

Commentary

Commentary on “Defining and Measuring ‘Recovery’”

Faces and Voices of Recovery lauds the work of the Betty Ford Institute Consensus Panel in taking a long overdue step to develop an operational definition of recovery. Without a starting point, the public and policymakers will remain uninformed about the number of people in long-term recovery, the pathways that they took, and the opportunities to make it possible for even more people to experience new lives, free from addiction.

Although individuals and family members have experienced and can articulate what it has meant to reclaim dignity and respect for themselves and from their community through their recovery, the public and many policymakers remain in the dark. For people looking into communicating with the public about the reality and issues of recovery, the word *recovery* must be defined. In a report on its April 2004 survey of the general public conducted for Faces and Voices of Recovery, Peter D. Hart Research Associates/Coldwater Corporation (2004) found that “[t]he public does not know what ‘recovery’ means.” When asked what definition best matches their understanding of someone “in recovery from addiction to alcohol or other drugs,” most (62%) said that it means the person is currently trying to stop using alcohol or illicit drugs. Only 22% said that the person in recovery is free from the disease of addiction and no longer uses alcohol or illicit drugs. Even those who know someone in recovery overwhelmingly (62%) believe that someone in recovery is “trying to stop using alcohol or drugs.”

As the national organization mobilizing as well as organizing the recovery community and representing individuals in long-term recovery and recovery community organizations, Faces and Voices of Recovery believes that future Betty Ford Institute consensus panels should include representatives of the organized recovery community at the table to better inform discussions such as the one that led to the development of this important article. William White (2007) wrote an article entitled, “Language and the Recovery Advocate: Why We Worry About Words.” We do worry about words. The choice of language in a definition of recovery is vital for several reasons. The words must be accurate and clear, as with any definition. Furthermore, the words should not foster public stigma or discrimination.

For example, the article on the consensus working definition uses the word *recovering* to describe the

community of people who are no longer using alcohol and other drugs. Because most of the public think this means “a person is currently trying to stop using,” use of this word can continue to perpetuate the misconception that individuals in the recovery community are still trying to stop using alcohol or drugs. This is why we encourage the adoption of the phrase *recovery community* as opposed to *recovering community* to describe individuals who are in recovery from addiction to alcohol and other drugs.

For the research community, we are also concerned about the use of words in this document. Of course, it was necessary for the definition to indicate “recovery from what.” However, the language in the consensus document seems to use the terms *dependence*, *substance use disorder*, *addiction*, and *substance abuse* somewhat interchangeably. Although this is problematic on at least a few grounds, we saw this activity as an opportunity to change the focus of the conversation—the focus being on the recovery and not on the history.

For different reasons, we also worry about the use of the term *citizenship*. This may be a poor choice of a word. Although it is later defined, this word can easily be misunderstood by the public, policymakers, clinicians, and researchers. We do not define recovery from any other disorder or disease based on an individual’s “citizenship,” and we do not, in general, scrutinize “citizenship” for other populations for any scientific rationale. Why are we inventorying people’s citizenship in recovery?

Similarly, improvement in physical health is included in the definition. People in recovery may or may not have good health. We celebrate individuals’ return to health and engagement with their family as well as the community as part of their sustained long-term recovery from addiction. However, health problems can be the result of previous use or completely independent of it. A person in long-term recovery can begin to have health problems associated with aging or get cancer or any other severe or chronic disease. It seems odd to imply that their recovery is in question.

Lastly, we suggest that the term *recovery lifestyle*, like the term *gay lifestyle*, may be stigmatizing and, more importantly, does not do justice to what it means to live life in long-term recovery from addiction. In addition, using the word *recovery* in the definition of recovery does not move the

field forward. Rather, we would suggest that language such as *living a life free from addiction and engaged with the family as well as community* might be a better way to describe a “recovery lifestyle.”

In the introduction and discussion sections of the article, the authors raise the special significance of the definition to the research field and to treatment providers. The definition is also of great importance to recovery advocates and policymakers who want to understand the effect of barriers in obtaining jobs, housing, and education that many individuals in “early, sustained, and stable sobriety” face (Institute of Medicine, 2006) as well as the impact of peer and other recovery support services that enable people to find jobs and housing to reunite with their family and their community.

These concerns raise an interesting point about the use of a quality-of-life measure developed for the general population. That the World Health Organization Quality of Life (WHO-QOL) instrument was validated in one population does not mean that it is valid in another population. The WHO-QOL includes such questions as those on work, leisure time activity, mobility and transportation, and financial resources. Gauging whether a person is in recovery or not depending on such items is a real problem. People in recovery often have a difficult time finding decent jobs that pay reasonable wages. Thus, external—and some will say discriminatory—factors affect this definition. A working mother in recovery for 5–10 years might only be able to find employment at a local fast food restaurant because of a previous felony drug conviction. Her financial situation might be dire, and she would not be able to afford anything but public transportation. According to the WHO-QOL, she might not be doing well. That she maintains her sobriety in the face of these hardships says otherwise.

Although we recognize that coming up with a consensus definition is a difficult process and that this is an initial definition of recovery, we have pointed out some areas for consideration that we believe would help clarify the definition. We have raised issues about the process of the consensus and about the content. It is also interesting that the work discussing the consensus definition does not explicitly talk about any previous researcher’s definition of recovery or remission from addiction. Although there has not been a lot of previous research, there is some literature on the subject. The authors of the consensus definition recognize that this is a work in progress and that it may be a very good start.

We did notice that considerably more work needs to be done, and perhaps a better title would have been, “What is

Recovery? Toward a Working Definition From the Betty Ford Institute.” There needs to be a concerted literature review of prior research definitions of recovery. The consensus document also did not clearly delineate the types of “substances” being discussed. There also needs to be more research on what it would mean to assess the improved quality of personal life and engagement with the community to identify what assessment tools might be most useful with the recovery community. There also needs to be careful consideration of the external policies impinging on the recovery community that affect such things as potential job availability, health, and financial status. Although recovery may make individuals able to work does not mean that they can find work. The definition, in this context, needs to be fair and realistic, while not furthering discriminatory practices.

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