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Waiting for Breaking Good: The Media and Addiction Recovery

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The major media outlets have long been chastised for the content and style of their coverage of alcohol- and drug-related problems. Such criticisms include the glamorization of drug use, the demonization of drug users, and charges that the media is complicit in ineffective drug policies. Few have raised parallel concerns that popular media coverage of addiction recovery is rare, often poorly selected, and told through a lens that does little to welcome the estranged person back into the heart of community life. If media representatives do not “get it” (“it” being recovery), then what precisely is it that they don’t get? What are the mistold and untold stories and their personal and public consequences to which media leaders ought to be held accountable?

Having closely observed such coverage for nearly half a century, I would offer twelve points from the perspective of a long-tenured recovery advocate.

1. Distorted media coverage of active addiction fuels social stigma and contributes to the discrimination that many people in recovery face as they enter the recovery process. Caricatured and sensationalized media images of addiction—from hijacked (diseased, deranged, dangerous) brains to the most lurid stories of crime, violence, neglectful/abusive parenting, insanity, and infectious disease—minimize problem recognition among those with AOD problems and, by cultivating fear and revulsion among the general population, remove the welcome mat to community reentry for those seeking recovery. When combined with the failure to provide alternative associations, images, and expectations of recovery—images that would [distinguish the status of addiction and the status of addiction recovery](#), these media-shaped social attitudes push those who would potentially seek recovery further and further into subterranean subcultures. As an example, consider the images of methamphetamine addiction in the popular media. Now imagine a person seeking recovery from methamphetamine dependence confronting such stereotypes as they seek to reconstruct their social world and lifestyle. Now imagine how images affect the community’s willingness to welcome home these lost sons and daughters and mothers and fathers. Also imagine how the emaciated images of the meth stick figures inhibit the help-seeking of the majority of people experiencing methamphetamine dependence who look nothing like those images.
2. Media coverage of addiction recovery is rare and tangential. If the media’s coverage of alcohol and drug-related topics was plotted on a map, one would be hard-pressed to find the location of recovery. [A survey](#) conducted some years ago on behalf of Faces and Voices of Recovery revealed that the American public understood addiction *recovery* to mean that a person was trying to resolve an alcohol or drug problem rather than as a stable and sustained state of having resolved such problems. Such a view is understandable in light of just how infrequently the story of people in **long-term** recovery is conveyed through the major media channels, whether in the form of news, film, television dramas, or print and electronic media.

The rarity of recovery portrayals through those media outlets is even more pronounced for people of color where its effects are even greater due to the saturation of images linking people of color and addiction. People of color and communities of color are wounded by the magnified coverage of their addiction stories and the marked absence of their recovery stories. When the media cover the addiction/recovery story of people judged to be “one of us” or of one of their own (e.g., ABC’s Elizabeth Vargas), a compassion evoking story is told about the source of excessive AOD use—physical pain, emotional trauma or distress, death of a loved one, etc.). No such compassion-evoking explanations are offered for those judged to be “one of them”—poor people of color, people living with HIV/AIDS, people in the criminal justice or child welfare systems. Medical models of understanding addiction/recovery are applied to the privileged; moral and criminal models are applied to the culturally disempowered.

3. The media mistakenly conflates recovery with active addiction and addiction treatment with recovery. Peripheral recovery references can be found in the sensational coverage of celebrities of the moment announcing their latest sagas of “crash, burn, and back to rehab” or in the press conferences of politicians, sports figures, actors, musicians, and notable others expressing (in words written by their publicists) a profound apology for their recently-exposed public indiscretions and their just-discovered but profound commitment to recovery. These are not the voices of recovery; these are the voices of addiction seeking a reprieve to chase the dragon another day. Ironically, when real recovery is actually achieved under such circumstances, media attention disappears. An unending supply of experts are available to comment on a celebrity’s out-of-control addictive behavior, but none are shown explaining how that out-of-control behavior later disappeared. (For example, compare the wild media frenzies and the excruciating details of Robert Downey Jr.’s addiction-related misadventures with the sparse attention to and rare acknowledgement of his sustained recovery story.)

When celebrities enter addiction treatment, it is often referred to as an entry into recovery (or a [“trip to recovery”](#).) Entering treatment is not synonymous with entry into recovery. Entering treatment is as likely to a benchmark in one’s addiction career as the beginning of sustainable recovery—a respite from rather than an end of addiction. The media’s conflation of treatment and recovery leave people in long-term recovery lamenting, “They just don’t get it!”

4. Media outlets portray addiction recovery as an exception to the rule. Recovery is too often portrayed as the heroic efforts of a small, morally enlightened minority, yet [scientific studies of alcohol and drug problems in the community](#) consistently reveal that most addictions end in recovery, not with perpetual addiction, prolonged institutionalization, or death. Recovery should be an expectation of every individual and family experiencing an alcohol or other drug problem. The American media fails to convey that hope and expectation. Recovery is the norm, and the normality of recovery is the most important missing story.
5. Media coverage of drug-related celebrity mayhem and deaths contributes to professional and public pessimism about the prospects of successful, long-term addiction recovery. Categorizing repeated mayhem as “relapses” further conveys a failure of recovery when most often there has been no sustained period of recovery preceding such events. These events are manifestations of sustained addiction, not a loss of recovery. I am not suggesting a

moratorium on reporting such events, only placing these details within a larger context— noting the value of professional treatment and peer recovery support for millions of individuals and helping readers/viewers understand what special circumstances may have made these valued aids less effective for this particular individual and what we as a community might do to change such circumstances. Media coverage portraying addiction treatment as a refuge through which spoiled stars escape the consequences of addiction rather than as portals of entry into recovery contribute to addiction treatment facilities being used for precisely such purposes and being perceived as such by the public and policymakers. The addiction treatment industry and recovery communities share the responsibility of not providing visible alternatives to these images.

