

The Recovery We See

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There was this thing going around the internet a few years called “the Dress,” millions of people around the world saw it and chimed in on what color that they perceived the dress to be. It has its own [Wikipedia reference](#). People either see a black and blue dress, or white and gold dress. There were even studies done on how the human brain may process color differently. One [article](#) identified it may have to do with a lifetime of sleep wake patterns. Early rising larks (like me) may be more likely to interpret an ambiguous image as being lit by the short-wavelength light they’re used to seeing and thus more likely to see the dress as white and gold. Late night Owls should have a tendency to assume long-wavelength, artificial lighting, and would thus see the dress as black and blue. For the record, I see it clearly as a white and gold dress. So we may be subtly influenced by a lifetime of experience on how our eyes gather light.



It is so analogous of a lot of things in our world today, including recovery. The difference is that what we “see” when we think of recovery is all the associations we have with that word. What we see is influenced by our own experiences. For me, it was a lifesaving process that helped me redefine my life in ways that I honestly believe led me to be a better version of who I am as person. The journey has shaped me in ways I don’t think I would have had in any other way. What is called in the literature [post traumatic growth](#) or as what researcher [Dr David Best](#) terms “better than well.”

It is also about what we assume about others when we hear the word. Some believe recovery means being absent all medications, others do not feel this way. Many believe it is a process that includes more than abstinence from all misuse of drugs, some others see it as any movement towards wellness. I often hear the assertion that recovery is defined by the individual, which empowers the individual but may not be particularly useful in respect to developing care frameworks to increase access to it. I even hear a groundswell of voices that the word has become so tainted that it should be dispensed with entirely. The defining of recovery is a contentious space.

Perhaps we would make progress if we saw recovery like the dress pictured above. While I see a gold and white dress, I understand that there is a phenomenon occurring that result in markedly different visual experience of what people see. I don’t think that a person is bad or evil if they see a black or blue dress or make some other value judgement on them if they see it differently than I (which unfortunately does seem to happen with how we view recovery). There are differences in how we perceive things both visually and experientially. Let’s figure out a way to honor that.

We do require some level of categorization of what recovery is and proper language to discuss it so as to avoid additional confusion or to falsely attribute what we think people are saying because of imprecise language. I experience challenges due to the imprecision of our recovery definition language often. I agree with what Austin Brown said in his recent and thoughtful post [“Reflections on Current Debates Regarding Recovery Definitions.”](#) He notes that we need a scientific definition of recovery, but that great care must be taken to center such a definition around how survivors of addiction view themselves. Like the dress, we have varied views, and a viable definition of recovery must encapsulate lived recovery views in ways that make sense for all of us. Challenging but possible.

You may say it does not matter. Bill White has written about the importance of the debate over how we define recovery over the years, [here is one article](#), and [here is another he has written](#). He notes that a lot rides on how we define recovery, what gets in and what gets left out. Austin Brown noted in the piece linked above that the opioid crisis brought a lot of money and interest into the recovery space and that simply being an expert in a medical realm does not make someone an authority on recovery. Dr David McCartney wrote a piece recently called [You’re all going to hate the word ‘recovery’](#). I agree with his statement in his piece “The point, I suppose, is that it is not possible to have a reliable single tool that measures recovery. Recovery is a complex process and it’s not fundamentally a clinical journey, but a social one and doesn’t fit under the microscope easily.”

I am not going to pitch a new definition of recovery here. I respect what anyone has to say about their own recovery. In the same breath, we don’t define cancer remission scientifically based on individual perception, it has an accepted

classification that is subject to change as we learn new things about it. Cancer as a pathology is very different from recovery, but both must be ground in science. Perhaps we could start with encapsulating the experiences of all persons who have resolved an SUD to establish a framework based on our collective lived experience. We could start by asking each other what we see and why we see it that way rather than filling the word with our own associations and making false assumptions of what others see.

To better conceptualize recovery, we may want to reconsider how we define SUDs. As my colleague [Jason Schwartz argues](#), we should consider returning to conceptualizing addiction as a different **kind** of problem SUD instead of degree of severity. There are differences in respect to low to moderate SUDs, in comparison to severe SUDs. It may also help us to develop a framework for categorizing the healing process on a continuum. Our nomenclature around flourishing in resolving a mild or moderate forms of an SUD may vary significantly from recovery from a severe SUD.

So, what is the recovery you see, and how much room do you have to accommodate the recovery you don't see? Is there hope for common ground established in such a way as to sustain common identity and goals while honoring our different experiences?

Link [HERE](#)