

Addiction recovery: The lived experience journey from relapse prevention to recovery protection

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Abstract: One of the most frustrating groups of people to work with for social workers, can be people with addictions. In this paper the authors introduce a new approach to addiction recovery, which they call recovery protection. They argue that it is more empowering than the dominant relapse prevention model. All five authors of this paper as in recovery from addiction themselves. After presenting their new model of recovery protection, three of them describe their own recovery journeys and how a model of recovery protection has been a better model for them to have pursued. All five have benefitted from engaging in higher education. Each has a mission to try and make things better for people in addiction or recovering from addiction. The recovery protection model they advocate represents a paradigm shift in the field. Recovery is a gift. Let's protect it.

Keywords: relapse prevention; recovery protection; addiction recovery; education

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Introduction. The need for a new paradigm in addiction

Given the significant burden that addiction places on individuals, their families and larger society, the importance of helping people achieve abstinence, and then maintain it in the long term, is incontrovertible (Black, 2021). The reason for becoming abstinent is normally centred on the adverse life experiences that have resulted from addiction, experiences that are also often read as influential to its ongoing maintenance through the concern of returning to past difficulties (Rosansky and Rosenburg, 2020). Common reasons cited include, poor health, legal concerns, witnessing bad examples, functional and psychological impairment, and past problem use. Difficulties that are typically regarded as unpopular and costly (Santangelo, Provenzano, and Firenze, 2022; Volkow and Blanco, 2023). Prolonged focus on these issues reinforces the negative perception surrounding addiction (Cazalis, Lambert, and Auriacombe, 2023) and may go some way to explain why relapse prevention prevails in addiction treatment.

Relapse prevention encourages individuals to recognise stressors and triggers that heighten their vulnerability to reverting to past undesirable behaviours and, ultimately, relapse (Irvin, Bowers, Dunn, and Wang, 1999; Menon and Kandasamy, 2018). In mental health recovery, excusing counselled scrutiny over potential risks would be considered as disadvantageous, a promotion of hypervigilance with the potential to create disproportionate anxiety about everyday life (Zawilinski, 2020). Yet, in addiction recovery, it is packaged to support healthy function, where people are expected to watch for prodromal symptoms, and when identified take corrective action to stem them (Melemis, 2015; Ogilvie and Carson, 2024). This observation is not intended to be theoretically reductive, or a reason to discount the many relapse prevention interventions that have been used with good effect in the field of addiction to date. Interventions that employ therapeutic approaches such as cognitive behavioural therapy (CBT) and acceptance and commitment therapy (ACT), which have a demonstrated record of effectiveness in addiction treatment (Irvin, Bowers, Dunn, and Wang, 1999; Melemis, 2023; Menon and Kandasamy, 2018). It is rather intended to challenge the bias introduced by using value laden terminology that leans toward relapse not recovery (Cazalis, Lambert, and Auriacombe, 2023), and the disparity between addiction recovery and mental health recovery more generally, whilst making addiction recovery a more welcoming life prospect that is not grounded in prevention (Ogilvie and Carson, 2024).

Decoupling the reasons for becoming abstinent from the reasons to remain so, provides a progressive case for recovery protection. Recovery protection can be thought of as a shift in mindset where people no longer work to avoid what they do not want, as with relapse prevention, but instead work toward building and protecting what it is they do want. In effect, promoting the development of affirming pathways that have greater life value. Given that one is grounded in consequence and fear, and the other in growth and progression, what has been appreciated in the recovery

model of mental health can be unified into a model for addiction recovery. This is a model that removes people from a vulnerable narrative, by placing them in one that generates the scaffold for realising potential (SAMSHA, 2012). This has some theoretical convergence with recovery capital, an asset-based schema which relays the importance of accruing social, financial, personal and community reserves to support functional wellbeing (Hennessy, 2017). However, recovery protection adds to this by offering a cognitive map that presents a positive, strength and growth-based system for addiction recovery (Ogilvie and Carson, 2024).

Lived experience perspectives provide valuable insights that can be used by researchers to study the person driven nature of addiction recovery, its challenges and successes, moments of growth and comprehension, factors that support it, as well as those that have hindered it (Ogilvie and Carson, 2023). Examining reflective perspectives from people who classify themselves as living an empowered and fulfilling addiction recovery, provides rich content for discussion on recovery protection to illustrate how it had been achieved and why it was advantageous. In this opening account, Kelly Greenwood shares her journey of recovery, highlighting the impact of the twelve-step approach while also reflecting on a range of influences that have enhanced her recovery beyond this.

