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Inside the Recovery Revolution

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Introduction

Stephen Bamber: The UK drug and alcohol treatment field has gone through a dramatic Recovery Revolution over the past couple of years – perhaps as extensive and enduring as the one that disrupted the mental health field in previous decades. Recovery-orientated thinking has penetrated the spheres of policy, practice and research and we have observed the inception and growth of a vibrant, colourful and heterogeneous array of grass-roots activity throughout the UK.

Although recovery discourse is still emerging from its embryonic phase and the boundaries have yet to be fully negotiated, acknowledged and accepted by all stakeholders I have been delighted (and privileged) to witness practitioners and Service Users alike finding renewed enthusiasm for their work as they undertake the sometimes difficult transition to recovery management modalities.

Recovery is being celebrated in all of its Technicolor manifestations. Significantly, services and clients are beginning to work together to authentically co-produce a new

generation of recoverees. Our collective understanding of recovery will inflate as these individuals advance along their personal journeys in coming years. They will be supported by authentic cultures of recovery and recovery communities that are beginning to prosper outside of traditional treatment settings (in spaces previously occupied solely by established mutual aid groups and a smattering of pioneering peer-support initiatives).

Catalysed by the energy and enthusiasm of our homegrown recovery champions, networks of individuals are coming together and reforming a landscape whose topology was previously determined by a staid and inelastic ensemble of statutory organisations, professionals, institutions and voluntary bodies. Recovery knowledge was determined, dispersed and guarded by this powerful but arguably insufficient miscellany of entities. Other sources of knowledge exist – enfolded in the narratives of those in recovery themselves but are only just beginning to appear on the horizon of our shared understanding.

Revolutions require scrutiny: we should not blindly accept any new set of

propositions without testing them in the hotbed of our collective rationality. Bill, given the recent recovery revolution in the UK it is my hope that we can use this Dialogue to explore some infrequently examined dimensions of the emergence of recovery advocacy movements in more depth – ethics, leadership, transition, roles and responsibilities and so forth.

William White: I have followed with great excitement the rise of the UK recovery movement and look forward to offering what reflections I can on the nature of such movements. I am humbled every day by the complex questions arising within these new grassroots recovery advocacy organizations.

Stephen Bamber: You have depicted what is going on across communities of recovery worldwide as a recovery revolution. Is this a rhetorical device or is there a deeper meaning behind your use of this phrase?

William White: I use the term revolution to convey that what is unfolding within communities of recovery is without historical precedent. There is a long and rich history of recovery mutual aid societies, but only recently have we seen members drawn from these traditionally closed and competing societies standing side by side and seeing themselves as a singular community—a people. Pathology (addiction focus) and intervention (treatment focus) paradigms have long dominated the alcohol and drug problems arenas, but only recently is recovery emerging as a central organizing paradigm. This shift is more than a superficial play of words and ideas—a flavor of the month. If successful, it will transform everything it touches—including national policy and nearly every aspect of the design and delivery of addiction treatment.

Historically, responses to addiction at a personal level have been divided into recovery mutual aid societies on the one hand and professional treatment on the other. In addition to expanding and transforming both of these entities, the recovery revolution is spawning new social

institutions that do not fit into either the recovery mutual aid or professional treatment categories. This shift is moving beyond support for personal recovery initiation and maintenance to first build a world in which recovery can flourish—recovery residences, recovery industries, recovery schools, recovery ministries, recovery community centers, recovery sports clubs, recovery cafes and the like—and then creating rich local cultures of recovery that are spawning new recovery-linked ideas, language, literature, art, music, service roles and rituals.

For the first time, recovering people and their families are breaking silence and stepping forward in large numbers as an organized group to put a face and voice on recovery. They are awakening culturally and politically through new recovery advocacy organizations and public recovery celebration events. What is being called for is not just adding recovery supports to existing treatment systems but a transformation of addiction treatment as we know it and a transformation of the larger communities in which successful recovery must be inevitably nested.

Embracing recovery as an organizing paradigm, nesting personal recovery within the larger rubric of community recovery and the new methods being proposed to achieve these goals do constitute a revolutionary leap within the history of addiction treatment and recovery. For treatment systems, this requires a fundamental realignment of values, relationships and service practices.

Stephen Bamber: Recovery advocacy is a new idea here in the UK. One of the things that concerns me is whether we have sufficiently visible (and conceptual) separation between the various groups you indicate. Are you able to briefly outline the fundamental ideological and material differences between mutual aid groups, treatment services and advocacy groups?

William White: The core ideas of the new movement are focused not on the nature of addiction, nor on the need for professional treatment or the value of particular types of

treatment. They instead focus on the reality of recovery, the varieties (pathways, styles and stages) of recovery experience, the role of community in long-term recovery and the fruits of recovery for individuals, families and communities. The core strategies include consciousness-raising and leadership development within the recovery community, support for new recovery community organizations, recovery-focused public and professional education, recovery-focused political advocacy, peer-based recovery support services and the sponsorship of recovery celebration events.

Stephen Bamber: This focus does distinguish these groups from traditional recovery support societies.

William White: Yes, they are complimentary, yet have quite distinct roles. Recovery advocacy is about giving voice to the voiceless and offering real faces as an alternative to the demonized images that have long been associated with alcohol and other drug problems. It is about building a base of influence for people who have been historically marginalized. It is about taking the strength of recovery communities that has long existed for mutual support and extending that power into an instrument for recovery-enhancing social change. But, importantly, it is doing this in a way that is respectful of the autonomy and traditions of traditional recovery mutual aid fellowships. This movement does NOT have an agenda of changing AA, NA, SMART Recovery or other recovery mutual aid societies by involving them in political and cultural mobilization activities around the recovery issue, but individual members form these societies are choosing to be part of this movement—as individuals and not as representatives of such groups.

If you think about individuals in recovery as a group of people with a common history, a distinct culture and a linked destiny, then you can look beyond addiction and recovery as a personal story and begin to see a larger story of people becoming aware of their status as “a people” and joining together for common cause.

Where AA and other recovery mutual aid groups seek to reshape the personal story, the new recovery advocacy movement seeks to reshape the collective story. The former seeks to change the individual; the latter seeks to change the world.

Stephen Bamber: Elaborate on this distinction.

William White: Let's take the issue of national or local forces that promote excessive AOD use. These include predatory illicit drug markets, unscrupulous elements of the pharmaceutical industry and the enormously powerful alcohol and tobacco industries. I'm talking about excessive drug availability, unchecked and medically unwarranted prescribing of psychoactive drugs and alcohol products and advertising aimed at children. If you are a recovery mutual aid fellowship like AA or NA or SMART Recovery, these are not your issues, because your focus is on initiating and sustaining recovery as a personal journey regardless of the environmental circumstances. You're not trying to change the world, only create a way for people to recover within it. But if you are a recovery advocacy organization, any condition in the environment that contributes to addiction and inhibits or undermines recovery is your issue. Recovery fellowships are at great risk of getting diverted from their primary mission when they get caught up in such controversial “outside issues” and when they take on the political power of the licit and illicit drug industries or others whose interests are threatened by a strong recovery advocacy movement.

So what precise aspects of the world are recovery advocacy movements seeking to change? Put simply, we are seeking to change ideas, words and images through which AOD problems are expressed. We want to change how people are perceived who have or who once had but no longer have these problems. We want policies and programs that enhance resistance to AOD problems and provide support for long-term recovery from these problems and their effects on individuals, families,

neighborhoods and communities. We want fully developed cultures of recovery in communities throughout the world that celebrate the recovery experience and give back to those communities through recovery-focused service work.

Roots of Recovery Advocacy Movements

Stephen Bamber: It strikes me there needs to be a particular kind of personal, social, and cultural milieu in which recovery advocacy movements can emerge, flourish and grow. Can you outline these conditions in more detail?

William White: Like personal recovery, these movements spring from a synergy of pain and hope. The pain often comes from oppressive conditions affecting both those still in the life and those in recovery. In the case of the U.S., those conditions included the restigmatization, demedicalization and recriminalization of addiction on the heels of the cocaine surge of the 1980s and a parallel cultural backlash against recovery as a brief pop phenomenon. It also came from a growing sense that the ever-growing U.S. treatment industry had lost its way—had become disconnected from the larger and more enduring process of addiction recovery. People continued to recover, but the silence about these external social conditions was becoming suffocating by the mid-1990s. What started as personal conversations around the country evolved into an emerging movement by 2000.

Something had to happen. You can reach a point individually and collectively where continued silence becomes an act of spiritual suicide. You can reach a point as a people where you must speak or never again be able to look each other in the eyes. You can reach a point personally where you must speak or never be able to look into your own eyes without seeing the mask of an impostor. Pain can create such a collective/personal crisis, but only hope can turn it into a movement.

