

An Integrative Model of Recovery: A Qualitative Study of the Perceptions of Six Counseling Doctoral Students

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Abstract The purpose of this qualitative study was to explore how six counselor education doctoral students perceive recovery. The objective of the study was to understand counselors-in-training view of recovery. Findings revealed five themes: mind, feelings, body, support, and spirituality, all interconnected with a holistic center. Based on the findings, counselor educators should encourage doctoral students to reflect on their perspectives of recovery.

Keywords: *recovery, counselor education, perceptions, qualitative*

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1. Introduction

Addictions are a problem in the United States. An estimated 61 million Americans smoke, 15 million abuse prescription drugs, and at least 20 million abuse alcohol (Califano, 2007). The abuse of prescription drugs is currently the fastest-growing drug problem in the United States (Substance Abuse and Mental Health Services Administration [SAMSHA], 2010). Due to substance abuse in the United States, approximately 85,000 deaths occur each year and cost the country more than \$185 billion per year (Saitz, 2005). Addictions cross the lifespan from the young to the elderly (Barnes et al., 2010; Borsari, Murphy, & Barnett, 2007; Masten, Faden, Zucker, & Spear, 2009; SAMSHA, 2009); consequently, counselors will likely come in contact with clients struggling with problems related to substance use and abuse.

Given how a large number of counseling professionals will work with addictions related issues, it is important that counselors and supervisors are aware of their attitudes about addictions and toward persons with addictions related problems. The *Code of Ethics* of the American Counseling Association (ACA, 2005) requires counselors and supervisors to be aware of their beliefs and attitudes (A. 4.); thus do not impose their beliefs on clients. Both counselors and supervisors need to address their attitudes "within the framework of stigma and its consequences for the counselor, the client, and the field" (Center for Substance Abuse Treatment, 2006, p. 164). In addition, self-awareness and mindfulness are related to a counselor's ability to being present and effective (Greason & Cashwell, 2009; La Torre, 2005; Lum, 2002).

When treatment providers fail to recognize their personal biases, stereotypes, and negative attitudes, they risk delivering ineffective treatment, perpetuating social injustice, dehumanizing persons they do not understand, and lacking understanding of real-world experiences of addictions (Adams & Madson, 2007; Boysen, 2010; Broadus, Hartje, Roget, Cahoon, & Clinkinbeard, 2010; Lay & McGuire, 2008; Stadler, Suh, Cobia, Middleton, & Carney, 2006; Steinfeldt & Steinfeldt, 2012). Research supports the incredible power of hope in recovery (Koehn & Cutcliffe, 2012; Larsen & Stege, 2011); however, hope may be challenged by an inexplicit view of recovery. Recognizing biases means identifying one's own understanding of recovery.

There are differing views of recovery and the literature grapples with *how* to define recovery, interchanging it with abstinence and being unclear as to whether it is a process or an end point (El-Guebaly, 2012; Neale, Nettleton, & Pickering, 2011). The definition of recovery is complex as it can include the recovering individuals and their families, the connections with the communities supporting recovery, the outcomes sought by research, the visions of providers, and the benchmarks used to measure the effectiveness of interventions (El-Guebaly, 2012). On their website, SAMSHA (2011) defined recovery as, "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (np). Current recovery advocacy organizations suggest there are many pathways and recovery flourishes with support, and is voluntary and inspirational (White, 2007).

Counselor educators need to evaluate how they perceive recovery and be aware of biases. As a counselor educator, they convey "various aspects of professional identity to developing counselors, [thus] knowing the

professional identity of the counselor educator is of critical importance" (Calley & Hawley, 2008, p. 6). Promotion and understanding of counseling doctoral students' professional identity is important (Limberg et al., 2013), particularly in their roles as supervisors. Given the importance of recognizing identity and self as a counselor and a supervisor, and how likely it will be that counselors will work with issues related to recovery, the purpose of this qualitative exploratory study was to promote an understanding of how counseling doctoral students view recovery.