Recovery journeys

Kelly Greenwood

Recovery from alcoholism and addiction is a gift. Freedom from the shackles that keep us imprisoned, providing us with a chance to live. For many 'normies' looking in from the outside, they think it's a choice, that we have chosen to continue drinking and taking drugs, destroying ourselves and everything and everyone around us. You can see the frustration and anger set in, confusion and doubt in our loved ones, often in disbelief at our behaviour, as we begin to lose their trust. 'Why can't you just stop? Can you not see what you are doing to your mother?' 'Mum I'm scared, please stop.' 'Your behaviour is disgusting, I'm so disappointed in you.' 'Can you not see what you are doing to your children? At least stop for them'. You see, if it were that simple to just stop, I wouldn't be writing this, perhaps the words addiction and alcoholism would not exist.

For me, my drinking and drug taking was slowly killing me from the inside, pushing away everything and everyone I loved. It left a shell of my former self, broken and lost in the abyss, isolated with a mental disconnection within and to the outside world. Recovery from alcoholism and addiction

will always be the most important thing in my life. It has to be above all else. Today I have a choice between dying or living. Some who read this may think this is a very dramatic statement. I am one of the lucky ones with the chance of a new life, a gift was given to me.

Coming from a recovery background in a twelve-step fellowship, I have built a strong spiritual foundation to my recovery. This along with the camaraderie and support from my fellows is the success of my abstinence. Knowing that others share in a common peril brings comfort, a sense of belonging in our shared experiences. The line in the book, *Alcoholics Anonymous*, comes to mind and describes this beautifully,

The feeling of having shared in a common peril is one element in the powerful cement which binds us. (*Alcoholics Anonymous*, 2002).

These are the key concepts behind twelve-step fellowships, that one alcoholic or addict can help another. Meaningful friendships can be made, and feelings of loneliness disappear. Thinking this way took time, years in fact and I didn't fall into a twelve-step programme. My journey started within an addiction centre which supported controlled drinking. I was offered one-to-one intervention with a recovery co-ordinator who I met with regularly. I received a range of interventions, SMART (Smart-Management and Recovery Training) recovery, ACT, relapse prevention and peer support groups. Yet during my time as a service user, I often relapsed making little progress in stopping. However, I do believe these early days in that service were pivotal in promoting change somewhere deep in my subconscious. I attended a Samatha meditation group which I believe created space to be open-minded, non-judgemental and connect with something greater than me. Still, I continued to relapse, and I started to see a bubble of service users stuck in a cycle of stopping and picking up. It almost felt like it was normal to them, it was then I realised if I truly wanted to stop, I needed to leave and find something else. I was introduced to a twelve-step fellowship in my early days as a service user and quickly dismissed the idea due to the word God being used within their literature, although realising years later the programme was spiritual and not a religious one. I knew I needed more than what the present service could offer me. The open-mindedness I had learnt during my time as a service user came into play as I started to attend meetings. I achieved six months sobriety and felt on top of the world, that I had cracked my alcoholism. However, I was still full of ego, pride and selfishness that led me back to thinking I could have just one drink. That one drink again, led me on a pathway to self-destruction. Realising now that I needed to fully surrender to my alcoholism, I threw myself into the twelve-steps and have never looked back.

For me, the support of my fellows and a spiritual belief, are the keystones to my success. During my time in recovery, I have collected things to protect my recovery. I got an education, took on service roles within my twelve-step programme, gained the trust back from my family. If I had just continued to go to meetings and nothing else, I do not believe I would not be free from my alcoholism today. I needed to continue to grow, creating a purpose in life, having hope, gratitude, and a connection with myself and others.

Before recovery, happiness was sought through material things, when I achieved a goal or had what I wanted, that feeling of it not being enough and wanting more drove me towards a sense of feeling lost. Through my alcoholism and recovery pathway, materialism was pushed aside in searching for a deeper meaning in life. My positive experiences and acceptance of who I was, led me on a spiritual pathway, with an understanding of life at a deeper level. Through my experience, a spiritual existence is not something commonly associated with alcoholics and addicts. Yet, it is the root to my existence in recovery and a way of life. To me a spiritual existence simply means, love and connection, and these have helped me face times of deep sadness and adversity.