Stephen Bamber: What was that source of hope in the U.S. and is it in any way related to the earlier emergence of the mental health recovery movement and its associated advocacy organisations?

William White: The mental health recovery movement did not exert a significant influence on the new addiction recovery advocacy movement in the U.S. because there has until recently been a great deal of social and cultural separation between these two worlds. The spark for us was reaching a critical mass of people in addiction recovery who felt that the guiding visions of past generations of recovery advocates had been lost and that we had a duty to speak out not just as individuals but as a community. By speaking, I am not referring to the kind of emotional hemophilia that is in vogue in confessional writing and television exposés. I'm not talking about gushing the details of our past lives in public forums—details that offer great drama but offer little personal or policy guidance. And, most importantly, I am not talking about isolated individuals doing such speaking; I'm talking about thousands of people standing in unison to speak.

I'm talking about the act of declaring one's status as a person in recovery in appropriate contexts and at appropriate times. I'm talking about proclaiming that recovery is both possible and a living reality for millions of individuals and families. I'm talking about offering living proof that people who have once been part of a problem are today part of its solution. Something very magical happened when we came together, not as AA or NA or SMART Recovery or Celebrate Recovery members, but as people in recovery—something none of us had experienced within our respective personal pathways of recovery. For the first time, we looked beyond our own stories and our own pathways of recovery and began to see ourselves as a people with a unique history and a shared destiny.

What our shared stories revealed was that addiction crushed everything of value — everything we ever were or hoped to be, even the desire for life itself. And yet we learned that from these very ashes a

recovery process can rise that leads to hope and a new life. The new recovery advocacy movement that is spreading around the world is a movement built on the hope and gratitude of the resurrected. The spark for us in the U.S. and the spark that began carrying this message internationally has been the emergence of recovery carriers—people willing to use their own personal/family recovery experiences as a platform for social change.

Stephen Bamber: I was twelve years in and out of treatment before I finally came face to face with somebody in long-term recovery. That was an incredibly powerful therapeutic encounter that profoundly altered my approach to my own recovery. I now had a solid foundation on which to build – hope rendered visible. Would you say that hope creates a shared vision of what could be? Is it possible to manufacture hope, or generate it systematically?

William White: I think recovery advocacy movements start with conversations from which rise both collective hope and a shared vision of how the doorway of entry into recovery could be widened. The vision must captivate and elevate, but it must also contain elements that are attainable in the short run. Movements feed on small successes that raise the possibility of big successes. One of my favorite verses from the Bible is, “Where there is no vision, the people perish,” but a movement can exhaust itself with a vision disconnected from the realities of the movement’s resources. “I have a dream” speeches are only as effective as the plans and programs that follow. The challenge of making a movement work “on the ground” is to chart a course between the dreamers and the doomsayers. Great achievements and great defeats produce equal threats to the future of a movement because they make it seem like everything is possible or that nothing is possible.

Stephen Bamber: What distinguishes those movements that flourish and grow and those that whither away?

William White: I’m not sure that we know. Organizing across communities of recovery is not easy. We are a people who struggle to fit in—with other people and even into our own skins. Organizing recovering people is like trying to herd cats or snakes. We are not a very herdable bunch, and we are prone to strike at each other when provoked.

It takes a special set of circumstances for these movements to fully launch and, as you suggest—and like recovery itself, success is often preceded by many false starts. I wish there was a formula to this, but there really is something magical about it all—the right people rising together at just the right moment. It is amazing to see such cultural connection arise from so many histories of personal disconnection. I am still in awe of it all. The key seems to be the emergence of bridge people—those who hold membership in and command respect from multiple groups. Without those people leading the way toward a larger identity, all you have is warring personalities, groups and ideologies. For a movement to flourish, selected members of closed groups must rise above their sectarian identities and forge a broader understanding of WE—a broader circle of identification of my people.

Stephen Bamber: “A broader circle of identification of my people” – this statement seems to suggest that membership of such groups is important in terms of self-identification and self-transformation. Is there something formative about involvement in recovery advocacy movements that relates to the recovery journey itself?

William White: I think so. There are a lot of people who resolve substance use disorders without a transformation in personal identity. This is revealed through community studies reporting a significant population of people who once met criteria for alcohol or drug dependence but have not met such criteria in the past year. Many of these individuals do not self-identify as having been addicted or see themselves today as a person in recovery. But for the most severe and complex substance use disorders, I do think

this identity transformation is often an integral part of the recovery process. This is evident in an almost universal story style across secular, spiritual and religious pathways of recovery. We describe what things used to be like (addiction career), what happened (transformation process) and what things are like now (recovery career). Story reconstruction, storytelling and identifying with the stories of others are the rituals of identity transformation within this more self-conscious recovery process.

Stephen Bamber: Would you say that recovery and recovery advocacy has successfully penetrated all minority and marginalized communities in the US? I am mindful of the situation in the UK (where this is most definitely not the case)

William White: It is a mixed picture. We have strong representation of African Americans in recovery and organizations that serve predominately African American communities within the national recovery advocacy movement in the U.S. Native American leaders and organizations also have been included from the beginning and have exerted a powerful influence on the overall movement, particular in the person of Don Coyhis and White Bison, Inc. While involvement of Hispanic and Asian-American organizations is increasing, we still have a long way to go to fully involve these communities. Members of the LGBT community have also had strong representation in the recovery advocacy movement since its inception. There continues to be a struggle at local levels to achieve representation by members of historically marginalized communities.

Stephen Bamber: What about countries in which there is no evidence of such a movement yet?

William White: To get from I to WE—the emergence of a collective consciousness and mutual commitment takes a while and the process can include many aborted efforts. There are many countries around the world that have few if any addiction recovery

support groups, few if any treatment resources, and no visible recovery support or advocacy movement. But all countries have gone through such a stage. The sequence is usually conversations, mobilization, support groups and then advocacy groups, and that needed sequence can unfold over years or over decades. What a visible international recovery advocacy movement will do is dramatically speed movement through these stages through the instantaneous exchange of information and support that the Internet provides.

Stephen Bamber: Bruce Alexander eloquently describes the globalization of addiction. Do you think we are at a stage where we can talk about a corollary 'globalization of recovery'?

William White: I do think we are approaching that stage. The level of international contact between recovery advocates has never been greater, and recovery movements around the world seem concerned about reversing the loss of community that Alexander mourns. I suspect we will see this blossom in the next decade. Faces and Voices of Recovery in the U.S. has launched an international section to its website as a way to provide connective tissue between people and organizations in countries where recovery advocacy activities are increasing.

Stephen Bamber: The by-products of globalization, such as the explosive growth in electronic social media will catalyze the growth of these movements. Will there not be a contiguous homogenization of recovery advocacy and is this a good or bad thing?

William White: The growing presence of recovery advocacy via electronic media could produce such homogenization, but I suspect we will continue to see broad cultural adaptations of both the goals and strategies of worldwide recovery advocacy movements in the coming decades. There is a tendency in the US to see ourselves as a teacher rather than a student in this

process—one of our worst character defects, but I think in the long run the US has much to learn from what is unfolding in the UK and in other countries.

Stephen Bamber: On a side note – are the techniques and practices of recovery advocacy specific to the cultural milieu of global neoliberalism? Will communities who are marginalized by these global forces be able to spawn effective recovery advocacy movements?

William White: We hope the new international section of the Faces and Voices of Recovery website will provide some answers to this precise question. At present, we really don't know. I suspect that we will see wondrous varieties and styles of recovery advocacy, and we may well find contexts in which recovery movements are not yet possible. Even the term recovery may be recast and redefined in different cultural contexts. Recovery, sobriety, and Wellbriety have served as central organizing metaphors in the U.S., but there is no assurance these terms will have similar salience in other cultures, although the spread of AA and NA internationally suggests wide resonance of these concepts. In the West (US and UK), we have public advocacy and mass recovery celebration events. It is not clear that recovery advocacy will take such forms in South America, Europe, Asia and Africa. And these movements may not unfold contemporaneously. Each may need to unfold in its own time. What most amazes me is the great variety of venues through which recovery advocacy is being expressed internationally: art, literature, music, theatre, comedy, business, media, sport and religious ministries, to name just a few. I am the ultimate student of these forms and can't wait to see what the future holds. I have written a great deal about the culture of recovery, but I think this culture will reach stages of development in the future that are now unfathomable.

Movement Leadership

Stephen Bamber: What guidance would you have for persons who would seek or who would be asked to assume leadership positions within recovery advocacy organizations?

