Health and the healing process of recovery

*Corresponding Author(s): Pascal Scoles
Department of Psychology, Education and Human Services Community College of Philadelphia, USA
Email: pscoles@ccp.edu

Received: Jan 24, 2020
Accepted: Mar 02, 2020
Published Online: Mar 04, 2020
Journal: Journal of Addiction and Recovery
Publisher: MedDocs Publishers LLC
Online edition: http://meddocsonline.org/
Copyright: © Scoles P (2020). This Article is distributed under the terms of Creative Commons Attribution 4.0 International License

Abstract

Health has always been reflected in a person’s ability to take increasing control over his or her life process. In the community empowerment and transformation model of recovery, the person in recovery and the human service worker need to understand the relationship between individual and community challenges and implement best practices for partnering in the quest to achieve health and wellness. Many clinicians believe that the pathway to successful recovery involves an individual’s ability to positively work through their denial, projections, and rationalizations while participating in nonverbal activity that supports expression. In conjunction with traditional therapeutic interventions individuals need to engage with neighborhoods to build community programs and services that enhance long-term recovery.

Introduction

The movement towards a responsible lifestyle is a desire of all people seeking health and wellness. Optimal health has always been related to a person’s attempt to take increasing control over their body, mind, and spirit [1]. This healing process arises from a complex interaction of genetic, emotional, spiritual, physical, dietary, mental and environmental life issues [2,3]. Recovery from behavioral health challenges can be achieved by: (1) helping our bodies heal through lifestyle changes, (2) working with our negative thoughts and feelings (which destroy our bodies) and (3) finding our spiritual path. “When the mind and the body seek harmony and balance, one’s life force (Spirituality) can create wellness as an ongoing process of existence” [4].

If an individual’s life process is to become a pathway to health transformation rather than harden into pathology, one needs to create conditions that encourage one’s personality to break open from within and reveal essential qualities of our being that are repressed or hidden [5]. Jung believed unity and purpose existed through a transcendent function, which understood an individual’s health as a collision between consciousness (ego and reality testing), and unconscious material (Archetypes) and “an environmental milieu that demands response and adaptation” [6]. Healing is not just focusing on problems. It must provide solutions that facilitate wellness in a holistic sense [7]. The pathway to this transcendent function relies on a person’s ability to influence their environment and develop resilience.

Addiction like other traumatic events of human existence are resolved by facing one’s current reality and engaging in life experiences by working through one’s denial, projections, and rationalizations [8].

Denial is one of the controlling experiences used by individuals seeking recovery. Sometimes, individuals use denial to protect substance use, act irresponsibly, justify or hide inappropriate behavior, avoid treatment issues and preserve self-esteem in the face of negative feedback. To many clinician’s denial can be viewed as a type of resistance [9]. Indicate that the expression of denial is as an unwillingness to cooperate, accept responsibility, face one’s problems or take constructive advice. It gets expressed by: Blaming, disagreeing, excusing, minimizing, pessimism, reluctance, and a sense of unwillingness to pay attention to one’s recovery plan.

Cite this article: Scoles P. Health and the healing process of recovery. J Addict Recovery. 2020; 3(1): 1018.
This negative paradigm of denial is then supported by a person’s projection which allows the individual to blaming much of what happens to them on boredom, lack of meaningful work, poverty, racism, etc. Although many of these issues are contributing factors to their addiction, one must not allow those negative life experiences to infuriate, disturb or continue to justify one’s inability to accept responsibility for his/her behavior. This alliance between denial and projection in therapy is then reinforced by the individual attempting to find acceptable reasons for not complying with his or her recovery plan. Over time the denial and projections are joined by the cognitive function of rationalization to form an almost impenetrable, dysfunctional armor to protect a person’s addictive life style. As in most life events the longer an individual ignores his/her projections, denial, and rationalizations, the longer he/she will continue to re-lapse and make poor decisions. As one learns to recognize and take responsibility for his or her own actions the outside world will share increasingly less blame for an individual’s thoughts and feelings.

If substance abuse was just related to physiological and safety needs (food, clothing shelter, etc.), one could quickly restructure these deficiencies and help the individual gain a better sense of his or her developmental lag [10]. The challenge to clinicians is that these losses involve not just the physical realm but also the social, psychological, moral, and spiritual. For example, the loss of moral judgment in developmental consciousness during youth can result in a distortion of issues of law and order, a degradation of the rights of others, with a loss of commitment to social contracts, and a lack of universal ethical principles [11]. This lack of self-development can result in a dysfunctional ego that cannot “witness itself” and, therefore, cannot develop positive goal directed activity that has a positive impact on consciousness [12].

