Recovery 11

Outline

- What is recovery?
- Key factors in recovery

WHAT IS RECOVERY?

Recovery is a one-of-a-kind journey for each person with its own rewards and perils along the way. There is no one definition of recovery, and no single way to measure it. All definitions of recovery share a focus on developing new meaning and purpose in life as people grow beyond the impact of mental illness and substance use.

> *When I first started in the family support group, I found myself listening to other family members who were doing really well and had been in situations similar to my own. So it's the hope—it's the giving of hope, that it really is possible to get through it; that no matter how tough it's been and how often the treatment has failed, that it still may one day succeed, that recovery is possible. And no matter how many people turn away from you, or what they think of you, things will get better.*

Activity 11-1: What does recovery mean to me?

As a family member, loved one, friend or significant other of someone with concurrent substance use and mental health disorders, my definition of recovery is:

Recovery has been referred to as a process, an outlook, a vision and a guiding principle. Recovery has also been described as a process by which people recover their self-esteem, dreams, self-worth, empowerment, pride, dignity and meaning. For professionals and families, recovery is about treating the whole person: identifying their strengths, instilling hope, helping them to function by helping them take responsibility for their lives.

Recovery is also about refusing to settle for less. A positive way of looking at recovery is to embrace the humanity of people and their potential for change. People are *people* before they are diagnoses, or cases, clients or consumers. They are not defined or controlled by their symptoms.

People should be encouraged to:
- have hope for change
- form meaningful connections with others who understand their situation
- set their own goals
- nurture their interests and learn new skills
- develop self-awareness about aspects of their own illness and behaviour.

Recovery is defined by a belief in one's self. It is nurtured by the kindness, understanding, compassion and respect of friends, family and others who are significant in one's life. Ultimately, recovery involves sharing and gaining support from others.

Recovery:
- doesn't necessarily move in one direction; recovery implies learning from setbacks and having the courage to move forward in spite of them
- may occur even when symptoms are present; recovery does not necessarily mean that people will never again experience symptoms, go through hard times or relapse
- is facilitated by access to a support system, but it can occur without the intervention of mental health professionals
- must also involve attending to other areas of life, such as work, leisure time, life goals and dealing with stigma.

Relapse can be part of the overall recovery process. It is important to use setbacks or relapses as valuable learning opportunities.

KEY FACTORS IN RECOVERY

For people with concurrent disorders to achieve and maintain recovery, they need to:
- be treated as unique and important
- be treated as human being with goals and dreams
- have the freedom to make choices and decisions about their lives
- be treated with dignity and respect
- accept that their unique journey through life has taken a different path
- recognize that recovery is the potential to become free of symptoms by following an individualized treatment plan
- acknowledge that relapse is a common and expected part of recovery, but does not mean that they have "failed" or that previous gains are lost—rather, it is a chance to learn and to move forward again

- have hope about their future (see "The role of hope," p. 185)
- have meaningful relationships with others who care and do not stigmatize (see "The role of family," p. 190)
- have a routine and structure to their day marked by meaningful activities that may or may not include work (paid or volunteer)
- have a reliable and steady source of income
- live in stable, clean and comfortable housing, whether it is an independent living situation or supportive housing
- accept that recovery may require a structured community day treatment program or other links to professional mental health and addiction systems of care
- recognize that pets may be important
- recognize that spirituality or religious beliefs and practices may be important.

> *It seems to me that people reject the sick when there's little hope that they'll get better. Why invest time and energy if a person will very likely remain ill for the rest of their lives? But it's not true of most people with concurrent disorders, provided they are caught early enough and receive good care. My son is working now, he has a girlfriend . . . and it certainly didn't look like he would have any kind of a normal life five years ago when he was diagnosed with schizophrenia and drug abuse. So I tend to believe there's a lot of hope out there.*

Activity 11-2: What does recovery mean to my relative?

What elements might be particularly important for your loved one's recovery? Try to be as specific as possible. (For example, he or she might understand the purpose of medications and made the decision to take them; engage in meaningful activity each day, such as attending self-help groups, working, volunteering, seeing friends; have specific goals, plans and hope for the future.)

