

# Taking Flight

A Briefing from Project GREAT  
Georgia Recovery-Based Educational Approach to Treatment

## A RECOVERY STORY

**By Randolph C. Hack**

From [www.whatadifference.org](http://www.whatadifference.org)

I began having problems when I was in high school. My father was in the Army, and we moved around a lot. I was the victim of cruel teasing and harassment, and I did not go to my junior or senior prom. My mother took me to see an Army psychiatrist in 1962, and he knew there was something wrong but, in those days, there was little they could do to help.

I got accepted at college but had to drop out due to my illness. I went to an American junior college in Munich, but I dropped out of school after returning from Europe and I had a couple of hospitalizations.

I remember taking a plane from Dulles Airport to San Francisco during the winter in 1968. Turn on, tune in, drop out. I became a part of the hippie culture and was also homeless for about a year.

In 1969, I went to Hawaii and got hospitalized at Hawaii State Hospital. A kindly doctor helped me recover, with seven years of individual therapy and one year of group therapy. I completed my education and got a B.A. in geography with the assistance of the Hawaiian Division of Vocational Rehabilitation. From there, I was able to start working and have been in recovery ever since.

## LEARNING POINTS

From homelessness to a college degree --is that really possible in the context of mental illness? Obviously, for Mr. Hack the answer is an enthusiastic "Yes."

In fact, longitudinal outcome research on mental illness has demonstrated that partial to full *recovery* (in the traditional sense of returning to pre-illness states of functioning) is just as common, if not more so, than a chronic, downward, or deteriorating course and enduring disability.<sup>1</sup>

Yanos and Moos<sup>2</sup> reviewed the research on what predicts good outcomes in mental illness and suggested the following key components: (1) good social support; (2) housing that provides independence; (3) intelligence and an active/engaging personality; (4) insight and active coping skills; (5) access to mental health services that offer medication, psychotherapy, case management, and supportive employment. Then last but not least, they reported that individuals who have a belief they can do something to make things better for themselves have more satisfying lives.

<sup>1</sup> Carpenter, WT, & Kirkpatrick, B (1998). The heterogeneity of the long-term course of schizophrenia. *Schizophrenia Bulletin*, 14, 645 – 652.

<sup>2</sup> Yanos, PT & Moos, RH (2007) Determinants of functioning and well-being among individuals with schizophrenia: An integrated model. *Clinical Psychology Review*, 27, 58-77.