

Class 13: Perspectives Cont. and Recovery

Sociology of Mental Illness

Announcements

- Your grades for your papers will be posted after class this evening. Check them and talk to me if you have questions.
- Quiz 6 grades are up in Oncourse; Quiz 7 will be up before the review session tomorrow
- Those of you who earned a "lowest quiz grade dropped" extra credit (for group participation) will see that reflected after I have posted Quiz 7
- If you have questions about any of your grades or you think something is posted incorrectly, contact me immediately.
- Someone will come in to administer course evaluations this evening - class will continue after they are finished.

Exam & Review Session

- Optional Review Session, **BH 205 (NEXT DOOR!)**, 6:30-7:30 p.m. on Tuesday, August 10
- Exam will be held in the Library 503 at 6:30 p.m. on Wednesday, August 11
- Open Book includes: Your notes, the book, slides, and class materials
- Open Book does not include: googling answers, wikipedia, cutting and pasting answers.

Extra Credit?

"Recovery" in Schizophrenia

- **1896** An early diagnostic forerunner to what we now call schizophrenia was "dementia praecox." Emil Kraepelin, who first proposed criteria for this, asserted with the clinical definition that there was a declining course and a permanent state of illness. **Remission or recovery was seen as prima fascia evidence that the illness had not been dementia praecox.**
- **1908** Eugen Bleuler, who challenged this diagnosis and renamed this condition "schizophrenia" in part to remove the connotation with dementia, also challenged the chronicity of the problems, recognizing that people diagnosed with it **could get better.**

What does it mean for someone with a mental health problem to be "in recovery" or "recovered"?

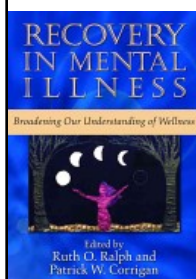
"Recovery" in Serious Mental Illness

- **1937** Abraham Low founds a self-help group called "Recovery, Inc.", based on structured self-help groups to provide "after-care" for recently discharged hospital patients. Recovery, Inc. focused on reducing "relapses," through social coping skills, goal-setting, and increasing self-confidence.
- **1970s-1980s** Several longitudinal studies of the outcomes of individuals who had been institutionalized or diagnosed with schizophrenia suggested that a large percentage, perhaps a large majority, of individuals were improved after a period of time, particularly in the area of remission of symptoms (Bleuler 1974; Harding et al. 1987; Jacobson 2004; Lieberman et al. 2008; Tsuang et al. 1979).

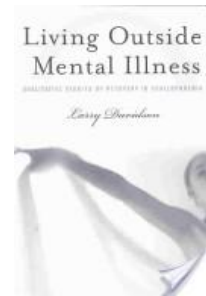


"Recovery" in SMI

- **1980s** - A number of individuals with mental health problems write in psychiatric academic journals about their first person accounts of "recovery."
 - Marcia Lovejoy (1982), Esso Leete (1989), and Rae Unzicker (1989)
- **1988** Clinical psychologist, and advocate Patricia Deegan wrote a first person account of her illness and recovery experience. She argued:
 - recovery is different from psychosocial (or psychiatric) rehabilitation, which is about services.
 - "recovery refers to the lived or real experiences of persons as they accept and overcome the challenge of the disability"
- From this point forward, recovery is often defined in personal, individualized terms for people with SMI



Recovery: Continuing Efforts to Define



"Recovery is described 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 with 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."

William Anthony, 1993

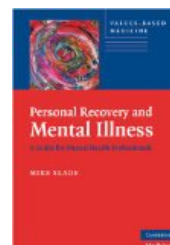
This definition (and this article by Anthony) touched off two decades of academic and policy concerns with recovery.

Recovery: What it is

"Recovery from mental illness involved much more than recovery from the illness itself. People with mental illness may have to recover from the **stigma** they have incorporated into their very being; from the **iatrogenic** effects of treatment settings; from lack of recent opportunities for self-determination; from the negative side effects of unemployment; and from crushed dreams...Recovery is what people with disabilities do.

Treatment, case management, and rehabilitation are what helps do to facilitate recovery"

William Anthony, 1993



Recovery



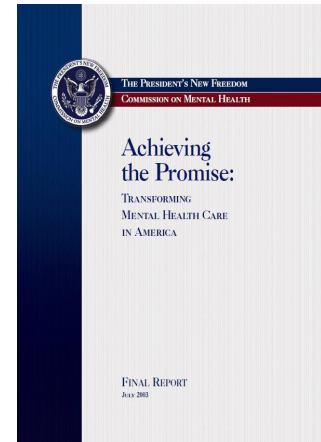
PRESIDENT'S NEW FREEDOM

COMMISSION ON MENTAL HEALTH

www.MentalHealthCommission.gov

"Recovery refers to the process in which people are able to **live, work, learn, and participate fully in their communities**. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery."

