Revisiting the Work of William White: Sick Systems in Treatment Interview with John DuCane 1989

"I was recruited by the field to address a shadow side of the organizational life of addiction treatment programs. As I responded to these calls, it became quickly apparent that something far more universal was afoot than the aberration of organizational life of addiction programs" – William White, Recovery Rising pg. 233

In 1989, John Du Cane did and interview with Bill White for a periodical called CD Professional. It was a trade publication from Minnesota. The interview was focused on concepts from White's 1986 publication Incest in the Organizational Family – the Ecology of Burnout in Closed Systems in a question-and-answer dialogue format. The original five page paper of the interview is preserved at Chestnut Health Systems collection of his writings here. The focus is on the relative health of systems in respect to their openness or being closed to new ideas, communication or energy. Family Systems theory are foundational to the concepts considered in both his book Recovery Rising and this interview. These are some of his earliest writings, which originated out of his own life experience and academic focus of his work in our field, including a paper on relapse in recovering counselors he wrote in 1978.

He expanded on this work often over the years, including in Chapter 10, A meditation on Closed Systems (1978-1990) of his 2017 book Recovery Rising: A Retrospective of Addiction Treatment and Recovery Advocacy. It is clear, at least to me from reading the Sick Systems interview in the context of what he wrote in Recovery Rising how formative his experience at Lighthouse was in the early 1970s as it rose up, splintered apart and his interest in organizational dynamics from a recovery perspective early in his career. It seems readily apparent that this informed a lot of his thinking over the decades. It is one of the reasons I decided to highlight this piece as it related to some of his earliest formative work.

In these writings he spoke from lived experience watching systems come together in vital and healthy ways and then fall apart over time and become destructive to all within those systems and to the communities they serve. Addressing these challenges within the context of recovery management and recovery-oriented systems of care most likely started here. He saw people profoundly harmed with his own eyes, moved into consulting to consider how to help other programs and over time saw patterns of thinking and acting within institutions that parallel to what was known through family systems theory and how open or closed these structures and their boundaries are. As he wrote in 1989:

> *"With family systems, we look at the continuum in family structure based on the ease with which members can have transactions with people outside, the flow of ideas and people across the family boundary. At one extreme, we have total isolation, of us against the world, at the other extreme we have a chaotic, disengaged, boundary-less type of family. In family systems we know there is a fairly highly casualty process at both ends of the continuum. The health of a family is determined by its flexibility, its ability to move back and forth between openness and closure according to its real needs."*

His work in this area focuses on organizations operating like family systems and focuses on what happens when systems respond to external or internal threats and erect walls. He found predictable processes that occurred which were perhaps subtle at first but more obvious to internal and external observation over time. He references the Watergate scandal and the rise and fall of Synanon under the leadership of Chuck Dederich Sr. as examples of these dynamics. For readers unfamiliar with Synanon, it was the first self-help residential community for drug rehabilitation in the United States, which was founded in Venice, California in 1959 and continued through the early 1990s. Many people were helped, particularly in its early years. It grew from a store front to a large organization, became a religion, then a cult and ended with criminal conduct, murder attempts and highly dysfunctional dynamics. It is exemplary of a number of processes that can lead to closed systems institutional failure. As a historian he documented how our field was founded on well meaning efforts both nationally and more locally all over the country. He was all to well aware that far too often, they blossomed with the best of intentions but ended in scandal.

Major issues raised in the article include the factor of flexibility, the tendency towards having charismatic leaders from whom ideas and processes flow yet also in turn lend towards centralized control and unhealthy dynamics. He describes in the interview how adaptability is critical to healthy systems so that they can effectively address shifting challenges. Can systems move to decentralized processes when this makes sense? The human condition, and characterological challenges like ego and the quest for notoriety, money and power can be factors here, as can things like grandiosity and narcissism. In this way, a focus on our own wellbeing, across all levels of an institution including that of our of leaders becomes vitally important. Then, as now the culture of [custodial and servant leadership](#) remain critical to our future.

