

Stigma and Recoveryism

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The suggestion that there are multiple and diverse pathways of long-term addiction recovery has evolved from a heretical statement to a central tenet of an international recovery advocacy movement. As tens of thousands of people representing diverse recovery experiences stand in unison in September's recovery celebration events, it is perhaps time to explore and then put aside past divisions within and between communities of recovery.

In 2006, Tom Horvath, President of SMART Recovery, penned a [brief article](#) in which he coined the term *recoveryism*. He used the term to depict assertions that a particular approach to addiction recovery was superior to all others – that there really is only ONE effective approach to addiction recovery. Horvath rightly called our attention to a special form of bigotry sometimes exhibited by people who are grateful for their own brand of recovery. There are those in secular, spiritual, and religious pathways of recovery who have claimed ultimate eminence for their particular ideas and methods and viewed alternatives as inherently inferior. Radical abstentionists and radical medicationists continue acrimonious debates marked by more heat than illumination. Those who enter recovery with and without specialized addiction treatment have each claimed a form of superiority, as have those who maintain recovery with and without participation in recovery mutual aid groups. Each of these approaches is in turn subject to internal dissension about how that approach should best be pursued.

What is behind these ever-present schisms and binary recovery options that are so often framed in categories of superiority and inferiority? What is the source of this need to declare one's own particular brand of recovery as THE path to recovery and to consider it blasphemous to suggest anything less? One option for us to consider is that this propensity for recoveryism comes from the intrapersonal wounds to self that accompany addiction and the stained self that indelibly marks the social stigma attached to addiction and recovery. No one has explored the latter in more depth than Irving Goffman in his classic text, *Stigma: Notes on the Management of a Spoiled Identity*.

Goffman describes stigma as a process of social shunning through which one's personal identity and humanity are lost due to one's membership in a socially discredited group. Unfavorable traits culturally attributed to the discredited group forge a pervasive sense of shame and unworthiness and a sense of being imprisoned by stereotype and caricature. Goffman describes numerous strategies through which the stigmatized (e.g., those in addiction recovery) can seek to redeem their spoiled identity. Such strategies include attempting to hide one's stigmatized status ("passing"), living one's life within the cocoon of the stigmatized social group, reframing stigmatizing labels as badges of in-group status (e.g., *drunk*, *dope fiend*), becoming a "professional-ex" (making a career representing one's group to the larger society), or framing one's stigmatized condition as a gift that has taught one how to live in a far superior fashion than "normals." Twists on this latter strategy may offer insight into divisions within and between communities of recovery.

In 1951, longshoreman philosopher Eric Hoffer made the following observation in his book, *The True Believer*: "Faith in a holy cause is to a considerable extent a substitute for the lost faith in ourselves. The less justified a man is in claiming excellence for his own self, the

more ready is he to claim all excellence for his nation, his religion, his race or his holy cause” [or his or her particular style of recovery]. Author Herman Melville similarly opined: “There is something in us, somehow, that, in the most degraded condition, we snatch at a chance to deceive ourselves into a fancied superiority to others, whom we suppose lower in the scale than ourselves” (*The Writings of Herman Melville*, vol. 5, 1969). Goffman, Hoffer, and Melville all offer insight into how people in addiction recovery have sought to manage social stigma and how this could get potentially played out in their relationships with one another.

Internalized stigma can lead to status hierarchies and aggression toward members of one’s own group. Members of one recovery pathway claiming superiority over another is analogous to status-based skin tone gradations dating from African American slave communities. Verbal attacks between representatives of different recovery pathways are psychologically analogous to Black-on-Black crime. Stigma is a form of psychological and social violence that elicits violence in kind as the oppressed mimic their oppressor. In the extreme, if you teach a people to hate themselves, you do not have to kill them; they will kill each other. Thus in active addiction, we see addicts preying on each other, and in recovery we see conflict within and between organized approaches to recovery support and addiction treatment. Yes, the stigma I am referring to and its manifestations do extend to those working in addiction treatment through what Goffman labeled *courtesy stigma*.

There is a healthy place within the recovery experience for self-satisfaction of one’s achievement, but there is a line one can cross into the realm of self-pride, arrogance, and intolerance – a stance of “my way is the only way.” This latter stance infuses recovery with the distorted thinking and character excesses of active addiction and represents an immature way we act out our damaged selves in our relationships with each other. It also represents a form of bigotry that mirrors the current paralyzing political wars in the U.S. and the violent religious and cultural clashes that seem to be tearing our world apart.

Does this mean that there are no objective criteria by which pathways of recovery can be judged? Not at all. Embracing recovery pluralism is not an embrace of recovery relativism in which opinions and preferences completely dominate facts. To be tolerant of the varieties of recovery experience is not to say we must blindly accept all proffered approaches to recovery as equal. All must be subject to investigation and all held accountable for recovery outcomes. Recent efforts to define recovery have focused on three essential elements: 1) the resolution of alcohol and other drug problems (most often measured by enduring abstinence or diagnostic remission), 2) improvements in global health (e.g., physical, emotional, relational health; quality of life and functioning), and 3) positive community reintegration (citizenship). All proposed pathways to recovery must be accountable for the degree to which they facilitate or fail to facilitate change across these three zones of recovery experience. That accountability comes through the experiences of individuals, families, and communities as well as through the rigor of scientific studies. At the moment, no recovery approach has outcomes so high as to warrant the claim of being THE recovery pathway.

Irving Goffman noted the potential for people within a stigmatized group to reach a “state of grace” in which they could be open about their stigmatized status without experiencing shame or the need to claim superiority over others. It was in such a state that Bill Wilson reminded AA members in 1954 that *the roads to recovery are many*. Today, those roads need to be expanded until the senseless deaths and drug-related destruction of personal, family, and community life cease. Opening those frontiers and enhancing the acceptability of multiple pathways to recovery may require a vanguard of people willing to take risks to achieve these goals. As Goffman

suggested in 1963: “When the ultimate political objective is to remove stigma from the differentness, the individual may find that his very efforts can politicize his own life, rendering it even more different from the normal life initially denied him—even though the next generation of his fellows may greatly profit from his efforts by being more accepted.” (p. 114)

We can claim gratitude for our personal pathway of recovery without demeaning those whose redemption was found on a different road, and we can each speak out against recoveryism when we encounter it. (Tolerance of intolerance is a form of complicity; silence is agreement.) I leave you once again with this thought: *Recovery by any means necessary under any circumstances. All pathways and styles of recovery are cause for celebration.*

