

White, W. (2008) The culture of recovery in America: Recent developments and their significance. *Counselor*, 9(4), 44-51.

The Culture of Recovery in America: Recent Developments and Their Significance

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For the past nine years, the articles in this column of *Counselor* have sought to educate addiction professionals about the rich history of addiction treatment and recovery in America and to highlight emerging trends that are of historical import. We have often noted history's propensity to repeat itself, but viewing all events in terms of these cycles can blind us to that which is fundamentally new.

For almost three centuries, people recovering from severe alcohol and other drug problems have created healing sanctuaries to share their experience, strength, and hope and to meet specific needs they faced in initiating and sustaining their recovery journeys. History suggests that when a vacuum of unmet needs reaches critical mass, recovering people, their families, and visionary professionals coalesce into movements that birth new structures of recovery support. That critical mass—spawned in great part by the restigmatization, demedicalization, and recriminalization of addiction in the 1980s and 1990s—has been reached again, and the resulting scope and depth of recovery community building activities in America is without historical precedent.

In this article, we will explore these recovery community building activities and the influence they will exert on the future of addiction treatment. We will begin by summarizing the small stories and then connect the dots of these stories to see the larger picture that is emerging and its import.

Growth and Diversification of Recovery Mutual Aid Societies

The roads to recovery are many.

--AA Co-founder Bill Wilson, 1944

Addiction recovery mutual aid groups have a long and rich history dating to the 1730s (White, 2001a; Coyhis & White, 2006). The past 30

years are striking in terms of new recovery mutual aid societies, the scope of recovery mutual aid participation (as measured by the number of registered groups and total membership of all groups) (Humphreys, 2004), and the diversification of group goals (spanning moderation and abstinence) and program philosophies (spanning religious, spiritual, and secular pathways of recovery) (White & Whitters, 2005; White & Nicolaus, 2005; White & Laudet, 2006). Also noteworthy is the geographical dispersion of local recovery support groups throughout North America and the world (Humphreys, 2004; White, 2004).

More than any previous period in history, American communities are likely to have local recovery mutual aid meetings and a choice of such meetings within and across frameworks of recovery. The Faces and Voices of Recovery mutual aid guide contains more than 25 addiction recovery support societies (Kurtz & Kurtz, 2007). The “recovery community”—a term once used to refer collectively to members of local Twelve Step groups—has morphed into diverse “communities of recovery” who, as they interact and come together on issues of mutual interest, are forming a new consciousness of themselves. This newly emerging “recovery community” encompasses people from diverse recovery support groups and new recovery support institutions who are defining themselves as a community based on their recovery status and not the method or support group through which that recovery was achieved or sustained (White & Kurtz, 2006a). Transcending the competition and animosity that sometimes plagued their view of each other, members of these groups are more likely today to view all successful recovery pathways as cause for celebration.

Adding to the growth of recovery support structures is a renewed interest on the part of addiction treatment institutions in open-ended continuing care groups, consumer councils, alumni associations, and peer-based volunteer service programs. This marks a trend of lowering treatment intensity but increasing treatment extensity through the delivery of long-term recovery support services (Humphreys, 2006).

Virtual Recovery Communities

One of the most recent and historically significant trends is the growth of Internet-based recovery support meetings and the emergence of broader Online recovery communities. What we know about these groups and communities at the present time is that they:

- began in the early 1980s and evolved in tandem with the WorldWideWeb,

- represent a broad spectrum of religious, spiritual, and secular recovery support groups,
- are rapidly growing in numbers and diversity,
- constitute both an adjunct and an alternative to face-to-face recovery support meetings, and
- attract members who would not otherwise participate in support group meetings, e.g., women, status-conscious professionals, adolescents, persons with disabilities, and persons living in isolated communities without recovery support groups (Kurtz & White, 2007).

In a recent review of Online recovery support groups, Kurtz and White (2007) expressed surprise at how many people were effectively and almost exclusively relying on online communications as their primary source of recovery support (Kurtz & White, 2007). The future of virtual recovery communities is hard to predict, but a day may come when the number of those supporting their recovery via Online communication will approach and then far exceed the number of those participating in face-to-face recovery support meetings.

Recovery Advocacy Movement

Recovering people and their families and allies are forging grassroots recovery community organizations around four core activities: 1) political advocacy for pro-recovery laws and social policies, 2) public and professional recovery education, 3) the provision of non-clinical (peer-based) recovery support services, and 4) recovery celebration events. This new addiction recovery advocacy movement has arisen outside of and without affiliation with existing recovery mutual aid societies. Individuals and families representing diverse recovery pathways are standing together, not as members of Alcoholics Anonymous, Women for Sobriety, Secular Organization for Sobriety, or Alcoholics Victorious, but as men and women in long-term recovery sharing common experiences, needs, and interests. This movement has national organizations representing its collective interests¹, a distinctive set of values and core ideas, a broad range of strategies through which it is pursuing its goals, and the financial support of

¹ Faces and Voices of Recovery, the National Council on Alcoholism and Drug Dependence, the Johnson Institute, the Legal Action Center.

recovering people and public and private organizations (White, 2006; White & Taylor, 2006; White, 2007).