I cannot provide a fool proof way to ‘crack recovery’, nor do I believe that the twelve-step programmes are the only way. However, from personal lived experience and what I see in others who live a life free from their addiction, all have several factors in common; gratitude, personal growth, meaning in life, an ability to be honest with themselves, connectedness and of course, a heart full of Love.

Kelly talks about collecting things to protect her recovery, such as getting an education. In this next account, Dee Hartley discusses the difficulties, shame and stigma attached to failing under the relapse prevention approach. She then talks of recovery protection and enhancement, bringing in the interesting notion of recovery as a gift to be protected.

Dee Hartley

My personal experience of addiction is that I spent over twenty-five years addicted to prescription drugs which I was given as a child as the solution to persistent mental health difficulties, self-harm, and suicide attempts. Following a self-detox from these drugs it was a short period of time before I replaced them with alcohol, whereupon I lost everything including my children and my home. Eventually I sought help from a local drug and alcohol service and domestic abuse charity and am now in my eighteenth year of recovery from drugs and alcohol addiction.

My first encounter with the word ‘relapse’ was during a group treatment

programme where I was introduced to the adapted version of the cycle of change. It was instilled in the group that one is closest to relapse in maintenance than at any other point in the cycle other than pre-contemplation, therefore complacency leads to relapse. The word 'relapse' incited such fear and anxiety, as someone who has experienced a lifetime of fear and trauma, the focus on relapse prevention only produced negative consequences for me. Both trauma and addiction lead to changes in the brain, particularly in relation to one's ability to manage stressors, which increases susceptibility to relapse. Therefore, increasing the levels of stress by inducing fear of the shame that accompanies relapse has a detrimental effect on recovery. Fellow clients on the programme were ostracised and punished for relapses and peer mentors and volunteers within the service were publicly humiliated and banned from the premises and not offered support. In my experience the 'carrot' has always been more effective than the 'stick' and what appalled me was the lack of compassion for someone so vulnerable. I did not comprehend the absence of empathy, and the stigmatisation, shame and cruelty made me very uncomfortable, there had to be a better way.

Relapses are seen to happen gradually over time and involve emotional, psychological and physical elements. There are several relapse prevention models and all focus on adapting behaviours and equipping the individual with the tools necessary to sustain abstinence and deal with triggers and cravings outside of treatment. Recovery is multifaceted and involves more than abstinence, many people are abstinent but still languish in a state of emotional and mental stagnation – in recovery circles we refer to them as 'dry drunks.' Recovery is characterised by change and growth in many domains of life, improvements in wellbeing, promotion of agency and self-determination and the capacity for self-actualisation.

Initially I was involved with the twelve-step programme as part of my treatment and continued as I felt connected, a sense of belonging and mutual understanding. Over recent years I have moved away from this movement however I still incorporate the values and principles into my daily life. During my early recovery I began a new journey into education, I was motivated to give back and help others in addiction. I completed a foundation degree in alcohol and substance misuse work, and an undergraduate degree in health and applied social studies, for which I had a three-year supervised placement in a drug and alcohol service. I volunteered and was very proactive within the service and at events promoting recovery and was employed by them whilst still training. I became a positive advertisement for recovery within that environment having risen through the ranks from service user to employee and saw an opportunity to affect a small but important change.

During the groups I facilitated and co-facilitated and the individual work

I undertook with clients during my roles in substances misuse services, I deliberately moved away from references to relapse and embraced the concept of protecting and enhancing recovery. The high levels of shame, negative rumination and self-loathing are barriers to be overcome with a client who relapses, low self-worth arises from feeling a failure, compounding their negative bias towards themselves and their perceived flaws and inability to live life on life's terms. The client internalises the negatives of their experience, the guilt, shame and feelings of inadequacy, rather than looking at the journey as a whole and appreciating what they did achieve during their previous attempt. They are more vulnerable, lacking in self-confidence, struggling with aspects of identity and are demotivated and demoralised by the experience. Many are confused and overwhelmed by the path ahead believing they are not able to achieve the standard of abstinence required for recovery, that they will never be good enough. All my clients in recovery from addiction have experienced trauma in their lives where fear was embedded in their very existence, promoting an atmosphere of fear in recovery exacerbates negative biases and reduces the possibility of thriving.