1.1. Defining Recovery

Knowing how one views recovery is important; nonetheless, the meaning of recovery evolves over time (El-Guebaly, 2012). El-Guebaly completed a systematic review of how recovery has been defined the literature over the past 10 years. Views of recovery included concepts such as a return to health; emotional, cognitive, behavioral, and spiritual reconstruction; a process of overcoming dependence; abstinence; and individuals and communities developing a healthy, productive, and meaningful lifestyle with sobriety, personal health, and citizenship (El-Guebaly, 2012). "Recovery is the commonly accepted goal post for the treatment of chronic disorders, including addiction" (El-Guebaly, 2012, p. 1), yet we are challenged to define what recovery means.

The definition of recovery can vary due to one's cultural identity (Pruett, Nishimura, & Priest, 2007). The definitions of Native American counselors include the term "wellbriety" (White Bison, 2013) meaning recovery includes love, forgiveness, community, wellness, and environment. Research indicates beliefs about recovery are influenced by factors such as knowing someone with a substance abuse disorder (Koch, Sneed, Davis, & Benshoff, 2007); being a member of Alcoholics Anonymous (Majer, Droegge, & Jason, 2010); and spiritual perspectives (Kelly, Stout, Magill, Tonigan, & Pagano, 2011; Warren, 2012).

For example, illustrating the spiritual perspective, Marlatt (2002) considered Buddhist's practices such as mindfulness meditation, impermanence, and the Middle Way as important for recovery. Addictions were considered to be a false escape from the normal pain in life and recovery meant to embrace the pain with an acute awareness of the thoughts, feelings, and sensations (Marlatt, 2002). Pruett and colleagues (2007) viewed recovery as the ability to use effective coping skills and successfully negotiate unplanned encounters through use of meditation. They considered meditation to be a means to maintain equilibrium in life; while addiction refers to a person's inability to control stress and use.

In addition to spirituality, a strengths-focus is another common thread found in explanations of recovery (Okundaye, Smith, & Lawrence-Webb, 2001). Moxley and Washington (2001) integrated a strengths-based focus for recovery with a transpersonal perspective. They suggested people can individuate, overcome negative forces, and assume responsibility, while recovery was considered a heroic journey. Symptoms were viewed as opportunities for change and recovery required: "(a) feeling pain and calming the spirit, (b) using the story and finding the innate image, (c) fostering individuation, and

(d) balancing action and solitude" (Moxley & Washington, 2001, p. 257). There has been a shift in the past decade from an illness-pathology perspective toward a more humanistic-positive approach of recovery (Krentzman, 2012). Positive psychology applies three domains to recovery: (a) the pleasant life (good feelings); (b) the engaged life (character strengths, wisdom, creativity, perspective, curiosity, etc.); and (c) the meaningful life (belonging, service, social groups, etc.) (Krentzman, 2012). In many definitions of recovery, relationships are considered a foundation to full recovery. Stevens, Jason, Ferrari, and Hunter (2010) reported positive relationships with others is important in recovery as a person's sense of community (Reciprocal Responsibility) was related to achieving self-efficacy.

Although the word recovery can mean different things to different persons, being mindful about one's own definition is important for supervisors. Research affirms that effective supervision requires knowing the self and using reflection (Bernard & Goodyear, 2009; Heffron, Ivins, & Weston, 2005; Orchowski, Evangelista, & Probst, 2010). "We believe that an understanding of 'use of self' serves to anchor and define the dynamics that underlie the process of change in clinical work" (Heffron et al., 2005, p. 323). Heffron and colleagues (2005) defined self-awareness as being mindful of internal judgments, wishes, hot buttons, fears, and intolerances, activated in clinical work, and paralleled in supervision work. The supervisor needs to model the capacity for self-reflection and perspective taking. When issues are unknown or avoided, supervision is not as effective (Nelson, Barnes, Evans, & Triggiano, 2008). To date there is no known study reviewing how supervisors, specifically, counseling doctoral students view recovery. Research has shown a qualitative approach can provide an enlightening window into the views of the counseling students (Woodside, Oberman, Cole, & Carruth, 2007).

1.2. Purpose of the Study

The primary purpose of this exploratory qualitative study was to understand the perspective of recovery from six doctoral students enrolled in a counselor education and supervision program. We were interested in identifying if there were themes across the participants that might assist in understanding the views of recovery of counseling doctoral students-in-training. For this study, recovery was not defined. The primary question was: How do counselor education doctoral students describe recovery?

