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CONCEPTS OF RECOVERY IN BEHAVIORAL HEALTH: HISTORY, REVIEW OF THE EVIDENCE, AND CRITIQUE

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History, Review of the Evidence, and Critique

It has been difficult to reach consensus on any specific component of the concept of recovery currently being bandied about in the behavioral health field, with one possible exception. It does seem possible to agree on the fact that the concept of recovery has become the focus of a considerable amount of confusion, dialogue, and debate within the substance abuse and mental health communities over the last decade. In the following, we attempt to identify and clarify some of the sources of these confusions in order to arrive at a broad and inclusive, yet useful, understanding of recovery to inform future policy and program development for DMHAS.

Background: It is useful to note, for example, that one source of the current confusion may stem from the fact that the same term—i.e., "recovery"—is used in a number of different arenas in which it plays, by necessity, a number of different roles. As Jacobson and Greenley noted in their recent review of the recovery literature, seldom does the same word surface so frequently across the separate domains of social policy, outcomes research, services design and provision, system reform and advocacy, and personal narratives. As they describe:

> Recovery is variously described as something that individuals experience, that services promote, and that systems facilitate, yet the specifics of exactly what is to be experienced, promoted, or facilitated—and how—are often not well understood either by the consumers who are expected to recover or by the professionals and policy makers who are expected to help them (2001, p. 482).

In order to begin to address the ambiguity and uncertainty surrounding notions of recovery in behavioral health, we turned first to the dictionary. A cursory review of the entry for recovery suggests another potential source of the confusions concerning the term, given that Webster offers the following four different definitions:

> 1. A return to a normal condition; 2. An act, instance, process, or period of recovering; 3. Something gained or restored in recovering; and 4. The act of obtaining usuable substances from unusuable sources, as with waste material.

Without forcing square pegs into round holes, we suggest that these four definitions can be useful in clarifying the different senses of recovery currently being used within the behavioral health field in relation both to psychiatric and substance use disorders and across the domains described above. In the following, we examine these definitions of the term recovery and argue that each term is most appropriate to one condition as opposed to the others from among the four categories of: 1. acute physical conditions; 2. trauma, its sequelae, and related post-traumatic stress disorders; 3. substance use disorders; and 4. severe psychiatric disorders. In closing, we recommend the adoption of a broad definition of recovery that allows for all four variants to co-exist and/or interact within the context a given individual's life, encouraging an appreciation of the different ways in which individuals manage to live with, and despite, various combinations of behavioral health conditions and concerns.

1. Physical recovery: Return to a normal condition. This definition of recovery represents by far the most common use of the term, and a use of the term that is perfectly appropriate when referring to the resolution of acute physical illnesses and conditions such as a cold, the flu, or a broken bone. In all of these cases, recovery is taken to mean that the person has been restored, through whatever means, to the same presumably normal condition she or he had prior to the

onset of the illness or the precipitating event that led to the condition (e.g., skiing accident). In all of these cases, there also is an assumption that a healthy, normal state existed prior to the onset of disease and/or dysfunction; i.e., that people are 'naturally' healthy until something happens to deprive them of their health, "recovery" then being restoration of the person to this prior state. Although these assumptions might be questioned, this definition represents a relatively well-accepted use of the term recovery and one that is not a source of contention or debate within physical medicine when applied to acute conditions that leave people in relatively the same state they were in when they first experienced the condition.

Recovery takes on a different meaning, however, even within physical medicine when applied to chronic physical health conditions such as asthma, diabetes, or cancer. In these cases, the person is not expected to be restored to a previous, pre-morbid, condition of health. To the degree that the term recovery is used at all in relation to these more prolonged conditions (e.g., partial recovery from a stroke, being in recovery from cancer), it ordinarily is taken to mean a partial return to normal functioning or to incorporate one of the different meanings described below and no longer refers to restoration to a previous condition of normality. We suggest, likewise, that a considerable amount of the controversy within behavioral health in relation to the term recovery stems from a misuse of this meaning of the term to apply to other non-acute conditions such as severe psychiatric and substance use disorders. Were this first definition of restoration to a normal state following an acute illness or episode the only legitimate meaning of recovery, then the term could be dismissed as irrelevant or inappropriate for many cases of severe psychiatric and/or substance use disorders; a majority of which are prolonged conditions.

<u>2. Trauma Recovery: An act or process of recovering</u>. Aside from its common uses in physical medicine in relation to definition #1 above (e.g., as in a 'recovery room' being a place where you

recover from the immediate effects of surgery), this second definition of recovery primarily has been commandeered for political and clinical purposes by victims of interpersonal trauma and the people who work with, support, or advocate for, them. As one of several important sources of the distinction between this definition and #1 above, proponents of the current trauma paradigm in behavioral health argue that there can be *no* return to a previous or normal condition following trauma. In fact, one of the defining characteristics of trauma is that it leaves the person forever changed as a result, having neither the same sense of personal identity nor of the world at large that existed prior to the trauma. Even if only by accentuating a person's sense of his or her own vulnerability and/or the unpredictability of the world, trauma brings about significant alterations in the person's life from which there can be no return. Referred to variously as being "robbed of one's innocence," having one's "world turned upside down," or having the "sky come crashing down," trauma theory suggests that the person cannot return to a pre-trauma naïveté. In what sense, then, can a person who has experienced significant trauma be said to be "in recovery"?

