for this story:

I spent three years researching a book about women and alcohol, *Her Best-Kept Secret: Why Women Drink—And How They Can Regain Control*, which was published in 2013. During that time, I encountered disbelief from doctors and psychiatrists every time I mentioned that the Alcoholics Anonymous success rate appears to hover in the single digits. We've grown so accustomed to testimonials from those who say AA saved their life that we take the program's efficacy as an article of faith. Rarely do we hear from those for whom 12-step treatment doesn't work. ...

In 2006, the Cochrane Collaboration, a health-care research group, reviewed studies going back to the 1960s and found that "no experimental studies unequivocally

demonstrated the effectiveness of AA or [12-step] approaches for reducing alcohol dependence or problems. ...

When my book came out, dozens of Alcoholics Anonymous members said that because I had challenged AA's claim of a 75 percent success rate, I would hurt or even kill people by discouraging attendance at meetings. A few insisted that I must be an "alcoholic in denial." But most of the people I heard from were desperate to tell me about their experiences in the American treatment industry.

Hold on a minute; AA doesn't make a 75% success claim per se. I support the author in her resistance to any dogmatic assertions about the sacredness of 12 Step modality. I think that the anecdotal accounts of AA's first text book were not intended to be construed as scientific data. We, as a society, keep no records nor do we conduct scientific studies. There is, however, some basis for this number posted in the Second Edition of *Alcoholics Anonymous* – as anecdotal as it might be. There are twenty-eight stories in the back of the first *Big Book*. These were a sample and, yes, maybe a hand-picked sample of the 40 to 100 members gathering together before there was a text book or Twelve Steps.

Everyone who stayed sober took advantage of fellowship, mutual-aid and, in some cases, different variations of six-step programs. No one had a lot of sobriety. Everyone who wrote those twenty-eight stories is now dead. Here's how the story and the stats pan out. Of the *Big Book* authors, fourteen of the twenty-eight never drank again. There's 50%. Seven died as drinkers and seven more drank after *Alcoholics Anonymous* was written but returned to AA and died sober. This may be where the anecdotal 75% rate comes from—half of the stories are of uninterrupted sobriety and another quarter eventually made it.

The *Atlantic* article continues...

"The debate over the efficacy of 12-step programs has been quietly bubbling for decades among addiction specialists. But it has taken on new urgency with the passage of the Affordable Care Act, which requires all insurers and state Medicaid programs to pay for alcohol- and substance-abuse treatment, extending coverage to 32 million Americans who did not previously have it and providing a higher level of coverage for an additional 30 million.

The United States already spends about \$35 billion a year on alcohol- and substance-abuse treatment, yet heavy drinking causes 88,000 deaths a year—including deaths from car accidents and diseases linked to alcohol. It also costs the country hundreds of billions of dollars in expenses related to health care, criminal justice, motor-vehicle crashes, and lost workplace productivity,



according to the CDC. With the Affordable Care Act's expansion of coverage, it's time to ask some important questions: Which treatments should we be willing to pay for? Have they been proved effective?"

Pay for? No one pays for 12 Step help, other than the *user-pay system* of passing the hat. Not a single Obama-Care \$ will ever go to A.A. I am an example of someone who has never been to treatment. I had seen doctors and social workers before I got clean and sober and I've been back from time to time, since. Some of us will have a naltrexone, antabuse or SSRI chaser with our recovery regimen today and some of us just change our behavior.

But 12 Step recovery is hardly a healthcare cost that can be pinned on 12 Step programs. I think it's the wide-spread recommendation of participation in AA-like programs after detox or treatment that has frustrated some observers and practitioners. Is that overwhelming tendency to point patients to meetings because it is so effective, because of a lack of imagination in after-care or because doctors and treatment program managers have had the spell of AA-cult-kool-aid blinding them to the error of their ways? Well, it depends who you ask. Our own gut-feeling might be about our observations—educated but hardly scientific.

Beyond 12 Step rooms, I've been to group and individual care that we can argue might be concurrent disorders or, if you like, the addiction as a brain disease model (which I personally don't take any further than a metaphor). My experience includes Cognitive Behavioral Therapy, Transactional Analysis, Marriage Counseling, and a variety of short-term "situational disorders" that could be – in part – due to OCD, ADHD and – you guessed it – addiction. While I've never relapsed in substance addiction, I have had some run-ins with excessive behavioral disorders and mood disorders. AA isn't the only 12 Step room where I can identify with the problem or solution.

