Mental Health Recovery

(Module 2 from the META Peer Employment Training Workbook)

Lori Ashcraft, Ph.D.
Eugene Johnson, LCSW
Michael Zeeb, ITE

Once I became my diagnosis, there was no one left to recover.
Patricia E. Deegan

One of our favorite definitions of recovery is from Dr. William Anthony:

Recovery is a deeply personal, unique process changing one’s attitude, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of psychiatric disability” (Anthony, 1993)

Our Definition of Recovery

If you asked us how we would define recovery in our own words after watching it happen over and over again for the past three years, we’d define it like this:

Recovery is remembering who you are and using your strengths to become all that you were meant to be.

Remembering who we are isn’t as easy as it might sound. Once we receive a diagnosis, it often becomes the primary focus of our identity. It can become the lens that we see ourselves through. Our new label can overshadow the depth and breadth of who we are as people. To make matters worse, most of those around us started relating to us as though we’d turned into a diagnosis. They ask us about our medication and if we’re taking it; how we’re taking it; how we feel about taking it; how long we’ve taken it. They ask us what other medications we’ve taken; how long we’ve been ill; how many times we’ve been hospitalized, homeless, in jail, on drugs, and so on. In other words, those around us start seeing only the parts of us that aren’t working too well. Guess what? This often causes us to only see that part of ourselves too, and pretty soon we have trouble remembering who we are as a person. We join the club and start to see ourselves as a diagnosis too. One of our colleagues put it this way: “Once I became my diagnosis, there was no one left to recover.” She really captured the essence of the problem in that statement. The more we settle into the identity, the more we forget who we really are. Now the good news is that that person, the one that’s really us, is still inside us all along, buried under layers of diagnoses, medications, victim stories, hopelessness and helplessness. As we take closer looks, we can begin to catch glimpses of ourselves. The longer we can

“Once I became my diagnosis, there was no one left to recover.”
The journey of becoming a Peer Support Specialist leads to knowing how to take all of your experiences, regardless of the pain, and use them to transform your life into what we call “living hope” for others who want to recover.

Now on to the really good news – Since that person that you are is still within you, you can come back and be even stronger and have more to contribute than you did before. In fact, the journey of becoming a Peer Support Specialist leads to knowing how to take all of your experiences, regardless of the pain, and use them to transform your life into what we call “living hope” for others who want to recover. Every time you share your story, not as a victim, but as a survivor, as a hero who has gained strength and courage from the journey, you become ever stronger. Your increasing strength and courage comes from the immediate validation you get when someone says, “If you can do it, so can I”.

“Remembered wellness” is another way to describe “Remembering who you are”. “Remembered wellness” is a term coined by Dr. Herbert Benson, M.D., Associate Professor of Medicine at Harvard Medical School and the Deaconess Hospital, and the President and founder of their Mind/Body Medical Institute. After conducting extensive research on the effect of “remembered wellness”, Dr. Benson writes

“It is possible to mobilize our thoughts to change the way our brains work, to shape our nerve cells with experiences and events that are emotionally fulfilling and not emotionally threatening, and to take full advantage of the newly discovered power of thought-induced brain functions.” (Benson, p. 95)

He recounts multiple studies that illustrate the power our thoughts have over our conditions. In other words, we can actually change our minds and bodies with our thoughts. If we think negative hopeless and helpless thoughts, we are likely to become hopeless and helpless. If we think positive thoughts and stay focused on our strengths, we are quite likely to become strong, self-directed, confident individuals. Two of the studies by Dr. Benson show the power our thoughts have over our mind and bodies. In the first study, Dr. Benson discusses a study in which 57 high school boys were tested for allergic reactions.

“Boys who reported being susceptible to lacquer trees were blindfolded and on one arm were brushed with leaves from a lacquer tree that they were told were leaves from a chestnut tree. They were brushed with chestnut tree leaves on the other arm but told the leaves were from the lacquer tree. Within minutes, the arm the boys believed to have been brushed with the poisonous tree began to react, growing red and developing bumps, itching and burning sensations, while in most cases the arm that had actual contact with the poison did not react. Skin reactions indistinguishable from actual allergic reactions were induced by believing contact with a poison had occurred.” (Benson, p. 59)

In yet another case, Dr. Benson recounts a study conducted as early as 1950 on pregnant women who suffered from persistent nausea and vomiting during pregnancy.