In this case, recovery has come to signify an active *process* of confronting and working through, or integrating, the traumatic events so that their destructive impact on one's life is minimized as one moves forward into a future, post-trauma, in which oneself and one's world has changed. Here recovery is viewed as a more constructive alternative either to denial of the trauma or to continued victimization by the trauma. Denial perpetuates post-traumatic stress symptoms such as flashbacks, hypervigilance, and dissociation that continue to cause distress and to disrupt the person's life, while viewing oneself as a victim of the traumatic events (i.e., rather than, e.g., a "survivor") restricts one's life to within the confines imposed by the trauma and blocks the person from moving forward in his or her life. Overcoming this sense of victimization is not to be confused, however, with any form of accepting, or becoming resigned

to, the trauma per se. In cases of sexual abuse and rape—the paradigmatic examples of interpersonal traumatization—it is, according to trauma theory, neither necessary nor recommended for the person to accept or become resigned to such heinous acts in order to be considered "in recovery." Being in recovery instead involves being engaged in a process of making sense of the trauma and incorporating it into one's life in such a way that it's destructive impact decreases over time. Admittedly a gradual process that may not end until the person dies (i.e., being *in recovery* from trauma rather than recover*ed*), recovery is a process of moving the trauma and its immediate effects from the forefront of the person's awareness (the "figure"), where it exerts considerable control over his or her day-to-day life, into less prominent domains on the periphery of the person's awareness (the "ground") where it is largely under the person's control or is at least considered manageable.

This dimension of control also is prominent in both of the remaining definitions of recovery, as the path from figure to ground traversed by traumatic events is similar to the path traversed by both addictions and psychiatric disorders as the person goes from being controlled *by* them to bringing them under some degree of control. What may be unique to trauma and to this sense of recovery is the active transformation from victim to survivor; a transformation that perhaps has more in common with life-threatening illnesses like cancer than with prolonged psychiatric or substance use disorders. These, and other related, differences are described below.

3. Addiction Recovery: Something gained or restored. Borrowing from physical medicine, but predating use of the term recovery in referring to the aftermath of trauma, the first use of the term "recovery" in behavioral health can be traced to the self-help movement in the addiction field. Beginning with Alcoholics Anonymous and extending through its several abstinence-based twelve-step derivatives (Cocaine Anonymous, Narcotics Anonymous, etc.), people who are

achieving or maintaining abstinence from drug or alcohol use following a period of addiction have been describing themselves as being "in recovery" from their addiction for over half a century. In this tradition, "in recovery" is meant to signify that the person is no longer using substances but, due to the life-long nature of addiction, continues to be vulnerable to "slips" or relapses and therefore has to remain vigilant in protecting his or her sobriety. Based on this definition, it is possible that many people who have used or abused substances to the extent that they would have qualified for a *DSM-IV* diagnosis of substance use disorder at one point earlier in their lives, but who are no longer actively using to a problematic degree, would not consider themselves to be "in recovery." Similarly, people who have experienced a traumatic event but who no longer feel that their lives are impacted by the event of its aftereffects might no longer consider themselves to be "in recovery" from the trauma. Although for some people this may apply to the remainder of their lives, being in recovery from addiction appears to pertain more specifically to the period following the addiction in which the person is aware of the efforts involved in becoming and remaining abstinent and in which there continues to be a sense of vulnerability to relapse. In this sense, recovery in addiction is not only hard-won, but it also must be protected and reinforced through persistent vigilance and adherence to the self-help principles which made recovery possible in the first place (including attendance at 12-step meetings).

In addition to being in recovery from the addiction per se, this process involves addressing the effects and side effects of the addiction as well. The self-help tradition within the addiction community recognizes that living the life of addiction generates many negative effects on one's life beyond the addiction per se, including detrimental effects on one's relationships, on one's ability to learn or work, and on one's self-esteem, identity, and confidence. Having lost control not only of one's substance use but also of one's life as a whole, this sense of being in

recovery involves the person's assuming increasing control over his or her substance use while resuming responsibility for his or her life. In this sense, addiction recovery involves both of the terms used by Webster: gained *and* restored. What is gained in recovery is a person's sobriety, but in the achievement of sobriety and in creating an environment that will protect and reinforce sobriety, the person has also had to restore his or her life as a whole. Being in recovery thus often involves returning to school or resuming employment, making amends to others who have been hurt, repairing damaged relationships, and, in general, learning how to live a clean and sober life.

