

Introduction to the Stages of Recovery
An Interview with
Barbara Whitfield, RT, CMT and Charles L. Whitfield, MD

Barbara Whitfield interviews Charles Whitfield about the origins of his ideas and work using these recovery plans. He shows how doing so can be personally empowering, and then discusses the role of using spirituality in the process of healing.

Origins

Barbara Whitfield: Even today (in 2003), books on conventional medicine, psychiatry and psychology don't mention *stages* of recovery from any illness or problem. How did you discover these stages? And, how useful are they?

Charles Whitfield: I came upon them when I watched, over time, how my patients recovered. I discovered them slowly, over a 12-year span from about 1973 through 1985. At first I observed people with alcoholism and other drug dependence as they were recovering. I noticed a number of things about them, including how effective early intervention and treatment could be, but at the same time, how commonly they relapsed. Many could stay abstinent from drugs and alcohol for a long time, only to relapse months or years later. I asked myself, "why?" Most of their relapses usually turned out to be due to a *low participation in a recovery program*, or to their *unhealed painful effects of trauma*—or both. I began to see how this early struggle for a successful abstinence from alcohol and other drugs was only the beginning of healing for many of them.

In the mid 1980s I saw that identifying and expressing their pain that was left over from childhood and later trauma helped a lot of these people. It freed them from most of their stored toxic energy enough so that their relapses lessened or stopped, and they started to feel and function better. So here were the first two of the stages of recovery, Stages One and Two, unfolding in my patients. These included getting an early recovery started and stabilized (Stage One), and then if they chose, working at a deeper level of healing on the almost universal finding of having bothersome effects of childhood and other trauma (Stage Two). I outline these in Table 1, which reads from the bottom-up.

Table 1. Recovery and Duration According to Stages

Recovery Stage	Condition	Focus	Approx. Duration
0	Active illness	Usually none	Indefinite
1	Basic, early - recovery from stage 0 disorder	Basic illness full recovery program	Months to 3 or more years
2	Past trauma recovery program	Trauma-specific	3-5+ years
3	Human/spiritual	Spirituality	Ongoing

BW: Did these observations change the way you practiced as a physician?

CW: Yes, it did. Because I saw that this stage-oriented approach worked well for many of my patients, I told others about using this kind of approach as an option among their healing choices too. And among those who used it, most of them got better. So this approach in stages was and is empowering. It gives the individual more personal power. It also names and breaks down the various parts of the recovery process, so that it is not so imposing or overwhelming.

The first stage was to stabilize their illness, in these earlier cases alcoholism or other chemical dependence. Then if they had a history of childhood trauma – which it turns out most of them did -- and if they wanted to heal from the effects of that trauma, they could do some deeper healing work around that.

This sequence was not new. Some clinicians had used it already, even though it was not clearly described in the clinical textbooks or journals. But what I did that was new was to refine and describe the *structure of the core issues* and the *recovery tasks* within each of these two stages. I then wrote it all out in a reader friendly format so that my patients would now have a clearer way to see and understand their recovery tasks and process.

Personal Power

BW: Did you do anything else that was different?

CW: I did. One thing that I've always found most helpful with patients was to involve them as much as possible in the process of planning their treatment. I knew that using a formal *treatment plan* and process was a State requirement for any licensed addiction treatment facility. But it was the *clinician* who had to write the treatment plan, not the patient. I thought that that limitation took away some of the patient's personal power and may make it less likely for them to own it and follow its actions.

So I simply added a clear explanation of how to write one's *own recovery plan*. This used the same format as formal treatment planning, which I had simplified for them in these guides. I added that to the reader-friendly educational material that I had already outlined in writing for them. I've refined it over the years, and that tested and proven version for each of the recovery stages is what the reader now has in this book. Using such an individualized recovery plan is empowering for the person. It gives them more *personal power* and *motivation* for their recovery.

BW: How about core recovery issues? Does addressing them help?

CW: They do. They help in all 3 of these Stages. I list and discuss them in each of the guidelines. Naming and then working through each of them as they come up for us gives us a great healing advantage. Doing that gives us still more personal power.

