Coming to Terms With Recovery

A Review of

Recovery in Mental Illness: Broadening Our Understanding of Wellness
by Ruth O. Ralph and Patrick W. Corrigan (Eds.)
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Reviewed by
Jean Campbell

In the early 20th century, Emil Kraepelin, the father of modern psychology, projected a degenerative future for those persons diagnosed with schizophrenia that was unresponsive to treatment. Endorsed by the psychiatric field, this pessimistic perspective imposed a life sentence of limited possibilities and dreams for persons diagnosed with mental illness. A century later, the final report of the president's New Freedom Commission on Mental Health (2003) has recommended that mental health care become recovery-oriented in its services and goals so that persons with mental illness can live, work, learn, and participate fully in the community. Further, it envisions a transformed mental health system in which consumers play a significant role in shifting the current system to a recovery-oriented one by participating in planning, evaluation, research, training, and service delivery. However, for the mental health system to make even the first halting steps toward moving beyond the patchwork relic of symptom management and the acceptance of long-term disability to embracing services and supports that actively facilitate recovery and build resilience, researchers, therapists, and administrators must broaden their understanding of wellness.

Recovery in Mental Illness: Broadening Our Understanding of Wellness is a timely volume that brings together evidence and supporting theory about recovery from mental illness. It marks the shift in focus to a recovery-based system by interrogating the definitions of recovery from mental illness through the work of psychologists and psychiatrists, sociologists, and mental health consumer researchers.

In the introductory chapter to the volume, the reader is familiarized with three related recovery constructs: (a) recovery as a naturally occurring phenomenon, (b) recovery as the result of participation in a variety of services, and (c) recovery as a beacon of hope for life satisfaction. However, the authors observe that recovery cannot be sufficiently defined by these constructs and trace an inherent lack of consensus around the definition of recovery to the conflict between recovery as outcome and recovery as process. Typically, recovery in the traditional sense represents an endpoint to mental illness and a return to normalcy in which the consumer accomplishes life goals in work and housing as well as attaining improved psychological well-being and quality of life. Family groups and mental health providers generally gravitate to these outcomes, and the consumer gets better by overcoming the symptoms and disabilities that created problems within the family and in society.

Many consumers reject this approach because it implies the use of externally imposed criteria of wellness. For some consumers, recovery is a personally meaningful goal that motivates and inspires rather than an abstract construct devoid of individual purpose and vision. They embrace the dynamic nature of disability and recovery
by seeking renewal through psychological well-being and empowerment. Being “in recovery,” they tell of a nonlinear approach to the day’s challenges that better captures their life experiences as persons who are making efforts to deal with their symptoms and improve their lives.

The discussion of recovery as a naturally occurring phenomenon centers on the rule of thirds: One third of follow-up samples from studies of persons diagnosed with schizophrenia were no longer using the mental health system at all and were living normal lives, another third had achieved similar outcomes with ongoing support from the mental health system, and the final third showed a continued course of symptoms and remission even with treatment and supports. In Chapter 3, Calabrese and Corrigan more thoroughly review 10 long-term studies that test Kraepelin's assumptions about the course and outcome of schizophrenia. These studies reveal “more varied and positive outcomes than typically expected by clinicians” (p. 79) and that the course and outcome of schizophrenia vary with sociocultural context, with persons residing in developing countries doing better than those in advanced countries. The authors conclude that because these findings suggest that recovery is a real possibility for persons with mental illness, research should now concentrate on the investigation of what it means to recover and what conditions foster it rather than focusing on issues related to the existence of recovery.

In Chapter 2, the authors point out that the study of recovery is problematic precisely because there is no agreed-on conceptual model to guide research design and methodology. They begin their discussion of research methods for exploring and assessing recovery with an interesting examination of the underlying epistemological assumptions of investigators regarding the acquisition of knowledge and how these assumptions influence the questions asked, how people are viewed and treated in the research process, and what is considered valuable information. They conclude with an exhaustive review of the research on recovery by grouping research methods into five categories: (a) naturalistic and longitudinal studies, (b) cross-cultural studies, (c) personal accounts and stories, (d) qualitative and phenomenological investigations, and (e) experimental and quasi-experimental designs. The following five chapters offer models representing the three perspectives on recovery, and the concluding three chapters frame the discussion in terms of a diverse set of Western and international perspectives.