For many people in the self-help community, this may be the first time they have felt like they have known how to live without their addiction, tracing its origins back to their earlier lives even prior to actual substance use. For these people, a clean and sober life is not so much restored by abstinence as it is created for the first time; a gain which they credit to their recovery above and beyond sobriety. It is not unusual in such cases for people in recovery from an addiction to believe that they are now a better person for having gone through the addiction and recovery process than if they had never become addicted in the first place. While it is possible that people suffering from some acute physical conditions, or having experienced some trauma, may believe that they are better off now for having gone through such ordeals, this is a much less common occurrence here than in the addiction community. It is unusual for someone in recovery from the flu or rape, for example, to say that she or he has gained something in the process. It is not unusual, however, for people in recovery from an addiction to have done, and to say, so.

4. Mental Health Recovery: Obtaining usuable substances from unusable sources. Long-term longitudinal sudies published over the last 30 years have consistently and convincingly docu-ented a heterogeneity in course and outcome for severe psychiatric disorders. Given this hetero-geneity, "recovery" has come to mean different things to people experiencing different illness

courses. For those fortunate individuals who experience one episode of major depression or psychosis from which they then return to the healthy state they experienced prior to this episode, our first definition of recovery from physical health conditions is the most appropriate. We can say of these people that they have recovered fully from their psychiatric disorder, having been restored to their previous level and way of functioning. Although representing a significant proportion of the people experiencing severe psychiatric disorders at any given time (between 30 -50%), such individuals seldom disclose their psychiatric history or define themselves in terms of this isolated episode of dysfunction, preferring to return (quietly) to the normal lives they led previously. In such cases, the person is unlikely to require DMHAS-funded services and, more importantly, is unlikely to describe him or herself as being "in recovery" from anything.

The relatively recent notion of being "in recovery" from a severe psychiatric disorder appears to apply instead to those individuals who have a more prolonged course and for whom the outcome of their disorder is less certain. This meaning of the term recovery was introduced by the mental health consumer/survivor movement that emerged (in its current form) approximately fifty years ago, as former patients of state hospitals began to congregate in urban areas around the country during the early days of deinstitutionalization. These groups of ex-patients came together both to protest the treatment—from their view, incarceration—they had received in state hospitals and also to develop their own network of support. As the movement began to gather momentum in the 1970's, ex-patients and other advocates strove for new language to express their emerging, alternative vision of mental illness. The meaning recovery came to take on within the context of this vision parallels to some degree its use in the addiction field, involving the person's assuming increasing control over his or her psychiatric disorder while reclaiming responsibility for his or her life; a life that previously had been either subsumed

by the disorder and/or taken over by others. In addition to borrowing this meaning of recovery from the addiction community, and being fueled by the fires of the outcome research described above that demonstrated that many people can and do recover from prolonged psychiatric disorders, another influence on the consumer/survivor movement's development of the term recovery was the independent living movement led by people with physical disabilities. At the interface of these several diverse streams a somewhat unique use of the term recovery, a use that we suggest corresponds to Webster's fourth and final definition, has emerged in the mental health field.

Despite the overlap described above, there are several ways in which this definition differs from the use of the term in the addiction field. Being in recovery from an addiction invariably involves some degree of abstinence; it requires, that is, a change in the person's condition from being controlled by the addiction to the addiction being under at least some degree of the person's control. While a vulnerability to relapse remains a core element of addiction recovery, a person who continues to use actively cannot be considered to be in recovery. Active substance use in the context of an absence of awareness of one's addiction precludes recovery. The same cannot be said, however, for psychosis. In this respect, the mental health community borrows more from the independent living movement in arguing that recovery remains possible even while a person's condition may not change. It is not reasonable to insist that a person with paraplegia, after all, regain his or her mobility in order to be considered in recovery. In this case, however recovery is defined it must allow room for the person's continuing to have the disorder or condition in question. In a similar fashion, Deegan, one of the foremost proponents of mental health recovery, argues that being in recovery from a psychiatric disability does not require the cessation of psychiatric symptoms or dysfunction. Deegan herself

continues to have auditory hallucinations and other psychotic symptoms and requires the assistance of a personal care attendant to perform certain responsibilities, but nonetheless considers herself to be in recovery. Other people attempting to define mental health recovery (e.g., Frese, Anthony, Rogers, Spaniol, Chamberlain) appear to agree that this sense of recovery does not require a change in a person's psychiatric condition per se. What then is mental health recovery?

With the emphasis on self-help, this sense of recovery refers more to the person who has had the addiction and his or her own efforts than to services, providers, or systems of care per se.

