



Selected Papers of William L. White

www.williamwhitepapers.com

Collected papers, interviews, video presentations, photos, and archival documents on the history of addiction treatment and recovery in America.

Citation: White, W. (2004) Transformational change and addiction recovery. *Counselor*, 5(4), 30-32. Posted at www.williamwhitepapers.com

Transformational Change and Addiction Recovery

William L. White

Emeritus Senior Research Consultant
Chestnut Health Systems
bwhite@chestnut.org

For the past several years, addiction counselors across the country have been indoctrinated with the idea that addiction recovery is a time-sustained process marked by multiple stages of change. Presentations on the Prochaska, Norcross, and DiClemente (1994) stages of change model and other developmental schema of recovery (e.g., Brown, 1985; Gorski, 1989; Klingemann, 1991) regularly grace the menus of addiction treatment conferences. These models portray the journey from addiction through recovery initiation to recovery maintenance in terms of incremental stages and steps spanning months and years.

While these models have great clinical utility for the majority of clients of the addiction counselor, they obscure a less common style of addiction recovery that is not characterized by such time-dependent processes. These latter recoveries are the fruit of dramatic personal transformations of such overwhelming intensity and depth that, in the span of moments or hours, a life is cleaved into the categories of before and after, leaving a new self in a body once occupied by another. In this article, we will explore historical examples of such climactic

recovery experiences and explore the clinical implications of such phenomena.

Transformational Change

Transformational change (TC) is an alteration in personal identity, personal values and interpersonal relationships through an experience of change that is unplanned, profound, positive and permanent (Miller and C'de Baca, 2001). Scholarly studies of TC have long noted the potential of such experiences to initiate recovery from addiction and the resolution of other seemingly intractable problems (Starbuck, 1901; James, 1902; Begbie, 1909; Loder, 1989). These experiences range in type from the secular to the spiritual to the religious (Oates, 1978), but they share many qualities illustrated in the lives of individuals who used their TC experience as a foundation to launch abstinence-based healing and religious/cultural revitalization movements.

Transformational Change and History

Handsome Lake lived a drunken, debauched life in the years preceding his

apparent death in 1798. During preparations for his funeral, Handsome Lake awoke to report that he had died but that the Great Spirit had restored his life so that he could deliver a message to Indian Peoples. The forever sobered and transformed Handsome Lake led a vibrant cultural and religious revitalization movement that called upon Native Americans to reject alcohol and return to their ancestral traditions (Parker, 1913).

John Gough was a confirmed drunkard and brawler (once tried for murder). His life changed when a stranger stopped him on the street and offered to help him recover from his drunkenness and degradation. Something within Gough emotionally broke in response to the stranger's expressions of kindness and confidence in him. His hardened shell collapsed and new possibilities opened before him. He signed a pledge of abstinence and went on to become one of the leaders of the Washingtonian Temperance Society. His charismatic speeches and personal counsel brought thousands of alcoholics into recovery in the mid-nineteenth century (Gough, 1870).

Jerry McAuley, an alcoholic and lifelong criminal, was in Sing Sing Prison for highway robbery when he experienced the first of a series of climactic breakthroughs that led to his conversion to Christianity, his recovery from alcoholism, and his calling to help other alcoholics. McAuley opened the Water Street Mission in New York City, the first urban mission that catered to the special needs of the Skid Row alcoholic (Offord, 1885).

Bill Wilson did not have a good prognosis for recovery when he was re-hospitalized for alcohol detoxification for the fourth time in the fall of 1934. In a moment of desperation, Wilson, a staunch non-believer, cried out within his hospital room, "If there is a God, let Him show Himself!" The room suddenly became ablaze with light, and Wilson was overwhelmed by a Presence and the singular thought that he was now a free man. Wilson never took another drink in his life and went on to co-found a fellowship that

brought recovery to millions of alcoholics (Alcoholics Anonymous, 1984).

Mrs. Marty Mann, the first woman to achieve prolonged sobriety within AA, also had a TC experience that helped trigger her recovery. Following this climactic experience, she founded the National Council for Education on Alcoholism and went on to become one of the most successful public health reformers in American history (Brown & Brown, 2001).

Malcolm Little a.k.a. "Detroit Red" was an incarcerated, cocaine-addicted street hustler whose animosity toward religion was so vociferous that he was nicknamed "Satin" by his fellow inmates. Following exposure to the teachings of the Nation of Islam through his siblings, he experienced a vision in his jail cell of W.D. Fard, the deceased messiah of the Nation of Islam. Following his conversion and new identity, Malcolm X forged a cultural/religious pathway of addiction recovery for African Americans and sparked the dramatic growth of the Nation of Islam during the 1950s and 1960s (Malcolm X and Haley, 1964).

What these remarkable stories share in common are recovery-initiating experiences that were unplanned, dramatic and permanent in their effects. Nearly all of the experiences unfolded during a period of isolation and emotional desperation. The source of the transformational change in each case was experienced as coming from outside the self. Each was characterized by physical manifestations, including vivid, non-ordinary sensory experience (e.g. visions, voices, trance-like states) that left the recipients questioning their sanity. The experiences were more analogous to a seizure than an insight or decision. Each experience culminated in a deep emotional release, new and profound breakthroughs of understanding, a new sense of purpose in life, and prolonged sobriety. Seen as a whole, these cases were marked by 1) a period of isolation and traumatic discontent, 2) exposure to a message/messenger of hope, 3) a breakthrough experience of remarkable intensity, 4) external validation of the experience, and 5) entrance into a

community of shared experience (White, in press).

