

Recovery is a Transformative Process Extending Beyond the Individual

There is an often used saying, *"connection is the opposite of addiction."* It is an oversimplified slogan suggesting a simple solution to a series of highly complex pathogenesis and environmental processes. It contains truth but is far from the panacea it is used to convey. Yet connection really is vital to sustained recovery. Historically, recovery itself has been framed as the individual resolving and even growing from the experience of having a substance use condition in ways that are durable over time. There are truths here too, but the consequences of addiction reach far beyond the person using, particularly within the family. So does the recovery process.

There are compelling reasons to shift our attention from individual recovery to family recovery:

addiction does not occur in isolation, nor does recovery. When one person experiences addiction, the family system reorganizes around it. Members experience fear, shame, secrecy, accommodation, conflict, disrupted roles, financial strain, and chronic uncertainty. When the individual begins recovery, the family dynamic does not reset to where it was before addiction. In many cases, recovery itself becomes a period of transition and stress as family members learn to trust again, renegotiate roles, establish boundaries, and develop new ways of relating. The process of recovery involves each member separate and distinct from the person who is using destructively. So should our interventional and recovery support structures. It is also true that [we are finding out](#) that interventional strategies that engage traditional family and kinship groups are more effective.

The developmental perspective articulated by Stephanie Brown and Virginia Lewis in 1998 is particularly important here: families move through their own recovery process, and their needs change over time. If our goal is truly long-term recovery, we cannot define success solely by whether the person with the addiction stops using substances. We must consider that the family is also moving from suffering and survival toward safety, connection, resilience, growth, and ultimately flourishing. We need to consider how to better augment those processes of collective resiliency. The potential we have here is to improve synergy. The capacity for individual change to magnify across the family constellation so that the whole is greater than the sum of its elements. This is the prize to focus our eyes on.

The concept of family recovery historically has been limited to helping the family support the person in recovery; we must broaden our horizons. Family recovery is about building the family's capacity to recover, develop new relationships and identities, and create an environment in which both individual and collective recovery can flourish. This is consistent with the broader recovery-capital perspective: sustainable recovery is not limited to the individual, it is something that is cultivated mutually through relationships, communities, and environments.

Researchers like Dr David Best from the United Kingdom who are focusing their talents on understanding and supporting the development of recovery capital beyond the level of individual into area of family and community are on the frontiers of recovery science. They are making a real difference. Dr Best's work on recovery capital and community recovery provides another powerful reason to focus on families. His central contribution to our field has been to help move our understanding of recovery away from an exclusively individual process and toward the social ecology in which recovery is sustained. His work and the efforts of other recovery researchers on family and community recovery capital is foundational to moving family recovery efforts forward. We have come a long way; we have a long way to go.

Dr Best and I recently wrote an essay together on the C-CHIME model. The CHIME acronym stands for Connectedness, Hope, Identity, Meaning and Empowerment conceptualized by [Mary Leamy and her colleagues in 2011](#). In our paper, [C-CHIME: Seeing the connected forest through the individual trees: A cascade model of building recovery capital through community and connections](#), we framed CHIME in the context of Community and argue it is vital for recovery or C-CHIME. It highlights the importance of connections, community, identity, meaning, relationships, and opportunities for positive social participation. The family as defined by its respective members is one of the most immediate and



potentially powerful sources of this vital recovery capital. Families are vital to healthy community and can also experience erosion of their own internal and external resources. We need to invest in family recovery and shift our focus from primarily supporting the individual to focus more expansively on the whole families capacity to grow and to provide connection, encouragement, stability, and scaffolding for each other and the broader community.

Finally, William White recently contributed significantly with his paper, [Post traumatic growth and flourishing in addiction recovery: A critical review and commentary](#). It articulates an important shift in our focus from a suffering-oriented understanding of addiction toward post-traumatic growth, resiliency and flourishing, which provides us with an important orientation for family recovery. White's scholarly contribution here highlights how we should not view recovery as the cessation of pathology or the mere management of symptoms but as a positive growth process.

Recovery is transformative. Individuals and whole families develop new identities, relationships, purposes, competencies, and possibilities. Instead of a systemic focus on pathology, or a limited orientation on helping families cope with addiction, we must shift models to support families to be better version of themselves through processes of post traumatic resiliency. That is the power of a family flourishing orientation. It recognizes the suffering addiction creates but sees beyond suffering to an endpoint that can include transformative resilience. It calls for scaffolding across the stages of family recovery and focuses our institutions on the power of transformative change that occurs beyond addiction, through crisis and transition, early and ongoing recovery, and ultimately toward post-traumatic growth and flourishing.

Focusing on family recovery is not just the right thing to do or a logical expansion of the recovery science agenda; it is a more complete definition of the promise of recovery for every member of the family constellation in all of our communities.

Sources

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