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Heroism and Addiction Recovery Revisited

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A hero is someone who understands the responsibility that comes with his freedom.
--Bob Dylan

Introduction

This is the second in a series of interviews with William White on subjects of interest to my students and trainees. More than a decade ago, Bill penned an essay about addiction recovery as a heroic journey. The essay went on to become widely read and become something of an iconic piece of literature in the newly rising addiction recovery advocacy movement. I recently asked Bill to revisit this subject. Please join us in this further exploration of heroism and addiction recovery.

Mark Sanders, May, 2013.

Earlier Writing on Heroism and Recovery

Mark Sanders: How did you first get interested in heroism and addiction recovery?

Bill White: This interest was triggered by witnessing people in early recovery who personified their struggle through references to battling demons, monsters, or dragons. What was particularly striking to me was the kind of commitment—a *recovery by any means necessary under any circumstances* kind of commitment—that could overcome what on the surface seemed almost insurmountable odds against successful long-term recovery. I had come to think of this struggle in terms of strength and courage, but it wasn't until rereading Joseph Campbell's *The Hero with a Thousand Faces* that I began to conceptualize recovery as a heroic journey.

Mark Sanders: What perspectives did Campbell contribute to your thinking about recovery?

Bill White: Campbell described a common three-part structure to the heroic tales and myths he found in all cultures: the hero's departure from home and community and entry into an unknown world, the hero's transformation through tests of courage and character, and the hero's return. Campbell's

description of this process struck me as very similar to the recovery process. I wrote twin articles on this comparison. The first (White, 2001a) depicted recovery as a potentially heroic journey but raised the provocative question of whether people in recovery are successfully completing the final stage of this journey. According to Campbell, the most difficult stage of the hero's journey is the return home and reentry into and reconciliation with the family/community the hero left behind. To complete the journey in Campbell's view, the hero must deliver his/her newfound knowledge to the community. The first article I wrote suggested that many people in recovery had not yet fully reentered their communities or delivered the fruits of what they had learned. It suggested that recovery could be a heroic journey but one that was often unfulfilled due to the omission of this final stage. The second article, entitled The Boon of Recovery (White, 2001b), speculated on what those gifts to the community drawn from the recovery experience might entail.

Mark Sanders: What was the response to these early papers?

Bill White: These papers were written early in the history of the New Recovery Advocacy Movement in the U.S., and I think they helped imbue recovery and recovery activism with a sense of nobility and higher purpose. They were written directly to people in recovery who proved to be a most appreciative audience. My discussion of what precisely was heroic about recovery was very vague in these early papers. It wasn't until I later began to read the scientific literature on heroism that my own understanding of this link became clearer.

A Deeper Understanding of Heroism

Mark Sanders: What scientific studies exerted the most influence on your thinking?

Bill White: Zeno Franco, Kathy Blau, and Philip Zimbardo have collaborated on a number of studies and papers that have been very important to my own evolving thoughts on heroism and recovery. Most importantly, they helped me distinguish between heroism and other positive attributes or behaviors such as compassion, altruism, courage, and fortitude. For example, one can overcome great challenges, be helpful to others, and achieve greatness in one or more areas of endeavor without any of these reaching the status of heroism. Franco, Blau, and Zimbardo helped increased the precision of my thinking about what aspects of recovery might be thought of as heroic.

Mark Sanders: Heroism has always seemed to me much more common than how it is culturally portrayed.

Bill White: Zeno Franco and his colleagues raise the question of whether heroic acts are the province of an almost superhuman elite or actions available to us all—even those of us whose less than noble pasts would not usually qualify us as potential heroes. They conclude that we are all capable of heroism and that heroic acts can include *principle driven heroism*—acts of passive resistance in the face of enormous pressure to conform—as in the case of civil rights icon Rosa Parks' refusal to move to the back of the bus so a white person could take her seat.

Mark Sanders: What criteria do they use to distinguish the heroic?

