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Recovery-Sensitive Counseling in the Treatment of Alcoholism

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ABSTRACT. The article traces contemporary developments in recovery research and outlines important dimensions of the recovery process. Dynamics and issues that are present at various "stages" of recovery over time are described. Some basic principles for a "recovery-sensitive" approach to counseling are suggested. *[Article copies available from The Haworth Document Delivery Service: 1-800-342-9678.]*

The last fifteen years have seen real growth in knowledge about recovery from alcoholism and other addictions. Prior to that time the addiction literature was heavily tilted toward the study and understanding of addictive careers, yet deficient in research-based knowledge about recovery (Brown, 1985; Morgan, 1992). Recent trends have moved toward correcting this imbalance.

As scholars and clinicians learn more about recovery, two important considerations are highlighted. First, light is shed on the process of healing in recovery, and on developmentally appropriate counseling goals in treatment with recovering persons (Zweben, 1986). Sensitivity to recovery, as a process with specific challenges and tasks evolving over time, will allow counselors to be more effective in treating such persons. Second, a consensus toward enhancing the partnership between professional counselors and Twelve Step resources is emerging (Brown, 1985; Zweben, 1987).

A recovery-sensitive model of counseling presupposes that collaboration between counselors and other healing resources is valuable, and that effective clinical practice relies on research-based knowledge. It is hoped

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that focused review of recent developments in recovery studies will help to improve the delivery of available counseling services. Following such a review, the author will sketch some basic principles for effective clinical work that is sensitive to the needs of recovering persons.

A cautionary note: This review explores the experience of women and men who enter and maintain recovery through contact with Alcoholics Anonymous and other Twelve Step programs. While the author acknowledges that many persons achieve recovery through other means, AA is still the "dominant treatment initiative for alcoholism" (Carroll, 1993). In addition, the literature is most informative about Twelve Step recovery and many counselors have clinical contact with persons who have Twelve Step experience. Consequently, sensitivity to the experience of these persons will be the focus of this article.

REVIEW OF THE LITERATURE

The term "recovery" indicates a state of abstinence that has been transformed, in keeping with common usage among Twelve Step adherents (Morgan, 1992). Built on a foundation of abstinence and sober living, recovery is an active and ongoing process, which involves "making the most of a life that has been rescued from obsession and addiction"; it is "rebuilding the life that was saved" (Larsen, 1985, pp. 7, 15).

It is now commonplace in addiction studies to encounter a variety of artists' conceptualizations outlining various tasks and dynamics of recovery over time. Typically, these are schematic variations of the classic addiction "curve" (See Royce, 1987), or as diagrams of various recovery "stages" (Brown, 1985), describing recovery as an evolving and time-sensitive process. These schema are supported by a growing body of research that can be classified into one of several categories: Classic writings, stage-specific studies, and narrative explorations into recovery experience.

A few of the classic alcoholism studies referred to recovery as a process that was time-sensitive (Bacon, 1973; Gerard, Saenger & Wile, 1962; Jellinek, 1952), but subsequent research focused mainly in only one area, namely exploration of treatment outcome or studies of follow-up after discharge from inpatient treatment. Few studies attended specifically to time-in-sober-recovery as a relevant variable (Morgan, 1995). Even studies of (supposed) "long-term follow-up" relied on populations with limited length of time in ongoing sober recovery. Consequently, most of the research that focused on "recovery" actually often studied only short-term abstinence or a post-treatment period in which abstinence alternated with relapse or "controlled drinking" (Morgan, 1992). While this may be a necessary procedure for evaluation of inpatient intervention, and may yield data concerning some aspects of alcoholism's "natural history" after treatment, it does have the side-effect of leaving the process of recovery-over-time largely unexplored.

A more recent, and promising, avenue of research explores recovery as a dynamic process in its own right, evolving over time. Here treatment, inpatient or outpatient, is seen only as a first step in a much longer recovery career. Often this research describes various "stages" of recovery as well as dynamics, tasks, and goals that are relevant to each stage (Barnes, 1991; Brown, 1985; Shalanski, 1991; Zweben, 1986, 1987). This is more congruent with the perspective and experience of AA.