6. When the story of recovery is told, it is most often told from the perspective of the initiate rather than the perspective of long-term recovery. This is analogous to interviewing an infant about the meaning of life. The person who is most frequently invited to step to the microphone to talk about recovery is often the least qualified by knowledge and experience to do so. Here is the question for any defensive media representatives reading this: After examining all the stories related to addiction recovery you have produced, written, or performed in the past five years, what percentage involved telling the stories of individuals and families with more than ten years of continuous recovery? That is the missing story! People in the early months and even years of recovery can detail the *recovery from* story but the *recovery to* story takes years to create and understand. Many people in long-term recovery would shudder at the thought of having shared their “wisdom” about recovery at such a fledgling stage of recovery. Media coverage of intervention and treatment processes is often exploitive and poses potential harm to those participating. Who could have conceived that placing people in active addiction--some of the most narcissistic people on earth--in front of television cameras would ever produce an authentic, let alone helpful, experience?
7. When personal recovery is conveyed by the media as a dramatic story of redemption, the media often inflate and elevate the recovering person to a pedestal position and then circle like piranhas in a feeding frenzy at the first sign of any failure to live up to that imposed image. Who could forget the cultural phenomenon of James Frey’s *A Million Little Pieces* and the plummet from grace aftermath?! People in recovery who readily volunteer or are enticed into this pedestal role should rightly fear the precarious footing of this position and the intentions of those who will profit equally from their rise and their fall with little regard for the final outcome as long as it draws attention and sells products. Getting seduced into such transient ego-inflation creates a sense of recovery-endowed privilege and entitlement and a growing gap between this pedestal image and one’s real internal experience. Interviews with people in recovery should come with a warning label.
8. The media seeks to make the personal recovery story as dramatic as possible by emphasizing the details of the addictions story while glossing over the processes and fruits of long-term personal and family recovery. When recovery is portrayed, the focus is on the most lurid and dramatic elements of past addiction and early recovery initiation, not the processes of long-term recovery. (Eliciting these dramatic details involves asking the most invasive of questions—questions never asked of those with other medical conditions—as if one’s past

addiction status eliminates any right to privacy.) In media coverage of recovery, the language of recovery (e.g., hope, healing, gratitude, humility, humor, restitution, service, simplicity, spirituality), if present at all, is smothered by the more embellished language used to tell the pre-recovery story (e.g., the language of crisis, hopelessness, struggle, pain, suffering, failure, and harm to others). The lasting memory of exposure to such stories is not usually one of stable recovery and community contribution. While the sensational and dramatic are media staples, the essence of recovery is the displacement of such drama by living out these values of humility, simplicity, and unheralded service. When a life in recovery is not “newsworthy” by recent journalistic standards, this is a good thing.

9. The media fixation on celebrity addiction and recovery is a diversion from a much larger and more important story. THE missing story is not that a celebrity whose life few can relate to achieves **long-term** recovery from addiction, but that millions of individuals and families have achieved such recoveries. Similarly, THE story of recovery advocacy is not the story of how one recovery advocate turned his or her pain into service, but that 125,000 culturally and politically mobilized Americans in recovery broke centuries of silence by participating in public recovery celebration and advocacy events in 2013. The words and images of that larger story have yet to be revealed in any depth by mainstream media outlets.
10. The media tell the story of recovery only as a personal story rather than a larger story of the role of family and community in addiction recovery. The media is quick to tell the stories of families who have lost sons or daughters to addiction. Why don't we see the same attention devoted to families whose sons and daughters have recovered from addiction and how their families also experienced a recovery process? The media is quick to depict communities “plagued” by addiction, but rarely tells the stories of communities consciously creating the space in which resilience and recovery are flourishing.
11. The rare media portrayals of recovery often depict only a single pathway of addiction recovery—specialized addiction treatment followed by lifelong affiliation with a 12-Step recovery program. While many people successfully follow that pathway, this singular portrayal fails to convey the growing varieties of recovery experience; the secular, spiritual, and religious alternatives to 12-Step programs; and the experience of persons who achieve recovery without benefit of professional treatment and participation in a recovery mutual aid society. And stories of medication-assisted recovery are notably masked behind sensationalist and pejorative coverage of these medications and the patients who rely on them for recovery initiation and maintenance.
12. The media is only just beginning to recognize newly emerging recovery support institutions and the existence of an ecumenical culture of recovery that are uniting people from diverse pathways and styles of long-term recovery. For more than 150 years, specialized support for addiction recovery has rested in two social institutions: recovery mutual aid fellowships (e.g., AA, NA, Women for Sobriety, Smart Recovery, and Celebrate Recovery) and professionally-directed addiction treatment. Today, new institutions (recovery community organizations, recovery community centers, recovery residences, recovery schools, recovery industries, recovery ministries, recovery cafes, to name just a few) are dotting the American landscape. This shift toward creating the physical, psychological, and social space in local

communities within which recovery can thrive is of enormous historical significance, but still receiving only scant notice from mainstream media.

As the eternal optimist, I await with great anticipation a new quality of media coverage of addiction recovery. The Breaking Bad stories have been told ad nauseam. It's time for a new generation of journalists, scriptwriters, and filmmakers to convey the Breaking Good stories.

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