Dynamics of the Social-Experiential Recovery Paradigm:

A New Vision of Social Model Recovery Programs

Presented at the NARR Summit, Oct. 9-11, 2023, Dearborn, Michigan

Slide Show Presentation & Panel Discussion for NARR 2023 Summit

- Slide Show by Thomasina Borkman, sociology professor emerita with lived experience of recovery through 12-step programs
- Panel Discussion: Applicability of the Paradigm to Recovery Residences
  - By Social Model Pioneers--the Social Model Sisters: Susan Binns, Susan Blacksher,

  & Beth Sanders--With Experiential Expertise of the Social-Experiential Recovery Paradigm
    - Their personal experiential expertise of recovery in recovery communities
    - Their management and recovery skills administering social model programs
    - Or their professionally-based research about social model recovery programs

[Dr. Lee Ann Kaskutas contributed but couldn't attend Summit]

Objectives of Presentation

- Explain why concept of “social-experiential recovery paradigm” is relevant to a NARR summit
- Define the SERP—the social-experiential recovery paradigm
- Explain how “lived experience” becomes “experiential knowledge”
- Overview of significant differences between medical/clinical treatments & social-experiential recovery paradigm
- The body of experiential knowledge resides in the recovery community, not in one or two persons.
- Show how the recovery paradigm captures the dynamic processes of learning and helping among peers in a recovering community

Why is a “social-experiential recovery paradigm” relevant to a NARR summit?

- Social model recovery is included in NARR’s standards
- Current reformulations of social model recovery are often done by researchers who are not in recovery and cannot thoroughly comprehend it.
- This new social-experiential recovery paradigm was developed by me, a sociologist in recovery who has participated in 12-step/12-tradition groups for 46 years.
- This paradigm has been vetted by individuals who are experiential experts in recovery and manage NARR-based recovery homes.

Why use “paradigm” instead of lists or domains of principles?

Paradigm is defined as a coherent and interrelated set of beliefs, practices and methods about how to tackle and resolve a common life problem or develop a branch of science; (Guba & Lincoln, 1994; Nelson, Lord & Ochacka, 2001) .

Paradigm implies a total package of interrelated aspects of responding to and resolving a major life issue—i.e., long term recovery.

Paradigm captures the dynamic aspects of people helping others which triggers further helping and reciprocal giving

SERP: Social-Experiential Recovery *Program*
or
SERP is also social-experiential recovery *paradigm*

- A SERP is a formalized, usually non-profit program, based on principles & practices from the recovering SUD communities, that can obtain public and private funding for physical facilities & staff to provide services.
- SERPs are initiated & directed by experientially knowledgeable persons in recovery, who are connected to recovery communities, who expect a salary & make a career in the field.
- SERPs rely on bodies of experiential knowledge that include principles & practices developed by 12-step/12 tradition groups or other recovery communities.
- A well functioning SERP is an integral part of the recovery community.

What is experiential knowledge?

How does “lived experience” become experiential knowledge?

How is experiential knowledge different than medical/clinical knowledge or lay/ bystander knowledge?

What are “lived experience” & “experiential knowledge” of substance use recovery?

EXPERIENTIAL KNOWLEDGE IS DEFINED AS “TRUTH LEARNED FROM PERSONAL EXPERIENCE WITH A PHENOMENON RATHER THAN TRUTH ACQUIRED BY DISCURSIVE REASONING, OBSERVATION, OR REFLECTION ON INFORMATION PROVIDED BY OTHERS” (BORKMAN, 1976, P. 446).

LIVED EXPERIENCE OF RECOVERY FROM SUBSTANCE USE MEANS THE EMBODIED AND EMPATHETIC INFORMATION GAINED BY PERSONALLY GOING THROUGH SOME PART OF THE PROCESS OF RECOVERY, E.G., GETTING THROUGH A HOLIDAY WITHOUT DRINKING OR USING.

GOING THROUGH AN EXPERIENCE IN & OF ITSELF IS NOT KNOWLEDGE; SELF-REFLECTION ON THE MEANING OF THE EXPERIENCE CAN CONVERT IT TO KNOWLEDGE.

