

# 3 Recovery: the concept



**The concept of recovery was conceived by, and for, people with mental health issues to describe their own experiences and journeys and to affirm personal identity beyond the constraints of diagnosis.**

The recovery movement began in the 1970s primarily as a civil rights movement aimed at restoring the human rights and full community inclusion of people with mental health issues.

Recovery approaches are viewed by the consumer movement as an alternative to the medical model with its emphasis on pathology, deficits and dependency. There is no single description or definition of recovery because recovery is different for everyone. However, central to all recovery paradigms are hope, self-determination, self-management, empowerment and advocacy. Also key is a person's right to full inclusion and to a meaningful life of their own choosing, free of stigma and discrimination.

Some characteristics of recovery commonly cited are that it is:

- a unique and personal journey
- a normal human process
- an ongoing experience and not the same as an end point or cure
- a journey rarely taken alone
- nonlinear—frequently interspersed with both achievement and setbacks.

Recovery is a struggle for many people. The struggle might stem from severity of symptoms, side effects of medication, current or past trauma and pain, difficult socioeconomic circumstances, or the experience of using mental health services. Practitioners can also struggle as a result of the constraints of their work environment or when they sense a person's despair (Davidson & Roe 2007).

Personal recovery is defined within this framework as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'.

Recovery approaches will be different depending upon where a person is on their recovery journey. During an acute phase of illness, the person's capacity may be impaired to the extent that alleviation of distress and the burden of symptoms, as well as safety, is the primary focus of treatment and care. Regaining capacity for self-determination or deeper engagement should be a focus in the next stage of treatment and support. At later stages, when capacity is improved, there are opportunities for the person to consider broader recovery strategies.



The personal view of recovery is viewed as a journey that is a unique and personal experience for each individual. It has often been said to be about: gaining and retaining hope, understanding of ones abilities and limitations, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. Essentially, the personal view of recovery is about a life journey of living a meaningful and satisfying life.

NSW Consumer Advisory Group (2012)

The concept of recovery is represented in Figure 2 below.

Figure 2: The concept of recovery



## Conceptual models of recovery processes

In recent years, mental health services and programs throughout Australia have adopted different models for helping staff to understand personal recovery processes and how they might enable and support personal recovery. While this new national framework is not seeking to standardise the use of particular models, the following models are highlighted as useful examples.

### Andresen, Oades and Caputi (2003, 2006 & 2011)

By studying personal accounts of recovery, this Australian team of researchers developed a conceptual model of recovery processes to guide research and training and to inform clinical practices. The team identified four processes involved with personal recovery.

- **Finding and maintaining hope**—believing in oneself; having a sense of personal agency; optimistic about the future
- **Re-establishment of positive identity**—incorporates mental health issues or mental illness, but retains a positive sense of self
- **Building a meaningful life**—making sense of illness or emotional distress; finding a meaning in life beyond illness; engaged in life
- **Taking responsibility and control**—feeling in control of illness and distress and in control of life.

### Glover (2012)

Glover's model reflects the efforts that people undertake in their personal recovery journeys through a set of five processes.

- **From passive to active sense of self**—moving from the passive position of being a recipient of services to reclaiming one's strengths, attributes and abilities to restore recovery
- **From hopelessness and despair to hope**—moving from hopelessness and despair to one of hope
- **From others' control to personal control and responsibility**—moving from others taking responsibility for recovery to the person taking, holding and retaining responsibility
- **From alienation to discovery**—'finding meaning and purpose in the journey; doing more of what works and less of what does not work; learning from past experiences and incorporating that lesson into the present; acknowledging that journeys always have something to teach us and contribute to our sense of discovery'
- **From disconnectedness to connectedness**—moving from an identity of illness or disability to an appreciation of personal roles and responsibilities and to 'participating in life as a full citizen and not through the powerlessness of illness'.

As with the model developed by Andresen, Oades and Caputi, this personal recovery model emphasises personal responsibility and personal control.

This is a challenging concept for workers in helping and caring professions. Their impulse is to 'do for another' who is experiencing distress, pain, illness or disability. However, constantly 'doing for another' can contribute to a state of impotence and inability. A recovery approach encourages people to take an active role and reclaim responsibility for the direction of their life (Glover 2012).



### Le Boutillier, Leamy, Bird, Davidson, Williams and Slade (2011)

This study analysed 30 international documents to identify the key characteristics of recovery-oriented practice guidance. The researchers developed an overarching conceptual framework to aid the translation of recovery guidance into practice.

In terms of people's recovery processes, this research team identified similar, but differently worded, processes to those proposed by Andresen, Oades and Caputi and by Glover.

Viewing recovery as a normal human process 'demystifies' the process of recovery from mental health problems and puts people in a better position to support someone in their recovery journey.

NSW Mental Health Coordinating Council (2008).

[Recovery is] a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

William Anthony (1993).