Bill White: For them, heroism must be <u>voluntary</u>. It must be in <u>service to others</u> in need. There must be <u>no anticipation of personal gain</u>. It must entail <u>risks of physical/social injury to self</u>. And the individual must act with a <u>willingness to accept the consequences</u> of such risks. All five elements must be present to meet their definition of heroism. Numerous acts of service to others without expectation of personal gain are worthy of commendation as are all manner of personal achievements, but such actions fall short of heroic in the Franco/Blau/Zimbardo framework unless they involve elements of potential harm to

self and acting with full willingness to accept the outcome of those risks.

Mark Sanders: These elements would seem to defy the popular conception of heroes as cultural celebrities or individuals whose stories have captured our attention because they have overcome great obstacles.

Bill White: Yes, it quickly becomes apparent that the vast majority of people portrayed as heroes by the popular press do not meet the hero criteria.

Heroism and Recovery

Mark Sanders: How do you see these five elements of heroism in relationship to recovery from addiction? Heroism must be voluntary.

Bill White: If there is anything with the recovery experience that is heroic, recovery itself must be voluntary, meaning that it is entered into willfully and purposely. Now this is not to say that many people do not enter recovery under all kinds of false pretenses—under external duress, as an intended brief respite from "the life," or as a brief experiment in abstinence. I've often said that many people enter what will become their early days of recovery not because of the monkey on their back but the people on their butt. And then something happens—they get caught up in recovery not unlike the way they may have got caught up in addiction. They catch it with no more intent than you would catch a cold. And this often happens through exposure to one or more recovery carriers—people who make recovery contagious through their character and the way they conduct their lives. But at some point, recovery—if it is to be authentic and sustainable—must be personally and consciously embraced. It must be a product of choice. And those actions that flow out of recovery that are to be considered heroic must also flow from voluntary choice.

Mark Sanders: Heroism involves service to others?

Bill White: "You must get sober (or clean) for yourself; you can't do this for anyone else" is an aphorism often heard within various communities of recovery, but heroism is not about self-centeredness or even rational self-interest. There is nothing heroic about running into a burning building to save someone with the primary motivation being the hope for personal recognition by others. (This is narcissism elevated to the level of madness!) Two things make such an act heroic: the lost sense of self and the intense sense of human connectedness to those in jeopardy—a sense so deep within us that it is acted upon in a second. There is sometimes the portrayal of heroism as a process of self-assertion, but heroism is not as much about the assertion of self as the transcendence of self—abandoning and at the same time risking self for a higher purpose.

Mark Sanders: And heroism does not involve expectation of personal gain?

Bill White: It can't. That is why true heroes are so uncomfortable with any public attention surrounding their actions. Such focus on self is the very antithesis of the heroic character. Media frenzies that turn the hero into a celebrity of the moment corrupt the very source of the heroic act. The media aftermath elevates and objectifies the individual self (at least temporarily), whereas the heroic act itself involved a leap beyond the self.

Mark Sanders: What about the issue of risk of physical/social injury to self?

Bill White: Ah, that is a very special dimension of heroism. Running into the burning building or diving into turbulent waters to rescue someone clearly manifest this dimension of risk, but what aspects of recovery involve such risks? There are obvious risks one can face during his or her addiction career, but these do not qualify as heroic because they were in service not to a noble purpose but to what those addicted sometimes refer to as serving the beast

within—chasing the dragon. So what risks of physical or social injury does the person in recovery face in service to a larger purpose?

The most significant of such risks occurs in what Campbell referred to as the final stage of the hero's journey—returning to bestow lessons learned from one's journey to family and community. Addiction is a disease of disconnection. It first erodes the family and social capital one has acquired and then turns all people into objects to be exploited for one's own needs. Addicted people develop, often by effect rather than intent, a predatory orientation to human relationships, inflicting deep wounds (sins of omission and commission) on those who enter the orbit of their influence. The person-drug relationship becomes so consuming that all else is sacrificed. It is this disconnection and its consequences on self and others during addiction that sets the stage for the one truly heroic aspect of recovery: retracing the path of addiction backwards as a person in recovery to make amends and restore one's place in the non-addict universe.

