



# Selected Papers of William L. White

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## The Recovery Movement in Wales: An Interview with Wynford Ellis Owen

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"You just have to meet Wynford; he is a force of nature!" "Everywhere we went, everyone wanted to adopt Wynford." These are the kinds of comments I received in emails and calls as Wynford Ellis Owen traveled from

one city to another in his Winston Churchill Fellowship tour of recovery advocacy organizations in the US. And of course, they were right. Wynford is a force of nature and few individuals on earth convey the recovery message in a more contagious manner. He is a central figure in the recovery movement in Wales and the UK and offers many insights in the following interview about the recovery experience and a growing recovery advocacy movement. Please join me in a most engaging conversation with one of my favorite people.

**Bill White:** Let me begin by asking how you first got involved in the UK Recovery Movement.

**Wynford Ellis Owen:** Being a public figure—I was quite a successful Welsh actor, writer and director for 40 years—most people knew about my difficulties with alcohol. I reckoned, having got into recovery, that they ought to know about that fact too. So, from my sobriety date, July 20th, 1992, I became an avid advocate for recovery. A city that is set on a hill cannot be hidden—neither should the miracle of my recovery be hidden from the world, I felt. My motto was and is: "Let your light so shine before men that they may see your good deeds"—and become attracted to the wonderful reality of recovery.

My long-dead mother played her part too. My mother died in ignorance of this invidious illness of dependence, and without accessing a Fellowship or treatment that could, conceivably, have helped her. Ever since, therefore, I've experienced a sense of sadness and regret that what was so freely given to me was denied (or at least not communicated) to her. That is why it is so important that no one else's mother, father, son or daughter, friend, or neighbour dies in ignorance of this illness. It shouldn't happen; it mustn't happen; and it won't happen—

unless, of course, our own recoveries become invisible. And that's a worry of mine that the concept of anonymity is being misunderstood by many in the Fellowships, resulting in the miracle of recovery becoming another "dirty little secret" hidden from the world. I've written two books about my recovery and speak publicly on TV and radio, as well as at public meetings up and down the country—and not once have I broken my anonymity. Adhering to the concept of anonymity is no excuse for not carrying the message.

I reckon it was David Clark from Wired In, however, who really got me involved in the UK Recovery Movement. I visited him in a remote Welsh farmhouse on the outskirts of Cowbridge in the Vale of Glamorgan where he was ensconced, along with Lucy James, his research assistant, awaiting shipment of his worldly goods and himself back to Australia—shortly after I was appointed to my current post as CEO of the Welsh Council on Alcohol and Other Drugs in 2008. In fact, David was my external examiner on an Addictions Counselling Foundation Degree course I'd just completed at Bath University, although I'd never met him face to face until that day. We were two like-minded people with a passion for recovery, and we just clicked from that moment on. He introduced me to the Wired In online community and got me blogging and contributing to the rapidly emerging online recovery community. And the rest, as they say, is history.

Another David, Dr. (Professor by now) David Best, played his part as well. David, who was Reader in Criminal Justice at the University of the West of Scotland at the time, delivered the Welsh Council's inaugural Annual Lecture at the Welsh Assembly Government Senedd building in Cardiff Bay in 2009, one of the initiatives I instigated as a newly appointed CEO. He introduced the concept of recovery to a mainly skeptical audience and made quite an impact as he lectured on "Evidence of hope: what do we know about sustained recovery from alcohol and drug addiction?"

In essence, David Best was saying that with most addictions, treatment was not good enough and also that treatment itself was not enough—it was not sufficient in its current form to support recovery. David, however, recognized that recovery does happen and happens in community settings where indigenous resources provide the basis for the recovery journey. The evidence was clear for us to see, he said, and his enjoiner was that we needed to bring it to life in Wales and make available the help and support people needed and deserved.

I reckon I've been trying to do that ever since.

**Bill:** Your position as the CEO of the Welsh Council on Alcohol and Other Drugs must provide a perfect vantage point to pursue your advocacy work.

**Wynford Ellis Owen:** It does indeed. When I was appointed to my post with the Welsh Council, I came up with a comprehensive 3-year strategy, the cornerstone of which was advocacy work. I've travelled thousands of miles speaking to conferences, churches, schools, and youth groups all over the UK (and various American States, too) about the importance of "Choice and Responsible Living" (our strap-line), and the universal concept of recovery. By that, I mean that the message of recovery, as we understand it in the field of addiction, is a message for everyone.