In my past and current work with individuals who have relapsed the deep sense of failure, shame inadequacy and guilt they feel is overwhelming; it further entrenches their negative self-concept. In my personal experience with clients, relapses may be due to lack of robust recovery connections, secrets or dishonesty around feelings, an inability to ask for help, lack of engagement and a return to negative thought patterns which can usually be pinpointed with hindsight and congruence. By looking at the positive aspects that the individual created and experienced during recovery, what lessons have been learned, and what growth has been achieved, rather than only highlighting the negative aspect of relapse, one can move away from self-blame and shame. If some pieces of the jigsaw puzzle are in the wrong place, we don't throw it away, we find where they fit. It is about finding the unresolved issues for that client and seeking a proactive solution to protect those positive aspects of recovery rather than ingraining shame and fear. Individuals in recovery have been shown to regard any setbacks or lapses in abstinence as failures and are extremely hard on themselves. I refer to these not as failures but as 'growth gifts,' an opportunity to learn and grow from the experience; learn from mistakes, build new skills, and consolidate previous learning. One can always find a positive in a negative situation if one looks hard enough, sometimes a change in perspective is all it takes.

The 'Precious Gift' is a method I devised whilst volunteering within the substance misuse service and a technique I still use today in my counselling practice with people in recovery from addiction. It involves the visualisation of an individual's recovery as a precious gift. Some people visualise it as a golden orb, a fine piece of jewellery or a twinkling star, whatever suits the

individual. Then one places the precious gift in a silk-lined box with a lid and wraps it in beautiful paper tied up with ribbon and a bow and a gift tag with the individual's name on it. This gift is then visually taken home and put in a place of prominence, or carried around with the client, the focus is on realising the positives of the precious gift of recovery. I have found this particularly useful when preparing for a client's first Christmas, birthday or other special celebration in recovery which may be a triggering experience. During creative groups, some clients physically created a representation of their recovery and wrapped them as gifts to take away. Others wrote the aspects they gained from and loved about recovery on a large cut-out jigsaw piece or cut-out person that they individualised to represent themselves.

Due to experiencing dual diagnosis and physical illness, mine is a multipronged plan of recovery which I devised based upon my training in the biopsychosocial model. I go one step further than recovery protection and describe my toolkit as protecting and enhancing my recovery. Self-care is my main priority which includes taking care of my physical, psychological, and emotional needs, setting boundaries, having time for quiet reflection and spending time immersed in nature. I practice Tai Chi, qigong, yoga and meditate, I have regular Reiki sessions, go to the gym, do Pilates and breathwork, eat a healthy diet and get enough sleep. I incorporate psychological aspects which include positive psychology interventions such as self-compassion, gratitude and hope with self-psychoeducation, and therapeutic counselling. Although I naturally isolate, I am mindful to stay connected to others and build new connections which both keep me grounded and expand my horizons. I enjoy fulfilling hobbies which allow me to express myself such as gardening, photography, creative writing, and crafts. In addition, I incorporate spiritual elements which for me are vital to my recovery and have facilitated a deeper level of self-understanding, self-love, and acceptance of my own journey. An important feature of my personal recovery enhancement has been post-graduate education and training which has created new worlds for me and given my life the meaning and purpose it lacked and the opportunity for further personal and professional development and growth. For me, recovery is rebuilding, redefining, it is a continuous process of growth and renewal, it is a wondrous path of knowledge and discovery, it is a precious gift to be protected at all costs.

In this concluding account, Rebecca Kippax reflects on her recovery, augmenting it with relevant theoretical insights to inject additional objectivity. She contrasts recovery protection with relapse prevention, emphasising resilience as a preferred approach over avoidance.

Rebecca Kippax

The burden of addiction has consumed my entire life even more so during countless brief recovery periods, except from the last. I am a recovered heroin and crack-cocaine addict who spent 22 long arduous years in addiction and now celebrate my eight years in recovery at the age of 46. My world opened to mind-altering substances from the very vulnerable age of 11 and rapidly progressed to heroin and crack-cocaine by the age of 16. My life in addiction has taken me to places that only exist in nightmares, yet despite finding the strength to detox and recover from my addiction more times than I can recount, I would still choose to return to the dark world of addiction within days of putting down the drugs. I was engaged with countless drug and alcohol services between 1996-2017, including four inpatient rehabilitation centres, and I have used all recovery methods available, consisting of interchanging treatment options in a desperate attempt to free myself from the shackles of my addiction.