Recovery versus Rehabilitation

Models of mental health treatment such as psychosocial rehabilitation, psychiatric rehabilitation, and assertive community treatment may share some common agendas and goals with the recovery model; however, an important distinction must be made-- rehabilitation and services are what service providers and mental health programs do, recovery is the task of the *individual* (Anthony, 1993; Deegan, 1988; Dixon, 2000; Lunt, 2000; Surgeon General, 1999; White, 2000). Most proponents of the recovery model view the recovery process as distinct and parallel, at best, with the services provided by a system (Walsh, 1996). Many believe that while recovery-oriented services can help to support a person in their recovery, they are not sufficient for this deeply personal journey. Patricia Deegan, a well-known consumer advocate who has written extensively on recovery from mental illness discusses this distinction:

> The concept of recovery differs from that of rehabilitation in as much as it emphasizes that people are responsible for their own lives and that we can take a stand toward our disability and what is distressing to us. We need not be passive victims. We need not by

"afflicted". We can become responsible agents in our own recovery process (Deegan, 1996a).

Other supporters of the recovery model view services and treatment as essential components of recovery or as the *path* to recovery. For example,

> Individuals with brain disorders have a real chance at reclaiming full, productive lives, but only if they have access to the treatments, services, and programs so vital to recovery (National Alliance for the Mentally Ill, undated).

> If comprehensive and coordinated treatment and rehabilitation services are accessible, on a continuous basis for individuals who are within the early phase of the psychotic disorders, there is now ample evidence to support the goal of recovery as a legitimate aim of clinical programs (Liberman & Kopelowicz, 1994, p. 69).

> Newly discovered medications, cognitive and rehabilitation therapies, and vocational programs offer a hope for recovery that was unheard of ten years ago (Amenson, 2000).

What is Recovery? It depends on whom you ask and who is asking

> "The meaning of recovery will vary, depending upon who is asking and interpreting, in what context, to what audience, and for what purposes" (Jacobson, 2001).

There is little consensus about the definition of recovery (Bullock, Ensing, Alloy, & Weddle, 2000; Drake, 2000; Hatfield, 1994; Jacobson, 2001; Jacobson & Greenley, 2001; Sullivan, 1994; Young & Ensing, 1999). Despite the lack of a uniform conceptualization, most definitions of recovery found in the literature involve some component of acceptance of illness, having a sense of hope about the future, and finding a renewed sense of self. Three of the most cited definitions of recovery in the literature are:

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. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of psychiatric disability (Anthony, 1993).

Recovery is a process by which people with psychiatric disabilities rebuild and further develop important personal, social, environmental, and spiritual connections, and confront the devastating effects of discrimination through personal empowerment (Spaniol & Koehler, 1994, p.1).

Recovery refers to the lived or real life experience of persons as they accept and overcome the challenge of the disability (Deegan, 1988, p. 150).

The Ohio Department of Mental Health developed this statement on recovery:

[Recovery is] a personal process of overcoming the negative impact of a psychiatric disability despite its continued presence. …This is supported by our belief and philosophy that recovery 1) is a uniquely individual and personal process of changing one's attitudes, values, feelings, goals, and skills, and/or roles; 2) provides a way of living a satisfying, hopeful, and contributing life even within limitations caused by an illness; 3) involves the development of new meaning and purpose and growing beyond the catastrophic effects of an illness; and 4) is a life long growth process. In addition, we believe recovery is not tied to symptom relief and that relapse may be part of the process (Ohio Department of Mental Health, 2001).

Other definitions of recovery found in the literature are less inclusive and focus more on

specific aspects of the recovery process. These include: Recovery as a Process, Recovery as an Attitude, Recovery as a Return to Premorbid Functioning, Recovery as Something Gained, Recovery Despite the Disability, Recovery as Healing, and Recovery is Tailored to the Individual.

Recovery as a Process. Recovery is a lifelong process that involves a series of small steps (Deegan, 1988; Frese & Davis, 1997; Hatfield, 1994; Jacobson & Curtis, 2000). Recovery is not an "end product or result" (Deegan, 1996a).

> A still more useful concept might be "readaptation" which involves the reorganization and acceptance of the self so that there is meaning and purpose in life that transcends the mental illness. This assumes there is no end point that can be achieved now and forever. Rather it is a process by which individuals work continuously to maximize the satisfaction of their needs even when a serious brain disorder makes it a formidable adaptive challenge (Hatfield, 1994, p. 6).
>
> It is so important to remember that recovery is a process. In the process of recovery we make progress and we slide back. We live through the vicissitudes of hope and despair and above all we learn to survive, not just as victims but as people who can turn reaction into action that is self-directed. Thus we never get recovered. We are always on the way (Deegan, 1994, p. 19).

Recovery as an Attitude. Many consumers describe the process of recovery as something that almost defies definition. It is often described as more of an attitude, a way of life, a feeling, a sense of safety, a vision, and an experience (Anthony, 1994; Deegan, 1996a; Deegan, 1988, Hatfield, 1994).

Recovery as a Return to Premorbid Functioning. Recovery from the perspective of the medical model involves the alleviation of the symptoms that cause a person distress or ill health and/or a return to basic functioning (Young & Ensing, 1999). Recovery, from this perspective, is an absence of something undesired, such as symptoms or illness (Whitwell, 2001) or alcohol or drugs (White, 2000), or the removal of something that was not a part of a person's life before the illness, such as medication, hospitalization, or other treatment. This model also may refer to more positive objective indicators of recovery such as employment, housing, relationships, and recreation (Jacobson & Curtis, 2000).

