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**Claire Clark**, *The Recovery Revolution: The Battle over Addiction Treatment in the United States* (New York: Columbia University Press, 2017), pp. 336, \$35.00, hardback, ISBN: 9780231176385.

Of the many newspaper articles about Synanon I've seen while researching drug control in California, one stands out in my memory. Published in the *Los Angeles Mirror* on Thanksgiving Day in 1961, it includes a photograph of a mixed-race family of five children and six adults seated around a coffee table. The man pictured, Harvey C. Mason, had sold his comfortable suburban home and moved with his wife and three young children into Synanon House II in Santa Monica, where they lived with five formerly addicted young mothers and eight other children ranging in age from four months to seven years. Notwithstanding that he had long been a Presbyterian minister and never a drug user, Mason spoke reverently about a deepening 'faith' among members of his 'enlarged' family: 'Living here, we have discovered a brand new dimension and meaning to our lives,' he told the reporter.

Thousands of others experienced a similar awakening, but in *The Recovery Revolution*, devotion to the Synanon way of life is not overtly faith-based. Author Claire Clark treats the California-born therapeutic community as both a seminal idea and a commodity, significant not for its infamous turn to cultism but for the success and longevity of its essential qualities. Accordingly, she treats founder Charles E. Dederich Sr's story efficiently and moves quickly into exploring historical contexts and other figures who shaped the concept of the therapeutic community. Inspired by the words of Ralph Waldo Emerson and the deconstructive effects of LSD, Dederich built a programme that emphasised self-transformation through radical group encounter sessions, hierarchical communal living and ego-shattering tough love. The cure required full spiritual buy-in and complete abstention from drugs. *And* it seemed to stick.

Dederich dreamed of making the Synanon brand as ubiquitous as Coca-Cola. During the early 1960s, laudatory stories appeared in high-circulation, mainstream magazines and newspapers. The coverage, especially a glossy photo essay in *Life*, attracted new residents as well as curious bureaucrats seeking humane remedies for increasing drug use and incarceration. Cured addicts testified before Congressional committees. Synanon was documented and dramatised on television and film to wide audiences. It drew celebrity advocates, became a household name, and spawned new therapeutic communities in cities and prisons nationwide.

Deeply alluring, but difficult to pin down with its odd combination of authoritarian, countercultural, academic and progressive tendencies – one resident said it was like college, but integrated – Synanon was ripe for reinterpretation after its first decade. A 'second generation' of therapeutic communities distanced itself from Synanon as many of its 'graduates' were hired to run treatment centres or started new ones. These new entities often proved more adept at working with academics and public officials. Charles Deitch, a charismatic graduate, transformed a struggling residential programme run by the New York Supreme Court's probation department and a team of psychiatrists into the non-profit Daytop Village, opening three large residential facilities around the state by 1968. Unlike Synanon, Daytop allowed researchers to influence its programming, and pursued public partnerships and funding; but like Synanon, it relied on a personality-driven residential experience, ran canny public-relations campaigns, and saw itself as an agent for larger social transformation. Other therapeutic communities run by former addicts grew rapidly in an environment of incessant demand for treatment and proved amenable to

empirical study, but faced competition from methadone for public funding and esteem. It seemed therapeutic communities had arrived when the state of Illinois and then the Nixon administration embraced them as part of a mix of solutions to the drug-abuse problem, but the chaos and estrangement of the 1970s produced uneven results.

The Reagan administration readily adopted the prohibitive moralism of the original therapeutic community. Clark provides a fascinating treatment of Nancy Reagan's Just Say No campaign with a focus on the first lady's partnerships – largely contrived for the television cameras – with the third generation of therapeutic communities. The rise of evangelism and the emerging national obsession with so-called family values aided the shift to prevention for teens rather than recovery for adults. In a disturbing development, parents embraced militant treatment centres, such as The Seed and Straight, Incorporated, to reform their drug-experimenting teenagers. While the tough love of the Synanon model remained, residents' agency seemed much diminished.

Just as some histories support the idea that the uses and effects of drugs are socially constructed, Clark offers good evidence that sobriety and recovery too can be made by humans. In framing the therapeutic community as a worthy innovation gone awry, she seems to point out its untapped advantages over harder technologies such as prison cells or additional drugs. The original gist of the recovery revolution had been that drug addicts could achieve recovery on their own terms and by their own processes, upending the authority of the medical establishment that had failed them. But those who recovered by entering a therapeutic community would have to be more religious than radical, would have to truly believe in the righteousness of abstinence.

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**Tom Crook and Mike Esbester** (eds), *Governing Risks in Modern Britain: Danger, Safety and Accidents c.1800–2000* (London: Palgrave Macmillan, 2016), pp. xiv+315, £63.00, hardback, ISBN: 978-1-137-46744-7.

To the editors' credit, this book is an example of an edited collection with a single voice. Taking risks in their multiple contexts, it convincingly argues that risk and its management are a useful means for rethinking how Britain has been governed over the past two hundred years and more. Individual chapters examine an eclectic variety of risks, dangers and accidents, including drowning, gas leaks, poisoning, traffic accidents and environmental pollution. Each contributor is subsequently drawn to the ways that such risks challenge and normalise everyday social interactions, and are even, in some cases, resisted by those who feel disenfranchised by state bureaucracy. There is much here of relevance to historians of medicine, not least in the emergence of the state's legislative responsibility for public safety, the professionalisation and specialisation of safety as a field of concern, and the regulation of dangers in specific sites, notably the home, the workplace and on the street. Whilst chapters can certainly be read individually, this book is more than the sum of its parts and worth reading in its entirety.

The book benefits from an excellent introduction by the two editors, Tom Crook and Mike Esbester, who situate its themes within the fledgling historiography on risk. They subsequently outline the theoretical contributions made in recent decades to understanding the 'age of risk' (p. 10) that we live in today, drawing particular attention to Ulrich