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## Recovery rising: Radical recovery in America

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*. . . the individual, family and community are not separate; they are one. To injure one is to injure all; to heal one is to heal all.* – from The Red Road to Wellbriety, 2002

In the mid-eighteenth century a number of Delaware Prophets launched the first Native American abstinence-based religious and cultural revitalization movements among native peoples. Today, a vibrant Wellbriety movement is spreading through Indian country under the sober leadership of Native Americans who are using their own personal transformations as a springboard for the transformation and renewal of Native families and tribes.

In 1845 Frederick Douglass signed a pledge of abstinence and went on to lead the movement to abolish slavery in America. Douglass also played a critical role in the “colored temperance movement” via his assertion that the sobriety of black people was essential to their liberation and

assumption of full citizenship. Today, African Americans in recovery and their family members are again moving beyond their own healing to confront the larger alcohol and drug problems of their communities. They are organizing within their churches and creating new grassroots recovery advocacy and social-action organizations.

The American temperance movement was fueled in great part by women whose lives had been wounded by the alcoholism of their fathers, brothers, husbands, and sons. Their sustained activism played a major role in reducing American alcohol problems over the course of the nineteenth century. Today, women and men whose families have been injured by alcohol and other drugs are once again organizing to change social policies related to these problems.

In the mid-nineteenth century members of the Washingtonian Temperance Society opened a “Home for the Fallen”—the

precursor to the Washingtonian Homes of Boston and Chicago that were among the earliest addiction-treatment programs in the country. Today, people in recovery are organizing an ever-expanding network of sober houses and recovery homes to once again provide a sober environment for those seeking recovery.

In the nineteenth century charismatic speakers such as John Gough and John Hawkins sparked hope among the addicted through their powerful stories of recovery from addiction. Today, speakers with similar stories and charisma are replicating this process by calling for social as well as personal change.

Something is reawakening inside America. People whose stigmatized condition left them hiding alone or cloistered in subterranean subcultures are stepping into the light to tell the stories of their wounds and their redemption. They are offering their time, talents, and testimonies to address alcohol and other drug-related problems in their local communities and in the country as a whole. They exemplify a transition from self-healing to social activism that could aptly be described as a style of radical recovery.

For the past five years I have had the opportunity to observe and collaborate with these recovery activists from across the country. The purpose of this brief essay is to honor the spirit of these activists by describing their unique style of recovery.

The coupling of the two words—radical and recovery—seems incongruous. While addiction connotes excess, recovery is rooted in the cultivation of balance and harmony. To do anything to an extreme would seem more a symptom of addiction than a dimension of recovery. But some aspects of the recovery process capitalize on this propensity for excess. The first edition of the book *Alcoholics Anonymous* speaks of the need for extreme measures to recover from alcoholism (“half measures availed us nothing”; AA, 1939); *Women for Sobriety* extols the importance of the “big decision” (Kirkpatrick, 1986); and *Secular*

*Organizations for Sobriety* emphasizes the “sobriety priority”—a decision to never drink no matter what (Christopher, 1992). Many spiritual, religious, and secular recovery traditions share a radical commitment to sobriety and a radical reconstruction of personal identity and lifestyle. Recovery in these traditions is so extreme in its effects that it has come to be defined as far more than the removal of alcohol and other drugs from an otherwise unchanged life. The discovery that people seeking recovery could achieve together what had been unobtainable alone was itself a radical innovation. Put simply, personal recovery is often radical in its methods and outcomes. This essay explores a different kind of radicalness—a radicalness directed not at healing of the self, but at healing the world.

The development and resolution of alcohol and other drug (AOD) problems are usually understood on an individual level. Recovery narratives depict the evolution of the addiction experience, the transforming journey from addiction to recovery, and one’s evolving life in recovery in highly personal terms. There are, however, larger contexts within which these personal addiction and recovery narratives can be understood. The sources and solutions to AOD problems are nested within particular historical, economic, political, and cultural contexts. In the aggregate, addiction transcends personal tragedy to stand as a symptom of system malfunction—a breakdown in the relationships between individuals, families, and communities. An understanding of the ecology of addiction and recovery constitutes the very foundation of radical recovery. *Radical recovery* is not a projection of blame for one’s addiction, nor an abdication of personal responsibility for one’s own recovery. It is a sustained meditation on the broader social meaning of the experiences of addiction and recovery.

