

ORIGINAL PAPER

Recovery in Mental Illnesses: a Concept Analysis

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Abstract

Background. When patients accept the diagnosis of an illness, the common reaction is to ask when they will recover. The same is true for patients with mental illnesses. Recovery to the lay person is generally taken to mean being restored to one's former state. However, with mental illnesses, the answer is usually one of uncertainty. Mental illnesses are often considered chronic with patients being plagued with the presence of residual symptoms. Health providers may not consider such a state as recovery. Health providers are in need of a clear definition of recovery to identify the goals of treating people with mental illnesses and to inform patients and public of the duration and steps to proceed towards recovery.

Aim. This paper is a report of an analysis of the concept of "recovery in mental illnesses".

Method. Using Walker and Avant's approach to concept analysis the concept of "recovery in mental illnesses" was defined and its essential attributes were discussed.

Findings. "Recovery in mental illnesses" is defined as an on-going, dynamic and individualized process that occurs after the development of mental illnesses. It involves an individual actively regaining his or her pre-morbid state in spite of the challenges of mental illnesses, over time.

Keywords. concept analysis, recovery, mental illnesses

Background

The definition of "recovery" differs among different disciplines. The definition of recovery in the dictionary typically means an act of returning to a normal state, regain possession of, or to extract an energy, source or chemical for use (Pearsall 2002). While "recovering" conveys the dynamic process of recovery, "recovered" appears to be an outcome. However, both "recovering" and "recovered" may be too narrowly defined. The term "recovering" fails to portray a goal or outcome while the latter ignores the process that has brought about the state of being "recovered". Thus, instead of "recovering", or "recovered", the term "recovery" appears to best depict the responses of people with mental illnesses, where process,

progress and outcome can be conveyed (Ralph & Corrigan, 2005 and Ramon, Healy & Renouf, 2007).

In healthcare, the term "recovery" is typically used to symbolize regain of health status or health functions after an illnesses (Davidson 2002). Thus, to put it simply, "recovery" generally means getting back to how one was before the illness started.

However, for people with mental illnesses, getting back to the state prior to the onset of mental illness seems highly impossible. If recovery from severe mental illnesses is to be equated with the complete absence of symptoms and a return to the status quo, then it appears to be a myth (Whitwell 1999). Total recovery in

the sense defined by the layperson as amelioration of symptoms, is almost impossible in the clinical sense (Roberts & Wolfson 2004). Even if the patient can attain remission of the illness, residual symptoms are most likely present. Clinicians may not consider such state as recovery (Harding, Zubin & Strauss 1987). This makes it especially difficult for clinicians when they are faced with the question "is the patient ever likely to recover"? For patients with mental illnesses, the situation is even trickier when patients who commonly lack insight claims to recover even though their acute symptoms are obvious. In addition, the courses of most mental illnesses are unpredictable making it difficult for health providers to determine the criteria of recovery. Without a common understanding of recovery between patients and clinicians, taking steps and collaboration towards recovery is going to be difficult.

Despite the problem, the word "recover" continues to gain popularity in the mental health arena. To the health provider, "recovery" symbolises successful interventions. To families and patients with mental illnesses, recovery symbolises a future that is not bleak and hopeless.

Various definitions of the term "recovery" have also been discussed in the mental health literature. These include recovery as the result of participation in a variety of services, a beacon of hope, the amelioration of symptoms of mental illnesses; or recovery as synonymous with empowerment etc (Ralph & Corrigan 2005, Frese & Davis 1997). Nevertheless, recovery cannot be sufficiently defined by these constructs. While some literature identifies recovery as an outcome, others classify it as a process (Anothony 2003, Deegan 1996). An inherent lack of consensus around the definition of recovery exists. Moreover, few attempts have been made to clarify the definitions of "recovery in mental illnesses" and what it should entail.

This paper aims to identify the essential attributes of "recovery in mental illnesses" using the Wilson method of concept analysis discussed in Walker and Avant (2005).

