

Recovery

The Journey of Life

“.....let us rejoice in our sufferings, because we know that suffering produces perseverance; perseverance character, and character hope.”¹

A person who is beginning to sense the suffering of life is, at the same time, beginning to awaken deeper realities, truer realities. For suffering smashes to pieces the complacency of our normal fictions about reality, and forces us to become alive in a special sense – to see carefully, to feel deeply, to touch ourselves and our worlds in ways we have heretofore avoided....suffering is the first grace. In a special sense, suffering is almost a time of rejoicing, for it marks the birth of creative insight.²

Why start a discussion of recovery with a focus on suffering? At the heart of the recovery movement is a renaissance in understanding the place of suffering and pain in the journey of life and the formation of being.

In the post enlightenment era and the optimism of modernity and scientific progress the western world came to see suffering as a “disease” that would eventually be eradicated. As the twentieth century progressed optimism in humanities ability to cure all faded. In an era of fading hope the recovery ideal has emerged. The roots of this new idea can be traced to ancient philosophies and religion³; however it is only the scope of this essay to identify its recent development.

The first modern roots of what is now called the recovery movement occurred in Europe in the first half of the twentieth century. Social Psychiatry arose in the late 1940s and saw unlocking of wards and a more holistic treatment of the mentally ill.

¹ Romans 5:3 The Holy Bible, New International Version (Hodder & Stoughton 1996)

² (Barker Phillip T. Editor

Spirituality and Mental Health Breakthrough (Whurr, London 2004) 59

³ All the major religions consider the issue of suffering. It has been said that most religious systems exist to explain the problem of suffering and to provide a source of hope in the midst of suffering.

New patterns of institutional living termed “Therapeutic communities” were developed. Patients and therapists worked together in the running of their communities.

The new hospital activity and therapeutic optimism were geared to early discharge, rehabilitation, and treatment in the community. Chronically institutionalized patients developed social competence and were placed in supervised hostels, returned to their families or were set up in houses of their own, living together in family like groups.⁴

The advent of anti psychotic drugs raised the expectation of a chemical/medical cure. With the increasing dominance of the United States the medical model overshadowed the social psychiatry movement especially as drug treatment promised to be cheaper than adequate psycho-social care.

Increased institutionalism in the 1950s-1970s and increased awareness of the harmful side effects of the anti psychotic medicines gave birth to several movements. In the 1960s the Anti psychiatry Movements laid the theoretical groundwork of concerns that were picked up by the survivor and consumers movements later⁵. The mid twentieth century also was characterized by the increase in the human rights movement and an elevation of individual autonomy⁶. Which eventually led to the recognition that many institutionalized people were having their rights violated or removed. This realization coupled with pressure from the Rehabilitation movement and consumer groups led eventually to deinstitutionalisation.

The seeds of the recovery vision were sown in the aftermath of the era of deinstitutionalisation. The failures in the implementation of the policy of deinstitutionalisation confronted us with the fact that a person with severe mental illness wants and needs more than just symptom relief. People with severe mental illness may also have multiple residential, vocational,

4 Warner R. *Recovery from Schizophrenia, Psychiatry and Political Economy*. (Routledge, London 1994)87

5 Thornicroft G & Szumkler G. *Textbook of Community Psychiatry* (Oxford University press, Oxford. 2001) 469

⁶ “Individualism is the hallmark of Western ideology of personhood. Unlike some societies, western society stresses independence and the notion that the self is a unitary, undivided consciousness”.

Barrett, R.J. *Psychiatric Practice and the Definition of Schizophrenia (Dulwich Centre Newsletter, 1991, No. 4) 5*

educational, and social needs and wants. Deinstitutionalisation radically changed how the service system attempts to meet these wants and needs.⁷

Psychiatric recovery also draws deeply on the self help movement including 12 step programmes, positive thinking philosophies and other “new-age” concepts.⁸

In short.... [recovery] has grown from both positive and negative roots. The failure of mental health institutions to meet the needs of people with psychiatric disabilities, distrust of mental health professionals and on the positive side, reduction of stigma about mental illness and the promotion of community care.⁹

What is Recovery?

When discussing recovery it is easiest to begin with a statement as to what it is not. It is not cure. Recovery occurs despite the ongoing condition. An amputee who loses a leg to gangrene cannot be cured. The leg is gone but life proceeds, albeit differently. Recovery is not rehabilitation. Rehabilitation holds the suggestion of return to where we were before. Recovery recognises that we will never be the same again.

