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A Life of Humble Service: An Interview with Dr. Tom McGovern, Ed.D.

William L. White

Introduction

I am not sure how long Dr. Tom McGovern has been in my life. It seems like I have always known him. Dr. McGovern recently retired from more than 51 years of service in the Lubbock, Texas, area and 35 years of affiliation with Texas Tech University Health Sciences Center, in Lubbock, Texas, where he served as a professor in the Department of Psychiatry and Director of the Center for Healthcare Ethics/Humanities/Spirituality Program. Dr. McGovern exerted a profound influence on the professionalization of addiction counseling and the larger arena of addiction treatment, particularly in his long-standing role as Editor of *Alcoholism Treatment Quarterly* and through his work with the Institute of Medicine on the study of treatment and rehabilitation services for alcoholism and alcohol abuse that resulted in the seminal work, *Broadening the Base of Treatment for Alcohol Problems* (1990). At his retirement, Tom was given a Native American peace pipe and described as a medicine man and shaman of the TCU medical school community. He has served in these roles for many of us in the addictions field. In July 2013, I had the opportunity to sit down with Tom to review his life, his work, and his continued aspirations. Please join us.

Bill White: I'd like to start by asking you about your early education and the path that led to your involvement in the addictions field.

Dr. Tom McGovern: Okay, Bill. I grew up in Ireland and I'm a child of the '30s in Ireland, an Ireland that has not changed much over 100 years. I'm the second-born of ten children, six boys and four girls. I'm 78 years old, and the Ireland I grew up in was not the modern Ireland. I was blessed to receive a secondary school education because of the legacy of the Irish Christian Brothers Teaching Order of Men. All my sisters and brothers got a secondary (high school) education. Then I decided to go to the seminary at St. Patrick's College, Phurles, Ireland. I spent six years, from seventeen to twenty-three, in the seminary receiving a classical, almost medieval, education—textbooks in Latin, examinations written in Latin, oral examinations in Latin, which gave me a great appreciation and love of Latin that I've retained.

After being ordained, I ended up in Amarillo, Texas. In those days, there were seminaries in Ireland like my seminary that were specifically dedicated to serve Irish immigrants. Those graduating from the seminary would go to the US, England, and Australia where there were Irish concentrations. Amarillo, Texas, wasn't exactly an enclave for the Irish but nonetheless, Father Ed Hartigan said to me, "McGovern, we need people out in the vast plains of west Texas." He told me that it was broad, wide open spaces, but I didn't realize how wide open. My relocation to Amarillo was delayed for a while because I had a form of encapsulated tuberculosis, which required lung surgery before I was granted a Visa to enter the U.S. I made a wonderful recovery and came back to play soccer, which I continued into my 50s. I eventually made it to Amarillo

Diocese, which included Lubbock where I was assigned to a primarily White parish. I was introduced to school work early on and through that work, I came into contact with Texas Tech University, which became a haven of mine (my alma mater with which I would subsequently be associated for most of my adult life).

I was also fortunate to have been sent for a couple of summer school sessions to Washington, D.C. to Catholic University, which introduced me to D.C., and American politics whetted my appetite for history. This led to my pursuing a Masters' in history at Texas Tech with a particular focus on Colonial History in Mexico—a history of the native peoples and the role the Franciscans played in the process of colonization. Early on, I fell in love with the native Mexican-American people and helped integrate the first parish I worked at, Christ the King Parish in Lubbock.

Bill White: Did your interest in alcohol problems begin during this early coming of age period?

Dr. McGovern: Now, drinking is absent from my early history. As young people in Ireland, as part of the sacramental life of the Catholic Church, we took a confirmation pledge that we wouldn't drink from the time we were confirmed, which was twelve, until we were 18. It was a very proactive type of intervention. At the time I grew up in Ireland, heavy drinking was the norm among adults (although there are some myths about that given the poverty that most people experienced). My father had a significant alcohol problem so I didn't drink at all. In fact, I remember my first drink really well. I was 23 before I ever had alcohol and I remember first drinking sherry at a little reception in honor of my ordination. I still recall that wonderful first euphoria of my first drink. I was shy by nature then, and it was as if I had found a new level of emotional well-being. I passed quickly from moderate drinking to a pattern of heavy drinking, but like so many people who are alcohol-dependent, I rarely suffered hangovers and quickly developed an enormous tolerance for alcohol.