Methodology

The concept analysis was undertaken with the Wilson method of concept analysis discussed in Walker and Avant (2005). The approach

involved selecting the concept, determining the purpose of the analysis, determining the defining attributes, identifying the model cases, contrary, related, borderline and invented cases. As specified in the background section of this paper, the concept of "recovery in mental illnesses" had been selected and the purpose of this analysis was to clarify the attributes and definition of the concept. In the following sections, the attributes of the concept will be further described and cases will be constructed to demonstrate the attributes of the concept.

Defining attributes.

Provisional definition. "Recovery in mental illnesses" refers to a process that happens after the occurrence of mental illnesses. In this process, the person with mental illness works towards improving himself or herself to a state that resembles that before mental illness set in.

Uses of the concept. To understand the defining attributes of "recovery", one can make reference to the attributes of "recovery" in various scientific disciplines. For example, in the field of Computer Science, recovery is referred to as the repossession of lost data. In General Science, recovery typically refers to the extraction of materials such as tin ore or petroleum, whereas in the business cycle, recovery is used to describe the rebound of the economy after a recession. In the nature conservation industry, recover means to replant greens after deforestation. When the term "recovery" is used in such situations, something has happened to bring the situation into a worse state than before, for example, when economy comes to a downturn or when deforestation occurs. Recovery takes place to change it into its original, better state. In all these cases, recovery does not occur naturally. Some form of effort takes place for recovery to occur. Tin ore covered in impurities will remain in such a state unless magnetization or some form of treatment is done to remove the impurities and restore the tin ore. In addition, for recovery to occur there needs to be underlying capability for the item to be recovered. For example, for recovery of tin ore to take place, tin ore needs to be lying beneath the impurities. Thus, before "recovery in mental illnesses" can take place, change has to occur that brings the situation away from its original state, making it worse. In the concept "recovery in mental illnesses", a change has taken place. Illness has set in leading to the

presentation of signs, symptoms and deficits associated with the illness. Furthermore, "recovery in mental illnesses" recognizes that the person with mental illness has the underlying capability to be recovered. In addition, recovery does not happen spontaneously. An element of effort existed in the concept. In the case of mental illnesses, personal effort is needed. Outcome is another component within the concept of "recovery in mental illnesses". Recovery will bring the person towards a state that resembles his/ her original state before illness occur. The outcome may represent some form of improvement after illness strikes. It can also be directed towards wholeness such as regaining control over physical, psychological, social and habitual functions.

Model Cases

According to Walker and Avant (2005), a model case demonstrates all of the defining attributes of the concept. A model case that has the attributes of "recovery in mental illnesses" will be presented subsequently.

A model case of John who was previously working as a salesperson is presented here. John was always dressed in suit for his work, a norm in his workplace. He was confident, analytical and made plans for himself. He had the goal of becoming a top sales person. Sometimes later, he was found to display psychotic symptoms. He spoke into the air and behaved in a bizarre manner. He could not maintain his job and behaved in a manner that was not his usual self. He dressed in shorts and slippers at times when he was supposed to pitch his sales idea and could suddenly shout at people for no apparent reason. None of his friends or clients wanted to speak to him. He was brought to a doctor last year and diagnosed with schizophrenia. He was discharged after one month of stay in hospital. Since then, he made an effort to attend meetings and educational sessions regularly. During the meetings, he worked at identifying his personal strengths and building up his capability to deal with his mental illnesses. Over time, John learned to dress appropriately and interact calmly with his peers. He attended an interview, dressed appropriately and got himself a new job. John now had a goal to save money for his future. He reported that though he still heard voices occasionally, he did not find the voices disturbing. He claimed that his life was back to

normal and planned to start a family in future after his job was stabilized. He still continued to attend educational sessions.