During my recent Winston Churchill Fellowship tour of some eastern states of America where I visited a number of new recovery community centres that have achieved long-term recovery from severe alcohol and other drug-related problems, Professor Roland Lamb, Director of the Office of Addiction Services in Philadelphia, summed up our discussions around the universal concept of recovery thus:

*In regard to diabetes, cancer, heart disease, asthma, high blood pressure, for example, all have a recovery focus, a focus that allows people to be in support of each other; to support their mutual recoveries. A support that extends*

*beyond the treatment and the doctor; that goes beyond the hospital intervention; and beyond even the medication. However, this is not currently the case for the principles of recovery for drug and alcohol addiction in the UK. I would like to suggest that we, all of us, get together to begin to talk about a universal concept of recovery—and principles of recovery that extend beyond the use of drugs; beyond the use of alcohol to the overall population across the world.*

The only way that this will work, I believe, is to put the recovering people in the driver's seat and to encourage them to put "faces and voices" to their recovery stories. We as practitioners were always in the driver's seat of addiction treatment. Now, however, we must learn from the US model and take a back seat. And it doesn't take new money to introduce such a concept—just a willingness to change our attitudes. That's it! That's the message I've been trying to carry in my advocacy work.

**Bill:** What have been some of the key milestones of that movement in Wales?

**Wynford Ellis Owen:** David Best's Welsh Council on Alcohol and Other Drugs lecture was a watershed moment—primarily, I believe, because it influenced Welsh Assembly Government thinking around treatment provision for alcohol and drug dependent people.

On a personal level, being invited to represent the recovery movement on the All Wales Substance Misuse Implementation Board was significant. It was an acknowledgement that the Recovery agenda was being gradually integrated into mainstream thinking. And being invited to deliver the keynote speech at the recent All Wales Service User Conference on the theme of Recovery was also important. I think it was a clear sign that the notorious battles of the 1970s between scientific and belief-based views of alcohol problems were finally beginning to be put to rest here in Wales—at least from the service user's perspective. It was, I felt, a nod in the right

direction that the "common goal" in addiction to alcohol and drugs is recovery. And for that to be achieved, both Harm Reduction and Abstinence (and all other approaches) have to be compatible and, more importantly, be accepted as such. In other words, as Thomas Szasz says, we all need the courage and integrity to "forego waging battles on false fronts."

Significant also are the emerging recovery communities in Wales: Recovery Cymru; the Welsh Council's own Living Room Cardiff initiative, and the Anglesey and Gwynedd Recovery Community in North Wales. These are just some of the exciting community reinforcement approaches that encourage the building of supportive networks to help people overcome problems and issues they may have experienced by their dependence on alcohol, drugs (prescribed or illicit), or other harmful behaviours.

**Bill:** How are local recovery communities and the professional treatment community responding to this whole idea of recovery advocacy? Have you experienced much resistance to your efforts?

**Wynford Ellis Owen:** The professional treatment community instinctively fears the emerging recovery communities because they advocate shifting the acute care model (which for many years has been professionally driven) to a recovery model whose ultimate goal is to help people obtain the best possible life that they can for themselves. In the traditional system that is focused on managing symptoms through the use of narrow sets of interventions, that is not necessarily the case. But when one moves to a recovery orientation, which is about having a life in the community, it really opens up a much broader array of services and interventions that can be brought to bear to help people. When this array of services and interventions is facilitated by "non-professional" peer-based recovery coaches, however, one can understand possibly the threat this poses to a highly trained professional treatment community.

In practice, however, that threat is very quickly allayed as professional treatment communities get to realize that the recovery communities provide effective support pre-, during, and post-treatment, and that their recovery philosophy is about partnering with, standing beside, and supporting the person engaged in the recovery process. The resulting elimination of the disconnect that has existed between long-term recovery and treatment, and between the community and professional treatment, is a further added benefit.

I have experienced very little resistance to my recovery advocacy efforts—at least to my face. I remember one exception, however, when I intervened and asked a group of young drug street workers where recovery fit into their agenda. The reaction I received was as if I'd shown a crucifix to a vampire! But then I think they were secret drug takers themselves who thought that their liberal views and permission-giving attitude was sufficient to “save” their clients.