Let's go back to something Glacer goes on to say, in *The Atlantic*:

Alcoholics Anonymous was established in 1935, when knowledge of the brain was in its infancy. It offers a single path to recovery: lifelong abstinence from alcohol. The program instructs members to surrender their ego, accept that they **are** "powerless" over booze, make amends to those they've wronged, and pray.

It's a small but worthy point that the literature doesn't say that we admit we "are" powerless. As she says, it's "were" *powerless*—past tense. While I'm still self-identifying as an alcoholic I don't feel *powerless*. I am not cured of alcoholism but I am no slave to booze. Am I meeting-dependent; have I been trained into learned helplessness as some like to put it? I am dependent on regular exercise to maintain my physical health. I am dependent on reading and communicating to maintain my cognitive functions. Many of us take daily medicine for diabetes, HIV, mental and physical disorders. Is this learned helplessness? Not by my understanding of the phrase. AA membership is not a fellowship of uniformity. Some

pray, some don't, some feel dependent on meetings and others don't. Some work the Steps, including making amends as Glacer puts it, but not everyone does.

Look, I know some AA members that are like sports fans; their team can do no wrong. It's the best and they don't want to hear any criticism. And I would come to Glacer's defense if she was shit upon for challenging one-size-fits-all approaches to a drinking disorder. But it's simplistic to talk about AA—either pro or con—as having the one and only solution to problem drinking.

What Glacer and I would agree on is that AA is not a one size fits all modality and that not all heavy drinkers are alcoholics. Of heavy drinkers, 20% moderate their behavior when it becomes a problem and abstain or lower their booze intake. Not everyone who becomes a town drunk is a hopeless addict. Here's a story that I heard in an AA meeting that brings this point home. The woman I heard speak was sober for years and she tells about her and a drinking buddy and all the tragic and funny stories that end with torn leggings, smeared make-up and wigs hanging to one side or another.

One morning the story teller wakes up feeling remorse and in her agony she hears her friend in the kitchen frying eggs and bacon. I don't remember either's name but I'll call the friend Hazel. So the future AA member goes into the kitchen to confide in Hazel. She tells Hazel how ashamed she feels, how she doesn't know who she really is, how she often plans to only drink a bit but often exceeds her own self-imposed limits. She tells Hazel about dread, terror, regret and crippling fear that only booze can wash away.

She expects Hazel to relate; after all, they have been drinking buddies for years. Hazel waits for the story to end and said plainly, "I have no idea what you're talking about." Hazel was a heavy drinker, not an alcoholic. These two women looked the same in their antics and the impact that booze had on them, but what was going on for them emotionally and psychologically was a way different matter.

The Atlantic article attacks the Project Match Study, which we'll be discussing later, because it offers no control group. The article leans on Lance Dodes and his book *The Sober Truth* as a learned authority. In a previous show, Episode 04 called "[50 Years of A.A. Critics and Cynics: facts and B.S.](#)"<sup>iii</sup>, we might have picked on Dodes and the irrationality of measuring AA and calling it science.

Dodes doesn't see the Moos study as scientifically sound either. We'll hear from Dr. Joe Nowinski on these studies, shortly. Dodes does say about AA, which most of us would agree with, that "When people do attend AA often or regularly, especially when they become emotionally invested in the system ('AA involvement' as opposed 'AA attendance,' as the literature describes) they do well. ... Attending a self-help program per se is not helpful, but the active involvement seems to make a difference."<sup>iv</sup> He rightfully laments the press (and

laypeople like me) for a tendency towards confusing correlation with controlled science. We humans do love our patterns.

Nowinski's book looks at a number of studies that have been done over time. Here's an example of the types of studies and the results that can be observed. At the Alcohol Research Group at University of California, Dr. Lee Ann Kaskutas recruited a little over 100 women and 200 men and checked in with them at one year, three years and five years from their first stint in treatment.

Some declined AA involvement and some opted in. Of those that opted in there were low, medium and high levels of involvement. Low involvement meant only going to AA in the first year. Medium involvement meant staying with AA, on an average of sixty meetings a year. High involvement would mean two hundred meetings each year. There is forth category of involvement in this study called "declining AA involvement." These would be highly involved for the first year and waning to six meetings a year by the fifth year of the study.

Low involvement candidates were 43% abstinent at one, three and five years out. High involvement doubled their results at 86% in the first year and dropped to 79% by year five.

