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## **Learning from other Movements: Gay Liberation and Recovery Advocacy**

Tom Hill and William White<sup>1</sup>

### **Introduction**

For participants of the current recovery advocacy movement, there is much to learn from previous social movements. Lessons of considerable import can be gleaned from the movements that intersected in the 1960s, including the civil rights movement, the black power movement, the new left and anti-war movements, the women's movement, and the gay liberation movement. While all of these are worthy of study, the gay liberation movement holds certain parallels, strategies, and lessons that may be of particular interest. This is due in large part to the societal myths and misunderstandings of both people who have experienced addiction and those with diverse sexual orientations and gender identities. The stigma attached to these groups has often rendered them expendable and, as a result, has forced them into hiding their experiences and identities. Members of the gay community, most prominently Bayard Rustin, played critical roles in the civil rights movement and later drew upon the lessons of the civil rights movement in the same way that members of the recovery advocacy movement are now drawing upon their experience within earlier social movements.

Because the societal stigma and discrimination targeting these two groups have been so severe, they share similarities in the early stages of building a movement of social justice and change. The gay liberation movement – now inclusive of lesbian, gay, bisexual, and transgender (LGBT) lives and identities – currently has 45 years of organizing and movement-building experience compared to the new recovery advocacy movement that emerged in the late 1990s and was formally organized at the 2001 recovery summit in St. Paul, Minnesota. The watershed moment of the gay liberation movement is usually traced to the Stonewall Rebellion that took place in New York City on June 28, 1969. The evening began with a business-as-usual visit to the Stonewall Inn by police from the 6<sup>th</sup> Precinct arriving to enforce violation of codes prohibiting overt displays of homosexuality (dancing, dress codes, etc.). Such visits were usually conducted with a degree of disrespect and harassment. On this particular evening, while certain patrons were being escorted to the paddy wagon, others began to fight back by tossing objects at the police, which soon escalated into an all-out riot. Word of this resistance immediately spread throughout Greenwich Village and soon throngs of community members joined in protest. The skirmish continued for a total of three nights.

Stonewall was not the first act of gay resistance, but its visibility and aftermath forged a precedent and new vocabulary of direct action and civil disobedience for the gay community. In

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<sup>1</sup> Tom Hill is Senior Associate at Altarum Institute; William White is Emeritus Senior Research Consultant at Chestnut Health Systems.

the decades prior to Stonewall, an older generation of gay activists had organized in a quieter and more cautious manner. Stonewall marked the rise of a new and younger breed of activists, who had learned and adopted organizing strategies from the rising movements of the 1960s counterculture and had little patience for the polite picket lines and assimilationist strategies of their community elders. Directly following Stonewall, young gay activists met and formed the Gay Liberation Front (GLF).

Utilizing popular 1960s philosophies of political and cultural revolution, the GLF was an extremely important – if short-lived – part of movement history. The organization was visionary and revolutionary, focusing on a multi-issue agenda that was often difficult to move from highly energized discussion to action. An offshoot, called the Gay Activists Alliance (GAA), soon formed by more impatient GLF members and others who wanted a more practical single-issue agenda focused on obtaining civil rights. This tension between radical and reformist agendas has been a continuum throughout the LGBT movement, with the civil rights reform agenda often taking a lead of prominence, especially over time as radical and revolutionary ideologies have fallen from favor, been forgotten, or become entirely unknown to successive generations.

In the brief space of this article, we will explore some of the early organizing strategies employed by the gay movement as they pertain to our developing addiction recovery advocacy movement. Issues addressed will include (1) creating a visible constituency, (2) changing existing social and political institutions, (3) creating community infrastructure, and (4) building a diverse and inclusive movement. We are releasing this paper as a draft for review by the LGBT and recovery advocacy communities and look forward to feedback and suggestions for revision of both the text and accompanying tables. You may reach us at the following email addresses: Tom Hill [Tom.Hill@altarum.org](mailto:Tom.Hill@altarum.org) and Bill White ([bwhite@chestnut.org](mailto:bwhite@chestnut.org)).

## **Visible and Vocal: Coming Out**

While the impetus of the new gay movement was initiated in New York City, chapters of both the GLF and GAA quickly spread to cities and college campuses across the country, as well as internationally. To acknowledge the anniversary of Stonewall in an annual commemoration, activists planned the Christopher Street Liberation Day March. This was 1970, when the vast majority of gay people were in “the closet,” careful to avoid public disclosure due to stigma and discriminatory laws. “Come Out!” was a major theme of the march and, as a small group of brave activists made their way up Fifth Avenue from the Village to Central Park, more and more spectators stepped over the curb to join their brothers and sisters in the march. Today, June is celebrated as Pride Month, with many pride marches and events held across the country and internationally.

A successful hallmark of the gay movement has been its emphasis on “coming out of the closet.” It is not possible to build collective power or to challenge stigma when the majority of your constituency is silent and invisible. Silence and secrecy have served to reinforce public opinion that being gay is a sick and immoral choice. Early on, activists urged gay people to come out to family members, friends, co-workers, and neighbors as a means of making them more familiar with and, hence, sympathetic to, gay people and gay issues. They also emphasized that coming out was an act of personal liberation and that, despite the hardships and barriers, the courage of telling and living the truth was both empowering and liberating. These ideas are highlighted beautifully in the 1978 coming out speech by Harvey Milk:

<https://www.youtube.com/watch?v=UvZIoZNYTN8>

The public campaign of coming out stories became institutionalized in 1988 with the creation of National Coming Out Day. Every October 11<sup>th</sup>, communities across the country celebrate coming out by hosting storytelling events and creating a safe space for those who are still in the closet to come out. The strategy of coming out has been wildly successful. While it still may not be safe for all gay people to be open about their sexuality, gaining safety is contingent on a critical mass of people who are out of the closet. Further, as young people are coming out earlier in life, their actions and lives are making the closet a thing of the past.

## **Changing Existing Social and Political Institutions**

In addition to addressing the secrecy and invisibility of the gay community and its members, early gay activists needed to address the institutional factors that created the initial need to be closeted. Discrimination and stigma against gay people was present in three basic domains: (1) the legal system (homosexual identity and behavior defined as unlawful), (2) the health and mental health system (homosexual identity and behavior defined as pathological), and (3) the organized church (homosexual identity and behavior defined as immoral and against God). The recurrent theme in each of these domains promoted the idea of the homosexual as a dangerous and threatening element contributing to the breakdown of the moral fabric of a decent society.

Institutional change is an all-consuming effort, involving short-and long-term strategies. An example of an early “win” was the 1973 removal of homosexuality as a diagnosable disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association. This not only enlightened the mental health field about historical attempts to “cure” homosexuality, but lifted the threat of institutionalization and traumatizing treatment procedures, such as aversion therapy, shock treatment, and lobotomies administered to gay people.

Addressing a legal system that has punished gay identity and behavior has been a more involved process, with each strategy hinged to the next for maximum effect. In 1971, Madison, Wisconsin became the first municipality in the United States to enact a Gay Rights Ordinance. Over time, a host of municipalities, counties, and states have followed suit. Establishing this network of local ordinances and state bills laid an instrumental foundation in the repeal of state sodomy laws and legalization of sex between consenting adults. Elimination of state sodomy laws was piecemeal and continued after the Supreme Court case of *Bowers v. Hardwick* was upheld in 1988. However, the Supreme Court overturned this earlier decision in 2003 in the *Lawrence v. Texas* case, which invalidated remaining sodomy laws in 14 states. Without the patient work of enacting civil rights ordinances (and fighting attempts to repeal them, as in the successful case of Anita Bryant’s 1977 Save the Children campaign to repeal the Dade County, Florida gay rights ordinance) and the repeal of all state sodomy laws, the movement would not be currently enjoying the success of the current US Supreme Court’s 2015 decision declaring same-sex marriage legal in and across all 50 states and the District of Columbia.

