

## Letter to the Editor

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### Rational recovery: introduction and presence in Australasia

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Dear Editor,

Rational recovery (RR) is a non-higher power self-help recovery approach to chemical dependency.<sup>1</sup> It was developed by Jack Trimpey in 1986. The rationale behind RR derives from a form of psychotherapy known as rational emotive behaviour therapy (REBT).<sup>2</sup> REBT postulates that emotional and behavioural disturbances are caused by irrational and dysfunctional patterns of thinking, which can be understood and overcome. Members of RR tend to personify their alcohol craving as “the Beast”, and through the *Small Book* (the programme’s main resource) can learn behavioural techniques to ward off these cravings and secure abstinence [using what is often referred to as Addictive Voice Recognition Technique (AVRT)].

**Programme structure**

The initial RR programme was somewhat similar to that of the more well-known 12-step programmes. Since 1991, however, the RR Movement announced that all RR meetings were to be cancelled. The AVRT is claimed to be incompatible with the group meeting format, because clients soon learn self-doubt is a part of the addictive voice, and getting into groups would only reinforce this false belief.<sup>2</sup> The new approach uses books, lectures, and online videos to encourage clients to quit. In this format, RR teaches that each participant is his/her own sponsor, “a sponsor you can always trust”. Although some RR meetings still take place around the world, the number appears to be decreasing.<sup>2</sup>

**Comparison with Alcoholics Anonymous**

Although an alcohol-dependency help strategy in itself, RR has more differences than similarities to its more popular

counterpart, Alcoholics Anonymous (AA). Table 1 summarises the main differences between AA and RR.

**Table 1: Key differences between Alcoholics Anonymous vs. Rational Recovery programmes**

	<b>Alcoholics Anonymous</b>	<b>Rational Recovery</b>
<b>Current format</b>	Twelve-step programme with group meetings sometimes facilitated by sponsors	Self-help programme that utilises written material, as well as online lectures
<b>Cost</b>	Free	Commercial
<b>Orientation</b>	Spiritual	Non-spiritual
<b>Expectation</b>	Abstinence	Abstinence or controlled drinking
<b>Main resource</b>	<i>Big Book</i>	<i>Small Book</i>
<b>Resource readability (using Flesch reading ease scores)</b>	<i>Big Book</i> is easy to read (school year 9 or 10 level)	<i>Small Book</i> is harder to read (college level)
<b>Therapeutic use(s)</b>	Alcohol dependency	Chemical (alcohol and drugs) dependency

Differences, in some instances, are so stark that some authors argued that RR is an extreme opposite of AA,<sup>3</sup> along an alcohol-dependency treatment continuum. In a survey of 223 RR members in 1992,<sup>4</sup> the majority (89 per cent) were AA dropouts, most of whom cited AA’s religious content and the concept of powerlessness as major deterrents. In essence, therefore, RR developed as a reaction to AA’s ideology.

**Presence in Australasia**

In Australia, the first RR meeting was conducted in February 1990.<sup>3</sup> In 1994, the Australian RR separated from its United States (US) affiliate and changed its name to join the SMART Recovery, which offers face-to-face and online groups for people seeking help to overcome their addictive behaviours not only to alcohol, but also to drugs, shopping, and overeating.<sup>5</sup>

In New Zealand, RR was introduced through the Canterbury region in the early 1990s.<sup>5</sup> Throughout the years, RR started gaining more recognition in New Zealand as an alternative to the AA's 12-step programme. Now, called Recovery 24/7, the RR programme is conducting over 500 face-to-face contacts per year, and is accepting referrals from addiction and rehabilitation centres.<sup>5</sup>

### Programme efficacy

There is a paucity of published literature on the efficacy of RR in promoting long-term alcohol abstinence. One study showed that participants who joined RR sessions for at least six months had an abstinence rate of 58 per cent.<sup>2</sup> However, this study is almost 20 years old, and the format of RR has changed since the publication of the study.

In another study, participants were asked to answer a standardised questionnaire that assessed their alcohol dependency symptoms before and after attending 12 sessions on either RR or a standard treatment approach based on AA's 12 steps. Compared to standard treatment, participants who attended RR sessions were found to have significant changes in their answers post-treatment compared to pre-treatment; these participants had an enhanced openness and decreased denial towards their alcohol and/or drug dependency.<sup>1</sup>

Unfortunately, published statistics and recent data remain largely lacking. Furthermore, RR's general opposition to medical treatment and rehabilitation programmes pose a challenge to collaboration with addiction medicine specialists. However, this stance against medical intervention seems to be more strongly expressed in some places where the so-called disease process of alcoholism prevails (e.g., the US) more so than others (e.g., Australia and New Zealand).<sup>5</sup>

### Conclusion

The effectiveness of certain recovery programmes over others remains largely unproven and debated.<sup>1</sup> The choice of the programme must be individualised, with the aim that the chosen programme eventually aids in the person's long-term recovery. For example, some clients might find input from both programmes useful in some way despite the apparent contradicting ideology behind them. RR offers a "more atheist" alternative for participants uncomfortable with the religious connotation of AA's 12-step programme. Future studies (e.g., head-to-head clinical trials) are necessary to determine if one programme is more beneficial than others.

Sincerely,

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### Conflicts of Interest

None to declare

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