The Recovery Movement:
a significant development for the field of counselling/psychotherapy

Ivan Ellingham
Pentas.co.uk Norwich

[Edited Version published in 'Therapy Today', July, 2013
French Version in Approche Centree sur la Personne, Decembre, 2014]

'I am not a diagnosis; I am a human being with a life story, some good and some bad life experiences, feelings, strengths and vulnerabilities'[1].

This poignant protestation by Alison Faulkner, 'a freelance researcher and trainer, a cat lover, and a mental health user'[1], epitomises the attitude of rebellion against mainstream psychiatry and traditional 'medically modelled' mental health services that has given rise to a powerful contemporary movement within the field of mental health known as 'The Recovery Movement'[2].

It is a movement that in the last two decades has assumed major importance in western countries (including the UK) due to the increasing realization that the markedly 'mad' are not necessarily in the grip of an irreversible degenerative condition, an axiomatic view in traditional psychiatry stemming from Kraepelin's definition of today's schizophrenia as 'dementia praecox', premature dementia. Longitudinal studies by such individuals as Courtney Harding[3], combined with inspiring autobiographical accounts from those who have *recovered* from deep-seated and long-lasting forms of severe mental distress/illness (SMD/I)*[4], have given the lie to the Kraepelinian credo.

With much written in this period about the nature and form of such *recovery*, implementation of *recovery* principles is today central to the provision of mental health services around the world, not least within the UK and the NHS.

Examination of the characterisation of *recovery* within this literature makes plain why this should be so; why, in particular, the *recovery* movement has had, and is having, a profound impact upon the domain of psychiatry, the dominant mental health discipline.

However, what has yet to be realized is that the *recovery* movement possesses the potential to have just as profound an impact upon the field of counselling/psychotherapy (c/p).

Allow me to explain.

Broadly speaking, within the *recovery* literature the term *recovery* has been employed in two main ways[5].

1. to refer to those individuals who previously suffered from SMD/I but whose personal experiencing is now completely free of 'mad' sense-making. Such

individuals are variously described as ‘cured’, as having achieved ‘clinical’/’objective’ /’complete’/full recovery’, or ‘recovery *from*’ SMD/I.

2. to refer to fellow sufferers who are not so free from ‘mad’ sense-making but who nevertheless lead meaningful and purposeful lives in the community. In relation to this group such terms as ‘personal’/’social’/‘partial recovery’ have been employed and the individual said to be ‘*in recovery’*.

Given, though, that personal recovery includes clinical recovery as an end point, and given, also, the impetus provided by mental health ‘users’ themselves, it is the second of these descriptions that has become predominant, as evidenced by wide acceptance of Bill Anthony’s definition of *recovery*

> as 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.[6]

What Anthony’s definition indicates is that *recovery* with respect to SMD/I is a psychological process of personal growth, one involving achieving new meaning and purpose.

Immediately suggested here is an overlap, if not an equivalence, with the characterisation of psychotherapeutic personal growth as expounded by diverse theories of c/p, especially by those of a humanistic bent, that of Carl Rogers, in particular. In other words, that the process of recovery from madness as characterised in *recovery* literature is part and parcel of the general process of psychotherapeutic personal change as described by the various theories of c/p.

<u>Key points of convergence between *recovery* principles and Rogers’ ideas</u>

By way of support for such a conclusion, consider the concordance, as evidenced by the following key points of convergence, between characterisations of the process of *recovery* in *recovery* literature and characterisations by Rogers of the general psychotherapeutic process:

- *Recovery* is said to be ‘a person-centred approach’ in which ‘more people should understand the service users’ idea of *recovery*’[7]. For his part, Rogers also described his approach as ‘person-centred’ and placed primary importance upon the client’s idea of what would aid them psychotherapeutically. It was his basic presumption that ‘it is the client who knows what hurts, what directions to go, what problems are crucial’[8].

- I have already alluded to the fact that *recovery* literature deems the *recovery* process to be a process of growth and thereby at one with Rogers' characterisation of the general psychotherapeutic process. Rogers, as is well-known, considered that the impetus for such growth was provided by an 'actualizing tendency' within the individual, 'a natural tendency toward wholeness, toward actualization of his or her potentialities'[9], 'an urge for a greater degree of independence, the desire for self-determined integration' [10].

  Mirroring such a conception, *recovery* literature speaks of a belief 'in the person's abilities and potential'[11] ; of enabling individuals with 'severe [psychiatric] illnesses…to make optimal use of their remaining areas of health and competence', a process that 'involves eliciting the person's drive to self-determination'[12].