Several authors argue that recovery is not "synonymous with cure" or simply a return to a premorbid state (Jacobson & Greenley, 2001; Lefley, undated; Deegan, 1993; Walsh, 1996). Walsh (1996) describes how mental illness can have such a profound effect on a person that it is virtually impossible to fully return to life as it was before the illness: "I agree that we can never go back to our "premorbid" selves. The experience of disability and stigma attached to it, changes us forever" (Walsh, 1996). Some would not want to go back to where they were before they were ill because it would deny an important part of their existence (Corrigan & Penn, 1998).

> For those of us who have struggled for years, the restitution storyline does not hold true. For us, recovery is not about going back to who we were. It is a process of becoming new. It is a process of discovering our limits but it is also a process of discovering how these limits open upon new possibilities. Transformation rather than restoration becomes our path (Deegan, 2001, p 19).

Recovery as Something Gained. The concept that recovery is more than just the absence of symptoms or remedied difficulties is common throughout the literature. In addition to relief from the effects of illness (either due to a reduction in symptoms or improved methods of coping

with symptoms and secondary consequences of an illness), recovery is about growth, expanding capacities, and gains. Mark Ragins (Ragins, undated), a psychiatrist at The Village Integrated Service Agency in Long Beach, California identified three areas in which gains are recovered: functions (abilities such as reading, working, sexual functioning, raising children), external things (material or physical possessions or social connections such as having an apartment, a job, or friends), and internal states (feeling good about oneself, an integrated sense of self and identity, or a sense of peace).

> Recovery is self-assessment and personal growth from a prior baseline, regardless of where that baseline was…a spiritual revaluing of oneself, a gradually developed respect for one's own worth as a human being (Lefley, undated).

Recovery Despite the Disability. Many people indicate that an essential part of their recovery was accepting their illness and incorporating it into their newly defined sense of self. Recovery is about learning to live with a disability while achieving life goals.

Recovery as Healing. Some argue that the term "recovery" may not adequately capture the essence of the concept. Jacobson & Greenley (Jacobson & Greenley, 2001) feel that the notion of healing better reflects the transformation of recovery. Part of healing involves having control and "defining a self apart from illness." Other authors refer to recovery as health-related, psychological and social well-being (Borkin, 2000).

Recovery is Tailored to the Individual. The goal of recovery is not to become "normal" or part of "mainstream" society (Deegan, 1988). The goal of recovery is for each individual to experience an enhanced sense of self and to achieve whatever goals or aspirations they set for themselves. We need to fully appreciate the diversity of all humans and the unique aspects of all individuals on the continuum of normality.

The Process of Recovery: How do you get there?

Because recovery is different for everyone, it is difficult to come up with one set of "essential" ingredients. However, a review of the literature and personal accounts reveals several common aspects of the journey to recovery. These include acceptance of illness, hope and commitment, responsibility/control, active involvement in the system, citizenship/advocacy, symptom management, supportive others, meaningful activities, expanded social roles, and spirituality. These activities are examples of ways in which people achieve what is perhaps the essence of recovery—a redefinition of sense of self as a whole person of which illness is only one aspect of a multidimensional self (Davidson & Strauss, 1992; Hatfield, 1994; Pettie & Triolo, 1999; Rigdway, 2001; Young & Ensing, 1999).

Redefining Self

The redefinition of one's self as a person of whom mental illness or addiction is simply one part is probably the most essential and overarching aspect of recovery. Mental illness has been described as a disease of the "self" (Estroff, 1989). Not only does a person experience psychological and emotional symptoms, social consequences, and stigma, but he/she may be socialized into assuming a role and identity of a mental patient. This role is reinforced by a system that values and rewards compliance and passiveness.

> If we insist that a person learn to say, " I am a schizophrenic", then in essence we are insisting that the person equate their personhood with illness. Through such a dehumanizing reduction the disease takes on what is called a "master status" in terms of identity. Thus when a person learns to believe "I am a schizophrenic", when their identity is synonymous with a disease, then there is no one left inside to take on the enormous work of recovery (Deegan, 1996, p.13).

> Mental illness can shatter the course sense of self that was present in the premorbid condition. This trauma leaves one not only with the daunting task of reconstructing a new sense of self but also with the task of determining how the self fits into the external world (Young & Ensing, 1999).

Thus the process of recovering from a behavioral health disorder requires a reconceptualization of one's definition of his/her self.

