

The Recovery Effect

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Editorial

A recent *New Yorker* article coined the term the Reeve Effect to characterize Christopher Reeve's unrelenting pressure on the scientific community to transform how medical research is conducted (Groomman, 2003). Reeve, the actor who eight years ago was paralyzed from the shoulders down in an equestrian competition, has made small but extraordinary progress toward his own recovery. His success at gaining some movement below his shoulders mystifies many scientists who simply believed progress like his was impossible. With each new day, Reeve and other advocates pressure the scientific community to conduct research that is more relevant to improving the lives of people who have a disability. Reeve believes that people such as he must play a role in how the scientific establishment sets priorities, funds, and conducts its research. Does the Reeve Effect sound hauntingly familiar to what must happen in mental health research?

I would maintain that the mental health services research field will be increasingly challenged by what I would call the Recovery Effect. One hundred years of believing, without a solid research foundation, that severe mental illnesses were deteriorative over time, has come to a crashing end. In our field it has been the many people with psychiatric disabilities who have brought the vision of recovery to the forefront, aided by a few courageous researchers such as Courtenay Harding and her colleagues (e. g., Harding, Brooks, Ashikaga, Strauss & Brier, 1987; Harding, Zubin & Strauss, 1987).

It is now time for a Recovery Effect within our scientific community. We scientists have been prone to study pathology and symptoms, and as a

result that is all we have found. The time to make a significant transformation in our research agenda is upon us. There must be a concerted focus of study on what makes people well, and what are the barriers and the facilitators to recovery. Our revolution in vision has to be followed by a revolution in science. To achieve this transformation mental health research must simultaneously become more caring, more fearless, and to think big thoughts. Guided by advocates and people with psychiatric disabilities, it is time to study how people grow and develop beyond the catastrophe of severe mental illnesses. The vision of recovery must permeate not only our practice but also our science; the Recovery Effect on the scientific community should be unremitting.