Characteristics of experiential knowledge

- An individual's lived experience is:
  - Singularly their unique experience (N=1)
  - Holistic—involves all aspects of their lives including existential (why did this happen to me?)
  - Pragmatic—how do I frame & resolve this issue? Not theoretical
  - Has similarities & differences with others' lived experience of the common issue
  - Usually expressed as a story (or part of a story) or narrative
  - Individuals evolve their story through a social process of interaction with others

Self-help mutual aid groups collectivize experiential knowledge

- Experiential knowledge is expanded & collectivized through the sharing of “experience, strength, & hope” at meetings and other interactions.
- 12-step/12 tradition groups and other self-help/mutual aid groups such as SMART, Women for Sobriety, & LifeRing that hold meetings accumulate knowledge of recovery by listening to many stories of recovering individuals.
- Individuals listen to and learn about many stories, some similar to, others different than their own story.
- Individuals undergo a self-reflective & meaning-making process to learn to trust their and others’ lived experience as knowledge worth following.

Individuals learn to trust their & peers' experiences as **essential** knowledge

- Three stage process of learning to trust lived experience as knowledge worth following (Borkman,1999).
  - **Victims:** newcomers to recovery often act as victims whose experience is raw and incoherent. Everything happened to them. They are unlikely to value and may distrust lived experience as meaningful knowledge.
  - **Survivors**: over time individual hears more stories of effectiveness of using lived experience; begins to apply & to trust the knowledge in their lives.
  - **Mature:** seasoned recovering person guides, sponsors, or mentors peers

Seasoned members of mutual aid groups become “experiential experts”

- The “survivors” & “mature” stages are seasoned members who have heard dozens or hundreds of stories, know the collective wisdom of their group, and are “experiential experts.”
- Relationships with seasoned members connects newcomers to their “experiential expertise and to the recovery community.
- Limitations of individual experience (N=1 problem) are overcome by seasoned members connected to recovery communities.
- Recovering loner individuals or those unconnected with recovering community unlikely to be “experiential expert.”

12-step/12-tradition groups were original recovery communities

- Social-experiential recovery began with Alcoholics Anonymous & spread to Narcotics Anonymous & other 12-step/12 tradition groups as they evolved.
- Initial recovery communities were comprised of AA & other 12-step/12-tradition members.
- Many recovering people attend more than one mutual aid group such as Women for Sobriety, LifeRing, or SMART recovery. Do they become a larger recovery community or remain separate communities?
- No research has been done to answer these or other questions about the current recovery communities. Therefore, it is not known to what extent there are a number of different recovery communities, connections among them, or what.

Experiential knowledge differs from lay bystander information & from professional medical/clinical knowledge

- Professionals often incorrectly think lay bystander information and experiential knowledge are the same.
- Lay bystanders have significantly different information than professionals or the experientially knowledgeable.
- Lay people and bystanders to professional or experiential situations, have secondhand knowledge gained from media, family & friends, and handed down through generations.

Experiential Knowledge & Medical/Clinical Knowledge are significantly different

Experiential Knowledge

- Knowledge & wisdom from reflection on personal lived experience
- Holistic, not specialized; includes existential (Why me?) and spiritual
- Collectivized knowledge of many recovering persons found in groups & recovery communities
- Much knowledge is **oral** & is **current practice** in SERPs and recovery communities
- Written form limited; codified groups' writings, e.g., AA's Big Book

Medical/Clinical Knowledge

- Based on university-based scientific research & education
- Specialized; not holistic
- Often theoretical, not practical
- Individual can be expert in specialized area
- Written, codified in quantitative terms; replicable
- Current practice & oral knowledge secondary to written information

They do not know what they do not know!

- Describing what is experiential knowledge is difficult because you have to have lived through it to thoroughly comprehend it.
- The most obvious feature is the identification as being similar to one's peer which an be very powerful. Peer staff can honestly say: "I know how you feel and how hard it is because I also have stopped drinking/using."
- Medical & clinical professionals and laypeople not in recovery cannot understand the complexity or extent of experiential knowledge of successful sustained recovery.
- Outsiders often misinterpret discussions of experiential knowledge as small talk rather than the credible and authoritative knowledge among participants that it is (Borkman,1990). They do not know what they do not know.

