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Understanding Universal Elements in Mental Health Recovery: A Cross-Examination of Peer Providers and a Non-Clinical Sample

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Abstract

In our study, we examined underlying human elements embedded in mental health recovery, by exploring shared positive change among peer providers with serious mental illnesses in recovery and a normative sample in spiritual growth following adversity. We conducted secondary analysis based on two independent qualitative study samples consisting of 31 American peer providers and 27 Israeli adults. We identified three shared and two distinct enablers of positive change: peer groups, significant mentor, self-transcendent experiences. Distinct enablers were having meaningful task/role (clinical sample) and deliberate choice to commit to change in face of uncertainty (non-clinical sample). Enablers facilitated positive processes of meaning making and enhancement of agency. Enablers provided opportunities to which the person responded and made use of—thus, enacting a positive reinforcement of change processes. The findings highlight the value of examining mental health recovery in a broad holistic perspective and have implications for practice.

Keywords

recovery research; qualitative study; consumer providers; universal processes; positive change and growth

Following the vision of mental health recovery, policy makers increasingly endorse values of personhood, choice, involvement, and hope in the field of rehabilitation and mental health (Adams & Grieder, 2004; Anthony, 1993; Borg, Karlsson, Tondora, & Davidson, 2009; Davidson, Tondora, Lawless, O'Connell, & Rowe, 2009). These approaches supported the closing down of psychiatric locked-wards and institutions and helped individuals integrate in their natural social environments (Anthony, 1993; Davidson et al., 2009; Deegan, 1996; New Freedom Commission on Mental Health, 2003). More recent writings point to differences between clinical and personal recovery, pertaining to individual definitions of recovery and well-being, and implying health care policies need be more person-centered rather than pathological-centric (Slade, Adams, & O'Hagan, 2012; Slade et al., 2014). Thus, recovery is endorsed not as a medically mediated concept but rather as an ongoing process involving the regaining of a valued role and selfhood in society. Recovery processes are, by nature, individual and nonlinear with heterogeneous trajectories and complex characteristics (Anthony, 1993; Deegan, 2001; Leamy, Bird, Le Boutillier, Williams, & Slade, 2011; Slade, 2010). Because recovery inherently entails subjective processes that are hard to define, illuminating the notion of recovery universally is challenging (O'Connell, Tondora, Croog, Evans, & Davidson, 2005; Silverstein & Bellack, 2008).

Multiple studies and definitions have been put forth in the attempt to elucidate the processes of recovery. Most known is Anthony's (1993) classic definition of recovery: "A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness" (p. 15). More recently, Davidson et al. (2007) provided another definition: "a process of restoring a meaningful sense of belonging to one's community and positive sense of identity apart from one's condition while rebuilding a life despite or within the limitations imposed by that condition" (p. 25).

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Additional studies attempted to define recovery by uncovering stages in the process or focusing on specific mental disorders. For example, Andresen, Caputi, and Oades (2006) conceptualized a stage-based model of recovery, which they identified in narratives of mental health consumers that included moratorium—a stage of withdrawal and a profound sense of loss and hopelessness; awareness—realizing that not all is lost; preparation—taking stock of strengths and weaknesses; rebuilding—actively working toward a positive identity, setting meaningful goals and taking control of one's life; and finally, growth—living a full and meaningful life, characterized by self-management of the illness, resilience, and a positive sense of self. Veseth, Binder, Borg, and Davidson (2011) identified recovery themes specific to bipolar disorder derived from personal accounts: (a) handling ambivalence about letting go of manic states; (b) finding something to hang on to when the world is spinning around; (c) becoming aware of signals from self and others; and (d) finding ways of caring for oneself. Such conceptualizations address recovery from both a person and illness dimensions.

Given the complex psychosocial difficulties involved in the consequences of mental illnesses, some studies broadened their focus to recovery of the person in the context of the environment. For example, Onken, Craig, Ridgway, Ralph, and Cook (2007) offered an ecological framework taking into account both the reestablishment of mental health (i.e., first-order change) and the mitigation of the oppressive nature of barriers imposed by the greater community (i.e., second-order change), so that people might experience social integration and community inclusion.

These different definitions address different dimensions including internal processes, change over time, overt manifestations, and external conditions that support recovery. Underlying all of them is the basic principle that recovery involves a process that extends well beyond functioning and health to personal empowerment, maturation, and self-actualization, resonating with basic human growth and developmental processes. Given that recovery processes involve positive change and growth, one way to deepen our understanding of these processes is to address them from a positive psychology approach (Deegan, 2001; Farkas, 2007; Moran & Nemec, 2013; Moran, Russinova, Yim, & Sprauge, 2014; Resnick & Rosenheck, 2006; Seligman & Csikszentmihalyi, 2000). Positive psychology is the science of life flourishing and well-being, as opposed to trauma and dysfunction (Keyes & Haidt, 2003). Hence, learning from successful examples of people who have undergone a process of positive change, such as growth following adverse life events (i.e., benefit finding or posttraumatic growth) both within and outside the clinical spectrum of mental illnesses, may contribute to the study of optimal human functioning (Moran & Nemec, 2013; Moran, Russinova, & Stepas, 2012; Seligman & Csikszentmihalyi, 2000; Tedeschi & Calhoun, 2004). One such process is spiritual change, which signifies a unique, volitional, and multidimensional form of individual change. It may function as a special instance of positive growth process (Shaw, Joseph, & Linley, 2005), reflecting search for existential meaning, both within and outside institutionalized religion. Spirituality is considered a core universal facet of human development (Wulff, 1997), associated with both mental well-being (e.g., Koenig, McCullough, & Larson, 2001) and physical well-being (e.g., Miller & Thoresen, 2003). Thus, one potential population that can represent positive growth is individuals who experience spiritual change.