(President's New Freedom Commission Report, 2003)



Recovery: Many different shades

Some definitions focus on the **personal**:

- a "personal journey" about discovering meaning and goals
- may or may not involve reduction of symptoms
- can happen with or without treatment
- often measured in personal self-concepts, well-being

Some focus on the **functional**:

- (re)integration in personal, educational and work lives
- "getting beyond" a disability
- may focus on symptom reduction and things like housing, staying out of jail, employment figures.

Which definition gets used? Sometimes both at once.

Recovery-oriented services as a new focus

- As "recovery" has caught the attention of researchers, clinicians, policy makers, and advocates, there has been a new focus on how to make services more "recovery-oriented." This often includes a focus on:
 - involving "consumers" in the planning and decision-making not just of their own services, but of the running of services in general
 - providing "personalized" services based on goals of consumers
 - skill-building for independence
 - (re)integration into the community
 - peer support

Moving from a Chronicity to a Recovery Paradigm

- | | |
|---|---|
| ● Diagnostic groupings; "Case"; Lumped and labeled as "chronics"/SPMI/ CMI | ● Unique identity; Person orientated; Person First Language |
| ● Pessimistic Prognosis; "Broken Brain" | ● Hope and Realistic Optimism |
| ● Pathology/ Deficits; Vulnerabilities Emphasized; Problem-Oriented | ● Strengths/ Hardiness/ Resilience; Self-Righting Capacities Emphasized |
| ● Fragmented Biological/ Psychosocial/ Oppression Models | ● Integrated Bio-Psycho-Social-Spiritual Holism; Life-context |
| ● Professional Assessment of "Best Interests" and Needs/ Paternalism | ● Self-Definition of Needs and Goals/ Voice/ Consumer-Driven/ Self-determination |

Shifting Ideas: Traditional vs. "Recovery"

Diagnosis of Chronicity/Seen as Case

"Person-centered"

Pessimistic prognosis

Focus on optimism and hope

Deficiencies and Vulnerabilities

Strengths and resilience

Fragmented vision of problems: bio vs. psychological vs. social

Integrated care that emphasizes social integration and even spiritual approaches along with biological and psychological treatments

Shifting Ideas: Traditional vs. "Recovery"

Professional/expert Control

Self and Peer services, partnership with professional

Coercion and Compliance

Empowerment and Choice

Formal Supports (like treatment, financial)

"Natural" Supports (like family and community)

Separation and social control - separating deviants

Integration, community and family

Maintenance and Stabilization

New skills, growth, graduation

Challenges to Recovery

1. How do you "institutionalize hope?"
2. Stigma happens at a societal level, not just a services one.
3. Money is always tight.
4. Which definitions shall you choose?

Perspectives: Family (Muhlbauer)

Qualitative research study - interviews with 26 family members of people with serious mental health problems, most parents with adult children.

Phases she found:

1. **Developing awareness:** Storm warnings
2. **Crisis:** Confronting the storm
3. **Cycle of Instability and Recurrent Crisis:** Adrift on Perilous Seas
4. **Movement toward stability:** Realigning the Internal Compass
5. **Continuum of Stability:** Mastering Navigational Skills
6. **Growth and Advocacy:** Sailing Existential Seas

What are some of the ways in which the agencies or systems aided or hindered family members in these phases?

What could be done to help family members in helping their loved ones?

Perspectives: Social Movements (McLean)

- What does McLean credit with spurring the ex-patient/consumer movement?
- McLean separates groups as "rights to gain treatment" and "rights to refuse treatment." What are examples of groups in either category?
- What were some of the ways that groups communicated with one another?
- McLean exposes an apparent irony in the successful "consumer" movement. Did you see it?
- How does the US experience vary from that of the European social movements?

Sun	Mon	Tues	Wed	Thur	Fri	Sat
June 20	1: Intro		2: Perspectives			
June 27	3: Social Epidemiology Paper assignments out		4: Medicalization Review for first exam			
July 4	CANCELED - IUB holiday		ONLINE EXAM 1			
July 11	5: Stigma		6: Social Roles			
July 18	7: Stress		8: Social Problems			
July 25	9: Social Problems, Cont.		10: Treatment			
August 1	11: PAPER DUE Psychopathy and Sociopathy		12: Perspectives on Illness: Self and Family			
August 8	13: Recovery	REVIEW!	IN CLASS FINAL EXAM			