The word recovery means different things to different people. Some see it as a set of values that challenge the dominant dichotomies such as lack of choice, loss of responsibility, imposed care and treatment that exist in mental health services today.

Others see it as a philosophy by which to live. Recovery does not mean that all suffering has disappeared, or that all symptoms have been removed, or that functioning has been completely restored. The medical model assumes that mental illness is a physical disease, and recovery refers to a return to a former state of health: the person is cured (Whitwell 1999). Deegan (1992) suggests that recovery is ‘marked by an ever deepening acceptance of our limitations...we find our personal limitations are the ground from which spring

⁷ Anthony, W.

Recovery From Mental Illness: The Guiding Vision of the Mental Health System in the 1990's. *An Introduction to Psychiatric Rehabilitation*. (International Association of Psychosocial rehabilitation Services, Columbia, 1994) 557

⁸ Mental Health Commission

Recovery Competencies Training Resource Kit p12

⁹ Quoted in

Yee Bevan

Asian Mental Health Recovery – Follow-up to the Asian Report. *Mental Health Commission Occasional Paper no. 3*. August 2003.

our own unique possibilities. It is a way of life, an attitude of approaching the day's challenges'.¹⁰

Most writers see recovery not as an end but as a process.¹¹ A process of development of "meaning and purpose in ones life as one grows beyond the catastrophic effects of mental illness"¹²

The New Zealand "official" definition of Recovery is:

'Recovery' is defined in the Blueprint as the ability to live well in the presence or absence of one's mental illness (or whatever people choose to name their experience). Each person with mental illness needs to define for themselves what 'living well' means to them. The definition is purposefully a broad one, because the experience of recovery is different for everyone and a range of service models could potentially support recovery.¹³

Implicit within these definitions is the need to "make sense" out of the suffering that accompanies life. The struggle to find meaning and purpose in the face of our world challenges the medical/scientific views of modernity. The struggle is raised from the merely physical to the meta-physical, from the realm of dust to the realm of spirit. Recovery is the joint child of post modernism and age old wisdom. A rejection of "...psychiatric 'truth': that recovery is synonymous with the erasure of individual beliefs or hopes except those standardised by society and represented through the authority of [the] psychiatrist".¹⁴ Rather it is the rediscovery of self and community. The language of recovery is the language of spirituality (e.g. Journey, hope, meaning, purpose)

¹⁰ Kelly M. & Gamble C. Exploring The Concept of Recovery in Schizophrenia. *Journal of Psychiatric and Mental health Nursing*, 2005, no. 12. p246

¹¹ For Example see Deegan P.

Recovery: the Lived Experience of Rehabilitation. *Psychosocial Rehabilitation Journal*, Vol 11 No. 4 April 1988

¹² Anthony Op Cite. 559-560

¹³ Mental Health commission (2000). Realising Recovery through the Education of Mental Health Workers: Recovery-based competencies and resources for New Zealand.

¹⁴ Barker. Op cite. 56-57

The Recovery Process

While there is a plethora of ideas about what constitutes the recovery process, there is no clear-cut consensus at this point. The essence of recovery focuses on the subjective experience each consumer and each person's approach to recovery is unique. It is therefore important to understand how each individual chooses to define his/her experience with psychiatric symptoms and the meaning he or she gives to this experience in their life (Hatfield, 1994). The complexity and personal richness of recovery will be lost if left to professionals to define in isolation from consumers (Mowbray and Moxley, 1997)¹⁵

It is readily confirmed by the briefest of research that a plethora of opinions on the assumptions and principles that underlie the recovery process exist.¹⁶ However there are several principles that appear consistently and appear to underlie the recovery process.

Hope
Growth
Personal Responsibility/control/direction
Support/Mentorship
Spirituality

Hope

Hope is seen as an essential ingredient in recovery in both physical and mental illness. It is recognised as a key component to successful psycho-therapy.¹⁷ It is therefore hardly surprising that it "lies at the heart of the individual's ability and

¹⁵ Mental Health Commission (1997). *New Directions: International overview of best practices in recovery and Rehabilitation services for people with serious mental illness: A discussion paper.* *Mental Health Commission*

¹⁶ See for example
New Directions. Op cite
Anthony. Op cite
Kelly & Gamble Op cite
Repper J. & Perkins R.