I continued to work in the ministry and continued to work in a variety of settings—as high school teacher and principal and subsequently as pastor of a Mexican-American community, St. Theresa's Church Carlyle in Lubbock, Texas. I have the fondest memories of my work with that community. They loved me and cared for me as my alcoholism became full blown. They rejoiced with me as I went to treatment and, thanks to them, I did not die in the late stages of my disease. I reached the real crisis point in my drinking when I was 40. There are many events that led to my recovery, but there was one particular night, I'd been to a party and I must have had a walking blackout and found myself walking lost in my own city in the midst of a cold winter night. Fortunately, I ran into one of the sheriffs, who knew me. And he said, "My God! What are you doing out walking in the middle of the night?" I said, "I don't know. Will you take me home?" And he took me back home and after that, I began to say, "This is the end of it." I voluntarily went to Guest House, a treatment center founded by Austin Ripley for priests suffering from alcoholism. I spent four wonderful months there in 1975.

I came back into parish work again and had a wonderful bishop, Bishop Lawrence De Falco, who died young from cancer. After I had returned from treatment, I helped another dear friend, Monsignor James Fitzgerald, through the last months of his life. Bishop DeFalco appointed me to take over from him, and I served the first three years of my sobriety as pastor and director of schools. Then I decided to resign from the active priesthood. I'd been in the active priesthood for over 20 years so that was a significant change. I truly treasure my wonderful years in the priesthood. My parish communities were always supportive of me when I

struggled with my disease, and they rejoiced at my recovery. And in that transition period, I met Toni, and we married a year after I had resigned. We were blessed with our daughter Elexia and now with our granddaughter Mariluna. In the intervening years, I moved away from my first love, history, to education and then educational psychology and counseling.

Bill White: Was that the time you pursued your doctoral education?

Dr. Tom McGovern: Yes, I did the doctorate work after retiring from the active priesthood and while working as a counselor, I came under the influence of Dr. George Tyner, Dean of the Medical School. George was a physician living openly in recovery—very brave of him in those days. He had a small grant, and I began my first job with him for a salary of \$10,000 a year. George said, “Come on, Tom. We’re going to start a treatment center as part of the department of psychiatry. So 35 years ago, I began as a counselor and at the same time had opportunity to go to school and that’s how I began and finished my Ed.D. in educational psychology with a concentration in counseling. My doctoral dissertation addressed differences between grief and depression in the early recovery phase from alcoholism.

Bill White: What do you recall about attitudes towards people who worked in the addictions field during this early emergence of addiction counseling as a profession?

Dr. Tom McGovern: We were blessed at the medical school at the time because we had two people trained within the NIDA Career Teacher’s Program, Dr. Dick Weddige and Dr. Rudy Arreondo. So there was a natural cadre of support. Also, we got a treatment center started at a general hospital run by the Sisters of St. Joseph, Orange, California. They were our wonderful friends. We brought patients into the general medical wards to be detoxed, and we had groups going in kind of a closet area. Then, God bless Sister Maureen Vandivere, a brave woman and a great nurse, who simply said, “You need a bigger place to do your work, gentlemen” and gave us a whole floor that was adjacent to the mental health unit. That’s an interesting slice of the history, Bill, because there were Catholic hospitals making those decisions before reimbursement had really started for alcoholism treatment. We often used a diagnosis of organic brain syndrome to get paid for treating alcoholism. I was blessed to be involved in this very early stage of alcoholism counseling as a profession.

Bill White: I’m very interested in how you went from that local work to your involvement at a national level with NADAAC and the movement to professionalize addiction counseling?

