Recovery, Inc., as an Adjunct to Treatment in an Era of Managed Care

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As capitation increasingly limits professional mental health services, self-help organizations may play an expanding role. Recovery, Incorporated, is an internationally active mental health self-help organization developed in the late 1930s by Abraham A. Low, M.D. The author reviews concepts about mental illness and health developed since Low's time, such as locus of control, learned helplessness, defense theory, and Antonovsky's salutogenic model. He describes how these concepts support many of the principles developed by Low, in particular the idea that optimal health is achieved when a person assumes responsibility for his or her failure or success. In the structured format that Low designed for Recovery, Inc., meetings, members learn to identify self-defeating and illness-promoting thoughts and impulses and counter them with self-endorsing thoughts and wellness-promoting actions. The author suggests that professionals should become familiar with self-help organizations in their communities, promote relevant research, and facilitate referral to these groups. (*Psychiatric Services* 47:1378–1381, 1996)

In these days of managed care, mental health professionals are ever more burdened with trying to find therapeutic resources that are cost-effective, quality controlled, widely available, and attractive to patients. Because insurance coverage of inpatient stays and outpatient therapy is limited for many patients, effective alternatives and adjuncts to traditional treatment programs are needed. The mental health industry continues to search for ways to reduce hospitalizations and improve the effectiveness of outpatient programs. However, patients may resist using the very services that professionals believe might keep them well.

Mental health self-help groups—sometimes referred to, perhaps more accurately, as mutual-aid groups—may play an expanding role to meet several needs. Research on the effectiveness of self-help groups has generally shown good outcomes (1–14). Some studies have begun to explore the therapeutic processes that occur in these groups. For example, Maton's work (15) suggests that Riessman's "helper-therapy principle" (16), in which an individual's acting in a helping role is therapeutic for that individual, may account for part of the effectiveness of involvement in self-help groups (1).

Another factor that may contribute to the effectiveness of these groups is members' development of a stronger internal locus of control. In the last three decades since Rotter's study (17) of loci of control, many studies have explored relationships between sense of control, problem solving, and mental illness, especially depression (18–22). Antonovsky's salutogenic model (23) suggests a relationship between health and people's ability to believe "that life is comprehensible, manageable, and meaningful."

More than 50 years ago, a Chicago neuropsychiatrist, Abraham A. Low, began to formulate his own ideas about control and problem solving, especially in regard to the self-help aftercare of former mental patients and the chronic problems of "nervous" patients. He later developed the self-help group Recovery, Incorporated. In his 1950 book *Mental Health Through Will-Training: A System of Self-Help in Psychotherapy as Practiced by Recovery, Incorporated* (24) and in other writings (25,26), Dr. Low described many principles that have since been supported by more recent conceptual frameworks about mental illness and health. This support lends credibility to the tenets of such groups as Recovery, Inc., and reinforces their value as aftercare mental health resources.

Control, defense, and responsibility

As noted, many studies have explored relationships between perceptions of control and mental illness, especially depression. Control theory describes the differences between the belief that life outcomes are largely the result of one's own attributes and behavior (internal locus of control) and the belief that outcomes are largely determined by external forces (external locus of control) (17). Hiroto (18) has shown that people with an external locus of control are more susceptible to learned helplessness, a conditioned, negative response to aversive stimuli. Studies of depression and control have generally shown that a greater sense of internal control is associated with a lower rate of depression (22,27).

Defense theory is another line of investigation. It looks at differences between those who accept responsibility for good outcomes but reject responsibility for bad outcomes and those who accept responsibility for bad outcomes but reject responsibility for good outcomes. The latter group, who self-

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blame, have been generally viewed as more susceptible to depression than the former group (28–30).

In 1990 Mirowsky and Ross (22) published the results of a study that rated depression among four groups: instrumentalists, who believe they are responsible for both good and bad outcomes; fatalists, who accept responsibility for neither good nor bad outcomes; self-defenders, who accept responsibility for good outcomes but not for bad; and self-blamers, who accept responsibility for bad outcomes but not for good. The results of the study supported the view of control theorists that "fatalists are more depressed than instrumentalists" (22).

However, the results did not support the views of defense theorists that self-defenders are less depressed than self-blamers. In fact, the depression scores of the fatalists, self-blamers, and self-defenders in the study were not significantly different. This finding supports the view that it is important, at least with respect to depression, to believe that one is responsible not only for one's successes in life but also for one's failures. As the authors pointed out, "A sense of control over and responsibility for past problems implies the possibility of avoiding them in the future." This is not to suggest that one might benefit from assuming responsibility for the existence of one's mental disorder; however, it may be health promoting to believe that the nature of one's responses to illness can lead either to good or to bad outcomes.