The new *recovery community organizations* (RCO) that make up this grassroots movement constitute a new type of organization that existed earlier only within some of the local affiliates of the National Council of Alcoholism and Drug Dependence. RCOs stand as distinct organizational and service structures apart from both professionally-directed addiction treatment and addiction recovery mutual aid societies (Valentine, White, & Taylor, 2007). They are also creating new service institutions (e.g., *recovery community centers*) and pioneering new service roles (e.g., *recovery coaches*) that are offering a wide range of non-clinical recovery support services. A national directory of these grassroots organizations is posted at the Faces and Voices of Recovery website (see <http://www.facesandvoicesofrecovery.org/regions>).

Recovery Home / Colony Movement

Recovery homes are alcohol- and drug-free houses whose residents support each other in their recovery from addiction. They are NOT treatment centers nor are they “halfway houses”—staff-directed way stations between the treatment institution and the community. The current recovery home movement has been inspired to a great degree by the success of Oxford House, which was founded in 1975 and which has grown to more than 1,200 recovery homes in 48 states. More than 24,000 people in recovery a year reside in Oxford Houses. The Oxford House model has several distinctive features that have influenced the recovery home movement: democratic self-management, financial self-support of each home, reliance on support from peers rather than paid staff, no time limit on how long an individual can live at a home, and the expulsion of any individual who uses alcohol or drugs (Oxford House, 2006).

The growth of the recovery home movement was fueled by two factors. The first was the Federal Anti-Drug Abuse Act of 1988 (P.L. 100-690), which required states to establish a revolving fund for loans to recovering individuals to rent a house to establish a recovery home. The second influence was the accumulation of scientific studies documenting the exceptionally high continual abstinence rate within the Oxford Houses—research that confirms the real potential of the Oxford House slogan “Recovery without relapse.” (Oxford House, 2006; Jason, Davis, Ferrari, & Bishop, 2001; Jason, Olson, Ferrari, & Lo Sasso, 2006).

Self-managed recovery homes are spreading rapidly in the U.S. A recently completed survey of recovery homes in the City of Philadelphia revealed more than 250 recovery homes that on any given day house more than 1,500 men and women (Johnson, Martin, Sheahan, Way, & White, in press). As recovery homes congregate in particular areas of a city (sometimes on the property of or in close proximity to institutions with which they are closely connected, e.g., churches, treatment institutions, or schools), they form a recovery campus that often includes a wide spectrum of recovery support services and relationships. Leonard Jason and Robyn Kobayashi (1995, p. 204) note that such “comprehensive healing environments” may be the wave of the future. Persons in recovery who purchase homes and then rent them to other people in recovery are a central part of the hidden story of the recovery home movement and its rapid growth.

Recovery colonies—at present a network or faith-based recovery communities modeled on early (Keswick Colony of Mercy) and more recent (Dunklin Memorial Camp) programs providing a mixture of a recovery-based residential community, service to the larger community and preparatory training for urban and rural recovery ministries. The reader might visualize such a colony (Dunklin) by imaging a Florida wilderness dotted with dormitories, staff residences, homes for visiting families and the families in recovery, a mess hall, tabernacle, school, computer lab, library, lumber mill, furniture workshop, hog and cattle pens, fruit groves and sugar cane fields, a health clinic, rodeo grounds, and a cemetery. This is a self-sustained recovery community built upon the shared religious vision experienced more than four decades ago by Micky and Laura Maye Evans.

Recovery Schools

One of the newest recovery community institutions is the recovery school. Between 1977 and 2000, collegiate recovery school programs were established at Brown University, Rutgers University, Texas Tech University, and Augsburg College. An additional five collegiate recovery programs were established between 2001 and 2004 at Dana College, Grand Valley State University, Case Western Reserve University, the University of Texas at Austin, and Loyola College in Maryland. Since Ecole Nouvelle (now Sobriety High) in Minnesota was opened in 1986 as the first recovery high school, the growth of high school programs specifically for recovering students has quickened. Twenty-five recovery high schools opened across

the United States between 1999 and 2005. This rapid growth sparked the formation of the Association of Recovery Schools (White & Finch, 2006).