William White: Such roles can bring deep fulfillment, but they also come with hidden risks. Vulnerability may be an aspect of all leadership roles, but this may be particularly pronounced in organizations organized by and on behalf of persons from historically disempowered groups. I recall one of my friends once noting of the civil rights organizations in which he was involved, "We don't elect leaders; we elect victims." He was referring to the tendency of these organizations to scapegoat their leaders while the leaders are living only to later reify them—often after their deaths. Within any stigmatized group, we want our leaders to excel—to model the best of what we can be. And yet the shadows of shame and inferiority buried inside us get projected onto our leaders in the form of doubt, criticism and attack.

When the recovery advocacy movement in the U.S. first came of age in the U.S., our first national leaders brought recovery credentials, but many had short life expectancies in their leadership roles. In retrospect, I'm not sure anyone in recovery from any constituency group could have commanded broad enough respect and a broad enough range of skills to have survived at a national leadership level. When Pat Taylor assumed leadership of Faces and Voices of Recovery, there were initial mumblings from the grassroots that she was not a person in recovery, but she was the perfect choice at that time to stand without historical baggage between all the constituency groups and bring them all to the table. Yes, she brought great skills and energy to this role, but she succeeded also because we did not need to act out our own damaged self-esteem at her expense. I'm not suggesting we avoid choosing leaders in recovery, but I am suggesting that all our leaders need protection from forces within

the movement as well as from the more visible forces of resistance from outside the movement.

Stephen Bamber: This raises a broader question about the roles people without personal or family recovery experience can play in the movement.

William White: There is a long history of the contributions of people not in recovery to recovery mutual aid societies and recovery advocacy movements similar to the supportive roles whites played in the American civil rights movement. What would have been the fate of AA without people like Charles Towns, Dr. William Silkworth, Reverend Sam Shoemaker, Henrietta Seiberling, Sister Ignatia, Dr. Harry Tiebout, Jack Alexander, Father Edward Dowling, John Rockefeller, Willard Richardson, and Frank Amos, to name just a few? AA historian Ernie Kurtz once noted the following about these individuals.

They were not alcoholic, but they did all have something in common: each, in his or her own way, had experienced tragedy in their lives. They had all known kenosis; they had been emptied out; they had hit bottom....whatever vocabulary you want. They had stared into the abyss. They had lived through a dark night of the soul. Each had encountered and survived tragedy.

What Ernie is suggesting here is very important. What is needed to connect to this movement is not a past status of addiction nor a particular set of professional credentials but experiences that allow a person to relate to recovering people from a position of humility and emotional authenticity and to enter into these relationships from a position of moral equality. It is also important to acknowledge that family members have been fully welcomed into the heart of this movement, including in leadership roles, and friends and allies are playing important roles in this movement.

WE Movements versus I Movements

Stephen Bamber: There would seem to be considerable differences between advocacy organizations that have broad and rotating leaders versus those relying on a single charismatic leader?

William White: Yes. Who in recovery has not had messianic aspirations of saving oneself and then saving the world? But the last thing a recovery advocacy movement needs is a messiah. Few people in recovery could survive the pressure of such a role, and I don't know of a single successful movement that relied on a single charismatic leader or even a small cadre of such leaders. The long-term strength of these movements comes from what we do together. I-movements rise and fall while WE-movements endure. That's one of the many lessons recovery advocacy movements should learn from AA's survival as a recovery mutual aid society.

There is a new age cultural shtick suggesting that we must each find our own song to sing. That's easy for people in recovery. We have always felt pathologically unique and socially disconnected—always sung our own song, usually out of harmony with everyone around us. A movement of such emotional and relational iconoclasts, if it ever could be called a movement, would sound more like a Tower of Babel than a choir. The question for us as a people is not. "Can we each find our own personal song?" It is, "Can we find a place and a song that we can sing with others in harmony?" And this is not just an issue of whether a movement can develop a central message and stay on message. It is about how to protect those who choose to participate in the movement. It is the awareness that standing by the hundreds and thousands reduces the enormous vulnerability that comes from standing in isolation to confront stigma and its multiple manifestations.

Put simply, it is not safe for us to stand along. Attention can make the most stable recovery tremble. The glare of the camera and the beckoning microphone can be as intoxicating as any drug. Like Icarus flying

too close to the sun, we are doomed in the face of such self-absorption—whether from overwhelming feelings of unworthiness or, perhaps worse, from the feeling that we are the most worthy. It is only when we speak from a position of WE that safety and protection of the larger cause is assured. When asked, “Who is your leader?” we should declare that we are without leaders or that we are all leaders. The media wants a hero they can deify today and castigate tomorrow. The latter can be prevented only by preventing the former. Enemies of the movement want individual targets. Such targets must be either denied or carefully protected.

Stephen Bamber: What about those who do possess charismatic gifts –is it possible for these individuals to find a place for themselves in a WE organization or are they forever doomed to be solitary “I”s. Furthermore, how do you manage such individuals (or support these individuals to self-manage themselves effectively?). People with charisma tend to naturally assume leadership roles and responsibilities– the group allows them to take that role. Isn’t there a tension here?

William White: Charisma is a blessing and a curse to recovery mutual aid and recovery advocacy movements. It is something of a paradox that such movements often cannot survive their infancy without charismatic leaders, but cannot reach maturity without transcending charismatic styles of leadership. Charisma creates what might be called the “high priest” role, its inner circle and the centralization of power that is its inevitable accompaniment. As power and control emerge as central themes in the life of the organization, there are inevitably plots, conspiracies, uprising, schisms, and purges. Even when the high priest is overthrown in such circumstances, the coup leader often simply assumes the high priest role and the process continues.

Only AA’s Traditions allowed it to escape this fate, but even in AA these cycles are sometime recapitulated at the local group level. AA is one of the most

decentralized organizations in history, but even AA had to struggle with the question of whether it could survive the passing of its founders. There is always ambivalence about such central figures. Bill W. and Dr. Bob have been reified within AA since their deaths as has Jimmy K. in NA, but this status masks the bitter criticism they each faced within the fellowships when they were alive. As a group, we both need the strong charismatic figure while at the same time we hate ourselves for that need. Escaping that dilemma requires the central task of growing up and accepting responsibility for the fate of ourselves and our organization. Both recovery mutual aid societies and recovery advocacy organizations/movements eventually need to come of age through such a maturation process.

Stephen Bamber: What about the challenges of transitions in leadership?

William White: Perhaps the greatest of such challenges is the transition in leadership between the founders of recovery advocacy organizations and the second generation. That is always a litmus test of viability, just as it is in recovery mutual aid societies. Organizations and larger movements that are successful find ways to decentralize leadership through structures that provide for leadership development and rituals that facilitate regular succession.

Even under the best circumstances, these transitions can be difficult for the organization and for the individuals involved. We have a tendency toward strong, charismatic leaders because it is so difficult to launch and sustain recovery advocacy organizations. Once successful, we then have to figure out how to live with and without such leaders. And we have to manage the more common transitions of people entering and leaving participation in the movement. We need to build in permissions, procedures and processes for people to leave active participation in the movement.

The movement itself is best conceptualized as a marathon run as a relay—people engaging and disengaging as

needed over a prolonged period of time. Many people will come and go or return at particular times in the life of the movement, while others will be part of the daily struggles of the movement for the duration. That's just the way social movements are; this is not to say one style is superior to another. I am a great admirer of endurance and tenacity, but movements also need those who help in short bursts.

Stephen Bamber: It is inevitable that some leaders will be self-appointed—particularly in nascent movements as they cross the threshold of emergence. Furthermore, it is difficult to establish rotating leadership in organizations who in the early stages of their formation. How long should such leaders remain in situ? Is there any guidance you can offer to help those involved in such groups.

William White: I'm not sure we have a firm answer to that question yet. I think the principle is as follows: The longer the intellectual, emotional and social life of the movement is centered on a charismatic leader, the less the long-term viability of the organization or movement. But you are right, without a charismatic figure or a cohesive leadership core, movements would not get fully launched and reach a stage of initial sustainability. You can't move beyond such figures until a vision, values and rituals are forged that can sustain the group and its replication and dispersion by cell division in the absence of the leader. That's also why movement literature is so important.

The alternatives to cult-like leaders require concerted leadership development efforts and the progressive decentralization of decision-making throughout the organization. AA and NA have done this through the framework of their traditions and service structures. Now this does not mean that we have to challenge and extrude our charismatic figures to achieve maturity, but it does mean that we have to help such figures redefine their roles and relationships—in short, to join the movement as members. When that doesn't happen, the organization/movement moves towards

incestuous closure and the risk of eventual implosion (See Janzen's book, *The Rise and Fall of Synanon*).