Dr. Tom McGovern: I organized the local chapter of NAADAC and then helped at the state level. Of course, you know, you remember the split in the two groups, the alcohol people and the drug people and never the twain shall meet. Eventually the fusion of the two came together. I went to some of the early national conferences and then I wrote the first code of ethics for NADAAC. And I was quite involved in the state chapter, TADAAC. During the eighties, I was honored as Counselor of the Year by TADACC and subsequently received a national award from NAADAC. I recall it was election time when I first got involved with TADAAC. It was like a blooming political convention with all the lobbying and people knocking on your door at night wanting you to support this or that. It was just wild! And a lot of the people involved were people in recovery like Bill Thompson and Lee Phillips, who were my counselors at Guest

House. As I think back, these women and men gave out of the richness of their own recovery, the grace and the blessings that they had received. The vast majority of counselors from this early period were in recovery, and there were controversies of course about the differences between the recovery and so-called non-recovering counselors. There were many who thought that if you weren't in recovery, you didn't have the proper credentials to counsel alcoholics. And there were the first "bridge professionals"—professionals who were also in recovery. I am very blessed to have been part of this early rise of addiction counseling as a profession.

Bill White: Certification and licensure were so important to us as a field and yet I'm wondering: was anything really important that got lost on that road to professionalization?

Dr. Tom McGovern: Well, this is the big question, Bill. As payment began to flow for treatment, alcoholism became a legitimate disease in medical settings. This marked the growing medicalization of the field. But there was an early enthusiasm—an early passion and dedication—that somehow got lost in the professionalization process. This may be just my nostalgia looking backwards, but I do think we paid a price for professionalization. On the other hand, licensure and insurance extended treatment for more people and families, protection to professionals in the field, and a shot at legitimate salaries.

Bill White: Recovery representation among addiction counselors has declined dramatically over the past four decades. Do you see effects of this change on the field?

Dr. Tom McGovern: I think there have been effects from this. In the early days, we were able to bring recovery stories into the treatment milieu through our own recovery experiences. In addition to our training, we had a unique way of connecting with people. Our professionalization has brought us the science and all kinds of new knowledge, but perhaps as a field, we have lost something of that ability to connect, to share stories, to offer living proof of long-term recovery and to show what a life in recovery can look like. What we bring to counseling has to be far more than our own story. There was a weakness also when that was all we had. I think we still can find a way for people to bring some of their own story to connect with the person or the families or the groups that we're dealing with. There's a great power in that, and that's not just limited to the recovery story. We are all recovering from something; we're all a part of the human broken condition. We have to find what within us is most empowering to ourselves and others.

Bill White: So your view of wounded healer goes much beyond the issue of recovery status.

Dr. Tom McGovern: Oh, it does. I'm still pondering that original question, Bill—what has been lost and what has been found. I was not trained as a scientist, but I'm absolutely captivated by the neurosciences. I'm captivated by the deeper understanding of how the brain works, but I also love the work you've done on the power of recovering communities. It's in the life of the community that we develop our illness, and it is a new life in the community that supports our recoveries. Maybe it's the spirituality of all of that which has been lost. Psychiatry and psychology have a history of distancing themselves from spirituality and religion as they tried to embrace the scientific model. I suppose they had to espouse that to set themselves up as distinct from religion and philosophy, but the spiritual dimensions of illness and recovery got lost in that

process, and perhaps we have also lost them in the addictions field, though we as a field were the first to elevate the power of spiritual experience to the center of our discipline. I think this could be one of our lasting legacies if we do not lose it.

Bill White: You have been interested in a broad spectrum of spiritual, religious, and secular pathways to recovery. Where did this fascination with the varieties of recovery experience come from?

Dr. Tom McGovern: Well, Bill, I've always been impressed by the mystery of humankind and I've never been convinced that any particular religious group has a corner on the truth. I'm interested in the whole spectrum of recovery experience but I must confess a particular fascination with the spirituality found within AA and other 12-Step programs and the varieties of spiritual experiences reflected in how people tell their stories and how those differences are reflected in how they conduct their lives. I've tried to reflect that appreciation of differences in my role as editor of *Alcoholism Treatment Quarterly*, which I think of as a great treasure in my life. I'm probably one of the oldest, longest-tenured editors across the span of addiction journals.