- More specifically *recovery* literature describes the *recovery* process as a process of growthful ***self***-change. Thus Patricia Deegan records how she and others 'experienced recovery as a transformative process in which the old self is gradually let go and a new sense of self emerges'[13]; while Larry Davidson and John Strauss affirm that 'the process of rediscovery and reconstructing an enduring sense of self as an active and responsible agent provides an important, and perhaps crucial, source of growth in the recovery process'[14]. We again see congruence here with Rogers for whom the psychotherapeutic process entails a 'reorganization of the structure of self'[15], whereby clients' 'self-concepts become more positive and realistic' and 'they become more self-expressive and self-directed'[16].

- *Recovery* thought and Rogers' theorizing are in harmony, too, in identifying the key psychological conditions that facilitate such self-growth. Rogers is renowned for positing that self-growth comes about 'when clients receive congruence, unconditional positive regard, and empathy'[17]—and indeed makes the specific claim that these three 'core conditions' bring about such self-change in 'the maladjusted and neurotic person who comes to the clinic, and the hospitalized psychotic in the back ward'[18].

  By comparison, time and again *recovery* literature makes reference to one or all of Rogers' core conditions as vital to the facilitation of the *recovery* process. So, for instance, Julie Repper and Rachel Perkins, when referring to the 'core relationship skills' capable of 'inspiring the hope that is essential for recovery', record how 'the traditional 'therapeutic triad' of empathy, non-judgemental warmth, and genuineness, described by Rogers…' has been elaborated and extended by a number of authors'[19]; Alan Topor reports research in which 'people who have recovered from severe mental disorders have pointed out several key qualities in others that have helped them in their

recovery': in everyday interpersonal relationships these qualities are 'a permissive accepting…nonjudgmental attitude'; in relationships with professional therapists 'acceptance and authenticity', 'human and empathetic qualities', as well as being 'accepted…unconditionally'[20].

- A holistic attitude towards the person, one critical of psychiatric diagnosis is a feature of both *recovery* and Rogerian thought. *Recovery* literature advocates 'seeing the person and not just the diagnosis and symptoms'[21] based upon the primacy of what Anthony terms 'the principle of personhood', the 'transcendent principle' for the field of *recovery* that 'people with mental illnesses are people'[22]. Rogers mirrors such a stance in criticising a 'diagnostic, prescriptive, professionally impersonal approach'[23] to clients 'Diagnostic labels, take away from the person of the client', he declares, 'assuming a professional posture takes away from the person of the therapist'[24]. In tune with Anthony's transcendent principle, he maintains that 'behind the curtains of silence, and hallucination, and strange talk, and hostility, and indifference, there is in each case a person'[25].

- *Recovery* literature and Rogers' writings are again in accord in deeming the process of psychotherapeutic self-growth to involve the finding of meaning and purpose, even at a deep spiritual level. Thus, as Fallot attests, 'many individuals understand and describe their *recovery* as most fundamentally a spiritual process or journey, one that relies heavily on a sense of meaning and purpose' [26]. Whereas Rogers speaks of individuals grasping the meaning of the 'evolutionary flow' through feeling 'at one with the cosmos'[27]. He testifies to experiences in both individual therapy and in groups of 'profound growth and healing'[28] taking place where there is a deep sensing of oneness. 'It is clear', Rogers avers, that these experiences 'involve the transcendent, the indescribable, the spiritual'[29].

A common process

There are other points of convergence between *recovery* principles and Rogers' ideas which I haven't included due to lack of space. All in all, though, I believe that these points of convergence bear witness to a close concordance between Rogers' ideas and ideas regarding *recovery*. And not only that, but insofar as theories of c/p in general tend to construe positive personal change as a psychotherapeutic process of self-change, and insofar, too, as they tend to consider Rogers' 'core conditions' as crucial features of a facilitative psychotherapeutic relationship, I believe there is a strong case for holding that from their respective vantage points *recovery* literature and the various theories of c/p are different attempts at making conceptual sense of the same basic *psychological* process of personal growth and in broad agreement over the means to its achievement.

Implications

There are profound implications for the field of c/p in such a conclusion. Crucially, that because it is concerned with a psychological *psychotherapeutic* process the field of *recovery* should properly and primarily be considered part and parcel of the domain of c/p, one with only a secondary connection to the medical domain of psychiatry.

That is to say, (a) that efforts to make sense of *recovery* should rightly be the remit of theorists and researchers within the field of c/p; (b) that all those who by profession have the responsibility of facilitating the *recovery* process in individuals suffering from SMD/I should have formal training as counsellors/psychotherapists, whether they be psychiatrists, psychologists, social workers, nurses, care assistants, or peer support workers; (c) that those with c/p training should take a leading role in developing programmes to enable individuals to recover from SMD/I.

This is not to say, though, that where they are untrained as counsellors/psychotherapists there is no role for the medically trained doctor or nurse in the facilitation of the *recovery* process. *Recovery* literature bears witness to the fact that many, not all, individuals have found that certain medically prescribed drugs aided them in their recovery[30]. It would seem, however, that that aid is in the form of suppressing 'symptoms' so that the positive process of *recovery* can come into play, rather as weed-killer allows prized plants to thrive [31, 32, 33].

