



# HOPE AND PATHWAYS TO RECOVERY

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July 30, 2010

Hope Transcends

Delaware 39<sup>th</sup> Summer Institute on  
Substance Abuse and Mental Health



## Part I

# Psychiatric Disorder, Hopelessness, and the Recovery of Hope



# Why is hope a foundation for mental health recovery?

Without hope recovery languishes...

Hope provides uplift for the journey

Hope is needed to have the desire and energy to undertake the challenging work of recovery

Overturning fear of “false hope”



*“Hope is crucial to our recovery, for our despair disables us more than our disease ever could.”*

*Esso Lette--Consumer Leader*

*“...a lack of hope has the danger of almost paralyzing a person, preventing them from going after their dreams.*

*Donna Orrin—Consumer Leader*

*“Hope is not just a nice sounding euphemism, It is a matter of life and death.”*

*Pat Deegan—Consumer Leader*



# Hope & Recovery Research

Analyze of existing hope literature

Qualitative Research (10 focus groups nationwide)—The What Helps, What Hinders Recovery Study (Onken, Dumont, Ridgway, Dornan, & Ralph, 2002)

1,000 pages of transcripts

Thematic analysis of all for hope content

Test ideas in hope workshops

Panel of peer recovery leaders



# Two Kinds of Hope

1) Big hope involves “Existential Concerns” —

- Is my life is worth living?
- Will my life get better?
- Will my suffering end?
- Do I have a future, or is my life over?

2) Small Hopes or Personal Aspirations—

- Will have X, Y, or Z “things”
- Will do such and such
- Will be such and such



# Hopelessness is common among people with severe psychiatric problems:

- Multiple losses and squashed dreams
- Suffering and fear caused by the disorder
- Negative messages, “poor prognosis”, low expectations of helpers (nocebo effect)
- Loss of control/learned helplessness/avoidant coping
- Stigma, shame and internalized stigma
- Social exclusion/disconnection/entrapment
- Repeated trauma, including treatment trauma
- Social disadvantage, poverty and effortful coping
- Stressors and daily hassles



# Falling into Hopelessness

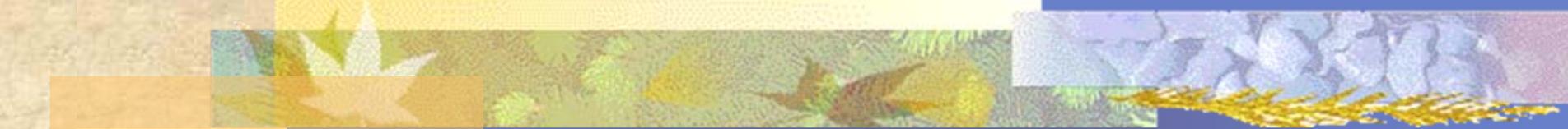
Giving In...overcome by the disorder

Giving Over...cede responsibility and authority

Giving Up...why even try?

Critical periods for descent into hopelessness...

- Breakdown/entry into labeled identity
- Failure and cutoffs of treatments/services
- Denial of benefits
- Relapse
- Exhaustion of personal coping strategies



# Group Brainstorm:

*How many people here are on  
Plan B (or C or D) for their lives?*

*What did it feel like when your  
original life path was lost/your plan  
did not work out?*



# A Geography of Hope

Hope is processional—it is about moving forward, going on, toward the “Realm of Future Possibilities”—that lies over the horizon

- Dreadful and Positive Possibilities

Move forward in Personal Pathways along Main Avenues of Human Development

- Work and career
- Learning
- Relationships
- Home

These avenues seem blocked, the horizon becomes constricted—no place to go, no reason to start out, stuck



# Hope and Time

The loss of any sense of having a positive future  
Measuring life-time in linear clock time (chronos)  
Allotted Life/Time

Assessing where one is versus

- one's own life trajectory “where I would have been?/what might have been?”
- timeline and life trajectory of same-age peers—where are they?/what do they have?
- In many programs, or due to disorder, one is just “Marking time”; illness/treatment = “Lost Time”

The challenge of making up for lost time in “off time” developmental passages, slow pace



# Recovering Hope Exercise

*Remember a time when you were  
losing hope...*

*What did you do/what happened  
that allowed you to regain hope?*



# Re-Building Hope in Recovery

Hope carried by another

Long term therapeutic alliance

a partnership that encourages, champions,  
gently pushes, and celebrates small successes

Knowing recovery is possible

Basic messages a life worth living, a full  
productive life

Calculating life chances

Overturning internalized stigma

Positive Affirmations

(continued)



# Affirmations shift mental models...

“Setback isn’t failure, it’s just a bump in the road.”

“Turn stumbling blocks into stepping stones.”

“Seeing a glass half full instead of half empty”

“When life hands you lemons, make lemonade.”

“Hope springs eternal.”



