

Considering the Facets of Whites Laws of Recovery Dynamics

A few weeks back, while revisiting a work of William White on [countertransference, contempt and service integration](#), I penned a draft set of laws that appear to operate in respect to recovery movement and recovery transmission efforts intergenerationally in the USA. I titled it "Whites Laws of Recovery Dynamics," simply because most of what we know about these dynamics were a direct result of the life work of William White. We should applaud his vast contributions over the course of decades to further our collective efforts. If you are not familiar with his work, I strongly recommend examining his collection of writings at the [William White Papers](#) on the Chestnut Health Systems website. [Slaying the Dragon, the History of Addiction and Recovery in America](#) should be required reading for anyone operating in our space.

Nothing I, or many others have written, would be remotely possible without the foundational efforts to document historical elements and dynamics of recovery in America that White has provided us, but they are only valuable if we read and understand them.

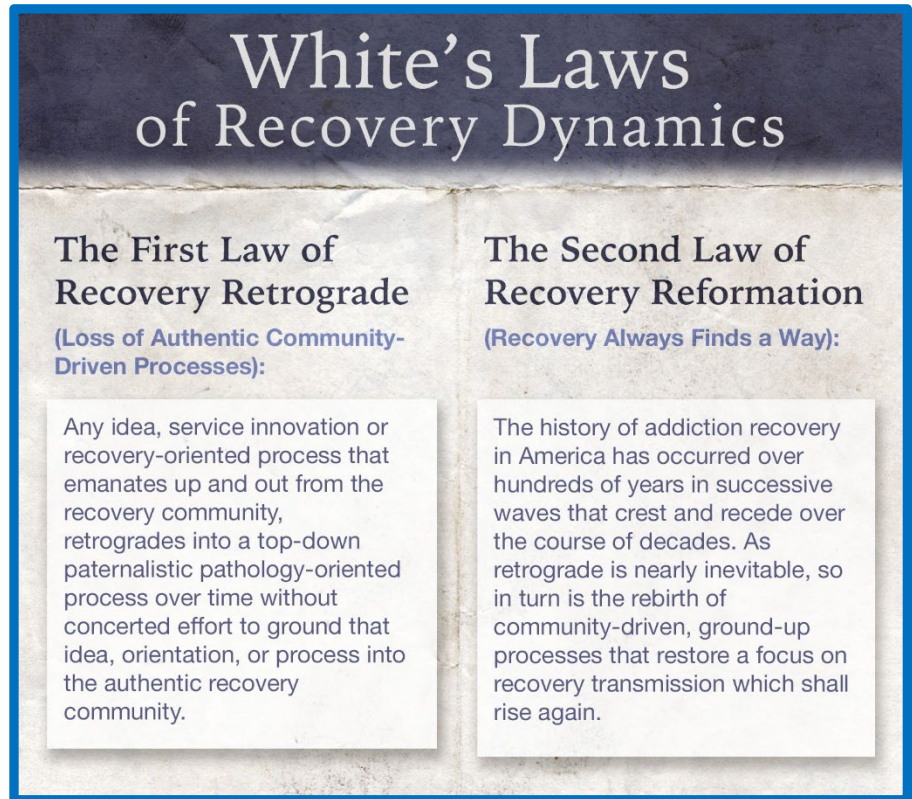
As someone who was present during the rise of the [New Recovery Advocacy Movement](#), the era that rose up in the late 1990s, I can say that he put words to concepts that pulled people together even more cohesively. In more recent times, I have come to appreciate that in doing so, he also created a repository for future generations to understand what occurred and learn from it. I first wrote about this aspect of his work five years ago in the piece the [Seed Vault of Recovery History and Our New Recovery Advocacy Movement](#). He knew that one of the most important lessons in our history is that it is not linear. He anticipated a future downturn even as the upswing was taking place. His writings in this era reflect many of the core concepts and related dynamics for future recovery leaders to examine. What a treasure for us.