*If You Work It Works* by Joe Nowinski (pictured) is easy for me to buy into because it collaborates what seems to be true for the portions of the five decades I've been in the rooms, from the 1970s until now. I believe that people that get invested in AA do better than those who come as observers. Come 20 minutes early, stay 20 minutes later, start doing some social things with your new recovery friends, make contact by phone, get involved in running one of the meetings you go to. Nowinski looks at getting and being a sponsor, and the spiritual side of AA, although he himself comes from a CBT disposition, not a higher-power kind of guy.



He doesn't prefer AA and NA over SMART or SOS, etc. The study isn't about the Twelve Steps themselves, although engaging with a 12 Step fellowship often means subscribing to and committing to the program as well as the fellowship.

Joe Nowinski is knowledgeable, forthright and demonstrates a sincere investment in us lowly addicts and alcoholics. Joe Nowinski has authored books on addiction, mental health, grief, teen life and relationships. Dr. Nowinski is a Clinical Psychologist who just retired as Supervising Psychologist at the University of Connecticut Health Center. He has held

positions as Assistant Professor of Psychiatry at the University of California. Here we go as Joe Nowinski takes some time to talk to me from his home in Connecticut.

**JC I just have to get my skeptic's hat on and ask about the integrity of the data you're reporting on.**

**JN Go right ahead.**

**JC Well, in one study you explain the research of Dr. Lee Ann Kaskutas at the University of California which involved 349 men and women from ten public and private treatment centers. Researchers asked, "In the last 30 days, have you had a drink?" Some of the studies you refer to go on for three and five years or more—great! But any of us who know over 300 alcoholics; some of them are "rigorously honest"; some are "constitutionally incapable of being honest." Is the result of these questions tested against interviews with family or blood/urine tests?**

**JN Many studies do back up questionnaires with urine tests. But you know, there have been actual studies on the validity of self-reported data and it turns out to be pretty accurate. When people sign on for a research project, they volunteer—they aren't forced into it in any way. Research shows that people who sign up for a study like this are pretty honest. Sure, a few people may stretch the truth but when it comes to the integrity of the data, research suggests that this is a dependable way of getting accurate information.**

**JC: At least in a five year study it will bear out. If someone's lying about their drinking in year one, we'll know about it by year five if they are really alcoholic.**

**JN Some people have criticized the studies as having a high dropout rate; they don't. One psychiatrist looked at a 16 year study and said it had a 92% drop out rate. Now this was 16 years; some of these people died, but I don't know that we can call them dropouts. They just died.**

**JC Well, you can use the name "Lance Dodes" if you like and we'll get to him later. (We've talked about him and his book, *The Sober Truth: Debunking the Bad Science Behind 12 Step Programs and the Rehab Industry* in Episode 04 of Rebellion Dogs Radio.) I'd love to moderate a debate between you two; I know *The Fix* did a print form of that, just a month ago.**

**JN I don't know if he'd be up for Round Two, "Rocky II", but I'm up for it. We'll see. That's when he made the claim that the Moos Study out of Stanford had a 93% drop**

out rate. If you read the study, you just can't find that anywhere. Sometimes people feel free to say whatever they want.

JC He uses another study, an internal AA study (“% of those coming to AA within the first year that have remained the indicated number of months”) that uses triennial survey data from 1977 to 1989 ([Alcoholics Anonymous \[AA\] Recovery Outcome Rates Contemporary Myths and Misinterpretations](#)). Penn & Teller did a parody on Alcoholics Anonymous, dissing it as a fraud and they used this same study (noted above) that they thought shows a 5% success rates. They flash this graph on TV and then put it down without really looking at what the data means. For starters the numbers went from 16 - 20% down to five meaning only 20% of the surveyed members were new to AA. After three months ½ of those were sticking around and of that ½, six months later most of those were still around.

JN Lance Dodes does the same thing. He says that 50% of the people who try AA drop out within three months—they don't stick with it. He uses this *stat* to say that it's not effective when what you want to look for, what you want to research, is those people who stick with it. One study over sixteen years assumed that any drop out of AA over that sixteen years was associated with drinking. That doesn't mean alcoholic drinking, necessarily but that, at any point, not sticking with AA was associated with drinking. So does that mean it doesn't work? No; the point is if you want it to work, what the research shows, is that it will work.

Research show that with any medical condition, be it diabetes or hypertension, only about 50% of the people stick with the treatment.

