

RECOVERY is RECOVERY IS

In the 1980's people began to talk about their experience of returning to wellness after mental illness. However, the word recovery was not found in their descriptions. Rather, individuals wrote and spoke of "Maintaining Mental Health in a Turbulent World," (Houghton, 1982 as cited in Ralph, 2000) and "How I perceive and Manage My Illness," (Leete, 1989 as cited in Ralph, 2000) and "from patient-hood to person-hood" (Campbell & Schrauberm, 1989 as cited in Ralph 2000). However, in the late 1980s and early 1990s, the word recovery was "introduced by Patricia Deegan" (1988) in "Recovery: The Lived Experience of Rehabilitation." Then, soon after (Anthony, 1993), professionals began to carry this message of hope in "Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990's." (as cited by Ralph, 2000)

Recovery has many definitions. Webster's New World Dictionary (1970), defines recovery as: a regaining of something lost or stolen, a return to health, consciousness, etc., a regaining of balance, control, composure, etc. At Recovery Innovations (2003), the definition of recovery is' "Remembering who you are and using all your strengths to be who you were meant to be." In the mid 1800's during the era of Moral Treatment, the expectation was that people would recover from bouts of mental illness. Although "treatments" were crude and often terrible this began to change with the advent of Moral Treatment, Moral Treatment came as the result of some doctors and religious organizations feeling appalled at the way people were locked up and "treated" when they were mentally ill.

Philippe Pinel wrote his "Treaties, Traite' me'dico-philosophique surl'alie'nation mentale" and stated that mental illness occurred because "of the shocks of life—disappointed love, business failures, and the blows of poverty" (Whitaker, 2002). Moral Treatment was based upon the kind treatment of people. They were

given good food, time to work in the gardens, space, and treated to music through artists that were often brought into the hospitals in which they received care. Additionally, libraries and poetry were seen as highly therapeutic for people (Whitaker, 2002).

In those days people recovered from mental illness at rates of 60-80%. It might seem that somehow the illness has changed over the years to one that cannot be expected to be cured. However, Courtenay Harding and many others studied the rate of recovery among people with schizophrenia (Harding, 1987; Bleuler, 1972; Huber, 1975; Ciompi & Muller, 1976; Tsuang, 1979; Ogawa, 1987; DeSisto, 1995) and in all these studies from around the world, the findings were the same, people recover from mental illness at a rate of 59% to 69%. Even a diagnosis of Schizophrenia is something that people can recover from. So there is lots of reason to hope.

Hope is a vital part of the recovery process. In fact, Lori Ashcraft, Ph.D. (2008) said in a speech in New Zealand, that our job as people providing services and support to individuals diagnosed with mental illnesses, was not so much to treat them, but rather to "inspire hope that things could get better, that things would improve, and they would be able to live a full and satisfying life."

Recovery Innovations has identified "Five Recovery Pathways." These pathways are things that the people we serve have identified as helpful to them in the process of recovery. The "Recovery Pathways (Ashcraft & Johnson, 2005)" are HOPE, CHOICE, EMPOWERMENT, RECOVERY CULTURE, and SPIRITUALITY/MEANING & PURPOSE.



Let's look at each of these pathways and know that when they are present, the likelihood of recovery increases to nearly 100%.

treatment to individuals, the idea of a culture of recovery is the foundation upon which all hope, choice and empowerment are built. This is because a recovery culture approach believes in people unendingly; it knows that no matter what the symptoms, history of the person, level of medication, and number of hospitalizations...there is a person who is struggling to be well inside each individual. Therefore, all of our ways of being with those we support will speak to their strengths, their hopes, the reality that dreams can be accomplished, and the fact of recovery. Our environments will respect people in that they will be comfortable, welcoming, and colorful, relaxed, and demonstrate respect.

Hope

Hope is like energy. It is the idea that things can get better. If people can be inspired to hope for things to change, to improve, then they are likely to feel increased possibilities for themselves. Our words and behavior with the people we serve or our own family members can inspire hope or destroy hope. We can inspire hope with words like, "When things are better." "When you return to work/school..."

Choice

Choice helps individuals remember who they are (Ashcraft & Johnson, 2003). Each time people are supported to make choices they learn. Even when mistakes are made, people are learning through their choices. All human beings learn through choice. In our systems of care, when we take away people's ability to make choices and be in charge of their treatment, we put them at risk for learned helplessness.

Empowerment

Empowerment is not something we, as providers or family members give to people. We do not empower them, rather, we ensure that the power they have is known to them. As we continuously support them to make decisions, understand where and how to find out what options exist, and guide them to seek their own answers they find and "take their power back (St. George, 2005).

Recovery culture

Recovery Culture is more than an environment that is healing, hopeful, empowered and person lead; it is a culture that believes that people are capable of overcoming all obstacles. When family members support individuals and systems of care provide



Meaning and Purpose/Spirituality are ways of identifying the need for people to have a reason to live. Some people find their reason to live in faith. Others find it in having someone or something to care about. They may find

meaning and purpose in volunteer work, having a pet, work, doing creative activi-

ties, yoga, going to school, or any number of things. Whatever calls to a person's heart and causes them to find a greater purpose in life will support their continued effort in life. When people lose meaning and purpose in life, their risk of suicide rises.

As our understanding of mental health care begins to shift to a system in which stabilization is the goal to a system in which recovery is the goal, our way of being with people must change. We must find ways to use the Recovery Pathways. We are responsible for inspiring hope, supporting people to make choices, making sure people find their power and take charge of their lives, behave in ways that demonstrate our unending hope and belief in people's ability to recover, and to support people to find the meaning and

purpose in their lives. Recovery is real; let's create families and systems that support this fact.



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