Some Fellowship members are ambivalent about my efforts. Most, however, know that my roots are firmly embedded in the 12-Step program of recovery and tolerate my criticism of AA becoming increasingly invisible (the theme of my keynote speech as chair of the 2008 UK and Continental Europe General Service Conference was, “Anonymous but not Invisible”). Others have become advocates themselves and have joined me in putting a “face and a voice” to recovery. Heulwen Thomas, Alun “Sbardun” Huws, Neal Muldoon, and Carol Hardy, in particular, have been very successful in presenting the very attractive face and voice of recovery on TV and radio. And, of course, we're expecting upwards of 2,000 people to attend the first ever UK Recovery Walk in Cardiff on September 10<sup>th</sup> this year. I kind of feel that I'm no longer alone!

**Bill:** You had the opportunity to visit the United States and meet key people in the recovery advocacy movement there. What stands out to you from this visit?

**Wynford Ellis Owen:** The 2010 Winston Churchill Travelling Fellowship was an unforgettable experience for me. I visited some of the new recovery community centres in the US that achieve long-term recovery from severe alcohol and/or other drug-related problems. Networks of such centres are to be found in Vermont, Connecticut, Philadelphia, Washington, DC, and Virginia. Visiting these centres provided me with very useful ideas on how to better build a strong “peer culture” into the services I am establishing in Cardiff by September 8<sup>th</sup>, 2011. The itinerary exposed me to a broad spectrum of recovery advocacy activities in the US, including many of the faith-based programmes. There are some extraordinary Service Outcomes in these centres. In Philadelphia, for example, 100% reported no crime or involvement with the criminal justice system within the past 30 days; at 6-month follow-ups, there was a 41.7% increase in employment and/or school attendance; and those reporting stable living environments increased from 23.1% at intake to 46.2% (reporting a permanent place to live) at 6-month follow-ups. These successes, if replicated in Wales and within the wider UK, would significantly relieve the huge social problems currently being experienced as a consequence of drug and/or alcohol misuse.

My 2010 Winston Churchill Fellowship final report can be accessed at [http://www.welshcouncil.org.uk/download/section\\_02.pdf](http://www.welshcouncil.org.uk/download/section_02.pdf). In that report, I concentrate, in the main, on what I learned and on the international, national, local, and personal benefits that have resulted from what was, for me, a life-changing experience. Additionally, a video diary of my Fellowship, which includes 70 separate vignettes, has been uploaded to <http://www.youtube.com/user/WCAOD?feature=mhee>. This gives a flavour of the excitement and day-to-day experiences of a Churchill Fellow and serves as a testament to the effectiveness of the innovative approaches that I witnessed. I also mention briefly some of the “angels” I met who conveyed specific, important messages to me.

But you ask me what stands out from my visit. I was privileged to attend PRO-ACT (Pennsylvania Recovery Organization Achieving Community Together) for a Family Member Story-Telling Training session facilitated by Joan Kenerson King (who created the training model) and Jazmin Banks. The room was packed for this wellness and recovery-oriented training session, which recognises that the stories of family members are a critical tool in moving Systems Transformation forward.

"All sorrows can be borne if you put them into a story or tell a story about them," so said Isak Dinesen. Therefore DBH/IDS, in conjunction with the Philadelphia Compact, are sponsoring free training especially for family members of children and/or adults who have received mental health and/or substance abuse services in the city of Philadelphia.

I stayed for the whole session, and the recovery in that room that afternoon was palpable. This was not only a training session but also a moving and healing experience for all of us. Joan Kenerson King has a magical quality about her and her conviction to the cause of recovery is inspirational. I was invited to tell my story at the end of the session. Yes, Joan Kenerson King's storytelling workshop was unquestionably one of the highlights of the tour to me.

A gardener once told me, "Wynford, if you're ever in trouble, give, give, give." And that's been my philosophy throughout my recovery. Focusing on others takes me away from my pain. It's always worked in the past becoming a "giver" instead of a "taker." And I saw it work again that afternoon in Philadelphia. The blessings one receives from simply telling one's own story are immeasurable. I saw people physically change, their postures straightening, their expressions mellowing, and peace descending on what had previously been some very troubled and anxious souls.