In the model case, an incident had happened that led to a change for the worse. For John, a downward change was evident when he could no longer maintain his job and his previous demeanour. His underlying capability was his prior confidence and the ability to make plans for himself. In the case, recovery did not happen overnight. John made an effort to attend meeting and programs to help him deal with his illnesses. It was clear that some form of personal effort had been put in. In the end, John could return to his job and made plans for himself. The model case portrayed John improving from the condition after illness strikes and achieving a state similar to the time before the illness occurs.

Contrary Cases

Contrary cases do not have all the attributes of the concept (Walker and Avant 2005). An example could be the case of a bucket of water, supposing to be used to fill a bath tub, was knocked over by a man. The man who knocked the bucket over tried to collect the water using his bare hands and put the water into the bucket but he could not do it as the water just flowed across the floor. Despite the intense amount of effort put forth by the man who tried to put water back into the bucket, he could not do it. The bucket remained empty. In this case, there was clearly no recovery of water. The bucket was empty. The water could no longer fulfil its original purpose of filling the bath tub. The bucket was no way like its original state of being filled with water.

The case of Peter could be another example of contrary case. Peter was seen talking into the air loudly, laughing out loud at times. When he walked on the streets, it was obvious that something was out of the norm. He was subsequently given the diagnosis of mental illnesses. Pre-morbidly, Peter worked as a financial analyst and did part-time studies at night. He drove a car. He had the aspiration to earn more money to buy a home in future. However, everything went downhill after being diagnosed with mental illnesses. He lost his job and when asked about his future plans, he could start talking about Satan coming to the world and he is now building a garden of flowers. Peter could not provide relevant answers to questions posed. He could not even take a bus on his own as he was unable to count money. He

made no effort to participate in educational sessions. Neither did he take medicine nor come for appointments. He just said that he did not want to. His daily routine involved lying on the floor almost the whole day and only got up when dragged by his parents to get up for food. Three years had passed and he remained talking and behaving in disorganized manner. He remained unemployed and his condition worsened, sometimes even not recalling his identity. In this case, Peter clearly had mental illnesses as evident by sustained period of having the symptoms of disorganized speech and behavior. However, it was also clear that recovery had not occurred. There was no regain of his health status. Before the onset of mental illnesses, Peter was able to work and he had plans and aspirations. Lying on the floor frequently, not attending educational session or taking medicine portrayed an absence of effort made towards recovery. Inability to even count his bus fare when he used to be able to calculate large sums of money as an economic analyst showed no improvement towards his pre-morbid condition. Hence, recovery had not taken place.

Related Cases

The concepts “treated” or “cured” could be related concepts to “recovery in mental illnesses”. The first two concepts both make reference to a return to the state of health prior to the illnesses. However differences exist between these two concepts and the concept “recovery in mental illnesses”. The following two cases aimed to illustrate the differences.

Related case of “cured”. Wolverine, the character in X-men had the capacity to recover to intact skin integrity immediately after sustaining cuts and wounds. However he still wanted to find a cure for himself. Professor X granted his wish and Wolverine could experience a delay in regaining his skin integrity. He would have to wait for weeks to for the wounds to heal, just like a normal human being would. However, he told Professor X that he was still not cured. The only way to cure him is to turn the mutated gene in his body into normal human cell.

The notion that the illnesses or ailment was eliminated had to be present in the concept of “cured”. In this case, Wolverine regarded the mutated gene in his body as the problem and wanted it to be removed. “Cured” would only

take place with the elimination of the mutated gene.

Another case to illustrate the concept of “cured” was the case of Mark with mental illness. He participated actively in recovery programs and was deemed by health professionals to be recovering. He found new meaning in his life and was able to maintain relationships and routine activities in a way similar to that before illnesses struck. However, he still needed to take medicine and still experienced auditory hallucination occasionally. In this case, Mark was considered to be “recovering” but not “cured”. The attributes of recovery were present in the case of Mark in that he made a personal effort in his recovery and achieved a state of psychological and social health similar to the state prior to the onset of mental illness. However, Mark was not cured as mental illness was not eradicated. Mark still experienced auditory hallucination, a symptom of mental illness.

