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To Move Forward, Our Institutions Must Take a Hard Look at Their Internalized Stigma Against Us

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Recovery from addiction has two significant facets. For centuries, it is centered on a dynamic that is relatively unique in respect to medical conditions. The power of one person, as part of their own journey of healing helping another to also find their way into recovery. This dynamic has then been repeated over the eons as more people find

recovery and then they help others. Recovery communities are thus formed. There have been multiple iterations of this dynamic in America, stretching back before the Washingtonian Movement (https://en.wikipedia.org/wiki/Washingtonian_movement) of the 1840s to Native American (<https://www.chestnut.org/resources/c046f0b2-ef0f-471d-b48e-13fe70d620cc/09/AddictionRecoveryinNativeAmerica.pdf>) peoples, who help form America's first sobriety-based, mutual aid societies. The second facet is that it is a profoundly stigmatized (<https://recoveryalliance-initiative.org>)

Over the years, we have grown to understand how a systemic recovery orientation through an emphasis on mutual support has profound value. This article (<https://www.sciencedaily.com/releases/2011/01/110128104242.htm>) on studies done a decade ago Case Western Reserve University by Dr Maria Pagano discusses her research to understand service in our community. "When humans help others regardless of a shared condition, they appear to live longer and happier lives. The benefits of helping are significant because the costs of alcoholism and drug addiction to society are so great, in light of recent health care reform, resources which can reduce these costs and suffering are crucial." She notes that helping others can increase the chances (https://greatergood.berkeley.edu/article/item/can_helping_others_keep_you_sober) of staying sober by up to 50%. "We're doing a disservice to patients if we don't encourage their involvement in service when we know that service is linked to good things (underline added)."

U.S. Surgeon General Dr. Vivek H. Murthy, in this 2017 interview with the Center for Strategic & International Studies (<https://www.csis.org/analysis/conversation-us-surgeon-general-dr-vivek-h-murthy>) spoke about the need for reducing isolation and supporting purpose as a way to combat addiction and other diseases in America. He noted: "*When people ask themselves a question, how can I contribute to help in America? How can in enhance emotional wellbeing in America? Keep in mind, you don't need a medical degree or a nursing degree to do that. Your ability to help foster and build social connection with the people around you can be one of the most powerful tools that's used to actually enhance their wellbeing and ultimately their health. And that's – and that's important, because if we're really going to create a more cohesive, connected America, we need to do it with the participation of each and every person. We need to do it with people in communities recognizing that they have the power to heal based on their power to connect, that the outreach that you make to another – whether it's a stranger or whether it's somebody you know well – that that is a medicine in and of itself*" (Underline added)"

So why, with all of the funding resources that have flowed down from the federal government through the states has there been a paucity of resources that have actually been used to build recovery communities and resiliency efforts to support our recovery communities across America?

I found a series of research articles under the heading of The Ecology of Addiction, Recovery, & Community Recovery in Bill White's Addiction Recovery: A Selected Bibliography of Professional Publications and Scientific Studies (<https://www.chestnut.org/resources/ebb82aba-aa3c-45cb-9f2a-cc2c628de739/Recovery%20Research%20Bibliography%202022.pdf>) which is a handy tool to find information about addiction recovery research. Including this one, by Dr David Best, Karen Bird, and Lucy Hunton published through Sheffield University in 2015. Recovery as a social phenomenon: what is the role of the community in supporting and enabling recovery (<http://shura.shu.ac.uk/9442/1/>)? Best Et Al notes that recovery community "*is socially constructed in the sense that recovery relies on changes in social identity that are driven by supportive peers and social networks that offer opportunities for social learning and the constraining influences of social control. But these social constructions rest on the availability and accessibility of social networks and role models, who can provide the direction and support that will enable social identity change. This availability will be inversely associated with cultural stigmatization of discrimination towards those in recovery*" (Underline added)."

Looking down on recovery communities by social and cultural leaders is an age-old phenomenon. On Page 44, of the book *A Biography of Mrs. Marty Mann* (https://www.hazelden.org/store/item/7660?A-Biography-of-Mrs-Marty-Mann-Softcover) highlights movement division, which may well be a function of what cultural gaslighting (https://www.blogtoday.com/us/blog/women-autism-spectrum-disorder/202006/why-we-need-to-consider-gaslighting-the-social-level#:~:text=Gaslighting%20is%20enough%20of,place%20a%20cultural%20level.) by an empowered community on a disempowered community to retain control can look like:

"The Washingtonian Movement swept through America Like wildfire for five years in the 1840s, then abruptly vanished. In large part, the demise was due to a loss of focus on reclaiming the individual alcoholic. The Washingtonians became involved in all kinds of politics, exhibitionism about their recovery, competition with other organizations, and fruitless controversy. Also, the movement offended the social and cultural leaders of the day because it attracted common people, many of the uneducated (underline added)."