Within mental health, peer providers signify a subpopulation engaged in positive change and growth processes. Peer providers are individuals with psychiatric disabilities who provide services to others with similar conditions. Originating from mutual support groups and mental health consumer/survivor movements, mental health peer providers are a growing force in formal mental health services. They can be employed in different roles, such as working on assertive community teams, as outreach counselors, recovery group facilitators in psychiatric hospital wards, and so forth (Solomon, 2004; Repper & Carter, 2011). Studies on peer providers reveal that they experience significant recovery processes related to enhanced sense of well-being, vocational rehabilitation, social empowerment, and acquired skills involved in peer roles (Cook et al., 2012; Hutchinson et al., 2006; Moran, Russinova, Gidugu, et al., 2012; Resnick & Rosenheck, 2008; Salzer & Shear, 2002), as well as personal subjective benefits to self-esteem, interpersonal relationships, and spirituality (Moran, Russinova, Gidugu, et al., 2012; Mowbray, Moxley, & Collins, 1998). Such benefits to recovery may be comparable with positive psychological processes also experienced in the general population (i.e., individuals not diagnosed with severe mental illnesses).

Given the need for further elucidation of mental health recovery and the common human conditions that are involved in recovery processes, we find that in-depth investigation of such positive change processes in peer providers and non-clinical individuals undergoing spiritual change can serve to inform both the recovery field and general literature on positive growth following adversity. In fact, both fields call for better understanding not just of the processes but also of conditions that enable such processes (Cadell, Regehr, & Hemsworth, 2003; Seligman & Csikszentmihalyi, 2000; Silverstein & Bellack, 2008; Tedeschi & Calhoun, 2004).

Specifically, the aim of the current study was to elucidate shared as well as unique elements of a successfully

recovering subpopulation (mental health peer providers) and a normative (i.e., non-clinical) population experiencing spiritual change. Such a comparison could provide insight about shared universal processes of growth and what might enable these processes.

Method

To explore positive change processes embedded in recovery and spiritual change, we employed a secondary qualitative analysis of two independent-sample interview data: An American mental health peer provider sample and an Israeli non-clinical sample, each were originally interviewed in depth for different study purposes. Yet, in each, pervasive positive life changes were evident in participants' experiences and descriptions. This spurred our interest and curiosity to learn about what enabled positive changes across these different samples and cultural contexts? Could they involve similar processes? Thus, we posed a secondary study question in comparison of our original samples. Secondary analysis in qualitative studies involves using existing data sets to answer new research questions that differ from the question asked in the primary study (McCall & Applebaum, 1991). Secondary analysis is argued to carry the potential of rich yet underused source of information that can be employed for more than one study purpose (Hinds, Vogel, & Clarke-Steffen, 1997). In addition to the secondary analysis, the cross-examination of the two different samples provides opportunity for meta-synthesis of multiple qualitative studies, allowing to gain a synergistic understanding of a given phenomena as manifested within the richness in diversity of settings, participants, and qualitative traditions (Aguirre & Bolton, 2014; McCormick, Rodney, & Varcoe, 2003). Furthermore, such synergetic understanding was claimed to provide a broader view and carry potential for theory development and informing practice and policy (Aguirre & Bolton, 2014). Such synthesis of positive change processes seemed especially intriguing in the current study question, because we each come from a different field of study (psychiatric rehabilitation, and counseling and human development). As we both were the original researchers of the different studies. We both had access to the raw data and each could preserve the original studies contexts while examining it from a new question standpoint.

We describe each sample and its original study design next.

American Mental Health Peer Providers

Thirty-one mental health peer providers were interviewed twice in a study examining accounts of personal benefits to recovery and life stories of peer workers (Moran, Russinova, Gidugu, et al., 2012). The study was conducted in two consecutive waves between February and December 2009 in a city located in the northeastern United States.

Israeli Non-Clinical Sample

Twenty-seven Israeli individuals were interviewed in a study examining processes of spiritual change. The sample included individuals with diverse challenging life experiences, ranging from loss of loved ones, dealing with terminal illnesses, and abuse in the family, to socioeconomic hardships, parenting a child with disabilities, and existential loss of meaning (Russo-Netzer & Mayseless, 2014).

Sample Characteristics

The mental health peer provider sample is diverse in age, gender, and work experience, diverse diagnoses—mostly in the affective and psychotic spectrums. Participants were relatively [well] educated and mostly White. The Israeli sample is diverse in its characteristics representing a wide variety of age, gender, ethnic origins, socioeconomic status, and residence across the country. Although the solicitation to participate in the study was open to anyone who experience spiritual change and there was not a specific criteria for life traumatic events, participants typically experienced adversities in their lives, including loss of a loved ones, a shattering of economic safety, facing their or other's terminal illnesses, and so on (see Table 1 for more demographic information).

Procedure

In both samples, semi structured, face-to-face in-depth interviews were employed, lasting between 1 and 3.5 hours; all interviews were audio-recorded and transcribed verbatim. For both studies, institutional ethical committees granted approval and participants gave informed consent. Both studies' data were analyzed using qualitative methods: The peer provider study employed a grounded theory approach (Moran, Russinova, Gidugu, et al., 2012) while the non-clinical study was analyzed with a phenomenological perspective (Russo-Netzer & Mayseless, 2014). Both studies provided rich accounts of processes of positive change and displayed the participants' own voices regarding the phenomenon explored.

Data Analysis

Guided by qualitative research tradition, the authors each reread their interview transcripts from an open, fresh perspective. When rereading the materials, we focused on

Table 1. Demographic Characteristics of Each Sample.