Salutogenesis

Not unrelated to one's sense of control are beliefs that one's life can be understood, has meaning, and can be managed. In theoretical work, Aaron Antonovsky (31) has espoused that these beliefs optimize health and psychological well-being. His salutogenic model of health and illness focuses on "why people remain healthy despite stress" and proposes that the internal resources enabling people to stay healthy have a common factor—"they help make sense out of the stressors with which individuals are constantly bombarded" (23).

At the core of this model of stress and resistance is the construct Antonovsky called the sense of coherence, which he described as expressing "the extent to which an individual has a pervasive, enduring though dynamic, feeling of confidence that life is comprehensible, manageable, and meaningful." Initial studies in 20 countries of the Sense of Coherence Scale that Antonovsky (32) constructed indicate its cross-cultural reliability and validity; future studies using the scale may reveal clearer correlations between a person's attitudes, behavior, and place on the continuum of mental and physical health and illness.

A better understanding of "stress buffers" has obvious implications for a variety of fields. For example, Sullivan (33,34) described the relatedness of models of control theory, will to meaning, learned helplessness, hardiness, and sense of coherence and provided an analysis of these concepts, especially in regard to their usefulness in nursing education, practice, and research. Other recent investigations into the utility of Antonovsky's work include studies exploring applications in counseling psychology and medicine (35,36).

Similarities with other models

Although much of the work in control theory has focused on its relationship to the development of depressive symptoms, Antonovsky's model is more global. Low's system of self-help, the Recovery method, which is described in *Mental Health Through Will-Training* (24), focuses on how training the will can help mental patients prevent relapse and chronic suffering. Rather than restrict his principles to particular diagnoses, Low addressed common elements experienced by people who have mental illness and described principles that people can use to improve their outcomes.

Inherent in Low's approach is the message of control theory—that optimal health is achieved when a person assumes a sense of responsibility for his or her failure or success. When discussing a patient's "sabotage" of the therapeutic process, for example, Low (24) described the benefit of taking responsibility for bad outcomes as well as good: "Contrary to expectation, it is comforting to the patient to be called a saboteur. Considering himself as such he knows that he has 'not yet' learned to avoid resisting the physician. The 'not yet' is reassuring. It suggests that in time he will learn."

Rejecting the common psychoanalytic doctrine of his day, Low (24) said that he chose to side with Kraepelin and Wundt by "emphasizing the priority of Will over Drives." He noted that it is "inconceivable that adult human life can be ordered without a Will holding down impulses." Low emphasized that while feelings and sensations are "either experienced or not experienced," the will is capable of controlling thoughts and impulses.

Fundamental to Low's process of will training is group members' practice of recovery principles in their daily life. This process, much as in the cognitive psychotherapy later developed by Beck (29), involves learning to identify self-defeating and illness-promoting thoughts and impulses and countering them with self-endorsing thoughts and wellness-promoting actions. *Mental Health Through Will-Training* is filled with examples of how this process can be brought to bear in daily life. The book serves as a resource for training in Low's Recovery method.

As noted, the sense of coherence allows a person to cope with stress and chaos, in Antonovsky's words (23), through a "pervasive, enduring though dynamic, feeling of confidence that life is comprehensible, manageable, and meaningful." Low's methods, incorporated in Recovery, Inc., address these three beliefs. The first, that life is comprehensible, is fostered by Recovery members' analysis of their own and other members' life problems. At Recovery meetings, members relate examples of the difficulties they experience in their everyday lives. A structured format of presentation is followed. First, the disturbing event itself is described. The symptoms and discomfort that the event produced are then detailed. Next, the presenter describes his or her dysfunctional responses and the Recovery principles that enabled more effective coping. Finally, the presenter reflects on the symptoms and reactions he or she would most likely have experienced before training in the Recovery method.

The presentations are reinforced at meetings by members' reading aloud examples from Low's book. Moreover, members are encouraged to adopt the use of "Recovery language" developed by Low, which serves to exorcize self-defeating, temperamental, and overly clinical speech from their discussions. Through repeated exposure to this process, members gain insight into and understanding about themselves and life in general. This process of sharing successful experiences, in combination with the technique of endorsement in which members affirm their own and others' health-promoting thinking and behavior, affirms members' belief that by their own effort, life can indeed be manageable—the second criterion of Antonovsky.

Low's strict design of the Recovery meeting process also includes a social aspect. The "mutual-aid" segment of meetings follows the structured segment and is a time when members can sit together over a cup of coffee and share their experiences more extemporaneously. During this time, members get to know one another in an accepting atmosphere in which they can practice social skills. Relationships develop, and a social context for life is fostered. In this way the last of Antonovsky's criteria is advanced—life can be seen as meaningful.

Discussion and conclusions

Exacerbation of mental illness often challenges a person's sense of control. Experiencing symptoms that necessitate acute care or hospitalization presents an individual with evidence that he or she cannot function independently. Receiving outpatient aftercare from mental health professionals may perpetuate this idea, which may partly explain many patients' resistance to "compliance" with aftercare.