> The process of rediscovering and reconstructing an enduring sense of self as an active and responsible agent provides an important and perhaps, crucial, source of improvement (Davidson & Strauss, 1992).
>
> Recovery is attained through the combination of believing one will recover, becoming involved in relationships with people who believe they will recover, learning recovery skills, and entering into a valued role in society. One's identity shifts from "mental patient" to whole person (Ahern & Fisher, undated).
>
> Recovery is a process of self-discovery, self-renewal, and transformation. All people experience recovery at various times in their lives. The more threatening the particular event, the more it shakes the foundation of who we are and how we experience our lives…Yet the outcome of recovery can be the emergence of a new sense of self which is more vital and connected to who we really are, to others, and to a greater sense of meaning and purpose in life (Spaniol & Zipple, 1994, p. 57).

Acceptance of Illness/Insight. Acceptance of one's illness is often described as a first and essential step in recovery (Hatfield, 1994; Munetz & Frese, 2001; Smith, 2000; Sullivan, 1994; Young & Ensing, 1999). This is not to say that one must accept a particular framework or conceptual model of illness in order to recover. Accepting one's illness also does not mean

accepting one's identity as a "mentally ill person". Accepting one's illness has to do with redefining how a person thinks about and understands life's challenges (Ridgway, 2001). Patricia Deegan (1988) describes a "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." A recovery-oriented system will work towards creating a more accepting environment in which people can acknowledge their illness by providing education to people and communities about mental illness and/or addictions and having persons in recovery leading education efforts.

> Being in recovery means that I know I have certain limitations and things I can't do. But rather than letting these limitations be an occasion for despair and giving up, I have learned that in knowing what I can't do, I also open up the possibilities of all I can do (Deegan, 1993, p 10).
>
> In fact, 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 own unique possibilities (Sayce & Perkins, 2000, p. 74).

Overcoming Stigma.

Recovery involves more than overcoming the internalized stigma associated with mental illness or addictions, it involves recovering from the social consequences of mental illness (Ridway, 2001). Societal stigma is viewed as one of the major barriers to recovery (Perlick, 2001). People do not live in isolation (no matter how much one may try). We exist in a social context- one that can have tremendous influence on the work of an individual. Some people may develop a particular resiliency to societal stigma and go on to achieve their own recovery and others may actively fight against stigma; however, if we want to address recovery issues for a

population of people a recovery-oriented system cannot ignore the social context in which they exist. A recovery-oriented system will work with communities to help transform settings and communities into environments that are more accepting of differences and disabilities and thus more conducive for recovery.

> There is more to the recovery process than simply recovering from mental illness. We must also recovery from the effects of poverty and second class citizenship. We must learn to raise our consciousness and find our collective pride in order to overcome internalized stigma (Deegan, 1996b).
>
> Part of the recovery process from mental illness involves overcoming a problem of even greater magnitude than the illness itself: the negative feelings and attitudes of others toward the mentally ill (Houghton, , p. 7).

Hope and Commitment. The importance of having hope and believing in the possibility of a renewed sense of self and purpose is an essential component of recovery (Davidson, Stayner, Nickou, Styron, Rowe, Chinman, 2001; Deegan, 1996b; Fisher, 1994; Jacobson & Curtis, 2000; Jacobson & Greenley, 2001; Mead & Copeland, 2000; Smith, 2000). This hope must be accompanied by a desire and motivation to recover (Smith, 2000; Young & Ensing, 1999).

> For those of us who have been diagnosed with mental illness and who have lived in the sometimes desolate wastelands of mental health programs and institutions, hope is not just a nice sounding euphemism. It is a matter of life and death (Deegan, 1996b).
>
> Hope sustains, even during periods of relapse. It creates its own possibilities. Hope is a frame of mind that colors every perception. By expanding the realm of the possible, hope lays the groundwork for healing to begin (Jacobson & Greenley, 2001, p 483).

> When people do not have hope, a sense of self-worth, and a sense of their own efficacy, they will not be equipped to take on the formidable challenges inherent in attempting to cope with, not to mention recover from their disorder (Davidson, Chinman et al, 1997 in Davidson et al., 2001; Davidson, et al., 2001).

A recovery-oriented system will communicate a sense of hope by focusing on strengths, using a language that reflects beliefs in potential and possibility, and by encouraging people to take risks (Deegan, 2001; Ridgway, 2001; Smith, 2000).

> An environment that fosters recovery must be one in which hope is an essential component of each activity (Walsh, 1996).
>
> A key element in recovery is the presence of people who offer hope, understanding, and support; who encourage self-determination; and who promote self-actualization (Frese & Davis, 1997, p. 244).

Choice/ Responsibility/ Control. People must assume primary responsibility for their transformation from person with a disability to person in recovery (Baxter & Diehl, 1998; Fisher, undated; Frese, Stanley, Kress, & Vogel-Scibilia, 2001; Hatfield, 1994; Jacobson & Curtis, 2000; Jacobson & Greenley, 2001; Leete, 1994; Lehman, 2000; Lovejoy, 1982; Mead & Copeland, 2000; Ridgway, 2001; Smith, 2000). Taking responsibility for one's life and treatment can help to "shed the role of the victim" (Young & Ensing, 1999) and can increase a sense of control and efficacy over one's self (Fisher, 1994; Lovejoy, 1982; Ridgway, 2001; Walsh, 1996).

