
**RECOVERY: MOVING FROM
CONCEPT TOWARD A THEORY**

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Despite the best of intentions from professionals—even the very best, most sincere and most highly skilled professionals—consumers will continue to find themselves alone on their journey through life. Despite their best efforts, professionals cannot save consumers from having to face the dilemma of self. Consumers are no less human than any of the rest of us. The dilemma of self is universal. While the burden of mental illness exists in addition to the dilemma of self, it is not apart from that dilemma. Consumers must address self in mental illness, as well as mental illness in self. It is the self that mental illness affects (and effects).

To understand how this is so, and how professionals can only go so far in addressing consumers' dilemma, we must ask and answer, "What do we mean, exactly, by mental illness?" What is it that professionals know about consumers and what do they not or fail to know? Is the goal to treat mental illness or to promote mental health? Do we adopt an illness model or a wellness model? And in recovery, who owns the model: the consumer or the professional? Whose vision takes precedence and why?

The very process of posing and addressing or answering these questions,

by the consumer, by family or friend, or by the professional, involves fundamental questions of *existence* and *self*, which belong to the field of philosophy. Similarly, the dilemma of how to face delusion and thought disorder raises questions of the nature of *knowledge*, and the nature of the *unknown*. These questions and answers also belong to philosophy, be your preference epistemology or spirituality.

Mental Health vs. Mental Illness

The central dilemma in attempting to pursue a "wellness" vision of "mental health" treatment is that psychiatry seems to play a central role in defining what mental illness is, and how it is diagnosed and treated. If one reads the definition of psychiatry in a dictionary, if it is a typical English dictionary or a psychiatric dictionary, one will find it defined as the study, diagnosis, and treatment of mental disorders.

It should be clear that psychiatrists do not study *mental health*; they study *mental disorders*. It is as if cardiac specialists studied only heart disease and could not say, scientifically, how a healthy heart operates.



The problem with a theory of mental illness based upon illness or dysfunction is that it makes consumers *essentially* different from non-consumers. It uses

an *essentially* different set of theories to explain consumer thought, feeling, and action than the one that is used to explain non-consumer behavior. If consumerism is not distinct from non-consumerism, if they both depend upon some fundamental laws or principles, then any theory explaining consumer thought, feeling, and action must necessarily, (at the same time), explain non-consumer thought, feeling, and action. Consumerism must explain psychiatric rehabilitation as not distinct and separate from the body of knowledge, in general, that Man has acquired to date.

Recovery

As consumerism cannot be an isolated concept, neither can recovery be isolated. But let us trace where the concept originates. Recovery from mental illness occurs in the lives of mental health consumers. What consumers believe is primary about the concept of recovery, and what professionals believe is only secondary. Non-consumer professionals can only know recovery through the observation of, and relating of stories by consumers, as far as it relates to mental illness.

Rehabilitation is a concept of professionals about how to serve consumers, developed prior to the prominent influence of the recovery model (which is still developing). While rehabilitation takes into account individual goals and preferences, its structure, with its emphasis on skills and environments, is the genesis of professionals, not consumers, not even consumer professionals. Rehabilitation is not consumers' vision of how professionals can assist them; rather, it is certain professionals' vision of how to serve consumers. No matter how much consumer input is sought, the structure of the questions, procedure, and process comes from professionals, non-consumer professionals. Consumers have yet to delineate the im-


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plications of the recovery concept for the helping process and profession.

I believe there are implications from the concept and experience of recovery for the helper, friend, family, or professional. The purpose of the helping process is to *assist* consumers in developing their own individual visions, and journeys of recovery through the process of *defining meaning and purpose* in their lives. Purpose implies action and, therefore, direction. This leads to the journey, chosen by the consumer, in which the professional may offer assistance and guidance. It is the consumer's path to walk.

The problem with the journey in the past has been that while professional help may have been needed to avoid imminent harm to self, others, or property, the professionals' help and influence have so easily overwhelmed the consumers' ability to define themselves in their own terms, to succeed or fail by their own means, to move through life under their own power. It is so easy for professionals to move from assistance to imposition, from advice to direction, from help to supervision and management.

The defining experience of mental illness has so often been the loss of control of one's own affairs, leading to the definition of one's alternatives, one's interests, and one's *identity* by professionals. Professionals must resist imposing themselves, as much as humanly possible, on their clients. Allow clients to choose, allow clients to fail, repeatedly, until they put out the effort, the desire, the initiative to do what they can with their own lives.

Consumers are capable of as much as any other members of society, if we only let them develop their own visions to become what they choose to be. If we believe in human potential for any one, we must believe it no less for our clients.

Why, in the late 1960s and early 1970s, in the re-emergence of the womens movement, did many women choose to associate only among themselves, shunning male influence? Why, in order to define themselves as women, separate from male concept of them, characterizations about them, representations of them, and demands upon them. They wished for time and opportunity to independently define the meaning and purpose in their lives, define identity in their concepts of themselves, and to gain the opportunity to have influence over what role they are expected to play in society. Women also wished to have

influence over how much control they have in operating within that role, over the rules governing them within and beyond those roles, as well as over society's values, norms, mores, beliefs, and rituals about them, over society's culture as it affects them, and, finally, over their opportunities for growth, education, maturity, leadership, achievement, and economic and political power.

Consumers need the same opportunity to define individual as well as group meaning, purpose, and identity. They need to be active creators of their own culture, including their norms, beliefs, values, and mores. They need independence and determined control over how they think about themselves: their identity. They need to become masters of their own destinies, to have the opportunity to participate, influence, lead, advocate, and accomplish; and to not have these influences on their lives, their futures, their potential determined by others, however sincere those others may be.