My recovery is based upon a spiritual-concept developed out of a lifelong journey of consistent recovery failures, alongside foundations built upon my affiliation to the twelve-step model of Alcoholics Anonymous. However, I cannot attribute the success of my recovery solely to Alcoholics Anonymous, nor define it to be twelve-step based, because it isn't. I emphasise the said point because it is important when looking at the difference between recovery from the perspective of recovery protection, comparative to relapse prevention. In my years of recovery, I have also embarked on an academic journey into the world of psychology, and currently in my fifth year of study for a MSc in the Applied Psychology of Addictions. My entire academic journey has been applied to studying myself and my journey both in and out of addiction. As a result, my perspective on addiction and recovery has evolved outside of the large proportion of contemporary addiction theories, likely due to my newfound ability of viewing addiction from a combined subjective and objective perspective. All my addiction treatment emphasised the importance of relapse prevention, alongside concurrent pharmaceutical intervention, person-centred therapy, and engagement with the twelve-step model of Alcoholics Anonymous, of which is argued to demand discipline from an incredibly intense relapse prevention perspective. It is in my view that focus on relapse-prevention resulted in countless failed recovery attempts for myself, alongside countless individuals who continue to struggle with

an addiction disorder.

Relapse prevention is a cognitive-behavioural approach to recovery that aims specifically at identifying, avoiding, and managing situations or behaviours that could lead to relapse. It focusses on a reactive approach to recovery that solely targets addressing immediate risks and triggers to minimise the chances of relapse, alongside equipping individuals with an automatic response system that is adequate to handle potential threats to recovery. However, some of the triggers to the development of my substance-use disorder were relentless societal and familial expectancies and judgement, lack of identity and purpose, low self-esteem and self-worth, and an overall sense of unbelonging in the world, while surviving in a consistent interchanging fight, flight, or freeze mode. I was what I define to be a 'serial-relapser' and the emphasis of failure in relapse, as portrayed within all relapse-prevention applications, provided me with nothing but demotivation to continue with recovery due to feelings of shame, guilt, and inadequacy. Furthermore, focusing my recovery on using techniques specific to identifying and avoiding triggers, only exacerbated my fight, flight, or freeze mode, which would already be in overdrive due to the lack of substances that would once provide temporary relief to my internal chaotic mind. I would find myself to be hyper-vigilant, overwhelmed, and fearful throughout all my brief recovery moments, rather than feel confident in my abilities to manage my behaviours around triggers. I found the more I focussed on avoiding said triggers, the more my symptoms of craving would increase due to a thought-circuit instigated by focussing on not thinking about using drugs. I would define that as paradoxical thinking of which resulted in my serial relapses for over two decades. My thinking was consistently overwhelmed by the constant thought processes of 'must do's and don'ts', of which I was already hyper-stimulated by, due to adjusting to a life without the succour of substances.

Relapse-prevention techniques left me in a new fight, flight, or freeze mode, fearful of overwhelming expectancies and the prospect of a constant stream of lifelong judgements. My self-esteem and self-worth would sink to lower depths than what was manageable while intoxicated with substances, due to the constant pressures of expectancies, judgement, and shame from failure in my ever-repeating relapses. However, my journey into recovery and psychology instilled a perspective that relapse-prevention only encourages continuation of living life in addiction, just from a different perspective. Expectancies of living life in a specific survival format to solely prevent relapse, is living life controlled by my addiction but from a different and more difficult perspective. It now meant that I could no longer use the comfort of my drugs to soothe my continued discomfort caused by exacerbating all my addiction triggers, of which had now simply evolved into a relapse

prevention perspective, with a new addition of 'recovery expectancies and judgement'. For me, that is continuing to live life in addiction but from a different and more difficult perspective!

I attribute my continuous recovery to an individualised proactive approach utilising protection factors, rather than prevention factors. I picked up drugs at the age of 11 because I was running from the reality I was forced to live amongst. The trauma born from my addiction, thereafter, was far worse than what I was running from in the first place. As a result of all that I have been through, I had manufactured a person built solely for survival and nothing else. I had no idea who I was underneath all the defence mechanisms I had built around me. For me to achieve success in recovery, I had to connect with the real me. For me to survive in the big bad world, I had to find me. The journey into myself was for the most part a spiritual journey, but once I had connected to my authentic self-identity, accepted life on life's terms, and began to view the world from a brand-new perspective, it was important that I focussed my continued recovery on protecting the 'diamond in the rough' that I had now discovered.