We have the opportunity, if we seize it, to learn from our own history. It is my sense that those lessons are a source of hope for the future. The more I learn, the more humility I feel about what we have done in our own era and how much of what we have been able to accomplish is a result of generations of efforts that have come before our own. We know, for example, that history has been instructive to prior generations. The architects of AA focused on singleness of purpose in part because of what they had learned from [studying the Washingtonians](#) and how that brief meteoric rise of a mid-19th century recovery movement became embroiled in the politics of the temperance movement which impacted their capacity to focus on recovery from alcoholism and then the movement rapidly dissipated.

Understanding our history can focus our efforts. There are times when things are coming together and there are times when they are coming apart, but the overall direction we are heading is towards a world where the value of recovery, the strategies to improve recovery transmission and to strengthen recovery efforts in all of our communities are more fully realized. This is true even as that path has never been a straight line as the overall direction is one of progress forward. The trajectory of history bends towards recovery. I have humbly posited these draft laws to express these dynamics:

Whites Laws of Recovery Dynamics

The First Law of Recovery Retrograde (Loss of Authentic Community Driven Processes):



Any idea, service innovation or recovery-oriented process that emanates up and out from the recovery community, retrogrades into a top-down paternalistic pathology-oriented process over time without concerted effort to ground that idea, orientation, or process into the authentic recovery community.

The Second Law of Recovery Reformation (Recovery Always Finds a Way):

The history of addiction recovery in America has occurred over hundreds of years in successive waves that crest and recede over the course of decades. As retrograde is nearly inevitable, so in turn is the rebirth of community driven ground up processes that restore a focus on recovery transmission which shall rise again.

There are a myriad of forces that influence these draft laws. Oppositional forces of retrograde and reformation can be in play at the same time. We tend to move in the direction in which most of these facets are leaning at any given time. If you want to understand this more fully, read White, he has considered it far better than I, here. Yet we need to constantly consider these things. My goal here is to simply keep our eye on the prize well into the future, a society where more people can access and sustain long term recovery.

Dynamics in Recovery Oriented Research

What may we anticipate experiencing in eras of retrograde? Research in relation to addiction recovery during periods of retrograde would become overly academic and distant from the needs on the ground for the recovery community. It would tend to shift focus back towards a pathology focus, aimed on narrow orientations and consider ameliorative processes that are narrow, short term and clinically oriented. What may we anticipate experiencing in eras of reformation? Research in relation to addiction recovery during periods of reformation would consider recovery more broadly and center on healing across the long term in ways that enhance community level transmission dynamics and deepen community recovery capital. There would be an emphasis on involving the recovery community into research focus, design, data collection, interpretation and application to healing strategies centered on the communities' needs. For a deeper consideration of what recovery centered research should look like, read White's [Frontiers of Recovery Research Keynote Address](#) to the first Consortium on Addiction Recovery Science (CoARS) in April 2024, a presentation that was my deepest honor to present to that esteemed group in his stead.

Government Policy and White's Laws of Recovery Dynamics

History can be instructive here. The rise of the New Recovery Advocacy Movement occurred as a result of a steep retrograde in the prior era in which policies and services led to an acute, fragmented care system that failed to focus on the needs of the communities to connect people with severe substance conditions to long term healing embedded in the broad range of communities across the country. There was a system of care in place that had become overly paternalistic, focused on limited goals during brief interventions that were detached from the cultures of recovery present across America. Policies in a reformation process would broaden interventional strategies that more fully resource communities of recovery as a vital collaborative entity to strengthen long term recovery transmission. To highlight current policy orientation that can highlight dynamics to consider here, our nation, our states and local communities have focused interventional efforts narrowly in reducing opioid related overdose death. As I wrote about in [Caring Enough to Count - How We Die from Drug Misuse and Addiction in America](#), it is an insufficient strategic focus that will not lead to the realization of the benefits of getting people into sustained recover from all substances in all communities. We know that around 85% of people who [sustain recovery for five years](#) remain in recovery for the rest of their lives. Policies that are oriented towards getting more people into long term recovery would be a major reformatory process that connect people to community and more fully realize that we are a vital asset to a healthier society.