*Radical recovery is the use of one’s recovery from addiction as a platform to advocate social change related to the sources of and solutions to community-wide AOD problems.* The phrase radical recovery is not this author’s invention. The call for a radicalized style of recovery emerged as a

reaction to the highly commercialized New Age recovery movement of the 1980s (Rapping, 1993; Morell, 1996), but its roots go much deeper. Radical recovery traditions span the prophetic leaders of eighteenth and nineteenth century Native American healing and cultural revitalization movements (Coyhis and White, 2002, 2003; Brave Heart, 2003), the “reformed reformers” of the American temperance movement (White, 1998), African American activists portraying drugs as a weapon of colonization (Tabor, 1970), and feminist charges of the 1990s that the concept of “codependency” mislabeled the cultural oppression of women as a problem of personal pathology (Tarvis, 1992; Kasl, 1992; also see Helmer, 1975, and Morgan, 1983). Today, radical recovery is exemplified in the lives of the men and women who are at the forefront of the New Recovery Advocacy Movement. This movement is reflected in new grassroots recovery-advocacy organizations whose collective goals are to

- ✓ portray alcoholism and addictions as problems for which there are viable and varied recovery solutions,
- ✓ provide living role-models that illustrate the diversity of those recovery solutions,
- ✓ counter public attempts to dehumanize, objectify, and demonize those with AOD problems,
- ✓ enhance the variety, availability, and quality of local/regional treatment and recovery support services, and
- ✓ remove environmental barriers to recovery, including the promotion of laws and social policies that reduce AOD problems and support recovery for those afflicted with AOD problems (White, 2000).

*Radical recovery is the discovery that changing oneself and changing the world are synergistic.* It is choosing to become the dropped pebble that generates enduring and far-reaching ripples through one’s family, community, and world. It is joining with kindred spirits to form communities of recovery that wish to amplify the influence of those ripples. Put simply, radical recovery is

about people in recovery defining themselves as a community; moving beyond self-healing toward social action on issues related to their shared experience; reflecting on the needs of people still suffering from addiction; and forging goals and strategies to widen the doorways of entry into recovery and to enhance the quality of the recovery experience. Radical recovery is making amends and expressing gratitude through the vehicle of social action. It is mobilizing communities of recovery to build relationships of influence with other community institutions. It is a vision to reshape the ecology of addiction and recovery in America.

*Where possible, radical recovery is family oriented—it is an extension of family healing.* It recognizes the far-reaching effects of addiction on the family and conveys the good news that recovery is also far-reaching in its effects. Radical recovery is turning the healing power of recovery within families outward as an act of service to the world. Family members, “friends of recovery,” and visionary professionals are joining with those who no longer suffer severe AOD problems to make important contributions to this emerging social-change movement.

Radical recovery is visible and vocal (in offering oneself as living proof of the reality of recovery). Such visibility is not about narcissism or exhibitionism (an assertion of ego). Radical recovery is not a superior style of recovery; it is one of many styles of recovery—a style open to those temperamentally suited for it and whose life circumstances allow such visibility without stigma-related injury to self or others. It is not an impulsive or reckless disclosure of one’s addiction/recovery story. It is a context-appropriate report of one’s status as a person who has achieved, or is working to achieve, sustained recovery from addiction. It is strategically using one’s personal/family/neighborhood story to inform a broader policy debate. It is the willingness to add one’s own face and voice to other visible faces and voices of recovery.

Radical recovery recognizes that visibility and voice come at a price within a

society that continues to stigmatize those linked to AOD problems. It seeks only a vanguard of recovered and recovering people whose personal circumstances allow them to stand as living proof of the proposition that recovery is a reality for millions of people around the world. It is the use of the personal testimonies of that vanguard to convey hope to individuals, families, and communities. It is the recognition that recovery is a gift bringing duties and obligations that transcend the self. But radical recovery, like most styles of recovery, is filled with paradoxes. Speaking out is as much about asking questions (provoking critical reflection) as it is about making statements. Speaking out has power only after silencing the self through acts of self-reflection and listening. Standing as a witness has power only when standing is an act of service, not when standing is self-congratulation.