	American Peer Providers		Israeli Non-Clinical Sample	
	n (%)	*M* ± *SD*	*n* (%)	*M* ± *SD*
n	31		27	
Age (years)		44 ± 11.8		45 ± 10.9
Gender (female)	17 (55%)		14 (52%)	
Race (Caucasian)	30 (97%)		14 (52%)	
Education				
BA degree or more	19 (63%)		13 (48%)	
Some college or less	11 (37%)		14 (56%)	
Marital status				
Single/divorced	23 (74%)		13 (48%)	
Married/significant other	8 (26%)		14 (52%)	
Psychiatric diagnosis				
Psychotic spectrum disorder	6 (19%)			
Affective disorders	25 (81%)			

the following questions: What might the interviewee be telling us regarding enablers of positive change and growth? How do enablers bring about the positive change? What are the shared positive change processes that emerge? Upon obtaining a sense of immersion in the material, the authors met to discuss initial findings. The grounded theory was then used in the generation of our cross-comparison analyses (Strauss & Corbin, 1998). In line with this perspective, we returned to the interview transcripts, focusing on shared processes and enablers of positive change and growth, to identify meaning units (significant parts in the narratives that provided an understanding of how the participants experienced these phenomena) and establish an initial list of codes. We searched for interrelations, similarities, and dissimilarities across samples, which triggered a clustering and breaking of categories and themes. Thus, coding was an iterative process of conceptual development involving a series of intensive discussion meetings between the researchers, followed by returning to the respective texts, verifying the conceptual developments, and returning with further modification and clarification of emerging shared codes. Discussions involved presenting current coding, conversing about their applicability in both samples; identifying matches and discrepancies, and gaining new insights through independent readings of each other's material—all of which contributed to further development and corroboration of the coding list. In this process, meaning units were integrated into core themes, reflecting a higher level of abstraction and allowing for comparison between the different texts (Strauss & Corbin, 1998). This led to solidification and conceptualization of higher order categories and relations between concepts (Strauss & Corbin, 1998; Walker & Myrick, 2006).

Findings

Across samples, we identified five types of enablers that facilitated positive growth processes. Three enablers were shared:

1. Engaging in a group of peers in which one self-reflects and reinterprets his or her condition;
2. Self-transcendent experiences that led to transformation in one's outlook, existential/spiritual view;
3. Having a significant mentor who served as a role model and expressed belief in the person and his or her potential for a positive future.

In addition, two distinct, sample-specific enablers were identified: For the mental health peer providers, the distinct enabler involved engagement in a task that channeled difficult life experience into a productive/meaningful outcome. For the non-clinical sample, the distinct enabler involved finding courage and making a deliberate choice to initiate change in face of uncertainty.

In both samples, enablers appeared to be both internal and external, appearing together or separately, and without a specific developmental pattern.

Shared Enablers

Connecting With a Group of Peers/Equals

Participants highlighted that being engaged in a supporting and accepting group of equals enabled them to self-reflect and elaborate on past/current difficulties, reintegrating them into a broader, holistic view. They characterized such groups as non-contingent (in contrast

to therapists or family members), and experienced them as an authentic and credible source of support. Followed are demonstrating quotes from each sample.

American Mental Health Peer Provider Sample

A middle-aged man with schizoaffective disorder said,

> . . . Coming here, it kind of let me talk about that experience. . . . The mourning of a time of not enjoying me adulthood, young adulthood. And losing that part of my life, and trying to regain that back.

Another participant with bipolar and substance use problems, described how the group facilitated the opportunity for self-reflection and elaboration:

> It allowed me to be vulnerable and to take a look at the parts of myself that were not pleasant—to really look at changes I needed to make, and to figure out how to create a life that I wanted.

A middle-aged woman with bipolar disorder and borderline personality disorder, additionally described this process, highlighting the value of being among peers:

> To be with other people, a critical mass of other people who have issues, where I could see myself reflected sometimes in others, and so I actually relaxed enough to realize, "Well, I am who I am, and I might as well let myself learn about this."

Participants further characterized the group climate as follows: " . . . There's a lot of respect that goes on both for your illness and who you are as a person. . . . They don't treat you like your diagnosis; they treat you like a whole person" (Older woman with obsessive compulsive disorder and posttraumatic stress disorder). The value of interacting with a person to which there were "no strings attached" was noted: " . . . It's really important to have a support system outside of, like, non-treatment or even family" (Young woman with bipolar disorder).

Israeli Non-Clinical Sample

Similar to Tracy in the peer provider sample, a woman from the non-clinical sample who experienced physical and emotional abuse, described her positive experience in a group of independent stakeholders contrasting it with therapists/family members' supports:

> . . . It's like being in my weakest spot, most vulnerable—and there to be accepted. . . . It is a healing place. And it is this presence of other people that does it—It gives you the strength to accept yourself. Because if I sit in front of a therapist, the therapist accepts me, but that is like with my son, who when I tell him he is amazing he says, "You don't count—you're my mom, it is obvious you will accept me." The same is with a therapist whom I pay. But when it is with a group or a workshop of people who don't have a predisposition about you in any way, then the confidence [for self-disclosing] is much much stronger.

A middle-aged woman and a young man, both of whom experienced existential crises and mild depressive states, additionally demonstrated the healing effect in exposing one's wounds in an intimate and psychologically safe atmosphere of peer groups:

> The group allows a very intimate encounter with people who are actually strangers, which I think enables some kind of process of self-acceptance, which is very deep. . . . There is something very liberating when you disclose a wounded place in front of people. (Woman)

> . . . People you can rely on that they will truly reflect something out of love, to point to the places that you don't want to see—I think that is the power of a group. (Man)

Overall, these quotes reflect social milieus characterized as peer/equal leveled that were affirming and accepting, in which deep personal processes of self-reflection and elaboration were taking place (mourning, resolving to change, and so forth).