And that's why I've brought this particular training model back home with me to Wales and used it to miraculous effect during one of our Love & Forgiveness

Retreats in Trefeca College in the beautiful Brecon Beacons National Park.

**Bill:** What similarities and differences do you see in the US and UK recovery advocacy movements?

**Wynford Ellis Owen:** The passion for recovery is the same in both countries, although I'd say that that passion is stymied somewhat in the UK because of our over-reliance on public funding and a seeming aversion to embracing entrepreneurial sustainability initiatives. I was particularly impressed by the McShin Foundation in Richmond, Virginia, which recently received the Joel Hernandez Award in Washington for recognizing the needs of the community and using their resources to increase the prevalence and quality of long-term addiction recovery. John Shinholser, McShin co-founder and director, raises \$500,000 every year to sustain the service without recourse to public funding sources.

The success of certain central "hub" gathering places and peer-based services in the US, I believe, is down to good management—especially in organizing the recovery community's ability to care and bridge the gap between treatment and building productive lives. We're some way away from achieving that in the UK.

Good training is also a hallmark—especially, for example, Connecticut Community for Addiction Recovery's (CCAR) highly acclaimed Recovery Training series. Add to this their innovative Telephone Recovery Support service and their Recovery Housing Database and the simplicity of their philosophy: "You're in recovery if you say you are," and you have a formidable and highly efficient and effective organisation.

However, underpinning everything is their success in putting a face on "recovery." By speaking publicly about the reality of recovery, CCAR members put a face on recovery. CCAR members put a public face on recovery by testifying before the legislature and State Commissions, as well as through well-attended public events like Recovery Walks. We have some way to go

to catch up here in the UK, as we're a bit more reticent about our recoveries. The good news, however, is that we have embarked on the process, and it's only a matter of time before we catch up.

The "all-recovery group" concept is both effective and fills a gap, I believe, in service provision. "All-recovery groups" welcome 12-Step, Christian-based, methadone, medically assisted, co-occurring, family members, and community members or, as Phil Valentine from CCAR puts it, "all non-denominational groups!" But their main purpose is to provide an opportunity for people to come in and talk about recovery.

Interestingly, Phil said that he was hesitant, initially, about offering peer recovery support groups as a means of supporting long-term recovery because he believed people should use existing available resources, such as AA and NA membership. However, he found a need for an "all-recovery group."

Phil described the set-up in a 2007 interview he did with you, Bill, as, "such a simple concept, it's brilliant, and it's helped a lot of people." I have been using this all-recovery group approach in Wales for the past 2 years and agree with Phil that it works. It's practical, and it's comparatively cheap from a legislator's point of view! Including family members and all other addictions and harmful behaviors in the "all-recovery group" approach completes the picture, I feel, as we help each other identify and explore distorted beliefs that have been developed to irrationally justify our instincts.

One can talk about the similarities and differences between the US and the UK till the cows come home, but as a group member told me in Connecticut, having listened to my recovery story: "This illness is real, whether you're from Wales, Hartford, the Bronx, or Timbuktu!" The universality of it is awesome!

**Bill:** What do you feel are the most important pitfalls the UK recovery advocacy movement will need to avoid?

**Wynford Ellis Owen:** Setting rules and regulations for itself! "Rules and regulation," as Bill Wilson, co-founder of Alcoholics Anonymous said, "are not for us." Establishing principles of recovery is all very good; policing those same principles is quite another matter. It brings out the worst in us.

**Bill:** You have used multiple media outlets to promote recovery in Wales. Could you describe some of these efforts?

**Wynford Ellis Owen:** I'm a great believer in using the media to help carry the message of recovery. I've recorded a pop song (Cân y Stafell Fyw/Living Room Song) about recovery, specially composed by Alun "Sbardun" Huws and produced by Bryn Fôn. The song (in both Welsh and English) is available to download from [www.sainwales.com](http://www.sainwales.com) and is intended to raise funds and promote our new Recovery Centre, which opens on September 8th. Twenty-five TV and Film professionals (many of them BAFTA award winners) have also donated their time and talents to create a promotional film for Stafell Fyw Caerdydd/Living Room Cardiff. This film can be accessed at [www.welshcouncil.org.uk](http://www.welshcouncil.org.uk) and at [www.thelivingroom-cardiff.com](http://www.thelivingroom-cardiff.com) and will be shown in the local cinemas and on TV.

