

Personal Recovery in Serious Mental Illness: Making Sense of the Concept

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Abstract

Traditionally, clinicians and healthcare users alike use the term “recovery” to imply a return to a premorbid state. This form of clinical recovery is objective, measureable and is a clear health outcome. In the past decade, an alternative to clinical recovery, also known as personal recovery, has gained traction in mental health and has impacted numerous mental health systems. Originally, personal recovery was conceptualised as an individually unique ongoing process for individuals with serious mental illness that emphasises on growth and potential for recovery, but it has also been proposed to be a clinical outcome for mental health professionals. In this commentary, we discuss the differences in the 2 models of recovery and attempt to illustrate the concepts behind personal recovery so as to clarify its usage in people with serious mental illnesses.

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The literature surrounding the recovery movement in mental health is abundant and in this movement, we have heard a growing optimism in the possibility of recovery from serious mental illness.

The term “recovery” has connotations of regaining a premorbid form of health. Originally used in acute medical conditions,¹ it refers to the remission of symptoms and regaining of functional independence, as well as abilities to lead a “normal” life. Particularly, it refers to the return to the normal state of health before the “tragedy” struck. For some time, mental health professionals pursued the same goals—a return to a premorbid state or what is now termed “clinical recovery”.² Clinical recovery seemed achievable with strict compliance to well laid out treatment plans and has the advantages of objectivity, invariance and can be easily measured as an outcome.² However, we now acknowledge that the traditional understanding of recovery is no longer appropriate in chronic medical conditions, as a return to a premorbid form of health is not expected.

Similarly, the chronic nature of serious mental illness might have been forgotten; as such, misguided use of recovery has influenced mental health.¹

The other form of recovery, as reported by mental health consumers, tells of an idiosyncratic and subjective story of recovery, termed as “personal recovery”.³ Commonly cited descriptions describe it 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.”⁴ Therefore, personal recovery entails an ongoing learning process and recalibration of one’s life, closely connected to the terms “post-traumatic growth” and “resilience”. Just as a person with paraplegia can continue to pursue his or her aspirations and goals in spite of the physical impairments,¹ similarly, a person with serious mental illness can still pursue his or

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her aspirations despite the mental impairments.

Resilience is the ability to tolerate and/or dissipate, stay unaffected or undisrupted despite experiencing strong forces that might cause others to break. One's innate self-healing and self-righting tendencies helps one to carry on with life as per usual without experiencing the predicted negative health and mental health effects.⁵ Personal recovery, on the other hand, is another form of resilience when one initially breaks down (causing disruption in functioning) as a result of stressors, but later learns to overcome or accommodate the broken places and strengthen themselves so as to never break again.⁵ Therefore, the recovering person while is not invulnerable to stressors, remains capable of deploying reserve capacities to help oneself to cope effectively with life.⁵

This process where a person becomes resilient is enabled by post-traumatic growth, which refers to the "positive psychological change experienced as a result of the struggle with highly challenging life circumstances".⁶ The experience of serious mental illness has a profound impact on an individual's life above and beyond the symptoms. These include interruptions of normal life events, social stigma, the loss of self-esteem and avoidance from friends and even family.⁷ This is a traumatic-like experience that requires the individual to address during recovery. Although the "trauma" of mental illness has changed the individual's personal identity and understanding of the world forever, the individual is able to reconcile and embrace what has happened to him or her, and incorporate it into one's life in a way that the impact of the trauma is largely in control or is no longer intrusive or disruptive.¹ This is possible as the recovering individual whom still possesses self-righting capacities and inherent growth potential,⁵ recognises that one is still a whole person despite the psychiatric disability and thus, the newly expanded self can manage by minimising the illness into one aspect of a multidimensional self and through pulling all available resources together. In all, one rises to a higher level of functioning that involves growth and expansion of one's capacities,³ develops the ability to bounce back, possesses a stronger capacity to respond to adversities in the future, and springs forward to something greater than whom one has been before despite the impaired aspects.

Overall, to say that recovery in mental health is the return to a premorbid state of health is invalid. This is especially in the case of serious mental illness as the premorbid state of health can include lack of support, emotional traumas, and poor relationships with significant others while growing up, losses, and emotional wounds.⁸ These psychosocial experiences are largely indelible and might even exert long-term neurobiological sequelae.⁹ Moreover, to take recovery as a return to a premorbid form of health would

negate all gains made in the process of recovery. Therefore, recovery in this sense should be in accordance with the quote: "don't look back, go forward" instead of returning to the exact causes of the existing mental health difficulties, since what lies ahead is more important. To this end, efforts by various local community agencies to reintegrate people with mental illnesses back into society and to combat the barriers of personal recovery are indeed commendable.

Both forms of recovery—clinical and personal—are relevant in physical and mental conditions. While clinical recovery is important, personal recovery should be given equal attention in order to provide holistic care as it considers the individual's subjective appraisal of his or her functioning and satisfaction with life.¹⁰ Personal recovery is a higher hurdle and longer term goal that should be addressed. Particularly in serious mental illnesses, patients have to face added pressures of social stigma, discrimination and a loss of identity, where the sense of self is dictated by the mental illness. Having a weak sense of self jeopardises itself even more when faced with these stigmas¹¹ since the experience of oneself as barren results in the inability to use alternative internal experiences to reject these stigmas. Recovering a sense of self is one of the core processes or domains of recovery as seen in first-episode schizophrenia patients¹² and in patients with prolonged psychiatric disorders.¹³ In this process, it starts with the discovery that a part of the self is still present and undefined by the illness. Then, one can tap on this part of the self to rebuild one's life despite the illness. This discovery is the first ignition of hope, which lies a possibility of being functional despite the illness. With hope, one can look ahead and experience the inward-looking recovery journey in becoming a resilient person who can face all future life circumstances, without breaking.

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