As advances above proceeded, the remaining stronghold of resistance to the gay movement continued to be Christian institutions. Advances have since been made in many Protestant denominations – notably Episcopalians, Unitarians, Presbyterians, and Lutherans – that ordain LGBT clergy at many levels. In 2003, Episcopal Church created a milestone in the election and appointment of Gene Robinson as the first gay bishop. There is, however, a large divide between these congregations and a larger number of conservative Protestant

denominations that continue to view homosexuality as a sinful and immoral threat to the family and societal fabric. This latter sentiment is echoed by the Catholic Church, which views homosexual behavior as an “inherent evil.” The tension within the Catholic Church on this issue is indicated by the approval of gay marriage by popular referendum in Ireland in 2015. That the first country to approve such a referendum occurred in a country whose population is more than 80% Catholic may well mark an international tipping point on attitudes toward the LGBT community. Considering advances and setbacks, obstacles overcome, and hurdles yet to overturn, the LGBT movement has gained tremendous mileage in a relatively short time.

## **Creating Community Infrastructure**

While gay activists were on the frontlines challenging existing institutions, they were also intent on building organizations and institutions in their own communities. Prior to Stonewall, there were strong and stable community networks, kinship systems, and cultural norms that were established in the secrecy of gay bars and clubs and extended out into gay neighborhoods of urban areas. Using these networks as a foundation, gay activists realized the need of building community infrastructure in order to address areas in which they were not being served or supported by the larger community.

The 1970s witnessed a proliferation of activity in the building scaffolding to support the gay community. In the wave of feminism and sexual revolution of the times, lesbian health clinics and gay men’s STD (sexually-transmitted disease) clinics sprouted in urban areas and university campuses across the nation. Legal clinics were formed, gay therapists were identified, and youth and elderly programs were established. Peer-led support groups were organized to address such issues as coming out, parenting, and establishing a health gay identity. Community centers were established as safe places to meet others, seek services and support, engage in political organizing, and simply hang out with other gay people. Gay political groups formed to support election campaigns of gay leaders and allies and to support social clubs, arts organizations, and professional guilds. And while gay bars and clubs flourished, so did the development of gay-specific recovery mutual support groups. The first gay-identified “special interest” meeting of Alcoholics Anonymous began in Washington, DC in 1970 which spawned what is now a vast international network of gay 12-step groups and meetings.

The importance of building this infrastructure cannot be overstated. The establishment of this service and support capacity proved invaluable when the AIDS epidemic hit the gay community in the early 1980s. Considering that the movement was still in relative infancy, the public and political response to AIDS was laden with stigma and shame, leaving leaders of the LGBT community to respond on their own. A network of lesbian and gay doctors, nurses, therapists and social workers, educators, lawyers, and lay people were able to organize support in both professional and volunteer capacities. Service organizations such as Gay Men’s Health Crisis and People with AIDS Coalition provided infrastructure, built on the foundation of previous community action. Of important historical note is the notion of solidarity within sectors of the community. Lesbians, largely unaffected directly by AIDS, responded in full force as volunteers, advocates, and activists.

Drawing on lessons and strategies of direct action groups like the Gay Activist Alliance, new organizations took political action to ensure care and support for those living with AIDS, promote the development of effective treatment and research protocols, and promote prevention efforts aimed at curtailing further infections. Many of these early attempts culminated in the

establishment of ACT UP (AIDS Coalition to Unleash Power) in New York City in 1987. ACT UP groups, fanning out across the country, gave the community a vehicle through which to vocalize their outrage, challenge the mixed stigma of “AIDS and gay,” advocate for medical treatment and social services, and challenge policy and funding arenas. The Silence=Death campaign, unleashed by an ACT UP affinity group called Gran Fury, urged a second kind of coming out and ushered in a host of people with AIDS and their allies who were adept at putting a human face on AIDS.

ACT UP was also instrumental in spawning a host of spin-off direct action groups that addressed the misogyny, homophobia, and heterosexism that fueled the stigma of AIDS. Groups like Queer Nation, Women’s Health Action Mobilization (WHAM!), Lesbian Avengers, Women’s Action Coalition (WAC), and Youth Education Life Line (YELL) all formed during the period of ACT UP’s heyday, creating a web of activist support and a collective outrage.

### **Building a Diverse, Inclusive, and Sustainable Movement**

Because the gay liberation movement grew out of and was aligned with other social justice movements of the 1960s, many early gay activists developed a sophisticated analysis of power and oppression. For lesbians and people of color, this sophistication came through personal and collective struggle against patriarchal power and male, white privilege. Early on, many gay, white men were on a steep learning curve as they learned the “new etiquette,” which required both awareness of and willingness to adopt models of shared power and leadership. As questions concerning gender, race, and ethnicity were processed within the movement, struggling through conflict became the norm. In many instances, white gay men were encouraged to step aside in order to make leadership and spokesperson opportunities available to lesbians and people of color.

One of the manifestations of this struggle resulted in a critique of language, particularly around the word “gay” as a fixed and static identity. Many lesbians, informed by feminist consciousness, felt that gay was particularly male-identified and needed to be preceded by the word “lesbian” in order to be fully inclusive. Hence, “lesbian and gay.” Later, bisexuals of both genders, felt that their experience of sexual orientation should not be confined to an either/or status, and advocated for “lesbian, gay, and bisexual.” Finally, members of the transgender community, whose experience spanned all definitions of sexual orientation, but focused more closely on gender identity, were responsible for the addition of “lesbian, gay, bisexual, and transgender” or LBGT. The language debate has not stopped there and continues with a host of additions and alternatives that will likely continue as the movement evolves.

The struggle to build an inclusive movement has not always been an easy one. Undertaking a comprehensive analysis of power and oppression has demanded the LGBT community closely examine intersections in which issues of homophobia and heterosexism converge with sexism, racism, and transphobia. Protocols of inclusion have often resulted in community discourse centered on dismantling hierarchies of power within the community that are based on myths, biases, and assumptions. Particular demand for transgender inclusion has created political rifts, based on the profound public stigma experienced by the transgender community. In particular, some lesbian, gay, and bisexual activists have advocated for political strategies that initially omit the transgender community, with a vague promise of an “add-on” inclusion following a political win.

The quest for honoring the diversity of LGBT experience has often resulted in a complex web of communities, groups, and organizations. This big umbrella, while creating a rich multi-cultural experience, has not come easily. The commitment to leveling the playing field to incorporate the experience of gender, race, ethnicity, and class has not always been shared unanimously. Despite the difficulties, the LGBT movement has made great strides and contributions to building a movement that includes the experience of everyone and consciously makes space for all queer realities.

### **Potential Lessons for the Recovery Advocacy Movement**

As noted in the introduction, we believe the remarkable advances of the LGBT community since Stonewall are filled with lessons applicable to the recovery advocacy movement. In this section we will explore some of those lessons.

