Revisiting William White: A History of Contempt: Countertransference and the Dangers of Service Integration

"The look which the doctor gave me simply set me back on my heels. My hand remained untaken...Then I realized with a shock that this was not a meeting of two gentlemen on a plane of equality. In the eyes of the man before me, I was just another insane patient" - Marle Woodson 1933

There are a few of Bill's writings that use the word contempt, the recent piece I did, Revisiting the Work of William White: The Historical Essence of Addiction Counseling starts with a quote from that paper he wrote on the essence of addiction counseling in 2004. It centered on institutional level contempt for persons with substance use disorders in our care systems. The paper I am reexamining for relevance in our own era is, A History of Contempt: Countertransference and the Dangers of Service Integration. It was written before the Historical Essence piece and also after the last post related to White's papers on sick systems which consider systems level countertransference issues.

As Bill, I and others have written about, there seem to be a clear pathway in the progression of his writings to orient more on recovery and transformation in response to pathology and harmful dynamics. The word contempt is in the title here. I will make a personal observation and note in my estimation, there is no better word to describe what I have felt fairly regularly even in recovery from systems that proport to support help for people with addictions. Such systems act harmfully when grounded in contempt which is so deeply embedded in our society. Contempt for addiction and those who experience it are in some ways is in our national essence. Also, it is often not even visible to those systems and institutions that exude this systemic contempt for us. This has led to these successive waves of rise and fall of recovery dynamics over the course of time. There are also times when such dynamics recede, and this paper on contempt and countertransference evoked these successive historical processes in its focus.

Perhaps we would be well served to consider the long-term dynamics in respect to recovery transmission over the course of history and formalize a set of observed rules that govern these dynamic over time. I would suggest these laws would be titled as **Whites Laws** as it is his work over a lifetime that documents the basis for these assertions. I would propose **The First Law of Recovery Orientation Retrograde** and **the Second Law of Recovery Reformation** and state them in draft as this:

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 is also inevitable.*

While those laws are worthy of another piece, Bill's piece on contempt and countertransference gets to the heart of how the taint of contempt that is related to countertransference in our care systems over time reinforces the First Law of Recovery Orientation Retrograde, which over time sets the Second Law of Recovery Formation into motion. White used Imhof's definition of countertransference as the "total emotional reaction of the therapist to the patient" (1991). A reaction that involves the therapist's beliefs about the client, his or her feelings for the client, and his or her overall attitude toward the client and it is applied to our systems and intuitions.

Cycles of Contempt and Respect

As our foremost field historian who examined addiction and recovery history over hundreds of years, White detected these cycles and he wrote:

> *"There are eras in which addicted persons are defined as morally inferior (dangerous "fiends") and subjected to systems of sequestration and punishment. These eras create the stigmatized soil out of which recovery mutual aid societies and specialized addiction treatment institutions are spawned. There are also eras in which persons addicted to alcohol and other drugs are viewed as our family members, friends, neighbors and co-workers– people viewed as morally worthy of our compassion and care. As attitudes toward addiction soften, the care of addicts evolves through the creation of specialized institutions to their integration into more mainstream service systems. These cycles of categorical segregation and integration define the types of institutions in which addicts find themselves, and they shape the attitudes of the staff they encounter within those institutions."*

What then occurs, as White describes as processes of pessimism and the reconceptualization of addiction and those who experience under a judgmental moral lens, the process of recovery collapses back into paternalism and punishment. I would also note that as we have never fully embraced long-term recovery-oriented systems of care grounded in recovery management processes informed by recovery-oriented research, it is inevitable that this rise and collapse process will continue into the future, fueled by countertransference dynamics across our associated institutions and all society.

> *"The noted American author Willie Seabrook was admitted to Bloomingdale Asylum for the Insane for treatment of alcoholism in 1933. Seabrook's psychiatrist, reflecting the attitudes of many professional helpers toward alcoholics during this time, complained to Seabrook, "every time we've taken a drunk in this place, we've regretted it." (Seabrook, 1935). Such professional contempt was the norm in this era of non-specialized treatment."*

In that same era, as Alcoholics Anonymous initially flourished and institutions focused on alcoholism, like the Yale School of Alcohol studies, White reflected:

> *"Why did the pioneers within these institutions champion a segregated system of care for the addicted? Because they had come to believe that alcoholics and addicts could never be helped in mainstream institutions permeated with such attitudes."*

Furthermore, he considered the evolution of our formalized care system as it formed in the early 1970s:

> *The field of addiction treatment emerged as a segregated field of professional service in the 1970s because the lay and professional leaders of that field were convinced by their study of history and their own collective experiences that alcoholics and addicts would not be welcomed nor would they ever get the care they needed within mainstream mental health, public health and social service agencies. The majority of those who birthed this specialty field knew from their own personal experience just how inept mainstream institutions were at treating the alcoholic/addict and that the best interests of alcoholics/addicts were unlikely to be served in such institutions. They also knew that this was a failure both of technology (misguided assumptions and ineffective methods of intervention) and of attitudes. Those understandings became the impetus for a re-birthed field of addiction treatment and new specialty roles in addiction medicine and addiction counseling."*

He ends the paper with these thoughts:

> *"Four things have allowed addiction treatment practitioners to shun the cultural contempt with which alcoholics and addicts have long been held:*
>
> 1. *personal experiences of recovery and/or relationships with people in sustained recovery,*
> 2. *addiction-specific professional education,*
> 3. *the capacity to enter into relationships with alcoholics and addicts from a position of moral equality and emotional authenticity (willingness to experience a "kinship of common suffering" regardless of recovery status),*
> 4. *clinical supervision by those possessing specialized knowledge about addiction, treatment and recovery processes."*

He ends by imploring future generations to make sure that these qualities and conditions are not lost in the rush to integrate addiction treatment and other service systems theories and dogma. Of course, the linkage across this paper is

countertransference and how deeply held emotional reactions to persons with addiction have influences well beyond the therapist desk and permeate our entire service structure and associated institutions.

So how are we doing?

- How well have we done by including recovery community in all matters of understanding, treating and supporting recovery across the life span to fully realize the value of recovery community as an essential asset of a healthy society?
- Real evidence of reduced stigma and systemic positive regard for people in recovery would be reflected in access to funding, system design, evaluation and the proliferation of recovery-oriented research in meaningful collaboration with recovery community.
- Recovery leaders would be on equal footing with all others in the space and not looked on as tokens to advance other agendas.
- True integration would not have even a whiff of cooptation or cultural appropriation of processes emanating out of the recovery community.
- Do we feel contempt as a broad-brush sentiment in our society towards us or not?

If we have broken the cycle of rise and collapse that has perpetuated across our history, the First Law of Recovery Orientation Retrograde could be readily dismissed as a non-operational process in our world today as there would be no evidence for its existence. We would have a system of integration centered on recovery management and an authentic recovery-oriented system of care. For there to be a New Recovery Advocacy Movement, there had to have been an earlier process, which was the Modern Recovery Movement, and such movements stretch back for generations. The rise is dependent on the fall and vice versa.

We must ask ourselves which of White's Laws of Recovery Dynamics is in dominance and prepare for the successive Law. Are we currently in a "rise process" or a "collapse process"? While it is prudent to understand and consider what comes next, fear not the future for Recovery always finds a way.

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