Lesson of History

What are we to make of these stories and their less well-known counterparts. These stories suggest at least five lessons.

1. Transformational change is a viable, but poorly understood pathway of addiction recovery. We must be open to the potential for such transformations in the lives of those we serve.
2. TC experiences often contain elements that closely resemble, and may be misperceived as, symptoms of psychiatric illness. We must be patient in allowing sufficient time and support to distinguish clinical deterioration from personal metamorphosis.
3. Transformational change is characterized by two overlapping experiences, a breakdown and a breakthrough. What many of the above-profiled individuals retrospectively understood was that their addictions were imbedded within irredeemable selves that had to die before their new selves could be born. Recovery is both destructive (the collapse of an indelibly stained self) and creative (the emergence of a new self). This metamorphosis can occur over decades or a span of moments.
4. The TC experience has a momentum and trajectory that should not be altered or aborted by professional intervention. William James advises, "When the new centre of personal energy has been subconsciously incubated so long as to be just ready to open into flower, 'hands off' is the only word for us, it must burst forth unaided!" (1902/1985, p. 187).

5. The addiction counselor can help nurture and consolidate experiences of transformational change by:
 - heightening client awareness of the incongruity between the idealized and real self,
 - creating opportunities for client isolation and self-reflection,
 - being with a client during the TC experience and assuaging anxieties and fears related to the experience,
 - helping frame the TC experience within a recovery-anchoring personal narrative,
 - facilitating the transition from the TC experience to a sobriety-based identity and lifestyle, and
 - linking the client to a community of shared experience or encouraging the client to build such a community.

The messianic vision and evangelical zeal that are a common aftermath of the transformational change experience have spawned many recovery mutual aid and recovery advocacy movements. Addiction counselors never know when they may be called by history to play the role of midwife in the birth of such movements.

A Closing Reflection

Perhaps there is a broader lesson in all of this. That lesson is that there are brief developmental windows in all of our lives that provide opportunities to change who we are at a most fundamental level. The TC experience serves as a catalyst for addiction recovery, not by removing alcohol and drugs from an otherwise unchanged person, but by birthing a new self in which alcohol and other drugs have no role. We would be well advised to respect the potential for such mysterious, positive processes of change—in our clients and in ourselves.

Acknowledgement: I would like to thank William Miller whose invitation to write an article on this subject for a special issue of

IN SESSION: Journal of Clinical Psychology provided the opportunity for the historical research upon which this essay is based.

William White is a Senior Research Consultant at Chestnut Health Systems and author of *Slaying the Dragon: The History of Addiction, Treatment and Recovery in America*.

References

- Alcoholics Anonymous. (1984). *"Pass It On": The Story of Bill Wilson and How the AA Message Reached the World*. New York: Alcoholics Anonymous World Services.
- Begbie, H. (1909). *Twice-born Men: A Clinic in Regeneration*. New York: Fleming H. Revell.
- Brown, S. & Brown, D. (2001). *Mrs. Marty Mann*. Center City, MN: Hazelden.
- Brown, S. (1985). *Treating the Alcoholic: A Developmental Model of Recovery*, New York: Wiley.
- Gorski, T.T. (1989). *Passages through Recovery: An Action Plan for Preventing Relapse*. Center City, MN: Hazelden.
- Gough, J. (1870). *Autobiography and Personal Recollections of John B. Gough*. Springfield, MA: Bill, Nichols & Company.
- James, W. (1985). *The Varieties of Religious Experience*. New York: Penguin. (Original work published in 1902).
- Klingemann, H. (1991). The motivation for change from problem alcohol and heroin use. *British Journal of Addiction*, 86: 727-744.
- Loder, J. E. (1989). *The Transforming Moment*. Colorado Springs, CO: Helmers and Howard.
- Malcolm X, & Haley, A. (1964). *The Autobiography of Malcolm X*. New York: Grove.
- Miller, W. R., & C'de Baca, J. (2001). *Quantum Change*. New York: Guilford.
- Oates, W. E. (1978). Conversion: Sacred and secular. In W. E. Conn (Ed.), *Conversion: Perspectives on Personal and Social Transformation* (pp.149-168). New York: Alba House.
- Offord, R. M. (1885). *Jerry McAuley: An Apostle to the Lost*. Harrisburg, PA: Publishing House of United Evangelical Church.
- Parker, A. C. (1913). The Code of Handsome Lake. *New York State Museum Bulletin*, 163, 70-74.
- Prochaska, J.O., Norcross, J.C. & DiClemente, C.C. (1994). *Changing for Good*. New York: Avon.
- Starbuck, E. (1901). *The Psychology of Religion*. New York: Scribner's.
- Waldorf, D., Reinerman, C., and Murphy, S. (1991). *Cocaine Changes: The Experience of Using and Quitting*. Philadelphia, PA: Temple University.
- White, W. (in press). Transformational Change: A Historical Review. *IN SESSION: Journal of Clinical Psychology*.