

## Swimming In the River Lethe: Immersion in Un-mindfulness of our Own History

*"Lethe is the river of forgetfulness that runs through the underworld, so the classics tell us, and there is nothing more potent than forgetfulness." — Kate Quinn*

As I wrote about in a recent piece, [Ways of Knowing and Our AOD Treatment & Recovery Workforce](#), a major source of information about addiction and recovery is the historical evidence of our successes and failures. There is much to glean and learn from in our own history. In [Toward Seven Generations of Recovery Advocacy](#), these two servant leaders of the recovery movement, William White and Don Coyhis talk about how "recovery advocacy in the United States can similarly best be thought of in intergenerational terms." Very true, yet we fail to record and understand our own history and so cast ourselves generationally into the waters of forgetfulness. Waters that are dangerous to our collective efforts intergenerationally. Waters we should not fail to understand and avoid to effectively move things forward.



Much of what the prior generation broadly knew was important to steer the current efforts forward have already been lost from common knowledge across our communities. This is to the peril of our progress. As I note in [The Keel of the New Recovery Advocacy Movement: Our Steering Concepts](#), the notions, among others that people in recovery were the experts on recovery, that everyone is a leader and no one is a leader, unity in purpose, and the importance of staying in our own lane were key unifying themes, now largely forgotten.

We must never forget that all we do has been built on the shoulders of giants. As an example, founders of 12 step fellowships who had also studied history and learned about the rise and fall of the Washingtonian Movement. Part of the demise of the short-lived movement was that they became embroiled in the politics of temperance and became pawns in this external political cause rather than champions of recovery. It tried to be everything to everyone. It straddled issues beyond recovery for from severe alcohol addiction and failed to sustain the central focus on recovery.

Another element was that some of the finest recovery orators were making a lot of money on the speaker's circuits. The common welfare of the movement became a distant concern behind fame, fortune and self-interest. People familiar with 12 step fellowships would immediately understand these learned lessons. Central tenets to avoid outside interests. These fellowships are built on common purpose, not monetary gain for any member. They understood that these were potential pitfalls by considering our history. Wisdom gained and applied successfully to the fellowships to avoid these pitfalls.

Modern efforts centered on the efforts of recovering people emerged in the late 1960s, built on the foundations set in the 40s and 50s. Early leader Senator Harold Hughes developed support & visibility in Congress with the help of Marty Mann and an army of recovery community advocates. They shepherded through the 1970 Comprehensive Alcoholism Treatment and Prevention Act, the "Hughes Act." A treatment system with a passionate and energized paid and volunteer workforce rose up on the 1970s and 80s to support healing efforts nationally for the first time in our history. As it became commercialized and professionalized, its complexion shifted from one of dedicated service to becoming a bottom-line focused industry in which increasingly vulnerable persons were taken advantage of for the profit motive of the industry by some of the most profitable "helpers."

As volunteers disappeared from the addiction treatment in the 1980s and 1990s, the story of their role in early addiction treatment and what they meant to people seeking recovery also disappeared. The vibrant volunteer programs of the 1970s faded in the wake of the field's growing professionalization and commercialization and the growing disconnection between addiction treatment "businesses" and the grassroots communities that had birthed them. The war on drugs took hold as persons who experienced addiction were villainized and communities of color were incarcerated and

felonized in law-and-order efforts. Fueled on politically motivated interests built on stigmatized views of persons who use drugs and minimized recovery efforts over law enforcement strategies, particularly in black and brown communities. Forward momentum was lost.

### **Controlling Rather than Including, Lessons from the 1990s:**

The recovery community was largely invisible in the 1990s. The level of stigma within our systems of care was so intense, people who were in recovery and worked in these institutions would not consider being open about their recovery. Access to proper care and support was a matter of resources, in which those with financial means or good insurance could get care and the rest could not. When they did get care it was acute short-term care in fragmented services cut off from and not informed by people with lived experience. We were not valued. There was routine discriminatory treatment for people trying to get help and no group was advocating for our needs.

Government, also infused with negative perceptions about people with substance use conditions turned a blind eye towards our plight, that is until leadership at SAMHSA began to listen to those in community across the nation and funded the Recovery Community Support Program (RCSP). They fostered servant leadership to understand and focus on recovery community inclusion. What came out of this was multiple pathways of recovery, a higher regard for recovery in our government institutions, funding for recovery community organizations and the birth of recovery-oriented research. They recognized that we could not heal people by focusing on pathology. Recovery was made visible. History was made.

Our most recent chapter, the era of the New Recovery Advocacy Movement started in the late 1990s. It was successful in no small way because the people in that era were knowledgeable about our own history, largely as a result of the seminal work of William White. Over the course of two decades he documented our history of recovery in [Slaying the Dragon, the History of Addiction and Treatment in America](#). He found and wrote about recovery efforts going back to before the formation of our nation. It is an invaluable resource.

The New Recovery Advocacy Movement was founded on the lessons of success and failure of prior generations of efforts, inclusion, focus on common ground interests above self-interest. Are we still on this path? How much energy and resources are focused on grassroots, ground up communities versus top-down projects that have preset agendas not centered on recovery and the needs of the recovery community? History shows us that failure to consider the “community up” dynamics is one of the ways that things tend to fail. We should be asking:

- How are we documenting our lessons over time across the diverse communities who have developed and implemented recovery supportive efforts grounded in recovery community? Where are such efforts absent?
- Where are there systematic efforts to teach the lessons of our history to the next generation?
- Are resources dedicated to cataloging and preserving our own rich history vital to the next generation?
- What groups with economic or other interests have revisionists motives to change what is known and hide our efforts and accomplishments?
- What happens when such efforts are colonized and coopted by other groups with other agendas?

History also shows us that progress is never linear, in a straight trajectory of forward momentum. One of the most profound lessons from these historic investments in recovery and recovery community that started with the federal government through the RCSP and extended to the states is that everyone benefited. We helped develop recovery capital across all of the dimensions it has, from individual to community recovery capital. We changed history.

Forward progress over our history was initiated on the understanding of what has come before our era. We forget our own history in ways that are to the detriment to all of our systems of care and all who depend on them. How much are we investing in understanding and teaching our own history to the next generation? Do we value our communities of recovery and their vast contributions to our treatment and recovery support service system over the last 6 decades enough to record and transfer the knowledge gained from their efforts to the next generation?

Do we hold up the lessons of all those pioneers who have come before us to learn from their experiences? The Lethe can wash us of our own lessons and insights, but only if we get into it. These are perilous waters that we should avoid. The way to do so is broad, systematic investment in documenting and passing on the hard-earned lessons of our own history.

To do so would be at a fraction of the costs of ignorance, for which we would pay a steep price in lives and resources.

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