The women were given a drug they were told would cure the problem. In fact, they were given the opposite – syrup of ipecac – a substance that causes vomiting. Remarkably, the patients’ nausea and vomiting ceased entirely and their stomach contractions returned to normal. Because they believed they received anti-nausea medicine, the women reversed the proven action of a powerful drug. (Benson, p. 32)
We are telling you about the work of Dr. Benson and others so you’ll understand that there is a lot of scientific truth to what we are saying when we talk about the power of remembering who you are. More good news – we are all inherently endowed with the power to activate these amazing healing mechanisms within us. It’s about learning how to “use your head” to your best advantage.

This part can be summed up by reciting the words to a song by Cathy Bolton entitled “Remember Who You Are” that we often play at graduations and other celebrations:

Don’t forget to remember who you are,
Where you came from, where you been thus far.
It’s so easy for the hard times to leave scars
When you forget to remember who you are.

You’ve probably noticed that our definition of recovery is not so different from that of our mentors. It’s just ours. It reflects our experience as we’ve figured out how the process has affected us. It’s an important part of our collective recovery journey.

How Recovery Happens

If you have completed a Wellness Recovery Action Plan (WRAP), you probably have some ideas about how recovery happens, but let’s review it anyway. As you know, it starts with hope – that little glimmer, spark, click, or light bulb, etc… For many it’s a whisper, not a neon light in the sky. People describe this to us over and over again in many different ways, but it’s basically a “moment” when they have a “knowing” that things can get better, a turning point. They can recover. It’s when they catch that glimpse of themselves, and if only for a moment they remember who they really are – not a mental patient, not a walking pillbox, but a unique and beautiful human being. Once they get that memory from that little spark of hope, they want more, even though this often brings up a series of fearful thoughts for them. Here’s how Judy describes this moment:

I graduated from the Peer Employment class and applied for a job with META. I was hired as a Peer Support Specialist and had been on the job for a few days. I was excited about having a job, but also worried that I’d screw up and get fired. It was like part of me was really well, and part of me was still having symptoms. Something that kept happening was that I’d start to have a symptom, but just before it kicked in, there would be a moment when I could see what was coming, and I realized I could choose to stop it. In that moment, I didn’t know what else to do since always before I’d just have the symptom. So I started to realize that I had some say over the symptoms. This was new ground for me. Sometimes I could stop the symptoms and just hang out in some unfamiliar space; sometimes I didn’t have the presence of mind to do that and I’d end up swamped in symptoms, or going back to old behaviors……but the more I could stay open to the well part of me, the better I liked myself and the more hope I had. It was more than just being who I used to be when I wasn’t so sick. It was much deeper than that.”

The note Judy ends her comments on begins to describe a very important aspect of recovery. She’s pointing out that remembering who we are goes a lot deeper than simply returning to the state we were in before we were diagnosed.

It’s not so much about what you’ve done or been in the past, it’s the essence of your being. It’s that part of you that has hopes and dreams; the part of you that has a contribution to make.
That’s usually part of it for most people, but it’s not the guts of it. The guts have to do with who you were born to be. It’s not so much about what you’ve done or been in the past, it’s the essence of your being. It’s that part of you that has hopes and dreams; the part of you that has a contribution to make.

**The Recovery Pathways**

Webster defines “Pathway” as a “footpath, a beaten track, any path or course”. In other words, it’s a path that’s easy to find and follow. We believe that our recovery services should lay out a clear path that makes it easy for people to continue their journey of recovery. It took us awhile to figure out how to describe the recovery pathways.

When we first started training the META staff about recovery, we taught them theories and philosophies. They were intrigued with this information, but they were very clear that we needed to teach them how do to it. They got the “what” and now they wanted the “how”.

Well now, that was a lot harder to do! Especially since we’d said, “It’s the person’s job to recover”.

“So what are we supposed to do?” They asked, “What’s our part?” We not only needed to learn how to assist people in their recovery process, but also how to teach others to do this.

Furthermore, we needed to do all this in a way that reflected recovery principles. So we started paying close attention to how we were being with those who were recovering and what we were doing with them. We tried to identify what moved them closer to recovery and what got in the way. We also paid attention to what went on inside of us during the process so we could learn from that too. Luckily we made a great discovery early in this process. It was so obvious once we recognized it. We were tripping all over it but couldn’t see it, partly because it’s not a “spoken out loud” concept in the “treatment culture.” Lori describes the experience of first saying it out loud one evening when she was teaching a workshop on recovery for psychiatrists.