Self-Transcendent Experiences

A second shared enabler involved condensed experiential-emotional states through which participants recalibrated their self and life views. Participants described shifts from bleak and hopeless perceptions of life to finding a bigger purpose and meaning in one's hardships. They emerged from these states gained with wisdom, enhanced existential/spiritual outlook, feeling more resilient, less reactive to external pressures, and self-guided by a clear awareness of personal values and goals.

American Mental Health Peer Providers

Peer providers described a range of experiences involving dramatic internal transformations, often triggered by external stimuli such as forced hospitalizations, restraint and seclusion, suicidal attempts, or loss of loved ones. For example, a young man with bipolar disorder and endured continuous psychotic symptoms in his childhood—described a self-transcendent experience while being restrained in a psychiatric ward for hours:

> I realized that people can lock me up in a hospital and they can put me into padded quiet room and they can strap me

> down with 5-point restraints and . . . give me all these meds . . . but no matter what people do to me, I [realized that I] always have my mind, my thoughts, and my feelings . . . [since then] whenever there's difficult things, I just remind myself [for example] I feel really thankful . . . now when bad things happen I have, I have that wisdom.

A middle-aged woman described a spiritual awakening and existential realization following a non-lethal suicide attempt:

> It was weird—It was a suicide attempt on New Year's Eve. I was alone on campus . . . I had drank and taken drugs. I think I was out for a day, you know, passed out there . . . and when I woke up, it was night. And I went down to the lake and there was, like, gazillion stars, you know? And it was the silence with the lake being so silent and groaning, too, like lakes, when they freeze, they have this groan. It was just spectacular beauty. And it, like, struck me—I was overwhelmed by my insignificance, and yet of being a part of this natural order. . . . That does stand out as a real kind of spiritual awakening of sorts . . . that sort of allowed for this other turning point of, you know, recognizing my own place in the world.

Israeli Non-Clinical Sample

A man who worked in a safe yet unfulfilling job and felt enduring emptiness and lack of meaning, described his self-transcendent experience as follows:

> I remember it was a stormy day, raining outside. I am driving the car turning in one of the intersections—A little fledgling smashes into my front window! And I am in shock; I see it quivering in front of me on the window. I stopped and took it in my hand; I saw there was nothing I could do; I put it down . . . and I said to myself, "There is a sign here for me." I remember it very well—that was a moment I made a decision with myself. . . . Something in me understood the power of the universe, that there is personal providence . . . and so I decided to leave. I left everything—that means leaving a palace of gold [i.e., materialistic safety] but for me it was like being born again, like the fledgling that had to sacrifice itself; a rebirth from an egoistic side to a place of wanting to take responsibility and to influence . . . out of a belief I had to do that, even if there is a lot of uncertainty . . . I knew deep inside that I will walk my own path.

A woman who suffered bouts of anxiety throughout life—sometimes deteriorating to paranoid states—described her experience of sudden internal transformation as follows:

> . . . I was all by myself when I suddenly felt like someone was talking to me, but it wasn't a person. . . . I felt fear rising up in my heart, like a hand coming out of my heart and grabbing my throat and gripping it . . . and I said to myself, "What do you want? Do you want to be afraid now? You don't want to be afraid." And slowly, slowly I felt the gripping loosen and then I heard a voice in my head, "Ha ha ha, you think you won me? I will come back many times in your life dear, you will be afraid a lot." And something in me was very calm and felt connected to providence. And I said, "You know what, alright. I will not be afraid of you—fear. Okay, we will meet again—no problem." And this experience was the beginning of increasing my confidence in my own way; from there on, I could only develop upward.

She additionally stated that this transformative experience contributed to her resiliency years later, when coping with an experience of stillbirth.

Thus, in both samples, participants underwent intense emotional experiences that involved reinterpretation and reframing of difficult life situations and enhancing one's resiliency in life.

Significant Mentors

In addition to supporting peer groups and self-transcendent experiences, a third shared enabler involved significant mentors. Participants described these mentors as persons looked up to as role models with which they had bonded authentically. These significant mentors could be friends, peers, sponsors, and so forth. They often strengthened participants' self-esteem and belief in themselves.

American Mental Health Peer Providers

A middle-aged man with bipolar and substance abuse disorders, talked about the mentor he received through his 12-step self-help group:

> And I got a sponsor who is like my personal, like, role model for life now . . . who's—coincidentally [someone] that I knew from the entertainment field and looked up to as far as entertainment value, so the relationship of working with somebody who's successful and, well, the fact that he would do that with me . . . and be your role model and your support. That, I think, was part of why I got better.

A young man with bipolar described how his connection with his mentor facilitated the development of a positive outlook on self and life:

> He was somebody I really looked up to. He taught me about, about Zen. . . . I'd be talking about TV or talking about a video game I'm playing, and he'd be like, "Stop. Hold on. Stop. Don't say anything else. Look around you. Look at the sky. Look at the birds. Like, look at all the things." . . . One time we were at a field, and I was going on and on about how complicated my life was and how difficult it was, and he said, "People like to make things complicated. But actually things are pretty simple, if you just think about it in terms of

> the grass is green and the sky is blue." So that's something I kept with me.

Israeli Non-Clinical Sample

A middle-aged man described how his mentor helped him unveil his potential and inspired him to make a critical decision, taking a risk to follow his "inner voice":

> It was the first time I candidly presented my committed side to someone, and he said, "This is the thing—Go for it!" [To make a change, to leave the familiar social conventions behind]. And I think his response strengthened me and brought my awareness to this aspect in me, of who I am, that is—someone who is serious and committed but hid all the time in fear of, "What will people say if I expose that" . . . and it gave me a lot of confidence, the way he addressed the issue in total seriousness.

A woman who endured past emotional and physical abuse, said,

> I can learn from him [the mentor] because he exposes his weaknesses, his humaneness, and I appreciate it. From teachers like that I can learn. Because they are like me. . . . They already progressed in their paths, so I can learn from the progress they did.