The role of hope

> *I think as family members we have an opportunity to offer a lot of hope to other families going through the same thing. The general public seems to think that once a doctor tells you your family member has a mental illness or a problem with drugs and alcohol, it's over—like, there's no hope; their lives are destroyed and yours too. But it's so different now, so many people recover from concurrent disorders. And look at the research, the new medications and treatments—there have been so many advances. I know so many parents whose kids have gone back to university or have jobs—I mean, they're doing well. Mental illness and substance abuse doesn't have to mean that the person's life is over. So I think we need to give some hope to people.*

There is great hope for people who have concurrent disorders. Over the past 10 years, many improvements have occurred, including:

- improved medications
- improved understanding of treatment needs
- increased opportunities for learning from others.

A diagnosis of both a mental health and substance use disorder does not mean that a person will inevitably decline and be unable to function. On the other hand, recovery does not necessarily mean that a person's previous abilities and situation will be completely restored or that they won't need medications or other treatment.

The overarching message of "recovery" is that hope and a meaningful life are possible. Hope is recognized as one of the most important determinants of recovery.

Patricia Deegan of the U.S. National Empowerment Council says:

> *For those of us who have been diagnosed with mental illness . . . hope is not just a nice sounding euphemism. It is a matter of life and death . . . We have known a very cold winter in which all hope seemed to be crushed out of us. It came like a thief in the night and robbed us of our youth, our dreams, our aspirations and our futures. It came upon us like a terrifying nightmare that we could not awaken from.*
>
> *—Deegan, 1993*

Inspirational quotes

If you have ever spoken with someone who has benefited from a 12-step program such as Alcoholics Anonymous or Al-Anon, you may have heard about the "recovery slogans" that thousands of people have said were important contributors to their recovery journeys.

Many family members affected by mental health and/or substance use problems have also found similar kinds of slogans (sayings and quotes) to be inspirational, motivating and enormously beneficial.

What is it about these little sayings or quotes that make them so powerfully memorable and effective that they can help people actually change how they think, feel and behave? They can be thought of as "bits of wisdom written in shorthand." Many of them, in a mere one or two lines, can shift a person's entire perspective on particular aspects of life.

For example, consider the following quote:

> *"I haven't failed. I've identified 10,000 ways this doesn't work."*
>
> *—Thomas Edison*

Thinking about a quote such as this (and even better, discussing it with people who care—what the quote means, how it gives you a new way to look at things in your life, how thinking this new way would be really useful and helpful for you) can help you focus on the positive aspects of a situation.

Quotes, slogans and sayings can help people change their attitudes and behaviours so they are less affected by the opinions and actions of others. In these ways and in so many others, these little pearls of wisdom are guides to peace that can have a powerfully beneficial effect on a person's emotional health. As such, they can help to build resilience (see Chapter 5) and reduce a person's vulnerability to developing compassion fatigue (see Chapter 4).

Activity 11-3: Wisdom written in shorthand

Think about each of the following quotes and sayings, and write down what they mean to you. There is no right or wrong way to interpret them. This exercise is designed to offer you different ways to cope, both as a family member affected by concurrent disorders and in your own personal life.

• If you share your pain, you cut it in half; if you don't, you double it.

• You can't direct the wind, but you can adjust the sails.

• This too shall pass.

• A journey of a thousand miles begins with the first step.

• If you find a path with no obstacles, it probably doesn't lead anywhere.

• Fall seven times, stand up eight (Japanese proverb).

• You are responsible for the effort, not the outcome.

• Act as if . . .

• Do not let what you cannot do interfere with what you can do.

Do you have any favourite quotes or sayings of your own? If so, jot some of these down in the space provided and think about why they are so important to you and how they help you to get through each day:

We have summarized some of our thoughts on a few of the quotes, just to get you started.

You can't direct the wind, but you can adjust the sails.

This quote is about learning to accept the things we can't control and to try to change those things we do have some control over, such as our own actions and behaviours, and sometimes even our thoughts, moods and perceptions. Learning this valuable lesson in life may very well be one of the keys to serenity and contentment.

We're responsible for the effort, not the outcome.

Do not let what you cannot do interfere with what you can do.

These two quotes centre on one important theme: It is much more helpful and realistic to concentrate your efforts on what you actually do have control over, rather than expend time and energy trying to make a change in something over which you have no control. For example, it is helpful to support family members in their struggle to stop or reduce the use of substances, as long as you understand and accept the fact that only they are ultimately responsible for their own recovery.