2. Methods

2.1. Participants

All six participants were doctoral students enrolled in a counselor education program in a Council for Accreditation of Counseling and Related Educational Programs (CACREP)-accredited (CACREP, 2009) university in the Rocky Mountain region. The students were in different phases of their program ranging from first year involved in course work to fourth year working on their dissertations. The research team also included two additional researchers. The primary researcher is a counselor education faculty member with extensive

knowledge of addictions. The secondary researcher is an educational research faculty member.

2.2. Procedures

Following the study's approval by the Institution's Review Board, the primary researcher provided informed consents to each of the six participants. Each participant was asked to complete a demographics form and identify their perspective on recovery through the creation of a two-page, single spaced paper without references. There were three questions guiding the paper:

1. How do you define recovery?
2. How is your view of recovery reflective of your personal experiences?
3. How is your view of recovery reflective of your professional experiences?

Data was collected through the papers with follow-up interviews to capture additional thoughts regarding their perspectives.

2.3. Analysis

The analysis began by each of the two faculty researchers reading and rereading the papers to determine if there were themes. The two faculty researchers then met three times to identify emerging themes. All differences were discussed until agreement was reached between the two researchers. At that point, the findings were sent to the six participants by email to gain feedback (member checks) on the accuracy of the themes. The member checks process allowed for accurate representation of the participants' voices and enhanced validity in the representation of participants' perceptions of recovery (Lincoln & Guba, 1985). The six participants independently provided feedback per email and no substantial changes were suggested. Since no changes were suggested face-to-face interviews were not scheduled. After the data were analyzed, themes were identified, and member checks were completed the findings were integrated into a model representing the six participants' views of recovery.

Several methods were used to insure trustworthiness of this study including recognition of the researchers' reflexivity and member checks. Acknowledging the researcher as a primary instrument of data collection and analysis is a key aspect of understanding qualitative research (Merriam, 2009). We researched the findings using an interpretivist approach (Crotty, 1998), which means to recognize our role in all aspects of the research. The first author's work in substance abuse treatment for more than 20 years, and her roles in supervision of graduate counseling students lead to her interest in identifying perspectives of recovery in future counselor educators. The second author's interest in qualitative research was from her work with a study using qualitative methods with students in higher education.

3. Findings

3.1. Participant Demographics

The six participants included three females and three males. Four were self-defined as Caucasian, one as Asian, and one as African. One of the participants was in the 20-

25 years age range, one in the 26-30 age range, two in the 31-35 years age range, one in the 36-40 years age range, and one in the 41-45 years age range. Their training and professional experience in addictions were variable. Two had completed one 3-hour course and four had more than one 3-hour formal addictions training. One had completed ten years of experience and was in recovery. One had three years of work experience and another two years of work experience in addictions treatment while the final three had had no formal work experience in addictions. One identified as a Muslim, another as Roman Catholic, and the others did not identify any specific religious affiliation.

3.2. Data Results

Findings revealed each participant used unique words to define recovery. One participant defined recovery as a "process of healing including the mind, body, and spirit." The same participant further expanded saying the process of healing includes "becoming aware [of] what is most meaningful in one's life," "healing relationships with others," and "making amends for past mistakes." Another participant perceived recovery as a process including five dimensions: "spiritual, interpersonal, intrapersonal, physical, and mental wellness" and stated the importance of having "a strong support system, a strong understanding of self in relation to the world, and a physically and mentally healthy lifestyle." The third participant defined a person in recovery as someone who "engage (s) in behaviors that allow (them) to feel good physically, mentally, and emotionally." The respondent elucidated that a recovered person will feel good about who they are and how they spend their time. The fourth participant said, "Recovery is a realistic process of change" where individuals "improve their state of well-being." The participant also stated that in order to be in recovery the individual has to have a "purpose in life, a safe environment to live, a loving atmosphere in the family, and a caring community which can offer support." The fifth participant concluded saying recovery is driven by the individual, holistic, and is culturally-based. The last participant described recovery as "more than abstinence. It is balancing the different dimensions of wellness (physical, social, intellectual, spiritual, financial, occupational, environmental and emotional)."