“Out of frustration, one of the doctors reeled off a long list of things he’d been doing to try and make his patients more comfortable in one of our Psychiatric Recovery Centers. After he’d concluded his list, which included things like getting someone an extra pillow, spending more time listening to someone who was in a lot of pain, and so on, he said, “So what do you call that?” He was waiting to hear if his list fell under the heading of “recovery”. To me these actions didn’t directly describe recovery, but they were clearly part of it. It was one of those times when I wasn’t sure if I should really speak my mind, but I heard myself saying “Well... I guess we would call that LOVE.”

**Love: The key to the “Recovery Pathways”**

After Lori spoke the “love word” out loud, we all started using that word – love. We could tell that when we were willing to love each other, or new people coming into our classes, it made a huge difference in how motivated they were to start their recovery journey. For the most part, we could do this unconditionally – unwavering even when there was no evidence of recovery. I can’t resist quoting Robyn at this point, who is a team leader in our Central Psychiatric Recovery Center. She was describing the way she does her job in the Living Room. She paused, searching for the right words, then said:
“Sometimes it’s not easy… Someone comes in and the problems they’re having are too close to home for me… But I look into that face and I know I need to go deep down inside and pull up that love and give it to them.”

Basically, that’s how it happens. We’ve learned ways to listen, things to say, things not to say and things to do that help people recover, but without love, they are just another set of techniques that may or may not have any impact.

To almost all people, with or without psychiatric diagnoses, love is often the central part of their emotional existence. Their behavior is designed to elicit love from other people, and they look for ways to express the love they feel for others (their spouse, their friends, their children, their country; if they are lucky, all of humanity).

Part of the damage of being labeled with a mental illness is that this lifeline is sometime broken, for various reasons. The person with emotional challenges sometimes experiences guilt or shame (usually needlessly). This damage is reversible. Some receive help in therapy. Others receive help when a person (or people) in their life gets to know them and sees them as lovable.

When people gain the courage to begin traveling their path to recovery, they often find that using those portions of their emotions, intelligence, and spirit reawakens their capacity to give and receive love; sometime even more strongly than before, because they had taken it for granted before their experience difficulties.

Science, theology, and other fields of knowledge are increasingly discovering that love is a central force not only of our own existence, but all of life (organic and inorganic). Even plants are stronger and healthier when their guardians think loving thoughts as they tend and water them. Think of how much more important it is to use love as an ingredient when doing work designed to help other people. It may be no exaggeration to say that love is the most important force in our universe, as necessary as gravity for its operation and development.

Countless poets and song writers have tried to describe love throughout history. For example in the song “Suzanne” by Leonard Cohen, in describing the “children of the morning”, he says:

They are leaning out for love,
And they will lean that way forever.

In an old, intriguing song, “Nature Boy”, the moral the song works up to is:

The greatest thing you’ll ever learn,
Is simply to love and be loved in return

So, with the central theme of love, the pathways to recovery include:

1. Hope
2. Choice
3. Empowerment
4. Recovery Culture
5. Spirituality
Recovery Pathway 1

HOPE: Finding a More Hopeful Approach

We’ve already talked about the importance of HOPE and we’ll continue to discuss it through this workbook. It sounds so simple – once you say it there’s a tendency to move on to more complex issues. We’ve learned to pay even more attention to HOPE. Looking back, we can clearly see how our approach to helping people recover has evolved toward a more hopeful focus as we’ve gained experience and expanded our knowledge base. Early on we focused on managing symptoms, and over time we shifted to a focus on wellness, accomplishments and abilities. This may sound trivial, but it made a big difference in the way we experience people and in the way they experience their potential for recovery. We’ve learned to expand the conversation to “what are you good at? How have you survived? What are your abilities? What are your accomplishments?” All these questions cause a person to remember their strengths and abilities and to nurture a growing sense of hopefulness. We now spend less time focusing on managing symptoms, and more time reminding people how far they’ve come, and the hope they can have for their future.

We’ve also learned the importance of “holding the hope” for people when they can’t yet hold it for themselves. In nearly everyone’s recovery story, there’s a point where they say, “There was this person . . . and they go on to describe someone who believed in them, believed they could recover, and held the hope for them until they could hold it for themselves.