#### **Movement Identity and Boundaries**

A central task of all social movements is to carefully define and manage the boundaries of movement inclusion/exclusion. As we noted above, the process through which a gay liberation movement (a G movement) became the LGBT rights movement was not an easy one. The recovery advocacy movement faces and continues to face challenges related to its boundaries of inclusion. Critical decisions included early assurance that the movement would 1) be a “coat of many colors” (conscious diversity of representation across gender, generations, sexual orientations and gender identities, ethnicity, etc.), 2) represent multiple pathways and styles of recovery, and 3) include family recovery experience—including families who had lost a loved one to addiction. Questions about the boundaries of inclusion (e.g., representation of issues related to process addictions, and representation of recovery experiences/needs for related conditions such as trauma or mental illness) and the degree of collaboration with allied rights movements will continue to face the recovery advocacy movement. The challenge will be to chart a path between narrow exclusiveness at one extreme and identity diffusion and loss of mutual identification and mission clarity at the other extreme. This is not a point-in-time movement task but an ongoing process that will require careful forethought and ongoing evaluation. For example, a presentation at the 2013 meeting of the Association of Recovery Community Organizations noted the progress of inclusiveness, but also called for a renewed focus on those not reached in the first wave of mobilization, e.g., Hispanic and Asian communities, young people in recovery, families and children positively affected by addiction recovery, and those who had lost a family member to alcohol and other drug use/addiction.

#### **Movement Strategies: Contact (Coming Out), Protest, Educate, Advocate, Legislate**

Effective social movements employ multiple social change strategies, but movements to confront stigma rest to a great degree on the centrality of contact strategies. The LGBT rights movement demonstrates the value of sequencing and combining multiple strategies for social change. Mass protest, public and professional education, advocacy at personal and systems levels, and legal redress and legislative initiatives all played important role in the advances of the LGBT movement, but, in retrospect, all of these strategies paled in comparison to the effects of the personal decisions of legions of LGBT people to come out. Advances of the LGBT

movement in the U.S. grew in tandem with the number of citizens who reporting knowing an LGBT person in their family or social network. The recovery advocacy movement is also employing varied change strategies, but its ultimate success may rest on the number of recovering people in the U.S. who choose to disclose this status in their personal interactions and at public levels.

What is unique about the recovery advocacy movement is the tradition of anonymity within 12-Step recovery programs. That historical tradition required, and continues to require, education about the distinction between disclosing one's membership in AA or another 12-Step fellowship and disclosing one's recovery status at the level of press, as well as assuring that the spirit of anonymity as a spiritual principle (protection against ego inflation; expression of personal humility) is maintained through one's advocacy activities. A major achievement of the recovery advocacy movement to date has been to successfully launch this movement with respect for the traditions of 12-Step programs and to carefully separate the recovery advocacy movement from movements focused exclusively on recovery mutual aid.

### **Silence=Death**

Social movements live and die based in the degree to which they can instill and sustain a sense of urgency for change. Nothing galvanized the gay community as did the devastation of the early AIDS epidemic. It wasn't just the lethality of AIDS at that point in history, it was the growing recognition that the historical silence and invisibility of the gay community had contributed to the conditions that were at the root of the inadequate national, state, and local responses to the AIDS crisis. One wonders about the parallels between early AIDS deaths and the presently escalating opioid overdose deaths. What portion of the latter losses is fed by the silence of affected families and the public silence of people in recovery? Two of the most important milestones in the recovery advocacy movement are the decision by a vanguard of people in recovery to step out of the cultural closet in which they had been hidden and the inclusion in the recovery advocacy movement of families who have lost a loved one to addiction. Stories from both sources are important in conveying the addiction vulnerability of all families and the importance of access to affordable, high quality treatment and recovery support services. Sustaining urgency within a culture with a very short attention span is a major challenge confronting the new recovery advocacy movement. Every addiction-related tragedy is an opportunity for personal recommitment and renewed efforts at community mobilization.

### **The Power of Story (Coming Out)**

The ultimate antidote to stigma lies within the public stories of the stigmatized. We have extolled the power of coming out in two earlier blogs. (Click [here](#) and [here](#)). Among the points we raised in those blogs were the following:

“The stigma attached to addiction is more than a social designation of difference; it is an imposed stain of shameful difference. This ascribed defect is not visible; its application is contingent on shared or discovered knowledge of one's addiction/recovery status. Recovery concealment is a stigma avoidance strategy; recovery disclosure can be a powerful stigma protest strategy.”

“Recovery disclosure is not an all or none proposition; it often unfolds incrementally based on levels of intimacy and safety and may vary from no disclosure (complete concealment) to minimal disclosure (status of recovery) to maximum disclosure (details of recovery story).”

“Recovery disclosure can occur as a personal act, but it can also occur as a collective act, as happens each year in public recovery celebration events in the U.S. and in other countries. Rituals of collective disclosure can exert a profound influence on recovery identity and embolden social disclosure of recovery status outside of such events.”

“Disclosure of recovery status can lead to increased levels of self-acceptance (i.e., diminished levels of shame, decreased feelings of imposterhood from “passing,” liberation from secret-keeping, and lost fear of discovery) and imbue positive feelings from the belief that disclosure is an act of service that will help carry a message of hope to others and help alter public attitudes and policies towards addiction and recovery.”

What the LGBT rights movement provided were public role models and a language for private story construction and public storytelling. The recovery advocacy movement is performing these same functions. Story and storytelling have been and will continue to be the foundations of both movements.

### **Importance of Symbolic Firsts**

The progress of movements to breakdown stigma and discrimination can be measured by the arrival of symbolic firsts in all sectors of community life. *Symbolic firsts* inspire and elevate by challenging culturally-defined and self-defined boundaries of what is possible based on one’s social and personal circumstances. Such heroic figures can play critical roles in the processes of intrapersonal, interpersonal, and social change as indicated by the history of the civil rights movement and the women’s, LGBT, and disability rights movements. When people who fill culturally iconic roles but also share a concealable stigma come out with their personal stories, it creates the cognitive dissonance (contradiction between prevailing attitudes and one’s affection for the culturally iconic person). Such collective dissonance is the precursor to shifts in social attitudes and social policies that if successful, reach a point of saturated inclusion in which the “first status” in major cultural arenas is no longer newsworthy.

The social stigma and shame attached to LGBT and addiction status made it difficult for early pioneers in both movements to wrap themselves in the moral authority of the civil rights and women’s movements. That challenge added greater pressure on those who filled the symbolic first roles within the LGBT and recovery advocacy movements.

If one compares the progress of these two movements as displayed in Table A in the Appendix, it is evident that the LGBT movement has made far more progress in the symbolic firsts area than has the recovery advocacy movement. The progress of both movements can be tracked by the evolution in public disclosures of symbolic firsts occupying fringe cultural roles (e.g., musicians, artists, athletes, actors, and entertainers) to centrist roles (e.g., doctors, nurses, lawyers, scientists, religious leaders, business leaders, and labor leaders). Stigma reduction

efforts have been successful when symbolic firsts in the latter roles are so common as to be no longer newsworthy.

## **Recovery as Liberation**

The conceptualization of the recovery advocacy movement as a liberation movement is metaphorically powerful, and the personal experience of recovery adds moral authority to advocacy efforts. The coming of age of the LGBT community was conceptualized early on as a liberation movement, with parallels drawn to other important social movements of its time. The recovery advocacy movement is also best viewed as a liberation movement—personal liberation from the state of addiction and collective liberation from social conditions that have contributed to addiction as well as constituted obstacles to recovery initiation and long-term recovery maintenance.