Thus, in both samples, participants connected with mentors whom they learned from and aspired to emulate. Across samples, mentors are depicted as affirming, believing in, and supporting participants' self-efficacy and esteem. This enhancement of one's sense of self is described by participants as encouraging them to a proactive approach despite potential hardships and difficulties.

Distinct Enablers Appearing in Each Sample

In addition to shared enablers, we also identified two distinct ones: For mental health peer providers, this involved having opportunities to engage in roles or tasks that involved responsibility taking and leadership. For the non-clinical sample, it involved a deliberate choice to take action in the face of uncertainty.

Tasks/Roles That Carry Personal Meaning and Responsibility (Mental Health Peer Providers)

By engaging in tasks and roles in rehabilitation programs and/or as peer providers, participants' sense of efficacy and agency improved. A woman with bipolar disorder and alcohol problems described,

> [At] the day program in Framingham, I started doing skills tasks and led an afternoon group (which was my favorite part); [it was] really positive. And organizing a talent show; I felt really good that I was encouraging other people.

Another woman who served as a young adult group facilitator said,

> I ended up becoming a facilitator for the young adult group and doing that and got good feedback, and I was able to go through that and get the confidence to really see that this was something that I could do.

Another man shared the positive impact of performing the task of telling his story to others required in his work as a peer provider:

> And I guess by telling my recovery story, it put myself out there. It was freeing. And I felt okay with the past. . . . Something, I was most embarrassed about, most shameful about. . . . This job has been huge for me.

Deliberate Choice to Commit to Action in the Face of Uncertainty (Israeli Non-Clinical Sample)

In addition to the clinical peer provider sample, the non-clinical sample also showed a distinct enabler of positive change: by being determined to face challenges and commit to constructive action in spite of ambiguity, uncertainty, and difficulties. A middle-aged woman who was physically abused as a child, betrayed, and deserted by her husband and left with children and a huge economic debt described her active will and choice to make a change:

> I saw the whole world turned against me . . . and you need drive, a will, a strong will to make a change, to be somewhere else. A desire to understand, a desire to learn, a desire to change, a desire to figure out. To agree to see what you are . . . and that is hard, to see who you are; it is very hard to see who you are, because it means seeing your inside, to understand yourself and who you really are . . . to know there is a hand stretched open to you if you only agree to extend yours too; it will come to you, but you have to want, to be in the place that you want to be. . . . You have to want to make a change, otherwise nothing will happen, even if you have the opportunities for change, you don't see them.

Another woman told of how determination to face her distress enabled her spiritual growth:

> Some people, when they are in distress, they sink into it and the spiritual way, if you are brave enough to take it, brings you out of the misery. It doesn't solve all the problems in the

Table 2. Shared and Distinct Enablers of Positive Change Processes Across Samples.

Enablers	American Mental Health Peer Providers	Israeli Non-Clinical Sample	Salient Change Process[a]
Peer groups	+	+	Meaning making
Self-transcendence	+	+	Meaning making
Mentor	+	+	Enhanced agency
Role assignment	+		Enhanced agency
Active deliberation		+	Enhanced agency

[a]While enablers were salient in either producing meaning making or agency enhancement, they still could facilitate the complementary positive change processes.

> world or the life difficulties, but it gives you tools to cope with them. . . . That is my characteristic, to go where the fear is, to confront the things I fear. That means going through the pain, no doubt.

A middle-aged widow whose daughter had a severe eating disorder and who, herself, was ill with aggressive cancer, described how she resolved, with deliberation, not to give into a dismal emotional state:

> You have to choose to see the opportunity in what happens to you in life and grab it, but more importantly, you have to be willing to do something about it. You have to be willing to make an effort, to look inside yourself, not to be passive, because opportunity is not enough. If you won't do anything with it, then nothing will happen. . . . You have to have courage . . . to be willing to take risks because they reinforce something within you . . . to express commitment to your spirit in the most courageous and meaningful way. In order to develop that, you need loyalty and even moral obligation to respond to this intuition with courage and determination.

Thus, through deliberate choice and courage to face adversities, participants' sense of efficacy and agency were enhanced in the non-clinical sample.

Discussion

In the current study, we attempted to broaden the understanding of positive change and growth within mental health recovery by identifying shared processes across multicultural clinical and non-clinical samples: American mental health peer providers in recovery and Israeli adults who underwent positive-spiritual change. We identified three shared enablers (peer group, significant mentor, and self-transcendent experiences), alongside two distinct ones (role assignment/active deliberation). Taken together, the findings point out to dynamic interrelations between person and enabler, which in turn contribute to the facilitation of meaning making and enhancement of agency in the face of challenging life situations. We discuss the enablers through their salient (though not exclusive) function as either enabling meaning making (peer group, self-transcendent experiences) and/or enhancing agency (mentor and distinct enablers; see Table 2). Following that, we relate directly to the positive processes found.

Enablers of Meaning-Making Processes (Peer Group and Self-Transcendent Experiences)

Peer group. In both samples, peer groups provided opportunities for self-reflection that followed with processing and reinterpretation of negative life events. These groups were characterized as equal-level and unconditionally accepting, thus enabling participants to dare open difficult painful experiences and share vulnerable self-aspects. The groups' authentic recognition, affirmation, and empowering acknowledgment of one's hardships/failures stimulated engagement in, and continuous elaboration of past traumatic experiences. In this sense, the peer group climate resonate the value of Rogers's (1961) unconditional positive regard as a universal therapeutic condition (Rogers, 1951), which specifically tied to facilitation of meaning-making processes in the present study samples.