The journey home requires more courage than anything that was faced in addiction because it requires a movement out of the self and into relationships while taking full responsibility for the carnage of one's past. There are many difficult challenges in the recovery journey but none that involves more risks for the traveler than Campbell's final chapter—the return to heal the past and serve others in the present (e.g., AA/NA's Steps Eight, Nine, Ten, and Twelve). Taking risks, acts of personal rebellion, challenging every conceivable rule and boundary for sake of self is far too familiar to many of us; that is not heroism. What distinguishes heroism is that the risks and crossed barriers flow out of reconnection to others and risks taken on behalf of others.

Mark Sanders: And finally, the willingness to accept consequences of such risks?

Bill White: Heroism does not entail obliviousness to risk; it is acting in full consciousness of the risks and potential consequences to self. It also involves the potential of refusing to act when to do so could harm others. Let me give you an example that will tie some of these elements together. For those in 12-Step recovery, there is no step that involves greater risk of harm to self and others than the Ninth Step ("Made direct amends to such people [all person we had harmed] wherever possible, except when to do so would injure them or others.") The Ninth Step is the ultimate act of returning home to clean up debts and close unfinished business. Fear of injury to self is not a rationale for failing to make amends. In fact, <u>conquering fear of the risks</u> involved and proceeding to <u>voluntarily</u> make amends because of the <u>benefit of such acts to others</u> with <u>no expectation of personal gain</u> and readiness to "<u>take the full consequences of our past acts</u>" is the essence of the Ninth Step and contains all five of the earlier noted elements of heroism (Alcoholics Anonymous, *Twelve Steps and Twelve Traditions*, p. 87, underline added). Also of interest is the exception built into the Ninth Step—to refrain from making amends when to do so could harm, not the person making amends, but the party to whom the amends should be made as well as other related parties. This exception further reinforces that these acts of amends and restitution must be taken or not taken as an act of service to others rather than for the emotional comfort or therapeutic benefit of our protagonist.

Mark Sanders: Are you saying that recovery itself is not heroic, but that there may be aspects of the recovery process that rise to this level of heroism?

Bill White: Yes, recovery from addiction is a challenging and valuable achievement, but it should not bestow nobility on the recovering person greater than that given persons who have never experienced addiction. I should not expect accolades from my community because I stopped harming myself and ceased harming nearly everyone within my sphere of influence. Recovery from addiction does not, and I don't think should, come with that kind of cultural entitlement and privilege. America loves second acts and we have

long celebrated the person who rises in triumph from the ashes of defeat. Such stories confirm our aspirational value (or myth) of unlimited possibilities for all, but I don't think recovery in and of itself rises to the level of heroism as we've defined it in this discussion. The potential for heroism comes not from recovery status but from heroic acts that some choose to take within or beyond the recovery process.

Mark Sanders: Could you provide another example of such heroism in the context of recovery?

Bill White: Yes. The other area of heroism that immediately comes to mind involves asserting one's recovery status to the community, not as an act of self-aggrandizement, but as an act of service. This brings us back to Campbell's *The Hero with a Thousand Faces*. For the hero journey to be complete in Campbell's view, the hero must return home to family and community to bestow the lessons learned on the journey. People in recovery do that through acts of community service and public recovery advocacy. It is the stigma—the social indictment—attached to addiction that poses risks to the person in recovery. The recovery advocate faces potential personal embarrassment, loss of social standing, and the loss of professional or financial standing through this act of service. And it is precisely such risks that bring to recovery advocacy this dimension of heroism. By analogy, there was nothing heroic about people like Ryan White and Ervin "Magic" Johnson becoming infected with HIV/AIDS, seeking treatment for AIDS, and actively participating in their own AIDS recovery management. What was heroic was their going public with this status and turning their personal tragedies into an opportunity for public service at a time when there was enormous social stigma attached to HIV/AIDS. What makes recovery advocacy heroic is not the advocate's recovery status, but returning back to the community at great personal risk to bestow the lessons of recovery for the benefit of others without expectation of personal benefit.

