Spirituality and Recovery

Workshop C Breakout 1

RSVP 9/24/13

**Spirituality:**

God / Transcendence -- Meaning / Purpose --

Community / Relationship – Hope / Belief

sacred ; valued and protected ; core

**Two Sides of God Awareness:**

Religious Delusions ---

Thoughts and Feelings of being overly special and significant.

Comfort, Hope, Answered Prayer ---

“Divine Therapist” who knows all about you.

Limits of chaos and confusion.

Needed and timely changes in circumstances

Hearing Dr. Dobson on the radio
Discover an alternative --- Vitamin D-3
Using meds lightly as needed.

**Meaning / Purpose:**

**Objective** – Eph.2:10 says I am God’s workmanship

and He has good things for me to do.

He has things for me to do that will make me feel needed and worthwhile.

**Subjective** –

The feeling and believing that life is worthwhile.

Where the rubber meets the road.

Altruism: the practice of unselfish concern for the welfare of others.

MI seems to foster a self-focused existence.

My early recovery centered around helping others. NAMI website.

Helped me feel useful and valued.

Even now, living like this is important to me.
“Equally compelling is the centering and spiritual renewal coming for the person who does the believing in another. Whether it is for our children, lover, pet or person in need of help, there is deep meaning for the person who can step outside their world to support another's. A client I had seen through many hospitalizations recently had a long period free of such episodes. She clearly had a new light in her eye. When I asked what had changed she said now that she was working as a provider she had a sense of meaning and purpose in her life. Helping others gave her sufficient meaning that she felt her life was worth living.” --- Someone who believed in them helped them to recover By Daniel B. Fisher, M.D., Ph.D.

“...being human always points, and is directed, to something, or someone, other than oneself--be it a meaning to fulfill or another human being to encounter. The more one forgets himself--by giving himself to a cause to serve or another person to love--the more human he is and the more he actualizes himself. What is called self-actualization is not an attainable aim at all, for the simple reason that the more one would strive for it, the more he would miss it. In other words, self-actualization is possible only as a side-effect of self-transcendence.” --- V. Frankl

**Community / Relationship :**

“People who have significantly recovered from mental illness frequently say they were greatly helped by someone who believed in them.

“...the research of Carl Rogers into the nature of the helping relationships. He stated that "the safety of being liked and prized as a person seems a highly important element in a helping relationship." (On Becoming a Person, 1961). Martin Buber also describes the importance of having someone believe in you. He calls this characteristic "confirming the other...Confirming means accepting the whole potentiality of the other. I can recognize in him the person he has been created to become." Rogers goes on to state that "If I accept the other person as something fixed, already diagnosed and classified...then I am doing my part to confirm this limited hypothesis. If I accept him as a process of becoming, then I am doing what I can to confirm or make real his potential.

“We who have been labeled with mental illness, remain just as human if not more so than others who are temporarily not labeled. Our needs are human needs of which the most basic is to enter into trusting, loving, and caring relationships. These relationships need to be nurtured and cultivated for us to find the compass of our true self to guide our recovery. Any system of care which disturbs or interferes with these relationships is preventing not promoting recovery.” --- Someone who believed in them helped them to recover By Daniel B. Fisher, M.D., Ph.D.

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Need to treat your family like friends, and your friends like family.

In my life, and other’s I have noticed, often the family of someone with a MI is not treated like a friend. Seems we let our anger/frustration out with those who love us most.

I have also noticed that some with a MI do not care to sacrifice much for friends; seems self-centeredness is too common. We need to treat our friends more like family, what with commitment and a willingness to sacrifice our desires for the well-being of another.

My history with relationships and community often reminds me of ....

The Chopper

Low-relating dad growing up.

Much moving in the past. – College, Military, Jobs

Deep frustrations with some relationships.

Impossible to maintain birthday card sending with extended family.

No consistent support group or human therapist.

Reading, however, seems to help.

(I am working on my relationship skills and needs BTW)
Hope:

Objective – God’s Promises and promised presence.

Heb 13:5 --- God has said, “I will in no way leave you, neither will I in any way forsake you.”

Subjective

All the problems, many with solutions, which I have already faced.

Experience: God has been faithful to not leave me as an orphan.

Times when I despair even of life I sense in my spirit that God is not done with me yet.

Ideas to develop more:

Opposite of (Learned) Hopelessness / Helplessness

Pessimism vs. Optimism (see following notes by Groopman)
The Anatomy of Hope: How People Prevail in the Face of Illness

by Jerome Groopman

"I understand hope as an emotion made up of two parts: a cognitive part and an affective part. When we hope for something, we employ, to some degree, our cognition, marshalling information and data relevant to a desired future event. If...you are suffering with a serious illness and you hope for improvement, even for a cure, you have to generate a different vision of your condition in your mind. That picture is painted in part by assimilating information about the disease and its potential treatments.

