Recovery is a process by which an individual recovers their self-esteem, dreams, self-worth, pride, choice, dignity and meaning. This paper discusses these issues, as well as offering suggestions on how clinicians and the system can help support the process. Recovery is about treating the whole person, identifying their strengths, instilling hope, and helping them to function at an optimal level by allowing them to take responsibility for their life. Also discussed is the importance of using setbacks as learning opportunities, the internal and external obstacles that people in recovery face, and the need to embrace the humanity of people in recovery.

Everyone has a journey, each with its own chasms and perils along the way. For some a mental illness becomes their chasm. Certainly it is a difficult one to bear: the devastation of mental illnesses can be plain to see (the majority of people who have a mental illness are unrecognizable from the rest of society)—people may lose jobs, friends, places to live, and educational opportunities—but solutions can be found. Finding hope can be the beacon, the guiding light that can make everything possible, that can reawaken dreams once thought dormant, or recreate a life anew.

At root, recovery is about the stories of individuals because each person’s journey is unique and special. In the early 1980s the Ohio Department of Mental Health created a fund for Peer-Run services as a means to help people move beyond illness. With $10,000 a peer-run drop-in center was opened in Cincinnati. I had the opportunity to see first-hand how this project changed the lives of the individuals involved. It was then I decided on the power and potential of recovery and to do more work on the concept.

What Is Recovery
Recovery is about refusing to settle for less. Imagine if a person with a broken leg was called recovered if they were pain free, yet they still could not walk. Instead of focusing primarily on symptom relief, as the medical model dictates, recovery casts a much wider spotlight on restoration of self-esteem, identity and on attaining meaningful roles in society (Deegan, 1996). These are the things that everyone in recovery needs in order to walk again. Recovery is a process by which an indi-
Individual recovers self-esteem, dreams, self-worth, pride, choice, dignity and meaning: this is the recipe for mental health, the perfect antidote for mental “illness.”

Recovery is variously called a process, an outlook, a vision, and a guiding principle. There is neither a single agreed-upon definition of recovery nor a single way to measure it. But the overarching message is that hope and restoration of a meaningful life are possible, despite serious mental illnesses (Deegan, 1988; Anthony, 1993; Stocks, 1995; Spaniol & Zipple, 1997). In fact, hope is recognized unanimously as one of the most important determinants of recovery (Fisher, 1996; Lovejoy, 1982; Orrin, 1997; Weingarten, 1994; Russinova, 1998). Moreover, clinicians who embrace the importance of hope and help to instill it in others are also embracing a deeper truth—that people can heal, that people can change, that people can rise up against life’s deepest of chasms.

Recovery does not imply full recovery, in which full ability is restored and no medications are needed. Moreover, recovery will not necessarily go in one orderly direction, sometimes steps forward will be followed by steps back. These steps back need not be interpreted as failure. Relapse can be a part of the overall recovery process. For example, hospitalization, rather than a failure or hopeless backtracking, can instead be viewed as an opportunity to learn. Service providers can then work with the consumer and address such questions as “What happened?” “How did it happen?” and “What can we do to be better prepared for these symptoms in the future?” Without this learning from the symptoms and acute crises of illnesses, people will not have the opportunity to move on with their lives; instead they will be stuck with the same symptoms and crises happening over and over. Everyday clinicians can help people in this learning process by having conversations with them about what they are going through, what they can do differently, and when symptoms worsen what they need to do for themselves. In this way, every setback and every symptom can actually pave the way towards recovery.

Moreover, this level of conversation can only happen if there is a relationship built. “It is imperative that we teach students/clinicians that personal relationship is the most powerful tool they have in working with people” (Deegan, 1996).

Recovery can also be said to be a personal process of overcoming the negative impact of a psychiatric disability despite its continued presence. In addition to symptoms, people will face additional internal and external obstacles. Internal obstacles are those things related to oneself, such as internalized discriminatory attitudes, feeling helpless, low self-esteem, fear of failure and lack of support. External obstacles are those things that cannot be controlled such as societal stigma, loss of job, loss of housing and loss of family and friends. The external obstacles impact people twice as hard, yet the system is not always set up in a way to deal with the external issues. The only way for a system to be recovery-focused is by recognizing and addressing both the external and internal obstacles. It is these disabilities and disadvantages, after all, which can combine to limit a person’s recovery even when one has become predominantly asymptomatic (Anthony, 1993).

