Greater Manchester West NHS
Mental Health NHS Foundation Trust

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‘Recovery’ and Mental Health Care

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Outline

1. Personal Background
2. ‘Recovery’ and its history
3. Modern representations of Recovery
4. An alternative formulation of recovery
5. Complexities
6. Implications
7. Future Research?

Personal Background

Forensic Psychiatry - Prison and secure hospitals; complex range of presentations representing extreme forms of personal distress.

Research - PhD qualitative methods exploring lived experience of recovery in personality disorder by those in both community and forensic settings.

Recovery

Support of ‘personal recovery’ now defined as goal of modern NHS mental health services; with substantial resource investment (e.g REFOCUS collaboration):

“New Horizons sets out the expectation that services to treat and care for people with mental health problems will be accessible to all who need them, ***based on the best available evidence*** *and* ***focused on recovery, as defined in discussion with the service user****.”*

New Horizons. A Shared Vision for Mental Health (2009). Department of Health London.

Recovery - Origins of the concept

- Recovery as cure - linking to enlightenment construction of 'madness as illness' amenable to treatment
- Alternatives offered within institutions such as 'The Retreat' with Moral Therapy
    - "*affective conditioning guided by 'benevolent theory'*" (Charland 2007)

Recovery and Social Change

- Deinstitutionalisation processes of mid-20th century induced need for social change
- Recovery movements formed as response to influx of 'mad' into communities - emphasising need for space for those leaving asylums
- Allied with disability rights, eventually also with queer studies and call for '*mad studies*'

Modern representations of recovery

"*a way of living a satisfying, hopeful, and contributing life even with 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.*" (Anthony 1993, p527)

Modern representations

"*The goal of the recovery process is not to become normal. The goal is to embrace our human vocation of becoming more deeply, more fully human. The goal is not normalization. The goal is to become the unique, awesome, never to be repeated human being that we are called to be.*" (Deegan 1996, p92)

Clinical representations

REFOCUS intervention and CHIME(S) - Slade et al 2015

- **C**onnectedness
- **H**ope
- **I**dentity
- **M**eaning
- **E**mpowerment
- **S**prituality

Own research - the theory

1. Many accounts of recovery articulate around the central concept of *Identity*
2. Identity is best understood from positions of *Intersectionality* or *Liminality*
3. '*Personality disorder*' represents a liminal space between varying polarities - 'Health vs Disorder' 'Mad vs Bad'

Own Research - an example

The case of - J

An alternative formulation

Recovery represents a form of '*sentimental labour*', of '*identity work*', wherein the individual seeks to make sense of their experience and themselves as a '*moral agent*'.

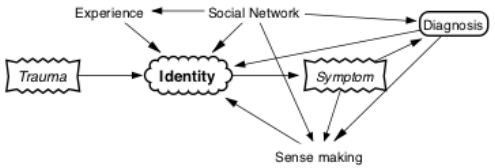
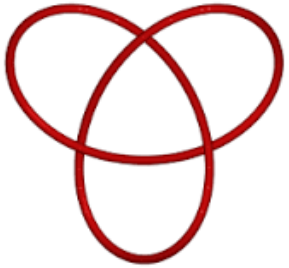


Figure 6 – Modelling the recovery process

Identity Work

- Represents a 'constructive' process of understanding
- Addressing a fundamental *human* question - '*Who Am I*?' (Maslow, 1943; Ryff, 2014)
- Representations of '*Illness*', or '*Disorder*', within this context
- Consideration of self in relation to Other



Complexity - Personality Disorder

- As a '*disorder*' there is inherent stigma (Scambler, 2009)
- As a '*diagnostic category*' there is controversy (Lewis & Appleby, 1988; Bonnington & Rose, 2014)
- How then do individuals work with professionals to make sense of their experience - there is a risk of *exclusion* ('*demedicalisation*' - Sulzer, 2015 and *alienation* (Whittle, 1997).

Complexity - The 'Mentally Disordered Offender'

- The '*Offender*' themselves must come to terms with an enforced identity
- For most there is also a process of *grief* at what is lost
- There is a stigma in being an offender
- Double, Triple, Quadruple stigmas…
- Role of '*redemption narratives*' (Maruna, 2004)

Implications - *Agency*

- Agency, or '*Empowerment*', are central concepts…
- Institutions of mental health practice are often centred on the *absence of agency* (Capacity, Competence, Mental Health Law)
- Impairment of agency, through 'illness' can be one route whereby the role of the *moral agent* is performed…

Implications - *Outcomes*

- Modern practice is characterised by a need to *perform* in terms of *outcome*
- Outcome is expected within a *positivist* (objective) framework
- Can we capture the *subjective* process of sentimental work through *standardised outcomes*?

Implications - *Social process*

- Understanding of self (Identity, Agency) is conducted within social fields
- Recovery is therefore likely at least as much a *social* as an *individual process*.
- How to meet this?
- The personal becomes political…

Where next?

- Further research
  - Observational
- Development (rediscovery?) of clinical models
- Social action…

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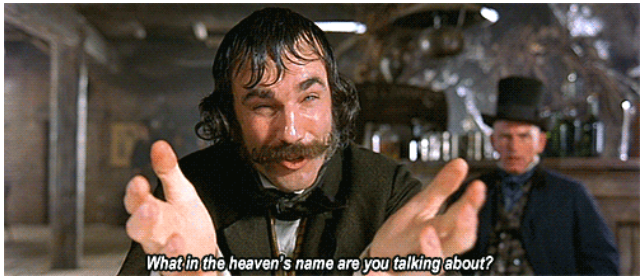

Questions?

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