The participants also indicated that recovery is different for everyone. One participant shared recovery "will look different for each individual" and another reported "everyone's recovery may look different." One participant expounded saying "recovery is figuring out those areas of a person's life that need to be healed." For another participant, recovery was only considered successful due to "complete abstinence from both drugs and alcohol." In fact, for this one participant, a recovery lifestyle does not feature substance use in any form and "absolute sobriety [was] the only mark of success." Although there were differing descriptions of recovery, common themes emerged from the participants' responses. The research team analyzed the data and identified five primary themes based on the participants' views of recovery: *mind, feelings, body, support, and spirituality*. These themes were observed as being interconnected with a holistic wellness center (see [Figure 1](#)).



Figure 1. The Integrated Model

Mind. The mind focus included thought management, awareness, and mindfulness. Most of the participants mentioned how important it was for individuals in recovery to evaluate beliefs. Negative thinking patterns were viewed as representing emotional scaring and these patterns needed to be understood, integrated, and reframed. This is important because a significant “part of recovery is figuring out those areas of a person’s life that need to be healed.”

For recovery to be successful, several participants emphasized the importance of connection with core values and beliefs. One participant responded that clients in recovery go through a process of self-discovery. This process includes “a strong understanding of self in relation to the world,” and a positive self-evaluation is important and means to “feel good about who we are as individuals and feeling good about how we spend our time.” Improving one’s belief about the self is critical to one’s recovery. Participants stated that being able to receive counseling and learn new ways of self-appraisal would assist recovery. Effective counseling can allow individuals to first “reflect on their actions to prevent behaviors associated with substance use.”

All of the participants emphasized that there are different ways of thinking in the recovery journey. For example, one participant stated, “A priest once told me to question everything.” All of the participants emphasized that there are different ways of thinking in the recovery journey. Another important aspect of thinking related to recovery was having hope: “Hope enables these clients to remain strong whenever abstinence becomes a real struggle in their recovery process.” Recognizing thoughts could be viewed as a type of mindfulness.

Mindfulness was considered an important part of recovery. One participant mentioned that mindfulness is the opposite of addiction because in mindfulness, one is experiencing their feelings instead of trying to escape. Another participant said clients have to be “present in each moment” and experience love, which was defined as

being aware of people around them. Mindfulness was viewed as a way to “keep us in touch with what is going on around us and within us. For some, the internal mind can be a scary place.” One participant described benefits from yoga practice reporting that individuals find themselves to be more at peace and “are more able to cope with stressful situations, and find themselves better able to react to others with kindness.” Mindfulness was also viewed cross culturally, “in Islamic teachings, self-reflection is paramount.”

Feelings. Although feelings may be linked to beliefs and the mind, they were a separate theme. One participant viewed recovery as having “a relatively stable positive emotional state.” The view of feeling was reflected in another participant’s view, “A sense of shame may be deeply internalized by recovery clients for their substance use and abuse.” One participant described recovery as working through ones “own shame and guilt” to improve how they feel when thinking about themselves. Recovery was viewed as feeling “good physically, mentally, and emotionally.”

All participants mentioned the importance of experiencing feelings. Many mentioned the need to “heal many emotional scars;” however, before one can heal their emotions, they need to be willing and able to experience emotions. Although this is connected to the thought awareness and mindfulness, the reference is on the feelings experienced. One participant said a person in recovery must “experience and work through painful emotions without turning to substances.” Substance use and abuse was perceived as a way to avoid experiencing emotions: an “emotional numbing;” consequently, to feel deeply would be a sign of recovery. In fact, “addictions keep us out of the moment and unengaged from experiencing our lives.” Overall, recovery was connected to the *experience* of emotions, not the avoidance. Even with self-understanding and feeling experience, care of the physical being was identified as an important part of recovery.

Body. Most participants reinforced the importance of a “physically and mentally healthy lifestyle” with regard to recovery. They discussed how important it is to take care of one’s body and stated that “healthier decisions” in recovery includes taking care of one’s body and being more in touch with one’s body. For example, one participant mentioned that while using drugs like methamphetamines, “it was not uncommon to go multiple days without eating” and “food ingested during heavy alcohol and drug use is most frequently not nutritious.” Participants talked about getting better nutrition and even exercising to improve their strength. In general, recovery meant one would “improve their state of well-being.” One participant personally commented that recovery required “healthier eating patterns, exercise, and get [ting] regular medical check-ups.” Some participants talked about engaging in yoga practices to improve their body and ways to heal deep wounds could be facilitated by body work.