"But hope also involves what I would call affective forecasting--that is, the comforting, energizing, elevating feeling that you experience when you project in your mind a positive future. This requires the brain to generate a different affective, or feeling, state than the one you are currently in."

"While it is a convenient construct to divide hope into a cognitive and an affective component, the two are tightly coupled. Feelings and emotions mold logical thinking and elaborate decision making...True hope, then, is not initiated and sustained by completely erasing the emotions, like fear and anxiety, that are often its greatest obstacles. An equilibrium needs to be established, integrating the genuine threats and dangers that exist into the proposed strategies to subsume them. So when a person tells me that he doesn't want to know about the problems and risks, that he believes ignorance is necessary for bliss, I acknowledge that yes, unbridled fear can shatter a fragile sense of hope. But I assert that he still needs to know a minimum amount of information about his diagnosis and the course of his problem; otherwise his hope is false, and false hope is an insubstantial foundation upon which to stand and weather the vicissitudes of difficult circumstances. It is only true hope that carries its companions, courage and resilience, through. False hope causes them to ultimately fall by the wayside as reality intervenes and overpowers illusion."

"This is the vicious cycle. When we feel pain from our physical debility, that pain amplifies our sense of hopelessness; the less hopeful we feel, the fewer endorphins and enkephalins and the more CCK we release. The more pain we experience due to these neurochemicals, the less able we are to feel hope."

"Hope is the elevating feeling we experience when we see--in the mind's eye--a path to a better future."

"Hope gives us the courage to confront our circumstances and the capacity to surmount them."

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“False hope can lead to intemperate choices and flawed decision making. True hope takes into account the real threats that exist and seeks to navigate the best path around them.”

“Help, then, is the ballast that keeps us steady, that recognizes where along the path are the dangers and pitfalls that can throw us off; hope tempers fear so we can recognize dangers and then bypass or endure them.”

“To hope under the most extreme circumstances is an act of defiance that permits a person to live his life on his own terms. It is part of the human spirit to endure and give a miracle a chance to happen.”

“Despite education and knowledge and experience, when you are the patient--suffering, confused, and despairing--it is very, very hard to take matters into your own hands. I was not … able to stand alone and challenge the prevailing assumptions. I needed an external voice, strong and determined, to guide me.”
The 10 Fundamental Elements of Recovery

Following is a summary of The National Consensus Statement on Mental Health and Recovery created by an expert panel convened by the Substance Abuse and Mental Health Services Administration.

The panel worked to define the key elements of recovery in mental health. They are:

1. **Self-direction**: Essentially, a person with a mental health condition leads the process of recovery by defining life goals and then designing a unique path toward those goals.

2. **Individualized and person-centered**: The pathway to mental health recovery is based on a person’s unique strengths, needs, preferences, experience, and cultural background.

3. **Empowerment**: People with a mental health condition have the authority to choose from a range of options and to participate in all decisions that will affect their lives. They also have the ability to join with others to speak as advocates for their needs, wants, and desires. Through empowerment, they control their own destiny.

4. **Holistic**: Mental health recovery comprises mind, body, spirit, and community. It encompasses all aspects of a person’s life such as employment, education, mental health, addiction treatment, spirituality, creativity, social network, and family support.

5. **Nonlinear**: Mental health recovery is an organic process that is based on growth, occasional setbacks, and learning from experience. The initial stage of recovery is awareness that positive change is possible, and from there, being able to take an active role in the recovery journey.

6. **Strengths-based**: The mental health recovery journey builds on a person’s strengths and talents, and moves forward through interactions with others in supportive, trust-based relationships.

7. **Peer Support**: Mutual support plays a key role in recovery. People with mental health conditions can encourage each other, share experiences, and provide each other with a sense of belonging and community.

8. **Respect**: Acceptance and appreciation of people living with mental health conditions — including protecting their personal rights and eliminating discrimination and stigma. Self-acceptance and self-confidence also are vital.

9. **Responsibility**: Individuals have a personal responsibility for self-care, and their recovery journey. Working toward goals can require great courage. Identifying coping strategies and healing processes can promote wellness.

10. **Hope**: Recovery is a message of hope and understanding that people do overcome the barriers and obstacles that confront them. Peers, friends, and family can help to foster that hope. Hope is what can get the recovery process started.

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