In the context of sick systems, warning signs for staff to consider in respect to organizations getting into trouble include isolation, dogmatic thinking, loss of learning and scapegoating people who see things differently or raise concerns and a homogenization of staff, which narrows diversity of thinking and perspectives. Stagnation of the organization with the paucity of ideas from the outside and a sense of loss of faith or focus. Processes that include networking, formally and informally introducing new people and new ideas into the system are important for organization to avoid stagnation and other harms and can be initiated by individual members within closed systems.

In the 1989 interview, they discuss burnout and Bill notes that "historically, what we have done is we have defined the phenomena of burnout within the personality characteristics of our victims and simply failed to look at the environmental context in which that occurs." The piece speaks about the value of outside training beyond the simple acquisition of new information but more importantly for staff to develop professional identities beyond the organizational identity.

There is a segment of the interview focused on [the Minnesota Model](#) which may be something that younger readers are not familiar with. In the era the interview was conducted, the Minnesota Model of care was the primary model of care in those times in which there was very limited community supports and fewer pathways of recovery beyond formalized treatment. Many would recognize the 28 day care model that rose out of this era, originating out of Minnesota. As noted on the Hazeldon website, it did not only lead to a formalized method to treat people with substance use disorders, but it also represented a social reform movement. Bill noted that the model was in some ways cast in cement and risked failing to innovate or adapt to new concepts or the emerging science. It seems to me that much of his thinking about multiple pathways of recovery and shifting the focus from acute, short-term care to community-based recovery support were germinating in these sentences.

The interview then shifts back to inflexible, closed systems and how the intensity of internal and external stress on staff increased while at the same time their support for self-care and wellness are markedly reduced. As described, this can lead to neglect and abuse of clients through what are now termed parallel processes that occur at the organizational, staff and client levels. There is an intensity of encapsulated energy in these closed systems that can lead to exploitation of all contained within its zone of influence. He also noted that such exploitation most often does not occur in isolation, that where one incident is uncovered it is likely the tip of the iceberg with many more below the level of observation from the outside.

He ends the interview with this quoted section:

> "the chemical dependency field is more vulnerable to problems related to closed systems for several reasons: One is the issue of stigma. In spite of all the changes that have gone on, the destigmatization in this culture, there is still substantial stigma....the second s that (he) firmly believes that many of us are forever replicating family experiences."

Final Reflections
The interview was nearly thirty years ago. Over those decades, we have repeatedly experienced examples of the rise of promising people and programs that then decay over time and far too often collapse into scandal and tragedy. Systems of help devolve into systems of harm. We have learned about concepts such as moral wounding, and through the work of people like William White understand ground up processes that lend themselves to healthy programming. Processes that balance openness to new ideas, people and processes while sustaining enough structure to support the growth of programmatic identity while ensuring space for diversity of perspectives within the staff.

So How Are We Doing in this Era? Some Questions to Consider:
- This piece was written well before the post pandemic zoom world in which physical isolation of people and systems have become the norm. How may this impact the prevalence of sick systems?

- What processes are in place to support healthy program development in our current era?
- What processes exist to address institutional decay in the early stages so that tragedy is avoided?
- What is the current culture within our treatment and recovery support services? Do we "see and say" concerns about sick systems or do we act with dysfunction and look the other way until we have elephant sized challenges too large to not see, even with averted eyes?
- What do we model in our institutions with respect to openness, health and healing to ensure we walk our own talk?

This is an ageless topic, and the writings of Bill White offer us a way to compare how these dynamics stay over time and consider how we may improve our focus on systemically. For me personally, understanding some of his early work and initial thinking and considering how he built upon these early pathology-oriented processes provides context for later concepts that emerged including that of recovery management and his orientation on the health of the field as a critical facet in how effective the services and supports that it can deliver.

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