How does SERP differ from medical/clinical treatments?

How do the roles of professional/patient differ from SERP peer staff to newcomer peer?

Contrasting the role of professional/client with peer staff to newcomer peer

Dimension	Social-experiential recovery	Usual medical or clinical professional treatment
How is person in recovery regarded?	As a unique individual person: John	As a client or patient with a diagnosis
Who is ultimate decision-maker?	John, the person	The professional decides treatment with client's consent
Primary emphasis of staff (1)	Guiding/showing John how to have & sustain a meaningful sober life	Treating John's symptoms; restoring functionality
Primary emphasis of staff (2)	Help John take self-responsibility & become an active agent in his life.	Increasing John's quality of life

Contrasting the SERP staff with clinical treatment staff-2

Dimension	Social-Experiential Recovery Staff	Medical/clinical treatment staff
Job requirements	Usually minimum of 1-2 years of successful recovery; may require other training/credentials	University-based degrees & credentials plus job experience
Source & kind of knowledge to do job	Personal lived experience of recovery; Experiential knowledge gained from one's recovery community	College/university training; science-based research; consensus about practice; plus clinical experience
How is knowledge expressed?	Everyday conversation, stories of lived experience, recovery language	Logical-scientific jargon, diagnoses & technical terms.

Contrasting the SERP staff with clinical treatment staff-3

Dimension	Social-experiential Recovery	Usual clinical professional treatment
Staff relationship to person being helped	Peer with similar but more experience and experientially knowledgeable about recovery	Unlike client in experience; professionally distant but warm & empathetic
Staff disclosure of lived experience & personal information	Mutual sharing of lived experience & personal information	Staff does not disclose personal information or lived experience
Boundaries of relationship	Socialize together but relationship limited	Almost no socializing together; high boundaries

Is SERP a form of treatment or education?

SERP is transformational learning with peers

- Learn recovery by doing & living with peers
- Transformational learning is form of adult learning (Mezirow, 1991)
- Transformational learning reinterprets actions in terms of recovery principles
- Transformational learning creates recovery identity
- Peers living recovery together supports & strengthens sobriety

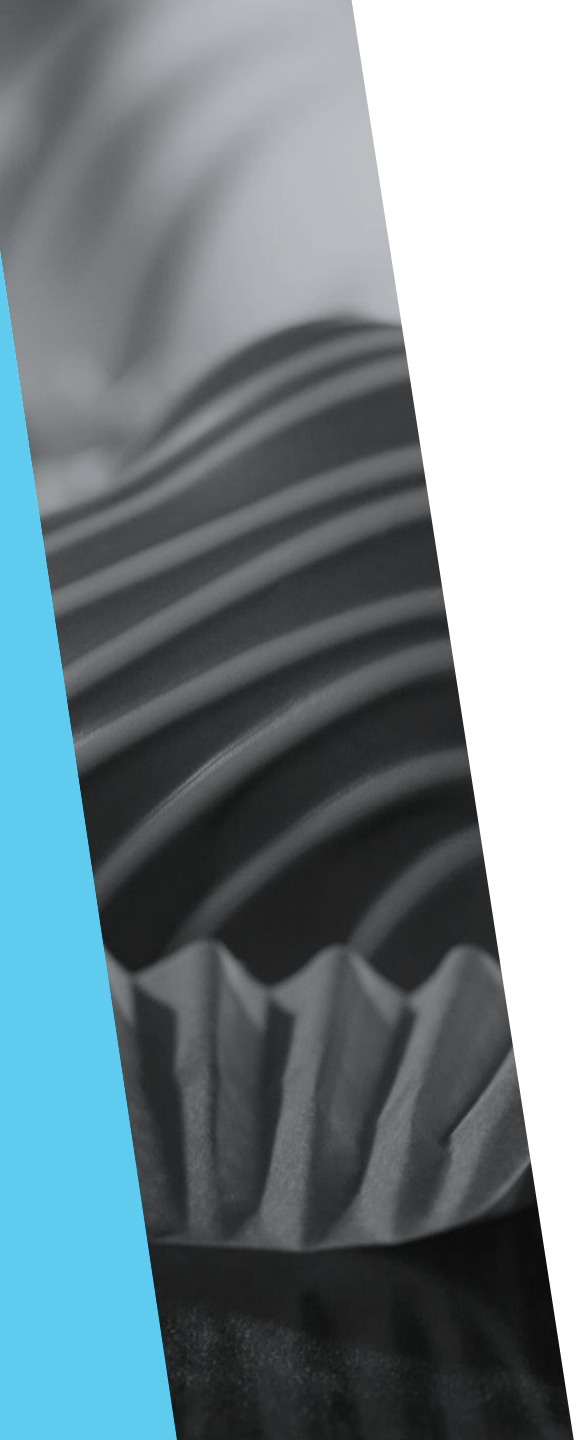
Substance Use Disorder is a Chronic Lifelong Issue

