

Beyond Low Expectations of Languishing to the Probability of Flourishing in Addiction Recovery

William White, the highly regarded historian and thought leader of the new recovery advocacy movement recently put out a comprehensive paper on [Post Traumatic Growth and Flourishing in Addiction Recovery](#). This essay should be a roadmap to retool our systems of care. A plan from which we can foster the full potential of individuals and whole communities. The principal barrier to progress in this manner is what White terms recovery pessimism. The metering of services and support with low expectation goals such as not dying from an overdose or simply sustaining a life in which people languish. The view that recovery is merely possible even as we increasingly know it is a probable outcome when properly resourced. All stemming from the view we are flawed, contemptable and incapable instead of vital coequal agents of change.



Striving to flourish, to be and do better is a fundamental to the human condition. People are wired for challenges and to potentiate. We seek to grow, to understand and to not only improve our own lives but to support those we are close to becoming better versions of themselves too.

In respect to addiction recovery, historically we have consistently failed to provide systems of care and support that foster individuals, families and communities to flourish. Instead, we set pathology-oriented goals. To have us not die in the short term from our addictions. The equivalent of institutions of higher learning establishing a goal of a D for all students and then cease instruction at that juncture. A system of learning with a goal of all students obtaining a D will garner far fewer A's. In the context of addiction services, this means that many people fail to discover their own capacities because we don't expect anything from "those people" but the lowest of expectations even as we are capable people just like everyone else.

That is how our substance use condition systems of care currently operate. Occasionally thought leaders see beyond the systemic blind spot of recovery pessimism. This is why parting senior editor of Drug and Alcohol Dependence Dr Eric Strain's 2021 essay [Meaning and purpose in the context of opioid overdose death](#) resonated across the recovery community. It was a highly visible recognition in a prestigious academic journal that "those people" who have addictions are just like everyone else. We have the very same drive for meaning and purpose as every other person. Yet, instead of seeing this, our addiction policy focus has been on reducing overdoses. For us to not die in one way for one day from one drug. A system of care tooled to the very lowest expectation.

While this is unfolding, entities that seek to sustain drug use as it is a profitable enterprise have undermined the concepts of flourishing in recovery as elitist and unattainable. Deploying the age old negative societal perceptions about who and what we are and how we became addicted in the first place. Fostering messages of drug use as the normative state for humans and recovery as unnatural even as harmful drug use shortens lives and erodes potential.

In his essay on flourishing, White defines flourishing (page 30) as different for each person:

flourishing is not the complete absence of the physical legacies of addiction (craving, post-acute withdrawal, addiction-related illnesses, injuries, or inattention to nutrition, exercise, sleep, and basic

health maintenance). It is the achievement of optimum health within the limits imposed by one's life circumstances and the capacity to rise above and draw meaning from any such limitations.

In contrast, for much of the modern history of addiction treatment, the implicit goal has been modest: focus treatment on reducing harm, short term cessation of substance use, and perhaps stabilizing basic functioning like physical health and rudimentary post-acute treatment support. An interesting perspective here is that while there have been consistent grassroot efforts to build a system of care over the last 50 years that moves us beyond short term goals, it always gets paired down over time to acute care models pathology focused models with meager goals. This is perhaps why we have tended to define [recovery amorphously as any slight change](#) or the absence of pathology rather than the presence and processes of vitality.

If we get person to cease use of one drug via a medication or brief intervention but fail to address their needs holistically and beyond the short term, including the inherent need to find meaning and purpose in their lives we have failed those we serve. We have also robbed our communities of the fruits of their potential. One of the major opportunities that White's paper on Post Traumatic Growth and Flourishing in Addiction Recovery highlights is how we can more fully understand languishing as a byproduct of a system of care that consistently fails at the expectation of flourishing.

Beyond that, White articulates how recovery itself can be an act of rebellion. A theme that resonated with Mark Sanders when he recently read White's paper and penned [Recovery Flourishing as an Act of Rebellion!](#) Sanders articulates historical facets of recovery in the African American community after the passage of the [Anti-Drug Abuse Act of 1986](#). It criminalized crack cocaine disparately leading to a generation of black people in America being mass incarcerated while making treatment nearly impossible for them to obtain:

"As the stigma of addiction increased in the 1980's and 90's residential treatment facilities closed. The African American community which already lacked fewer treatment options was hit particularly hard by these closures. African Americans who were flourishing in personal recovery responded to this crisis through entrepreneurship (opening recovery homes in black communities), forming faith based drug ministries, advocating for eliminating the disparity in sentencing between crack vs. powder cocaine and protesting the selling of cocaine drug paraphernalia in the Black Community. A protest and boycott in Chicago's Roseland Community led Salem Baptist Church's Drug Ministry to the largest liquor store in Roseland which sold cocaine pipes to being shut down. The site became the largest African American Christian bookstore in Chicago."