Participants in both samples further contrasted the peer groups' unmediated connection and value of learning from others who "have been there too," compared with support of therapists/family members: The latter were "suspected" to be favorably biased toward participants, limiting their credibility as authentic supporters. The significance of self-help/peer groups is well recognized (Katz, 1993) and specifically known to provide unique contributions to recovery in terms of empowerment and transformation of identity (Campbell, 2008; Hoy, 2014; McCorkle, Dunn, Wan, & Gagne, 2009; Mead, Hilton, & Curtis, 2001; Repper & Carter, 2011; Solomon, 2004). Beyond mental health recovery, it has been known as valuable for chronic or severe conditions (Barlow, Wright, Sheasby, Turner, & Hainsworth, 2002), in the addictions fields (i.e., 12-step programs; see also Fiorentine, 1999), as well as in non-clinical groups of personal development and self-help groups that are common in Western societies. The findings highlight a broad

and universal function of such groups, specifically in processing experiences of life adversities in both clinical and non-clinical populations. Specifically, for individuals in mental health recovery with complex histories of mental illness, this finding underscores the value of creating opportunities for such peer environments that support self-reflection geared toward meaning making. One such example are consumer-operated service programs (COSPs; Campbell, 2008). COSPs are described as environments that are conducive to inclusion, safety, non-coerciveness, and tolerance. They offer a unique context that explicitly embraces individuals' own understandings of their respective mental illness and recovery experiences. Some COSP users overtly reject traditional mental health services, whereas others use them concurrently with traditional services (Campbell, 2008). Another example for such peer group climate can be found a structured group intervention called Recovery Narrative Photovoice program that provides participants an opportunity to generate empowering stories of their recovery and have these stories and lessons validated by and communicated to their community (Mizock, Russinova, & Shani, 2014). Thus, increased practitioner referrals and funding sources veered to these and similar peer venues can serve as an effective complementary component (or sometimes—a stand-alone one) of treatment and rehabilitation in mental health recovery.

Self-transcendent experiences. Condensed, intensive self-transcendent experiences served in both samples as profound self-transformations events. Paradoxically, they occurred when participants were willing to embrace/surrender into their state of psychological ambiguity and uncertainty in life's current and future events. This act of surrendering appears to reflect strength rather than weakness, and might indicate the participants' openness to experience and acceptance. William James (1842–1910) was the first to describe sudden religious experiences of exceptional transcendent nature bearing profound and lasting changes (James, 1902/1985). Similarly, recent studies documented the phenomena of "quantum change" (Miller, 2004; Miller & C'de Baca, 2001; Palmer & Braud, 2002), sudden insights that change an individual's sense of self (McDonald, 2008), and experiences of epiphanies (Miller & C'de Baca, 2001) that create new meaning in one's life.

These transformative experiences are described as affecting emotion, cognition, and behavior manifested in change of one's identity, values, and priorities, involving fundamental perceptions of self and reality (Miller, 2004). Although they are mainly described as abrupt, they might also represent participants' deep insights and accumulated life experiences that surfaced in light of these triggers. Meaning making has been highlighted as part of previous definitions of recovery (Andresen et al., 2006; Anthony, 1993; Davidson et al., 2007). In the current study, participants' cognitive shifts from a bleak and hopeless outlook to finding purpose and meaning in their hardships are reflected through these experiences. These cognitive transformations endured and were incorporated into transformed self and worldviews. Such experiential events have gained less attention in the field of mental health recovery. Often, such occurrences might be dismissed or unaddressed in practitioner–consumer dialogues perhaps because of their abrupt and somewhat illusive, ambiguous, and subjective nature, which is far from the usual mental health practitioner conversations topics (e.g., vocational, residential, goal orientation themes). However, the findings suggest a direct link between self-transcendental events, and one's meaning-making processes. Incorporating discussion and acknowledgment of such events can further facilitate positive change related to meaning-making aspects of recovery.

Enablers of Self-Efficacy And Agency (Mentor and Role-Taking/Deliberate Action)

Having a significant mentor (in both samples) and additional distinct enablers identified in each sample (role taking in mental health peer provider sample and deliberate action in the non-clinical one) constituted enablers that mostly pertained to enhancement of self-efficacy and agency.

Mentor. The findings underscore the significance of close, equal-level mentors, who believed in, inspired, and encouraged participants when engulfed in low morale regarding the possibility of positive change. Their basic humane approach and ability to resonate participants' inner desires supported the participants who were open to internalize these positive messages. Through these positive messages, individuals' sense of self-efficacy and self-belief enhanced. The role of supportive and hope giving relationships in recovery are well recognized (Deegan, 1996; Moran, Mashiach-Eizenberg, et al., 2014; Priebe & McCabe, 2008; Russinova, Rogers, Ellison, & Lyass, 2011). In the current study, we emphasize their specific role in helping realize personal goals and promoting an active approach, despite and amid weakness and adversity. Thus, hope giving (Snyder, 2000) and enhancing self-efficacy (Bandura, 1991) appear to be universal across both populations.

Distinct enablers. In each sample, distinct enablers supported self-efficacy and active coping. For mental health peer providers, engagement in constructive meaningful roles and tasks funneled painful experiences into productive, meaningful activities, while for the non-clinical

sample, personal resolve for deliberate action when facing ambiguous challenging life states served as an important inner resource. Thus, the distinct enablers can be seen as geared to a similar function in complementary ways: one external (peer providers) and the other internal (non-clinical sample). Within the peer provider sample, structured tasks/roles provided external opportunities for creating active coping attempts. Whereas for the non-clinical sample, the active stance was initiated from within, with no need for the structured external supports. This difference emphasizes the value of structured meaningful activities in psychiatric rehabilitation and mental health. Naturally, in the current sample, structured tasks/roles involved supporting others by turning that which was once most shameful (the stigma of mental illness) into an asset (a source of competency) was a powerful enabler for mental health peer providers (Moran, Russinova, Gidugu, et al., 2012). For other mental health consumer populations (not necessarily peer providers), these findings underscore the importance of supporting personal meaningful goal setting also advocated by others (e.g., Oades, Crowe, & Nguyen, 2009).