JC The other thing is that no one really knows what happens to the people who stop going to meetings. Some people will get what they need from AA over a period of time and get on with their lives. Some of them may moderate/improve their drinking or remain abstinent without meetings. The fact that they don't continue to go to AA may be as much an AA success story as those who continue a regimen of meeting-dependency.

JN AA doesn't do research so we don't know if those who leave come back to AA years later or if they were moderate drinkers to begin with and after a period of AA they were basically able to moderate their drinking. Or did they continue to drink alcoholically? We don't really know and it's difficult to do that research because you need to find a group of people who are willing to follow up with it.

JC Yeah; AA doesn't do membership drives, we're not trying to sell life-time membership. Take what you want, if you want to stay—stay—and if you want to go—go.

**JN AA, by tradition, doesn't have a spokesperson, press secretary and it doesn't have a research division. Also, by tradition, it doesn't engage in public controversy. And because AA is so big and so popular, it has millions of members; if you want to sell something different, AA is your target.**

**JC Especially if you're late in your career, maybe haven't got the attention and recognition you longed for, just start flogging whoever is #1. If I wanted to start a cell-phone company I'd attack or bitch about Apple.**

**JN With people who want to attack AA because they have something else they want to sell, they don't have any clinical trials to support them. Lance Dodes, for example, admits that there are no trials to support psychoanalytical treatment for alcoholism or substance abuse. He offers the explanation that it takes so long to do these studies.**

**The theories, at any point, are very different. Dodes says that his point of view, from a psychoanalytic point of view, powerlessness caused addiction. From our point of view it's addiction that causes the powerlessness—not the other way around.**

**JC And AA speaks to powerlessness in the past tense; "...admitted we *were* (not 'are') powerless... our lives had become unmanageable." I was trapped in a behavioral cycle but I don't feel alcohol has power over me when I walk into a bar; that's for sure.**

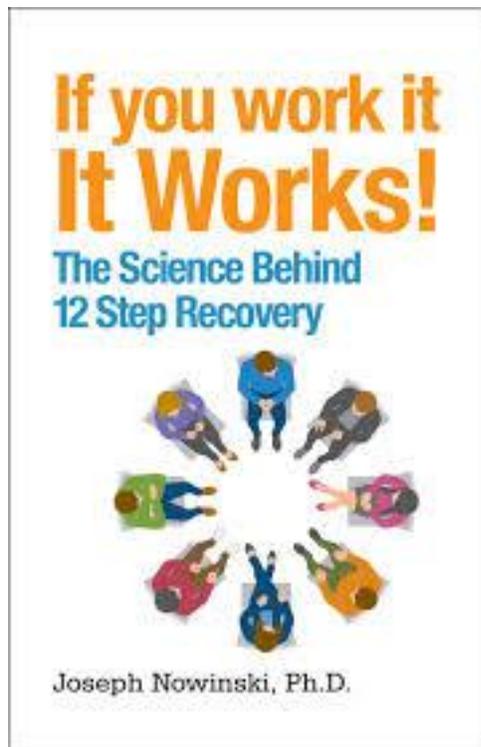
**JN You talk to someone who has been in recovery for a few years—that's one group I'd be interested in studying, people with long-term recovery—they are not powerless. They are the most empowered people you're ever going to meet.**

**JC Now, researchers tend to be even kinder about our outcomes than we are. For instance, you have noted, even in the case of recidivism inside AA, if people are actively engaged in AA, relapses aren't as severe or as often—compared to those who aren't involved in AA. From a doctor's point of view, the slipper is still successful with AA; the harm of alcoholism has been reduced. Whereas those of us in AA say, "I had 20 years, I had a slip, I am starting all over again. What did I do wrong?"**

**JN So, they certainly look at total abstinence but the Project Match study I was involved in found that those people who were randomly assigned to 12 Step treatment, as opposed to say, Cognitive Behavioral Treatment were twice as likely to be abstinent a year after treatment. Twice as likely—that doesn't mean they all were but they were twice as likely to stay 100% abstinent. So for those who say, "It doesn't work," wait a minute; you're twice as likely to be abstinent.**

**Also researchers not only look at total days abstinent but, as you point out, the percentage of days abstinent. "How many days have you been clean and sober? If**

you did have a slip, how many days were you drinking?” And that matters, because some of the studies show that people who have been drinking eight to ten drinks a day, let’s say, and then, after they get involved in treatment and are down to two or three drinks a week, again, from AA’s point of view, that’s progress not perfection, right? In AA, nobody gets kicked out because they had a slip. Some of the critics seem to think that if you’re not fully and continuously abstinent then AA has failed you. I don’t think AA considers it like that at all. Recovery is a process.



