Abstract

Recovery is a contested concept scattered in various contexts and disciplines and thus, contributes to the confusion surrounding the concept. This article explores the various conceptualizations of recovery. A proposition for a pragmatic approach of viewing recovery as distribution across a continuum of clinical, social, and personal domains is made. The need for recovery to be conceptualized from the perspectives of other cultures is also suggested.

Keywords: Recovery, personal recovery, clinical recovery, social recovery

Introduction

One of the main challenges facing service users, professionals, researchers and policy makers is the wide-ranging ways in which recovery is understood and conceptualized. Attempting to identify a concise definition of the concept is not a simple task. The scholarly literature is scattered with conceptualizations dotted in disciplines such as physical disability, addiction services, intellectual disability services, and the various specialities of mental health services. Furthermore, among the many contexts and disciplines that the term recovery is used are archaeology, conflict and policymaking, economics, arts and culture, sport, and even in transport, as in recovery vehicles (McCauley et al., 2015). These further complicate and muddy the waters for understanding the concept. The aim of this article is to explore some of the multifaceted ways in which recovery has been conceptualized in the literature.

The complexities of recovery

The mental health recovery literature suggests that the concept is difficult to conceptualize (Liberman and Kopelowicz, 2005; Onken et al., 2007; Roe, Rudnick and Gill, 2007). There is a general consensus that recovery has different meanings

to different stakeholders (Kelly and Gamble, 2005; McCauley et al., 2015). Discussions of recovery involve many terms, such as “an approach, a model, a philosophy, a paradigm, a movement, a vision and, sceptically a myth” (Robert and Wolfson, 2004, p.38), a “buzz word” or “fad” (Piat and Lal 2012, p.294). It has thus, been criticised as an elusive and abstract concept (Davidson et al, 2005; Onken et al, 2007). This means that attempts to conceptualize a succinct construct of recovery are doomed if they fail to recognize that it is a contested construct.

McCauley et al. (2015) have highlighted many surrogate terms used in place of recovery by some influential individuals and a number of disciplines. For example, it has been conceptualized as ‘the birth of hope’ and ‘resurrection’ (Deegan, 1988, p. 56-57); and ‘a journey of the human heart’ (Deegan, 1995, p.92). Likewise, the medical meaning has influenced the conceptualization of recovery in the psychiatric and mental health nursing, and the behavioural sciences literature. Consequently, the terms ‘recovery’ and ‘rehabilitation’ are often used as substitutes (McCauley et al., 2015).Critics point out that the baffling use of interchangeable terminologies rooted in different philosophies are rarely made explicit (Collier, 2010; Davidson et al*.* 2005). It appears that attempts to conceptualize this complex and multifaceted concept have resulted in a terminological minefield. Reading through the extensive literature, one may be persuaded that perhaps a complete and succinct conceptualization of recovery will always remain elusive. The literature does not offer an absolute definition. Instead, there are descriptions of quintessential qualities of recovery. There seems to be little, if any agreement on what constitutes a pure definition of recovery. Despite this, it is possible to identify many of the broad-spectrum definitions characterizing the concept.

Scientific and consumer-oriented definitions of recovery

To begin with, some accounts illuminate dual conceptualization: scientific and consumer-oriented definitions (Bellack, 2006; Davidson and Roe, 2007; Slade, 2009; Silverstein and Bellack, 2008). Collier (2010, p.17) calls these the traditional and the contemporary definitions of recovery, or the 'medical' recovery and 'life' recovery. Others conceptualize recovery as either an outcome with operationally defined criteria, or as an on-going process encompassing self-concept (Silverstein and Bellack, 2008). Some of these conceptualizations are further discussed next.