Bill White: Describe how that opportunity arose for you.

Dr. Tom McGovern: Bruce Carruth, who you and I share as a mutual friend, started *Alcoholism Treatment Quarterly*. It's in its thirtieth year now. I wrote a couple of pieces for Bruce and he called me and said, "Tom, I think you would be a natural heir to me for this journal." Well, I flew up to Little Rock, Arkansas, in a big storm to discuss this with Bruce and the next thing I know, I am the editor. If you check back, Bill, I think *Alcoholism Treatment Quarterly* has published more pieces on spirituality, the recovery process, and the broader scope of treatment than perhaps any other addiction journal. And I have great hopes that someone like John Kelly, Kitty Harris or others of their caliber will keep the Journal going in the years ahead.

Bill White: If you look at the history of the submissions over all the years, *Alcoholism Treatment Quarterly* reflects the evolution of the field and its major milestones through the modern era.

Dr. Tom McGovern: ATQ maintained an early focus on the treatment of persons and families with alcohol problems in a variety of settings. The history of submissions to the journal reflects the broadening inter-professional dimensions in the treatment field. Early on, we focused on issues of diagnosis, treatment, and early recovery, primarily from a cognitive and emotional perspective. The spiritual dimension of recovery, which was the cornerstone of AA, NA, and other recovery communities, was not often described. ATQ began and maintains a focus on recovery, with a particular emphasis on spirituality. Under your guidance, we have begun to focus on communities of recovery, and that has been very rewarding. Also with the aging of those in the field, we have tried to serve as historians of the legacies of the past.

Bill White: Tom, your role with ATQ led to your involvement with the International Society of Addiction Journal Editors (ISAJE). What has that experience been like for you?

Dr. Tom McGovern: Bill, that's one of the most exciting things I've done in my career. Griffith Edwards and Tom Babor, these two wonderful champions of our field, called the founders of this group together in Farmington, Connecticut, at Tom's place. There we created the Farmington Consensus, which still guides the work of the major international addiction journals. The Farmington process helped us look at responsibilities—professionally, morally, ethically—as editors.

Bill White: I can't even imagine how many manuscripts you've reviewed over the years. What suggestions would you have for young people entering the profession who would aspire to publish in the field?

Dr. Tom McGovern: Bill, there was a time when the journals were the only avenue to communicate the science and best practices of the field. As you know today, the internet has opened up whole new publishing venues. The one thing we have to ensure is that the rigorous peer review process is not lost, a process that filters and disseminates the best science we have on alcohol and other drug problems. I hope the best traditions of that process are not lost within the new internet venues. I do not wish to sound critical of the magnificent way technologies acknowledge and promote recovery. At the same time, I see the need for respected peer-reviewed journals in our field.

Bill White: Now, at the time that I first became interested in publishing in the field, there were virtually no guidelines on how to do that. And one of the great contributions that you were involved in was the text, *Publishing Addiction Science: A Guide for the Perplexed*.

Dr. Tom McGovern: Yes, that came out of our meetings after the Farmington Consensus. The editors were interested in perpetuating our commitment to science in the alcohol and drug fields and offered the Guide as a way to support that goal. Basically, it was a guide for the perplexed and for the young people and to help them develop professionally as writers.

Bill White: And that piece that you and Tom Babor co-authored on the ethics of writing and publishing that appeared in *Publishing Addiction Science* was wonderful!

Dr. Tom McGovern: Thank you. ISAJE was very representative of the field on an international level and it provided an opportunity to shape the future of the field. We have talked about the graying of the field. Now, it's the whitening of the field, William. As we sit across from each other with our white heads of hair, I think it's critical to make sure a new generation carries our work forward.

Bill White: Let's talk about that a bit more in terms of your perceptions around the aging of the field.