The work of Stephanie Brown (1985) can serve as an example. Along with Gorski (1986) and others, Brown has elaborated a stage-specific, "developmental model of recovery." She views recovery as an ongoing interactive process, combining (a) an abiding focus on alcohol, its use and abuse, and abstinence from it, with (b) a developmental movement involving multiple dimensions of life, that is, thoughts, feelings, relationships, situations, world-view, and the like. Brown conceptualizes this process as the interaction of two axes, an *alcohol line* as the stabilizing and organizing principle in recovery, and orbiting this central focus, a *life-changes spiral* encompassing relational, individual, and social dimensions.

In Brown's view the recovery process begins with the attempt to remain "dry" and moves into the maintenance of "sobriety," or ongoing sober recovery (Brown, 1985). Brown examines four "stages" in this process: (1) Drinking, (2) Transition, (3) Early Recovery, and (4) Ongoing Recovery. While alcohol remains the continuing, although hopefully receding, focus during the course of sober living, the recovering person at each developmental stage may benefit from the interaction of recovery healing and knowledgeable counseling. Over time this results in the emergence of a new identity, a radically new frame of reference, and new attitudes, values, beliefs, and behaviors, that is, a totally new style and quality of living (Brown, 1985).

A third, and more contemporary approach to understanding recovery utilizes a stage-specific framework, but elaborates on the dynamics of recovery through exploration of the "narrative" quality of recovery experience. This qualitative research approach has yielded important results, highlighting the benefits of attention to the lived experience and wisdom of recovering persons (Cary, 1990; Morgan, 1992; O'Reilly, 1988; Rachel, 1985; Sommer, 1992).

Sommer (1992) utilized semi-structured conversations with recovering persons in AA with between four and seven years sober recovery. She

asked, first, what they felt were the most important things they'd learned so far in sobriety, and second, how they solved contemporary problems in living (Sommer, 1992).

Sommer's work identifies several themes that are relevant to the experience of alcoholics in this "intermediate" recovery period: (a) changes in self-perception and perception of the world, (b) a growing sense of accomplishment in living along with a keen sense of "unfinished business" still needing attention, (c) the experience of a higher power, and (d) a sense of comfort and familiarity with a program of recovery and its "tools" (Sommer, 1992). She also describes the differences that sober alcoholics perceive between earlier and later stages of the recovery process. At each stage, Sommer suggests, persons must be actively engaged in integrating the principles of AA into a new "way of life" (1992).

Sommer also elaborates some "clinical implications" from her work. During her investigations, half of her participants were engaged in therapy with a mental health professional concurrent with Twelve Step involvement. In addition to gaining familiarity with Twelve Step literature, Sommer suggests that professionals maintain some form of regular contact with local Twelve Step meetings and recovering persons, so that the philosophy, language, and tone of this milieu becomes familiar. As a result, she suggests that the "joining" task of therapy may be better facilitated if therapists take an active counseling interest in such recovery issues as (a) how many, and what kinds of, "meetings" a person attends, (b) whether s/he belongs to a "home group," (c) whether s/he has and uses a sponsor, (d) whether the person is currently "work the steps" and where he or she is in that process, and the like.

Sommer cautions that not all recovery is alike, and stresses that counselors should assess and understand what "stage" of recovery someone is in. She suggests, for example, that those with four to seven years abstinent recovery might present to therapy with several stage-specific characteristics: Challenges to self-esteem, relationship difficulties, and a need to address recovery "roadblocks," for example, shame, over-control of self and others, learned patterns of dysfunction from family of origin, and the like (Sommer, 1992). Clinical assistance with these issues, provided by a counselor who is familiar with recovery and comfortable with a recovery partnership, can be beneficial.