Mark Sanders: How do you reconcile this heroism through recovery advocacy with anonymity as the "spiritual foundation" of all 12-Step program traditions?

Bill White: Anonymity served many practical functions in the early decades of AA, and quite animated discussions continue on the extent to which these functions continue or do not need to continue in the twenty-first century. Three such practicalities were most prominent. First, anonymity at the level of press (and the cultural etiquette of not using last names within meetings and admonitions of "who you see here, what you hear here, when you leave here, let it stay here") helped attract and protect the identities of alcoholics whose affiliation with AA, if publicly known, could cause harm to them or other parties. Second, anonymity at the level of press protected AA from public damage to its reputation that could occur if a publicly identified AA member or leader experienced a resumption of destructive drinking and related mayhem. The principle of anonymity and the practice of leadership rotation also helped AA avoid the organizational pitfalls of charismatic leadership and a centralized hierarchy that publicly personified AA. That function was particularly significant at an organizational level within a fellowship that defined the central problem of its members in terms of "self-centeredness," "self-will run riot" and "playing God." (Alcoholics Anonymous, 1939, pages 23, 74, 75). An argument could be made that the social stigma attached to alcoholism has declined in recent decades, making the first two functions less vital, although I don't think this same argument could be made in such 12-Step groups as Narcotics Anonymous, Cocaine Anonymous, Heroin Anonymous, and other 12-Step groups for persons addicted primarily to illicit drugs.

Mark Sanders: And what about the current status of these other functions?

Bill White: I still see the value of anonymity at the level of press as a protection of all 12-Step programs, and leaders within the new

recovery advocacy movement distinguish public disclosure of recovery status (including at the level of press) with disclosure of one's affiliation with AA or another 12-Step program at the level of press. I think disclosure of recovery status at the level of press without reference to affiliation with AA or another 12-Step program complies with the letter of Traditions Ten & Eleven, but it may not always meet the spirit of the Traditions (Tradition Twelve).

Mark Sanders: Explain what you mean by that.

Bill White: I think the practical justifications for anonymity change and may even be lost as cultural contexts change, but anonymity as "spiritual foundation" comes from a quite different source—not cultural context and the personal or organizational threats such context pose, but from the essential dilemma of individuals seeking recovery within a 12-Step framework.

One of the central discoveries within AA was that the alcoholic could not recover using only resources within the self. The alcoholic's essential problem, whether as a cause or consequence of alcoholism, was in 'AA's view entrapment within the self. The most cursory scan of AA's basic text, *Alcoholics Anonymous*, is informative. AA's founding generation viewed such things as self-awareness, self-knowledge, self-control, self-discipline, self-assertion, self-reliance, and self-confidence not as virtues but as part of the central pathology of alcoholism (along with other self-hyphenated conditions, e.g., self-justification, self-pity, and self-deception). So what AA constructed via its steps and rituals was a "we program" rather than an "I program" of recovery that allowed the alcoholic to escape entrapment within the self—a program that required nothing less than the "destruction of self-centeredness" (AA, 1939, p. 30).

When AA literature speaks of anonymity as a "spiritual principle," it does so out of a profound understanding of the importance of self-transcendence as the vehicle for sobriety and serenity. You can hear people depicting AA as a "selfish program" to mean that the alcoholic must get sober for self and not for others, but you find a quite different orientation on the issue of anonymity. The "spiritual substance" of anonymity according to AA's core literature is not selfishness but "sacrifice." (Alcoholics Anonymous 1952/1981, p. 184). What is sacrificed in AA (and in acts of heroism) are one's "natural desires for personal distinction," which in AA are eschewed in favor of "humility, expressed by anonymity" (Alcoholics Anonymous, 1952/1981, p. 87).

Applying this understanding, one could see how an AA or NA member choosing public recovery advocacy could technically meet the letter of Tradition Eleven (not disclosing AA affiliation at the level of press), but violate the pervading spirit of the Traditions (Tradition Twelve). This could occur when advocacy is used as a stage for assertion of self (flowing from ego / narcissism / pride and the desire for personal recognition) rather than as a platform for acts of service, which flow from remorse, gratitude, humility, and a commitment to service. Acts flowing from the former could never rise to the level of the heroic, but acts flowing from the latter might well qualify as heroic (and honor the spiritual intent of anonymity) if they meet the other criteria we have discussed.