Recovery school programs vary widely but generally combine special recovery support services with an emphasis on academic excellence. The former may include special faculty guidance, recovery dorms, recovery support meetings, recovery drop-in centers, sober social activities, and peer mentoring. The latter is achieved through academic guidance, study centers, and peer-tutoring programs. Preliminary studies of these programs have noted high rates of uninterrupted abstinence (70-80%), early intervention and retention of students following a lapse, and excellent academic performance as measured by grades (above the student average), attendance (90-95%), and the number of students in recovery high schools going on to college (65%)(White, 2001b; White & Finch, 2006).

Recovery Industries

How do people who have never had legitimate employment or who have lost such employment due to their addictions enter or re-enter the mainstream workforce? The growth of recovery industries is offering one answer to this dilemma. A recovery industry is a business that purposely recruits, trains, and employs people in recovery. Such jobs may constitute a permanent employment position or a transitional position that helps a person develop a work history and references to obtain employment with mainstream businesses and industries. Recovery industries provide jobs in a recovery-conducive work environment, but they also offer recovering people an opportunity for skill development and a pathway of entry or re-entry back into conventional society. These industries play a special role in addressing the needs of individuals who are re-entering community life following prolonged addiction careers and periods of drug-related incarceration.

An example of a recovery industry is Recovery at Work (RAW), operated by a partnership between Recovery Consultants of Atlanta and Peace Baptist Church. RAW is typical of the growing phenomena of small recovery industries. RAW regularly employs up to 20 full-time people in recovery to work within its construction and painting projects in the Atlanta area. Since its inception in 2003, RAW has hired more than 80 individuals in recovery.

Another variation of recovery industries are businesses whose owners or managers are in recovery or who have found hiring people in recovery a good business practice. These individuals have consciously created a recovery friendly work environment and seek out people in recovery to fill

all open job positions. Venturetech, a Houston-based company that designs and manufactures hydraulic drills, is such a business. Its success in hiring people in recovery inspired its leaders to set up a separate not-for-profit organization to promote the practice of hiring people in recovery (See www.Americanrecovery.org) (Iverson, 2007).

Two other important workplace related developments are the growth of occupational recovery support groups and the spread of labor assistance programs. Occupational recovery support groups include such groups as International Doctors in Alcoholics Anonymous, International Lawyers in Alcoholics Anonymous, Anesthetists in Recovery, International Nurses in Alcoholics Anonymous, International Pharmacists in Alcoholics Anonymous, Veterinarians in Recovery, and the Recovered Alcoholic Clergy Association. Labor assistance programs, also called member assistance programs, are peer-based recovery support programs that are being developed by a growing number of labor unions (Bacharach, Bamberger, & Sonnenstuhl, 1996).

Recovery Ministries/Churches

Special ministries to alcoholics and addicts began in the closing decades of the Nineteenth century through religiously sponsored urban rescue missions and the creation of rural inebriate colonies. This movement was spawned by such pioneering institutions as the Water Street Mission in New York City and the Salvation Army. A resurgence of such ministries was spawned by the rise of juvenile narcotic addiction in the 1950s and 1960s—ministries that included street outreach (e.g., the work of Father Dan Egan, the “Junkie Priest”, in New York City), outpatient counseling clinics (e.g., Saint Mark’s Clinic in Chicago), and residential rehabilitation programs (e.g., Teen Challenge).

The involvement of the church in the problem of addiction is not new, but this involvement has taken some stunning new turns in recent years. These recent developments exist on a continuum of involvement that span:

- “Recovery friendly churches” that welcome recovering people but offer no special recovery services,
- Churches spawning new religiously sponsored recovery mutual aid groups, e.g., Celebrate Recovery, Ladies Victorious,
- Mega-churches adding a “recovery pastor” to their staff,
- Small churches using lay leaders and volunteers to lead recovery support meetings,

- Church-sponsored, recovery-focused worship services, workshops, leadership training, and children’s programs,
- Recovery Churches, e.g., Central Park Recovery Church in St. Paul, Minnesota, the Recovery Church in Charlotte, North Carolina, and the Christian Recovery Fellowship in Dryden, Maine, for whom recovery is a central part of their identities as religious communities,
- New faith-based recovery colonies (residential communities), e.g., Dunklin Memorial Camp in Okeechobee, Florida,
- A new association of recovery ministries, i.e., the National Association for Christian Recovery (<http://www.nacronline.com>), and
- The growth of non-Christian recovery ministries and support groups, e.g., Millati Islami.

The religious branches of the American recovery movement are experiencing a period of awakening and a degree of movement into the mainstream church that is historically unprecedented. This trend is particularly evident in African American communities (Williams, 1992; Sanders, 2002).