Everyone I know who I have sent into 12 Step fellowship tell me that’s the way it’s been for them; they’ve had some slips along the way. And then they get better and better at it.

JC Yeah, I think we can learn, from those who study us, to give ourselves a bit of a break, not to be so rigid with how we view our path.

JN I think someone who’s been sober for ten years, has a slip and then considers themselves a failure, that just seems silly to me. But I don’t think that’s typical at all.

JC Just another thing about your relationship with Hazelden-Betty Ford. Being a layperson, I have a little knowledge which is a dangerous thing. I read something like *Bad Pharma: How Drug Companies Mislead Doctors and Harm Patients* by

Ben Godacre and you read about doctors that make more money for being a spokesperson for a pharmaceutical company then they do in their practice and you can’t help but wonder about biases. You’ve published a book by Hazelden-Betty Ford, an organization that would benefit from a positive review of the Minnesota Model (12 Step modality). Do you have any conflicts of interest in this relationship?

JN I am not employed by Hazelden-Betty Ford. The first book I ever wrote, *Substance Abuse in Adolescents and Young Adults: A Guide to Treatment* (1990) was originally published by WW Norton. And then *The Twelve Step Facilitation Therapy Manual: A Clinical Research Guide for Therapists Treating Individuals with Alcohol Abuse and Dependence* (1992, Nowinski, J., and Baker, S., and Carroll, L.) was first published by Sage Publishing but it didn’t do so well and then it got published by Hazelden. So they’re my publisher. But I am in no way employed by them. I did do my training there. Although I have never been to Betty Ford, I can say that Hazelden is a fine treatment center.

JC Yeah, you can see that from a skeptic's point of view, you wonder if what you're about to read is an infomercial or an objective view of 12 Step modality.

JN: Yeah, I'm not employed by them and I don't promote Hazelden-Betty Ford. You know, any organization or fellowship that promotes abstinence, AA, NA, Women For Sobriety, SMART Recovery, I am supportive of any of those—even secular organizations for recovery for those that really are agnostic. Rehabs are different. They vary greatly. Some of them are like vacations. They advertise hot tubs and trail rides. I don't see hot tub therapy as being related to recovery or trail rides in the Arizona desert. If that's what you want to do and you have the money, fine but I think recovery is a serious thing and it begins with rehab.

JC Well, being Canadian, looking at our American cousins we have a view about how everything is commercialized. Religion is turned into a traded commodity. Treatment is a commodity. You're way ahead of the curve in so many regards. I often wonder why the self-help model is so embraced by the USA but in some countries the cultures are less reluctant to meet a room full of strangers and bear their soul.

JN Here in the USA, a lot of rehabs will claim to be 12 Step oriented—I've visited some over time and done some consulting—but it's not necessarily true; they might be just giving it lip service. For example, they might say that they recommend going to AA but they don't really integrate it into their treatment program the way that, say, Hazelden does. There are others like them and they are really serious about the 12 Step model as important. They use rehab as the beginning of recovery and getting involved in 12 Step culture as really being what recovery is about when you leave rehab. Others? You might have seen, if you read *The Fix* piece where I debate Lance Dodes, right on the right hand side there's one of these Malibu Rehabs. And you're right; they're out there and advertising all the time. The issue I have is some people confuse rehab with recovery, thinking if I go to this fancy rehab, I'll be all better when I get out.

JC Right; rehab is the start of a process. It's like a gym membership won't get me in shape. Even going to the gym for three months won't give me lifelong fitness.

JN Right. We mentioned before that there are dropouts for AA; look at the dropout rates for those kinds of facilities. They make a lot of money because people sign up, they go for the first few months, and then they drop out. Is that because they are in such good physical condition that they don't have to go back? I don't think so. The people who are serious about their physical health, they'll continue going and continue exercising two or three times every week.

JC Your book, by the way, is going to be a "recommend" from us because your book corroborates a lot of what we, in the rooms, intuitively believe to be true when we're

looking around. It's just that we don't know the science; we don't have the data. There were some surprises but for the most part I had the experience while reading of saying, "Yeah, that's what I thought."

