

THE THREATS OF ANTI-PROFESSIONALISM AND PROFESSIONALISM – William White

As a recovery orientation evolves, including the expanded use of peer based recovery support services, there are two threats to this important movement. The first risk lies in the propensity for anti-professionalism, “incestuous closure,” and organizational implosion.²⁵² While intertwined with one another and integral to recovery success, P-BRSS and professionally directed addiction treatment services are grounded in fundamentally different ways of knowing. Both face similar threats as they evolve. The first is the danger of casting their way of knowing and what has been learned through that method as the whole truth.

In closed systems, organizational beliefs are transformed into a holy cause. Ideologies are not just defined as true; they are defined as THE Truth—one that is whole and fully evolved. Any proposed alteration is seen as a violation of its perfection....Philosophy becomes gospel, gospel become dogma, and dogma is codified in doctrine. 253

The history of addiction treatment and recovery is strewn with the carcasses of professional and peer-based organizations that saw their own ideas and ways of knowing as the only source of truth. A second danger is that the forces of professionalization, bureaucratization, and commercialization will usurp P-BRSS (Peer based recovery support services) —displacing experiential knowledge with theoretical knowledge and concerns about organizational management and finance. If there is a wholesale shift in focus from people to paper, profit, and professional status, the conditions will be set to threaten the very hope and promise that this new recovery orientation holds out.²⁵⁴

AA’s co-founders each faced the temptation of professionalism, but eschewed professionalizing their AA service work. After much deliberation, Bill Wilson turned down an offer to work as a lay alcoholism therapist at Charles Towns Hospital,²⁵⁵ and Dr. Robert Smith refused to charge fees for the more than 5,000 alcoholic men and women he treated medically.²⁵⁶ However, when these colonizing forces succeed, conditions are set for the rise of new movements that re-extol the value of experiential knowledge—as is now happening through the growing interest in P-BRSS. This does not suggest that professional or recovery community organizations should not seek financial resources to pursue their respective missions. But it does suggest the importance of filtering all issues of finance through the question of whether pursuing a particular resource will enhance the mission of increasing individual, family, and community recovery capital or be a diversion from this mission. Financial considerations can also have a negative impact on relationships with clients within the professional paradigm. Along with a rigid adherence to this paradigm, the constraints imposed by managed care and financial scarcity can lead to loss of mutual vulnerability, inequalities in power, preoccupation with papers and procedures, and distracting fixations on time spent in sessions (limited doses, days, etc.) and money. The milieu of modern addiction treatment has cooled dramatically through its maturation. P-BRSS constitute an effort to re-inject personal passion and personal involvement back into the recovery catalyst process, and their effects on support relationships have often been highly positive. Concerns about the professionalization of P-BRSS go far beyond styles of knowing.

At a practical level, professionalism in any field involves pushing issues congruent with the financial interests and social status of the profession and protecting one’s declared turf from encroachment by other professions and cultural institutions.²⁵⁷ Successful efforts at professionalization usually occur in tandem with the rise of new social institutions. Such linked events can fundamentally redefine the recovery support relationship and shift the focus of that relationship from the needs of the person to

the needs of the service profession and the service institution. Those peer-based efforts that have survived over time have sustained core values and principles, such as AA's Twelve Traditions, that have helped members and the organization as a whole avoid the temptations of professional status and financial profit.

To sustain their non-professional status, recovery community organizations providing peer-based recovery support services must find a way to transcend what Robert Michels²⁵⁸ referred to as the "iron law of oligarchy"—the tendency of organizations to become less democratic, and for organizational relationships to become less egalitarian, as organizations grow in size and complexity. In Michels' view, the emerging need for efficiency, rapid decisionmaking, task delegation, and role specialization inevitably breeds bureaucratization, centralization of power, and relationships based on authority. A conscious and sustained effort to avoid these tendencies and their effects on service relationships is a distinctive quality of organizations whose missions include the delivery of P-BRSS.²⁵⁹ The move to professionalize PBRSS, driven in part by the desire for reimbursement, is being undertaken with the noblest of intentions, to improve opportunities for sustained recovery. However, if care is not taken, the essence of what distinguishes peer support from professionally directed treatment services might be destroyed. This corruption might occur within any organizations—from treatment programs to recovery community organizations—that offer P-BRSS. There is a process through which indigenous non-professionals can lose their effectiveness by over-identifying with the professional organization that has hired them and the organization's professional values.

The reverse of this process can also occur when professional models of addiction treatment are abandoned for the experience-based models of care characterized by anti-intellectualism, anti-professionalism, and a disregard for mainstream regulatory and funding structures. The loss of either way of knowing—experiential knowledge or professional knowledge—constitutes a loss. These different ways of knowing can be highly complementary and offer valued and variable help that responds to the unique needs of individuals and families at different points in their addiction and recovery careers. The tension between these ways of knowing may also be a source of continued organizational renewal that helps professional and peer based organizations escape Michel's iron law of oligarchy.