Social Inclusion and Recovery: A Model for Mental Health Practice (Balliere Tindall, Philadelphia. 2003) 45-60

¹⁷ Repper & Perkins op cite 57

willingness to take on the challenge of rebuilding and recovery”¹⁸ Hope is a belief that change and a better life is not only possible but attainable. Hope is not determined by the severity of illness or circumstance. Hope relies on sources of meaning and purpose and can transcend the obvious physical realities.

Hope does not arise out of a vacuum it needs to be nurtured, cherished in an environment that allows it and the person to become rooted and secure.¹⁹

Key to the recovery process is the ability to learn from experience that can be found in an environment of hope. An environment of hope can be characterised by some of the following (Turner 2002): high expectations; taking risks, failing and trying again; access to objective information; validation of coping strategies and experience; (re)establishing skills for work, education, creativity, leisure; keeping healthy; self-help systems of support; self management; social inclusion and involvement within the community; support to deal with fear of change; ad support of family and/or friends.²⁰

From this description of an environment of hope it can be seen that hope interacts and intersects with each of the other underlying principles. For those who work with the “unwell” a significant effort needs to be maintained to uphold the environment of hope. A small slip in expectation, acceptance and positive attitude is able to undo a lot of nurturing effort.

Lying at the heart of hope is transcendence and spirituality

Growth

The two passages quoted at the start of this essay each describe a process of growth; growth in understanding (insight) and growth in personality. Reeves experienced growth as an individual because of his experiences. He sees that

¹⁸ Ibid 52

¹⁹ Deegan op cite 15

²⁰ Kelly & Gamble op cite 248

focusing on experiences as a source of growth was the basis of his inspiration for recovery.²¹

Growth is the ability to adapt, change and endure. Growth is not the goal of recovery but rather an essential by product of the process. Growth occurs both in the individual and in their community. Growth is nurtured by the same environment listed above that nurtures hope.

As individuals grow they enjoy more experiences of success. Not necessarily because they can do more or even what they could do before illness, but because the perception and understanding of success is transformed. A new creative insight changes perceptions of reality and personhood

Our recovery is marked by an ever-deepening acceptance of our limitations. But now, rather than being an occasion for despair, we find that our personal limitations are the ground from which spring our unique possibilities. This is the paradox of recovery, i.e. that in accepting what we cannot do or be, we begin to discover who we can be and what we can do.²²

Personal Responsibility/Individuality

Much treatment of the mentally ill in the later half of last century was disempowering to the sufferers and much still is today. Compulsory institutionalism and treatment orders are common first line treatments along with medication. Patients often feel like victims of oppression as they are disempowered and lose the right of self determination. Consumer movements have brought some reform and in the recovery model, personal responsibilities and self determination are fundamental. Alongside this personal dimension is the recognition that we are all individuals and one size does not fit all.

²¹ Quoted in Repper & Perkins

op cite 46

²² Watkins J.

Living With Schizophrenia. (Michelle Anderson Publishing, Melbourne. 1996) 109

Self-determination brings self respect and increased sense of personhood and appropriation of success. “Because of the highly personal nature of (illness) problems it may well turn out that the persons own efforts are the most important ingredient of all to their recovery”²³

Obviously asking consumers to take control of their lives and recovery needs to be balanced by their wellness state. No good can be achieved by abandoning them to circumstances that can only head to failure. It is important “for a person to begin doing things again a little at a time as soon as they are able and at whatever level they are capable of”²⁴

Support/Mentorship/Social Inclusion

As noted above ongoing support is essential for recovery. However this support should only be partially supplied by Mental Health Services. To be fully human requires multilevel personal interactions. In the case of those with mental illness this is probably even more the case. Mentorship is provided by fellow sufferers who have already walked the journey. To be in relationship with those who have overcome the particular obstacles that I face is a source of inspiration that can feed hope and empower a person.

Recovery is closely aligned with Community care and community care services. All people need to exist in some sort of community of care. Traditionally in our society these roles were filled by the family and church. In the developed (western) world we have witnessed the greatest challenge, abandonment of both institutions in the history of mankind. As we aim for community care we are forced to recognise that lack of community is probably a causal factor in the epidemic of mental illness. How ironic that we now have professional services attempting to meet the needs of ancient institutions.

²³ Ibid 80

²⁴ Ibid 81

In order to meet the community/relational needs of those now deinstitutionalised and the new generations that bear the stigma of mental illness a huge project of social reform and education will have to be undertaken. Perhaps as part of, or as a result of this undertaking we will see an increasing awareness of the spiritual nature of people and values resurface.