This too shall pass.

When you find yourself in the middle of a crisis or caught in the grip of distressing feelings or situations, it can feel like the experience will never end and that you won't be able to survive it. Sometimes the only way to get through extremely stressful and adverse situations in life is to keep in mind one simple truth: Nothing lasts forever.

Act as if . . .

For some people, trying to change their thoughts and feelings before they change their behaviours may not get them very far in their recovery. Waiting until you feel more motivated and less anxious before trying out new recovery behaviours can lead to a worsening of both the substance use and the mental health problems. More motivation and reduced anxiety won't happen if you stick to the same behaviours every day that allow the lack of motivation and anxiety to flourish. Sometimes, people have to take action in spite of feeling depression, anxiety, worry, shame, anger and exhaustion, *and in spite of* struggling with problematic thoughts and beliefs. So it might be helpful to live by one rule . . . act as if you are feeling great and thinking rationally. In other words, no matter what else is going on inside your own head or outside in the world, *follow through* on your commitments and your recovery plan (e.g., go to AA meetings, keep appointments with your therapist, eat three nutritious meals every day, get eight hours sleep every night). You will have to force yourself at first, but if you can **act as if** things are better, you'll actually help that come true.

The role of family

Not only should family members be included in discussions about recovery—they can actually share the road to recovery.

Many elements considered important for your loved one's recovery may overlap with your own journey of recovery. Some of these might include:

- having hope about your own and your relative's future
- being educated about your loved one's mental illness and substance use disorder and understanding how these problems interact
- having supportive relationships with others in the family and community who are caring and do not judge or stigmatize
- feeling a sense of connection to people who are important to you
- being considered a knowledgeable, engaged and respected part of your loved one's health care team, and being kept informed by health care professionals
- accepting that your loved one's journey through life has taken a new course
- understanding that if relapses occur it does not mean that your relative has "failed" or lost previous gains
- viewing relapses as a chance to help your family member get back on his or her path to recovery
- feeling a sense of control and personal mastery over your own life
- learning to let go of the all-encompassing preoccupation with your ill loved one and allowing yourself to have a life of your own, with meaningful and relaxing time to yourself to engage in activities that are pleasurable, stress-relieving and fulfilling, and learning to do so without anxiety or guilt
- recognizing that strong spiritual, philosophical or religious beliefs or practices may help you sustain yourself through difficult times.

> *When people meet my son now, everybody is just so flabbergasted. And I think he offers such hope to sufferers and families . . . and people tend to want to talk to you about it. And we try. We try to help families whenever we can. And I think we give them a lot of hope. We get a number of families calling us over the course of a year. And either a social worker or doctor or somebody from the family support group—they've used our family as an example and say, "their son is doing so well"—and then families say, "Can we come over and visit you?" and they come over and talk to my son. So we try to help. We try to give hope to other families.*

A family journey of recovery

My dad was treated for alcohol problems when he was 64 years old. By then I was seriously questioning the effects of my Dad's illness on me as wife and mother. I was concerned about the genetic, familial predisposition to addiction and mental illness and how it might impact on my children.

My mother and I sought out Al-Anon where we discovered that we were not alone in our search for direction regarding shame-based thinking and powerlessness over a loved one's addiction. We heard about the necessity of practising self-esteem and maintaining boundaries. However, many times while dealing with my adolescent and teenaged children, I found myself caught in a trap where my inability to say 'No!' made me question my parenting skills. As a child I avoided confrontation, hid anger and disappointment, and ran from conflict. This behaviour afforded me quietude but an inability to verbalize my emotions.

Our eldest son struggled with alcohol dependency between the ages of 19 and 23. We strongly encouraged and supported him through treatment at an inpatient facility (he stayed only three weeks). Although haunted by angry emotional outbursts in his early 20s, he succeeded in maintaining sobriety, facing his demons with honesty, courage and faith. My husband and I supported him financially, when necessary, and always communicated our love to him and our confidence in him as a special person. I was determined that I would shield my other children from exploring any form of addictive drug. I kept reading about substance abuse. I also took a course in assertiveness training that gave me confidence to believe in myself, stand firm in my beliefs and voice my feelings.