Radical Recovery

Stephen Bamber: You have written about a style of radical recovery? Is that an aspirational model for everyone involved in recovery advocacy?

William White: I don't think that is a style for everyone. Many will want to keep their involvement focused on a personal level of recovery support. But we need voices within the movement to remind us, sometime in indelicate language, that the bodies and souls of the addicted feed multi-billion dollar industrial economies. A radicalized recovery—even a culturally and politically conscious recovery—recognizes that recovery is a political as well as personal act. A day may come when recovery will be initiated as an act of cultural protest—a strike through which we refuse to feed licit and illicit drug industries, the prison industrial complex, predatory treatment institutions (those that care more about corporate profit than patient progress) and all their sub-industries. We need people to remind us that addiction is a story of personal vulnerability, but that it is at the same time a story of collective vulnerability—vulnerability rooted in particular historical, social, economic and political circumstances. We need people who remind us that addiction is also a manifestation of historical trauma, class warfare and community degeneration.

We have to ask ourselves, "Who profits from excessive AOD use and the demonization of AOD problems? The politicians, the press, the multiple institutions that have been granted partial ownership of these problems reap such benefits. There are also the AOD industries who profit from the portrayal of the source of AOD problems as residing with the personal pathology of a deviant minority rather than with their products and their marketing schemes. These are powerful forces to challenge, and we should never forget that in terms of the campaigns we choose to wage, nor should

we forget this in terms of our organizational or personal safety. If we as a movement confront the political manipulation of the public images of addiction, if we challenge the safety of products produced by billion-dollar industries, if we suggest higher taxation of AOD industries to pay for the casualties that are a byproduct of their profits, if we suggest that prisons are serving as concentration camps for sick people more in need of medical care than paramilitary control, and if we demand that treatment institutions be portals of exit into sustainable recovery rather than revolving doors for brief respite within prolonged addiction careers; then we can expect pushback of enormous proportions. We must build a power base to take on such battles and choose those battles carefully. Misjudgments in this area can have dire organizational and personal consequences.

Stephen Bamber: You referenced prisons. Do you feel prisons will become an incubation chamber for radical recovery?

William White: I do. I think such a style of radicalized recovery will rise within the prisons systems and then move into communities across the world. That seems a strange prediction given that on their surface prisons are such an inhospitable environment for recovery, or for that matter, for any social movement. But I think prophets will rise within these environments who will articulate a new motivation for recovery and a new style of living in recovery that will blend personal transformation with cultural and political activism. There may be people reading these words at this moment who will lead this movement. I suspect that movement will start in the U.S. because of the frenzy with which we have tried to incarcerate our way out of the addiction problem.

Image Management and the Media

Stephen Bamber: One of the goals of the recovery advocacy movement is the authentic portrayal of the recovery experience. What challenges do we face in

this process? Isn't there a danger of creating a master narrative that excludes those who do not or cannot self-identify in such a way?

William White: We must contend with twin dangers. First is the saturated press coverage of iconic deaths and other dramatizations of addiction. Second is the repeated portrayal of people representing recovery who know little if anything about it—celebrities recycling in and out of “rehab” following their latest crash and burn experiences, or persons freshly out of rehab still in the throes of the recovery honeymoon who want to convert the world. The resulting public image is one of recovery pessimism and the image of recovery as someone hours or days sober or not sober at all who is self-destructive, self-absorbed and pleading to escape the consequences of their latest indiscretions—in short, someone who got caught! Such an image conveys a definition of recovery as someone who, at best, is trying to stop their drug use or, at worst, someone who is using a feint towards recovery as a manipulative gambit.

Another factor contributing to a distorted image of recovery is that the public faces and voices of recovery tend to be over-represented by those of us who have become a “professional ex”—persons in recovery employed in the AOD problems arena. This may inadvertently convey that recovery is only possible living within this restricted milieu or that recovery is simply a jobs program for people who can function in no other setting. There is no recovery movement as long as the faces and voices of recovery are those in paid roles within the AOD problems arena. We become a movement when we stand not as addiction counselors or paid educators, but as people in recovery who are business, political and religious leaders; physicians and pilots; students and construction workers; actors and musicians; teachers and computer techs; nurses and authors; and who stand representing a rainbow of ethnic groups, political parties and religious faiths. That's when stereotypes will shatter and stigma will die of exposure.

Now the first inclination to counter these stereotypes is to march several thousand of us into the streets to proclaim that we have not used alcohol or drugs for years and that our lives in recovery could not be more perfect. This is the recovery version of *The Stepford Wives* movie, for those who remember it—a compliant, giddy happiness that mistakenly conveys that the achievement of recovery is an exhilarating leap into “and he/she lived happily ever after.” As a movement, it is tempting to march into public our prettiest, smartest, most articulate, least threatening members and fill the media cameras with smiles and recovery slogans, but that is a temptation we must resist or quickly escape.

And it is easy for us to get seduced by this image at a personal level through misguided efforts in recovery to become the perfect person, to create the perfect life and to project this perfect image of recovery to others. This is a poor choice personally because it creates an image none of us can live up to, and it also invites attack from those who refuse to believe that intelligence, attractiveness, industriousness and service to community cannot co-exist with addiction recovery. Presented with such images of perfection, people will seek to revoke either our addiction stories or recovery stories to keep their own stereotypes and their view of themselves intact. These stereotypes must be shattered by the authentic, but imperfect stories of the daily lives of thousands of people in recovery.

The alternative to the “recovery is a sham/hustle” and “recovery is a panacea for all life’s problems” is an authentic portrayal of the complexity, intensity and, at times, emotional rawness of recovery. Recovery requires climbing through a mountain of garbage before we become as clean inside as we appear outside. Recovery bears wonderful fruit, but it is also about struggle and suffering because life is about struggle and suffering. Recovery is about imperfection and brokenness because all humans are imperfect and broken—some of us more than others. Recovery is about escaping secrets because all humans have

secrets that we spend a good deal of our lives running from.

So we need recovery stories that tell the story of whole people and the whole recovery experience. We need people who can say “Recovery is my most sacred possession” and also say there are days when “recovery sucks”—that it’s complex and confusing and uncomfortable and emotionally messy—and that yes it is all worth it!” What we need are stories of authentic experience rather than stories whose intent is to sell something. Above all we must be careful in not replacing alcoholic and dope fiend caricatures with equally stereotyped caricatures portraying all people in recovery as deliriously happy, spiritually enlightened super-citizens. And to do that we must understand the press in all its forms.

The primary function of the press is not truth, justice or social contribution; it is the sale of products which involves an ever-escalating competition for the public’s attention. Every day the press creates heroes and destroys heroes; it elevates causes and obliterates causes all for one purpose: attention. So the challenge we face is to use this institution at the same time it will seek to use us, while avoiding the highs and lows of this perpetual drama as best we can. The problem in using the press as a vehicle of recovery education is that long-term recovery progressively eliminates what the media thrives on—drama and crisis.

Stephen Bamber: What do you see as the value of larger recovery celebration events?

William White: At a personal level, they help purge the shame that festers or, at best, lingers as a deep stain on those of us who have experienced addiction. Shame is about the loss of face—the sense that we have lost our right to be seen and heard not because of what we have done or failed to do but because of who we are. *Faces and Voices of Recovery* was the perfect name for the organization that would represent us in the U.S. because, at its most fundamental level, this movement is about the restoration of face and voice and the use of our publicly

disclosed stories as a catalyst for social change.

At a cultural level, these events make recovery and its varieties and styles visible, acceptable and even heroic. It is amazing to see how people in recovery respond the first time they march in public with thousands of other people in recovery. We have for many years had an annual event called America Honors Recovery at which we bestow awards on individuals and organizations who have helped shape the future of recovery in the United States. I think such events are very important. I know some people who are nominated get squeamish about such attention, but I think to refuse such an honor is to disrespect the community which bestows it. I nominate people every year for this award and feel it is an important ritual through which we pay tribute to those who are truly making a difference with their service work.

Stephen Bamber: Not everyone wants to publicly celebrate his or her recovery – don't some people want to become socially "invisible" and free to live their lives without attracting attention? I am particularly mindful of those in medication-assisted recovery who face prodigious barriers to social re/integration. Is there a place for such people in recovery advocacy movements and if so, what might that be?

