

# RECOVERY PERSPECTIVES

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- Having access to one's intuition
- Recovery is ethereal/unknown – meaningless because it's subjective
- Should be defined by service user not service provider
- Realising one's potential
- Being clean, and sober
- Having a sense of belonging
- Being happy
- Risk reduction can encapsulate recovery
- Helping others and doing service
- Definition is personal, individual
- Having a job
- Wider meaning needed: discovery and uncovering
- Unfortunate to use term "recovery" a term like "well-being" could be better
- Becoming more intimate and connected

## Aim

To explore a hypothesised service user / provider gap and characterise any cognitive dissonance in their respective understandings of "recovery".

An earlier study "Demystifying Addiction through Personal Stories" identified a potential philosophical mismatch between service user perspectives on addiction recovery and those of the health, justice and social services that seek to provide treatment. If the treatment service and service user are working from different paradigms, there is potential for adverse impact on therapeutic outcomes.



Demystifying Addiction through Personal Stories  
akooteaoroa.ac.nz/communities/demystifying-addiction

## Method

Healthcare service provider stakeholders were selected semi-purposely to participate in interviews and a focus group to discuss their personal philosophy on recovery, whether it varies from the philosophy of their service, and their perceptions of and barriers to providing recovery-orientated services. Discussions were audio-recorded, transcribed and reviewed by participants. An interpretative qualitative framework was used to analyse data and compare with in-depth service user interview data from the earlier study.



## KEY AREA OF TENSION:

# "RECOVERY... FROM WHAT?"

## What are people recovering from?

The fundamental issue from which all other tensions appear to stem is the different perceptions of what a service user is actually recovering from.

### Service Providers

Addiction & Mental Health disorders, e.g. Substance Use Disorder, Depressive Disorder

### Service Users

Many different things, e.g: Trauma, Stress, Grief, Dislocation – and addiction problems

### Service Provider

"Certainly every consumer has their own idea of what recovery means. So it's kind of become a bit meaningless. It's whatever that person, what it means to them." (SP09)

### Service Provider

"There are certain things around accommodation, employment – those are things we can perhaps measure. But there's much more to it...so they may not have got into employment yet, but hey, in the process they're actually moving along mentally, getting psychologically prepared and you know, perhaps buying new clothes to go to work. Because it is a number of activities that we actually do not measure, or are not ever able to measure, that occur before we actually can say ah yeah, this is recovery. But that's quite limiting." (SP08)

## Treatment Outcome Measures

Treatment services require short term reportable outcomes for funding and planning purposes, but these do not reflect "the bigger picture" of individual progress within a long term recovery paradigm.

## Meanings of Recovery

Recovery was variously described as a personal journey of discovery and growth towards a self-defined quality of life, with service providers adding a systems level perspective.

Service providers generally agreed that it would be a mistake for services to define recovery in terms of abstinence, and that a wider meaning was needed that could encapsulate the individual nature of the recovery process.

### Service User

"Somebody goes out for a few drinks on a Saturday night. How do people like that...that have had significant problems with addiction, who may have had opioid problems...where the spiral for that might be straight down, but they may not have problems [with alcohol]. Where do they fit? Do they feel you know, truly at home in something that may be a [complete] abstinence focus?" (SU02)

## Stigma and Judgement

Stigma attached to addiction is highly problematic for people who develop problems to access services and receive the quality of care they need to get well.

### Service User

"Cos I felt so bad at this time, I said to him, "I think I've got a problem with alcohol". And rather than address that, he just looked me straight in the eye, with this judgmental thing, and I feel really humiliated and angry still now, and he leant forward at me, and glared at me and said, "Do you need an eye opener then?" ...He you know, he fucking hated me. He really hated me." (SU04)

### Service Provider

"I've never come up against a doctor or nurse that won't listen, or want your advice – they want to help. So sometimes there can be judgments. You get that everywhere. You get that from AOD clinicians... about people drug-seeking... But in my mind, unless we all work together... we're doing the person and their family a disservice." (SP02)

## Medicalisation of Addiction

The medical (or disease) model both helps and hinders recovery. It helps by keeping people abstinent, and is important in treating a wide range of physical complications that result from addiction to substances. It hinders by locating "the problem" in the individual, obscuring important structural contributors such as social injustice, health inequalities and dislocation.

### Service Provider

"I've struggled being in the medical model sometimes, around labels and diagnosis. I mean the medical model, you know, look at the DSM-IV: doesn't take an account of age, gender, ethnicity and culture, which makes up the person, you know what I mean? I'd rather talk about symptoms than...diagnosis. And I think that we get it wrong." (SP11)

### Service User

"It's no measure of health to be well adjusted to a sick society" (SU01)

## Fragmentation of Services

Service providers estimate that 90-95% of service users have co-existing mental health problems. An integrated service and holistic long term approach which focuses on the individual's needs and goals are required.

### Service User

"You're always being shuffled between departments...You felt like you're a problem really, that's how you felt, and I mean, I was a problem (laughs) really for the medical people you know. It was kind of like I didn't fit in any box really" (SU05)

### Service Provider

"I think looking at the local service here, it's been great in theory, bringing mental health and addictions, but it hasn't worked in practice, partly because you've got two big teams. How do you integrate those? They try to have integrated [management] meetings, which are just... doesn't work. And everybody ends up resenting the others." (SP10)

# CONCLUSIONS

This analysis has characterised important areas of service user / provider dissonance regarding addiction recovery. The dichotomy is especially poignant since many service providers also have a service user background.

Significant areas of common ground were also identified regarding how people with addiction issues can be more effectively supported towards health and well-being. For example, wider access to treatment for psychological trauma; more preventative work; more time / resources to develop and maintain a therapeutic relationship between service users and providers.

### Implications for Practice or Policy:

- Recovery should be defined by service users, not service providers: including exactly what they are seeking to recover from
- Clinical goals should be based on service users' recovery goals
- Management plans should include the client's own recovery goals. Progress towards, and changes in recovery goals should be reviewed throughout an episode of care
- Service drivers such as reportable outcome measures and service integration should better reflect the recovery goals of service users

### Implications for Translational Research:

Findings will be used to inform development of an educational intervention to improve professional knowledge and attitudes toward addiction and recovery.

### Acknowledgements

Thanks to the service users and providers who participated in interviews / focus group.

Tony Hitch for graphical presentation.

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