**JN** There are some surprises but the book does reaffirm what people in long-term have known, based on their experience. The problem had been that, in the past, there hadn't previously been the research to support that. And that's been the impetus for the book.

For a long time, members of the professional community have been very skeptical of AA, as you probably know. People in the research community thought it was cult-like or a quasi-religion and there was no evidence that it wasn't. In fact if you go online today you can still find plenty of people that are skeptical and say that AA or NA are no good for people, that they actually harm more people than they help and, up until now, there hasn't been a rebuttal to that because AA itself doesn't do research, other than member surveys. And AA never responds to criticism as per the Traditions so it's an easy target.

Back in 1989, the institute of medicine here in the States issued a white-paper that said that AA was ubiquitous but no one had really studied it rigorously so there was a call for that. Over the next 20 years, in research where I've been involved, research that others have been involved in, we conducted two decades or more of really rigorous research of the 12 Step model—not only does going to AA work, but how does it work? What are the dynamics of it, if you will; what about this spirituality; what are the effects on the brain? So there has been all this research but the problem with it is that it has all been buried in peer-review journals. The general public doesn't even have access to that unless you have a paid subscription and even if you do, to be honest with you, unless you have a PhD, you probably can't understand it.

**JC** As a matter of fact, I have a son in university so I have access to all that but as far as understanding the statistical analysis, that's over my head.

**JN** Right, so what I did is that I tried to translate that research into language that the average person could understand. Or even for professionals—there are plenty of professionals who recommend the 12 Step model but they don't necessarily know the research behind what they are recommending. I think it's very helpful for them to know that when they recommend something they can say that, "This is what research suggests works."

**JC** Spending so much time with all these studies, looking at all this data, where do you think the holes are? Have you ever come across something where you said, "I really

wish someone studied *this*” or “We really seem to be missing *this* part of the equation?”

JN There are areas where we could go into more depth—for example, the area of spirituality. The studies I talk about in the book are limited. Although they do say that people who become involved in AA, over time become more spiritual. Interestingly, they don’t become more religious; they don’t attend religious services so much as they become “spiritual.”

We don’t know some things about gender differences. We know that it works for women but what are the differences? To be honest with you, it’s costly and very time consuming and it isn’t necessarily easy to get the funding. We were lucky for twenty years; there was funding coming forth to do this. And that’s where the book is at.

I’m certainly going to be staying on top of this; hopefully there will be a study here at John Hopkins University, if it gets funded, to study 12 Step work for Heroin users. There’s a whole new area. How will the 12 Step model work for people who are opioid addicts. It’s a very serious problem and it’s a much different addiction than alcohol. So that’s kind of on the cutting edge and hopefully it will get funded and we’ll see.

JC I’d love to see a study with outright atheists vs. believers. How many actually have a conversion experience vs how many just translate the AA model into the worldview they started with in the first place?

JN That’s an excellent question. The research shows what happens with people that get involved in AA. The limitation of that research is that they didn’t determine at the beginning of the study how many were atheists. It just followed people that got involved in AA. At the outset we did find out that they weren’t necessarily more spiritual than the general population.

What we mean by spiritual is that they have adopted values like altruism, the importance of honest, the importance of reaching out to others, admitting one’s personal faults—those are kind of spiritual concept and the studies found that these people became more spiritual. But that doesn’t mean that the person who was an atheist became suddenly a Christian, for example. As we know, Bill Wilson, himself, was a life-long agnostic.

JC In the book, you define spirituality as the belief in the reality and the possibility of an epiphany. That can be as psychological as it is supernatural.

JN That’s true because these epiphanies—sometimes people do have these experiences as *a flash*; I’ve talked to people who had that kind of epiphany—a lot of

times, what people report is that they have had a spiritual awakening. If you think about it, and what I write about in the book, when I try to interpret these studies, when you're been in recovery for two, three, five years, you're a different person. You're different physically, emotionally; chances are that you've had some cognitive deficits that are healing in recovery; your relationships are different. So why would it be surprising that people would report that they have had a spiritual awakening when recovery changes them in so many ways?

JC I'd keep talking to you for hours but I note that you've already been very generous with your time. I want to recommend to listeners that they get a copy of this book.

JN It's available now as a paperback or a download. It's on [www.Amazon.com](http://www.Amazon.com), [www.BN.com](http://www.BN.com), iTunes, or brick-and-mortar stores. I'm still a big fan of local book stores.

JC If one is familiar with AA the book will answer some questions that you're bound to have if you're cerebral at all. You know, Ernie Kurtz said it best. He said that AA is craft, not science.