It is also important to recognize that we are immersed in a culture of addiction in America. The very pursuit of recovery is a rebellion against the dominant societal culture of addiction. For those of us in families with prevalent substance use conditions, recovery is also a rejection of family norms. A member of a family in which addiction is the norm who seeks recovery risks banishment. At times we need to form our own families in recovery, what White calls recovery circles.

The concept of flourishing builds on the growing body of literature focused on post-traumatic growth and resiliency. We have long known that addiction recovery can serve as a catalyst. It can lead to profound psychological and existential transformation. That it took the descent into addiction and despair followed by the process of recovery for us to become better than well, to flourish. Our brothers and sisters in recovery have long spoken about being grateful for the whole journey as they have become better versions of themselves and this should be our overarching systematic goal.

Recovery can produce enhanced empathy, renewed purpose, deepened relationships, and reconstitute an identity oriented towards contribution rather than mere survival. We have barely begun to explore it in all of its forms. We would be well served to support more people in recovery from addiction through the levels of resolution he describes to the point that they may flourish. This is why White calls for a fundamental rethinking of what recovery can mean and what it is for.

The consideration of flourishing is not intended to replace recovery but rather to improve our understanding of it. This would help us to deepen our understanding of flourishing. We must confront these facets directly. To highlight how recovery involves processes of subtraction, addition, and multiplication not simply addressing pathology, but adding capacities and multiplying meaning and contribution across a myriad of communities. To do so, we need to move beyond loosely defined recovery definitions to an operational definition of recovery (Kelly & Stauffer, 2025). The question to ponder as we consider what recovery flourishing looks like is not simply whether people stop using substances, but what kind of lives they are able to build thereafter.

If recovery is to be operationalized in a way that is scientifically rigorous, clinically useful and of value to recovery community we need a broader lens. Recovery is a diverse experience. The challenge will be to integrate the processes of flourishing within a continuum of substance use condition resolution. Flourishing should expand the horizon of what is possible, not be used to redefine the minimum standard of what counts as recovery.

One of the risks in elevating the concept of flourishing is that it may inadvertently create a false hierarchy that privileges visible achievement or transformation while marginalizing those whose recovery is constrained by structural inequities of temporal limitations. This is why the definition of flourishing articulated above and on page 30 of his essay is so critical. Not all individuals will experience recovery as a dramatic ascent into “better than well” functioning. To suggest otherwise risks replacing one form of stigma with another. We must avoid over-popularization of flourishing as it could impose unrealistic expectations or obscure the variability of recovery trajectories.

Overcoming prevalent Recovery Pessimism

One of the most consistent lessons across our addiction treatment and recovery support services over the last fifty years is the services grown out of grassroot efforts that are expansive and long-term recovery oriented devolve over time into prescriptive acute term pathology-oriented interventions. Recovery pessimism is operation within a broader society, within our government institutions and service funding mechanisms.

Narratives of flourishing have the potential to counteract the pervasive pessimism that has long surrounded addiction and continually leads us to only provide short term interventional strategies. To simply move someone out of the most destructive facets of drug use and not into a process of healing that can lead to flourishing. Recovery pessimism, the belief that meaningful change is rare or unlikely is contradicted by a growing body of evidence showing that sustained remission is common and often accompanied by significant improvements in quality of life and global functioning. If we elevate our focus to the human potential to flourish in recovery, we may not only enhance individual motivation, engagement, and hope among those still struggling but also quite likely mobilize vital communities that then become incubators in which people flourish organically and contribute to the vitality of our nation.

We increasingly also understand there is an “ecology” of recovery. Within this ecosystem, there are broad constellations of families, communities, cultural contexts, and systems of care that either constrain or enable growth. This ecological recovery perspective aligns with decades of research on recovery capital, which emphasizes the role of social, physical, and human resources in sustaining recovery beyond the individual. Flourishing, in this sense, is relational. It emerges through connection, contribution, and participation in community life. It is as much about belonging and participating as it is about personal transformation.

If flourishing is broadly embraced as a legitimate aim of recovery-oriented systems of care, then our interventions must extend beyond acute stabilization and symptom reduction. They must include opportunities for education, employment, creative expression, civic engagement, and spiritual development. We must support not only the cessation of substance use but the construction of meaningful lives and communities. This represents a radical shift from a treatment model to a community grounded life-course model to one that recognizes recovery as an ongoing, developmental process rather than a discrete or rare event.

In the end, the movement toward recovery flourishing reflects a future vital path for our field. It signals a willingness to move beyond crisis management toward a more expansive embracing of human potential. Let's aim our goals for our brothers and sisters, mothers and fathers, neighbors and community members beyond the attainment of a D, to barely pass out of failure into a life of languishing and instead strive for all who can to achieve A's. While not all will, many many more will achieve more than they would if we settle for the lowest of expectations couched in recovery pessimism.

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