William White: Yes, a large number of people are involved in recovery advocacy quietly and invisibly. The call for a vanguard of people in recovery to put a public face and voice on recovery is not a call for all people in recovery to serve in such public roles. It is a call to those who are temperamentally suited for such a role and whose present life circumstances permit such a role without harm to themselves or their families. For those who prefer to, or by necessity must, avoid public participation, there are many ways they can offer support. Many work behind the scenes in support of advocacy activities, offering time and contributing financial support—neither wanting nor receiving public acknowledgement for that support. There are all manner of styles of

participation in recovery advocacy. All are needed and all styles of support should be respected.

Role of Government

Stephen Bamber: What is the role, if any, of government in recovery advocacy movements?

William White: We are seeing governments begin to embrace recovery as a new organizing paradigm for managing severe alcohol and other drug problems. This marks a shift in focus from allocating resources to study the problem or intervene in the problem to the actual solutions to the problem, e.g., resilience, resistance and recovery. Governments are exercising this shift in thinking in three primary areas: policy, funding, and regulatory guidelines and monitoring.

In the U.S., our national Center for Substance Abuse Treatment (CSAT) played several important roles in the recovery advocacy movement. In 1998, CSAT began providing seed money to stimulate the development of grassroots addiction recovery advocacy organizations. That helped stimulate local organizations but it also created venues to bring these local organizations together for the first time at national meetings. That provided tremendous impetus in creating those cross regional conversations that were so important to the launch of a national movement. CSAT's Recovery Community Support Program was an important cauldron for development of the movement's kinetic ideas—ideas that would later stir communities to action across the country. CSAT would also come to play important roles in the elevation of national recovery month activities, in elevating recovery as an organizing concept for addiction treatment, and in hosting a series of recovery summits. Sometimes governments can help in the simplest of ways. When we planned the historic 2001 Recovery Summit in St. Paul, Minnesota, we did not need money for speakers or such—we were all there as volunteers, but we did need money to pay for

advocates from around the country to get there who could not otherwise afford it. We were able to find some existing government contracts through which we could help subsidize the travel costs of many of the participants. If you look at what has flowed out of that meeting in the years since, you could build the case that those travel dollars were one of the best investments in the history of the addictions field. Contributing to getting the right people together at just the right time can reap dividends for decades to come. Governments can help most by facilitating that gathering process.

Stephen Bamber: Were there any downsides to this government involvement?

William White: There were lessons in the power of government money to influence a movement's direction. In 2002, political winds had shifted and CSAT was directed from the White House to stop funding advocacy activities. To salvage the RCSP, CSAT shifted its emphasis from funding advocacy activities to funding recovery support services. Like a lightning strike, the larger movement through this influence shifted in this same direction. Some organizations refused to change their mission and refused continued funding. Others shifted, but tried to find other ways to continue advocacy activities—either on a voluntary basis or through other funds. For those local organizations completely dependent on CSAT funding, many changed in what seemed like a heartbeat. It was a powerful demonstration of how a movement's focus or core activities can be shifted not based on shifting needs and priorities of people seeking or in recovery, but by external political and financial forces.

Stephen Bamber: This is interesting and important. It would be tragic if recovery advocacy became dependent on governmental funding alone. Isn't there something disempowering about this? Wouldn't this prevent the style of radical recovery you have talked about?

William White: Yes, the worst thing that could happen would be a movement that through its financial dependence became a puppet whose strings were controlled by the political winds of the moment. And we flirted with such dependency in the early days of the recovery advocacy movement in the U.S. At some point, recovering people must take ownership of the financial future of the movement. Our friends and allies can help, but the central core that sustains our existence must be controlled by people in recovery.

Stephen Bamber: So you're suggesting that government has the power to help and hurt recovery advocacy movements?

William White: Yes, and there are more subtle forms of injury that is of concern. Let me give you one example. Many recovery community organizations had offered peer-based recovery support services through the use of volunteers before the shift in CSAT policy. With the policy shift, many began providing these services through paid roles. What that constituted was a step toward the professionalization and commercialization of the role of indigenous peer support. Some of us argued that great harm could come from this shift if it resulted in an erosion of the long-standing volunteer service ethic within communities of recovery. The jury is still out on whether this injury has occurred and is in fact occurring. The test of long-term effectiveness of the recovery advocacy peer support movement will be how much of what we are doing is sustainable without external funding. Money comes and goes. The movement must be built on a foundation of voluntary service.

Stephen Bamber: Would you say the overall influence of government funding has been one of help or harm?

William White: I think the primary influence has been one of help. What CSAT was able to do was infect national policy with recovery and the ripples of this influence extended to the White House Office of Drug Control Policy (ONDCP) and is now extending to our

addictions research institutes—the National Institute on Drug Abuse (NIDA) and the National Institute for Alcohol Abuse and Alcoholism (NIAAA). The resulting changes in policy have ripple effects far beyond what would have been otherwise possible.

Such effects were possible because of people like Dr. H. Westley Clark and Cathy Nugent at CSAT and Tom McLellan and Keith Humphreys during their time at ONDCP. We tend to think of the recovery advocates working in grassroots organizations as the tip of the spear of this movement, but there are also recovery advocates working in the belly of the administrative beasts that govern alcohol and other drug policies. I have had the pleasure of meeting Mark Gilman and others in the UK who I also see playing this kind of a role.

Stephen Bamber: Nikolas Rose talks about Citizenship being demonstrated through ‘the free exercise of personal choice among a variety of marketed options’. Governmental conceptions of citizenship tend to be fairly narrow – it simply means becoming an efficient producer and consumer. Doesn’t this narrow conception of citizenship marginalize a vast number of individuals who are unable to fulfill these economic obligations?

William White: The concern you raise is why it is very important to talk about citizenship in the context of recovery. I know there was some reaction in the UK to citizenship being included in the Betty Ford Consensus panel’s definition of recovery. As I understand it, there was concern that including citizenship in the recovery definition would reduce the meaning of recovery to one of achieving economic production. We did not think of it this way in our discussions at the Consensus Panel. We saw addiction as a process of other- or self-imposed isolation from community and a process that often turned one into a parasite on the community. We used the term citizenship to convey the recovery-facilitated process through which one rejoined and contributed to the community. We saw

citizenship more in terms of social inclusion and service than the act of working and paying taxes, although those activities do have meaning for many people in recovery. We also saw citizenship as a process of exercising one’s regained power to make choices and to positively influence the world.

Money and Movements

Stephen Bamber: Let’s talk more specifically about money and movements.

William White: Yes, I have written about how recovery advocacy movements can be harmed by too much money, too little money, ill-timed money and tainted money. There are two issues related to money and the recovery advocacy movement that currently have my attention—growing concern about recovery capitalism and the future potential of recovery philanthropy.

Stephen Bamber: What do you mean by recovery capitalism?

William White: Recovery capitalism is a term that depicts the shift from a purely volunteer social movement to a movement with financial capital and other resources. As an example, successful recovery advocacy movement will speed the rise of an elaborate culture of recovery. The question is, “Who benefits from the sale of recovery culture trappings or the jobs created in the wake of the movement?” Historically disempowered communities (e.g., Native American tribal communities) have been invaded and plundered for generations by persons claiming to help who drew resources out of those communities and left nothing in return but feelings of betrayal and abandonment. That same thing could happen to communities of recovery.

Stephen Bamber: How do we separate the authentic trappings of a growing recovery culture from the exploitive knock-offs and distinguish the servants from the hustlers?

William White: I think “group conscience” of the movement will distinguish those objects

that reflect the themes of the movement, but beyond the objects themselves are the issues of their source and the question of who benefits from their sale. Do these objects come from authentic recovery community organizations? Is the emphasis on the message or the messenger? Are the resources from this product or activity building community recovery capital or are they garnering personal gain? Do the profits from the sale of these items remain within the movement to support the continued work toward movement goals, or do they benefit private individuals or organizations whose primary missions are not those of the movement?

This is not just an issue of good people and bad people, although we must be vigilant in guarding against predatory individuals hijacking organizations or projects for their financial gain. It is more often a problem of drift—the need to constantly monitor our own thinking and our own actions. I have tried to distinguish what I do as a professional for which I am paid and what I do as a recovery advocate that I do for free as part of my service work. I do not accept royalties on the proceeds from the books I have authored/co-authored on the recovery advocacy movement; they instead have gone to support recovery advocacy organizations (e.g., Faces and Voices of Recovery; White Bison, Inc.). My general approach when I was traveling a great deal professionally was to be paid for my time and expenses to present at a professional conference and to volunteer time before or after such an event to local recovery community organizations. The care to avoid “making money off the movement” is a function of trying to practice what I preach as well as a strategy of self-protection. As I noted earlier, we have a tendency to “eat our own.” I have tried to avoid being on the receiving end of that process.