I hear this theme often as an undercurrent in respect to addiction recovery community in policy circles in our era too. I have heard policymakers express surprise that our community has life experience beyond addiction. We are also doctors, lawyers, architects, engineers, and artists, not just people lying in the gutter our whole lives like the derogatory stereotype we all know of depicts us. Our systems are biased to see us as immoral and uneducated, even as in addition to our other formal education, we have learned more than most will ever know about the culture of addiction and recovery. No group knows more about how to access and build recovery in our own communities than we do. When there is an acknowledgement of our value, we end up overburdened in regulation and stifling oversight. Vestiges of moral stigma. We cannot be trusted to the same degree as other people. Barriers subtly erected as we are "those people" who did this to themselves. Unworthy of help. I have heard concern for the empowerment of recovery community to be part of our own healing as "turning the asylum over to the inmates." Clear discrimination.

Why is it so hard to see our value over the long arc of history and into our current times? It can be humbling at best to spend years in school learning about therapy to find out that one of the best interventions you can do is to connect people to others with similar experiences so they can help each other. It is even more difficult as we consider that the majority of our society sees us as less than human. Beings that they do not want to live next to, work with, or assist in any way. Under that lense, it takes an even more profound significance. The unblemished truth is that most Americans do look down on us. The collaborative report that my organization, PRO-A (https://pro-a.org/) did with RIWI (https://riwi.com/) and Elevyst (https://elevyst.com/) – HOW BAD IS IT, REALLY? Stigma Against Drug Use and Recovery in the United States (https://pro-a.org/wp-content/uploads/2022/08/How-Bad-is-it-Really_-Stigma-Against-Drug-Use-And-Recovery-In-The-United-States-2.pdf) we distributed in April 2022 explored perceived stigma and found that 71% of Americans believed that society at large considers individuals who use drugs problematically to be outcasts or non-community members. A recent study with a focus on stigma in medical professionals with over 33K respondents from across the US that we are preparing to publish includes similar rates of endorsed stigma.

It is fundamentally true that people and communities alike experiencing difficulties should be active partners in their own healing. A significant body of research shows that when communities experience challenges and are engaged in ways that pull them together, they often experience revitalization and post traumatic growth (https://www.billstauffer.net/_files/ugd/cda25d_b23befada7484ec896371b69622f8bdc.pdf). We do not apply these lessons to addiction recovery at the community level. This is a direct result of stigma and bias against us.

What should systems consider when engaging recovery communities in being active agents in healing communities:

We must be included as more than tokens in the change process. Not only permitted to sit at the table, but deciding on what we are going to eat, with what utensils and who else to invite.

The distribution of resources needs to consider that there has been no consistent funding for recovery community organizations over the last two decades. Pitting us against large organizations with 70 years of infrastructure development and consistent funding is equivalent with putting us in the recovery community several miles behind from the finish line than other entities with no shoes.

People experiencing harmful drug use, with addiction and those of us in recovery are members of a marginalized community. There are subsets of our community who face even greater levels of discrimination because of race, ethnicity, gender identification, religion or other facets of their lives. Solutions must work for all of us.

The grassroots recovery movement that sprung up from our efforts over the last twenty years moved recovery out of the shadows to challenge the negative stereotypes that have incapacitated our ability to respond to our national addiction epidemic effectively. It was an important step to changing how America sees us. It was only part of the solution. For us to change what needs to be changed, our governmental and human services organizations must take a hard and painful look at their own deeply internalized stigma against us and address it.

Make no mistake, we have made significant, positive change in America by sharing our recovery stories. Yet, how much further progress can we make without having very uncomfortable conversations about how stigma against us is so pervasive across America and within the very institutions that decide to fund and support most everything else but communities of recovery?

Millions of families impacted by addiction and especially you and I in recovery have benefitted from what those who came before us did for us. The lesson of the New Recovery Advocacy Movement (<https://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2007.01808.x>) is that we must come together to do so, despite internal & external forces that threaten to pull us apart. The recovery movement is a fight for freedom from discrimination and to be seen as worthy people, which is what we are. We are not "those people" we are your people. Your family members, your neighbors, your coworkers, and your community members. We are part of your community, not outcast to be branded and culled from the herd. Treating us as such hurts all of us, including you. It is time for change, but the locus of the change that needs to occur resides with our systems, not just the people and communities impacted by addiction.

This post (To Move Forward, Our Institutions Must Take a Hard Look at Their Internalized Stigma Against Us) was originally posted **here** (<https://recoveryreview.blog/2022/11/12/to-move-forward-our-institutions-must-take-a-hard-look-at-their-internalized-stigma-against-us/>).

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