Here’s what Susi has to say about hope, and how it turned her life around:

“When I started WRAP, I was the victim. The biggest thing I learned is that no one is a victim unless they allow themselves to be. Then during Peer Support Training, I was sitting in class one day and I made the mistake of referring to myself as a “mental patient”. Lori Ashcraft was teaching that day and do you know she made it very clear to me that not only am I not a mental patient; I am very much a person. A PERSON. ME! It’s the day my life turned around. I started to believe that I could do anything I set my mind to. I stopped feeling sorry for myself, I started working my WRAP, and I even graduated Peer Support Training with a 97%!"

You yourself are going to contribute to the ever-increasing evidence that recovery is possible. Hope is the central, and vital, ingredient to your recovery. So tips on creating and maintaining your hope include:

- Take your long-term goals and subdivide them into small steps. Remember the Chinese proverb that “the journey of a thousand miles begins with a single step.”
- Share your hopes with one another and your friends and supporters. “Hold the hope” for others, as they “hold the hope” for you.
- Seek out role models. Besides role models that you know, consider reading biographies of people you admire, and who inspire you, and let their magic rub off on you.
- Hope increases for many people when they are on journeys of spiritual growth. We will discuss this in more depth very shortly in Recovery Pathway 5.
- Read about, invent, or discover positive “affirmations” that you can use to guide your self-development into the person you are meant to be. These can be short, long, simple, or complex. You are the expert on your own future.
Recovery Pathway 2

CHOICE: The Profound Impact of Personal Choice

Another way to help people remember who they are so they can recover is to give them choices. This is one of the ways that we’ve learned to “pull the person forward”. As people make choices, they get glimpses of who they are: “Oh, I’m a person who likes to work evening shifts; sleep in; make pies; tell jokes ……” As the choices stack up, a reflection of the person making the choices comes into view, and they can begin to see who they are. When the choices are limited, or when there are no choices at all, people have a harder time remembering who they are.

Here’s what Brian says about a time in his life when his choices were limited:

“I really didn’t like that last residential placement I was in. I guess part of the problem is that I didn’t want to go there in the first place. Matter of fact, I don’t even know how I got there – I got discharged from the hospital and just ended up there. They just put me there – maybe because it was the only vacancy or something. Anyway, the next thing I knew they moved someone else in with me – a roommate. We had nothing in common and our timing was different. By that I mean that when I wanted to be awake, he wanted to sleep and vice versa. Then he got worse and just laid on the floor most of the day. I didn’t know how to help him and I couldn’t stand to see him that way. The whole thing made me worse too. They had groups they made us go to, but there was just one group so we all had to go to the same thing. I think it was on anger management, and by then I really needed it, I guess. It was the only group, so when we got to the end of it, it just started over and we went through it again. There was no choice in anything. They decided what we ate, when we slept, whom we roomed with, and when we took our medication. Now and then there were outings, but they decided all that too. We just got in the van and went somewhere. I know they were trying to take care of us, but the longer I was there the more I didn’t care about anything.”

What Brian is describing is the effects of not having choices, which usually results in a profound sense of despair. This condition is sometimes referred to as learned helplessness, or institutionalization and it is often harder to recover from than the diagnosed problem. In “Recovery, a Journey of the Heart” Pat Deegan talks about the devastating effects of learned helplessness and explains how it happens: “It’s safer to become helpless than to become hopeless”.

Kristina describes a time when she would stand in front of her closet and not even be able to make a choice about what clothes to wear. She says,

“When I finally got the courage to make a choice, if I chose the first time, then I could choose twice, and if I chose twice, then I could choose three times. The more choices I was allowed to make the more I grew, the more free will I had, and the more I know who I was.”

A recovery approach offers people lots of choices and provides many opportunities for them to catch glimpses of themselves through the choices and decisions they make. We have probably all had experiences with various caregivers, providers, and even family members who insist on restricting our choices because they are trying to protect us from ourselves. The myth they are operating under perpetuates the concept that a person who has been diagnosed with a psychiatric illness has im-
impaired judgment and cannot make sound decisions. They decide to make all the choices for us, and in so doing they take one of the most important recovery experiences away from us – personal choice.

We have learned that it’s more useful to let people make choices, and if they make mistakes, we help them reframe them as opportunities to learn to choose better options. This is basically trial and error learning, and it’s the way most people learn and grow.