As one navigates through Fellowship support groups (NA, AA, etc.), individual and group counselling, etc. there are a series of related support activities that must be added to one’s recovery plan. In the behavioral health field, they are sometimes identified as “adjunctive therapies”. The expectation of these added therapeutic strategies is to make it easier to penetrate a person’s addiction armor and begin the difficult work of “humanizing the Shadow” [13,14].

Art activities are a non-threatening ways of expressing unconscious processes. When archetypal themes (archetypes are psychosomatic issues which link the body and mind together) are explored in consciousness many new interpretations, and personal awareness are added to one’s expanding reality of recovery. Art affords individuals an experiential encounter with one’s collective unconsciousness. Art brings an individual to a better understanding and interpretation of a person’s already existing consciousness. It appears to be a connecting bridge between conscious and unconscious activity. Carl Jung was one of the first clinicians to encourage his patients too spontaneously between conscious and unconscious activity. Carl Jung was one of the first clinicians to encourage his patients to spontaneously draw their feelings and fantasies [15]. The fundamental concept of art expression is that art is a vehicle for tapping into material that when expressed, will facilitate the humanization of the Shadow.

Since sight preceded voice, visual arts are closer to one’s unconscious conflicts and have a more archetypal collective history than verbal expression [16]. By way of example, many symbols expressed in clay or painted on paper are like symbols expressed in dreams.

Art is a type of communication that when understood helps the individual develop a broader perspective on everyday existence. It provides people recovering from behavioral health challenges with images and memories of situations that have been lost through consciousness yet retained in the unconscious. Art appears to be a self-healing technique that continues for years after formal counseling has ceased. For example, the medium of clay or paint helps ground the individual and reduces stress and anxiety [17]. A second adjunct, Music which is based on the influence it tends to have over one’s emotions and the ability of music to change the way the body and mind interact with each other [18] [19] Music besides being a universal language has been linked to one being in control of one’s life [20]. The fostering of an appreciation of music, singing, playing musical instruments as activities tend to enhance well-being for many people. The third adjunct, Dance has been associated with a deep catharsis of tension as expressed in the release of emotions through movement [21]. Through the movements of dance many people experience the wholeness of body, mind, and spirit [22]. Dance complements music and art because it enables the interpretation of nonverbal aspects of a person’s feelings. The participation in music, art, and dance helps the individual become aware of the body/mind processes underlying our conscious and unconscious activity. It makes consciousness more sensual, thoughtful, emotional and perceptive. In many ways it lubricates our addiction body armor.

There is enough evidence “that what we think, feel, and internally represent has a tremendous effect on the way our bodies function” [23]. If our body is functioning well, it has a dramatic influence on the way we think, feel, and act. To optimize one’s health an individual must consider a recovery plan that considers Meditation to increase calmness and relaxation, by helping improve psychological balance, cope with illness, and in turn enhance overall health and wellbeing [24]. Yoga as part of a general health regimen, has been helpful in improving a variety of health conditions [25]. Finally, Acupuncture which is based on the idea that disease results from an imbalance in the flow of yin and yang is among the oldest healing practices in the world. Acupuncture is also a component of energy medicine, manipulative and body-based practices, and traditional Chinese medicine [26].

To embrace health in recovery the field of behavioral health requires not only a human service worker who possesses a comprehensive therapeutic health orientation, but also, as White and Kurtz [27]. Indicated, a constellation of knowledge and skills that:

Develop and sustain a supportive, non-exploitive, recovery/resilience-focused relationship with each individual and family seeking service,

- Assess each person, family and community’s recovery capital and recovery resource needs,
- Remain aware of all national and local recovery/resilience support resources,
- Empower each individual or family to make choices related to his/her own pathway/style,
- Maintain relationships with key individuals/groups within local communities of recovery,
- Match the needs and preferences of people to recovery/resilience support resources,
• Link each person to an identified person/group designed to promote recovery and the development of resilience and protective factors,

• Monitor each person's response to a chosen pathway/style of healing and their need for amplified clinical or peer-based recovery/resilience support resources,

• Offer feedback and support related to recovery/resilience pathway/style choices,

• Provide, when needed, early re-intervention and recovery re-initiation services,

• Facilitate the development of necessary recovery support resources.

If the above knowledge and skills are understood and implemented it will create a recovery-oriented system of care that has lasting positive impact on long-term recovery with minimal relapse experiences.

References


27. White W and Kurtz E. Linking Addiction Treatment & Communities of Recovery: A Primer for Addiction Counselors and Recovery Coaches. This report was supported through funding from the Clark Hagen Trust - PNC grant and the Northeast Technology Transfer Center (NeATTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment (CSAT). 2006.