I am fortunate to have the support of Tinopolis Ltd., a large independent TV production company here in Wales, which offers me post-production facilities free of charge. Their kindness and support has enabled me to videotape our annual lectures, for example, as well as some other innovative ideas, such as our Guided Meditation, which can also be viewed on our website, and DVDs that promote other treatment providers. I also present and produce a monthly hour-long, late-night recovery-oriented radio program on Cardiff Radio, the capital's community radio station on 98.7FM. I talk to people about recovery, what works for them, and what support they need in order to make it work even better for them; and I use the program to promote a universal concept of recovery. It also gives other providers an opportunity to talk about

their philosophies and offers listeners a vista of the many other routes to recovery.

In time, I hope to link up with colleagues, such as Michael Campbell and Vincent Faust from STOP (Sobriety Though Out Patient) in Philadelphia, and produce a transatlantic version of the Living Room radio program.

I've also arranged an art exhibition at the Welsh Assembly building in Cardiff, inviting established artists and some in recovery to interpret the word "addiction." There'll be another exhibition on the theme of recovery in the New Year as well as another showing of the original exhibition in Barry. Incidentally, at the launch of the original exhibition, I asked a group of mime and dance artistes to interpret a piece of poetry by the late Angharad Jones, Negative Print. That's when I learned that we don't even need sound and language to promote recovery. Dance and movement can be just as effective.

**Bill:** Describe the role of Wired In—the UK virtual recovery community.

**Wynford Ellis Owen:** I'm a member of the core team running Wired In—the internet recovery portal. During my Winston Churchill Fellowship, I recruited Phil Valentine, Arthur Evans, and Roland Lamb to the advisory team. It's vitally important that we unite worldwide to push forward the Recovery Agenda. There's an exciting groundswell that has to be nurtured and built on.

Wired In was set up by Professor David Clark, and was developed as a way of empowering people to tackle drug and alcohol use problems and provide an environment of opportunity, choice, and hope, to enable individuals and families to find their path to recovery.

Wired In brings people together with the common purpose of helping themselves and others, and making sure that society is more understanding of and helpful towards people affected by substance use problems.

Here, I have to pay tribute to Michaela Jones who, along with David, monitors and oversees the day-to-day running of this most important and influential internet resource.

You can access Wired In at [www.wiredin.org.uk](http://www.wiredin.org.uk).

**Bill:** You are an advisory member of the UK Recovery Federation. How important do you feel it is to set standards and principles that can guide the emerging recovery movement? Could you give examples of such standards and principles?

**Wynford Ellis Owen:** Structure and discipline are vitally important if recovery is to flourish. The same is true for the emerging recovery communities. So, setting standards and principles is important, as long as we don't turn them into "rules and regulations." I promote "Choice and Responsible Living" in my day-to-day work with the Welsh Council on Alcohol and Other Drugs. Recovery restores to us the ability to choose and to live responsible lives. We relinquish that right, which is one of the biggest rewards and joys of recovery—at our peril.

**The UKRF principles (\*Adapted from CSAT principles generated in 2008):**

Honesty, self-awareness and openness lie at the heart of healthy Recovery movements.

There are many pathways to Recovery and no individual or organisation has the right to claim ownership of the 'right pathway.'

Recovery embraces harm reduction and abstinence-based approaches and does not seek to be prescriptive.

Recovery involves the personal, cultural and structural recognition of the need for participative change and transformation.

Recovery involves a continual process of change and self-redefinition for individuals, communities and organisations.

Recovery challenges all discrimination and transcends shame and stigma.

Recovery lies within individuals and communities and is self directed and empowering.

Recovery emerges from hope, gratitude and service to others.

Recovery is supported by peers and allies within communities.

Recovery exists on a continuum of improved health and well-being.

Recovery is holistic and has many cultural dimensions.

Recovery is a reality.

### **The UKRF Aims to:**

Enable Community-Led Emerging Recovery Organisations (CEROs) and Recovery Networks to grow and expand across the UK.

Establish a membership organisation and a national network of individuals and organisations that will speak out and support local, regional, and national community-led recovery initiatives.