Support. Relationships were considered critical to recovery and included connection with family, friends, and God. Making amends and changing negative relationship patterns in the past were both considered important for recovery. One participant stated that while in the active state of use before recovery, all who cared were pushed away. This participant conveyed that much effort was required to make amends with all those persons he thought he had wronged. Relationships had to be healed. Participants mentioned that recovery may also require individuals to “move away from negative friends and find new peers.” Recovery means learn to “deal more effectively with their daily lives, jobs, and relationships” because life no longer revolves around drugs or alcohol. As one participant quoted, “One common dilemma of newly recovering clients is to move away from negative friends.” This relationship change process was defined as difficult by all of the participants.

Spirituality. A number of participants mentioned the role spirituality played in their recovery, “One important aspect of recovery is spirituality.” Overall, participants believed having a sense of spirituality was important and “finding and maintaining spirituality” is vital to recovery.

Each participant defined spirituality uniquely. One participant articulated, “You do not have to believe in God,” but “simply in something that has more power” than you have. In fact, for one participant “a belief in Allah [the Arabic word for God]” which is a core tenet of Islam, was simply the cultural name for a leader of faith for all humans. This participant believed that Islamic practices can be capitalized to promote recovery and one can “attain a deeper consciousness of God as a motivating factor to prevent relapse” and “one’s love of God may increase their desire to please ‘Him’.” This participant also stated that recovery means an individual meaningfully “reflects on their actions and how their actions might influence their status in the Hereafter.”

Another participant described his religious background as very impactful in his life and influenced his life principles positively. In fact, he cited that “the Holy Bible” and “religious figures” provided important sources for choice making. Although Buddhism may not be perceived or defined as a religious system, one participant stated that Buddhism can help one focus on living their life “with love, kindness, and peace.” For one participant,

spirituality was a connection with nature; and for another, it could “be a doorknob” as long as there is “something to hold onto” and “something that has more power” than the self. Overall, “spiritual wellness” was diversely described, yet considered important to recovery.

Holistic. The five areas of mind, feeling, body, support, and spirituality were intertwined throughout the feedback. This was illustrated by one participant who stated, “holistic wellness [was] the most important aspect of recovery.” In fact the use of substances may be secondary to the establishment of a holistic perspective of “spiritual, interpersonal, intrapersonal, physical, and mental wellness.” The interconnection of the five areas seemed to be present within all six responses.

For example, support, also included a connection to a Higher Power. Practices of body wellness, such as yoga and deep breathing, were viewed as ways to enhance mindfulness. When negative thinking patterns were effectively addressed, individuals could have a clear mind to choose meaningful relationships and engage in healthy habits of nutrition and exercise. Spiritually practices were considered a means to enabling individuals to achieve “full potential as human beings.” Abstinence was considered necessary by some participants to facilitate a clear mind and a path to establishment of friendships with individuals who did not use or abuse substances. One participant viewed recovery as “embracing a new life style with skills to deal with substance use triggering factors.” This new lifestyle included stress management, relaxation, assertiveness, recreation, and social support.

One participant’s statement, which reflected the interrelated themes, was recovery is “having a sense of hopeful purpose in life, a safe environment to live, a loving atmosphere in the family, and a caring community which can offer support.” Recovery was described as a lifelong commitment, would be unique for each individual, and would involve the core themes over time. Another participant’s description of recovery also reflected intersecting themes, “help these clients explore and establish a way of life that will promote their well-being, contentment, and maintain [ance of] a routine that will help these individuals in recovery process and refrain from substance use and abuse.” To summarize the holistic perspective, one participant stated, “I have also learned that being ‘unwell’ in one or more wellness dimensions could lead to drug use and abuse, and hence trying to help clients to maintain a healthy and balanced wellness should be given attention.” The holistic wellness center (see [Figure 1](#)) links the themes.