Scientific definition of recovery

Broadly speaking, the literature considers scientific definitions of recovery from the perspective of disease and elimination or reduction of symptoms, return to premorbid state of function, use of medication, risk-management, and acquisition of activities of daily living (Le Boutillier et al., 2015). The scientific definitions are known to have derived from the historical context of clinical research (Bellack, 2006; Davidson and Roe, 2007; Slade, 2009; Silverstein and Bellack, 2008). Thus, it is also referred to as clinical recovery (Slade, 2009). Adeponle, Whitley, and Kirmayer (2012) observed that one appeal of scientific definitions lies in their claim to offer a consistent measure of outcome irrespective of individuals' cultural backgrounds and geographical settings. However, a more fundamental objection to this argument is that significant variations exist in different cultural systems about health and healing practices (Kirmayer, 2004). It is at least arguable that mental illness and recovery may manifest differently to a native British service user than for example a black African service user in Britain. In this sense recovery cannot be defined by only scientific conceptualizations.

Operational scientific definitions of recovery

Some operational scientific definitions of recovery include that of Torgalsbøen and Rund (2002) who used the following criteria: “a reliable diagnosis of schizophrenia at an earlier time but not at present; no psychiatric hospitalizations for at least five years; and present psychosocial functioning within the ‘normal’ range on the Global Assessment of Functioning scale” (p.312). An alternative operational definition is provided by Harrow, Grossman, Jobe, and Herbener, (2005) who developed an explanation requiring a year’s period of absence of psychotic and negative symptoms; adequate psychosocial functioning including paid work half-time or more and the absence of a very poor social activity level; and no rehospitalisation. Yet another good example of scientific definition of recovery is provided by Liberman et al. (2002) who operationalized the concept with dual criteria of psychopathology and psychosocial functioning. The psychopathology criteria see recovery as symptom remission and scores ‘4’ or less (suggesting moderate or less severity scores) on the Brief Psychiatric Rating Scale (Ventura et al., 1993). But the psychosocial functioning consists of vocational functioning with benchmarks such as full or part-time employment/education, involvement in recreational, family and volunteer activities; independent living without every day supervision by family or care providers; and relationships with significant others for regular social and recreational activities (Liberman et al., 2002). Finally, Liberman et al. (2002) conclude that each of the above criteria must be sustained for at least two consecutive years in order to satisfy the standards for recovery.

The definitions above highlight that recovery is not only about symptom remission, but is also marked by a multiplicity of important life activities including work and social relationships. However, a notable limitation of these definitions is that they fail

to address the subjective interpretation of the individual's level of functioning or the extent of the person's satisfaction with life (Bellack, 2006). Specifically, they fail to incorporate phenomenological and subjective experiences of the individuals experiencing mental illness. Moreover, as Bellack (2006) has pointed out, scientific definitions have been determined by consensus and not empirically. Accordingly, there is no gold standard to define certain criteria such as quality of life or service user satisfaction (Silverstein and Bellack, 2008). Likewise, prominent service-user issues such as the duration of recovery, acceptable residual symptom levels, as well as the acceptable functioning levels have not been analysed to ascertain construct validity. Bellack, (2006) also points out that the diverse perspectives of professionals, family members and consumers have not been systematically incorporated into the definitions. Finally, these conceptualizations must be interpreted with caution considering that definitions were reflections of the narrow confines of schizophrenia. The key points to note is that these definitions are not inclusive considering that a wider spectrum of diagnoses was not taken into account in these conceptualizations.

The consumer-oriented definitions

The consumer-oriented definitions are also conceptualized as personal recovery. They view recovery as a non-linear process in which persons with mental illness strive to overcome their difficulties over time. These definitions evolved from the service user movements along with change in attitude about mental illness that was triggered by a combination of social and political factors. Essentially, the target audience for the consumer oriented definitions are service users, family members, politicians, policymakers, and clinicians. It has been argued that the overarching aims of these definitions are to influence policies and service provisions, as well as to overcome the negative consequences such as poverty, stigma, demoralisation,

hopelessness and social isolation that are associated with mental illness (Bellack, 2006; Davidson and Roe, 2007; Slade, 2009; Silverstein and Bellack, 2008). Arguably, recovery in this context is conceptualized from the perspectives of reclamation of personal identity, dignity, and social inclusion.

