Teaching Addiction/Treatment/Recovery History: Relevance, Methods and Resources

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Abstract

*History can be an empowering tool in the education of those working in addiction-related occupations. This article explores the importance of the historical perspective in addiction studies, outlines principles to guide the presentation of historical data, and reviews some of the best resources that can be used to present historical material in a comprehensive, objective, and engaging manner.*

Key words: history, addiction studies, story, narrative, teaching methods and resources

_Maybe if we listened, history wouldn’t have to keep repeating itself._—Lilly Tomlin

When I first entered the field of addiction treatment more than thirty years ago, I had little inkling that the subject of history would insinuate its way so deeply into my future clinical and research interests. Like many things of great value, it came in a most unsuspecting manner—an 1877 advertising flyer for an “inebriate home” staring up at me from a flea market table. Having worked in addiction treatment programs for nearly a decade at the time of this encounter, I felt cheated by training and professional experience that had revealed nothing of such places or their fate. That serendipitous event sparked inquiries that culminated in the publication of _Slaying the Dragon: The History of Addiction Treatment and Recovery in America_ (White, 1998) and opportunities to present this story across the country.

This achievement was made possible by the sustained mentorship of Harvard-trained historian Ernest Kurtz, best-know in the addictions field as author of the book, _Not-God: A History of Alcoholics Anonymous_ (1979). Kurtz is an
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avid teacher on the subject of how to research, write and present historical material. In this article, I wish to convey some of the most important lessons I learned within this apprenticeship. More specifically, I will argue the importance of history as a component of professional education within addiction studies; outline principles to guide the presentation of historical information; and recommend texts, articles, web sites and audiovisual aids that can be used to present this perspective in a highly engaging manner. In the process, I hope to express my love of this subject and invite a new generation of teachers and students into this fascinating territory.

Why History?

The counselor knee-deep in court-mandated referrals, the outreach worker searching for a lost client, the nurse ministering to an addict in detox, and the administrator fretting over pending budget cuts might all contend, as they scurry from work to an evening class, that they have little time or interest in the history of anything. These same students may also have concluded from prior experience that, “History is boring!” But history is really about stories and few of us can resist the well-crafted story. So it is in the very class they are about to enter that these students can discover how history’s stories can bring to life a myriad of subjects within the addiction studies curricula. The best addiction studies teachers are narrators of true stories that contain insights that are unavailable elsewhere.

The study of history provides a medium to link our own stories to the larger story that preceded and will follow us; it places both our clients and ourselves within a larger story of a problem and the prolonged efforts to solve it. Linking students to the larger addiction studies field by enhancing their identification with the field’s past is an important step in the professionalization of addiction-related service roles and the larger field. This may be particularly important at this stage of the modern addictions field due to the confluence of high staff turnover in entry roles and the imminent loss of a generation of long-tenured leaders. Capturing and transmitting professional values and traditions to a new generation of leaders is crucial to the integrity and future of the addictions field.

There are times that historical knowledge can serve as a powerful medium for prediction. In the late-1980s, the addictions research institute in which I work was asked to predict new drug trends that were likely to unfold in the coming decade. Using our analysis of historical cycles related to such trends, we predicted that the United States would experience a resurgence in youthful polydrug experimentation and a rise in both juvenile and adult narcotic addiction by the mid-1990s. These predictions were made at a time that youthful illicit drug experimentation had declined for nearly a decade and narcotic use had plummeted
in the face of rising cocaine addiction. When these seemingly unlikely predictions came to fruition, we explained that four previous epidemics of stimulant addiction in the U.S. had been followed by rises in the consumption of alcohol, sedatives, and narcotics. Given that knowledge, our prediction of rising opiate use in the 1990s was one we could make with reasonable confidence. A careful study of the past can suggest certain trends in such arenas as social policy (cycles of stigmatization, destigmatization, restigmatization; cycles of criminalization, decriminalization, recriminalization), the organization of addiction treatment services (cycles of centralization, de-centralization, re-centralization; cycles of categorical segregation, integration, re-segregation), and evolving views on the etiology and treatment of addiction (cyclical emphases on biological, psychological, socio-cultural or spiritual models).

History’s stories can provide windows of perception into ourselves and our own times that might not be possible otherwise. For example, there is a long list of harm done in the name of good that has long pervaded addiction treatment. In the past century alone we have seen unconscionable control devices (mandatory addict sterilization laws, prolonged incarceration), horribly invasive treatments (prefrontal lobotomies, chemical and electrical shock therapies, and every manner of drug insult), and a long tradition of financial exploitation of addicts and their families. What history’s stories teach us about such iatrogenic insults is that it is very difficult to perceive such harmful interventions within one’s own era. The purpose of studying the past is not to spur self-righteous condemnation of the treatment of morphine addiction with cocaine in the 1880s, but to use our knowledge of such events to probe areas of hidden harm that might exist in our own clinical practices today. Studying the past can help us–teacher and student–achieve what the distinguished historian Barbara Tuchman (1981) calls “recognizing history at close quarters.”