Dr. Tom McGovern: It goes back to the original question, Bill. Do we need to exist in some settings as a specialty area or do we need to be integrated into these broad inter-disciplinary teams across a broad spectrum of service settings? In terms of my interest in ethics and spirituality in a broader field other than just in the alcohol and drug field, it's wonderful to see these integrated operations going on. This is very important in science and in medicine and

healthcare to have these integrated inter-professional initiatives. But nonetheless, there has to be some specialization that can bring a depth of knowledge about addiction, treatment, and recovery. We need the depth of understanding of these concepts at neurobiological, psychological, social, and spiritual levels. Bill, the question I keep coming back to as we converse about this is, “Where is the workforce going to be located?” Is the workforce going to be primarily located within traditional addiction treatment settings or integrated into broader health and human service settings?

Bill White: Do you see a day soon when addiction professionals will be working out of doctors’ offices and health clinics and other non-specialty settings?

Dr. Tom McGovern: Absolutely, but this is going to be a great challenge for people who today work as part of this specialist community. If we are going to work in these new settings, there has to be a foundation of mutual respect and support, and that may take some time to develop. You’ve got me thinking along the lines, though, of how we started. We were mavericks on the edge who evolved into our own specialized profession, which is now 45 years later on the brink of being integrated into the larger community health system. What a journey this has been and what a challenge the next few decades will be!

Bill White: If you were going to look back over the decades you’ve worked in this most unusual profession, what have been some of the biggest challenges you’ve faced in your career?

Dr. Tom McGovern: To begin with, the stigma was there, Bill. And in many ways, it still is. The challenge will continue for the next generation on how to get society as a whole and professionals in particular to accept addiction as a legitimate illness. This has been an ongoing struggle within my career. And there will always be funding challenges. And there have been challenges trying to take an acute care system of treatment and adapt it to a chronic condition. I’m hoping we are on the brink of actually developing a chronic care model for addiction treatment. Working within the acute care model has been a major challenge of my career; developing a long-term recovery support model will be the challenge of those who follow me. Effectively integrating medications into our psychosocial interventions has been a great challenge that will only increase in the future as new medications come online for addictions. I think we will also inevitably get pulled into very difficult policy debates that could split the field and affect how we are seen by the culture—issues such as marijuana decriminalization or legalization.

Bill White: What experiences in the field have fulfilled you at the deepest levels over these decades?

Dr. Tom McGovern: I think it is the sense of community I have experienced through my recovery and my professional life. After being one who was devastated and out in the cold, this sort of deep companionship—this profound sense of belonging, what Ernie Kurtz has described as being *at home*—has meant a great deal to me. I am forever grateful to AA, NA, and Al-Anon for the recovery I have experienced over 38 years and for the continuing hope that such communities of recovery bring to individuals and families.

Bill White: Who are some of the people who have most influenced your own work and contributions in the field?

Dr. Tom McGovern: My life, my work, and my contributions to the field have been shaped by the women and men who have shared their suffering and their recovery with me. Their names and their stories are forever written in my heart. I will honor the many as I recall memories of a few. Joe Mogan, a distinguished Chaucer scholar, introduced me to the AA community in 1974. At Guest House, a recovery center for clergy in Michigan, founded by the visionary Austin Ripley, I was profoundly influenced by two wise counselors, Lee Philips and Bill Thompson. Fr. Joe Martin, of *Chalk Talk* fame, together with Vernon Johnson's book *I Will Quit Tomorrow* were important to my earliest understanding of alcohol and other drug problems. The spirit of Hazelden has been an ongoing inspiration, in its commitment to treatment initiatives and publications of the highest order. Ernie Kurtz and yourself (Bill White) have inspired my journey over the years, especially in sparking my lifelong interest in the spiritual dimensions of recovery.

Bruce Carruth, the founding editor of *Alcoholism Treatment Quarterly* (ATQ), entrusted the journal to me in a gracious and trusting fashion and for decades, his gift has been a source of joy and growth for me. I am ever grateful to the editorial board and the authors who are the life blood of ATQ. Jerry Carroll, Gail Mailgram, Janice Hambley, and Lillian Pickup are representative of the support I have enjoyed as editor. Serving on a committee of the Institute of Medicine, which authored the highly influential work *Broadening the Base of Treatment for Alcohol Problems* (1990), was a life changing personal and professional experience, resulting in lifelong friendships with Bob Sparks, David Lewis, Alan Marlatt, Connie Weisner, Fred Glaser, and Hermann Diefenhaus. My esteemed colleagues Bill Miller and Scott Tonigan at CAASA, The University of New Mexico, Albuquerque, have guided my research and treatment efforts in a wise and helpful fashion.