Establish an accreditation body that will enable the development of Community-led Emerging Recovery Organisations (CEROs) and support the establishment of Recovery Oriented Integrated Systems (ROISs).

Support the development of Recovery advocates/champions in all UK regions.

**Bill:** You are chairing the first UK Recovery Walk Cardiff, planned for September 10, 2011. What has been the response so far to this planned event?

**Wynford Ellis Owen:** This is the Recovery Walk's first outing here in Wales. I expected a lackluster response from the majority of Fellowship members and from most treatment providers in the Cardiff area. And got it! A breach of the anonymity tradition

has been the excuse of the former (who insist on misinterpreting the concept of anonymity); the criticism that it's "a 12-step thing" has been the apology of the latter. (Who said that the notorious battles of the '70s were over?) But the reaction here in Cardiff has been no different to how it was in other towns and cities, especially where a recovery community exists only in scattered, isolated pockets. Given time, and when the recovery community is nurtured and organized, resistance will dissipate, and the ensuing Recovery Walks will flourish.

You will be pleased to hear that the organization of the Walk is progressing well. We have excellent committee members who are giving their time generously to put the Walk together, and things auger well for a successful September 10<sup>th</sup> event.

The walk will start at 11.00 am at City Hall before a circuit of Cardiff City Centre accompanied by a Samba band. The start/finish point outside City Hall will have refreshments, children's entertainment, and music. There are a few bands lined up, and we would be delighted if as many people in recovery as possible, and their family members, friends, and supporters turned up.

The 10th September UK Recovery Walk, Wales 2011, is going to be a day of celebration, a fun day, and an unforgettably inspirational day as we put "faces and voices" to recovery and become worthy advocates for the attractive reality of recovery.

And don't forget that the Recovery Walk is, in essence, a civil rights issue and will go a long way towards countering the considerable amount of prejudice, discrimination, and stigmatization of people with addiction and mental health problems that still exists in society.

**Bill:** Another project you have in the works is setting up a recovery centre in Cardiff. Describe your vision for Stafell Fyw Caerdydd/Living Room Cardiff.

**Wynford Ellis Owen:** I was in another career in the theatre and media for 40 years and returned to college at the ripe old age of 58 in order to gain the skills and knowledge



that I felt I required in order to set up a Recovery Centre in Cardiff. In 1992, when I began to recover and live my life without recourse to drink and drugs, the treatment I required was not available in Cardiff, the capital of Wales, where I had existed in an altered state, more or less, for the previous 23 years. Sixteen years later (as it was at the time), nothing much had changed, and I resolved to set up a recovery and day-care centre, so that people like myself, who needed to abstain from drink and drugs in order to live, might receive support and help as they learn to confront the burden of being human. We're almost there, with the official opening of stage 1 of the project on September 8<sup>th</sup>.

The Project will embrace three stages:

Stage 1: The establishment of a recovery centre based on psychosocial clubhouse principles on the ground floor, offering non-clinical assistance to PIRs (People in Recovery).

Stage 2: The addition of a free, bilingual day-care rehabilitation centre situated on the first floor, offering structured, clinical assistance to PIRs.

Stage 3: The addition of a crèche facility to provide free early years care for up to 12 children, thus allowing the parent(s) to participate in the centre's activities. Parenting classes, family therapy, and structured parent-child play will be critical components of the crèche facility.

In this centre, it is proposed to have an all-embracing approach to addiction treatment across the spectrum, working in cooperation with all the other service providers in the area. However, before all this can commence, we have to help develop a meaningful recovery community here in Cardiff, and organize that community effectively. Hence Stage 1 of the project: because the recovery community needs to be in the driver's seat telling us what support they want.

**Bill:** Let's explore some of your personal thoughts about addiction and recovery. How

has your understanding of addiction evolved over the years?

**Wynford Ellis Owen:** I'm still very much a "human doing" (as opposed to a human being) and fascinated by the need of people like myself to "flee from ourselves." I give alcoholism (and addiction) the name "Mumism" or to a lesser extent "Dadism." I haven't come across a single exception yet where there hasn't been a breakdown of some sort in the relationship between Mum and child, to a lesser extent between Dad and child. A great deal of healing occurs when we revisit these often unacknowledged hurts and repair the damage done through introducing the concept of forgiveness. (That's why, incidentally, more money needs to be spent on better parenting—helping the child develop into an emotionally healthy, independent-thinking individual.)

