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Recovery Carriers

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In a series of recent essays, I discussed the proposition “Recovery is contagious.” The central points in these essays were that:

- Addiction recovery is often caught before it is chosen—meaning that one can get swept up in recovery in a process as unplanned and as irrational as how one got caught up in addiction.
- Long-term addiction recovery involves conscious (voluntary) choices, but that may not be how recovery begins.
- Catching recovery means that one can initiate recovery even while actively resisting it—consciously trying to hustle your way through treatment or peer mutual aid to get people off your back only to “catch recovery” in spite of yourself.
- Catching recovery involves exposure to people in recovery with whom one can identify and who can become catalysts of personal change.
- Even what appear to be sudden, dramatic recovery conversion experiences are often set in motion by exposure to an agent of recovery: Jerry McAuley’s (founder of the urban mission movement in the U.S.) religious conversion in prison was preceded by contact with another person in recovery (the prize fighter Orville “Awful” Gardner); AA co-founder Bill W.’s conversion-like experience in Towns Hospital was preceded by a visit from a newly sobered Ebby T.; Malcolm X’s conversion in a prison cell to the Nation of Islam was preceded by communications from his brother and sister who were already members of the Nation.)
- Recovery initiation is as much an interpersonal process as an intrapersonal process; increasing family and community recovery capital can have as much influence on recovery initiation as increasing intrapersonal recovery capital.

- A central strategy for increasing community recovery capital is increasing the density of *recovery carriers*.
- The density of recovery carriers exerts a profound influence on community recovery prevalence (the total number of people in recovery within a defined catchment area) and community recovery incidence (the number of people initiating recovery within a defined catchment area and a defined period of time—usually the past 12 months).
- Communities can take action to strategically increase the density of recovery carriers within the whole community or in particular neighborhoods.

Since the posting and publication of these essays, I have received many questions about this role of recovery carrier. The primary purpose of this essay is to describe this recovery carrier role in greater detail.

Defining the Recovery Carrier

Recovery carriers are people, usually in recovery, who make recovery infectious to those around them by their openness about their recovery experiences, their quality of life and character, and the compassion they exhibit for those still suffering.

The recovery carrier is in many ways the opposing face of the addiction carrier—the person who defends his or her own drug use by spreading it (and excessive patterns of use) to all those he or she encounters. The pathology of addiction is often spread from one infected person to another; some individuals can be considered particularly contagious. Highly infectious addiction carriers can be found in most drug use settings, always willing to induct newcomers, always pushing “just one more,” always pushing the furthest boundaries of risk. In fact, some addiction carriers have, after their own recovery initiation, become quite effective recovery carriers as a form of amends for the past harm they caused to others by recruiting and inducting them into the culture of addiction.

So who and what exactly is this *recovery carrier*? The role is not unique to a particular pathway of recovery. Recovery carriers can be found in religious, spiritual, and secular recovery mutual aid societies and those in recovery without affiliation with any such group. The role is not defined by age—the recovery carrier is not synonymous with elder status in communities of recovery—nor is it

unique to a particular gender. It is not a role requiring superior intelligence or academic achievement. I have seen people with advanced degrees inspired into recovery by those with meager education. Being a recovery carrier does require occupational success or social status. In the recovery world, value comes from much different sources. The personalities and interpersonal styles of recovery carriers can vary markedly. Some are gifted with great energy and charismatic speech, others with serene wisdom and quiet dignity, still others with a self-deprecating, healing humor. What they share in common is three observable traits: 1) people are almost magnetically drawn to them—even those needing but not actively seeking recovery, 2) they exude a kinetic energy that elicits confidence and readiness for action in those around them, and 3) people who spend time with them and stay connected to them seem to recover and achieve a high quality of recovery.

The Big Book of Alcoholics Anonymous says to its readers, “Our stories disclose in a general way what we used to be like, what happened, and what we are like now. If you have decided you want what we have and are willing to go to any length to get it--then you are ready to take certain steps.” (underline added by author, Alcoholics Anonymous, 1939, p. 70.) Recovery carriers are people who have more of those qualities that others want and a clearer understanding of the steps required to acquire such attributes in oneself.

The source and exact nature of this magnetic energy is unclear; it is not something one can acquire in school or a professional training program. It is not so much what one knows or does—knowledge or actions that could be imparted by education or training—as much as who one is and how one relates to others. In listening to people describing how they “caught recovery,” there are consistent themes in how recovery carriers are described and what made contact with them so catalytic. Comments like the following are typical.

“He used to freak me out by saying things like, ‘Are you tired of living behind that mask?’ or he would call me when I was back using and ask, ‘How’s that high life working for you?’ He messed with my head, but he hung in with me, and I kept going back to him until I got my head together.”

“I could not write off ___(name) as I had so many other would-be helpers. It wasn't even like he was helping. Others wanted to drop their pearls of wisdom and run. He was comfortable just being with me.”

“I knew if I wanted to stay out there in ‘the life,’ I needed to stay away from her ‘cause she was the ‘real deal.’”

“He kept telling me with this big smile on his face that I was full of shit but that he still loved me. He was telling the truth on both counts. I was and he did.”

“She kept calling to see how **I** was and to say she had been thinking about me at a time no one was thinking about me--even while she was going through cancer treatment. How does someone do that?”

“Everyone had threatened me or given me advice; he gave his story and gave me hope. He didn't have any advice, only experience.”

“Every time I tried to praise her for all she had done, she would just smile and tell me she was just another drunk trying to stay sober and do what was right. I started thinking maybe I could be like her someday.”

The hard-to-define essence of the recovery carrier may well be his or her ability to live and speak what AA-Cofounder Bill W. referred to as “the language of tart.”

I suspect, at least for the near future, that such traits can be identified, nurtured into maturity, and channeled into innumerable service channels but not artificially created where they do not naturally exist. I don't think just anyone in recovery can be a recovery carrier. The history of recovery in America is filled with people who performed this role who were not in personal recovery. I don't think this is something you can decide to be. It is rather something that emerges within some people out of the very process of recovery or from experiencing what Ernie Kurtz (1996) described as their “own dark night of the soul.” I think the traits so critical to this role must be fed to be sustainable. And yet I think it is quite possible that conditions could be set within a community and within communities of recovery (the image of community petri dishes with a rich growing medium comes to mind) within which recovery carriers can rise. I suspect a major breakthrough of the future will lie not in further isolation of addicted individuals within institutional

environments but in seeding their natural community environments with recovery carriers.

References

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