Service and Community Practice and White's Laws of Recovery Dynamics

I recently attended a presentation by David Best, esteemed researcher from the UK, he used the term "[spray on recovery](#)" to describe clinically oriented service providers who see ways to capture more funding by marketing on a thin veneer of peer service practice and then brand themselves as recovery oriented. Such processes are more suggestive of recovery retrograde than recovery formation. Funding is captured in this way, but resources to support recovery nestled in community never quite make it to the ground. Negative perceptions prevalent in our society about those of us in recovery, deeply grounded in views of substance use conditions being falsely perceived as a moral deficiency drive paternalistic processes. They restrict resources to authentic community and center processes in top down systems that meter out resources and set up competitive processes for very limited individually oriented interventional strategies that serve to divide up community into small factions seeking resources. Reformatory processes would turn this on its head, center on community level processes that serve preventative, restorative and resiliency strategies that strengthen recovery capital embedded within the broad variation of communities that make up our nation. We are vital members of

our communities. We are productive, we take care of our families, we engage in civic life in ways that strengthen our communities. Reformatory dynamics leverage our strengths in ways that support whole community health.

Ethical practice and Whites Laws of Recovery Dynamics

How we do things matters as much or perhaps more than what we do. One of the most important papers that White ever wrote was [State of the New Recovery Advocacy Movement Amplification of Remarks to the Association of Recovery Community Organizations at Faces & Voices of Recovery Executive Directors Leadership Academy Dallas, Texas, November 15, 2013](#). He warned of both internal and external threats to our forward momentum. Retrograde processes center on commercialized interventions provided to the community yet not collaborative with those communities inevitably fail. It enriches a few at the expense of the many. Any cursory reading of our history reveals wolves in sheep's clothes in our midst I would call [Addiction & Recovery Capitalist – Hustlers Hawking Drugs, Hucksters Selling Recovery](#). We lose community-based orientations and embrace service orientations. Bill warned us of this back on that day in November 2013, and I was there to hear it. He warned that if our focus went solely or even mostly to developing a peer service model, we will have failed the objectives of the movement and need to start over. He predicted that such a focus would narrow efforts in ways exclusive of community that would become mired in conflicted economic interests and scandal. What made our movement healthy in that era had a lot to do with what I termed [our keel, our steering concepts](#) which serve to be reformatory of community and its healing properties. To sustain a recovery movement, we need ethical conduct and mores not only in the service space, but also in the community and recovery advocacy spaces.

Some questions to consider at this juncture in time:

- What concepts steer recovery efforts forward, where do they emanate from grassroots community or institutions?
- What ethics, norms and mores are influencing recovery dynamics? What are we doing to reinforce them?
- Where is the money? Where is the power? Who are the leaders? Are these things diffused or centralized?
- How are processes governed? Who is included? Are they ground up and collaborative or paternalistic and top down?
- How are messages that influence retrograde or reformatory dynamics communicated and who controls them?
- When bad actors cause harm in the name of help, what happens to them? Are they held up as heroes until exposed?
- Is there a broad set of collective goals for which we are willing to set aside individual difference to achieve?

We should spend more time collectively considering these facets with the lens of recovery retrograde and recovery formation. A fully abridged compendium of all these dynamics may well be beyond my capacity. That is not my intention here. To express my intention clearly, I hope to create broad dialogue to help move us forward. One of our steering concepts was everyone is a leader, and no one is a leader. We lead together when we come together around common goals steered collaboratively, together. I am sixty years old. My greatest hope with the time I have moving forward is that in some way I am part of the solution and not the problem, even as I recognize that all of us have probably done a mix of both, hopefully with good intentions with requisite course corrections to realign with reformatory strategies when things go awry. We and our movement have always been works in progress. What can we do moving forward to more fully support recovery reformation and minimize recovery retrograde?

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