Recovery Culture Development

Each of the preceding sections constitutes a noteworthy story in its own right, but to what extent do these individual stories tell a larger story—a story of unprecedented institution building within the American recovery community? The civil rights movement, the women’s movement, and the gay rights movement—to name a few important modern social movements—each transitioned from a stage of heightened social consciousness to a stage of cultural renewal and community building. The consciousness raising stage was marked by increased group cohesion and a redefinition of personal and collective identity. The latter stage involved recapturing lost history and culture as well as forging new values, a new language of discourse, new art forms, new social institutions, and new rituals of gathering, protest, and celebration. This same process is underway in America among individuals and families recovering from addiction. A fully developed “culture of addiction recovery” is now emerging in America (White, 1996).

The institution building described above—the diversification of recovery mutual aid societies; the new recovery advocacy movement; new recovery community organizations; and the growth of recovery homes and

colonies, recovery schools, recovery industries, and recovery ministries, is all unfolding within a larger process of recovery culture development. That process of cultural refinement is evident in:

- a growing interest in the history of recovery and recovery mutual aid societies,
- a growing preoccupation with and advocacy about the language of addiction and recovery (White, 2006),
- recovery literature that includes an unprecedented number of recovery biographies, serial fiction whose central characters are in recovery (e.g., James Lee Burke's Dave Robicheaux, Joe Hilley's Mike Connally, Lawrence Sanders's Matt Scudder), daily recovery meditation books, poetry (e.g., the published work of Steven Ackerman, Patricia Allen, Shirley Ann Pendleton, Gene Quinn, George Solomon), and recovery magazines (e.g., Choices, Recovery Solutions, Wellbriety),
- Recovery themed media and entertainment, including cinema and drama, recovery radio programs (e.g., Recovery Coast to Coast, Recovery Talk, Take 12 Recovery Radio), and recovery-informed comedy (e.g. recovery influences on the work of Whoopi Goldberg, Robin Williams, Margaret Cho, and Mark Lundholm),
- Recovery themed music—the emergence of sober music festivals, recovery-themed lyrics (see also <http://www.12stepradio.com/playlist.php>), and popular recovery themed CDs (e.g., SHARE—Songs of Hope, Awareness and Recovery for Everyone),
- Recovery themed folk art (see <http://alcoholicoutsiderartist.blogspot.com>),
- the growing proliferation of personal trappings of recovery, e.g., chips, buttons, key chains, jewelry, hats, t-shirts, bumper stickers, posters, and plaques,
- the emergence of a recovery leisure industry (e.g., alcohol and drug free vacations, recovery cruises, organized social outings, pilgrimages to iconic locations, e.g., Dr. Bob's home in Akron, Ohio), and
- the growth of national and local recovery celebration and recovery advocacy events.

Addicted people have long been cloistered in subterranean subcultures with their own language, values, symbols, and folkways—worlds so complete and closed that individuals become as dependent on these cultures as the drugs these cultures celebrate. The challenge of recovery for those

enmeshed in these cultures is often not an insufficient will to recover but how to escape the pull of the culture of addiction and find a new world in which to recover (White, 1996). That alternative world has been under construction for many decades and is now undergoing rapid development.

In 1976, 52 prominent Americans publicly disclosed their long-term recovery status in the National Council of Alcoholism's Operation Understanding. That "coming out" was a watershed moment in the history of alcoholism in America. In 2007, more than 30,000 recovering people and their families participated in recovery celebration events as part of National Recovery Month. Recovering people and their families are awakening both culturally and politically.

Implications

So what does this all mean for the addictions professional and the addiction treatment organization? Perhaps most importantly, it will require addiction professionals and the leaders of treatment institutions to redefine our own identities and our relationships with these increasingly diverse communities of recovery and to then find our niche within this more fully developed culture of recovery. Are we a part of this growing recovery culture/community or separate from it? What are our accountabilities to this community? How can we best serve this community and its members? What is our role in supporting continued recovery community institution building? Are there actions we could take or fail to take that would inadvertently harm this community and its future development? These are just a few of the questions we will be discussing in the days ahead.

For our clients, there is exceptionally good news to be found within these trends. The most critical tipping point in recovery is the transition from recovery initiation to long-term recovery maintenance. The success or failure of this transition often has as much to do with community recovery capital as personal recovery capital. As local communities of recovery come to see themselves as members of a larger and more embracing recovery community and build new institutions and services that address their common needs, greater numbers of our clients will find a world in which to recover. These clients will need addiction professionals to serve as knowledgeable guides of this recovery terrain. We must all become students of this burgeoning culture of recovery in America.

Acknowledgment: I wish to thank Jim Russell, of Oklahoma Faces and Voices of Recovery, for assisting me with the research for this article.

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