Such conclusions may be contentious but I believe they are perfectly logical; and I would invite c/p practitioners unfamiliar with *recovery* literature to acquaint themselves with it and see if they don't come to the same conclusions as myself.

Individuals attempting to recover from SMD/I are individuals attempting to engage in a psychological psychotherapeutic process.

And who is that knows best how to facilitate such a process?

*I employ the term *severe mental distress/illness (SMD/I)*, to refer to those forms of experiencing that are given such labels as 'psychosis', 'schizophrenia', 'bipolar disorder'. I prefer the designation 'distress', but I retain the term 'illness' due to its ubiquitous use in *recovery* literature.

References

1. Faulkner, A. Outside the box. Mental Health Today, November. 2010: 15.
2. Davidson, L. & White, W. The concept of recovery as an organizing principle for integrating mental health and addiction services. Journal of Behavioral Health Services & Research. 2007; 34 (2): 109-120.
3. Harding, C. M., Brooks, G. W., Ashikaga, T., Strauss, J., & Breier, A. The Vermont longitudinal study of persons with severe mental illness. American Journal of Psychiatry. 1987; 144: 718-726.
4. Chamberlin, J. On our own. New York: Hawthorn Books, 1978.
5. Slade, M. Personal recovery and mental illness. Cambridge: Cambridge University Press; 2009.

6. Anthony, W. A. Recovery from mental illness. Psychosocial Rehabilitation Journal. 1993; 16(4): 11-23.
7. Rethink. Recovery, 2011. http://www.rethink.org/applications/recovery (accessed 17 September 2012).
8. Rogers, C. R. On becoming a person. Boston: Houghton Mifflin; 1961.
9. Rogers, C. R. A way of being. Boston: Houghton Mifflin; 1980.
10. Rogers, C. R. Client-centered therapy. Boston: Houghton Mifflin; 1951.
11. Repper, J. & Perkins, R. Social inclusion and recovery. Edinburgh: Ballière Tindall; 2003.
12. Davidson, L. & Roe, D. Recovery from versus recovery in serious mental illness. Journal of Mental Health. 2007; 16 (4), 1-12.
13. Deegan, P. Recovery as a self-directed process of healing and transformation (pp5-21). In Brown, C. (ed) Recovery and wellness. New York: Haworth Press; 2001.
14. Davidson, L. & Strauss, J. S. Sense of self in recovery from severe mental illness. British Journal of Medical Psychology. 1992; 65: 131-145.
15. Rogers, C. R. (1951), op cit.
16. Raskin, N. J. & Rogers, C. R. Person-centered therapy (pp128-161). In Corsini, R. J. & Wedding, D. (eds), Current psychotherapies (5th ed) Itasca: F. E. Peacock; 1995.
17. Raskin, N. J. & Rogers, C. R. (1995), op cit.
18. Rogers, C. R. Client-centered therapy. In Kirschenbaum, H. & Henderson, V. L. (eds) Carl Rogers: dialogues. London: Constable; (1966/1990).
19. Repper, J. & Perkins, R. (2003), op cit.
20. Topor, A. Managing the contradictions: recovery from severe mental disorders. Stockholm Studies of Social Work, 18. Stockholm: Stockholm University; 2001.
21. Woodward, J. Recovery—for all times and places. Lecture. Hatfield: University of Hertfordshire; 2010.
22. Anthony, W. A. The principle of personhood: the field's transcendent principle. Psychiatric Rehabilitation Journal. 2004;17: 205.
23. 24. Raskin, N. & Rogers, C. R. (1995), op cit.
25. Rogers, C. R. (1962) Some learnings from a study of psychotherapy with schizophrenics. Pennsylvania Psychiatric Quarterly. 1962; Summer edition: 3-15.
26. Fallot, R. D. Spirituality and religion (pp592-603). In Mueser, K. T. & Jeste, D. V. (eds) Clinical handbook of schizophrenia. New York: The Guilford Press; 2008.
27, 28, 29. Rogers (1980), op cit.
30. Sullivan, W. P. A long and winding road. In Spaniol, I., Gagne, C. & Koehler, M. (eds) Psychological and social aspects of psychiatric disability. Boston: Center for Psychiatric Rehabilitation, 1997.
31. Johnstone, L. Minding our medication language. The Psychologist. 2013; 26 (2), 78-79.
32. Lavretsky, H. The history of schizophrenia (pp3-13). In Mueser, K. T. & Jeste, D. V. (eds) Clinical handbook of schizophrenia. New York: The Guilford Press; 2008.
33. Moncrieff, J. A straight talking introduction to psychiatric drugs. Ross-on-Wye: PCCS Books; 2009.