There are plethora of consumer-oriented definitions of recovery causing further confusion and difficulty about the concept. But one of the early definitions and perhaps the most widely accepted process-oriented definition of recovery is by Anthony (1993):

> "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 with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness" (p. 15).

Another good example of a process-oriented definition is by Davidson et al. (2005):

> "A redefinition of one's illness as only one aspect of a multi-dimensional sense of self capable of identifying, choosing, and pursuing, personally meaningful goals and aspirations despite continuing to suffer the effects and side effects of mental illness" (p. 15).

The definitions above appear to put emphasis on empowerment, control, choices and self-determination as having a profound positive effect on the individual with mental health problems (Andresen, Oades, and Caputi, 2003; Slade, Amering, and Oades, 2008; Spaniol et al., 2002). Besides, they also seemingly appear to reject the scientific definitions of recovery (Andersen et al, 2003). But what is surprising is that Anthony (1993) was inadvertently associating personal recovery with scientific definition in his original construct when he suggested that service providers' vision of recovery from mental illness corresponds to 'cure or remission of symptoms'

(Adeponle et al., 2012). This may not be surprising considering that some studies conclude that scientific or clinical definitions may exist in the minds of some service users (Davidson and Roe, 2007; Piat et al., 2009). Perhaps, it is also not an exaggeration to suggest that these two definitions complement each other. As Silverstein and Bellack (2008) optimistically argue, neither of the opposing definitions is exclusively unique. The authors also make the analogy about recovery that construct validity is not merely attained by using the most reliable research measures, but they are attained by first addressing the meaningful dimensions of recovery before identifying and developing how to assess these dimensions. Even with this optimistic perspective, it appears that there are numerous contradictions and complexities surrounding the conceptualizations of personal and scientific recovery.

Processes of personal recovery

Some of the processes of consumer-oriented definitions include connectedness, hope and optimism about the future, identity, meaning in life, and empowerment, given the acronym CHIME, by Leamy et al. (2011). Along with this comprehensive description, recovery has also been perceived in the context of self-determination, agency, awareness and potentiality and taking responsibility (Andresen et al., 2003; Onken et al., 2007; Resnick et al., 2004). These processes of recovery are not exhaustive by any means, but they are cohesive in their service user centeredness, focus on individuality, self-control and quality of life.

Criticisms of personal recovery

Despite their powerful focus on service users, Bellack (2006) argues that some of the consumer-oriented definitions are relatively nonspecific, inadequate for research, ineffective for evaluation of clinical programmes or to develop public policy.

Moreover, Silverstein and Bellack (2008) note that widely cited consumer-oriented definitions of recovery are characteristically generated by service users who have become experts by experience thus; their status within the professional community has propelled them into becoming mental health professionals in their own right. But, it remains unclear if the experiences of this cohort of experts are similar to the broader population of service users (Silverstein and Bellack, 2008). However, this criticism of consumer-oriented definitions may be a little harsh. Especially, considering that the contemporary notion of recovery is usually traced to the insights and writings of the personal and transformative experiences of individual service users like Lovejoy (1984); Chamberlin (1997); Deegan (1988; 1996); Leete (1989); and Unzicker (1989) who have articulated about their experiences of coping with symptoms, getting their strength back, and regaining a satisfactory sense of personal identity that was not defined by illness experience.

Recovery as an on-going social process

A new view of recovery has emerged proposing that some aspects of recovery unfold within a social and interpersonal context and therefore recovery cannot be solely focused as deeply personal and unique individual process. For example, it has been noted that having one or more personal relationships as a source of hope and encouragement can be a critical factor in achieving recovery (Spaniol et al., 2002). Mezzina et al. (2006) has produced a framework depicting personal, interpersonal, and social domains, as well as the role of material resources and a sense of belonging as important sources of recovery. In this framework, the authors suggest the imperativeness of social inclusion, citizenship, and participation of community activities as vital source of recovery. Furthermore, a study by Topor et al. (2011) found that social relationships did not only play a central role in the recovery

process, they helped individuals to feel that they are special. However, it has been suggested that the antagonistic experiences of disempowerment, injustice, abuse and resignation (Gilbert and Allen, 1998; Tew, 2011) play adverse effect on social relationships.

