

Running Head: Relating Recovery

Relating Recovery as a Concept
to the Psychiatric Survivor Movement

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This annotated bibliography cites references to psychiatric survivor and related literatures that reference the term “recovery”. Can the notion of recovery be understood beyond a medical definition of crisis in people’s lives? What is illness... or strangeness, “madness”? Can it be more, a basis for peer support, perhaps worded “self-recovery” or even “political-recovery”? Is there a critical “recovery” in the literature, like “recovery from psychiatry and social inequality”? This evaluative annotated bibliography includes my perspective as someone who has strategically utilized the term “recovery” as a psychiatric survivor in a context of institutional “reform” (QSOS, 2001). My view that recovery is more than “calming down”, being tranquil and so on. It is more than achieving social “autonomy”. It may be, for example, becoming more interactive with one’s “symptoms” and controlling them indirectly. As such, this bibliography searches for a non-institutional, non-medical, non-trauma discourse of recovery.

I have also sought psychiatric literature that attempts a representation of empowerment-based recovery, though such might not truly empower inmates while touting “consumer” empowerment. Positing change is possible in institutional psychiatry but I don’t believe institutional biopsychology can be made humane. Conversely, psychiatric survivors have distanced themselves from the term “recovery” sometimes, taking it to mean brain dysfunction correction or coerced behavioural adjustment. Nevertheless, consumer services, or peer networks even, use practices and ideas that have been used in institutional services, and may have been implemented as part of a ‘recovery framework’.

The problematic of “recovery” is better understood within the larger question of whether it is possible to sustain a social group process that is welcoming but not overtly “therapeutic”, so that a person may affirm consciousness and selfhood towards “self-recovery” despite being given a social death sentence like “mental illness”. I argue the survivor movement has itself been a movement towards integration, organization, articulation, and self-determination, (see Chamberlin), any of which suggest a liberal self-mastery. This has its problems in when it exists alongside involuntary committal. Thus recovery could be seen as a performative or pragmatic term, writ large by the psychiatric institution, rather than a literal term. It seems to accept psychiatric doctrine even as it appeals to non-medical values the survivor movement champion, like independence. Thus ‘recovery’ is a dual construction, both medical and social; those using the term must define their orientation or lose it to more vocal users.

Ahern, L, and Fisher, D. (1999). "Personal Assistance in Community Existence (PACE): A Recovery Guide". Lawrence, MA: National Empowerment Center. Retrieved on October 11, 2005 at:
<http://www.power2u.org/>

This guide explains the basis for contemporary “mental health” “recovery” as grounded in “empowerment” which is understood as taking control over one’s life, seeing problems as temporary, becoming assertive and revealing one’s competence to the world. The role of PACE as a

model is to instill values that engender recovery, such as allowing people to work at their own pace, believing in them and letting them control the process. This leads to emotional healing. The PACE model is an extension of studies by Harding, Mosher, DeSisto, Waxler and others. It is an excellent beginning to understanding what consumer/survivors mean by recovery. It does not anticipate people's preference for madness itself of course.

Anthony, W. (1993). "Recovery from Mental Illness: The guiding Vision of the Mental Health Service System in the 1990s." *Psychosocial Rehabilitation Journal*. 16:11-23.

This is a professional who has taken the institutional paradigm of deinstitutionalization, buttressed by 1980s rehabilitation theory, and produced recovery theory, which he says will lead to a new service paradigm in the 1990s. He certainly ascribes himself to an illness model, but gives an indication that empowerment is needed to attain "functioning". However, Anthony's notion of empowerment is self-help, set at the level of the person's engagement with services, such that rights protections may be understood as women's rights, minority rights, and so on, but not likely the right to refuse treatment. This article is one of the founding statements on recovery and informs the contemporary usage of the term, so it acts as an historical piece in this bibliography.

Chamberlin, J. (1977). *On Our Own: Patient-Controlled Alternatives to the Mental Health System*. Boston: National Empowerment Center.