Radical recovery is not an invitation to violate the anonymity traditions of Alcoholics Anonymous, Narcotics Anonymous, and other twelve-step fellowships. It is an invitation for some individuals and family members in twelve-step recovery and those from other pathways of recovery to talk publicly about their recovery status without reference to the means by which that recovery was achieved, e.g., without specific references to AA/NA affiliation at the level of press. It is an invitation for people to become a messenger of recovery apart from their particular identities as members of AA, NA, CA, WFS, WFS, SOS, LSR, or other recovery societies.

*Radical recovery is focused.* It extends the singularity of purpose of recovery mutual-aid groups into the arena of social action by remaining focused on issues linked to addiction and recovery. Radical recovery avoids diversions. In the current wave of service integration initiatives, radical recovery brings a singular voice of advocacy for the needs of those suffering from addiction and the needs of those in recovery. Radical recovery stays "on message." Radical Recovery is solution focused. It is about more than being a critic; it is about being a positive, creative force within local

communities and the larger culture. It does not talk about personal, family, or community pathology without noting the presence of personal, family, and community resilience. It is more concerned with the details of solutions than the details of problems.

*Radical recovery brings a sense of urgency.* Its celebration of recovery is tempered by its awareness that people continue to live deformed lives, languish in physical and psychological prisons, and needlessly die because they have not yet found the entrance to recovery. At the same time, radical recovery is patient in its recognition that community change, like personal change, requires time and sustained effort. Radical recovery is bold, but its boldness flows from integrity rather than recklessness. It is grounded in stillness, reflection, questioning, and listening.

*Radical recovery is confrontive* (of the social conditions and institutional interests within which AOD problems arise and flourish). It confronts the social stigma that shrouds addiction and inhibits recovery. One of the more astute criticisms of the modern recovery movement is that positing the source of and solution to AOD problems within the vulnerability and resilience of the individual ignores environmental conditions within which such problems flourish and strategies through which they could be prevented or resolved. While service work with individuals still suffering from addiction has a long tradition within American communities of recovery, only rarely have recovered and recovering people taken collective action on broader political and social concerns. There is, however, growing evidence that people in recovery are involving themselves in community service as part of their recovery process (Kurtz & Fisher, 2003). A new recovery-advocacy movement is mobilizing communities of recovery into a force for political advocacy on AOD-related issues (White, 2000). Radical recovery is stepping forward to be part of this movement.

*Radical recovery is political* (in recognizing that social change involves the acquisition and strategic use of power to shape addiction/recovery promoting and

inhibiting forces). It recognizes that recovery itself can be a political act as well as a means of personal healing and redemption. It is a willingness to join together for collective action on issues related to addiction and recovery. It is self-identified Democrats, Republicans, and independents joining together for common cause within the proclamation that AOD problems so threaten the health of this country that their resolution must transcend partisan politics.

*Radical recovery is sensitive to institutional interests.* Radical recovery is a sustained reflection on the sociopolitical and economic influences that influence AOD problems and policies. Radical recovery recognizes the existence of predatory industries that promote and profit from addictive products (see the work of Dr. Jean Kilbourne). When those with AOD problems are sequestered in ever-increasing numbers in jails and prisons, radical recovery asks: what individuals and institutions profit from such circumstances? It openly confronts the ways in which public health can be sacrificed for corporate gain. Radical recovery is the recognition that young men and women of color and disenfranchised whites have become the raw materials that feed the institutional (prison) economies of many communities. Radical recovery is willing to confront treatment professionals and treatment institutions that view people with AOD problems as a crop to be harvested for personal and institutional profit. Radical recovery is willing to expose hustlers masked as healers. Generations of volunteers within the local affiliates of the National Council on Alcoholism and Drug Dependence laid the policy and legislative foundations for the modern system of addiction treatment. Today's advocates are lobbying to protect that infrastructure, but they are also calling upon today's treatment organizations to become more accountable to the needs of the individuals, families, and communities they serve. *Radical recovery respects the importance of professional resources but emphasizes the recovery-initiating and recovery sustaining power of relationships that are natural (as opposed to professionalized), reciprocal (as opposed to*

*hierarchical), and enduring (as opposed to transient).* Radical recovery is not about lobbying for an infinite number of ever-expanding addiction treatment centers. It is about nurturing the development of indigenous recovery-support resources that diminish the need for professionally directed treatment.