Morgan (1992, 1995) conducted research with a population of alcoholics having ten or more years of sober recovery (average 26.4 years), using focused in-depth interviews. The results are congruent with Brown's and Sommer's work, and indicate that there are cognitive, affective, and behavioral changes that are essential for the maintenance of recovery over

the long term. In particular, attention to a "spiritual" dimension to living, as described by recovering persons themselves, is also essential. A brief review of these findings is warranted.

In telling the story of alcoholism and recovery, alcoholics who are long-sober through AA describe themselves as having lost the essence of their humanity, as having degraded and dehumanized themselves in addiction. They claim a recovering identity as recipients of rescue and ongoing transformation (Morgan, 1992). This way of presenting their life-story sets a context for understanding alcoholism and recovery as experienced; it forms the backdrop for exploration of recovery and its "spiritual" dimension (Morgan, 1992). The recovery story is narrated as a tale of rescue and renewal. The result of this construal of life-story is a re-visioning of one's sense of self: "I have worth and value; I am not simply another alcoholic but an alcoholic, rescued and saved." Such radical re-visioning of self has far-reaching consequences.

Grounded in the lived experience of drinking degradation and sober transformation, recovery is seen by long-sober persons as occurring through the "intervention of a Higher Power." Recovery is seen as flowing from a founding event of "rescue" and thus as "spiritual" from its very inception. This viewpoint is permanently enshrined in the stories of recovering alcoholics, and does not diminish with frequent retelling. Rescue through the intervention of a Higher Power is seen as the key that loosens the grip of addictive decline; it is also the key to understanding recovery through the Twelve Step perspective. Recovery over time is seen as a gradual unfolding of the meaning and practical impact of this foundational experience.

This understanding has become the context for living a recovering life today. The experience of having been "rescued," and the clear benefits of recovery living, are powerful proofs to these persons of the ongoing care of their Higher Power. Their lives are grounded in this confidence. They experience and expect that their lives are enfolded by care; they understand their lives as secured and guided by "providence." They experience "miracles" happening in their lives–things happening for the good, difficulties being resolved, gradual and ongoing healing–and expect that the "coincidences" they experience are no longer coincidental. They expect good things to happen for themselves and those they love even in the midst of hardship. These are core beliefs that support them in good times and sustain them in hard times.

This "spiritual" way of construing their lives is a central theme in successful, long-term recovery. Yet, the elements of this central theme are also deceptively simple, almost childlike, in their quality of trust and sense

of providence. Such beliefs enkindle hope and reconfigure previous pain and loss. Recovering persons are able to envision themselves as loveable and worthwhile; their world has been reconfigured as providential, and life has become both meaningful and miraculous.

This way of re-visioning one's self and life-context has consequences, not only in the ways one views recovery but also in the way one lives as recovering. Rooted in dramatically revised perceptions of self and life-context, recovery involves a restructuring of lifestyle on a concrete and daily basis. Stories of long-sober persons are replete with descriptions of various recovery practices, rituals, and "tools" that appear to help maintain and nourish recovery living. These practices (e.g., AA meeting attendance, use of inventories, self-affirmations, cultivation of recovery habits and attitudes, recovery work with others) serve to embody and further recovery changes.

Thus, recovery seen from this perspective does have a recognizable outline and contour. Recovery spirituality has typical characteristics that are cognitive and behavioral, relational and attitudinal. These elements are gradually integrated within the recovery story, encompassing new ways of thinking and acting, as well as powerful changes in one's attitudes and relationships. Counselors and other helpers can benefit from attending to these elements. Otherwise, they might hear the words yet miss the music.

SUGGESTED PRINCIPLES

It should come as no surprise that such a total overhaul in (a) sense of self, (b) sense of life-context, and (c) lifestyle structure could be therapeutic. Indeed, such a healing process–cognitive, attitudinal, and behavioral–will be recognizable to many counselors of whatever theoretical stripe.