Chamberlain believes in radical social alternatives to psychiatry. She says fundamental rather than cosmetic alternatives are key; the former do not include professionals. As long as there is a server and served distinction there is no alternative (95), such as with Kingsley Hall and Soteria House, two progressive yet ultimately professionalized spaces. Though Chamberlin sometimes uses terms like “depersonalization” and accepts state-funded “intensive support” projects by alternative groups, she says “problems in living” and “crises” are transformational rather than disabling. (Recovery depends on a negative sense of experience whether it assumes a constructed disability or an essentialist disability.) Speaking of so-called “psychosis”, she says “I lived through an intense emotional experience culminating in a spiritual rebirth....” (111). The book advocates for an end to the “tinkering” trade and uses the phrase “road to recovery” as a tinkerer’s goal. Nevertheless, she recognizes people may “need help” from a “helper” that is not financially rewarded. “Mental patients” have no such distinctions between each other. The implications of this book are staggering and weigh on any movement dedicated to non-therapeutic goals, especially one carrying the overdetermined notion of “recovery”.

Clay, S., Ed. (2005). *On Our Own, Together: Peer Programs for People with Mental Illness*. Nashville: Vanderbilt University Press.

This book uses quantitative research to validate for government funders the role of consumer programs, which are held out as non-medical

mutual aid. It does not use liberational or survivor terminology but appropriates to consumerism the liberation strategies and visions of survivors in the 1970s. For example, it states “consciousness raising” occurs as “a common result of peer support”, which is not always true in my experience. It defines recovery as a “return to a normal condition” and speaks of emancipatory aspects of programs as engendering equality between participants in those programs rather than in society. Finally it proposes “common ingredients” to peer programs which can be quantified. Ultimately, these programs endeavour to transform the system with consumers and families at its centre. Though there are instances in which psychiatric restraints and procedures are designated “traumatizing” (another therapeutic term), they suggest “knowing your rights” as an emancipatory “competency” (42). ‘Paper’ rights may not address such abuses of course. Can the psychitized improve psychiatry without alluding to psychiatric oppression?

Everett, B. (2000). *A Fragile Revolution: Consumers and Psychiatric Survivors Confront the Power of the Mental Health System*. Waterloo, ON: Wilfred Laurier Press.

This book is important in being a study on empowerment itself. The author attempts to unpack loaded questions steeped in prejudice: “I wanted to understand first how ex-mental patients who bear the burden of intense social stigma had come to redefine themselves as political activists: consumers and survivors rather than ‘lunatics’ or ‘psychos’” (3).

Here survivors are represented as patients first, stigmatized second, and 'self-styled' activists last; then the author demonstrates degrading terms without context— not a very sympathetic beginning. This premier work on survivors in contemporary scholarship tells us much about how the liberal left and the academic left awaken to psychiatric survivor presence in debates around psychiatric practices and theory. Everett sees survivors as weak and fragile; the usual links are made to professional anti-psychiatry, and recovery is interpreted as William Anthony's rehab trade. Our desires are boiled down to "a home, a job, a family (!) and friends". As though speaking to the very unconverted, this book fails to demonstrate a clear sense of the movement. 'Recovery' had not reached Everett in 2000, so the term is rarely mentioned, but is understood throughout as a readjustment to society.

Fisher, D. and Chamberlin, J. (2004). "Consumer-Directed Transformation to a Recovery-Based Mental Health System". Delivered at the Consumer Initiatives Summit Conference, March, 2004. Lawrence, MA: National Empowerment Center. Retrieved on October 11, 2005 at:
<http://www.power2u.org/>

This article, by Fisher, a consumer psychiatrist, and Chamberlin, announces a new era of transformation in mental health services through the concept of recovery and empowerment, and shows how consumers must drive the changes needed. Interestingly it says the push for empowerment (sometimes discussed as personal rights and

responsibility) has been driven by survivors, administrators and families. This suggests an economic rather than a political turn in the struggle for some of our rights. It also suggests if not a cooptation of the survivor movement as understood in the 1970s, a recalculation of strategy to include families and professionals.

Grobe, J., Ed. (1995). *Beyond Bedlam: Contemporary Women Psychiatric Survivors Speak Out*. Chicago: Third Side Press.

This collection of writings by women who have been institutionalized fully expresses the reasons that psychiatric survivors have engaged in a political action as their “recovery”; ‘the personal is political’ is writ throughout the book. Unlike professionals’ accounts, there are many references to oppression, abuses, quackery, isolation, and the “mangling of mind, body, spirit; the broken parts that never get fixed.” For example, even feminist and radical therapies are understood as therapeutism. As such it deals head on with the question of recovery. “The situation is not hopeless.... And we are speaking out.” This book may be difficult to read with such honest accounts of interpersonal violation and desensitization. As such it does not shirk from our responsibility of showing people personal pain. This may be why the book speaks directly to the problem of cooptation, mentalism, consumerism and other sociopolitical problems. Rae Unzicker in “The ‘E’ Word” (originally published 1993: 208) says, “True empowerment rises up on its own out of pain, rage, and most importantly the individual’s ultimate ownership of his or her own

experience. Empowerment liberates. Empowerment facilitates recovery, not ‘acceptance of one’s illness’.” As such, recovery is not seen as medical from a radical’s perspective, but liberational. The book is itself a way towards liberation and recovery.