Spirituality

BW: In recovery from addiction we know that spirituality is an important component. It helps the whole process work better. How did you incorporate it into all this as a third stage, i.e. as Stage Three?

CW: By the late 1980s I had written the first draft of *My Recovery Plan* for Stages One and Two. I had also already been talking about spirituality regularly with my patients. We knew that there was really not a separate stage that separated spirituality from the first two stages. Spirituality was important and useful *all the way – throughout* the entire recovery process.

But I noticed that many of my patients had a hard time with the spiritual stuff. For various reasons, a lot of them had been hurt by some of their experiences with organized religion. That, combined with their having been abused by their parents and sometimes their teachers, had often left them with a big issue of not being able to trust authority figures. It is no wonder that they then had a hard time knowing and trusting perhaps our ultimate authority – God.

I also saw that a lot of my patients *did* eventually find a nourishing spirituality with and from their Higher Power or God, *after* they were well-progressed in their Stage Two work. I believe that the main reason for this is that by then they now know their real self, which I also call the Child Within, so much better that they can now experientially connect to God more easily. Our false self can't know God authentically.

After finishing this Stage Two work, more of them had a kind of hunger for the spiritual. They wanted more spiritual nourishment. Because of this, I wrote out a third and final component of *My Recovery Plan* and called it "For Stage Three." I did that even though I knew that the whole journey was and is spiritual. Even in Stage Zero, when we have not yet started recovery, we are still spiritual seekers, although we may not know that yet, as Carl Jung implied when he wrote to AA co-founder Bill Wilson in the 1930s.

On our life's journey we are in one way or another asking ourselves those perennial questions: *Who am I? What am I doing here? and Where am I going?* A related question is *How can I get any peace?*

BW: With the importance and usefulness of AA in Stage One work, how do AA's Twelve Steps fit into this whole process?

CW: They are clearly useful from the start. And they continue to be psychologically and spiritually nourishing throughout recovery Stages One and Two. So they fit in appropriately and practically. That is why I have included and emphasized them in the structure of these first two Stage plans in this book. Because of their importance, I have also included the entire transcript of the interview that we did on the Twelve Steps in this book as well (as Chapters 5 through 9).

BW: What about Stage Two recovery? How does it fit in here? Can you say more about that?

CW: Yes. Stage Two fits in as a crucial part of the whole process of recovery. I also include an interview that I did with Dr. Lorna Hecker in 1999, in which I describe some of the important features of Stage Two recovery work, in Chapter 3.

BW: Which chapter is the most important for the reader to look at first? Should they start with one of these three interviews? Or should they read the material in each recovery plan first?

CW: I don't think it matters where a person starts. Reading any one of these first prepares us for reading another. I do recommend that a person focus on the section that addresses their particular sequence in their own recovery right now. For example, if you are just beginning recovery from any illness now, then I suggest that you focus your reading on the Stage One material. If you have finished most of your Stage One work—i.e., your original illness or problem is well stabilized for at least a few months, or preferably a year or more (unless you've been relapsing), then you might consider looking at the Stage Two material. The questions and answers on the Twelve Steps (Chapters 5-9) can be read almost anytime during any of the recovery stages.

BW: What about using this stage-oriented approach to healing from other illnesses? Are addictions the only ones where they are useful?

CW: After using them with patients --who had various problems and illnesses -- for over 15 years now, I believe that these stages are mostly generic in their application. They are useful in healing from depression, anxiety problems, and most of the other psychological disorders. They can also be useful in helping to heal from some physical illness, if childhood trauma is in the history and/or if the person is a spiritual seeker.

BW: So if someone has migraine headaches and is being treated by their physician in a Stage One fashion, Stage Two work could address their pain on a deeper level if they had a history of trauma. Is that right?

CW: Yes. I describe some of the documented links between physical illness and childhood trauma in *The Truth about Mental Illness*.

BW: Thank you for answering these questions for us.

CW: You are welcome. And thank you for asking them. I hope they will help all who are seeking better ways to heal.