The stories that make up the history of treatment and recovery have been a great source of inspiration in my own career in the addictions field. There are many heroes and heroines within these stories whose lives contain lessons about how to conduct oneself in this most unusual of occupations. Their lives can serve as a powerful source of motivation. Marty Mann, the driving force behind the Modern Alcoholism Movement, was herself called to this role when introduced to the story of Dorthea Dix, the tireless mental health reformer of the nineteenth century (see Brown and Brown, 2001). Mann’s imagination was fired by the vision that she might do for alcoholism what Dix had done for the destigmatization of mental illness. One wonders if there is not a young woman or man today reading the recently-released biography of Marty Mann who will draw similar inspiration to re-energize this movement in the twenty-first century.

This is all a way of suggesting that history has many functions it can play in
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the addiction studies curricula. History can help cultivate:
• curiosity (How could a student hear of groups like the United Order of Ex-Boozers and the Drunkards’ Club without wondering what such groups might have to teach us?),
• healthy skepticism (Announcements of new breakthroughs in the addiction arena are notoriously unreliable.),
• therapeutic humility and caution (The best treatments in each era of history have proved inadequate for many and harmful to some.),
• clinical flexibility and tolerance (The history of treatment and recovery is filled with wondrous varieties of recovery pathways and styles.),
• patience (Change has always been a time-involved process for our clients and our communities.), and
• optimism (Americans have achieved sustained recovery from addiction through mutual aid societies and professionally-directed treatment for more than 200 years.).

Six Principles for Teaching History

There were six principles that emerged as the connecting tissue of my mentorship under Ernest Kurtz (1979). These principles are not inviolate rules, but they do provide a helpful framework for integrating the historical perspectives into one’s teaching activities.

1. Organize your material chronologically. History is not about dates; it is about sequence. Chronology, as Kurtz taught me, is “history’s spine.” We create such a spine by arranging our material chronologically. Using this spine to bind together our central story enhances student comprehension at the same time it gives us the freedom to illustrate contemporary events with anecdotes of what came before and enhance our understanding of the past by our knowledge of what occurred later. Sequencing is a way of demonstrating this interaction of events. It keeps the student metaphorically wanting to turn the next page to find out what happens. It can also provide students the ability to recognize patterns within what otherwise might appear to be isolated events. For example, the dramatic rise of opiate addiction in the second half of the nineteenth century makes sense only in the context of what preceded it: the isolation of plant alkaloids (morphine, cocaine), the invention of the hypodermic syringe, the rise of an unregulated patent medicine industry, the Civil War and epidemics of untreatable infectious diseases. It is the sequence and interaction of these events that conveys to the addiction studies student how new technologies, promotional forces and contextual events influence drug trends.

Chronology also makes clear that the final chapters of most stories in the
addiction studies field have yet to be written. Leaving the end of the sequence consciously open invites students to ponder their own potential roles in the continuing story.

2. **Tell the story in context.** This principle demands attention to the ecology of addiction, addiction-related social policies, and treatment philosophies and approaches. It forces the students to ask: What else was going on (economically, politically, culturally, professionally) and how did this context influence the event or issue under investigation?

To report to students that the first anti-narcotics ordinance in the United States (aimed at suppressing Chines opium dens) was passed in 1875 in the City of San Francisco means little without conveying that the decade of the 1870s was one of the most intense periods of racial and class conflict in U.S. history. The former provides a fact and a date; the latter conveys the role racial and class conflict have long played in shaping drug-related social policies. The latter opens up the possibility of exploring how the contextual forces that operated a century ago might still be operating today. This ecological perspective is crucial in understanding why addiction treatment rises in one decade, only to fall from cultural favor in another.

3. **Provide the evidence—ALL of the evidence.** This principle requires that teachers of addiction studies be able to answer the “says who?” challenge to any of their assertions of historical fact. This principle calls upon us to report the sources upon which our stories and interpretations are based, weigh the credibility of historical sources, and teach our students to do the same. Conveying the historical stories, like reporting on scientific studies, also requires that we accurately summarize all the available evidence, including ambiguous and conflicting evidence. This challenges each of us to transcend the tendency to present or emphasize only the historical evidence that supports our own philosophical biases.

Kurtz (1979) emphasized that truth in history, as in science, is always on probation, pending the discovery of new evidence. (This is why historians are so averse to use of the F-word: depicting a person or event as being *First.*) One reason that historical truth must be kept on probation is that so much of history is based on memory. There are several reasons that memories and the stories based upon them must be approached critically. Memory is often reshaped based on subsequent events, the need to positively frame one’s own role in the story, the desire to promote an ideological agenda, or simply because of its own imperfection. Historical evidence involves reconciling multiple accounts and recognizing whose accounts are missing. Cultivating this attitude of critical inquiry towards inherited history is an important gift that teachers of addiction studies can give to their students. It is also a way of conveying that different interpretations can be drawn from the same historical evidence.
4. Separate Fact from Conjecture and Opinion. This principle calls upon us to create a clear boundary between the historical evidence and our own interpretations and judgements of that evidence. Such a boundary calls upon students to be tested upon the historical evidence, not the opinions of their teachers. Respecting this boundary keeps the teacher focused on the evidence and leaves students free to draw their own conclusions from the available evidence. The historical perspective enhances students’ critical thinking skills—their ability to weigh historical evidence and critique historical interpretations in the same way they learn and weigh scientific arguments and counter-arguments. Principles three and four encourage teaching methods that focus on education rather than persuasion.