Mark Sanders: How does the recovery advocate aspire to such heroism?

Bill White: There is a purity—perhaps even a nobility—to recovery advocacy when it meets the heroism criteria. There is a zone of service and connection to community within advocacy work, and I think we must do a regular gut check to make sure we remain within that zone and not drift into advocacy as an assertion of ego. The intensity of camera lights, the proffered microphone, and seeing our published words and images can be as intoxicating and destructive as any drug if we allow ourselves to be seduced by them. If we shift our focus from the power of the message to our power as a messenger, we risk, like Icarus of myth,

flying towards the sun and our own self-destruction. To avoid that, we have to speak as a community of recovering people and avoid becoming recovery celebrities—even on the smallest of stages. We must stay closely connected to diverse communities of recovery and speak publicly not as an individual or representative of one path of recovery, but on behalf of all people in recovery. The fact that no one is fully qualified to do that helps us maintain a sense of humility even as we embrace the very real importance of the work to be done. The spirit of anonymity—that suppression of self-centeredness—can be respected when we speak by embracing the wonderful varieties of recovery experience rather than as individuals competing for attention and superiority.

Mark Sanders: Speaking of varieties of recovery experience, methadone maintenance and other forms of medication-assisted recovery continue to carry a great deal of stigma. Even much of the recovering community does not consider those taking methadone to be in recovery. What heroics are needed here?

Bill White: This is a most interesting question. Close to a half century of scientific research on the neurobiology of opioid addiction and the relative safety and efficacy of methadone maintenance treatment (MMT) has exerted only subtle influences on how the public and helping professionals think about MMT. It has not fundamentally changed how people feel about MMT. Stigma always trumps science in arenas that have been infused with emotional vitriol. But the research on stigma may show us a way out of this dilemma. Studies to date suggest that attitudes toward medication-assisted addiction recovery are most affected by people knowing someone personally who has been aided in their recovery by medication. There was once great stigma attached to cancer; the C-word that in the early years of my life was whispered rather than spoken and only rarely so in public. That changed when hundreds of thousands of cancer survivors took to the streets and told their stories. The stigma of cancer died when we reached a point that nearly everyone knew someone personally who had survived cancer.

I suspect the same will be true of addiction, but stigma is not equally distributed across all addictions and all styles of recovery. The heroism that could be manifested in disclosing one's recovery from alcoholism requires casting off less weight than that required to declare one's recovery from heroin addiction and supporting that recovery through methadone maintenance. I can't imagine the degree of courage the latter requires. Lisa Mojer-Torres and others broke the glass ceiling of medication-assisted recovery, and I think a day will come sooner than any of us could predict when a larger vanguard of people in medication-assisted recovery will step forward to acknowledge their existence and advocate the legitimacy of medication-assisted recovery through the stories of their lives. As it turns out, the greatest antidote to stigma is not science, but personal stories of persons with whom we can identify. The areas of greatest stigma require the greatest acts of heroism to counter.

The Value of Heroism and Recovery

Mark Sanders: Why is heroism so important in the context of addiction recovery?

Bill White: I think heroic acts in recovery—those meeting the criteria we have discussed—can do two things. At a personal level, there is the paradox that such acts can serve as an antidote to the narcissism that is an integral component of addiction, but this antidote does not work if consciously sought for that purpose. The moment heroic acts are sought for personal gain—for their therapeutic value—the antidote ceases to work and the acts no longer qualify as heroic. At a social and cultural level, heroic acts by people in recovery, and particularly by people in recovery acting in concert, challenge and break down the myths and misconceptions that feed our demonization as a people and the criminalization of AOD problems. The essential problem is that

people who personify addiction and its worst manifestations achieve great cultural visibility through every media outlet, but the mass of people who could personify long-term recovery and what recovery gives back to the community have remained culturally invisible. The heroism of going public with one's recovery at great personal risk and for the benefit of others when that status could remain hidden is what shatters stereotypes and stigma, particularly when that act also involves larger acts of service to the community.