There’s a difference between a recovery community organization selling recovery trappings (T-shirts, books, tapes, etc.) whose profits underwrite local recovery advocacy and recovery support activities and a private vendor who chooses to exploit this personal renaissance for personal or

institutional profit. In the former, resources are recycled as a continual process of recovery community development; in the latter, these products become pornographic via their lack of authenticity and their exploitive intent. Recovery capitalism within the latter tradition reduces the movement to marketing slogans and trinkets and trash. The nature of capitalism is to objectify and commercialize everything. Movements of the heart must find a way to protect the spiritual from the material—to rise above such temptations within the movement and to protect the movement from such exploitation by outside forces. We must remind ourselves that at the core of this movement is a priceless gift—recovery—that cannot be purchased. The potentially corrupting influence of money must be actively managed. AA did this by pledging itself to cultural poverty and by refusing to endorse outside products and enterprises.

Stephen Bamber: Elaborate on the issue of paid roles?

William White: New organizations and paid service roles are part of the process through which a successful movement becomes institutionalized—and I mean that in a positive sense of how new experiments in change become structured for greater permanency. We need to create organizational contexts and roles through which previously marginalized people have pathways to full community integration. These opportunities must be protected to prevent them from being hijacked by others. The concern when the movement garners great resources is an invasion that displaces the mass of people in recovery with people lacking experiential knowledge of recovery and without the vision of those who sacrificed themselves to create these opportunities. In the U.S., we saw this happen in the 1970s and 1980s through the professionalization of the role of addiction counselor.

Stephen Bamber: And what about recovery philanthropy?

William White: Effective social movements generate resources and accumulate assets—what sociologists refer to as the spoils of movement success. These resources and assets can be continually re-invested in the movement or be drained from the movement through a process of plundering and exploitation. This is a hard equation to calculate, but the general idea is that every person and organization drawing resources from the movement has a duty to give resources back to the movement whether in the form of volunteer labor or money. How much and how often is a matter of personal conscience, but the nature of such decisions will be noted by those the movement is pledged to serve and they will make judgments that distinguish the healers from the hustlers.

It is open to question whether recovery advocacy movements will ever mature to the point of financial self-sufficiency—a point where the movement is supported by people in recovery to the extent that the movement would not be dependent for its existence on external authorities. We need to support this movement with our time and talents, but we also need to support it with our wallets. We need to advocate with our money as well as our voices.

Cultural/Professional Backlash

Stephen Bamber: What is the ultimate goal of recovery advocacy as a social movement?

William White: The backlash has many sources. First, there is an inevitable backlash from those people and institutions threatened by the change that is being proposed. With some movements, this can be minimal because they are operating within a vacuum without strong vested interests. But that is definitely not the case with recovery advocacy movements. Push back can be expected from many of the sources we've discussed — politicians who've used the demonization of addicts for political gain, treatment industries, the criminal justice system and so forth. And

backlash also comes from the movement itself. I think it was Bertrand Russell who once said that all movements go too far, and he was probably right. This may be particularly true in a movement organized by and for people with such histories of personal excess. That excess can get manifested over time in both our goals and our methods. Movements have not succeeded until they have survived such excesses and the resulting backlash and institutionalized their gains. Once those gains are in place, the most rabid change agents become conservatives desirous of protecting the new status quo they helped create.

Stephen Bamber: One of the things I have noticed in the UK is a backlash from some (but by no means all) professionals traditionally involved with addiction treatment – psychologists, psychiatrists, social workers, nurses, and so on. In a well-integrated recovery-orientated treatment system professionals and their expertise will be valued as equal partners in local recovery management teams. Do you think there is a danger some professionals could be left to fix the damage inflicted by well-intentioned laypeople?

William White: You've raised two issues here. First, is the professional resistance to the recovery advocacy movement's challenge to create a more recovery-focused approach to addiction treatment and to wrap treatment in a broader menu of recovery support services. Such resistance comes from many sources. There is the issue of professional defensiveness (“We’re already doing that—recovery-oriented care.”; “Are you saying that what we have been doing all these years is all wrong?”; “This recovery stuff is just a fad; it will fade like all the ‘flavors of the month’ that preceded it.”) and guilt over the suggestion that treatment programs and their staff have reaped financial rewards from the constant recycling of people through treatment and that such these financial incentives have contributed to the lack of services focused on full, sustained recovery. There is fear that the

status and territory of addiction professionals is being threatened. There is concern among those who don't get this "whole recovery thing" that such trends as peer-based recovery support services are a step toward the deprofessionalization of addiction treatment, or as is sometimes crudely put to me, "dumbing down" treatment or "turning the asylum over to the inmates." Such comments reflect undertones of disrespect and contempt that have long-plagued relationships between addicted people and service professionals.

There is danger that this mix of professional resistance and anti-treatment sentiments coming from survivors of inadequate treatment could undermine the needed partnership between professional treatment services and the support services that are now rising out of the recovery community. And there are very real questions professionals are raising that have yet to be answered scientifically and experientially about the effects of recovery support services on long-term recovery outcomes, the interactive effects of those services with professional treatment, what types of people are best suited to provide recovery supports, what organizational contexts generate the best outcomes for recovery support services. Those kinds of questions should be asked and answered.

This tension is not about the question of which role is most effective in supporting recovery. It is a question of what people need at particular stages of their addiction and recovery careers. I think addiction professionals are extremely adept at helping patients stop using and achieve biopsychosocial stabilization, and I think they can be helpful later with the emotional crises, identity reconstruction and relationship repair that are at the core of the mid-stage recovery experience. What I don't think professionals are adept at is helping manage the transition between recovery initiation and recovery maintenance in the community. Failure to master that transition is what keeps people constantly recycling through treatment, and mastering that transition is often done within a community of other people in recovery who are experts,

not on treatment, but living in recovery. Successful long-term recovery often involves a supporting cast of professionals, family, friends, peers in recovery and indigenous community healers. All need to be part of the recovery management team.

Secondly you have raised the issue of harm in the name of help within recovery advocacy and recovery support movements. There is a long history of harm in the name of help in the history of addiction treatment and that history could be continued in the realm of recovery support services if we are not very careful. That is why it is so important to maintain role clarity and role integrity with these recovery support roles and continually monitor their effects across diverse populations and settings. There is the need for values-based service principles, and, if not ethical guidelines, at least a consensus on the etiquette through which decision-making in the peer recovery support process should be filtered. If we don't tend to these issues, then professionals may be left to mend the damage inflicted by lay people who are well-intentioned or, in what could turn out to be the worst scenario, not so well intentioned.

Stephen Bamber: How do we ensure professionals buy-in to the principles of recovery advocacy?

William White: I think we have to first respect and honor the contributions professionals have made by thanking those who have played important roles in our recoveries. We need to assure professionals that our sharpest criticisms are aimed not at inadequately executed treatment protocols but at fundamental flaws in the very design of those protocols. When we focus on that, we find common ground between the best service professionals and the most adamant recovery advocates. And then we have to find forums where we can enter into partnership to participate in this redesign of addiction treatment. Everywhere I go, I find long-tenured professionals excited and re-energized by this move toward more recovery-oriented care. For many, it recaptures the very essence of what they

hoped to be able to do working within this field. Having said that, it is important to note that not all professionals will make this transition we are undergoing. Some will reject this partnership and feel that it is a breach of professional ethics/boundaries or decide that they are simply not suited for how their role will change in this new world of addiction treatment. We should thank such people for their service and bid them adieu with full knowledge that such transitions are needed if systems of care are to truly transform.

Personal and Organizational Competition and Conflict

Stephen Bamber: Earlier, I introduced the notion of a recovery economy. This implies competition— for resources, attention, “consumers” and so forth. How do we reconcile these harsh realities of life in a recovery economy and the conflicts these realities can engender with the ideals and aspirations of a recovery advocacy movement?

William White: Movements are about struggle which means they are not for the faint of heart. Movement are turbulent, messy, unpredictable and, at times, very primitive. Movements can magnify the best and worst in us. We went through such messiness—rampant paranoia about which person and organization would lead the movement, underground gossip rather than direct communication, fears of secret deals being made, the scapegoating of early leaders. I think these processes are endemic to all social movements, but they can get magnified in a community of recovering people or in other historically disempowered groups. It’s a form of historical trauma that gets acted out in our intragroup relations. That’s why nearly all of the recovery mutual aid organizations before AA self-destructed. It wasn’t from the lack of a personal recovery program; it was their failure to find principles that could rein in these destructive group processes.