I believe three things have to happen to facilitate recovery: we've got to recognize our need of help (that's where suffering comes into its own as potentially "the greatest creative force in nature": suffering was the only thing that got me to change my ways!); we've got to become risk takers (risking for me is becoming vulnerable and being prepared to lower the masks I've been hiding behind for so long, becoming authentic and true to nature. Scary stuff being human!); and thirdly, and paradoxically, I have to toughen up (that's realizing that I'm a survivor and not a victim that I do have the wherewithal, the wisdom, and the courage to confront the burden of being human).

And, of course, we have to use fear as a reason for doing things, rather than as an excuse not to!

**Bill:** What has been most important in terms of your own recovery?

**Wynford Ellis Owen:** Faith is vitally important to me. The Power I access to facilitate the above came initially to me through the teachings of Meister Eckhart. He taught me that I didn't have to take the scenic route to God (religion), that I could have instant access to my God, and that I could

catch God in his kitchen if I wanted to. That “instant access to God” has saved me from becoming a cropper several times over! Recently, I've been looking at what I've missed from not taking the “scenic route” to God—I concluded that I didn't get to know the person of Christ. I do now because tears come very easily to me, especially when I see acts of compassion, love, and kindness in the world, in other words, when I recognize Christ working through people.

I was made to feel valued for my achievements as a child through my parents' practice of conditional love. (I was lavished with love when I was a “good boy”; however they withheld that love when I was a “bad boy”. They only had to do it once – the threat of it was enough after that.) Undoing the damage this caused is very much a work in progress. That's why I need ongoing support.

**Bill:** One of the emerging ideas in the international recovery advocacy movement is that there are multiple pathways of long-term addiction recovery. Do you see respect growing for such diverse recovery pathways in the UK?

**Wynford Ellis Owen:** I myself, initially, was averse to this emerging idea. Call it a sign of maturity (old age!), but I've become far more accepting of other people's views and opinions. I suppose it's the result of the open-mindedness that recovery has blessed me with. But once I started counseling and meeting PIRs from outside the Fellowships, I quickly became aware and accepting of the many other different routes to recovery. The development of an almost overwhelming sense of compassion towards PIRs helped as well; my capacity to love, if you like. I believe that everyone's a genius. We're all unique. And we all have a unique contribution to make to life's rich tapestry. I've been placed in a very privileged position to be able to help these people find that genius within them. Experience has taught me that there are many different ways of facilitating that rebirth.

And yes, I am aware of the growing respect for such diverse recovery pathways in the UK. As we say on our Stafell Fyw

Caerdydd/Living Room Cardiff website: “We believe there are many paths to recovery. Your path may be spiritual, clinical, cultural or peer-based. We will work with you to clear your path as you walk it.”

**Bill:** What are your current views on the role of professional treatment in long-term addiction recovery?

**Wynford Ellis Owen:** Treatment, I believe, is about creating a safe, non-judgmental, and loving environment for all of the above to occur. If it doesn't do that, then it doesn't work in my opinion. If it just focuses on symptomology and managing symptoms, then it doesn't work. If it only focuses on narrow sets of interventions that are focused on these particular issues, then it doesn't work. The acute (medical) model doesn't work for a chronic condition. Without partnering with and standing beside the person who's going through the process—whether that person is a treatment professional or a person who's also in recovery—then again it doesn't work. Unless treatment provides the support for someone going through that process, then I'm afraid it doesn't work.

**Bill:** What changes are needed in addiction treatment to enhance its ability to support long-term personal and family recovery?

**Wynford Ellis Owen:** It is essential that we make the philosophical shift from the acute care model to a recovery model if addiction treatment is to enhance its ability to support long-term personal and family recovery. But then that philosophy has to be aligned with our practices and our policies, and how we finance and organize our service systems. It isn't going to cost much money, incidentally, just a willingness to embrace a much broader array of services and interventions that can be brought to bear to help people live the kind of life that any one of us would want to have.

**Bill:** Wynford, thank you for your willingness to be interviewed and for all that you are doing for the international recovery movement.