From the collection of assembled scholarly essays, it is apparent that there is no clear consensus within the mental health community today about what people are recovering from, what the process of recovery is, or what the outcomes of recovery are. In fact, there is a large schism in the literature between biomedical approaches to the treatment of mental illness and those approaches based on social and existential factors advanced in empowerment theory. However, further examination of the rival approaches by the authors would have revealed that this struggle is no mere question of the relative efficacy of different practices and treatments or of coming to common ground among competing perspectives but rather is one facet of a clash of moral and spiritual outlooks grounded in the challenge to the historical predominance of the medical model and paternalism that have dominated psychiatry.

Consumers have been leaders and tireless advocates in the development of the concept of recovery, recovery-based services, and measures of recovery. Through the work of consumer researchers and peer providers over the past 20 years, consumers have continued to push back against the practices of the traditional mental health system and to confront biomedical research at the point of knowledge production. They valorized consumer voice as a tool for science and brought a value-based approach to performance measurement that was able to tease out the importance of existential outcomes, such as personhood, empowerment, hope, and well-being in the lives of persons with mental illness. To a large extent, the vision that recovery is possible for all individuals diagnosed with mental illness was the result of a struggle waged by consumers through scientific papers and personal narratives, professional conference presentations, board and committee representation, and "up-close and personal" advocacy to change the disease-based system of chronic mental illnesses to a caring system based on trust, hope, and a belief in the potential of each person to lead a full life.
The theme of the 2005 Alternatives Conference titled Leading the Transformation to Recovery reflects this understanding. Dan Fisher stated,

During the 20 years of Alternatives Conferences, our movement has inspired the nation to see that recovery is possible for all individuals. This history of consumer leadership played a role in recovery becoming the goal of the New Freedom Commission on Mental Health. Alternatives, 2005 is an opportunity for consumer/survivors to continue to lead this transformation. (National Empowerment Center, 2005)

According to National Empowerment Center director Judene Shelley,

Like the mythological phoenix bird that rises from its own ashes in new power, many of us find new ways of being, functioning, and making a difference. We rise from extreme emotional distress and use our experiences of personal recovery to transform our systems of care into caring systems. (National Empowerment Center, 2005)

This book is both a result of that history and a continuation of its promise. It documents the development of the recovery paradigm and addresses the needs of mental health professionals who will be asked to provide services to people seeking recovery.

The authors rightly observe that recovery as articulated by mental health consumers, survivors, and ex-patients has become the clarion call for a radical change in the intellectual framework and service delivery system design for mental health care in America. However, overall, the volume shies away from exploring the political context in which the definition of recovery is embedded, and, therefore, the long-entrenched battle consumers have waged against the science and practice of the medical establishment for an empowerment theory of recovery is largely absent from the discourse. The authors acknowledge, "Clearly, these models are diverse, potent, and effective in the real world" (p. 12), and throughout the individual chapters of the book, they attempt to "weave the strongly considered views of some consumer investigators with the dispassionate view of mental health researchers" (p. 13). Yet, without consideration of the political environment, the demands of mental health consumers become simply issues of competing perspectives rather than profound issues of social justice. For example, the discussion of the implications of the recovery models does not account for the political nature that these recovery perspectives have assumed among mental health advocates. For years, consumers have pointed to the many persons diagnosed with mental illness who have recovered on their own to become integrated, productive citizens within the community without any intervention by the mental health system to support advocacy for self-help programs and other alternatives to traditional treatments and for consumer choice to reject treatment. Conversely, the mental health community has shown great resistance in accepting this particular concept of recovery because it implicitly challenges the belief in inevitable chronicity of the disease and the ironclad necessity for traditional mental health treatments. In fact, providers and administrators have historically appeared more comfortable and secure in their beliefs and practices when, on the one hand, viewing persons with mental illness as never really recovering but as perpetually in the process of recovery or, on the other hand, in attributing recovery outcomes to treatment modalities that cure or prevent illness. Therefore, the understanding of recovery as outcome or process can ultimately be recuperated within the system without substantive changes in the attitudes and behaviors of providers.