Meaning and Purpose of Life

People in our society have a purpose. People stand for something—they have a role and a purpose. This is because people are practical beings: they work; they accomplish something useful. And working implicitly means doing something for someone else in return for the financial support that makes personal life in our society possible. No one will hire you if you lack purpose. People will employ you for the purpose you have defined for yourself, if it serves their interest.

The world is made of meanings. To exist, is to have meaning and, therefore, a purpose. Purpose is implicit in meaning. Purpose is meaning in motion: it is dynamic; it exists over time. People are entities. They gain status as entities by having (or defining) meaning and purpose. To lack such, is to lack significance, to lack relevance, to lack value. Economics is based upon value, and

with value comes a price. Thus, people may pay you this price to be employed within your purpose towards their practical end. This is the fundamental principle that guides the economic activity on which our society depends. On the surface, this may seem materialistic, unless, of course, we work as much for the joy of being productive, of helping others.

The Pursuit of Happiness

Happiness is gained through the pursuit of an end, a purpose. Happiness does not exist in isolation. Happiness comes from the successful (as you may define it) pursuit of a purpose (which one shares with others). Happiness is the desired (spiritual) outcome of life as much as any objective (material or conceptual) purpose and the two should not be separated. Personal freedom exists to enable the pursuit of happiness.

Obligation and duty to others in society should not obstruct this fact. Because we are social beings, purpose involves accomplishing things for others as well as ourselves. This does not alter the fact that defining meaning and purpose in life is personal or individual, impacting how we think of ourselves: our identity. Ultimately, it is or should be we who determine who we are and who we are to become.

As any two peoples' interests ultimately diverge at some point, consumers must define personal meaning, purpose, and identity independent of anyone else, including professionals. Advice only takes one so far; ultimately, there comes a point where others' advice fails. Beyond this point, each consumer is on his or her own. Thus, there is no escape from the dilemma of self, even if it is still true that "no Man is an island. . ."

Delusion and Self

There can be no more damaging notion than that which states consumer thinking is characterized by psychosis and delusion, which by its very nature and definition is divorced from "reality."

Consumer experience is, thus, non-experience: it has nothing to do with what is "true" or "real." It is, by this thinking, as if such experience "does not exist" and that consumers thus affected by such thinking, do not exist and can be safely ignored. Treatment based upon the study of these "unreal" thoughts is, therefore, non-outcome based, as outcomes do not exist. The outcome, if it did exist, would not be anything in the realm of "normal" or even "exemplary" behavior, as what does not exist can never gain existence. One cannot create something out of nothing. In other words, consumer behavior, thought, feelings, and actions are to be forever ignored (for it is "non-behavior," non-thought, non-feeling). Nothing good can ever come from examining them, or so the reasoning (of stigma) goes.

The individual consumer in recovery, according to this thinking, must totally divorce him or herself from such psychosis and delusions. One must deny this part of oneself, and one's behavior must in no way depend upon or relate to it. Fixed delusional systems are, thus, to be ignored and, hopefully, forgotten by the consumer, not examined, analyzed, modified, and in the process learned from. The notion is that fixed delusions are examples of things to avoid, and cannot divulge principles and values from which to proceed. The central influence of these delusions upon the consumer's thoughts, feelings, and actions in the past does not lead (so the thinking goes) to the conclusion that such delusions contain valuable and fundamental insight into the consumer's mind, pointing out the key issues around which to build a future as well as giving direction to that vision. I am suggesting that sense can arise amid non-sense, the lost, rudderless can find a sense of direction amid the chaos.

That consumers will turn their liabilities into assets, their limitations into poten-

tials, and their obstacles into opportunities is fundamental to exemplary recovery. If one's past is forever a dead weight submerging future hopes and dreams, if one's future's journey bears no relation to one's past, then consumers will continue to be powerless, without direction, and seriously disadvantaged, regardless of anything they may attempt, or what may be offered as assistance in that attempt. Thus, consumers will have to deny a significant part of themselves and leave it behind.

On the other hand, if the past should not be repeated—if consumers wish to make changes in certain parts of their thoughts, feelings, dreams, realities, and behaviors—then they must recognize that unprecedented events do occur. To prevent the past from constraining the future, things must occur which have never occurred before. Some of these things are unprecedented for the individual consumer, some are unprecedented for any consumer, and still others are unprecedented for any human. Expectations are important, both for the consumer and for their circle of support. Expectations precede reality. Expect the past to repeat itself and it will. Expect unprecedented things to occur and they will, too.

Rehabilitation and Recovery Revisited

If rehabilitation is about knowing what to do and how to do it, about skills, about known and knowable things, then is not recovery so broad as to encompass and embrace the essentially unknowable, the mystery, the eternity, the infinite, beyond the reach and grasp? Recovery is about possibilities and potentials unknown and unheard. It is about being and becoming, and yet admiring what one may never be or become. It is about these as parts of oneself one has never known, has yet to know, and of oneself one has always known yet never understood or compre-

hended. Whether one looks inward or outward, it is about finding oneself, or seeking to. It is about the riddles of life, the enigma, the wonder, the amazement, the mystery. It is in delving into what may well be unknowable and learning what one can. It is about connecting with one's soul, one's essence; finding where this unites and where it distinguishes; where it reveals and where it obscures; where it is wise and where it is ignorant; where it is graceful, where noble, where honorable, and where divine.

When one gets past the painful realizations of how mental illness has meant lost opportunities, one can discover the joys of renewed opportunities and become an integral part of life—not a mere sidebar to it. This is the death of stigma; to be readily acknowledged as an essential part of life in the mainstream of society.