Here’s a note from Suzanne that emphasizes the important of “walking beside” our peers instead of directing them:

“Every day at work is rewarding. I thought that when I started working for META I would be counseling people and teaching them how to deal with their mental health issues. That couldn’t have been further from the truth! I work side by side with others, peer to peer. I offer strength, support, experience, lend a listening ear, but most importantly, I get paid to spread HOPE.”

When the choices we make aren’t in line with what others think we should do, we may be called “resistant”. The idea is that we are resisting what is in our best interest, or more often than not, we are not compliant with what others think we ought to do. In the fall of 2003, Pat Deegan spoke at our annual Recovery in Action Conference and pointed out that resistance is really the part of us that’s speaking up, stepping forward, and making choices. While it’s often described as negative behavior, it’s really a very good sign. It means that we’re still present; we still have a voice, and we want to make our own choices.

In learning about Choice, the values of **Self-determination and Personal Responsibility** can help deepen our understanding of this Recovery Pathway.

Human beings are not geared to staying in one place. If we aren’t moving ahead, we seem to drift side to side or slide backwards. Moving under our own power is a key element in the recovery process. This requires us to take responsibility for our situation and to begin to move ahead – making choices and decisions, taking calculated risks, sometimes scaring ourselves awake. This process has been referred to as **self-determination**. The first part of this phrase is “self”. And before we can get ourselves going in a meaningful direction, we need to know who we are and have an idea of what we want and need. The section of this handbook on “Meaning and Purpose” will help you identify and connect with your self.

Moving on to the **determination** part – let’s look at what helps this happen, and what gets in the way of it happening. Joseph and Susan Rogers are pioneers in the consumer self help movement. They presented a paper at the 2003 National Self-determination and Psychiatric Disability conference, in which they said,

> Key among personal barriers to self-determination is internal stigma – the feeling that there is something wrong with us because society tells us there is something wrong with us. Internalized stigma creates personal barriers to self-determination including fear, low self-esteem/self-confidence, fear of success, negative self-talk, lack of coping skills, personal trauma issues, not knowing your rights and a feeling of hopelessness. (Rogers, p. 9)

Joseph and Susan have done a great job of identifying the things that get in the way of us moving under our own power. As you work through the content of this handbook, you’ll learn many ways of moving beyond these internalized barriers.

It’s important to remember that self-determination does not occur in a vacuum, or in isolation of your environment. It is not about “rugged individualism”, or “pulling yourself up by your own bootstraps”. It’s much more complex than that. In order to be self-determining, we need to understand what kind of support we need from others in order to be successfully self-propelled.
Here’s how Kristina described her reaction to hearing about our expectations regarding self-determination and personal responsibility:

“I heard them say, “It’s your job to recover.” I thought, “No! It’s not my job. It’s your job. You’re supposed to fix me.” I was in total shock. I’d been led to believe that I had no role in getting better and I was waiting to be fixed by someone else. Learning that it was my job was very scary, but at the same time it began to awaken in me a feeling of confidence that I hadn’t experienced in a long time. I think it came from realizing that these people believed I had something important to contribute to my own recovery process. So I started trying to participate and cooperate with the treatment. I began to learn new skills and ways to communicate. I saw that I could make other people laugh when I laughed at myself for not getting everything right the first time. I was learning how to recover and I was doing it myself with help from others in the same boat.”

Cheri identified how personal responsibility and choices helped her:

“I was indeed very introverted and withdrawn. My conversation with others was quite minimal. My self-esteem was at the lowest point in my entire life. I was so wanting to give up on myself and my coworkers... The turn around came for me when I knew I could take personal responsibility and make the necessary choices in my life to make it more manageable and meaningful. I began by choosing to greet people with a smile. I was amazed by the way people accepted me. The more I was accepted, the more open I became. I felt connected to those around me.”

Resistance is a way people try to get their power back. If we can find creative ways to “go with” the person’s resistance, we can increase their power – the power they need to recover. This is sometimes called “rolling with resistance” and it’s a recognized way of being with people who are trying to recover. It also keeps us from getting into power struggles and wasting energy on meaningless arguments. So how do we make sure the power stays with the person so they can recover?

Kristine describes an experience in a treatment center where her resistance helped her remember who she was and get her power back.
They called me and they said, “This is your treatment plan and I want you to sign it.” And I said I want this and this and this on my plan. And they said, “I’m sorry, this is it and I want you to sign it now.” And so I signed the thing. I was not happy. After about two days I spoke to this drill sergeant again. I said, “Look, you are going to discharge me.” He said, “You are so dramatic.”” I said, “That’s right and if you knew me, you would know that that means I am well and I’m leaving. Now you have a choice, you can discharge me or I will get on this phone and call people until I find someone who will get me out of here.” This was such an empowering thing for me.