# Re-Building Hope in Recovery

(continued)

Self discovery and open exploration of  
personal pathways

Improved opportunity structures/choices  
“pulled along”

Re-opening the gates to the avenues of  
human development

Basic resources needs met/ Small hopes  
fulfilled

Finding meaningful activities



# Re-Building Hope in Recovery

(continued)

## Most Important Resource for Hope is Access to Role Models

*“After a while I was lucky enough to be around people who had survived mental illness. I would look at them and think ‘Well, you’re OK, you’re living your life, you have a family.’ and that gave me some hope. There wasn’t a lot of hope in the messages I got through the hospital. The hope came from friends and others who had been through similar experiences.” NZ Consumer*



# Recovering Hope in an Unbounded Territory that lies Beyond Words

Faith-based hope from spiritual and religious wellsprings

Creative Process

Forgiveness and Gratitude

The Natural World/Companion Animals

Energy medicine—Yoga, Reiki, Hatha Yoga

Giving Back to Others/Compassion/Survivor Mission/Working for Justice

Deep healing often happens in a place of flow, in the now, or “outside of time” --Kairos



*...Some part of us continues to hope in the midst of great discomfort and chaos. Even when we feel hopeless, we most often continue to choose life: This is real proof of our inner strength, our resourcefulness, our creativity. Kathryn Cohen—consumer leader*

*...A tiny spark of hope appeared and promised there would be something more than all of this darkness...This is the mystery. This is the grace...All the polemic and technology of psychiatry, social work, and science cannot account for this phenomenon of hope. But those of us who have recovered know that this grace is real. We lived it. It is our shared secret. Pat Deegan—consumer leader*



# Hope requires a reinvestment of emotional and physical energy and is Delicate

*“I’ve always been afraid of hope, because someone’s going to steal it away, or it’s just going to burst and go away. So...when I do feel it, I guard it extra carefully, because I’m afraid it’s just going to go away” (RI, 1332).*



# Group Brainstorm

There is a phenomena of  
group hope...

How can we make Hope  
Visible in our programs?



*“There is inside me a self, a spirit, which is gradually becoming more aware...My self includes, but is greater than my chemicals, my background, and my traumas. It is the me I am seeking to become in my relationships in that moment of creative uncertainty when we make contact with another. At that moment we defy the odds and say ‘yes’ our lives will go on regardless of how we live the following moment. We are all inventing our lives at each moment. I hope...and a bridge appears to a future with other people. I feel...connected to humanity And I find my voice. I speak...and my voice breathes new life to sustain me and those I love.” --Dan Fisher*



Part II.

Pathways to Recovery:  
A Resource for Hope Building



# Introduction to the STRENGTHS APPROACH

We cannot make our way out of a stuck place  
by focusing on deficits and problems

We must have equal or greater focus on, enlist,  
and work with what is good and life-  
enhancing in the individual, their support  
system and the environment to keep  
struggling and move forward

Use a “can do” approach, working in very small  
steps to (re)create personal pathways to well-  
being, meaningful roles, and move toward a  
life beyond or despite psychiatric disorder



# Intro to the Strengths Approach (cont)

(Re)Build a life out of small choices and reclaimed sense of agency

Reach, stretch, or risk through taking on small do-able challenges

Setting a trajectory for personal pathways

“Grow where we’re planted”—using naturally occurring community resources, assets

Design and live out many segments of personal pathways to recovery

Celebrate each small step of the journey



# What are Strengths?

## Personal Strengths

- Skills, abilities, and talents
- Knowledge
- Curiosity, interests, passions
- Commitments and driving values
- Personal medicine (the things people are already doing to heal)



# Strengths (continued)

## Interpersonal and Community Strengths

- Strengths within support system
- Newly formed community supports that connect to personal strengths/goals
- Cultural strengths and sources of resilience
- Neighborhood and community assets



# Small Group Exercise

*Identify and share*

*One Personal Strength and*

*One Social or Cultural Strength*

*That help you contend with your life  
challenges...*



# Goal Setting

- 1) Create a long range Vision of Recovery  
(where do you want to be in a few years?)
- 2) Devise a few (e.g. 1-3) Long-term Goals  
(What do you want to accomplish in the next few to several months?)
- 3) Work on a handful of Short Term Objectives  
(what needs to be done to move forward toward the goals in the next few weeks?)



# Short term objectives (cont.)

Sort term objectives should be

- Directly tied to a particular goal as spelled out by the person and stated in the person's own words
- Concrete/behavioral/achievable
- Measurable
- Tied to a specific timeframe



# Short Term Objectives (continued)

Specifies “who will do what by when?”

- What is the action step?
- Who is responsible for taking the step?  
By what date?
- How did the action step go? (Identify barriers to overcome or anything that remains to be done, or what was learned or decided)
- Date of completion ( becomes a list of small successes)



# Pair Up Exercise

- 1) Select a life domain that is important to you  
e.g. home, education, assets, career path, leisure, health and wellness, intimacy & sexuality, social support, spirituality
- 2) Set one specific goal
- 3) Devise a set of 3 short-term action steps
- 4) Homework: Do the action steps, and find a way to celebrate!



# Pathways to Recovery: A Hope-Building Resource

History of Pathways

What is Pathways to Recovery?

How has the resource been used?

- Personal recovery tool
- Group process
- Workshop curricula

What do we know about the impact of Pathways?



# Pathways Content

Introduction to recovery

Attitudes, actions and ways of thinking

Exploration of one's strengths

Creation of a personal vision for recovery

Review and goal setting across life domains

Personal recovery planning

Expanding one's circle of support

Detours and roadblocks

Rest stops and travel tips

Supercharging the journey

Sharing one's story of recovery

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# Pathways Content (continued)

30 Stories of “real people” and their  
experience of recovery

Uplifting quotations

Self Assessments

Exercises that allow one to shift one’s  
consciousness and “taste” recovery

Planning formats

Celebrations



# Pathways to Recovery

Available through:

University of Kansas

School of Social Welfare

Supported Education Group

[pathways@ku.edu](mailto:pathways@ku.edu)

785-856-2880 ext. 109 or

1-877-458-6804

Contact information:

[priscilla.ridgway@yale.edu](mailto:priscilla.ridgway@yale.edu)