Do we need to rethink recovery?

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Context

- Appreciation of role of recovery in bringing changes
- Important to some people's identity
- But raising some questions:
  - Rapid change but patchy
  - Ambiguity means continual reassertion of 'right' definition of recovery
  - Means important aspects of history of the survivor movement are at risk of being lost or reduced to recovery

Three challenges for recovery models

1. Does recovery discourse individualise social problems?

2. Does recovery de-politicise individual experience?

3. Does recovery discourse implicitly draw on notions of weakness and deficit?

Uncovering Recovery: The Resistible Rise of Recovery and Resilience

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ABSTRACT *Discourses of recovery and resilience have risen to positions of dominance in the mental health field. Models of recovery and resilience enjoy purchase, in both policy and practice, across a range of settings from self-described psychiatric survivors to mental health charities through to statutory mental health service providers. Despite this ubiquity, there is confusion about what recovery means. In*

Does recovery discourse individualise social problems?

- A strength of recovery models has been the focus on recovery as an individual journey

- But this may not follow through in everyday practice where outcomes often emphasise symptom reduction and services are still focused on medication

- A focus on individuals can inadvertently lead us to neglect the causal role of social inequality in emotional distress

- An implicit message that the individual is somehow responsible both for their fate (e.g. because of their 'vulnerability' – Boyle, 2003) and for their future progress: neoliberal 'responsibilisation'

Does recovery de-politicise individual experience?

- A danger that experience is only understood in an individual context and in dyadic conversations between service users and professionals rather than at a social level

- 'the personal is political' (Hanisch, 1970): many of the causes of distress lie in social inequality and many of the actions needed to address inequality need to be taken collectively with others

- Little opportunity for consciousness-raising in groups and indeed action for social change – few service users have heard of the survivor movement

- Need to build in: structural change (social inequality, employment discrimination, welfare policies); collective approaches (e.g. self-help groups, community approaches)

Does recovery discourse implicitly draw on notions of weakness and deficit?

- Thinking is inherently dilemmatic (Billig et al., 1988)

- '*people would not understand their difficulties in life as expressions of weaknesses and deficits if there were no strengths and resources*' (White, 2004, p.136).

- Counter-intuitive but language understanding draws on implicit opposites: we can't understand health without reference to notions of illness and vice versa

- Internal strengths downplay external conditions of change (White, 2004)

- Internal strengths often originate in the external environment (Smail, 1990)

Alternatives to 'strengths'

- Michael White suggests focusing on intentional (rather than internal) narratives, those featuring values, beliefs, hopes, dreams, visions and commitments to ways of living

- White – 'resilience' as an emblem for a whole range of knowledges, skills and , skills and ways of living of which clients may previously been unaware

- A need for therapeutic conversations which populate one's history with relationships with significant (but often less remembered) figures from life like a teacher, neighbour or childhood friend.

- Chris Iveson has suggested that 'strengths' are 'doorways into descriptions of action rather than entities in their own right' (2008, p.10):

  – *Whenever a client identifies a strength, quality or inner state that is helpful I will almost always ask: "what does that enable you to do?" In this way the client becomes more aware of those repertoires of actions available to them when times are hard.* (Iveson, 2008, p.9)

Beyond recovery?

- Hold onto: Importance of individual biographical journey; optimism about change

- Boyle (2003) suggests we need to address the social causes of distress rather than purported vulnerabilities in individuals -- have a 'Defeat abuse', rather than 'Defeat depression' campaign.

- 'outsight' rather than insight (Smail, 2005)?

- Peter Beresford: Social model of distress; Mad Studies

- Rachel Perkins: A rights-based social model rather than a health-focused model