Spirituality

As has been mentioned above spirituality undergirds nearly all aspects of recovery. Recovery is about meaning and purpose, both of which relate to belief. The finding of meaning in catastrophically shattering experiences causes us to ask the deepest questions. "It is therefore not inappropriate to speak of recovery in the terms of a spiritual process"²⁵

Spirituality is not necessarily linked to religion or belief in a supreme being; however such belief can provide a sense of transcendence above temporal reality.

Some General Critiques

Community Focus

Recovery is dependent on the individual being an included part of a caring community. Such an expectation is to a degree unrealistic as the greater community has broken down due to the modern gods of individualism, materialism and hedonism. At a local level a community does not probably exist. This poses huge practical problems as to how to structure such a community. Despite the best will service interventions and provisions will always be artificial and hierarchical in structure. Such government attempts to create community often create dependence, the opposite to the aim of recovery which is inter/independence. Continuing education is needed to overcome the public stigma and fear associated with mental illness.

²⁵ Kelly & Gamble. Op cite 249

Toxicity

The recovery ideal has within it by necessity an expectation and demand of higher levels of effort and performance. Often the best outcomes are used as models. What effect does this have on those who try and fail at the smallest challenge? Repeated failure to be as good as a perfect example becomes toxic to the individual. For all providers of care and families it is essential to maintain an appropriate level of expectation relevant to each consumer.²⁶

Myrtles Dilemma

Myrtle is a woman in her mid twenties who suffers from bipolar disorder. Her family background is of professional parents with one sibling sister. Myrtle first ran away from home at the age of 13 and has been running ever since. She has lived most of her life on the streets and has adopted prostitution as a means of income to fund her opiate addiction. During the course of her career Myrtle has had two children, both of whom live in foster care. She has a history of abusive relationships with men. Myrtle has had numerous admissions to hospital for both the bipolar disorder and intravenous drug use. Upon discharge she slips quietly back into her lifestyle.

Is Myrtle in a process and journey of recovery? Despite the fact that she generally lives independently I find it hard to describe her condition as recovery. Generally she survives from one day to another, one drug high to another, with very little hope that life will get better. Myrtle dreams of being reunited with her youngest child and dreams of a “normal life”. Unfortunately she has little or no concept of “normal”

The environment in which Myrtle lives is not a hope nurturing one. Two of her “friends” have been murdered in the last two years and others died from drug abuse. Her community can hardly be described as a community of care.

²⁶ Lefley H.

The Consumer Recovery Vision: Will it alleviate family burden? *American Journal of Orthopsychiatry*. 1997. 67(2): 216-217

Myrtle's support systems and networks are generally not stable. Her father either showers her with money or shuns her totally. He battles with his own understanding and love for his daughter. His instability does not provide her with the consistency she needs. Myrtle has some limited contact with her mother. The street community provides some support but at a cost and expectation. She is constantly beckoned back to drugs and prostitution. The mental health service provides as much support as it is able. However from a consumer perspective it is seen as an institutional service and not support that comes from a personal relationship. As such it does little to validate her personhood.

Myrtle is beginning to take some responsibility for her plight and actions. Especially as she considers her separation from her daughter. However she is quick to justify any failure with the words, "well I am a drug addict!" I believe there is evidence of growth in her life as she realises she needs to change her social and friendship environment. She is also questioning meaning and purpose, seeking answers in the Christian faith. Unfortunately traditional churches are not set up for people like Myrtle.

Is recovery a possibility for Myrtle? I hope so. The biggest hindrance is her own expectation and desires and the lack of suitable, real caring support. To this end I have introduced Myrtle to Delta Community. This Christian organisation is set up to care for the disadvantaged and disabled in our society. As well as providing many social supports they are also a worshipping community of fellowship. Maybe in this environment Myrtle will find the acceptance, support, challenge and hope that she needs to progress on the journey of life/recovery.

Conclusion

The first great truth in Buddhism is the "universal human experience of suffering". In this Siddhartha Gautama recognised as have all the great religions that suffering is an integral part of life. Recovery is a rediscovery of this great truth; suffering is not an

ailment to be cured but a life process that forms who we are. Recovery is founded in the seeds of post modernism along with a returning recognition and valuing of spirituality.

We live in an age where community breakdown and social isolation are rampant. In this world the modern idols of materialism and hedonism do not provide any sense of purpose or understanding of the universal experience of suffering and pain. As such the Recovery vision and message is not just for those who have been disabled by physical or mental illness, rather recovery is a model that promises the rediscovery of hope for all people in all places at all times.

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