Harding, C., Brooks, G., Ashikaga, T., Strauss, J., and Breier, A. (1987). “The Vermont Longitudinal Study of Persons with Severe Mental Illness, I: Methodology, Study Sample, and Overall Status 32 Years Later.” *American Journal of Psychiatry*. 144: 718-726.

Harding described this study to me in person when QSOS did the Recovery Conference in 2002. She said the findings shattered her concept of illness. She said she naively expected to release the study to great interest among professionals. The study shows how people involved in supportive programs in Vermont “recovered” from “schizophrenia” in a social sense. Of course, such findings date back to Waxler (1979), the WHO (1979), and further to the 1840s (Pat Deegan, in a lecture at PARC, 2004). Social responses to problems that are labeled by psychiatry have been consistently upset by psychiatry’s dominance. The term recovery, which Harding took up throughout the next decade, is but a step up from “rehabilitation” concepts in psychiatry during the 1980s. As such, this article is included as an historical document.

Jacobson, N. (2004). *In Recovery: The Making of Mental Health Policy*. Nashville: Vanderbilt University Press.

A professional attempts to tackle the issue of defining recovery using Wisconsin's Blue Ribbon Commission Process as a case study. She cites antecedents in 'moral therapy' and writes recovery into the history of institutionalized psychiatry. Jacobson trivializes the centrality of survivors in this account without blinking (e.g., Beers' "lofty ideas about mental health reform... [were] somewhat nonspecific"). The Committee for Mental Hygiene embraced "preventatively oriented social psychiatry" rather than eugenics. The book purports recovery originated from longitudinal studies, progressing through psychosocial rehabilitation (Anthony, 1990), and lastly being usurped by "the consumer/survivor movement". This provider-centric story excludes the fact that such a common term has been used by everyone in the institutional drama, especially survivors who patiently waited for "remission". This text is, like Everett's piece, a tactful shrug at the human accomplishment of overcoming oppression. It reifies a rehabilitative view of recovery.

Queen Street Outreach Society. (2001). "Recovery". Online pamphlet. Retrieved from the Web October 11, 2005 at: <http://www.qsos.ca/recovery.html>

A document for local social history which shows the impact Deegan (1988), Chamberlin (1997) and others have made on local attempts to disseminate the notion that the illness model is contestable.

Repper, J. and Perkins, R. (2003). *Social Inclusion and Recovery: A Model for Mental Health Practice*. Edinburgh: Bailliere Tindall.

This book is an instructional manual that attempts to bridge the divide between professionals' diagnostic and psychological interpretations of behaviour and their selective attention to lived experiences. Here again we have an earnest attempt to promote social well-being and inclusion while uncritically retaining the need to "reduce symptoms". For example, the authors describe the reaction to diagnosis and prognosis as a bereavement process like any other, which assumedly must end in acceptance of a condition. Discrimination is understood as social isolation and loss of status, which are said to impede recovery. This is a perfect example of how recovery is presented through the illness model. Again, survivors like Deegan (1988) are woven into this book, but their personal experience of systemic and socioeconomic exclusion is understood through "illness" (or otherwise through trans-social "madness") discourse. Some "condition" is assumed, though it may accidentally compete with social inclusion. As such recovery ("taking back control") can be facilitated by therapeutic programming and service provision.

Trainer, J., Shepherd, K., Boydell, A., and Crawford, E. (1997). "Beyond the Service Paradigm: The Impact of Consumer/Survivor Initiatives." *Psychiatric Rehabilitation Journal* 21:132-40.

This article is still used, especially at the local level, to support the consumer recovery model and funding of consumer projects. Trainer is a professional who works as a researcher and helped launch the Consumer Survivor Development Initiative (now Ontario Peer Development Initiative).

This is an important local historical piece in that it describes how recovery oriented services function in Ontario (though recovery is not in parlance at the time of its publishing).