*Radical recovery is inclusive* (in its tolerance and celebration of the multiple pathways and innumerable varieties of recovery experience) and respectful (of the traditions and folkways of various communities of recovery). Radical recovery frees one from the need to have the single recovery answer and allows one to celebrate the diverse pathways that foster escape from the addiction quagmire. It allows one to respond to such differences not out of defensive criticalness but out of true joy for another's freedom. Radical recovery makes no claim other than one's own experience and is not threatened by experiences that are different. It affirms choice in recovery and celebrates the diversity of those choices. Stated simply, its motto is "recovery by any means necessary." Radical recovery also recognizes that shared pain and redemption are the foundation of communities of recovery and that such kinship of suffering and rebirth transcends the boundaries of gender, race, social class, developmental age, sexual orientation, religious beliefs, and political affiliation. It seeks to extend the influence of those relational communities outward into the world.

Radical recovery promotes metaphors of personal and community liberation for historically disempowered peoples. There are powerful metaphors that convey the sources and solutions to AOD problems in ways that catalyze personal and community action. Radical recovery elicits such metaphors from the collective stories of those suffering from addiction within particular community, historical, and cultural contexts and respects the right of communities to generate their own catalytic metaphors. Radical recovery respects the power of such metaphors as "disease," "surrender," and "acceptance" in one cultural context and the power of "genocide,"

“liberation,” and “resurrection” in others. Radical recovery is about using the raw materials of addiction and healing to rebuild and revitalize families, neighborhoods, and communities. It is about recognizing the healing power of a community of shared experience embraced by larger communities of hope and encouragement.

*Radical recovery is collaborative.* It embraces coalitions of people with shared interests and aspirations involved in kindred causes. The movement within which radical recovery is embraced is interracial and interfaith and brings together people from diverse social classes and personal and professional backgrounds who otherwise share little in common.

### Pitfalls of Radical Recovery

A radical style of recovery is not without its pitfalls. History bears witness to a number of important lessons related to personal recovery and participation in social change.

Radical recovery is a philosophy of social action; it is not a program of personal recovery. The history of recovery is strewn with the bodies of those who thought that they could get and stay sober by trying to change the world. Radical recovery is not a means of achieving or sustaining personal recovery: it is one possible fruit of such recovery. Participation in social change must not obscure the primacy of personal recovery as a foundation for larger service to the community. It must not become a diversion from those daily activities that sustain and enrich personal recovery.

*Collective efforts at social change are best conducted in affiliation with organizations whose mission is social change rather than through organizations whose primary purpose is mutual support for addiction recovery.* Many mutual-aid organizations have lost touch with their primary mission when they have become involved in outside political and religious issues. Such involvements led to the demise of many pre-AA recovery mutual-aid societies and contributed to the emergence of the Twelve Traditions of Alcoholics

Anonymous. The integrity of the firewall between mutual-aid and advocacy organizations and their respective activities must be protected.

*Radical recovery, in its focus on social systems and social policies, could divert attention away from the suffering of individuals and families.* Care will need to be taken that advocacy for social policies and programs does not weaken the face-to-face service to those still suffering from addiction. In focusing on all manner of contextual issues, it is easy to be seduced into forgetting the power of the drug. It is the drug that people become addicted to, and personal recovery can begin only at that starting point and then work back through the etiological influences on the person-drug relationship. Treatment and mutual-aid groups are designed to aid that process at a personal level. Advocacy organizations are designed to address the contexts in which addiction and recovery flourish. Neither is a replacement for the other.