> Recovery involves a resurgence of a sense of personal responsibility for one's own state of being and the return to active self-help (Ridgway, 2001).
>
> When people assert control over their own lives and make their own decisions, they also take on responsibility for the consequences of their actions (Walsh, 1996).

> Choice is fundamental to growth and recovery. Without choice, motivation decreases, personal responsibility is abdicated and hope is diminished (Bassman, 1997, p. 239).

However, in order to take responsibility, make choices and decisions, and gain a sense of agency, a person must be afforded opportunities to make choices and must have options to choose from. A recovery-oriented system can support the development of a sense of responsibility and control by providing options from which people can choose and allowing people to take risks and experience the consequences of decisions, including failures (Bassmann, 1997; Deegan, 1996b; Deegan, 1988; Jacobson & Curtis, 2000; Munetz & Frese, 2001; Walsh, 1996).

> Critical to recovery is regaining the belief that there are options from which one can choose- a belief that perhaps even more important to recovery than the particular option one initially chooses (Anthony, 1993, p 21).
>
> Staff must role model hope and continue to offer options and choices even if they are rejected over and over again (Deegan, 1996b).
>
> Professionals must resist imposing themselves, as much as humanly possible, on their clients. Allow clients to choose, allow clients to fail, repeatedly, until they put out the effort, the desire, the initiative to do what they can with their own lives (Lunt, 2000).
>
> In order to support the recovery process mental health professionals must not rob us of the opportunity to fail. Professionals must embrace the concept of dignity of risk and the right to failure if they are to be supportive of us (Deegan, 1996b).
>
> If we periodically fail in our efforts to achieve this, then let us fail. But we must be given the opportunity to succeed as well. We now know that persons with a psychiatric disability can recover if given the chance- and we have a right to that recovery. The gift

> we can give the world is the knowledge that mental health clients can change, that we can contribute, and that we can recover (Leete, 1994, p. 17).

Active Involvement in the system. People in recovery need to be involved in all aspects of service planning, development, and implementation. A recovery-oriented system provides opportunities for and actively seeks input from consumers and family members.

> We who use the mental health system need to play a significant role in the shaping of the services, policies, and research that affect us (Walsh, 1996).
>
> Having a voice in developing rules, as well as having a say in the hiring and evaluation of staff, are important ways of exercising a voice that for too long has been silenced." (Deegan, 1996b).
>
> Recovery from mental illness depends on a environment which facilitates the active participation of people in their own treatment on an individual and community level (Fisher, undated b).

Empowerment. Empowerment, or a sense of mastery and control over one's environment and self, is a critical aspect to recovery (Walsh, 1996; Young & Ensing, 1999). A recovery-oriented system can facilitate a sense of empowerment by providing people with accurate information, listening to people in recovery, and trusting and valuing the experience of those who have lived as a mental patients or addicts.

> In its simplest sense, empowerment may be understood as a corrective for the lack of control, sense of helplessness, and dependency that many consumers develop after long-term interactions with the mental health system (Jacobson & Greenley, 2001).

Citizenship/ Advocacy. While people have the right to be different, they also have the right to be the same. This means that people with disabilities are entitled to the same rights and

responsibilities as other members of society. Part of recovery is participating as full, contributing members of society. A recovery-oriented system can assist by encouraging involving in advocacy activities, teaching people to advocate for themselves and to speak out against injustices, and helping people to develop social roles other than that of "person with disability" and give back to their communities *(Fisher, undated a; Fisher, 1994; Ridgway, 2001; Walsh, 1996).*

> Few advocate that people with severe mental illness need to hit rock bottom before they can recover. What is advocated, however, is the right to make choices (including the right to refuse treatment), the right to try and fail, the right to privacy, and the parallel right to be left alone (Munetz & Frese, 2001).
>
> Part of healing and recovery is the ability to participate as full citizens in the life of the community (Walsh, 1996).

Symptom management. Although complete symptom remission is not necessary for recovery to occur, people in recovery indicate that being able to manage symptoms in some way is an essential part of recovery (Fisher, 1994; Ridgway, 2001). The method by which people manage their symptoms is not important, whether it be through medication, therapy, or alternative methods of healing. Recovery is about *using* services and treatment in a different way by becoming an active *participant* in treatment, rather than a recipient of services (Deegan, 1996b; Ridgway, 2001). A recovery-oriented environment recognizes that each person's path to recovery is unique and thus offers access to and education about a variety of methods of help from which people can choose.

> Recovery does not mean people stop using formal helping services, but people are no longer passive recipients of expert services (Ridgway, 2001, p 340).

> Now I do not just take medication or go to the hospital. I have learned to use medications and to use the hospital. This is the active stance that is the hallmark of the recovery process (Deegan, 1996b).