4. Discussion

This exploratory study provides an understanding of the views of recovery from six counseling doctoral students. It is an “interpretive endeavor” (Woodside et al., 2007, p. 25) meaning, findings are subject to biases, norms, and experiences of the seven authors. Research indicates that perspectives of recovery are diverse (El-Guebaly, 2012; Neale et al., 2011). Our study revealed unique definitions as well as showed interconnected themes. Research also suggests that cultural backgrounds impact definitions of recovery (El-Guebaly, 2012; Pruett et al., 2007). Our results suggested that diverse backgrounds do not

necessarily result in incompatible or divergent views of recovery; instead, there were common themes found across the definitions. Every participant, regardless of cultural, educational, and clinical experience background, viewed recovery as a positive, life affirming, strengths-focused, and hopeful process including cognitive, affective, physical, interpersonal, and spiritual dimensions. These views were found throughout the literature with scholars concentrating on hopeful, positive, interpersonal, and strengths-based perspectives of recovery (Koehn & Cutcliffe, 2012; Krentzman, 2012; Moxley & Washington, 2001; Stevens et al., 2010).

Our findings also align well with a humanistic approach supporting acceptance of clients, their ability to change, and reinforced in the counseling profession (Calley & Hawley, 2008). This positive approach suggests an absence of negative biases or judgments about recovery which can impair treatment (Adams & Madson, 2007; Boysen, 2010; Lay & McGuire, 2008). Recovery was perceived with hope similar to findings in the research about successful recovery (Koehn & Cutcliffe, 2012; Larsen & Stege, 2011). This positive approach also reflects the recovery advocacy movement described by White (2007) where goals are to counter the dehumanization and demonization of those with addiction related problems, valuing cultural diversity, and reducing stigma.

Spirituality was also found throughout the participants' definitions. Even with the diverse cultural and belief backgrounds of the participants (Muslim, Roman Catholic, Buddhist), they all identified the importance of a spiritual belief system to ground the recovery process. This view reflects an integrative and spiritual perspective similarly identified in the literature (Marlatt, 2002; Okundaye et al., 2001; Pruett et al., 2007; Warren, 2012). This study included a limited cross-cultural perspective of recovery given that the participants were from Malaysia, Ethiopia, and the United States. The findings suggested more similarities than differences in views. Cross-cultural perspectives of recovery are a new and needed area of research. El-Guebaly (2012) reported that transcultural comparisons of recovery are lacking and "although the conceptualization of recovery remains complex and further investigations are required" (p. 7).

Ultimately, recovery was considered a holistic process involving all of the dimensions of thinking, feeling, connecting, and physical well-being with a strong spiritual foundation. This holistic perspective aligns closely with SAMSHA's (2011) current definitions of recovery as an integrated process of change involving health, wellness, self-direction, and striving for full potential.

The methods of this study support the research that supervisors-in-training need to be aware themselves (Bernard & Goodyear, 2009; Heffron et al., 2005; Orchowski et al., 2010). Self-awareness is found to be associated with more effective counseling and supervision (Greason & Cashwell, 2009; Heffron et al., 2005; Lum, 2002). One first step to enhance awareness is to answer the question, "What is it I believe?"

4.1. Limitations

There are limitations with the results of this study. The participants are from one counselor education and

supervision program and the primary and secondary researchers teach in the same department with the participants. Even though qualitative research permits participants to explore their experience toward an in-depth understanding about the topic being researched, social desirability might impact the findings for this study. The participants' clinical experiences were not uniform; consequently, might not accurately reflect the views of individuals who have had considerable professional experience with addictions. Recovery was not defined; consequently, the interpretation of the meaning could be a complicating factor. The intention was to have the definition be open ended, not biasing responses, because in the literature there is not one exact definition of recovery.

4.2. Implications for Counselor Training and Further Research

Counselor educators can encourage doctoral students to identify and self-reflect on their perspectives of many issues. Addictions and recovery represent only one important area given their presence in mental health work. A reflection like this may help supervisors to identify their own understandings about addictions and recovery, and recognize the impacts on their supervision and counseling work. Further research may want to replicate this study, asking the same questions to expand the understanding of doctoral students. In addition, researchers may want to add quantitative measures of attitudes toward addictions such as the *Substance Abuse Attitudes Survey* [SAAS] (Chappel, Veach, & Krug, 1985); the *Addiction Belief Inventory* [ABI] (Luke, Ribisl, Walton, & Davidson, 2002) or the *Alcohol Knowledge Scale* [AKS] (Giannetti, Sieppert, & Holosko, 2002), which could add generalizability to the qualitative perspective. An additional area of investigation could include an analysis to assess the potential impact of years of training and/or experience on perception.

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