The therapeutic approach suggested below assumes the counselor's willingness to cooperate with these healing elements. This way of proceeding might be called "recovery-oriented psychotherapy" (Zweben, 1987), [recovery] "stage-directed counseling" (Barnes, 1991), or "recovery-sensitive counseling." While full presentation of a counseling model that is recovery-sensitive cannot be made here, an outline of some basic principles is possible.

First, recovery-sensitive counseling employs *a "listening perspectives" approach* (Shalanski, 1991). It attempts to understand the client's world empathically, as the client perceives it. It is sensitive to the importance of story and to the client's "voice," listening for both the words and the underlying music.

While the Twelve Step approach is not the only path to recovery, counselors can and should recommend giving it a try for clients needing to begin recovery (Gitlow, 1985). The focus here is on AA's "desire to stop drinking" as the only rule at the outset. Other issues, such as self-admission as an "alcoholic" or acceptance of the "Higher Power," can wait. Counselors can help clients to "keep first things first," as they explore this potential resource. A sense of defeat and degradation may permeate the client's story and the therapeutic relationship, as the client comes to appreciate the costs of addiction. Yet there is a way forward, and hope. In listening and building trust, initial resistances can be explored, help in overcoming obstacles or fears can be given, initial involvement and reactions can be heard and explored.

For those clients already involved in Twelve Step recovery, empathic sensitivity by counselors, particularly to the role of spirituality in recovery, can be crucial. The counselor can ask about spiritual experiences and understandings, and then be open and patient enough to listen. For many recovering persons the counselor's willingness to ask and to listen often goes a long way toward establishing trust in the therapeutic relationship. For those clients who are resistant to such talk, this attitude can be noted and explored like any other piece of clinical data. What does this resistance mean? Perhaps there is an opportunity here for fruitful clinical exploration (e.g., pervious negative associations to religion or authority), or for education (recovery spirituality as different from religious affiliation), or for examination of other recovery dynamics (e.g., is resistance to spirituality suggestive of an incomplete surrender to the very notion of being an alcoholic?). Counselors should not miss these potential therapeutic opportunities.

Second, flowing from this approach and in concert with more familiar therapeutic models that utilize cognitive, attitudinal, and behavioral tools, counselors must be willing to *attend to themes and issues that are congruent with Twelve Step practices and traditions.* How does the client tell his/her "story"? What is the sense of self and of world that the client narrates? What are the themes and metaphors used to convey his/her understanding of alcoholism and recovery? Does this client attend meetings regularly? What does s/he find valuable (or not) about them? Does the client use a sponsor? Does the client have a "home group" in AA with which s/he feels comfortable?

Questions such as these help the counselor to assess the amount and quality of participation in recovery, to judge the depth of commitment to health, and to monitor the potential for relapse. Naturally, the counselor's own comfort and familiarity with recovery resources and language will be helpful here. As clients speak, their sense of self and of life-context are

conveyed through descriptions of recovery attitudes and practices. A sense of gratitude, of rescue, of care may be affirmed as they are spoken in the counseling relationship; continued anger, resentment, and controlling attitudes can be challenged and worked through.

Third, a recovery-sensitive approach is also *developmentally attuned* (Barnes, 1991). The physical and psychological tasks of the first year in recovery–maintenance of sobriety, identification as an alcoholic, stabilization of social supports, and the like–are daunting and require the alcoholic's full attention and much external support (Brown, 1985). Growth into mid-length recovery of several years brings new challenges, including a growing acceptance of oneself, a need to appreciate one's accomplishments, a sense of the need for personal and relational growth, and the like (Sommer, 1992). Here various modalities of counseling (family, group, insight-oriented) may benefit the client in concert with continued Twelve Step involvement. Mid-recovery is often the time for consolidating life-style changes and encouraging relapse prevention.

Long-term recovery (ten years plus) has its own "voice" and challenges, especially the deepening of gratitude, a deep sense of worth in one's life, and a desire to pass on the gift of recovery (Morgan, 1992). Counseling here may focus on work with developmental and relational issues, including the deepening of a "spiritual" focus, as well as with renewed commitment to a more mature recovery.