Protecting my recovery has meant that I have developed healthy coping strategies that focus on resilience not avoidance, while strengthening my emotional regulation and self-awareness skills, alongside increasing my self-esteem and self-worth, encouraging empowerment not conformity. Focussing on recovery-protection has encouraged the development of both positive intrapersonal and interpersonal relationships, that prioritise my overall mental health and wellbeing via practices of mindfulness, meditation, and new forms of socialising that do not depend upon the avoidance of triggers. Developing a connection to my authentic-self was about discovering, accepting, and trusting in my own abilities, evolving on an individualised journey of self-discovery, rather than devoting and attaching my recovery to doubts and fears, as promoted in relapse-prevention. Recovery protection has also encouraged the use of proactive monitoring such as recovery journals and establishing healthy routines such as setting and achieving several personal goals, giving me both a sense of purpose and reinforcement of the connection with my newfound authentic self-identity.

I define myself to protect my recovery today like a new-born baby. Recovery protection is not about protecting my recovery per se, it is about protecting the inner child I discovered upon enduring the shadow work that I needed to endure to reveal my authentic self-identity. Recovery protection is about investing in myself and committing to my personal wellbeing and growth for the rest of my life. It is about living life on life's terms, accepting that both lessons and experiences will appear in equal measures, each providing benefit in equitable proportions along the journey of life. Recovery must be about living life as it was meant to be lived. Relapse prevention

only provides an alternative option of living with the debilitating symptoms of addiction from a different perspective. Whereas recovery protection has empowered me to live life on life's terms, and instilled confidence in my abilities to evolve beyond the status of a 'recovering addict'. Furthermore, recovery protection holds no expectancies and subsequent judgement as it is an individualised concept. It has provided me with the foundations to rebuild my broken spirit that survived for so long on low self-esteem and self-worth. It emphasises the importance of discovering my own abilities to thrive in life, absent from a constant stream of 'must dos and don'ts' addiction-based thought processes, as promoted in relapse-prevention. Relapse prevention only resulted in me manufacturing a new person built solely for survival around my recovery from addiction. However, recovery-protection has at long last allowed me to free myself from the shackles of my addiction. I now live life as a recovered addict, not a recovering addict.

Discussion

In addiction recovery, the dominant narrative on relapse prevention can inadvertently propagate a sense of inadequacy (Ogilvie and Carson, 2024). This is evident in the lived experiences shared in this paper. Drawing on the experiences of Kelly Greenwood, Dee Hartley, and Rebecca Kippax, this discussion examines how recovery protection has been shown to be an empowering concept.

A profound gift

Recovery from alcoholism and addiction is portrayed by Kelly as a profound gift, offering freedom from the 'shackles' of substance dependence and a chance to live a better life. Rather than focusing on relapse prevention, her narrative emphasises the idea that building a meaningful and connected life to safeguard her recovery. Kelly describes how addiction created isolation, leaving her a 'shell' of her former self, disconnected from loved ones and the world. Attempts at controlled drinking and relapse prevention strategies initially provided some support but obdurately ended with relapse, stressing for Kelly the limitations of relying on a strategy defined by avoidance.

The pivotal moment for Kelly was when she embraced a twelve-step fellowship, finding fortitude in spiritual growth and the support of peers who shared in a 'common peril.' This sense of belonging and the realisation that recovery required surrender, not just control, proved vital to her long lasting abstinence. In her narrative, Kelly asserts that simply attending meetings was not enough; recovery

needed to be actively protected by engaging in growth generating opportunities, rebuilding trust with family, and finding purpose. Kelly describes a spiritual awakening that transferred her attention from material success to deeper connection, love, and gratitude. Her recipe for a successful recovery.

Benevolence after addiction

Dee sees recovery protection as a more compassionate and effective approach to long term recovery, contrasting it with the harmful effects she associated with traditional relapse prevention methods. Her story highlights the damaging impact of relapse-focused care, particularly when she was introduced to the concept of relapse during treatment. The emphasis on relapse, and the implication of failure, evoked fear and anxiety, which, given her history of trauma, heightened her vulnerability to stress and increased her risk of relapse. Dee observed that this focus on preventing relapse increased her feelings of shame and the stigma she perceived, further embedding her negative self-image.