## **Styles of Activism**

Successful social movements embrace diverse styles of activism. The LGBT movement, as does the civil rights and women's movements, vividly illustrates the varieties of activism that make a successful social movement. Such varieties span varied types of participation (e.g., from public disclosure of one's story to acts of private philanthropy), varied intensities of participation (from volunteer to full-time paid roles), and varied durations of involvement (from months to decades). Effective social movements require both sprinters and long-distance runners.

## **Stages of Social Movements**

Social movements unfold and mature in predictable stages. There are remarkable parallels between the stages of the LGBT rights movement and the recovery advocacy movement. Some of the more important of these stages are the following.

*Consciousness Raising* Although the ignition of the LGBT rights movement is often placed within a spontaneous collective act (Stonewall), a period of heightened consciousness raising both preceded and followed this event. Social movements incubate within conversations by people with shared experience, and it is within such conversations that the vision of a social movement and commitment to such a movement are born and repeatedly refined and renewed. The most important way to speed the development of a social movement is to create and expand the space where such conversations can occur. A small project (Recovery Community Support Program) within the Center for Substance Abuse Treatment in the late 1990s played an important role in bringing recovery advocates from around the country together so that such conversations could be elevated to a national level. That early networking was a critical stage in the rise of a new recovery advocacy movement in the U.S.

*Kinetic Ideas/Words/Images* Movements whose time is right find kinetic (capable of eliciting action) ideas, words/phrases, and symbolic images rising from conversations that mark a break from the past and constitute an early stage of movement branding. This early stage is critical if the birth of the movement is to succeed. Great care must be taken in naming the movement, rejecting stigma-laden language from the past, and forging a new language of liberation. Nearly every modern social movement of note understood this simple lesson:

Language matters. Changes in the language of discourse constitute an important goal, a critical tactic, and an evaluation benchmark for social movements.

*Formalization of Vision and Tactics* Discussions of vision and tactics will inevitably reveal different degrees of radicalness in movement vision, goals, strategies, and tactics. Such varied opinions are inevitable and will eventually spawn organizational diversification. Such diversification is often used as evidence of movement failure (e.g., characterized as schisms and splintering) by the larger culture, but is in fact a normal and inevitable stage of successful social movements. There may be later needs for structural consolidation of the movement, but the growth or movement organizations early on is desirable and inevitable to draw the circle of inclusion as broadly as possible and to give focused attention to multiple issues of import.

*Infrastructure & Leadership Development* Effective social movements require structures to facilitate communication and action, but they may or may not be characterized by a single charismatic leader. In contrast to the civil rights and women's movements, which had clearly identified national leadership, the LGBT rights movement and the recovery advocacy movements demonstrated that effective social change movements can be initiated and sustained without dominant charismatic leadership. Both of the latter movements have consciously sought to maintain a highly decentralized organizational structure, with an emphasis on grassroots action and decentralized and rotating leadership.

There is a risk within social movements launched by the historically disempowered that internalized stigma will be acted out within the dynamics of the movement such that anger and resentment gets discharged within the movement rather than at the external conditions which are their original source. Awareness of these dynamics can blunt their effects, just as conscious efforts at mutual support can ameliorate them. Such dynamics can also lead to the scapegoating of emerging organizational leaders, suggesting the need to build in special protections and supports for movement leaders at all levels.

The greater the intensity of hatred towards a marginalized group, the greater the potential for martyrs within the movement's history, often as a product of schisms within the movement or extreme fringes of the cultural backlash to movement successes, e.g., the assassinations of Martin Luther King, Jr. and multiple civil rights workers, Malcolm X, Harvey Milk, and physicians working at abortion clinics.

### **Mass Mobilization & Backlash Management**

No successful social movement has succeeded without weathering a backlash movement (or a series of such movements across the stages of social change.) Such episodes of backlash have been evident within the history of the LGBT movement and will be experienced within the recovery advocacy movement when the movement threatens key institutional interests. Backlash preparation and responses are essential stages of movement protection.

### **Institution Building**

Successful social movements spawn new indigenous institutions that create space within local communities through which the goals of the movement can be actualized. (See Table C in Appendix)

### **Cultural Development**

Successful social movements aimed at reversing social stigma require cultural rebranding—the forging of new language, literature, values, symbols, music (anthems), and new rituals of collective self-affirmation. Examples of such cultural development within the LGBT and recovery advocacy movements are displayed in Table D in the Appendix.

### **Movement Maturation, Growing Pains, & Celebration**

All successful social movements experience growing pains as they beyond the early consciousness raising and cultural/political mobilization stages into building the structures and strategies to achieve long-term movement goals. Generational tensions within the movement and heated debates over goals, strategies, and tactics are common, including fears that the spirit of the movement is being lost as these new structures and strategies are being institutionalized. Rather than a sign of a weakened movement, such tensions are healthy and help assure authenticity of representation and help restrain forces of professionalization and commercialization. Vitriolic debates and strained relationships are often glossed over when the later history of the movement is recorded. Social movements are messy. When successful social movements are viewed in the hindsight of history, they can look like exceptionally well-organized and pristine affairs. We know from participating in such movements that the reality is far more primitive. Social movements are pressure cookers that can bring out the best and worst in people. They can be ennobling, but they can also, without considerable care, leave one's personal life in tatters.

### **Social Movement as Mini-Movements**

Successful social movements are most often a collection of movements aimed at different social institutions. The LGBT and recovery advocacy movements launched strategic efforts aimed at such arenas as government, law and regulatory policy, the military, business and industry, health care, housing, educational institutions, religious institutions, the media, sports, and entertainment. It is only by initiating and sustaining change within the primary institutions or creating alternative institutions that social movements can effectively achieve their goals. Movement leaders can critique their progress by the degree to which such influences have been affected and where such work remains to be done. Soliciting and developing indigenous leaders within these institutions is critical to movement success.

### **Changing Law/Policy/Regulation**

Historically, social stigma, whether in the LGBT or addiction recovery arenas, became deeply ingrained within discriminatory laws and practices. An essential stage in the LGBT rights and recovery advocacy movements (and multiple movements that preceded them) is the dismantling of this machinery of discrimination and creating legal/regulatory protections against such discrimination. Some of the milestones in this area within the LGBT and recovery advocacy movements are displayed in Table E in the Appendix.

### **Mutual Identification and Movement Themes**

Social movements face the challenge of forging themes that create and sustain mutual identification among its primary constituents. This is critical for achieving consciousness raising and mass mobilization. But, in terms of influencing broad social attitudes and policies, social movements must also strike themes with which the mass populace can identify. The latter is crucial to decreasing social distance between marginalized and mainstream populations and in breaking down the “we-they” dichotomy that feeds social demonization and discrimination. Meeting both of these needs requires that themes and methods of movements evolve over time, with continuing sensitivity and attention to both goals. The militancy of the early LGBT movement helped launch the movement and address the urgency of the AIDS epidemic just as later stages of this movement incorporated broader themes (fairness, tolerance, equality) and images (e.g. beloved LGBT figures, gay family life) that drew increased capacity for identification from the larger culture.

