

Valuing the Forest and Not Just the Individual Trees

The recovery community is like a vast, hidden forest that is creative and innovative. It has a lot of resources that have never been fully recognized for their value in the broader world. The rise of peer services, a focus on shifting from acute care models of short term, fragmented care to the Recovery Model (long term disease management and recovery management) and other innovations have risen from the broad based and diverse recovery community over the last generation. Our substance use care systems are market based and person focused. Oriented to value of the individual trees of ideas and innovations to be harvested but not the full worth of the forest itself. Recovery community must be valued across our society if we are to heal people and help communities flourish on the scale that is required.



Related to this theme is a recent paper from the UK, [The culture of recovery: An antidote to coloniality](#). The Journal article examines the culture of recovery and its distinct array of norms, values, beliefs, and practices. It describes recovery community culture as a strengths-based community culture centered around authenticity, purpose, creativity, empowerment, and generativity. The paper contrasts recovery community with coloniality. Coloniality is how western society has generally oriented and emphasizes individualism, competition, consumption, isolation, and control of resources. The coloniality orientation across our society tends to increase problematic substance use.

Highlighting the inherent strengths of recovery community, the paper notes “quality of life studies in the UK and US, in contrast to some of the ills created by the structures and culture of coloniality, show that those in drug addiction recovery have better outcomes for quality of life and well-being especially when compared to the general population.” In short, we have found a way to flourish by finding a better way to live than coloniality.

As roots in recovery develop and people blossom, they develop what some call CHIME (connectedness, hope and optimism about the future, identity, meaning in life and empowerment) as recovery capital on the individual, family and community level accrue. The study design focused on participants with lived experience of recovery examining and translating research findings into a recovery capital framework. They highlighted what worked for them at different stages of their recovery journeys. There is a theme across the study of creative expression and service to others.

Creativity and expression as inherent to the strength-based asset building process as contrasted with traditional problem-oriented care. Authentic recovery community promotes a sense of equality and power sharing inclusive of all. It focused on the collective gifts and talents and assumes everyone has them. Like [William White did a decade ago](#) when he warned that a focus on peer services without an emphasis on community would ultimately fail, the authors caution that failing to build recovery capital on the community level but instead focusing on the service model “may fall short in harnessing the transformative power of embracing a recovery culture perspective. They emphasize that to address this gap, professionals in recovery and treatment should adopt a cultural lens, incorporating cultural elements into recovery planning and expanding their focus beyond individual and service-oriented aspects.”

Eroding community through coloniality

One of the themes over the course of our shared recovery history is how pioneer groups of people develop strategies to address needs within their own communities that are unmet by existing systems of care. This is a direct result of strong recovery capital embedded in the recovery community. Over time, as these strategies become more developed and show their worth, these services become mainstream and are far too often coopted by the existing systems of care. Recovery community becomes detached and isolated from the service model, creating a loss of effective engagement with the recovery community. Over time, grassroot movements rise yet again to address their own unmet needs.

As [described by William White in 2018](#), the addiction treatment field rose out of lived experience. In the era when treatment was a lobotomy or electroshock therapy, the rise of recovery focused treatment came out of the recovery community. They had answers to challenges our systems did not want to touch. A generation later, the field had shifted to professionalization in pursuit of higher compensation and legitimacy. While neither materialized, the shift placed barriers for persons in recovery from entrance into the very field they created. The colonality of authentic community strategies were monetized and, while helpful to many, also lost its connection to the very community it served.

Far too often, pioneering groups find themselves on the outside looking in as their work is subsumed by the dominant service structure. Pushed out by entities with more power, higher status and without the mark of stigma associated with addiction, a mark that seems indelibly put on us by society. There is a rich and diverse culture of recovery and members of these communities are more often than not, ignored or at best tokenized by our systems of care and all of the various industries that profit off of addiction and recovery related services. That is also our shared history.

There are few issues as stigmatized in society as addiction. Other stigmatized groups, such as those who experience mental health conditions are viewed in higher regard than persons with addictions. Even the well-meaning can see us through a single lens – such as considering all addictions as trauma related. This sets up dynamics of marginalization. If one sees all addictions as related to trauma or an underlying mental health condition, the remedies are all related to ameliorate mental health conditions or eliminating poverty an inequality, quite laudable objectives but not inclusive of the rich diversity of experience across the recovery community. Cherry picking experiences to fit a dominant narrative is itself a form of cultural appropriation and one that the dominant groups is rarely even conscious of doing.

Saving the Forest from Colonization of the individual trees to Improve Well Being Across Western Society

As William White [noted in 2021](#), we must start with valuing the whole community over the narrowly focused service orientation to individuals. This includes reorienting our systems to value flourishing at the community level. Such a system would insist on authentic recovery representation in all facets of service design, delivery and evaluation. It would be uncomfortable for the traditional care system. This is a good thing. Un-comfortability is key to positive change at the individual, institutional, community, and society level. Positive change is uncomfortable. Doing what always has been done is comfortable. What we have always done has not been nearly enough even before the broad challenges we face to heal communities from addiction.

There must be broader recognition that taking the product of recovery community, incorporating those healing innovations into our traditional care system while excluding the very community who developed these strategies is a form of [cultural appropriation](#). The dominant groups generally pick and choose only the elements they consider appealing and discard the rest, along with any important cultural context behind those facets. This process erodes authenticity, purpose, creativity, empowerment, and generativity. It exacerbates the sense of isolation and lack of purpose that tends to increase problematic substance use across western society.

Individuals and communities who find themselves at the margins of mainstream society have been placed there by oppressive and discriminatory systems, institutions, and policies. [marginalization does not occur in a vacuum](#). Marginalization fuels discrimination, isolation, violence, and oppression and impacts the entire society negatively. The paper cited broadly above by Patton Et al above highlights the intrinsic value that recovery community had to help heal some of our broader societal ills, but to do so we must cease eroding recovery community through the very processes of colonality it so well describes.

Healing Structures Must Authentically Involve Community

The very system of care we have focuses on services and support in ways that limit healing to an individual level. We allocate units of services to individuals instead of broader more progressive strategies of healing. As [Don Coyhis](#) of White Bison noted a generation ago, we take an ill sapling out of poor soil, move it to conditions that support it to flourish and then when it is better, we replant it in the soil that nearly killed it. It should be emphasized here that the efforts of the prior generation attempted to build recovery community, a healthy forest.

What we have seen is a focus on only the peer service element and neglect of the recovery community element. This has led to the erosion of the recovery-oriented vision. Peer services absent a flourishing recovery community translates into just another service not supporting recovery capital on the community level. The Patton Et al paper addresses fundamental challenges and opportunities to heal. Research participants held a “strong belief relating to their faith and belief in the potency of the culture of recovery, simply stated by one participant as, ‘What we have works! Unlike many

of the practices and beliefs in society.” There is an inherent magic in the deep connections across the whole forest that is greater than the sum of all the trees. This is our collective lived experience.

To realize that bounty we would need to stop seeing peers as a commodity of coloniality and focus on the mutual support and empowerment of whole communities. Our systems, by their very nature, have a difficult time understanding what these study participants have learned through their own recovery journeys.

To experience the healing power of community we must make room in our systems for the magic. As the paper ends, the question is raised, “they are here, are we able to recognize them.” Are we able to see the treasure of the forest over the value of harvesting the individual trees to gain units of service? Are we able to look beyond what we have to support processes of connectedness, hope and optimism about the future, identity, meaning in life and empowerment that help our entire society to flourish? If enough of us work towards that end, we may just be able to save the next generation from the ills of the society we were raised in.

The final truth is that recovery always finds a way.

Sources

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