The text makes evident that not all mental health consumers, family members, professionals, administrators, or policy makers agree on a particular theory of recovery, a set of clinical practices that can promote recovery, or even the historical roots of recovery. By using this eclectic approach to the material, the book sometimes gets bogged down in details without a clear overriding viewpoint to carry one's intellectual curiosity from the beginning chapters to the conclusion. Yet there are clearly both academic rigor and passion here—a
passion borne by growing numbers of people in the mental health field who share a common belief about the topic of recovery and about the implications of a recovery-focused paradigm for transformation of the mental health system. Ultimately, the value of this book is that, in the mix of ideas about recovery, it invites the reader to rethink personal attitudes and behaviors regarding persons with mental illness as new insights and approaches emerge and old ones are refined.

The breadth and depth of the information offered by Ralph and Corrigan is impressive and, therefore, fills a much needed gap in the literature. Of course, even with such major undertakings, there is always more that could be added—another train of thought, more enumeration. Nonetheless, it is necessary to expand this discussion of the recovery paradigm to also include recognition that fostering hope is critical to the transformation to a recovery-based system of care. The authors recognize that hope motivates, supports, and sustains recovery. Most notable is that hope is unanimously recognized by consumers as one of the most important determinants of recovery, providing the person with the courage to change, to try, and to trust. On the basis of personal experience, Deegan (1988) described the process of recovery as a transition from despair, anguish, and pessimism to a new hope that life can be different, a hope born out of the presence of another person ready to provide support and care. Leete (1988) explained that “having some hope is crucial to recovery; none of us would strive if we believed it a futile effort” (p. 52).

However, discussions on the empowering potential of hope in the process of recovery need to go beyond the “soft” understandings that are highlighted in this book. Research has demonstrated that positive thinking and expectations promote psychological and physical well-being, whereas negative thoughts and expectations contribute to the development of illness, stifle efforts to cope, and interfere with social support and medical recovery (Peterson & Bossio, 1991; Snyder, Irving, & Anderson, 1991). Further, it has been discovered that hope stimulates recovery not only through the maintenance of more positive expectations for improvement but also by counteracting depression and diminishing the risk for suicide among people with psychiatric disabilities. A number of studies have identified the correlation between hopelessness and the potential for suicide and have recognized hopelessness as a reliable predictor for risk of suicide (Beck, Brown, Berchick, Stewart, & Steer, 1990; Drake & Cotton, 1986). In addition, hope-inspiring interventions have been recommended as a powerful treatment for suicide prevention (Kaplan & Schwartz, 1993).

In the field of psychiatric rehabilitation, Anthony (1993) emphasized the relational aspect of hope and its connection to recovery: Hope emerges when there is a person one can trust, a professional who believes in better outcomes—even when clients do not believe in themselves. The relational nature of hope determines the important role of practitioners’ hopefulness in promoting the recovery of people with psychiatric disabilities.

Learning how to sustain hope may well be the most important lesson for us all as we confront a fragmented system of care, feeling disconnected and often inadequate, frustrated in our attempts to provide ready access to quality care and not sure what the calls for transformation to a recovery-based system really mean for the millions now living with mental illness. A hopeful environment within the mental health community will contribute to the well-being of the mental health practitioners and other professionals who provide services and treatment. Hope of recovery validates our practice as we reach forward to focus on life instead of illness, to build dreams, and to find new purpose.

A well-known quote attributed to Helen Keller is, “When one door closes another opens. But we often look so long and so regretfully upon the closed door that we fail to see the one that has opened for us.” Today we stand before a door opening onto new possibilities for persons with mental illness to recover and lead meaningful lives in the community. There is considerable misunderstanding and resistance as new ways of delivering treatments and services are being introduced. The goal of the authors in this book is both to illustrate the complexity of recovery and to fully develop how the diversity and effectiveness of the different models will transform the mental health system into a recovery-based continuum of care in the coming
decades. This is an ambitious first step in such an important endeavor, and, as first steps go, it will leave a small but not unremarkable footprint as Ralph and Corrigan gather consumer and professional perspectives of recovery and lean into the emerging paradigm.

References