Shared Positive Processes

By engaging with enablers, participants in both samples underwent transformative processes of meaning making: They made sense of their hardships in ways that provided a new self-view and world outlook, and also established resiliency. For some, this was additionally manifested through engagement in new roles/vocations, reflecting meanings made and enhanced agency. These shared positive processes unfolded as follows: across samples, participants described different types of adverse experiences (e.g., mental crisis, loss of a loved one, economic hardships, and so forth), which shattered their understanding of who they were and what their lives were about. This then compelled them to make sense of what happened and restore a sense of control (i.e., meaning making). Next, meaning-making processes culminated in meanings made—often presented as the establishment of broader, holistic, more accepting/positive perspectives regarding one's state. These descriptions fit the meaning-making model, which postulates that individuals will set to reduce a sense of discrepancy created between appraised situational distress and one's previous global life meaning to restore a sense of the world as meaningful and of one's life as worthwhile (Joseph & Linley, 2005; Park, 2010). Similarly, within mental health, recapturing and developing one's own narrative has been pointed to be central to one's recovery in and of itself, beyond stabilizing symptoms or functionality (Lysaker, Ringer, Maxwell, McGuire, & Lecomte, 2010).

Furthermore, participants described a shift from having a sense of being influenced by external circumstances to exerting influence over their experience. This manifested in following descriptions of growing ability to adapt to challenging life circumstances in a flexible fashion, and restoring positive affect in response to difficult emotional experiences. Thus, their sense of self strengthened as they experienced enhanced self-efficacy and agency (Bandura, 1991; McAdams, 2008), and developed ego resiliency (Klohnen, 1996; Tugade & Fredrickson, 2004).

Meaning making and enhanced agency are presented in other studies on recovery—often described as processes of self-redefinition. Self-defining processes have been claimed to determine choices and life patterns (Onken et al., 2007; Ridgway, 2001), involve shifts from alienation to finding meaning and purpose (Andresen et al., 2006; Ridgway, 2001), and moving away from the patient role to active engagement in multiple life domains (Roe & Davidson, 2005). The current study contextualizes these processes across a broad continuum of the human experience, suggesting that recovery processes represent a shared humanistic psychological and interpersonal phenomenon relevant to a broader audience when challenged with life's adversities in both clinical/non-clinical and multicultural populations.

Thus far, meaning making has been described mostly as an internal process. In the current study, we offer a wider understanding of meaning-making processes, in terms of potential contributing factors (i.e., enablers) and contextualizing (Cadell et al., 2003; Park, 2010). Furthermore, meaning-making processes in our study appeared to unfold in diverse ways rather than developmentally or linearly, as enablers could be either internal or external, and appear individually or simultaneously, thus supporting a nonlinear model of recovery (Anthony, 1993; Deegan, 1996) rather than a stage-specific process also suggested in the recovery literature (Andresen et al., 2006).

In addition, we identified dynamic interrelations between the person and enabler. That is, we noticed that each enabler provided opportunities/conditions to which the person was at the time either ready to engage in (e.g., internalizing messages from mentors, surrendering to psychological ambiguity and uncertainty) or deliberately attempted to make use of (e.g., actively exposing oneself in a group). This process created positive reinforcement for the aforementioned positive processes, contributing to subsequent development of meaning and agency (see Figure 1 for a visual depiction of the enablers, positive processes, and dynamic relationships).

Development of agency can be identified in other recovery studies too. For example, agency was a central driving concept in enhancement of quality of life through social integration of mental health recovery processes (Ware, Hopper, Tugenberg, Dickey, & Fisher, 2008). More specifically, Mizock et al. (2014) described how

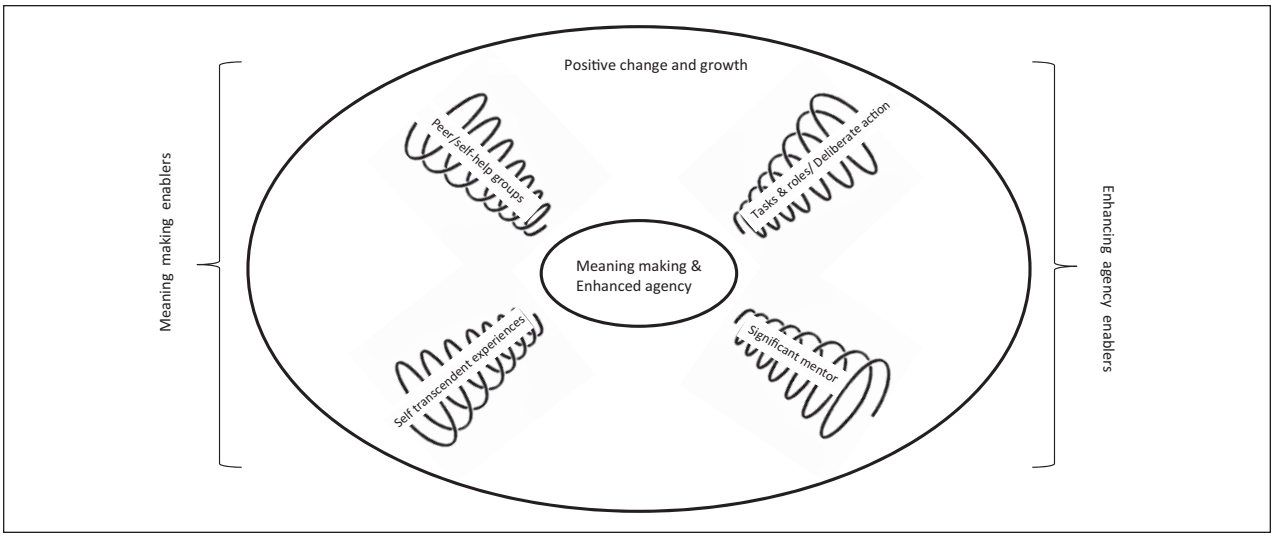

Figure 1. Enablers of positive change in mental health peer providers and a non-diagnosed sample.
Note. Positive change is produced through ongoing person-enabler reciprocal interaction.