Our seventh child, a gregarious, bright, talented, honest, well-loved person, sank into depression at the age of 18. Over the next few years he struggled to avoid taking medication while seeking professional psychological help, attempting university studies as well as actively seeking out human relationships that most often failed him. He was plagued with suicidal thoughts, inability to cope with studies, and was unable to manage occupational work hours, all the while attempting to 'keep face.' He and I kept in close touch and we often had 'emergency meetings over coffee' when he felt that he couldn't carry on. But he would pluck up his courage and try again.

At age 21, after a suicidal episode, he was admitted to hospital with a diagnosis of *depression with suicidal tendencies.* He began antidepressant therapy that relieved his anxiety and increased his energy output so that he could continue university while living at home. Soon stress mounted; he found home too confining and he went to live downtown with friends in an environment where he felt comfortable. Once again he discontinued his studies. I was anxious when he left home but I

knew that he must walk his own journey. His brothers and sisters kept in touch with him and he faithfully called his dad and me. My husband, through all this, often remarked to me how he admired his son's courage in facing these hard moments in his life. And my son often said to me, in moments of desperation, 'Mom, no matter what happens to me, promise me that you will never blame yourself. You have been the best mother. I take responsibility for my life and how I am living it.' My prayer for him continued to be: *'Lord, you love this child of yours even better than I can. I know you will take care of him.'*

Two years later he succumbed to the temptation of street drugs in the hope of regaining lost energy and experiencing a more manageable life. Cocaine, crystal meth and marijuana, his drugs of choice, were at first exciting but within a few months, his life careened to a debilitating *crash.* His brothers, sisters and a cousin encouraged him to return home. They all knew he was desperate and could not manage on his own. Humiliation, guilt and his loss of independence were his major concerns. We are told to have self-reliance but that is tricky when one has no self to rely on.

My husband and I and our niece, a close friend of our son, attended an introduction to addiction and recovery program that helped us face the challenge before us. Our son always supported our need to learn coping skills and we shared insights with him and the other family members who were eager to share in the recovery process of their beloved brother. We learned that lapses can be oppor-tunities for growth. We must concentrate on love rather than fear and judgment.

At this time our son has been 'clean' for one year since the completion of a six-week inpatient treatment and follow-up program for concurrent disorders. He continues antidepressant medication under supportive medical care and has a full-time job. He also has a meaningful relationship and hopes to return to university this year. He is socially active and very grateful for each day.

Recovery (finding self and gaining control) is an ongoing life challenge. At some time on our journey, we all face grief, disappointment and loss. Each day brings its own challenges. Regaining control can only be accomplished when the pain from lost dreams is faced honestly in a safe, understanding setting. With concurrent mental health and addiction issues, the challenge is two-fold.

We were greatly helped by the open communication we shared with our son. He tried so hard to be affable and grateful even at the worst of times. He would stay talking and listening as long as he could and then retreat into the silences of his despair. At this time of his greatest need, we tried to be for him the beacon in the lighthouse.

One important factor in my recovery is self-care. Each day I ask myself, 'What do I need today and how can I accomplish this?' I have learned that, in recovery, I must not only be conscious of my own needs but I must verbalize them and take action to achieve them.

Activity 11-4: Your recovery journey

What elements might be particularly important for your own journey of recovery as the family member of a person with concurrent disorders? Try to be as specific as possible. (For example, maybe you would understand and accept your family member's illnesses, be able to let go of guilt and move forward with your own life goals and dreams, reconnect with friends and return to enjoyable leisurely activities.)

Activity 11-5: Recovery Attitudes Questionnaire

The Recovery Attitudes Questionnaire (RAQ-16) was developed by a team of consumers, service providers and researchers at the Hamilton County Recovery Initiative (Borkin et al, 2000).

The RAQ-16 consists of 16 questions designed to help you identity and think about your own beliefs and attitudes about recovery from concurrent disorders. There are no right or wrong answers. After you finish the questionnaire, read through the comments about each question that follow. They are meant to help you reflect on your responses. Try to complete the questionnaire before reading the comments.

Recovery is a process and experience that we all share. People face the challenge of recovery when they experience the crises of life, such as the death of a loved one, divorce, physical disabilities and serious mental illnesses. Successful recovery does not change the fact that the experience has occurred, that the effects are still present, and that one's life has changed forever. Rather, successful recovery means that the person has changed, and that the meaning of these events to the person has also changed. They are no longer the primary focus of the person's life (Anthony, 1993).