### **Duration of Movements**

Most successful social movements (e.g., civil rights movement, women’s movement) span decades if not centuries of sustained effort, but some movements affect change over a remarkably short period of time. What is distinctive about the LGBT rights movement is the speed of its achievements compared to the parallel movements that preceded it. That success may be rooted in cumulative social effects (rights movements may be building on each other over time), to the life and death stakes imposed by the AIDS epidemic, and to specific strategies employed by the LGBT movement. Given the comparative speed of this change, all recovery advocates would do well to become students of the history of the LGBT movement.

There is always danger of premature termination of movement activities in belief that major movement objectives have been achieved. The recovery advocates of the 40s, 50s and 60s believed much of their work had been achieved with the passage of landmark legislation in the early 1970s. With the subsequent wave of public funding, many advocates were swept into board and staff positions of newly opening alcoholism treatment centers—a trend that marked a diminishment of public education and political advocacy activities and the subsequent restigmatization, demedicalization, and intensified criminalization of AOD problems in the 1980s that then set the stage for the rise of a new recovery advocacy movement.

### **Movements and Media**

Influencing the major media is a central strategy for most successful social movements. Power must be amassed to turn the media’s perpetuation of stigma and discrimination as a reflection of the larger culture to an instrument for the transformation of that culture and the elimination of stigma and discrimination. We have addressed this challenge in [an earlier paper](#), noting the media’s propensity to overdramatize and demonize addiction stories, fail to tell the recovery story, convey recovery as an exception to the rule, and convey recovery as a personal story rather than as a broad social phenomenon affecting family, community, and cultural health. The LGBT movement faced similar challenges, but found a way to move much of mainstream media from portraying only the most lurid images of LGBT life to portraying more balanced stories and images of LGBT life and the challenges faced by members of the LGBT community. Again, symbolic firsts played an important role in setting the stage for this transformation in how the media covered LGBT issues.

## Historical Consciousness

There is a point within the mass mobilization of social change movements marked by a rising historical consciousness—a heightened sense of a collective identity as “a people” with a distinctive history. Signs of such consciousness include interest in early movement organizations, leaders, and events. As the LGBT movement unfolded, interest grew in the earlier work of such organizations as the Society for Human Rights, the Mattachine Society, and the Daughters of Bilitis. As the recovery advocacy movement blossomed, interest grew in the history of early recovery mutual aid societies and in the early work of the National Council on Alcoholism and Drug Dependence (NCADD) and the Society of Americans for Recovery (SOAR). Such historical interest is both a way to honor earlier efforts and a way to mine lessons from these earlier attempts at social reform.

Movement development can be, in part, charted by the number of books available on the history of movement members and their efforts. Compare, for example, books available on the history of the LGBT rights movement and books available on the recovery advocacy movement (Table F in the Appendix). As can be seen in Table F, the recovery advocacy movement has yet to see itself as worthy of historical critique to the extent that the LGBT rights movement and earlier movements have.

## Experience/Voices of Family and Children

Family- and child-focused themes are extremely powerful tools for breaking down social stigma. While some long-tenured leaders lament the loss of the LGBT movement’s radicalism and express concerns marriage equality reflects an assimilationist goal, culturally dominant attitudes toward the LGBT community began to rapidly shift in the U.S. when images and stories of LGBT families--couples and their children--began to replace the media’s preoccupation with the most inflammatory images of gay America. The formation of Parents and Friends of Lesbians and Gays (PFLAG) in 1972 has continued to articulate the affirming perspective of family members and allies throughout the movement. Some recovery advocacy leaders have similarly suggested the need to begin to frame the recovery story in America as a story affecting families and children.

*The “face” of the movement must expand beyond recovering individuals—whom the public tends to view as self-centered and self-indulgent due to the media’s obsession with self-destructing celebrities—to the image of families in recovery. The demonization of the person affected by addiction will continue until we positively (and visually) nest that person in the context of family, friends and community. In that same vein, it is also time we explored more consciously an expanded role for children within the movement—a potential that was critical within the respective histories of the civil rights and LGBT rights movements.*

## Capitalizing on Generational Change

Generational change can be a powerful force in advancing social movements. Both the LGBT and recovery communities have the youngest people in history declaring their status at private and public levels. Their opening is speeding changes in attitudes among their peers and the larger culture and they constitute what will be a new generation of leaders to carry these movements forward into the field—at the same time those aging leaders of the backlash movements are fading from the scene without a new generation of leaders in site.

## **Summary and Conclusions**

The LGBT rights movement is one of the most successful social movements in history as judged by the speed in which it has elicited broad changes in cultural attitudes and policies of import to the LGBT community. This essay compared the LGBT rights and recovery advocacy movements for potential lessons the latter movement might draw from the advocacy efforts of the LGBT community. If the recovery advocacy movement continues to culturally and politically mobilize people in recovery and their families and allies and to draw upon the experience of other social movements, we are likely to see the following in the coming years:

- A more conscious effort on the part of recovery advocates to extract lessons from the civil rights, women’s liberation, disability rights, LGBT rights, and other successful social reform movements.
- The expansion of symbolic firsts in recovery beyond the arenas of music, entertainment, and sports to such arenas as government, business, science, medicine, and religion.
- The mass mobilization of families affected by addiction/recovery, including families who have lost a family member to addiction (e.g., public story elicitation).
- The increased portrayal of recovery as a family achievement that produces profound effects on family relationships and family health.
- Continued growth in local and national recovery celebration and recovery advocacy events.
- Legislative milestones that mark a shift from punitive to public health responses to alcohol and other drug problems, including the dismantling of legal barriers to full community participation of people in recovery, e.g., in such arenas as housing, employment, education, health care, voting, and other areas of civic participation.
- The continued growth of local recovery support institutions (beyond addiction treatment and recovery mutual aid fellowships) and growth of recovery advocacy organizations addressing specialty issues related to housing, education, employment, leisure, and social networking.
- The growth of recovery social clubs (beyond 12-step clubhouses) and the emergence of “recovery neighborhoods” within large urban communities.
- Growing regional networks of recovery community centers as social, service, and organizing hubs.
- The proliferation of micro-businesses created by and for recovering people that will afford marginalized people in recovery opportunities to acquire new skills and participate in the licit economy.

- More fully developed portrayals of people in recovery within the popular media (film, television, theatre, and literature), including the portrayal of the diversity of people living in long-term recovery and the varieties and styles of long-term recovery.
- Growing interest in the history of the recovery advocacy movement via new historical treatises, memoirs, and documentary films.
- Growing sophistication in advocacy/activism, issue articulation, and mobilization strategies.
- Tensions within the recovery advocacy movement on the boundaries of movement inclusion (e.g., range of inclusion of people recovering from other compulsive behaviors) and definitions of recovery.
- The abandonment of professionally stigmatizing language within healthcare and specialty sector addiction treatment (e.g., abuse/abuser, alcoholic/addict, and clean/dirty) as a result of successful recovery advocacy efforts.
- The establishment of recovery as a legitimate research and clinical specialty within the alcohol and other drug problems arena.
- Development of sophisticated strategies to fund recovery advocacy efforts, including expanded donor base (large and small gifts) from recovery community members, corporations, and foundations.
- Advanced awareness of factors that impact recovery organizing and outreach, such as gender, sexuality, culture, race, class, and histories of trauma and incarceration.
- Continued capacity-building and infrastructure development in recovery community organizations, institutions, cultures, and the networks that connect them.

We look forward to hearing from recovery advocates around the country and in other countries about the lessons the recovery advocacy movement can draw from earlier social movements. You may reach us via the following email addresses: Tom Hill [Tom.Hill@altarum.org](mailto:Tom.Hill@altarum.org) and Bill White ([bwhite@chestnut.org](mailto:bwhite@chestnut.org)).