"Recovery Narrative Photovoice provided participants with the opportunity to generate empowering stories of their recovery and have these stories and lessons validated by and communicated to their community" (p. 9). Thus, although the group intervention context provided an opportunity, participants still needed to take up that opportunity and actively pursue it. In the current study, the cross-examination of these processes with a non-clinical sample, further highlight the universal dynamic between person and enabler that bring about positive change in enhanced agency and meaning making.

The current study findings elicit new questions pertaining to further theoretical understanding of enablers and positive change processes as a universal phenomena. Thus, we can ask if for some people, there is a specific fit between the composition or order of enablers that will optimally trigger positive change processes (meaning making and agency). For instance, would experiencing a peer group first or engaging in a meaningful structured role first be important in ensuring the elicitation of positive change processes? Or more specifically, perhaps individuals presenting salient difficulties related to making sense out of their life state will profit more from peer groups first, while those presenting salient features of a weak sense of agency might profit more from being assigned first a mentor and/or role assignment. Such questions which concern the possible relationships between the different enablers echo the importance of the fit between the individual and assigned intervention in positive psychology (e.g., Lyubomirsky & Layous, 2013) and the importance of matching services to mental health consumers' goals in psychiatric rehabilitation (Bond, Campbell, & Becker, 2013; Crowe, Deane, & Oades, 2012; Farkas, Soydan, & Gagne, 2000; Pratt, Gill, Barrett, & Roberts, 2007). Finally, the participants' accounts of meaning-making processes were rich and varied. It may be suggested that exploring the specific contents of meanings found can further inform about universal/types of meaning-making processes and meanings made. Such findings can help understand and further define meaningful roles in recovery.

Some limitations also need to be considered in this study. First, sample characteristics might have determined specific types of positive growth processes and outcomes—specifically mental health peer providers and non-clinical individuals who underwent spiritual change might have put extra emphasis on characteristics specific to peers' recovery and spiritual contents. Further research can assess people successfully facing the challenges of psychiatric disorders and who are not engaged in peer work, and compare them with other populations in different growth processes. In addition, the peer provider sample (although diverse in terms of socioeconomic level) was rather homogeneous in terms of education level and race, which limits its variability. Additional samples might involve mental health consumers from diverse ethnic backgrounds and educational levels. Finally, secondary qualitative analyses bear an inherent challenge as the secondary study question is bounded by the data collected with the original study questions (Hinds et al., 1997). Thus, we are cautious that the original study questions posed in each study separately may have constrained a fuller scope and breadth of descriptions of positive processes and enablers in the interview texts. Conducting a qualitative study designed explicitly to ask the enabler and positive processes question in an original sample

might provide additional knowledge not available through the current study narratives.

Despite these limitations, the current qualitative cross-sectional synthesis illustrates that the positive processes voiced individually go beyond the peculiarities of one type of sample but, rather, underpin a more widespread human phenomenon and ability for growth despite and alongside diverse types of adversities. The synergetic analysis gives us more confidence in our own interpretations about holistic and universal nature of mental health recovery.

The current findings provide initial cross-cultural and cross-diagnostic insight, which is in line with recent calls for integrated understanding of positive mental health across cultures (Vaillant, 2012) as well as within serious mental illnesses (Thornicroft & Slade, 2014). Thus, the study findings imply merit in emphasizing the focus of recovery outcomes in terms of subjective positive psychological processes (e.g., meaning making and agency), and potential enablers for these processes that go beyond mental health settings.

Conclusion

In the present study, we identified universal enablers and positive processes embedded in recovery from serious mental illnesses by comparing American mental health peer providers' and Israeli non-clinically diagnosed individuals with personal accounts of positive change and growth. We found shared processes of meaning making and enhanced agency that were enabled by (a) a supportive peer group that enables significant exploratory processing, redefining one's traumatic/adverse life experiences in a broader outlook; (b) a significant mentor who served as a role model and believed in participants and their goals; and (c) self-transcendent experiences that led to transformation of one's life view. In addition, we found two distinct (yet complementary) enablers that supported an active coping approach: (a) external assignment of constructive meaningful tasks/roles for peer providers and (b) deliberate choice to act despite uncertainty for the non-clinical sample.

Through these enablers, participants transformed from having a weakened sense of self and a bleak outlook on their future into a broader holistic view of self and the world, with a more resilient sense of self. Participants' ability to respond to enablers and use the opportunities bestowed upon them allowed the positive transformations. These processes unfolded in a nonlinear and multidimensional fashion and served as positive reinforcement for meaning-making processes and agency enhancement. As such, this study provides a theoretical contribution to the existing body of knowledge about universal processes of recovery, along with practical implications for a humane, holistic, nonlinear approach, and appreciation of extra therapeutic aspects in recovery processes. Thus, the current study demonstrates the importance of a broader understanding of recovery through the universal humanistic lenses, and the potential value of integrating positive indicators in further studies of persons with mental illnesses (e.g., Moran & Nemec, 2013) as well as the important role of practitioners' approach to individuals from a holistic, person-perspective, and not just clinical/functional approach (e.g., Moran, Mashiach-Eizenberg, et al., 2014). Overall, the study illuminates the human capability to face major life challenges victoriously—that is, not as events of discouragement and predestined pain, but rather as opportunities in which one is challenged to choose to create new meaning and carry it out by directing oneself toward a full and vibrant life.

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