Here’s how Cecil describes getting the power he needed to recover by having an opportunity to make a contribution through working with others:

September 2002 I was unable to walk 10 feet to my mailbox without having a major anxiety attack and then have to spend four days in isolation. The hope of change and the grace of God encouraged me to endure the torture of going out to WRAP classes. Up until this time I had never worked six full months in my 27 years of attempting to work. Since then I have recovered to the point where it’s actually hard to stay in my apartment. At the time of this writing, I’ve been working eight and a half months. This has only been possible on a daily basis. I never thought I could teach anyone, yet that’s what I do daily. I enjoy life now instead of waking in terror each morning.

Here’s what Mark has to say about finding empowerment through his work assignments and through having hope for the future:

A lot of my growing happened with META Services, as a Peer Support Specialist. They gave me the tools I need, not only to understand and better myself but also the opportunity to affect other people’s lives in a very positive way. Being a Peer Support Specialist is the most rewarding career I have ever had. I have been with META Services longer than any other job. That is a big accomplishment for me…I have a glimpse of what is going on and the best part of my life is definitely ahead. It is rewarding to have a position that allows me to do what is most important in my life…. Helping others with love is an important key for my success.

Recovery Pathway 4. RECOVERY Culture

In our experience, we have discovered that a recovery culture is possibly the most important predictor of recovery. In other words, we cannot predict that a person will recover based on their diagnosis, nor can it be predicted by past experiences — number of hospitalizations, medications, jail visits, homelessness, etc. However, if a person is in a recovery culture, they are much more likely to recover than if they are in a non-recovery culture. It’s no mistake that the META Services mission statement focuses on environment:

To create opportunities and environments that empower people to recover, to succeed in accomplishing their goals, and to reconnect to themselves, others, and meaning and purpose in life.

The chart below illustrates the aspects of a recovery culture and compares it to a non-recovery culture. You can see the difference right away.
Another aspect of recovery that flows throughout the culture is a **level of consciousness**. This is an invisible source of energy that can be felt at some level by most people. For this reason, we put a lot of effort into maintaining a positive level of consciousness. This often shows up as a pervasive “can do” attitude on all our parts. If one of us starts to slip into negativity, others try and pull us back up so we don’t damage the positive energy level. Gossip and negativity are discouraged, as they are very damaging to the environment.

Dr. David Hawkins in his book *Power vs. Force* has developed a “map of consciousness” which we use to understand the positive levels of consciousness as we strive to maintain a recovery culture. Notice how the turning point from negative consciousness level to positive ones is the level of courage and the process is empowerment. This, we believe, is where recovery starts to happen. This is also where we move from “force” to “power”. Change happens, according to Dr. Hawkins, simply the power of the level of consciousness. The “log” associated with each level of consciousness is the energy level Dr. Hawkins has calibrated from his research with each level of consciousness. Notice how much more energy is associated with the higher levels of consciousness.
We also celebrate diversity in our culture. We see each other’s differences as unique and wonderful ways to learn more about the world. When you get to the part of this class where you each tell your own story, you’ll begin to see how important is for each of us to maintain our own uniqueness and to value the uniqueness of others.
Recovery Pathway 5.

SPIRITUALITY: Meaning and Purpose

At least 75% of the people going through Peer Employment training have indicated that spirituality played a major role in their recovery process. They aren’t talking about specific denominations, even though some of them are associated with specific religions. They are talking about a personal experience they have had with some sort of higher power that has given them strength and courage to begin the recovery journey. Here’s a quote from the The Quest, a book that provides some insight into our spiritual hardwiring:

*No matter what your circumstances, past or present, there has always been the hope of connecting with “something more.” Somehow, tucked away in the attic of your soul, a part of you has always considered the possibility of that connection and yearned for it. Sometimes the yearning was strong and urgent. Sometimes it was so remote and hidden that it was not even identifiable. But it was always there…. (Jafolla, p. 2)*

Herbert Benson, M.D., author of many books on the topic, describes it as “either a pull from within the individual to connect with a higher power, and/or a pull from the external power of the universe to form a spiritual connection with each person.” (Benson, p. 196) All we can say for sure it that it continues to be a mystery that we each explore, finding our own answers and connections. Spirituality is a very personal issue, so we approach it respecting each person’s experience and chosen path.