Recovery as a dimensional approach

Evidence also suggests that recovery can be conceptualized in a multi-dimensional approach. A definition of dimensional approach of recovery emerged from a systematic review and narrative synthesis of staff understanding of recovery-orientated mental health practice by Le Boutillier et al. (2015):

> "a holistic approach (spanning physical health care, psychological therapies and stress management) where individuality (including client-centred goals, service-user autonomy and decision-making) takes precedence, and staff and service users work in partnership (through, for example, coaching, supporting hope). Personal recovery was measured by citizenship involvement (including meaningful occupation and social inclusion)" (p.6).

The definition above is comprehensive and covers aspects of clinical, physical, personal, social, and existential recovery. Furthermore, Whitley and Drake (2010) have proposed a compelling proposition that recovery can be conceptualized in five superordinate dimensions: clinical, existential, functional, social, and physical. Similar to the scientific definitions described above, the authors suggest that the clinical recovery involves reduction and control of symptoms. They also support this view by explaining that this form of recovery is often intermediated by psychotropic medication, psychological interventions, and often spearheaded by the clinical team. In this sense, the service users appear to lack control of their own recovery. Furthermore, Whitley and Drake (2010) elucidate that the existential recovery may incorporate many components such as religion and spirituality, agency and self-

efficacy, empowerment that often allow the individuals with mental health problems to feel that they are in control of their own lives. The authors note that mental health services that take account of these existential needs of its service users are more likely to be effective. Interestingly, this form of conceptualization appears to be consistent with some of the processes of personal recovery discussed above. Functional recovery, according to the authors includes factors such as employment, education, and housing. Or in other words, functional recovery is the ability of the person with mental illness to fruitfully participate in all aspects of everyday human experiences. In this sense, functional recovery appears to have similar characteristics to that of consumer-oriented definitions of recovery, as it appears to put more emphasis on psychosocial functioning of the person with mental illness. According to Whitley and Drake (2010), people with serious mental illness may also experience multiplicity of comorbid physical health problems. Therefore for these people, physical recovery is about continuous improvements in physical health and well-being. This form of recovery also appears to identify more with clinical recovery due to its emphasis on elimination or reduction of symptoms. Finally, Whitley and Drake (2010) explicate that social recovery involves establishing and maintaining meaningful relationships with family, friends, peers, clinicians and significant others, and also engaging in social activities, and being integrated into the community. In this case, this form of recovery appears to be consistent with the social process of recovery discussed above, as it has been shown that some aspects of recovery unfold within a social and interpersonal context.

As we have seen, the dimensional approach to conceptualization of recovery provides a persuasive integrative approach of defining the concept. It appears to bring together the scientific-oriented definitions, consumer-oriented definitions, and

the social processes of recovery under one umbrella. It appears that at the centre of the dimensional approach to conceptualizing recovery is consensus building; and in the final analysis the power ought to be given to the service users to decide which of these dimensions are applicable to them. .

Conclusion

Insights from the literature demonstrate that recovery is profoundly a contested concept that cuts across disciplines. It is therefore hardly surprising that such an important concept lacks a clear and concise definition. Perhaps, an absolute definition of recovery will always remain elusive. However, a pragmatic approach is to view the concept as distribution across a continuum of clinical, social, and personal domains. But one of the limitations with the conceptualizations is that they are dominated by the Euro-American perspectives and justifiably raise questions about the multi-ethnic relevance of the concept (Adeponle et al., 2012). Perhaps, conceptualizing recovery from the perspectives of other cultures would serve as a framework for the exploration of the concept in minority cultures.

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