Please read each of the following statements and, using the scale below, circle the rating that most closely matches your opinion.

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
1. People who are in recovery need the support of others.	SA	A	N	D	SD
2. Recovering from mental illness is possible no matter what you think may cause it.	SA	A	N	D	SD
3. A good understanding of one's mental illness helps in recovery.	SA	A	N	D	SD
4. To recover requires faith.	SA	A	N	D	SD
5. Recovery can occur even if symptoms of mental illness are present.	SA	A	N	D	SD

6. People in recovery sometimes have setbacks.	SA	A	N	D	SD
7. People differ in the way they recover from a mental illness.	SA	A	N	D	SD
8. Recovering from mental illness can occur without help from mental health professionals.	SA	A	N	D	SD
9. All people with serious mental illnesses can strive for recovery.	SA	A	N	D	SD
10. People who recover from mental illness were not really mentally ill in the first place.	SA	A	N	D	SD
11. The recovery process requires hope.	SA	A	N	D	SD
12. Recovery does not mean going back to the way things used to be.	SA	A	N	D	SD
13. Stigma associated with mental illness can slow the recovery process.	SA	A	N	D	SD
14. Recovering from the consequences of mental illness is sometimes more difficult than recovering from the illness itself.	SA	A	N	D	SD
15. The family may need to recover from the impact of a loved one's mental illness.	SA	A	N	D	SD
16. To recover requires courage.	SA	A	N	D	SD

Comments about each question are provided below. You may not agree with all of them. They are included simply as a way to help you think about the different ideas of recovery.

COMMENTS

1. People who are in recovery need the support of others.

   Feeling a sense of connection to people, such as other family members, friends and professionals, is very important to re-create a sense of belonging and closeness. We humans are social beings. We are most content and fulfilled when engaged in meaningful relationships with others. Support from people who are non-judgmental, compassionate and who accept concurrent disorders as legitimate illnesses from which a person can recover is crucial to the recovery of both consumers and their families.

2. Recovering from mental illness is possible no matter what you think may cause it.

   Concurrent disorders are generally a result of a complex mix of hereditary, genetic, biological, psychological and social factors. However, people can sometimes hold mistaken beliefs about the causes of these disorders. This journey of recovery may take different paths and look very different from person to person, but yes, it is a definite possibility regardless of one's beliefs about the causes.

3. A good understanding of one's mental illness helps in recovery.

   The experience of mental illness is often filled with fear and anxiety, grief and loss, altered expectations and dramatic changes in one's perception of oneself as a human being. These feelings increase when a substance use disorder is also involved. For many people with concurrent disorders and their families, becoming educated about concurrent disorders is essential for gaining a sense of control over these conditions and for recovery. It's important to learn about the signs, symptoms and effects of mental health and substance use disorders, possible causes, treatment methods, and the possibility for recovery.

4. To recover requires faith.

   "Faith" holds many meanings. Some people may think that believing in a higher being or following a particular religion is necessary for recovery. However, for many people, "faith" may simply mean believing in yourself, having hope for a better future and believing in the people around you who care about you and want to help you.

5. Recovery can occur even if symptoms are present.

   Recovery from concurrent disorders doesn't necessarily mean that people will never again experience symptoms, go through hard times or relapse. Recovery implies learning from these experiences and having the courage to move forward in spite of them. Many people reach their goals and realize their dreams even if they have setbacks along the way.

6. People in recovery sometimes have setbacks.

   As discussed above, people with concurrent disorders will likely have setbacks from time to time. This is not a sign of failure, but an opportunity to learn about potential triggers and sources of stress, and perhaps new and more effective ways to manage difficult aspects of life.

7. People differ in the way they recover from a mental illness.

   "Recovery" means different things to different people. Some may recognize the importance of psychiatric medication for their recovery, while others may need more intensive ongoing support from health care professionals. Some people want to return to work, while others find work too stressful and become involved in self-help groups or other community support activities. Some people hold on to strong spiritual beliefs, while others find that simply enjoying the company of a pet or close friend sustains them. No two people recover in the same way.