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## Appendices

**Table A: Symbolic Firsts within LGBT and Recovery Advocacy Movements**

<b>Area of Cultural Breakthrough</b>	<b>LGBT Rights Movement</b>	<b>Recovery Advocacy Movement</b>
Symbolic Firsts –Medicine and Science	Dr. Lawrence Mass Astronaut Sally Ride	Dr. LeClair Bissell Dr. James West Dr. David E. Smith

		Dr. Garrett O'Connor Dr. Kevin McCauley Astronaut Buzz Aldrin
Symbolic Firsts—Business	Tim Cook / CEO of Apple Computers John Browne / CEO of BP Oil Company Robert Hanson / CEO of American Eagle Outfitters Joseph Evangelisti / CCO of JP Morgan Chase Tim Gill, CEO of Quark, Inc,	R. Brinkely Smithers (Deceased), Christopher D. Smithers Foundation James Kemper (Deceased), Kemper Insurance Don Fertman, Subway Chief Development Officer John Tyson, CEO Tyson Foods John Silverman, Chairman and CEO Silver Seal Corporation
Symbolic Firsts—Politics & Government	Innumerable (Partial List)  Nancy Wechsler & Jerry DeRieck (First openly lesbian and gay elected officials—Ann Arbor, MI City Council, 1972)  Kathy Kozachenko Elaine Noble Allan Spear  Harvey Milk  Dale McCormick Sherry Harris Althea Garrison  Openly LGBT Members of U.S. Congress include: Barney Frank, Steve Gunderson, Tammy Baldwin, Jim Kolbe, Gerry Studs, Jared Polis. Michael Huffington, Mike Michaud, David Cicilline, Sean Patrick Maloney, Mark Takano, Mark Pocan, Krysten Sinema, Gerry Eastman Studds	Governor/Senator Harold Hughes Mrs. Betty Ford Congressman Wilbur Mills Congressman Jim Ramstad Congressman Patrick Kennedy Michael P. Botticelli, Director, White House Office of National Drug Control Policy Texas Governor Ann Richards Marty Walsh, Mayor of Boston

	<p>Megan Smith (Chief Technology Officer of the U.S.)</p> <p>Deborah Batts (Federal Judge)</p> <p>Michael P. Botticelli, Director, Office of National Drug Control Policy</p> <p>Pamela Hyde, SAMHSA administrator</p> <p>James Hormel (ambassador to Luxemborg)</p> <p>Roberta Achtenberg (U.S. Commission on Civil Rights)</p> <p>Tom Ammiano (CA State Assembly)</p> <p>Tom Duane (NY State Senator)</p> <p>Deborah Glick (NY State Assembly)</p>	
Symbolic Firsts—Sports	<p>Billie Jean King (Tennis)</p> <p>Renee Richards (Tennis)</p> <p>Martina Navratilova</p> <p>Greg Louganis (Diving )</p> <p>Tom Daley (Diving)</p> <p>Diana Nyad (Swimming)</p> <p>Brian Boitano (Skating)</p> <p>Blake Skjellerup (Skating)</p> <p>Michael Sam (Football)</p> <p>David Kopay (Football)</p> <p>Sheryl Swoopes (Basketball)</p> <p>Jason Collins (Basketball)</p> <p>John Amaechi (Basketball)</p> <p>Jim Bouton (Baseball)</p> <p>Dave Pallone (Baseball)</p> <p>Caitlyn (Bruce) Jenner (Olympics)</p> <p>Bob Paris (champion bodybuilder)</p> <p>Fred Rosser (Darren Young, Wrestling)</p>	<p>Darryl Strawberry (Baseball)</p> <p>Josh Hamilton (Baseball)</p> <p>John Lucas (Basketball)</p> <p>Chris Herren (Basketball)</p> <p>Vin Baker (Basketball)</p> <p>Ray Lucas (Football)</p> <p>Andre Agassi (Tennis)</p> <p>Lucille O’Neal (Mother of Shaquille O’Neal)</p>
Symbolic Firsts—Music	<p>(Partial List)</p> <p>Melissa Etheridge</p>	<p>(Partial List)</p> <p>Elton John</p>

	<p>Elton John  Boy George  George Michael  Sinead O'Connor  Neil Tenant  Andy Bell  David Bowie  KD Lang  Freddie Mercury  Ricky Martin  Adam Lambert  Jaya Kelly (daughter of R. Kelly)  Chastity (Chaz) Bono (daughter of Cher)  Chely Wright  Joan Armatrading</p>	<p>Eric Clapton  Bob Dylan  Keith Richards  Steven Tyler  James Taylor  Paul Williams  Neil Young  Ringo Starr  David Bowie  Stevie Nicks  Johnny Cash  Phil Collins  Eminem  Joe Walsh  Lou Reed  Keith Urban  Ozzie Osborne  Grace Slick  Judy Collins  Natalie Cole  Bonnie Raitt  George Jones  Stevie Ray Vaughan  Tim McGraw  Nikki Sixx  Anthony Kiedis  Tom Waits  Tim McGraw  Chuck Negron</p>
<p>Symbolic First—Television, Film &amp; Entertainment</p>	<p>(Partial List)  Rock Hudson  Sal Mineo  Anthony Perkins  Farley Granger  Alvin Ailey  George Cuckor  Ellen Degeneres  Guillermo Diaz  Jim Parsons  Jane Lynch  Lily Tomlin  Margaret Cho  Alanson "Lance" Loud  Harvey Fierstein  Rosie O'Donnell</p>	<p>(Partial List)  Mercedes McCambridge  Jason Robards  Dick Van Dyke  Anthony Hopkins  John Larroquette  Sharon Gless  Whoopi Goldberg  Robin Williams  Martin Sheen  William Shatner  Ted Danson  Samuel L. Jackson  Robert Downey Jr.  Jamie Lee Curtis  Kelly Osborne</p>

	<p>Jodie Foster  Richard Chamberlain  George Takei  Cynthia Nixon  Neil Patrick Harris  Wanda Sykes  Meredith Baxter  Gillian Anderson  Chastity (Chaz) Bono  Agnes Moorehead  Sean Hayes  Laverne Cox  Dustin Lance Black  Merce Cunningham  John Waters  Patricia Neal (Fannie Flag)  Judith Anderson  Talullah Bankhead  Terry Sweeney</p>	<p>Carrie Fisher  Mackenzie Phillips  Rob Lowe  Gary Oldman  Kristen Johnston  Matthew Perry  Christopher Kennedy Lawford  Russell Brand  Louis Gossett, JR  Tom Arnold  Danny Trejo</p>
<p>Symbolic Firsts—Noted  Authors and Artists</p>	<p>James Baldwin  William Burroughs  Gertrude Stein  Willa Cather  Truman Capote  John Cheever  Allen Ginsberg  Jack Keruac  Robert Mapplethorpe  Annie Leibovitz  Susan Sontag  Maurice Syndak  Gore Vidal  Andy Warhol  Tennessee Williams  Carson McCullers  Alice Walker  Audre Lorde  John Rechy  Rita May Brown  Edmund White  Andrew Holleran  Angela Davis  Patricia Cornwell  Christopher Isherwood  Adrienne Rich</p>	<p>Stephen King  Susan Cheever  David Foster Wallace  William Borchert</p>