Supportive Others. Recovery is not a solitary process- it is a social process (Jacobson & Greenley, 2001). People in recovery often describe the importance of having someone believe in them when they could not believe in themselves. Having supportive others, whether they are family members, professionals, community members, or peers, to provide encouragement through the difficult times and to help celebrate the good is critical to recovery (Ridgway, 2001; Smith, 2000; Sullivan, 1994). People in recovery speak of the importance of having a person in recovery as a mentor or role model as they go through their journey. Role models help people know what recovery looks like and give them ides about what to hope for (Baxter & Diehl, 1998; Fisher, 1994; Mead & Copeland, 2000; Ridgway, 2001; Young & Ensing, 1999). A recovery-oriented system will help people develop lasting connections to individuals in their communities, family, peers, and other people in recovery from mental illness.

> many clients will attribute their recoveries to someone 'really believing in me' or 'seeing something inside me that I couldn't see… (Ragins, undated)

Meaning and Purpose/ Expanded roles. Another important aspect of recovery is the development of valued social roles and involvement in meaningful activities (Anthony, 1993; Davidson, et al., 2001; Ridgway, 2001; Young & Ensing, 1999). This provides people with a sense of purpose and direction in their life. A recovery-oriented system will help people develop roles other than a mental patient through employment, developing hobbies and leisure activities, and connecting with organized groups of which they can be a part.

> Once a person has experienced recovery- the illness is no longer the primary focus of one's life. The person moves onto other interests and activities (Anthony, 1993).
>
> To connect is to find roles to play in the world (Jacobson & Greenley, 2001, p. 483).
>
> The purpose of the helping process is to assist consumers in developing their own individual visions, and journeys of recovery through the process of defining meaning and purpose in their lives (Lunt, 2000).

Employment. Employment is one way that people can achieve more meaning and purpose in their lives and thus is considered an important component of recovery (Fisher, undated; Rogers, 1995; Sullivan, 1994).

> Work is a critical element in the recovery of people with mental illness. It offers more than a paycheck; it boosts self-esteem and provides a sense of purpose and accomplishment. Work enables people to enter, or re-enter, the mainstream after psychiatric hospitalization (Rogers, 1995).
>
> Purpose of vocational activities seems to shift from simply serving as a mean of being active to serving as a source of personal meaning and purpose (Young & Ensing, 1999).

Spirituality. Many people in recovery discuss the importance of believing in something, of having faith (Sullivan, 1994). Often times this faith is spiritual in nature. A recovery-oriented system will help people explore their own spirituality, if desired.

> Spirituality is not only viewed as a source of hope but also is a source of meaning in one's life (Young & Ensing, 1999).

Aspects of a Recovery Environment

To summarize, a recovery-oriented environment is one that encourages individuality, fights stigma, focuses on strengths, uses a language of hope and possibility, provides options

from which people can choose and allows people to make choices, supports risk-taking and allows people the opportunity to fail, actively involves consumers, family members, and natural supports in the development and implementation of programs and services, encourages participation in advocacy activities, helps develop connections with communities, offers a variety of treatment options, and helps people develop valued social roles, interests and hobbies, and other meaningful activities. A culture of healing rather than one of "treatment" is necessary.

> A culture of healing is one of inclusion, hope, caring cooperation, empowerment equality, and human dignity, respect and trust. Forming relationships and crating systems of mental health care based on these principles are vital to supporting the growth of people who are users of the system (Walsh, 1996).

Is everyone capable of recovery?

This really depends on one's definition of recovery. If coming from a medical model perspective where recovery is defined as the alleviation of symptoms and distress, then no- not everyone is capable of recovery. However, if taking the perspective that recovery is the *addition* of meaning, social roles, empowerment, and citizenship then everyone is capable of recovery, although perhaps not to the same extent (Cooke, 1997; Deegan, 2001). Patricia Deegan reminds us that our job is not to "judge who will and who will not recover. Our job is to establish strong, supportive relationships with those we work with." (Deegan, 1996b). Thus, many people believe that the risk is too great *not* to believe in the potential of every person, regardless of status, symptoms, or current functioning (Jacobson & Greenley, 2001).

Recovery does not mean that supports are no longer necessary (Munetz & Frese, 2001). In fact, some have argued that different types of support are needed at different stages of recovery (Frese et al, 2001; Munetz & Frese, 2001). For example, Frese, et al. (2001) believe

that the most severely disabled will benefit less from recovery models and more from evidence-based practice models at the most severe stage of illness. However, they argue, that once a person begins to recover, the focuses of services should become more recovery-oriented.

> Persons who have substantially recovered can be viewed as those likely to benefit the most from the autonomy-centered recovery model. Alternatively, such persons could be viewed as having sufficient capacity for autonomy to have the same right to make their own decisions about treatment, even if those decisions are not evidence-based or maximally therapeutic (Frese et al., 2001).

Others believe that the degree to which a person recovers is largely dependent on the "values and principles which inform practice and policies" (Fisher, undated b)

Discussion: Is there a common meaning of recovery across the spectrum of behavioral health conditions?

Pros and cons of a common meaning

Essential elements

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