8. Recovering from mental illness can occur without help from mental health professionals.

   Many people in recovery from concurrent disorders will have contact with health care professionals at some point. Finding and working with compassionate and understanding health care professionals who respect clients' unique needs and goals is often very important to beginning the journey of recovery and to maintaining the gains that one makes. This contact with professionals may be intensive and continuous, as some clients may be part of supportive outpatient programs or have the ongoing help of a community case manager. Some clients may see a physician only once in a while, to obtain prescriptions for psychiatric medications. The type of contact may also change over time. As people become stronger and more comfortable in managing their illnesses and their daily lives, they may have less involvement with professionals and eventually may wish to stop seeing them, except in cases of relapse or more difficult times.

   Some people recover without the services of health care professionals. They may have milder forms of mental illness and may be able to reduce or control their problematic substance use so that these problems do not significantly disrupt their lives. Some in this group find that attending self-help groups and maintaining close and supportive relationships with family and friends is enough for them to enjoy a life of recovery.

9. All people with serious mental illnesses can strive for recovery.

   Yes. Any person with mental health (and substance use disorders) can work toward a life of recovery. Each person has the capacity for hope, for a sense of acceptance and belonging, and for goals and dreams.

10. People who recover from mental illness were not really mentally ill in the first place.

    The old belief in the chronic and hopeless nature of mental illness and substance use problems has been challenged. The fact is that people with concurrent disorders can enter a life of recovery that involves emotional stability, good physical health, meaningful social and work-related activities and close, supportive relationships. It is no longer true that people with serious mental illnesses and substance use problems are on a downward course to chronic disability. People with very serious forms of mental illness and substance use disorders can indeed recover.

11. The recovery process requires hope.

    Hope involves believing in your ability to overcome difficulties and looking to the future with optimism that recovery is possible. Having hope is considered fundamental to achieving and maintaining a life of recovery.

12. Recovery does not mean going back to the way things used to be.

    Some people who are in recovery may be able to return to their former activities, such as the same jobs, school, friends and social interests. On the other hand, recovery does not necessarily mean going back to exactly the same activities, beliefs and overall lives as in the past. For many people, being in recovery often involves establishing a new and different or altered set of goals and dreams—a different job, a different school, new friends and social interests. People may find that their priorities have changed dramatically from the way they used to think.

13. Stigma associated with mental illness can slow the recovery process.

    Stigma and discrimination can have devastating and destructive consequences for those with concurrent disorders and their families. Stigma and discrimination can definitely act as major obstacles to recovery. Stigma can make people lose confidence in themselves, undermine their attempts to reintegrate into the community and, in some cases, can even lead to such despair that a relapse occurs. It can also cause families to isolate themselves from others and feel shame and embarrassment.

14. Recovering from the consequences of mental illness is sometimes more difficult than recovering from the illness itself.

    The consequences of mental illness or substance use can vary dramatically. Some people may experience milder consequences, such as short leaves from school or work, taking medications or being hospitalized for a short time. Others may experience significant effects that might include jeopardized family relationships, loss of meaningful people in their lives, frequent and lengthy hospitalizations, inability to work or attend school, involvement in the legal system, medical problems, and so on. Once a person has become emotionally, mentally and physically stable, the person may have to deal with these consequences. This can cause more stress and anxiety, and possibly lead to despair, a sense of failure and relapse. This is why it is important to remember that recovery involves paying attention to the whole person—all of his or her needs, all areas of the person's life that have been affected. These can all be included in a comprehensive recovery plan.

15. The family may need to recover from the impact of a loved one's mental illness.

    Ideally, this chapter will have helped you realize the importance of recovery for yourself as well. We have discussed the effects of concurrent disorders on family members, ranging from physical to emotional, social, occupational, economic and spiritual. It is very important for family members to allow themselves to recover their sense of emotional stability, feelings of control, peace of mind and an overall sense of well-being as they experience the effects of concurrent disorders.

16. To recover requires courage.

    Having the courage to move forward in life despite experiencing the effects of both a substance use and a mental health problem is fundamental to the idea of recovery. Every seemingly small step forward, from getting out of bed in the morning, to getting through the day without using drugs, taking the bus to a community support program, calling up a friend, taking medications, going back to work, etc., requires more courage than most of us could ever imagine trying to muster.

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