Recovery is also about embracing people’s humanity. Curtis (2000) describes this as the deciphering between the ME and IT. The me is the person, the it is the illness. People identifying themselves as an illness is a sure way of helping them believe that illness is the end all in their life. Alternately, by looking at the me in the equation, one can instead focus on the entire person, making it easier to focus on a person’s assets and strengths. Looking at the whole person and emphasizing their strengths is of central importance when it comes to helping people recover.

Following a Dream

Supporting people’s strengths, instilling hope, and boosting self-worth and dignity—these things and more can be found in the story of the person who wanted to be an astronaut. This person dreamed of being an astronaut despite the years he had been ill and consequently out of work. Maybe he dreamed this because of the hero quality of those women and men donning space suits? Maybe it was because he is enamored with space itself, the planets and stars, the rocket ships and moon landings? Whatever his reason, it did not matter because his resource manager would not take him seriously. In fact, when he refused to name another goal she wrote in her progress report that he was uncooperative and delusional. Needless to say, this professional failed to trigger recovery for this particular individual.

Soon he got another resource manager. But this one also assumed a life in space was nothing but a pipe dream. So the individual went on the same, showing no real progress.

His third resource manager asked the same question, but this time responded, “Let’s look into it. Let’s find out what one needs to do to become an astronaut.” Now the individual had a mission. He went, he found out, he was unbelieving of what it would take to become one! He said, “I don’t want to be an astronaut, it is too much work.” But his interest in space was real and important to him. It was his dream. So the
resource manager worked with him on it. Soon he was working for a company affiliated with NASA, not as an astronaut but in a capacity that allows him to work in the environment that inspires him.

This story is not unique. Many people are told that their dreams are not realistic, yet many people accomplish their dreams despite this lack of support. Imagine what people in recovery could do if the system and the people in the community believed in them. Service providers can help to create a lifelong change by believing in people who have temporarily lost their sense of hope (Orrin, 1998).

As this example demonstrates, a lot of times as human beings, the way we learn is by making our own decisions and mistakes. Critical to recovery is regaining the belief that there are options from which to choose, and this belief is perhaps more important than the options themselves. In order for people to grow in recovery they must be able to make their own choices and decisions as well as take on responsibility for them. The first two mental health professionals were unable to see this person as whole, capable of taking responsibility for himself and his choices. In doing so they undermined his recovery and took away his hopes and dreams. Yet with only a little encouragement and support he was quite able to take control of his life. The potential of the human spirit for healing and renewal should never be underestimated.

Recovery: Raising Expectations

Clinicians can begin by looking at every step of the treatment process to see what they can do to instill hope and foster recovery. It is especially important for clinicians to start and end with a message of hope. For example, just making that first appointment can be a monumental and frightening task. One agency had people write their recovery stories, bound them in a book and put it in the waiting room so that new clients could, from the start, get a message of hope from others. Another agency created a recovery quilt, where people in recovery created a picture of what recovery was for them and this picture was put into each of the squares. This quilt is so beautiful and popular that it now makes the rounds to different government buildings. The quilt project, while projecting positive messages about mental illnesses out into the community, also instilled pride for everyone participating. The demand for the quilt has shown them that their accomplishments in recovery are something other people want to see and know about.

In a society that has for centuries denied hope for people with mental illnesses, things are slowly turning around. The first phases of change brought deinstitutionalization, community support services and a greater emphasis on rehabilitation and vocational supports. Recovery as a concept, process and vision is the next phase. Recovery is about treating the whole person, identifying their strengths, instilling hope, and helping them to live at an optimal level by teaching them to take responsibility for their life. It is about the treatment professionals working in partnership with people in recovery. And remembering that recovery is what the individual does; facilitating recovery is what the clinician does; and supporting recovery is what the system and community does.

In the end, clinicians and the system must realize that any and all people, offered the opportunity, accurate knowledge and information, and effective coping mechanisms, recover to the extent that they are able. I started out as a family member. My grandfather spent 40 years in a state mental institution. Back then the sense was "go home and think of him as dead." We did not do that but he still died there. In a sense, when we allow anyone to remain hopeless, we — the system and clinicians — are repeating a similar mistake. Certainly, living in the community is better, but for many being caught up in the system is all that life is about. But the fact is, going to a program every day does not allow the vast majority of people with a serious mental illness to live at their optimal levels. And in a way, encouraging people to stay hopeless is another kind of death. A dying of the heart and soul. Fortunately, the promise of recovery can undo this death. As no person needs to be left behind in the mystery of this journey called life.

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