Below, a few Peers have been willing to share with us their personal spiritual experiences and how they have helped them recover:

William, a graduate from the Peer Employment Project, described it this way:

*I was waiting for the bus the other day… it had just finished sprinkling and there were still lots of clouds in the sky. I happened to look beyond the traffic and there was the most beautiful sunset I believe I’ve ever seen. It was brilliant with streams of light shooting out in several directions. I was spellbound…. and in that moment I felt something that was both inside me and out there at the same time…. not sure how to describe it, but for a moment I felt connected to the beauty in that sunset, and in fact, to everything around me. I think that was God somehow connecting with me…*

Suzanne B., a recent Peer Employment graduate, describes her spiritual experience this way:

*“I had been in and out of Christianity for a while. But I wasn’t a good solid Christian until I suffered almost 3 years of psychosis from schizophrenia. I believed that God spoke to me directly, and showed me many signs. And, I believe I was attacked by the devil. Whether or not it really happened, I have no evidence to show anyone. But it is what I believe that matters. God gave me the proof that I need to let me know He is real. I suffered tremendously while I was psychotic, with extreme terror, stress, bodily pains, paranoia, migraines, delusions, voices, despair and collapse. I was unable to think clearly or read. I had to drop out of college and quit work. I also divorced my husband. I was living out of my car for about a month. I became very isolated. During those three years that I was psychotic, I reestablished my faith and was bap-tized. A voice said to me “I’ve been waiting for this for a long time”. I believe that Jesus spoke to me. My life did not change immediately. It was a long road to recovery. I had to be hospi-

Module 2; Peer Employment Training Workbook
Copyright META Services, 2004
talized twice... I started a prayer journal and it was like magic to me. I was witnessing God’s work in my life and my prayers... I have repaired relationships with my family and friends. I’ve made new friends. I have improved my attitude, my heart, and my mind... I never feel lonely, because I know God is with me.”

Salvador describes his spirituality this way:

My V.R. counselor got me in touch with META and Peer Support training. It was one of the best things that ever happened to me. I finally realized that I’m not alone in my journey and that a lot of people have experienced what I went through. During this time, thanks to my girlfriend, I discovered the Lord. Discovering God and his love was one of the best things that’s happened to me. ...I realized God will also be there for me through thick and thin, like my family and my girlfriend.

Chet has this to say about the effects of spirituality:

At the age of 17 I started receiving psychiatric services. I am now forty years old. I had suffered from depression even as a child. I have been in and out of hospitals many many times between now and then. I can attribute my recovery to two things. One is META Services for teaching me about recovery and believing that it is possible. I actually can be a productive human being. The second is Buddhism. In meditating I find peace. Within Buddhism of Nicherens teaching, everything and everyone deserves respect. Practicing this has taught me to respect myself as well as accept myself, and who I am and where I am heading. Buddhism also teaches empowerment. While chanting one visualizes what one needs, wants, peace and wisdom. It also teaches cause and effect which promotes taking personal responsibility.

How can we each develop our own spiritual strengths? There are three common practices that seem to work across the board for spiritual development regardless of what your religious beliefs are: prayer, meditation and contemplation (reflection). It is often said that prayer is talking, meditation is listening to God, and contemplation is a combination of the two. We suggest that you may want to start this part of your recovery journey by engaging in a conversation that includes all three. Here’s a description of what it’s like for some of us when we begin this conversation.

Having this conversation requires us to speak and listen from the deepest, most unpretentious part of ourselves. Regardless of how weak our inner voice is, it speaks, and we listen to ourselves talk to a Higher Power. Once we hear our own inner voice, we begin to feel the connection which draws us further into the conversation. As we listen to ourselves during the conversation, we begin to understand more about who we are and what we think we need. This Higher Power seems to be a force that listens so intensely that it actually magnifies our own presence and validates our existence – not because our part of the conversation is so eloquent, or our meditations are so intense, but simply because we are who we are. At some point during conversation we can begin to feel relief from the lostness, the purposelessness, the confusion, the need to know “why”. At this point, the answers we seek seem less important and we are able to relax into the mystery. We are less worried about what’s happening, or is about to happen. Thoughts occur to us that begin to satisfy and heal the troubled feelings. It may not be unusual for our prayers, meditations, and contemplations to end with us knowing no more than when we began. But some time later, the shift happens. It’s as though our response to being in the “Presence” is delayed. Someone once said “sometimes our heart talks to God before our head knows what’s happening.” So while we are listening to our selves talk to a Higher Power, something else may be happening in our hearts – a solid connection that all the while is connecting, comforting and healing. Perhaps it takes awhile for our heads to register what has happened in our hearts. So
whether it’s sooner or later, once we get it, a sense of meaning is re-established. There is a purpose for us being on the Earth once more. The plan is still in place and we don’t even have to know what it is.