In the concept “recovery in mental illnesses”, the word “in” itself suggested that the person was still in the situation of mental illnesses; hence “cured” differed from “recovery in mental illnesses” where the illnesses was still present. Mark still had the symptoms of the illness, the illness was not eradicated, hence cure had not occurred.

Related case for “treated”. The term “treated” could be another related concept. A case example could be of Kathy, who used to be a jovial girl. She was pursuing her college education and was considered a role model for her excellent results and mature thinking. Everything changed when she started becoming different, talking out aloud in class when no questions was asked, dressing in brightly coloured clothes instead of her school uniform and losing her temper easily such that her peers left her. After being treated for mental illnesses, Kathy returned to school to continue her college education.

The concept of “treated” encompassed the way professionals intervene to stabilize or alter the course of an illness. Like the concept “recovery in mental illnesses”, the concept of “treated” had the element of effort, but whether some form of personal effort was put in did not matter. As in this case, the effort made to treat Kathy could be made by the teachers and health

professionals. Even if Kathy did not make any personal effort in her treatment, she could still be considered treated. Furthermore, “recovery” could be the outcome of being “treated” but the term “treated” in itself did not contain the outcome element. Even if Kathy did not have any improvement in her condition, Kathy could still be considered to be treated as long as some form of treatment had been instituted to manage the illness. Whether there was any outcome or improvement did not matter.

Borderline Cases

Borderline cases illustrated concepts that have similar meaning to “recovery in mental illnesses” (Walker and Avant 2005). The concept of “remission” and “rehabilitation” could be very similar in meaning to “recovery in mental illnesses”.

Borderline case of “remission”. An example of “remission” could be the case of Tyson. He constantly heard someone speaking to him throughout the day scolding him for being useless, even when he was alone. He was diagnosed with mental illness and was undergoing treatment. After treatment, Tyson still experienced auditory hallucination but he told the psychiatrists that the voices were softer and occurred only when he felt stressed.

Both the concept of “recovery” and “remission” comprised of the element of outcome but “remission” referred to bits and pieces that have gone wrong. Unlike “recovery”, “remission” did not refer to making something whole. Remission could refer to any one aspect of illnesses and in the case of mental illnesses, the symptoms. Hence, when Tyson experienced auditory hallucination at a lower frequency, Tyson could be considered to be in remission. In “recovery” however, not only symptoms were emphasized. The concept of “recovery” offered a more holistic view in terms of improvement in physical and psychosocial function. In addition, “recovery” involved a return to a state similar to that before illness struck; while in remission the person might not be in a state that resembled that before illness set in. As long as the person did not experience the symptoms of illness as severely as before, he or she could be considered to be in remission regardless of whether other aspects of the individual had returned to the pre-morbid state.

The concept of “remission” also lacked the

element of effort. The body’s natural tendency to change over time could bring about remission where the symptoms decrease in intensity; while “recovery in mental illnesses” required some form of action by the individual.

Borderline case of “rehabilitation”. Another similar concept was “rehabilitation”. A related case could be about Jonathan who used to be an executive in a large company. He managed human resources, handled finances and analysed the stock markets. One day, Jonathan was diagnosed with mental illness. Jonathan believed that mental illness is a permanent disability and reckoned that he could never be like before. He underwent a rehabilitation program. After completing the program, he began to work as a cleaner even though his psychiatrist certified him fit to return to his previous job. Jonathan perceived his mental illness as a disability and he believed he could never be the same again.

The concept of “recovery in mental illnesses”, the person with mental illness has the underlying capability to recover. Rehabilitation on the other hand recognizes one’s long-term disabilities associated with mental health problems (Royal College of Psychiatrists 2004). Furthermore, in both the concepts of “recovery” and “rehabilitation”, an element of effort existed. However in “recovery”, personal action was emphasized while this might not be the case in rehabilitation. According to Anthony (1993), the difference between rehabilitation and recovery is simply that rehabilitation is the service the healthcare system offers to help a person recover. Thus it is the system that rehabilitates, while it is the individual who recovers.