<p>Symbolic Firsts—Media &amp; Journalism</p>	<p>Anderson Cooper  Don Lemon  Robin Roberts  Rachel Maddow  Suze Orman  Sam Champion  Randy Shilts  Andy Cohen  Keith Haring  Herb Ritts  Jerome Robbins  Matt Bomer  Thomas Roberts</p>	<p>Roger Ebert  Linda Ellerbee  Elizabeth Vargas  Susan Rook  William Cope Moyers  Heather King  Glenn Beck  Rush Limbaugh  Laurie Dhue</p>
<p>Symbolic Firsts--Religious Leaders</p>	<p>(Partial List)  William Johnson  Freda Smith  Anne Holmes  Ellen Barrett  Bishop Gene Robinson  Rev. Dr. Nancy Wilson  Rabbi Chaya Gusfield  Rabbi Lori Klein  Rabbi Sharon Kleinbaum  Rabbi Scott Anderson  Rabbi Denis Eger  Rev. Peter Gomes  Bishop Jeffrey Montoya  Bishop Jim Swilley  Rev. Dr. Katrina Foster  Rev. Troy Perry  Right Reverend Doctor Gary Paterson  Mary Glasspool  Mary Albing  Katie Ricks</p>	<p>Father Joseph Martin  Pastor John Baker</p>
<p>Symbolic Firsts--Iconic Beauty / Fashion</p>	<p>Jenna Talackova  (Transgendered Miss Universe Contestant)  RuPaul Andre Charles  Bob Paris (champion bodybuilder)  Kervyn Aucoin  Pat Fields  Jean Paul Gaultier  Gianni Versace</p>	<p>Tara Connor (Miss USA)  Naomi Campbell (model)  Kate Moss (model)</p>

	Yves St. Laurent	
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**Table B: Organizational Infrastructures of LGBT and Recovery Advocacy Movements**

<b>Evolving Organizational Infrastructure: LGBT Movement</b>	<b>Evolving Organizational Infrastructure: Recovery Advocacy Movement</b>
Society for Human Rights Mattachine Society Daughters of Bilitis Gay Liberation Front Gay Activists Alliance Queer Nation Gay Men’s Health Crisis People with AIDS Coalition Women’s Health Action Mobilization (WHAM) Women’s Action Coalition (WAC) ACT UP Lesbian Avengers Youth Education Life Line (YELL) Gay, Lesbian, and Straight Education Network (GLESN) Lambda Legal Gay and Lesbian Victory Fund National Gay and Lesbian Task Force Human Rights Campaign	National Council on Alcoholism and Drug Dependence (NCADD) Society of American in Recovery (SOAR) Johnson Institute / Alliance Project Faces and Voices of Recovery Association of Recovery Community Organizations (ARCO) Young People in Recovery (YPR) Association of Recovery Schools Association of Recovery in Higher Education Transforming Youth Recovery National Alliance of Recovery Residences (NARR)

**Table C: Institution Building within the LGBT and Recovery Advocacy Movements**

<b>Institutional Arena</b>	<b>LGBT Movement</b>	<b>Recovery Advocacy Movement</b>
<b>Legal Advocacy</b>	Lambda Legal	Legal Action Center
<b>Health Care</b>	LGBT health initiatives and health centers LGBT mental health and gay-positive therapy centers	Push for new models of addiction treatment, e.g., recovery management & recovery-oriented systems of care Push for integration of

		addiction treatment and primary care
<b>Social Services</b>	Formation of age-appropriate LGBT social services, serving youth, adult, and senior citizens	Local recovery community organizations  Integration of peer recovery support services within addiction treatment and allied agencies
<b>Housing</b>	Preferred LGBT neighborhoods LGBT senior residences	Recovery Residences
<b>Education</b>	LGBT high schools Collegiate Queer Studies programs	Recovery high schools; Collegiate recovery communities
<b>Business/Industry</b>	LGBT Entrepreneurs and LGBT-focused businesses	Recovery entrepreneurs & Recovery-based businesses
<b>Social Networking &amp; Recovery Support</b>	Network of LGBT community centers across country National Association of LGBT Community Centers	Diversification of recovery mutual aid fellowships; Recovery community centers
<b>Religion</b>	LGBT friendly churches; LGBT ministries Metropolitan Community Churches Unity fellowships	Recovery ministries; Faith-based recovery mutual aid fellowships
<b>Sports</b>	Gay Games	Phoenix Multisport Addict2Athlete
<b>Military</b>	Gay veteran groups, e.g., The American Military Partner Association; Service Members, Partners, Allies for Respect and Tolerance for All (SPARTA), American Veterans for Equal Rights,	Recovery support groups for veterans Dryhootch

**Table D: Cultural Development with the LGBT and Recovery Advocacy Communities**

<b>Cultural Dimension</b>	<b>LGBT Movement</b>	<b>Recovery Advocacy Movement</b>
<b>Symbols/Colors</b>	Rainbow Flag (red, orange, yellow, green blue, purple) Inverted Pink Triangle	Purple

	Lavender Equality sign Lambda symbol	
<b>Slogans</b>	Gay is Good Silence=Death "We're here. We're queer. Get used to it" Out of the bars, and into the streets!	By Our Silence We Let Others Define Us Recovery is Everywhere Recovery Works (We are the Evidence) Recovery is an Expectation
<b>Biographies/Profiles of Movement Figures</b>	Gay Rights Activists Radically Gay (Harry Hay) Lost Prophet (Bayard Rustin) Gay is Good (Frank Kameny) Frank (Barney Frank) Soldier of Change (Stephen Snyder-Hill) Eleanor Roosevelt (Blanch Weisen-Cook)	Broken (William Cope Moyers) Many Faces One Voice  Biographies of recovery mutual aid leaders and earlier advocacy leaders, e.g., Bill Wilson, Marty Mann, Harold Hughes, Nancy Olson
<b>Personal Biographies</b>	Innumerable	Innumerable
<b>Lifestyle Magazines</b>	Innumerable The Advocate, Instinct Magazine, Metrosource, Pink Magazine, Curve, San Francisco Bay Times, biMagazine	Serene Scene, Renew, In Recovery, Recovery Today, Recovery Plus, Journey, Recovery Wire
<b>Cultural visibility via roles in film and television and</b>	Film: (Innumerable) Philadelphia The Birdcage Brokeback Mountain Angels in America The Imitation Game Capote Wonder Boys J. Edgar As Good as it Gets Milk Kiss of the Spider Woman Girl with the Dragon Tootoo The Crying Game Midnight in the Garden of Good and Evil	Film: Clean and Sober 28 days My Name is Bill W. Bill W. (Documentary) Drunks When a Man Loves a Woman