JN Yes it is and rest in peace, Ernie. You know, also, I would recommend this book for people who are sponsors or considering being sponsors. Sponsors in 12 Step recovery are in a unique position of giving advice. They are not therapists but they are in a position to be an advisor. It helps, I think, to understand the science behind the activities that you are suggesting.

JC That's true. You do a good job of telling readers how *engagement* makes a difference. Sponsoring or getting a sponsor would certainly be part of that *engagement*. The reality is that you can do statistics and it will tell you *what* people do; it can't tell you *why* people do what they do. Have we gotten down to measuring what works? What is the X-factor? Is it the Steps, is it the fellowship, is it the better influences, is it the personal inventory, or is it finding willpower and developing the integrity to maintain it—what is it that gets people sober?

JN We don't know much about the value of the personal inventory and that would be important. We do know a few things. We know that going to meetings matters. How many meetings you go to, matters. We know that getting a sponsor matters; not only getting a sponsor but the research shows that getting a sponsor early (in the first three months) makes a difference. We know that identifying with AA makes a difference. For example, not just going to meetings but considering yourself a member—I'm a recovering alcoholic, not just an alcoholic. Identifying matters, becoming more spiritual makes a difference. Being sober for over two years will

**help heal any cognitive deficits you might have when you started to recovery. So we know quite a bit, thanks to the research about “how it works,” now.**

**JC Right, at the end of the book you talk about the neurology of alcoholism and recovery, sort of, how recovery looks under an MRI. Now I would look forward to hearing you lecture and recommend that to others if they get a chance. And if there’s ever going to be fisticuffs or a live debate with Lance Dodes, that would be very entertaining and I’d love to be a part of that.**

**Thanks so much for being so generous with your time Joe.**

**JN It’s been a pleasure; have a great day.**

How was that? Sorry again about the sound quality (PODCAST version). I hope it was worth your while. You can find *If You Work It It Works!* at the [Rebellion Dogs bookstore page](#) or ask for it at your local bookstore. Maybe we’ll have a chance to talk to Joe again under more favorable recording conditions.

We hear so many expressions:

“If you get run over by a train, it’s not the caboose that kills you.”

“A pickle never becomes a cucumber again.”

“Ever slip starts with getting complacent about meetings; meeting makers make it.”

It’s nice to see if some of these beliefs about addiction and recovery are factual or folklore. I don’t want to put ideas in my head or in someone else’s if I’m not sure if they are rational. I am grateful for all those who care enough to take the time to study the plight of the addict/alcoholic. I don’t agree with all of them, of course, but these are debates that ought to be had. After reading *If You Work It It Works!* I don’t know if I am any closer to knowing if it’s the meetings I attend, the Steps I’ve taken, the people I know, the love in the rooms, or the fickle kindness of some unseen force that sustains my recovery. I know people who are success stories who don’t work the Steps or don’t go to meetings. I know people who credit the creator of the universe for their sobriety and I know people who see the magical thinking of an intervening deity to be as dangerous and delusional as the hope of controlling their drinking if they just try hard enough.

There seems to be an exception to every rule and a book that confirms every bias. But one thing's for sure, I feel like a better man for having read this book by Joe Nowinski.

We're going out (PODCAST) with a song by a Halifax songwriter, Joel Plaskett. This song from the 2015 CD of the same name, which is *The Park Avenue Sobriety Test*, is available on iTunes, retailers or from <http://joelplaskett.com/>

Thanks for joining us for Rebellion Dogs Radio (& Blog). This has been Episode 12. For links to this or other books, for a list of upcoming events, resources or links to our social media, search Rebellion Dogs Publishing in your browser.



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<sup>i</sup> <http://www.thefix.com/content/aa-advocate-and-aa-critic-debate-pros-and-cons-12-step-model>

<sup>ii</sup> <http://www.theatlantic.com/features/archive/2015/03/the-irrationality-of-alcoholics-anonymous/386255/>

<sup>iii</sup> <http://rebelliondogspublishing.com/rebellious-radio/blog/rebellion-dogs-radio-4-50-years-of-a-a-critics-and-cynics-facts-and-bs>

<sup>iv</sup> Dodes, Lance, MD and Zackary, *The Sober Truth: Debunking the Bad Science Behind 12-Step Programs and the Rehab Industry*, Boston: Beacon Press, 2014 p. 50