Furthermore, the outcome was being emphasized in “recovery”, but as for “rehabilitation”, rehabilitation only referred to part of the process towards achieving the outcome. Hence outcome was not an element of rehabilitation.

Invented case.

Any innovative situation that illustrated the concept of “recovery in mental illnesses” could represent an invented case (Walker and Avant 2005). Once upon a time, there were a group of hikers. They would trek the jungle and look at the beautiful scenery be it day or night. Unfortunately, they were imprisoned by an evil witch, deep in a cave, both legs chained, facing

the wall. For years, the changing shadows flickering on the wall were the only awareness his companions and him had of the world, and they took this to be reality. One day, the manacle holding the man's legs broke free and he was able to turn towards the cave entrance, but he found the light bright and frightening. His companions exhorted him not to look, saying that he would go blind, but something urged him to look again. With faltering steps the man walked towards the entrance, but found the increasing light blinding. He hesitated and considered going back into the darkness.

However, the hiker remembered that he used to enjoy walking and admiring scenery in bright light and yearn to recover such pleasure again. His companions called him a fool, said that he would go mad and implored him to remain in the dark cave with them. As he stood at the cave exit, his eyes grew accustomed to the light. He was so happy and realized the hiking trail and the beautiful scenery was what he had been missing.

The hiker had the underlying capability to trek and see things in light. However, this changed when the evil witch came into the picture. The evil witch putting the manacles on the hiker and keeping him in darkness could be likened to illnesses which led to his inability to perform his usual activities like walking and seeing. The process of recovery began when the hiker made some personal effort to walk towards the light. However, the person who was in recovery could move back and fro in this process, just like the hiker who moved towards the light yet at times hesitated and considered going back to the chains and darkness. The outcome is the return to the state before the evil witch captures him where he would trek the jungle and look at the scenery in the lights.

Discussion.

The concept of "recovery in mental illnesses" is gradually assuming importance in the literature. The cases have illustrated that the initial change that worsens the original state, that is the presence of illnesses, is a prerequisite for recovery and need not necessarily be considered an essential attribute of recovery. The underlying capability for an individual to recover is also believed to be a pre-requisite. However, the second change, which is the outcome element that represents improvement

towards the original condition before mental illness strikes is an attribute of recovery. From the case of Wolverine in the related case section of this paper, he had the mutated gene to recover from wounds which would seem like a good thing to other people but not to Wolverine. Furthermore, in the case of the hiker, his friends told him he would go blind if he continues pursuing light but he continues to do so and finally achieve the outcome of trekking and admiring scenery in the presence of light. Hence, recovery is a process defined by the individual.

The model case of Peter who continues to attend educational sessions despite him being able to return to play a social role similar to that before his illnesses, and the invented case of the hiker moving back and fro, trying to overcome his difficulties shows that recovery is an on-going process. In addition, from the model, related and borderline cases, recovery does not happen suddenly and spontaneously. The element of effort still remains as a defining attribute and time frame may be another attribute, though the exact time required differs from individual.

Final definition. In view of the above, the author proposes that "recovery in mental illnesses" be defined as an on-going, dynamic and individualized process that occurs after mental illnesses set in. It involves an individual actively regaining his or her pre-morbid state in spite of the challenges of mental illnesses, over time.

Conclusion

Mental illnesses are known to be chronic and devastating. The question of whether recovery is possible will always linger in the minds of health professionals. However, as a professional group, we have an explicit aim to refract from a single clinical perspective of the illnesses and expand to a diversity of viewpoints. Recovery in mental illnesses is a new paradigm that seeks to be explored. It represents an optimistic and open path for people with mental illnesses to have a life with whatever remains of the illnesses. This paper has attempted to discuss recovery as a highly individualized process with a clear outcome. A great deal remains to be learned about what prevents, promotes and sustains recovery but setting recovery as the centre of our work will certainly bring about positive change for both clinicians and patients with mental illnesses.

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