Counseling may be valuable at any point along this developmental time-line. Consequently, it is important that counselors have some understanding of how to be helpful at particular recovery stages. Oftentimes the simple assurance that the client's experience is developmentally appropriate, and is to be expected, can be very helpful. At all times the counselor's reassurance that the client's recovery perspective and dynamics will be respected aids in building trust in the therapeutic process. Listening to the client, asking the right questions, and respecting the client's discussion of recovery will give the counselor clues as to the "stage" of recovery involved and potential issues to be faced.

Finally, a recovery-sensitive approach is also *systemically aware* (Berenson, 1990; Bromet & Moos, 1977). The profound impact of familial and other social relationships on recovery success is by now well known. Family, friends, work, and other important social systems can be helpful resources in the recovery process (Galanter, 1993). Less well known (and poorly understood) is the potential influence of spiritual resources and/or religious involvement in facilitating a positive individual and family response to recovery (Bromet & Moos, 1977), in providing an alternate support system to the recovering person (Corrington, 1989; Jackson, 1989), and as a resource in family counseling itself (Berenson, 1990). Indeed, as one contemporary family counselor points out, the conversational and recovery story approach of AA reinforces the sense of connectedness between persons and builds on the healing power of social systems. Dynamics of "connectedness" and "belonging" are deeply spiritual resources in the therapeutic enterprise (Berenson, 1990). Exploration of these resources can significantly increase the chances of stable recovery over time.

SUMMARY

This article traces developments in recovery research over the last fifteen years, and outlines an understanding of the process of recovery and its dynamics. Following this review, some principles are outlined that may be helpful to counselors working with recovering persons.

A "recovery-sensitive" counseling approach works to build a partnership with recovery practices and traditions; it values active collaboration between counselors and recovering persons. The approach is attuned to the impact and challenges of time-sensitive, developmental dynamics in recovery and is aware of the importance of resources that are imbedded in the relationship networks that surround recovering persons. The family system, church community, Twelve Step home group, and other important networks can provide support and challenge in conjunction with counseling that is sensitive to recovery needs. Counseling that is "recovery-sensitive" listens to the unique language and voice of recovering persons in order to assess, understand, and enhance their ongoing growth and development.

Several final thoughts for interested counselors flow from this approach. First, counselors can and should learn how to listen and enter into dialogue with recovering persons. Such skill can be cultivated. As Sommer (1992) suggests, counselors should educate themselves about the process of Twelve Step recovery. Reading, education, and conversation will help to attune the counselor's ears to the voice of recovery. Attending Twelve Step meetings, reading recovery literature, and forming relationships with persons in long-term and mature recovery who can act as consultants, will help to inform and empower counselors to ask the right questions and attend to the important issues.

Second, during the formative stages of the therapeutic relationship, the counselor's attitude toward use of recovery resources and a respect for recovery language, including the willingness to hear about the client's spiritual experience, will enhance the building of trust. Knowing what to

ask and patient listening will also give the counselor a felt sense of the dominant agenda of the person coming to counseling. What is the "fit" of *this* person at *this* point in his or her development (personal, recovery) with the goals or needs for which counseling is sought? How does the recovery process shed light on, or perhaps contribute to, what the client states as important here and now? Can a strengthening of this person's connections to recovery facilitate the work of healing in conjunction with counseling?

Third, an informed assessment of the client's particular "stage" in recovery development and some understanding of the challenges that often arise at that stage can help both counselor and client to normalize their work together and set appropriate goals. Indeed, developing a sense of collaboration between client, counselor, recovery sponsor, and "oldtimers" with long experience may help the client to value his/her experience and counseling in new ways and become more willing to embrace growth as part of the goal of ongoing recovery. AA members often have much wisdom about issues that arise in recovery over time. Helping clients to explore where they are in relation to recovery and in conversation with others can provide added support.

These and other benefits are part of a productive collaboration between informed counselors and recovery resources.

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