In our case in the U.S., we had many organizations eyeing each other

suspiciously, the Johnson Institute’s Alliance Project, the National Council and Alcoholism and Drug Dependence, the Legal Action Center, the Center for Substance Abuse Treatment’s Recovery Community Support Program with others (particularly the treatment industry) watching closely from the shadows. I think one of the secrets of the success of Faces and Voices of Recovery as a new emerging organization was that it didn’t compete; it celebrated all who had contributed, elevated their respective commitments and connected these efforts. Not an easy effort, but nonetheless quite an achievement.

Stephen Bamber: What are the most frequent sources of conflicts that can threaten recovery movements?

William White: I personally think of them as the 5 Ps: Personality (assertion of egos), power and privilege (tensions over status and inclusion), possessions (money and property), press (issues surrounding internal and external recognition) and passion (occasional intragroup disruptions related to relationship dramas of movement members—a particular problem if there is a predatory pattern within such relationships). Regarding the latter, we have to learn how to manage the intensity of interpersonal relationships within the movement. I don’t just mean the occasional disruptive intimate relationships that can get sparked amidst the intensity of these movements. I’m including intense friendships and strained project collaborations and relationships between rising and disengaging leaders and organizational members.

In short, if you want to start a fight among a group of people in recovery, give them a position statement they had no input in creating, give them a pile of money, select one of them for a television interview, hire one of them, give a few people fancy titles, or bring into the group mix one or more new members who are young, attractive and unattached. Movements that can’t transcend the 5 Ps implode into the dustbin of history. Sometimes there is conflict because there are real issues that need to be sorted

through and for which the best path is not always clear. In the U.S., we had early difficulty sorting out the role of prominent treatment institutions and their representatives. We ended up insisting that people in recovery must lead the movement—that we would not be the marketing and lobbying arm of the private or public treatment industry, and that people who were in recovery and also worked for treatment institutions needed to stay out of their professional roles while involved in movement activities. Now those were clear cut issues we had to address—issues about clarity and integrity of our mission and our goals. Once those boundaries were clear, conflict subsided and there were all kinds of opportunities for positive collaboration.

And I would be remiss if I did acknowledge that conflict sometimes arises from us acting out our own personal sickness and our deeply imbedded and self-destructive patterns of relating to others. People in recovery, like a lot of people, don't always play well together, and some find it easier to get attention from opposition against rather than advocacy for. Every movement has people whose role in life is to stir shit up, but that gets sorted out over time as the compulsive critics lose credibility and are replaced by those who quietly go about the movement's more constructive business. And sometimes there are just big personalities that can launch a movement at the same time they suck the air out of it. Those among our readers familiar with the history of NA will recall that early NA imploded behind the personality of such a leader before NA as it is known today was reborn in 1959. For movements to succeed, such personalities have to be tempered once the movement is jump-started. Those most comfortable speaking from the podium must learn how to listen and the listeners must find their voices. That's how a movement finds balance. Those who are students of recovery history will also recall such balancing process in the relationship between AA's co-founders. It has often been said that if AA had only been founded by Dr. Bob, it would just now be getting out of Akron, Ohio. If it had been founded by Bill

W., it would have been commercially franchised throughout the world like McDonalds. Together, these two very different men made the chemistry of their early leadership work. Each had weaknesses and vulnerabilities, but found strength and resilience when they stood together. That discovery became a metaphor for the fellowship as a whole.

Stephen Bamber: What are the most important lessons about the nature of such conflict?

William White: I think it is important to normalize conflict and not attribute it solely to the vagaries of particular people or organizations. Conflict is inevitable and perpetual in recovery advocacy movements for a variety of reasons. The issues are of high import. Effective strategies have not been well charted. Our own character defects and less than ideal relational and problem solving styles inhibit the consensus process. (Consensus requires transcendence of ego and that is not our strong suit as a people.) And we are faced off against people and institutions that bait and provoke such conflicts as a defensive strategy.

Tension and conflict are perpetual because recovery movements, like the recovery process itself, evolve dynamically, reach stuck points and wonder into promising blind alleys—or succeed in ways we don't know how to handle. They are perpetual because the issues keep changing and the players keep changing. I sometimes think of the movement as a long river run—periods of profound bliss interrupted by dangerous rapids. And like river runs, the journey requires careful planning and preparation, constantly checking oneself and one's environment, and the company of companions who can be trusted to have your back. A possible third lesson is that conflict is not in and of itself bad. Movements feed on a kind of creative tension. The important thing is to distinguish between creative tension and destructive conflict.

Stephen Bamber: How do you distinguish these?

William White: Creative tension is when the struggle is about clarifying values, goals, priorities and strategies. It's about needs and possibilities and principles; it's not about ego and ownership of turf. Destructive tension gets personal. That's when we start questioning the recovery pedigrees of individuals and organizations. We start questioning whether people are in recovery, how they got in recovery, how they maintain their recovery, and how long they have been in recovery. We start seeing people as "less than" if they didn't use heroin or enough of it; didn't use needles; didn't spend any or enough time in jail; did not use enough or long enough; didn't experience enough degradation; didn't lose enough; didn't hurt others enough. This was paralleled in the civil rights movement by questioning whether someone was Black enough to lead the movement or whether he or she had paid enough dues.

Of course, this is such total nonsense. You can't judge the quality of recovery by the degree or duration of destructiveness that preceded it. To think in such categories is to extend "dope fiend thinking," as we called it in the early therapeutic communities of the 1960s, into the recovery process. We have to mature to the point of abandoning such categories within the movement and refuse to let others outside the movement, such as the press, professionals or government officials, impose such categories on us.

Stephen Bamber: How is this pecking order related to the stigma and demonization of addiction?

William White: That is the very essence of the issue. You don't see cancer patients organizing themselves into exclusive surgery, chemo, radiation or alternative therapy clubs. We don't see people who have managed depression without medication developing a shared identity and claiming moral superiority over those who have managed their depression with the aid of medication. So why do we see these

pecking orders of status in the addiction recovery arena?

The answer seems to me to lie in the stigma attached to addiction and the personal shame that is its legacy. I don't think any of us can escape it. Those of us who have been so judged are, in turn, quick to judge others like ourselves. We who have felt so bad about ourselves can be so quick to claim superiority over others—so quick to fight with each other rather than the real and more powerful enemies of this movement. At the point our discourse deteriorates to that level, the heart of the movement has been lost. The question is whether it has been lost temporarily or permanently.

Stephen Bamber: What is the way out at that point?

William White: We must find a way out personally and collectively. On a personal level, as we mature in recovery, such needs to elevate ourselves over others dissipates. The masks of arrogance and intolerance give way to greater humility and acceptance. When we accept the imperfection in ourselves, it becomes easier to forgive what we see as imperfections in others, some of which later become understood not as imperfections but differences. The differences cease to be a threat, and we can experience true joy for another whose pathway of recovery is different than our own and others whose ideas about what is best for the movement are different from our own. We stop claiming that our way is the TRUE way and instead claim only that it works for us—today. There are very real issues in this movement over which people of good will could and do disagree, but far too much conflict comes from these more primitive processes.

When the conflict gets destructive, some movements die in whole or in part at this point, but others rise from the ashes of such nonsense by confronting and escaping that tendency to draw the circle ever tighter through schisms and purges. You have to create a big tent for a viable recovery advocacy movement. The Connecticut Community of Addiction Recovery did this in

a very unique way. They found a way to rise above all the debates about who could be part of their organization by simply saying, “You are in recovery if you say you are” and embracing families within the concept of recovery.

The first people and organizations who try to organize people in recovery will always have their motives called into question. No one wants to be put under that kind of microscope. It takes a supportive circle of people to help each other get through this stage.

Stephen Bamber: So what do we do when we find ourselves caught up in such processes?

William White: I think we have to recognize what is happening, name it and stop it. We have to honestly examine any part we may be playing in such processes, admit it to ourselves and others, make amends where needed, and get on with the real business of the movement. We have to rise above fighting each other and use our imperfect selves and imperfect organizations to take on the greater challenges that we face. And yes, we will occasionally regress. We have to catch ourselves when that happens, admit it and stop it. That is not to say we won't have serious disagreements and an occasional need to address the actions of individuals and organizations that are hurting the movement, but these need to be addressed within the movement and not on the front pages of local papers. The recovery communities to whom the movement is accountable will recognize and refuse to vet such individuals and organizations via their refusal to provide personal and financial support. The quiet wisdom of recovery elders can also guide us through such periods.

Stephen Bamber: Are there principles that can guide recovery advocacy organizations and prevent the self-destruction of these movements?

William White: There are many, but I think there are some that are particularly

important. Primacy of personal recovery recognizes that the initiation and maintenance of personal recovery is the foundation of our organizations and our larger movement. It is through this principle that we acknowledge that organizational health is contingent upon personal health—that recovery advocacy is not and cannot be a substitute for a personal program of recovery maintenance. The history of recovery advocacy movements is strewn with the bodies of those who thought otherwise. More than any other social movement, we know that we cannot save the world unless we first save (and keep saving) ourselves.