5. Tell the story from different perspectives. This principle recognizes that a single story takes on different meanings and degrees of relevance as it traverses generational, gender, geographical, cultural and ideological boundaries. It encourages the teaching of addiction studies to develop a highly nuanced approach to telling history’s stories.

The early rise of alcohol problems among Native peoples can be told from a European perspective that emphasizes what have been christened “firewater myths” (e.g., the biological vulnerability of Native people to alcohol/alcoholism), or it can be told from a Native perspective (e.g., the use of alcohol as a tool of economic, political and sexual exploitation and the rise of alcohol problems in the context of the destruction of Native cultures). Similarly, the story of Alcoholics Anonymous (A.A.) is incomplete without acknowledging that there are critics of A.A. and the nature of their criticisms. Loving devotees and harsh critics, and their respective motivations, are both part of the A.A. story. The key to providing the historical perspective is to convey the whole story—and to convey it from different vantage points. This principle five calls upon teachers to “turn the story” and reframe it in ways that cultivate empathy for the multiple characters within the story.

6. Localize and personalize the story. This principle seeks to involve the student in the very heart of the story. It calls upon the teacher to bring the big story to the physical and cultural home of the student, and to move the student from a passive observer of history to an active participant. Localizing the story of the temperance movement or nineteenth century inebriate homes takes on new meaning when the story of a local temperance group or local inebriate homes is used to illustrate larger national and international movements. It takes on even greater meaning when students learn that groups like the Woman’s Christian Temperance Union continue to exist today and can be interviewed to acquire this living history.
Teaching Resources: Recommendations

The author is frequently asked by addiction educators for recommendations for resources on the history of addiction and its treatment and related topics. Resources that meet the criteria of scholarship, readability, and accessibility include the following texts, articles, web sites and audiovisual aids.

A. Resources on the History of Addiction


B. Resources on the History of Public Policy


C. Resources on the History of Treatment and Recovery


D. Resources on the History of Recovery Mutual Aid


E. Resources on Generational, Gender and Cultural Perspectives


F. Dissertations for the Addiction Studies Library


G. History-related Web Sites

One of the best virtual libraries of addiction-related papers is [http://www.bks.no/online.htm](http://www.bks.no/online.htm)

The collected papers of Robin Room (Excellent papers on the sociology of alcohol and alcoholism) [http://www.bks.no/room.htm](http://www.bks.no/room.htm)

The collected papers of Ron Roizen (Well-researched material on the history of the Modern Alcoholism Movement and its leaders, Mann, Jellinek, etc.). [http://www.roizen.com](http://www.roizen.com)

History of the disease concept of addiction (including the Ernest Kurtz paper on *A.A. and the Disease Concept of Alcoholism*, William White’s 5-part series in *Counselor* on the history and future of the disease concept, and *The Addiction Disease Chronologies* of William White, Ernest Kurtz and Caroline Acker) can be found at [http://www.bhrm.org](http://www.bhrm.org)


History of addiction treatment/counseling (William White’s 6-part series on this subject that appeared in *Counselor*). Posted at [http://www.chestnut.org](http://www.chestnut.org) 1999-2000: A lost world of addiction treatment. 17(2)8-11; A cautionary tale: The fall of America’s first treatment institutions. 17(3):8-10; First do no harm: Iatrogenic effects of early addiction treatment.17(4): 9-12; The first addiction counselors. 17(5):8-10; From calling to career: The birth of addiction counseling as a specialized role. 17(6):9-12; Addiction

History of Alcoholics Anonymous: A good starting place for historical documents would include the following: http://www.AAHistoryLovers@yahoogroups.com and http://www.historyofaaa.com.

**H. Audiovisual Teaching Aids**

There are several exceptional documentary movies available that provide powerful visual representation of the history of alcohol and drug use/addiction. Those that could be used as teaching aids include:


One of the best traveling exhibits on the history of alcohol and other drug use in America is the *Altered States* exhibit of the Strong Museum of Rochester, New York. For a schedule of their exhibition itinerary, see http://www.strongmuseum.org/txhibits/astates/altst.html

**IV. Summary**
The integration of historical perspectives throughout the addiction studies curricula can provide students with new insights into the present and future of addiction and its treatment. This article has suggested teaching approaches and resources through which these historical perspectives can be delivered in an engaging manner within the context of classroom presentations, reading assignments, paper topics and special projects.

References