	<p>Silkwood</p> <p>LGBT Roles in Television and Actors who played them: Partial List:</p> <p>Will and Grace (Sean Hayes, Eric McCormack) Friends (Susan Bunch) Glee (Naya Rivera, Alex Newell, Darren Criss, Demi Lovato, Grant Gustin) Grey's Anatomy (Jessica Capshaw) Six Feet Under (Michael Hall) Empire (Jussie Smollett)</p> <p>Plays: The Lonely Heart Fortune in Men's Eyes Safe Home Cruising Boys in the Band Angels in America</p>	<p>Recovery Roles in Television and Actors who played them: Hill Street Blues (Daniel J. Travanti); NYPD (Dennis Franz); Cheers (Ted Danson); Rescue Me (Dennis Leary); Entourage (Adrian Grenier); Nurse Jackie (Edie Falco); The West Wing (John Spenser); Mom (Allison Janney); Terriers (Donal Logue); Grace Under Fire (Brett Butler)</p> <p>Plays: Bill W. and Dr. Bob</p>
<p><b>LGBT or recovery experience expressed through fictional characters in a popular novel</b></p>	<p>Character/Author</p> <p>(Innumerable—some of the recurring characters listed below)</p> <p>Milo Sturgis (Jonathon Kellerman)</p> <p>Bernie Rhodenbarr (Lawrence Block)</p> <p>Lucy Farinelli (Patricia Cornwell)</p> <p>Kate Delafield (Katherine Forrest)</p> <p>Jane Lawless (Ellen Hart)</p> <p>Kate Martinelli (Laurie King)</p>	<p>Character/Author</p> <p>Dave Robicheaux (James Lee Burke novels)</p> <p>J.P. "Beau" Beaumont (J.A. Jance mysteries)</p> <p>Matt Scudder (Lawrence Block mysteries)</p> <p>Mark Schorr (Brian Hanson mysteries)</p> <p>Bruce Kohler (Elizabeth Zelvin mysteries)</p> <p>Maggie Elliot (Elizabeth Atwood Taylor's The Northwest Murders)</p>

	<p>Cherry Aimless (Mabel Maney)</p> <p>Dr. Blue McCarron (Abigail Padgett)</p> <p>Pharoah Love (George Baxt)</p> <p>Nick Hoffman (Lev Raphael)</p> <p>Donald Strachney (Ricahrd Stevenson)</p> <p>Lauren Laurano (Sandra Scoppettone)</p>	<p>Cody Hoyt (C.J. Box mysteries)</p> <p>Samantha Adams (Sara Shankman)</p> <p>Father John (Margaret Coel)</p> <p>Ruby Murphy (Maggie Estep)</p> <p>John Jordan (Michael Lister)</p> <p>Dixon Sinclair (Caroline Haines)</p>
<b>Literary Awards</b>	<p>Ferro-Grumley Award, Lamda Literary Award, Dayne Stonewall Book Award, Ogilvie Prize. Gaylactic Spectrum Awards</p>	<p>McGovern Family Foundation Award (no longer being awarded)</p>
<b>Musical Anthems</b>	<p>Y.M.C.A.</p> <p>Dancing Queen</p> <p>I Will Survive</p> <p>Beautiful</p> <p>Born This Way</p>	<p>Stronger as we Rise</p>
<b>Ritualized Celebration</b>	<p>Gay Pride Month/Parades (June)</p> <p>National Coming Out Day</p>	<p>Recovery Month/Walks (September)</p> <p>America Honors Recovery</p>
<b>Professional Guilds</b>	<p>(Innumerable—partial list)</p> <p>National Gay and Lesbian Chamber of Commerce</p> <p>National Organization of Gay and Lesbian Scientists and Technical Professionals</p> <p>Gay and Lesbian Medical Association</p>	<p>International Doctors in Alcoholics Anonymous (IDDA)</p> <p>Professional Assistance Programs</p>

	<p>Lesbian, Gay, Bisexual and Transgender People in Medicine (LGBTQPM)</p> <p>Association of Gay and Lesbian Psychiatrists</p> <p>Society of Lesbian and Gay Anthropologists</p> <p>Law Enforcement Gays and Lesbians International</p> <p>National Lesbian and Gay Law Association</p> <p>International Association of Lesbian &amp; Gay Judges</p> <p>National Association of Lesbian and Gay Addiction Professionals (NALGAP)</p> <p>The Sociologists' Lesbian, Gay, Bisexual and Transgendered Caucus</p> <p>American Historical Association. Committee on Lesbian and Gay History (CLGH)</p>	
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**Table E: Policy and Regulatory Changes Affected by the LGBT and Recovery Advocacy Movements**

<b>Area of Change</b>	<b>LGBT Movement Milestones</b>	<b>Recovery Advocacy Movement Milestones</b>
Psychiatric Diagnosis & Treatment	<ul style="list-style-type: none"> <li>*Removal of homosexuality as a psychiatric diagnosis in DSM II</li> <li>*Professional and legal bans on aversion/conversion therapy</li> </ul>	<ul style="list-style-type: none"> <li>*Removal of “abuse” language in diagnosis of substance use disorders</li> <li>*Consensus definitions on definition of recovery</li> <li>*Push for models of recovery</li> </ul>

		<p>management &amp; recovery-oriented systems of care</p> <ul style="list-style-type: none"> <li>* Push for recovery research agenda</li> <li>* Federal/state/private funding of peer-based recovery support services</li> <li>* Comprehensive Addiction &amp; Recovery Act of 2015 in House and Senate</li> </ul>
Status Laws	<p>Repeal of laws that criminalized homosexual acts (Supreme Court, <i>Romer v. Evans</i>, 1996); state-by-state repeal of sodomy laws, reinforced by 2003 Supreme Court decision</p> <p>Introduction of The Equality Act in U.S. House and Senate in 2015</p>	<p>Repeal of laws making status of addiction illegal (<i>Robinson v. California</i>; <i>Powell v. Texas</i>)</p> <p>2009 revision of NY Rockefeller Drug Laws</p> <p>Changes in sentencing for crack cocaine possession</p> <p>Liberalization of laws on marijuana possession</p>
Marriage Laws	<p>Same-sex marriage laws passed in 36 states &amp; District of Columbia</p> <p>Followed by June 26, 2015 Supreme Court declaration that bans on same sex marriages were unconstitutional (<i>Obergefell, et al V. Hodges, Director, Ohio Department of Health, et al</i>)</p>	
Discrimination in Housing, Employment, Education	<p>Bans on discrimination based on sexual orientation or gender identity</p> <ul style="list-style-type: none"> <li>▪ Repeal of anti-gay laws and ordinances (Dade County, Oregon, Colorado, CA Prop 8)</li> <li>▪ LGBT rights ordinances: municipal, county, and state</li> </ul>	<p>Inclusion of addiction within American with Disabilities Act</p> <p>State and municipalities Ban the Box initiatives</p>
Discrimination in Military	From ban on participation	

	before 2011 to “Don’t ask, don’t tell” (DADT) to repeal of DADT in 2011. (Transgender people still excluded from military service.)	
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**Table F: Growth of Historical Consciousness within the LGBT and Recovery Advocacy Movements**

<b>LGBT Movement History</b>	<b>Film Treatments of the LGBT Movement</b>	<b>Recovery Advocacy Movement History</b>	<b>Film Treatments of the Recovery Advocacy Movement</b>
(Partial List) Making Gay History Forging Gay Identities Stonewall (Bausum) Stonewall (Carter) The Gay Revolution Law & the Gay Rights Story Gay Power Out for Good Gay America The Gay Rights Movements Queers in Court Rainbow Rights Created Equal Gay Rights & Moral Panic The Music that Inspired the Gay Rights Movement Queer Cultures	(Partial List) We Were Here Silence=Death And the Band Played On Stonewall Uprising The Times of Harvey Milk How to Survive a Plague Milk United in Anger Before Stonewall Ask Not Out Late Outrage The Normal Heart In Love and Anger (bio of Larry Kramer)	(Complete List) Slaying the Dragon Circles of Recovery With a Lot of Help from our Friends Let’s Go Make Some History Language of the Heart Many Faces One Voice	(Complete List) The Anonymous People