Mission fidelity means that all matters unrelated to the goal of increasing personal, family, community and cultural recovery capital are considered issues beyond the boundary of the organization's purpose and expertise. This principle helps us keep “our eyes on the prize.” There are a lot of us in the recovery movement involved in multiple causes—it's an extension of our making amends and giving back to the communities we once wounded. So we have a tendency to want to bring all these other issues into the recovery advocacy movement. We had to learn to say to each other, “This is an important issue, but this is not who we are nor is this the cause for which we came together.”

Authenticity of representation is the assurance that the organization is led by and on behalf of individuals and families in recovery and their vetted allies. It is a pledge of watchfulness on the issue of double-agency—persons who may present themselves as representatives of the recovery community who, unconsciously or with intent, represent other personal, ideological, institutional or financial interests. This is not to say people who wear such multiple hats cannot contribute to the movement, but it does say that these other potential influences on the movement must be acknowledged and minimized. Nor as we noted earlier does this mean that persons without recovery experience should be denied roles in a recovery advocacy movement. Such movements have always

been aided by persons not in recovery, but the majority of its core leadership must remain with people in recovery.

Transparency and self-inventory are principles assuring that key aspects of organizational character and functioning (e.g., decision-making, financial dealings, organizational alliances and evaluations of organizational effectiveness) are visible to organizational members, local communities of recovery and the larger community. The need for transparency flows from the recognition that the old recovery mantra “We’re only as sick as our secrets” applies to organizations as well as individuals. Transparency is an organization’s commitment to self-evaluation, its willingness to share the results of such self-scrutiny, and a promise to listen and be guided by its most important constituents. As Bill Wilson once suggested, this requires the capacity to respect one’s critics as potential benefactors.

Tolerance, inclusion and partnership are principles that commit the organization to respect for the multiple pathways of long-term personal and family recovery and to the inclusion of people representing these diverse pathways and styles of recovery. These principles also extol the power of the circle—the value of assembling ourselves in a way in which every person has a right to be seen and heard.

Stewardship is a principle that reminds us of the preciousness of the resources we oversee and our responsibility to allocate those resources in the best possible way to support the growth of local recovery capital.

Vigilance is a principle that prevents us from turning our attention from battles we feel have been won. In the US, the recovery advocates of the 1940s, 1950s and 1960s abandoned the intensity of their public education and policy advocacy work to help build new treatment resources which they had helped created. It was with their attention diverted that new efforts to stigmatize, demedicalize and criminalize alcohol and other drug problems rose again. Change once achieved must be aggressively protected.

I think those are among the most important principles, but of course there are the near universal recovery values that also become part of the DNA of the movement—values such as humility, simplicity, respect, tolerance, service, to name a few. But it may not be enough to leave this all to chance. There is value in recovery advocacy organizations setting down and making explicit the values and etiquette that will guide their relationships with one another and with the larger communities within which they are nested.

These implicit or explicit agreements need to become a foundation of the movement in the same way the Traditions have served and continue to serve Twelve Step recovery fellowships. When we as an advocacy movement lose our way as we periodically have and inevitably will again, it is these values and our founding vision to which we must return to re-center ourselves.

Stephen Bamber: I can see how it might be both helpful and harmful to wash the nascent recovery movement’s “dirty laundry” in public – by that I mean making public allegations of corruption, malpractice or other nefarious activity. On the one hand it demands instant accountability and action, on the other it can erode mutual trust and create an unhealthy culture of defensiveness, paranoia and ‘blame-throwing’. What is the best way to deal with instances of alleged wrong-doing and do you have any advice to offer those who wish to put things right?

William White: First, I think it is important to recognize that recovery movements are no more or less immune to such misdeeds than are political, religious, educational or business organizations. Will there be such personal aberrations? Of course, there will. Could there even be efforts to hijack the movement for financial or ideological gain? Of course, that is a possibility. Those are risks within all social movements. So what stops such misdeeds? There are really two things. First, recovery movements have the ultimate enforcer. When we drift too far from our focus on recovery, we implode personally and we implode organizationally.

That's one of the primary lessons from our history as a people. Second, there is a movement conscience analogous to the group conscience within local recovery fellowships that rises in response to such issues. That can take the form of group consensus or it can come in the voice of an elder or elders of the community whose wisdom is widely respected.

At a personal level, when we see wrongdoing, we can speak out inside our organizations and inside the movement where that is possible, and if we can't find forums to speak, then we vote with our feet and with our pocketbooks. We withdraw our participation and we withdraw our financial support. Now let's make this a little more concrete. What would we do if we discovered evidence that persons seeking help from a local recovery support organization were being sexually exploited by the leader of that organization? Our responsibility would be to help those persons so exploited seek redress through all avenues that are available to them, explore all avenues to stop such exploitation and to assure that such exploitation does not happen in the future. What is important is that we individually and the recovery community are not complicit in such exploitation via our silence and that we have taken all personal and collection action possible to stop such victimization. This is an extension of the recovery process itself to the community as a whole: when wrongs are made, we admit and correct them. We must find the balance between "washing our dirty laundry" in public (actually, it is usually someone else's) and hurting multiple parties through our silence. These decisions are best sorted out in fellowship with others rather than as individuals.

Chronicling Movement History

Stephen Bamber: What suggestions do you have for those in other countries who might serve the role you have played chronicling the US recovery advocacy movement?

William White: I think the nature of such a role could be misunderstood if you only view the end products—the writings and speeches. All of us want to such visibility and we all want to be seen as clever and wise, but our influence may be determined less by what we say in print or presentation and more by the quality of the questions that we ask and how well we listen to the answers others provide us. The chronicler's most important roles are listening and observing. Everything hinges on that.

As for documenting the history itself, I continue to rely on my mentor's (Dr. Ernie Kurtz) admonitions to: 1) tell the story chronologically, 2) tell the story in context, 3) provide the evidence—ALL of the evidence, 4) separate fact from conjecture and opinion, 5) tell the story from different perspectives, and 6) localize and personalize the story. The famed historian Barbara Tuchman often talked about the challenges of writing history while it was still smoking—when you are still so close up it is hard to see what is significant. The challenge that I and others have chronicling this international recovery advocacy movement is even more difficult—writing about this movement while it is still on fire. We need to chronicle the unfolding of these movements because so much of the early stages of movements are not captured in archival documents and because retrospective memory is so fallible and filtered. Without these chronicles, we have history told only by the survivors whose stories have often been reconstructed to serve personal, organizational or ideological agendas.

Reflections on Personal Role

Stephen Bamber: *How has your own role as a recovery advocate evolved over the past decade?*

William White: I've moved beyond my early roles as Chicken Little—running around telling everyone the sky is falling and that we need to do something about it—and Johnny Appleseed—traveling from community to community spreading seeds of the rising movement. I see myself more in the

background now as a person who performs technical work on behalf of the movement. This includes capturing the movement's history and central ideas and conducting or synthesizing recovery-related research that could add intellectual and scientific credibility to the movement. The former I have always done on a voluntary basis; the latter I have been able to devote more time to in recent years through my professional work on recovery-related research and writing.

Today, I am essentially a servant of these grassroots and professional recovery movements. Individuals and organizations give me my assignments by the questions they raise and then I go off and research, think and write about them and deliver my contributions in the form of papers, monographs and books. I'm too old and physically beat up to continue the travel rigors, so the best way I can now help is at my writing desk.

Stephen Bamber: It strikes me that it is the quality and quantity of individual engagement that ultimately determines the efficacy and success of advocacy movements. What does it take at a personal level to sustain involvement in a recovery advocacy movement?

William White: Movements have insatiable appetites for time and talent and they can suck us dry even as they fill us with deep meaning and purpose. Maintaining balance is critical to sustaining our health during movement participation which is a problem since, as a people, balance has not exactly been our dominant character trait. Our natural inclination is to over-extend so such risks must be consciously self-monitored and achieved through our care and support of one another. Sustaining our health requires the management of impatience and fatigue, a thick skin and sense of humor and careful attention to one's personal and relational health. I've also been recently thinking about what it means to families to have someone deeply invested in these movements. I think we have to find ways to involve our families in movement activities or be extremely careful in balancing family and movement time. Someone I once had in training shared the following admonition which had been passed down through his family of social activists: "One must be careful in carrying light to the community to not leave one's own home in darkness." Those are very profound words.

Stephen Bamber: They are indeed Bill, and a fitting way to draw this second Dialogue to a close. Thank you.