

2nd Edition

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Toward a Vision of Recovery

for Mental Health and Psychiatric Rehabilitation Services

William A. Anthony, PhD



Center for Psychiatric Rehabilitation—Boston University

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About the Author

William A. Anthony, PhD, is executive director of the Center for Psychiatric Rehabilitation at Boston University and has served in that capacity since the Center's inception in 1979. Dr. Anthony, one of the founders of the modern movement in psychiatric rehabilitation and a pioneer in the field of recovery-oriented rehabilitation, has an international reputation as a researcher, author, educator, and advocate in the field of psychiatric rehabilitation. He has received numerous awards including the Outstanding Psychologist Award from the National Alliance for the Mentally Ill, the New York IAPSRs Lifetime Achievement Award, the American Association of Psychosocial Rehabilitation (AAPR) Fordyce Award, and NAMI-NYC Ken Book Award. He has authored over 100 journal articles, 15 textbooks, and numerous book chapters.

About the Center

The Center for Psychiatric Rehabilitation at Boston University is a research, training, and service organization dedicated to improving the lives of people who have psychiatric disabilities.

The Center's work is guided by the most basic of rehabilitation values—that first and foremost, persons with psychiatric disabilities have the same goals and dreams as any other person. They want a decent place to live, suitable work, social activities, and friends to whom to turn in times of crisis. The mission of the Center is to increase knowledge in the field of psychiatric rehabilitation and to apply this body of knowledge to train treatment personnel, to develop effective rehabilitation programs, and to assist in organizing both personnel and programs into efficient and coordinated service delivery systems.

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Preface

Recovery—a concept that has emerged from the consumer/survivor literature—is a vision that can revolutionize how we think about people with severe mental illnesses. While consumer/survivors have been experiencing recovery, and to a lesser extent, writing and speaking about recovery, professionals are just now trying to understand the meaning and implications of a vision of recovery. These readings are designed to inform people about the need for a recovery vision, to increase people’s understanding of the recovery vision, and to stimulate an analysis of the implications of a recovery vision for both mental health practitioners and system planners.

The readings on recovery are presented chronologically, from 1992 to the present. They reflect my thoughts on recovery beginning with a declaration in 1992 that recovery should be the guiding vision of the entire mental health field. The writings conclude with an analysis of recovery as the common vision of the fields of mental health and addictions.

Individuals can use these materials for self-study about recovery; or inservice or preservice instructors and trainers can use them to initiate group discussions about the implications of a recovery vision for service providers, researchers, administrators, families, and most importantly, consumer/survivors.

The next several decades will see the recovery vision emerge as a vision commensurate with the vision of prevention and cure of mental illnesses. Recovery from psychiatric disabilities is a vision that will pull us, prod us, and direct us in the 21ST century. Hopefully, these writings will inform and stimulate your thinking about recovery from psychiatric illnesses and the implications of the recovery vision.

WILLIAM A. ANTHONY

A Revolution in Vision

William A. Anthony

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There is a revolution brewing in the field of severe mental illness. No—I'm not referring to the revolution in medical treatment brought about by future medical discoveries. I'm referring to a revolution that is beginning to occur right now. It is a revolution in vision—in what is believed to be possible for people with severe mental illness.

For the past century it was believed that people with severe mental illness must suffer a lengthy duration of severe disability, with a deteriorating course over their lifetime. As recently as this last decade the diagnostic manual of the American Psychiatric Association characterized schizophrenia in this way “the most common outcome is one of acute exacerbations with increasing residual impairments between episodes.” (American Medical Association, 1980, p. 195) In the decade of the 1990s the question is now being raised repeatedly by consumers and their families as to how much of the long-term disabling effects of mental illness are due to the disease itself or to the uninformed way we view severe mental illness. I sense a revolution in thinking. Personally, after 25 years of practice, research, and listening to consumers and their families, I am more convinced than ever that recovery from severe mental illness is possible for many more people than was previously believed. I believe that much of the chronicity in severe mental illness is due to the way the mental health system and society treat mental illness and not the nature of the illness itself.

Recovery from mental illness is not the same as cure. It means regaining control over one's life if not one's illness. It means leading a useful, satisfying life even though symptoms may reoccur.

A vision of the possibilities of recovery can change how we treat people with mental illness even if the illness itself hasn't changed. Consider how the vision for people with mental retardation has changed. Not so long ago people with Down's Syndrome were expected to live their lives in institutions. Now this is the exception rather than the norm. Has the nature of the disorder changed? No—what has changed is the vision of what is possible, and as a result of this change in vision the mental retardation system and society changed. It was a revolution in vision. Sure, there have been changes in where we place (dump?) people with severe mental illness, but no major, sig-

nificant change in how they are viewed. The last major revolution in vision was led by Philippe Pinel, almost 200 years ago, when he helped to unchain people with mental illness. Here is an account of a conversation Pinel had at that time:

Pinel immediately led him to the section for the deranged, where the sight of the cells made a painful impression on him. He asked to interrogate all the patients. From most, he received only insults and obscene apostrophes. It was useless to prolong the interview. Turning to Pinel: "Now citizen, are you mad yourself to seek to unchain such beasts?" Pinel replied calmly: "Citizen, I am convinced that these madmen are so intractable only because they have been deprived of air and liberty." (Foucault, 1973, p. 242)

The resulting change in how people with mental illness were treated at that time occurred not because of a scientific break-through but because of Pinel's breakthrough in vision. Pinel envisioned a more humane type of treatment. Two hundred years later we must take the chains off our vision so that a vision of recovery becomes possible. A recovery vision has been stifled by a lack of innovative treatment and rehabilitation options, and by a mental health culture which fails to recognize and rejoice in the person's potential behind the illness.

It appears that it will be up to consumers and their family members to lead this revolution in vision—to guide or drag we professionals toward the 21ST century. Vision, as well as science, must be nurtured if each of us is going to become all we can be. A recovery vision can be as revolutionary and as necessary as a PET scan. One need not be a research scientist to play a role in making the recovery vision a reality. We may all participate in the recovery revolution.

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