Radical recovery could, in the name of serving communities of recovery, inadvertently lead to schisms within and between those communities. Organized recovery advocacy will raise potentially contentious questions: Who legitimately represents the needs and aspirations of people in recovery? How can diverse communities and individuals reach consensus on goals and strategies? How will disagreements be resolved or managed? What fractures could social action engender in personal and organizational relationships within communities of recovery? Conflict within the social action arena could injure relationships and affiliations within the recovery mutual-aid arena and further polarize the recovery community into ideological camps.

*Social-change movements breed excesses and ignite counter-movements that, in turn, undermine the successes that have been achieved.* For example, the industrialization and commercialization of addiction treatment in the 1980s led to a financial and ideological backlash that dramatically altered the image and availability of addiction treatment in the

United States and increased therapeutic pessimism about the prospects of long-term recovery. Great care must be taken in the selection of the core ideas and methods that flow from this style of radical recovery.

*Social-change movements go through predictable stages and are prone to burn themselves out.* For some, radical recovery will mark a brief period of intense, time-limited activity in their lives. For others, radical recovery will be a life-enduring marathon; it will come to be understood as part of the central meaning of one's life. Successful social movements need both styles of involvement.

## Recovery Rising

A radical recovery movement is now rising in America. That movement is flowing from the realization that addiction and its progeny of problems are visible everywhere, while recovery from addiction lies hidden. It is rising in the recognition that the stigma attached to AOD problems has increased in recent decades and has fueled the demedicalization and recriminalization of these problems. What started out as "zero tolerance" for drugs rapidly evolved into zero tolerance for people with AOD-related problems. It is in this regressive climate that a style of recovery is emerging that is radical in its scope (focus on environmental as well as personal transformation), radical in its inclusiveness (celebration of multiple pathways and styles of recovery), and radical in its synthesis of social responsibility and personal accountability. People in recovery are looking beyond their own addiction and recovery experiences to the broader social conditions within which AOD problems arise and are sustained. A radicalized vanguard of people in recovery is using personal transformation as a fulcrum for social change. They are living Gandhi's challenge to become the change they wish to see in the world. Those who were once part of the problem are becoming part of the solution.

Prophetic voices are rising from communities of recovery across America. Voices of the formerly hopeless are

becoming instruments of personal healing and community renewal and redemption. If you share this call to a larger platform of service and believe that your personal/family story can touch others, come join us. Become part of this movement.

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## References

Alcoholics Anonymous: *The Story of How More than One Hundred Men Have Recovered from Alcoholism.* (1939). NY: Works Publishing Company.

Brave Heart, M. Y. (2003). The historical trauma response among natives and its relationship with substance abuse: a Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7-13.

Christopher, J. (1992). *SOS Sobriety: The Proven Alternative to 12-step Programs.* Buffalo, NY: Prometheus.

Coyhis, D., & White, W. (2002). Addiction and recovery in Native America: Lost history, enduring lessons. *Counselor*, 3(5), 16-20.

Coyhis, D., & White, W. (2003) Alcohol problems in Native America: Changing paradigms and clinical practices. *Alcoholism Treatment Quarterly*, 3/4, 157-165.

Helmer, J. (1975). *Drugs and Minority Oppression.* New York: Seabury.

Kirkpatrick, J. (1986). *Goodbye Hangovers, Hello Life.* New York: Ballantine.

Kurtz, L. F., & Fisher, M. (2003). Participation in community life by AA and NA members. *Contemporary Drug Problems*, 30, 875-904.

Morell, C. (1996). Radicalizing recovery: Addiction, spirituality, and politics. *Social Work*, 41(3), 306-312.

Morgan, P. (1983). Alcohol, disinhibition, and domination: A conceptual analysis. In Room, R., & Collins G. (Eds.), *Alcohol and Disinhibition: Nature and Meaning of the Link* (pp. 405-436). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

Rapping, E. (1993, January). Needed: A radical recovery. *Progressive*, pp. 32-34.

*The Red Road to Wellbriety*. (2002). Colorado Springs, CO: White Bison.

Tabor, M. (1970). *Capitalism Plus Dope Equals Genocide*. Black Panther Party, U.S.A.

Tarvis, C. (1992). *The Mismeasure of Women*. NY: Simon & Schuster.

White, W. (1998). *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. Bloomington, IL: Chestnut Health Systems/Lighthouse Institute.

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