I am also deeply indebted to NAADAC and TAADAC, for their roles in promoting my professional growth as a counselor and for their generous recognition of my contributions to the counseling field in honoring me at the state and national levels. As a founding member of the International Society of Addiction Journal Editors (ISAJE), I was introduced to Tom Babor, Griffith Edwards, Kerstin Stennius, and Rick Seymour, and their influence, together with the other members of this humane and thoughtful ISAJE community, has been profound. I would be remiss if I did not thank my Lubbock community for its role in my survival and growth over the past fifty years. Fr. Michael O'Dwyer kept me alive when I could not care for myself. My parish communities nurtured me in my struggles. George Tyner, a founding Dean of the Medical School, where I taught for 35 years, gave me my first job after I resigned from the active priesthood. I recall with deep gratitude the unfailing support of the Department of Psychiatry, with special recognition of my lifetime friend, Terry McMahan. The AA community in Lubbock is a pillar of my recovery and of my overall growth. Kitty Harris, Sylvia Sampson, and Irene Branch helped me understand a woman's perspective on recovery, enhancing my appreciation of the divine, a higher power who nurtures and restores us in our journey of recovery. As I said at the outset, I deeply honor the many as I recall some memories of a few.

Bill White: Would you have any words of wisdom for a person just embarking on work in this field or considering work in this field?

Dr. Tom McGovern: First, it's a very fulfilling life. And I would tell people in the beginning to take a very broad cut at the field—working in a variety of roles and settings until they get a good fit. I'd suggest that if you're going to be in this field that you have your own spiritual practice. I'm not talking about going to church, the mosque, or the synagogue but to have a practice that will sustain your own journey based on meditation and mindfulness and a way of life that's healthy with a sense of balance. I would advise that people in recovery not spend the capital of your own recovery on others to the point that you find yourself depleted. And I would challenge the coming generation to embrace the blessings of the new technologies.

Bill White: We have a whole generation of long-tenured workers and leaders who are in the midst of disengaging and trying to bring their careers to a close and you're very much in the middle of this at this moment. What are your thoughts about how to do this with some semblance of dignity and grace?

Dr. Tom McGovern: From a personal perspective, the good we do lives on in the people whose lives we've touched. I don't know what exactly "legacy" means, but I know that it includes that. Whatever contributions you've made, try and make sure that they live on in individuals and in communities you work with and serve. I think what you do so elegantly is make sure that the traditions are intact and being passed on. We need the history and conversations passed on. Restoration I think is storytelling, which is a way humankind has passed on our knowledge. I think those of us leaving must contribute to that passing of knowledge as an act of gratitude for what the field has given us.

Bill White: Any final reflections?

Dr. Tom McGovern: Let's see if I can summarize this journey down memory lane. You have some sense of who I am from my Irish background. I've spoken of my work as a priest and the service of the people and how very satisfying that was. I described how my disease permeated my entire being and how I was restored through my treatment at Guest House and found myself, my family, and a new life. And my thirty five year story at the medical school is something that could only happen in the US. When I tell Europeans my story, they say, "My Goodness! You're a professor in the psychiatry department? How did you manage that?" And I say, "I was blessed with sobriety in my 40s and I got my life back and the unique opportunity to teach and to counsel those in need." I was new but people opened the doors and gave me chances, such as the chance to serve as Editor of *Alcoholism Treatment Quarterly*. I've been blessed with Tony, my daughter Elexia, and my granddaughter Mariluna and then with an invitation from you to reflect on all of this. Bill, this is a blessed Saturday morning.

Bill White: It is indeed. In closing, how do you view the transition from Lubbock to California?

Dr. Tom McGovern: Bill, my plan is to trust the journey. That has served me so well over all these years.

Bill White: I wish you the very best on that journey and thank you for taking this time to share your story. This has been a wonderful experience for me personally.

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