Imagine the dilemma First Lady Betty Ford faced following her treatment for alcohol and drug dependence. Imagine the pressure to hide this experience and her treatment and her recovery status. Mrs. Ford's subsequent public disclosure was the penultimate of recovery heroism—an act that set the stage for much greater acts of service in the years that followed. In that act, Mrs. Ford saved thousands, if not tens of thousands, of lives and challenged every prevailing stereotype that then existed about addiction and recovery—particularly addiction and recovery among women. In September 2012, more than 100,000 people in recovery with their families and friends marched in recovery celebration events across the United States. That would not have been possible if Mrs. Ford had not stepped into the public light as a recovering person in the spring of 1978. And her act might not have been possible but for the courage of 52 other prominent Americans who stepped forward in 1976 as part of the National Council of Alcoholism's Operation Understanding to declare their long-term recovery from alcoholism. The risks taken by those 52 might not have been possible without the individuals before them who understood that cultural policies on alcoholism change not from scientific proof but from living proof—the personal stories of people in long-term recovery. Mrs. Ford's heroism can be historically linked to the earlier recovery disclosures of women like Lillian Roth, Mercedes McCambridge, and Marty Mann. Recovery heroism fertilizes the soil from which even greater acts of heroism rise.

The "Heroic Imagination"

Mark Sanders: You once mentioned to me that the other valuable idea drawn from the work of Franco, Blau, and Zimbardo is their concept of "heroic imagination." Where does this fit into this discussion we've been having?

Bill White: Franco, Blau, and Zimbardo, in several of their papers, asked the question whether heroism was an innate trait or something that could be cultivated in many people. They answered that it was the latter and that heroic actions could be increased by instilling what they called "heroic imagination" in a citizenry. They suggest this can be done by helping people imagine themselves facing physically or socially risky situations, struggle with the difficult decisions posed by such situations, and visualize themselves acting heroically. This can be thought of as a type of preparatory rehearsal for heroism. Franco and colleagues describe it as follows:

> *…the idea of "heroic imagination," can be seen as mind-set, a collection of attitudes about helping others in need, beginning with caring for others in compassionate ways, but also moving toward willingness to sacrifice or take risks on behalf of others or in defense of a moral cause.* (Franco, Blau, & Zimbardo, 2011, p. 102)

Mark Sanders: What would such rehearsal look like for recovery advocates?

Bill White: Perhaps it would be possible to include in the training of recovery advocates these criteria for heroism, present them with critical incidents that can arise in recovery advocacy work, and help them distinguish between heroic and unheroic styles of responding to such situations. We all enter recovery advocacy work for different reasons, but there is no reason we could not be trained and supervised to elicit the best rather than the worst within us as we pursue this special category of service work.

Heroism is not an innate and fixed characteristic. People can be heroic in one situation and not in another, and heroism can come from the most unlikely sources. Heroic acts emanating from communities of recovery could be increased by integrating this concept of heroic imagination into the training of recovery advocates. Heroism, like muscles, requires regular exercise for its development and to prevent atrophy.

Toward a Recovery Corps

Mark Sanders: Heroism is usually thought of in highly individualistic terms. What about collective acts of heroism?

Bill White: Such acts fill the annals of military history, but they can also be seen within civilian communities, particularly within some of our modern social movements. It is hard to imagine anything more heroic than the freedom riders of the early U.S. civil rights movements and the men, women, and children of that era marching into the face of fire hoses, police dogs, and police batons. Great physical and social risks also accompanied the first people who escaped their closeted status by publically acknowledging themselves as gay, lesbian, bi-sexual, or transgender people. There are parallels between that kind of collective heroism and what is unfolding within the new recovery advocacy movement. The earliest vanguards of such movements often reflect that heroic spirit.

Mark Sanders: Do you think people in recovery—as a people—have a special duty to act heroically as a community?