Control theory suggests that a key task for persons with mental illness is to accept responsibility for outcomes. However, promoting patients' "ownership" of their mental health and illness may not be a task well suited for a system of care that is itself hierarchical and often experienced by patients as paternalistic. As Low (24) noted, "Unfortunately, the physician is far from convincing . . . [but] resistance is easily overcome in the group interview. The fellow sufferer who explains how he 'licked' his frightful palpitations after years of invalidism cannot possibly be suspected of trying to sell something. He convinces the novice that 'chronic' conditions are not hopeless."

The effectiveness (3,4) and longevity of Recovery, Inc., may owe much to this factor—that a supportive, peer-structured therapy group has a unique potential for gently guiding a person with mental illness toward the critical task of accepting responsibility for his or her well-being. In this light, such groups may begin to be appreciated not as second-rate replacements for professional care but rather as potentially critical adjuncts to professional care that may in fact increase its effectiveness.

If it is true that participation in self-help or mutual-aid groups can greatly optimize mental wellness, then key tasks facing mental health professionals include familiarizing themselves with such organizations, promoting relevant research, and facilitating referral to these groups. Alcoholics Anonymous, Recovery, Inc., and other organizations have been invited by some hospitals to operate groups for inpatients on a volunteer basis. Although this practice may blur lines between professional and lay therapy and create conflicts of interest, it appears to be a logical and viable tool for introducing patients to such resources as long as the introduction is thoughtfully carried out and quality control measures are instituted.

Questions always arise about what type of person with what type of mental disorder would benefit from a given therapy. Obviously, the nature of an individual's symptoms, especially cognitive impairment or thought disorder, can limit his or her ability to engage in therapeutic self-help. However, for many people using mental health services, engagement in a self-help organization such as Recovery, Inc., may be of real benefit. Low's principles, in particular, are compatible with current mental health theory and practice, and Recovery, Inc., has operationalized them in a way that supports rather than obviates the need for concurrent psychiatric follow-up.

Moreover, use of Recovery, Inc., is extremely inexpensive, and quality controls can be established (37); such groups are widely available and have been shown to be effective (3,4). Because the method of Recovery, Inc., intentionally avoids distinctions based on diagnosis and promotes effective coping with the fears, stigma, and everyday stressors common to most people with mental illness, it can help people with a broad range of dysfunctions—if they choose to "walk through the door."

A task facing self-help groups is to consider if and how they might respond to newly identified issues and needs of the mental health community, especially as the availability of professional services changes. No single resource can be expected to meet all of a community's needs. Questions arise about the ability of Recovery, Inc., Alcoholics Anonymous, and other groups to address issues such as poverty among persons with mental illness, social stigma, and the availability of resources to people of different races, genders, socioeconomic classes, and types and severity levels of mental illness.

For example, the policies and practice of Recovery, Inc., are set by a board of directors made up of members; a guiding principle of the board has been that the organization's effectiveness depends on fairly strict adherence to Low's tenets in the operation of the organization. Such adherence has brought certain challenges, such as dependence on psychological terms from Low's books that have become somewhat arcane. In practice, some groups are choosing to de-emphasize the use of "Recovery language," a controversial topic in the organization and one that reflects the organization's difficulties in striving to be flexible while retaining its sense of therapeutic integrity.

Another challenge to Recovery, Inc., has been the limitations that its structural organization placed on involvement of patients' families and friends in the therapeutic process. These limitations are ironic considering Low's views of the importance of patients' familial and social contexts. As Low (26) eloquently described in a lecture, which has been published in *Peace Versus Power in the Family*, environmental forces are particularly signifi-

cant for those whose sense of control is challenged by mental illness.

Because of Low's belief that the support of family and friends can be critically important in patients' success in the community, the Abraham A. Low Institute, an organization separate from Recovery, Inc., created a new self-help group patterned on Low's principles called the Relatives Project. In Relatives Project groups, family members and friends not only learn about how domestic environmental factors can be shaped to optimize the mental health of their loved ones but also learn how to manage their own stresses by using the Recovery method. In this way, responsibility and control for wellness are actively sought goals shared by patients and their relatives and friends. In creating the Relatives Project, the Low Institute has met a newly identified need while allowing Recovery, Inc., to continue on its traditional path. Flexibility in programming was achieved while structural and therapeutic integrity were maintained.

As capitation increasingly limits availability of professional services, new and existing resources within the lay therapeutic community may become increasingly important in the care of people with mental illness. It is both timely and important for mental health professionals to familiarize themselves with all resources in their communities and to make critical assessments about their potential benefits and harms. This discussion has focused on one such resource, and there are many others. Perhaps with judicious, appropriate, and even integrated use of such resources, mental health professionals will find that providing care for patients and their families in the era of managed care is indeed manageable. ♦

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