Dee's experience within treatment programs showed that individuals who relapsed were often ostracised, which reinforced feelings of inadequacy and failure. She believes that such punitive approaches undermine recovery, particularly for those with a history of trauma, where fear and shame are already ingrained. Instead, Dee advocates for an approach analogous with recovery protection, endorsing growth, resilience, and self-compassion, allowing setbacks to be viewed not as failures but as opportunities for learning and development.

To this effect, in her professional work, Dee has moved away from referencing relapse, instead she talks about protecting and enhancing recovery. She has noticed that the clients she works with often internalise relapse as failure, resulting in reduced self-worth and demotivation. Therefore, she refers to setbacks as 'growth gifts,' helping individuals see them for their potential. Ultimately, Dee argues that creating a supportive and benevolent environment where recovery is viewed as a continuous process of growth, rather than a fragile state that is vulnerable to failure, leads to better outcomes.

From fear to empowerment

Rebecca presents a commanding critique of relapse prevention based on her lived experience and academic understanding. It shows how for Rebecca, relapse prevention strategies, particularly those using CBT, can unintentionally reinforce the unhelpful patterns they aim to disrupt. Whilst CBT based techniques do emphasise coping skills and awareness of triggers (Menon and Kandasamy, 2018; Melemis, 2023; Irvin, Bowers, Dunn, and Wang, 1999), Rebecca calls attention to a potential

drawback; when avoidance becomes the primary strategy, it can intensify feelings of fear and helplessness rather than build confidence and promote independence. Rebecca explains the connection between relapse and failure that she understood from relapse prevention perpetuated her feelings of inadequacy, which when combined with societal and familial expectations, contributed to her repeated relapses. In effect, Rebecca suggests that when relapse prevention is perceived rigidly, it feeds a dichotomous mindset of success or failure.

Rebecca also postulates that focus on avoidance paradoxically intensified her cravings. This phenomenon can be explained by the ironic process theory (Wang, Hagger, and Chatzisarantis, 2020) which proposes that attempting to suppress thoughts makes them more obstinate. It is such strategic avoidance that Rebecca equates to living in survival mode, which she says bears similarity to addiction, as rules are still imposed but from a different perspective; avoid not use. From this standpoint Rebecca explains the need to move beyond fear and symptom management toward investing in a lifelong commitment to growth and wellbeing, something that has been essential to her recovery. Rebecca describes recovery protection as an individualised concept, free from expectations or judgment. An approach which has provided her the basis to rebuild a spirit that had long tolerated low self-esteem and self-worth.

In favour of recovery protection

The narratives shared in this paper demonstrate that recovery protection is an empowering conceptualisation, when contrasted with the limitations of traditional relapse prevention models, as understood by the authors. Through the lived experiences of Kelly Greenwood, Dee Hartley, and Rebecca Kippax, it becomes clear that relapse prevention, with its attention on avoidance, has unintentionally propagated fear, shame, and feelings of inadequacy. Applying the recovery protection paradigm; Kelly has found strength in building a meaningful and connected life; Dee advocates for compassionate, non-punitive approaches that see setbacks as opportunities for development; and Rebecca stresses the significance of individualised, judgment free strategies that build confidence and self-worth. Read together, they provide rich qualitative insight into how recovery protection acts as a positive model for addiction recovery.

Conclusions

In this paper we have presented our new model of addiction recovery, which we call recovery protection. While we have argued for this before on conceptual

grounds (Ogilvie and Carson, 2024). We have presented three narrative accounts which provide support for the importance of recovery protection in addiction. It is quite common to find people with lived experience of addiction working in recovery-based services. These authors are unique. Four of the five authors of this paper have all examined addiction in their master's research and in Lisa's case, her doctoral studies as well. All entered higher education while in recovery and each has remained abstinent. Each is determined to do what they can to make a positive contribution to our understanding of addiction and how best to help people in recovery addiction. Social work academics and their students can use their accounts and those of others (Ogilvie and Carson, 2023), to help inspire their clients and to let them see that there is life after addiction. Indeed, in the case of these authors, a better life than they could ever have imagined.

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