How does spirituality relate to recovery? It seems to be a very primal aspect – one that transcends the process of recovery, yet encompasses it. Perhaps the initial part about establishing a connection to the self is the beginning – then the feelings of validation reinforce the connection. This creates a space for HOPE to surface and fuel the journey of personal growth and development.

The Recovery Pathways are summarized in the following outline:

**Recovery Pathways**

### Hope
1. Hope is the beginning.
2. It’s a thought that things can get better, a feeling of courage with a spark of new energy.
3. Hope creates a “turning point”.
4. Hope means, “I can have dreams”.
5. It’s a vision of a better future; learning to focus on the positive.
6. Someone else can hold the hope for us. “And there was this person”

### Choice
1. Recovery is a choice.
2. Making choices is how we can discover who we are.
3. Making choices can be risky. We have the right to take risks. This is how we learn; from our own experience.
4. In fact, we are the experts in our own care.
5. We do best when we choose our services, our service provider, and our service plan.

### Empowerment
1. Recovery is the person’s job. Give them the power to do it!
2. Resist taking the power by doing “to” or “for”. Give the person the lead role.
3. Creating a “valued role” promotes empowerment.
4. Teach self-advocacy skills that get good results.
5. Promote self-advocacy -- support each person in taking the lead and not giving their power away.
6. Put each person in the helping role so they remember that they have a contribution to make.

### Recovery Environment
2. Healing happens in relationships. Value and nurture relationships based on kindness and mutual respect.
3. Maintain a “level of consciousness” of love.
4. Avoid gossip and negativity.
5. Celebrate diversity.
6. Create a “community” with valued social roles for everyone.

### Spirituality; Meaning and Purpose
1. Connecting within and beyond the self.
3. Find our own answers to the mystery of spirit.
4. Develop spiritual pathways.
In the powerful article “Recovery as a Journey of the Heart”, Patricia Deegan uses her own recovery journey and examples from the lives of others to make the point that we need to learn to “reverence the human being who exists prior to and in spite of the diagnosis we have placed upon them.”

Dr. Deegan reminds us that our recovery journey grows from the awareness that first we are human beings.

“The concept of recovery is rooted in the simple yet profound realization that people who have been diagnosed with mental illness are human beings. Like a pebble tossed into the center of a still pool, this simple fact radiates in ever larger ripples until every corner of academic and applied mental health science and clinical practice are affected. Those of us who have been diagnosed are not objects to be acted upon. We are fully human subjects who can act, and in acting, change our situation. We are human beings and we can speak for ourselves. We have a voice and can learn to use it. We have the right to be heard and listened to. We can become self-determining. We can take a stand toward what is distressing to us and need not be passive victims of an illness. We can become experts in our own journey of recovery.” (Deegan, p. 4)

“The goal of the recovery process is not to become normal. The goal is to embrace our human vocation of becoming more deeply, more fully human. The goal is not normalization. The goal is to become the unique, awesome, never-to-be-repeated human being that we are called to be. The philosopher Martin Heidegger said that to be human means to be a question in search of an answer. Those of us who have been labeled with mental illness are not de facto excused from this most fundamental task of becoming human. In fact, because many of us have experienced our lives and dreams shattering in the wake of mental illness, one of the most essential challenges that faces us is to ask, “who can I become and why should I say ‘yes’ to life?”’ (Deegan, p. 4)

In “Recovery as a Journey of the Heart”, Dr. Deegan points out that we must set aside the mental illness labels and create an environment that values each person’s uniqueness and ability to be an active contributor to their own recovery process.

Choice, options, information, role models, being heard, developing and exercising a voice, opportunities for bettering one’s life: these are the features of a human interactive environment which supports the transition from not caring to caring, from surviving to becoming an active participant in one’s own recovery process. Creating such environments are the skills which tomorrow’s mental health professionals must master. (Deegan, p. 15)