Bill White: I do and for two quite different reasons. First, attitudes toward addiction and addiction recovery and a host of ill-conceived practices (e.g., mass incarcerations, the long history of harmful treatments, financial exploitation, and numerous forms of discrimination) are not going to change until a vanguard of people in recovery step forward in communities across the country to put a face and voice on long-term addiction recovery. Collective action to change those circumstances may involve a collective self-interest, but there are acts of individual and collective heroism within that larger movement that deserve acknowledgement. I mentioned that last month, more than 100,000 people in recovery marched in recovery celebration events across the United States, but imagine the experience of the small number of people that first marched down the streets of those cities more than a decade ago publically identifying themselves as individuals and families in addiction recovery. The social risk is reduced but not eliminated when we stand together in large numbers as a community. Those early recovery celebration events were definitely a form of collective heroism.

In the above case, the duty to act flows from the collective needs of a group of people, but another and maybe an ever more important need for heroic action by people in recovery is that as a people we carry the weight of many transgressions against others and against our communities. Let's ask ourselves, "Are there collective sins as a recovery community that we must atone for? Do all of the amends that cannot be made for our individual transgressions constitute a debt that we as a community must repay in some form? Do we share responsibility as a community to rebalance the scales of justice?" I believe the growing activism and service work (outside of that done within the recovery fellowships) would suggest affirmative responses to these questions. When people in recovery act collectively to help heal the wounds of their communities, it serves as a form of restitution or reparations for the injuries addiction inflicts on those same communities.

Not all we do as individuals or groups of people in recovery to repay those debts will come close to the level of heroic action, but some may well reach that level. Two examples come to mind. In the immediate aftermath of the World Trade Center attacks and the days following Hurricane Katrina's assault on the City of New Orleans and the wider Gulf Coast, individuals in recovery quickly acted, alone and in concert, to

respond to the suffering that followed these events. They did it spontaneously, immediately, and effectively, deflecting any proffered public recognition of their service. On other days, groups of people—some wearing T-shirts reading "Amends in Action"—can be found reaching out to addicts still suffering, cleaning up neighborhoods, or volunteering as a group for Habitat for Humanity. Now such acts can easily be christened altruistic, but there are moments of risk and service within such collective actions that shift their status from the altruistic to the heroic.

Mark Sanders: Do you see such acts of collective heroism in the recovery community increasing?

Bill White: Yes. We may well see the emergence of something like a national Recovery Corps, modeled on the Peace Corps, through which people in recovery will serve as a healing and revitalizing force within local communities. If that happens, an increasing number of people in recovery will find ways to return home and complete their recovery journeys.

References

Blau, K., Franco, Z., & Zimbardo, P. (2012). Fostering the heroic imagination: An ancient ideal and a modern vision. *Psi Chi Journal*. Accessed October 20, 2012 at www.psichi.org/Pubs/Articles_745.aspx

Franco, Z. E., Blau, K., & Zimbardo, P. G. (2011). Heroism: A conceptual analysis and differentiation between heroic action and altruism. *Review of General Psychology*, *15*(2), 99-113.

Franco, Z., Pamlin, D., Langdon, M., Blau, K., & Zimbardo, P. (No Date). *Is Lei Feng still a modern hero?: A consideration of heroic action in the context of culture*. Unpublished paper.

Franco, Z., & Zimbardo, P. (2006-7). The banality of heroism. *Greater Good—The Science of a Meaningful Life*, Fall/Winter. Accessed October 20 at www.greatergood.berkely.edu/article/item/_banality_of_heroism

White, W. (2001a). Recovery as heroic journey. *Perspectives: A Journal on Addiction Research and Public Policy, 12*(3), 2-5 & *Recover Magazine,* 2004, *4*(3), 18-21. Posted at www.williamwhitepapers.com

White, W. (2001b). The boon of recovery. *Perspectives: A Journal on Addiction Research and Public Policy, 12*(4),2-5 & *Recover Magazine,* 2004, *4*(4), 18-21. Posted at www.williamwhitepapers.com