



Crestwood Recovery Resilience Solutions

How Recovery Happens

By Dr. Lori Ashcraft

The road to recovery looks different for each person—it is a very personal experience. However, some common occurrences often are shared by most people who choose this path. Over the past few years leaders in the recovery movement have identified several common steps along this path. Among them are LeRoy Spaniol, PhD, and his colleagues at Boston University, who have been conducting several qualitative, longitudinal analyses of individuals' recovery experiences.^{1–4}

Dr. Spaniol and colleagues have identified four broad, overlapping phases of recovery that people move between: overwhelmed by the disability, struggling with the disability, living with the disability, and living beyond the disability. Furthermore, they have identified three factors associated with the degree of challenge to recovery: comorbid substance abuse, environmental context, and age of disability onset.

Mark Ragins, MD, medical director at The Village Integrated Services Agency in Long Beach, California, is another leader in this area (The Village offers a comprehensive program for people with serious mental illnesses). Dr. Ragins describes four fluid stages of recovery: Hope, Empowerment, Self-Responsibility, and Meaningful Role in Life.

Similarly, recovery services provider META Services, Inc., in Phoenix calls for an attitudinal prerequisite of love and identifies five recovery pathways: hope, choice, empowerment, environment, and spirituality.

These three models and others have a lot in common. So many of us try to use models to describe recovery because it gives us a map we can follow and redraw for each person who comes down the recovery path, thereby establishing an approach that works for most people. Models can be useful but are limited in their ability to accommodate subtle internal shifts that define the process of recovery on a personal level.

Let's examine the personal process of recovery and what happens “in the moment” as the process unfolds. In interviews with people in recovery and employed at META Services, we often hear interviewees describe a moment of choice—an opportunity to choose a new way to respond. They describe a brief, unfamiliar mind-space in which they see a glimpse of themselves from a new perspective, not reacting in familiar ways to external and internal stimuli. The moment they describe is the moment immediately preceding a trigger or symptom. In that moment, there is a split second when they can either surrender to the symptom, reacting in habitual ways, or they can choose a new path leading to further recovery.

When asked how they felt in that moment, interviewees often said, “I don't know. I've never been here before.” However, they found that if they could stay in that moment long enough to get their bearings, they could make some choices about how to respond—follow the familiar path or choose a new path leading them further along their journey to recovery. Dr. Spaniol refers to these latter times as “upward turning points” which, as they accumulate over time, represent an awakening sense of self and agency and a growing awareness of one's own ability to develop a satisfying and contributing life.⁴

Here's how Lori describes her own internal process during these moments:

There have been times when I haven't been able to stay in that moment and have found myself so overwhelmed by a symptom that I didn't have any choice but to surrender to it. When I have been able to stay in that moment, I've been able to choose other options that have helped me grow and learn new ways of moving ahead.... There is something seductive about symptoms—they are familiar ground, they give definition to who we are and what we're experiencing, and they usually cause others to either excuse us, or try to help us. So when we don't surrender to them, we're on new ground—unfamiliar, undefined, and while it feels unreal, in fact, it is what's really real. With it comes a feeling of being free from the mind-prisons that previously limited our ability to respond in new ways and recover.

As you might have suspected, this process is not unique to people with mental illnesses. It is the process by which most of us learn and grow. Perhaps those pursuing recovery are more acutely aware of it because they are usually highly motivated to regain parts of themselves temporarily lost during their illness. The journey back to wholeness often requires attention to this level of detail if recovery is to unfold.

If you are interested in furthering the transformation that recovery can bring to your program, we suggest you also consider this as a path that can further your own professional transformation. The next time you have a choice to do things the way they always have been done or to do them in ways that would further the recovery opportunities for people using your

programs, stay in that moment long enough to get inspired. Gather the courage to step out onto new ground, and take a stand for doing things in ways that really provide recovery options. It's in those unfamiliar, undefined moments that you emerge. You'll know you're there because you'll feel somewhat lonely, and at the same time connected to something beyond yourself. Just remind yourself that a lot of us have stood there before, and we're sending you courage and hope.

People recovering, as well as behavioral health professionals and administrators, must take the opportunity to realize the possibilities the recovery movement is providing, or we will lose the momentum to improve the way we deliver services. This is a cause we all have to get involved in; we can't pretend to be a player just by changing the sign on our door. This transformation calls for a change of heart, a change in power structures, and a change in the way we heal together.

References

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