- Most medical/clinical treatment is short term
- SERPs create learning to sustain robust & lifelong recovery
- SERPs focus on developing peer relationships within the recovery community
- SERPs offer learning by doing and living
- SERP participation creates agency & self-responsibility

SERPs connected to recovery communities offer robust sustained recovery

- SERPs connected to recovery communities offer
  - More recovery wisdom & larger body of experiential knowledge
  - Relationships with experiential experts of recovery
  - Opportunities to form long term recovery relationships
  - Tangible help connecting to the recovery community

Dynamics of the Recovery Community: The Gift Economy



The Gift Economy: A Metaphor

- A metaphor – gifts are not monetary or physical things
- Voluntary gift giving creates trust in peer's actions & relationships
- Newcomers often skeptical & question motives of peers helping them;
  - Why are they helping me so much? What are they getting out of this?
- Voluntary gift giving triggers general obligation to reciprocate in US society (Alvin Gouldner, 19xx, The norm of reciprocity)
- Voluntary gift giving triggers reciprocal gift giving
- Reciprocal gift giving creates virtuous spiral of dynamic giving

Voluntary gifts in recovery communities: Examples

- Sharing “experience, strength, & hope” of recovery
- Sharing one’s recovery story or parts of one’s story
- Giving rides to recovery meetings
- Doing service to group or SERP (e.g., buying refreshments, setting up chairs in room, etc.)
- Sponsoring or mentoring peer
- Befriending peer
- Responding to phone calls, emails, tweets
- Participation in social events, anniversaries, & other recovery activities

Gift economy unleashes powerful "helper therapy principle"

- "Helper therapy principle" coined by Frank Reissman (1965) states that those who help others gain more than people being helped.
- Extensive evidence of value of the helper therapy principle in substance use recovery, mental health recovery, and health in general.
- Gift economy: voluntary gifts given to newcomers & other peers
- Peers react by voluntary gift giving in return
- Newcomers & peers who help others gain from "helper therapy principle"

Virtuous spiral of gift giving fosters sustained recovery

- Everyone who gives gifts to peers benefits from helper therapy principle
- Voluntary gift giving creates peer relationships that support & reinforce sobriety
- Virtuous spiral of gift giving creates culture of wishing everyone well.
- Gift economy dynamics generate & sustain recovery communities

SERPs protect the residents from the outside market economy

- The market economy of buying & selling gifts:
  1. Turns gifts into commodities
  2. Leads to hoarding of gifts, not reciprocal circulation of gifts
  3. Fuels competition and consumerism-more is better
- SERPs offer an abstinent facility with less temptation to use alcohol or other drugs
- SERPs introduce the voluntary gift giving of the gift economy to residents
- SERPs create an atmosphere of cooperation—wanting the best for all
- SERP architecture embodies the principles of peer relationships & recovery

In closing, the social-experiential recovery paradigm differs from medical/clinical treatment

- My observation:
  - In short term clinical treatment the client is expecting someone or something to fix them
  - Social-experiential practitioners walk along side & guide the way to self-responsibility and sustained recovery

Source: Susan Blacksher, co-founder of NARR, California social-experiential recovery leader and practitioner for 59 years

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