## Développement Humain, Handicap et Changement Social Human Development, Disability, and Social Change



# Larry Davidson, Jaak Rakfeldt, John Strauss, *The Roots of the Recovery Movement in Psychiatry: Lessons Learned*, Chichester, West Sussex, UK, Wiley-Blackwell, 2010, 282 p.

Michael G. Dow

Volume 20, numéro 2, décembre 2012

Les conceptions du rétablissement en santé mentale : recherches identitaires, interdépendances et changements sociaux

Recovery Concepts and Models in Mental Health: Quests for Identity, Interdependences, and Social Changes

URI: https://id.erudit.org/iderudit/1086720ar DOI: https://doi.org/10.7202/1086720ar

Aller au sommaire du numéro

#### Éditeur(s)

Réseau International sur le Processus de Production du Handicap

#### **ISSN**

1499-5549 (imprimé) 2562-6574 (numérique)

#### Découvrir la revue

#### Citer ce compte rendu

G. Dow, M. (2012). Compte rendu de [Larry Davidson, Jaak Rakfeldt, John Strauss, *The Roots of the Recovery Movement in Psychiatry: Lessons Learned*, Chichester, West Sussex, UK, Wiley-Blackwell, 2010, 282 p.] *Développement Humain, Handicap et Changement Social / Human Development, Disability, and Social Change*, 20(2), 123–124. https://doi.org/10.7202/1086720ar

Tous droits réservés © Réseau International sur le Processus de Production du Handicap, 2012

Ce document est protégé par la loi sur le droit d'auteur. L'utilisation des services d'Érudit (y compris la reproduction) est assujettie à sa politique d'utilisation que vous pouvez consulter en ligne.

https://apropos.erudit.org/fr/usagers/politique-dutilisation/



# The Roots of the Recovery Movement in Psychiatry: Lessons Learned

LARRY DAVIDSON, JAAK RAKFELDT AND JOHN STRAUSS Chichester, West Sussex, UK, Wiley-Blackwell, 2010, 282 p.

### **Book Review by Michael G. Dow**

#### Recension de livre • Book Review

his book by Davidson, Rakfeldt, and Strauss offers an innovative look at conceptual positions and historical writings that may have influenced the recovery movement in psychiatry. The first chapter introduces the book, discusses the recovery movement, and provides a brief summary of each of the remaining seven chapters, including the last chapter which offers conclusions. The central six chapters are as follows: (2) From *Traitement Moral* to Moral Treatment; (3) Reciprocity in Community-based Care; (4) The Everyday and Interpersonal Context of Recovery: (5) Closing the Hospital; (6) The Rights and Responsibilities of Citizenship; and (7) Agency as the Basis for Transformation.

As noted in the Foreword (p. xi) by Frederick J. Frese III, Ph.D., the authors "...characterize their work as a conceptual, as opposed to an historical overview...." However, Dr. Frese continues: "...this fine publication is both, with a special focus on... precursors to the recovery approach." I would agree that the strength of the book is detailing the thinking of luminaries such as Pinel, Pussin, and Tuke in Chapter 2; Dorthea Dix, Jane Addams, Meyer, and Sullivan in Chapter 3; John Strauss in Chapter 4; Erving Goffman, Franco Basaglia, and Vincent Chiarugi in Chapter 5; Martin Luther King, Gilles Deleuze in Chapter 6; and Amartya Sen and Lev Vygotsky, in Chapter 7.

Exactly how these disparate and somewhat conflicting views are represented in the modern recovery movement was not detailed, nor is it a goal of the book to do so. The book does not

say much about the current Recovery movement, the recent history of that movement, or the current challenges in this age of right-sizing and down-sizing of public programs. Moreover, it was acknowledged on page 17 that the selection of these individuals and not others may appear indiosyncratic. It is also acknowledged that some of these individuals are not directly associated with the mental health field or recovery. The authors make clear that no apology is needed for these decisions, in that they did not intend to present a synthesis. Nowhere is this more clear than in the concluding chapter where an entertaining, and perhaps even a somewhat cathartic, fictional narrative exchange is presented between the luminaries. Dorthea Dix starts this off by thanking the authors for the chance to see the state of affairs well after her death, but then complains that the widespread imprisonment of the mentally ill in the USA and the current use of board and care homes is not much better than the state of affairs she discovered some 150 years earlier. A lively exchange follows between several of the prominent figures discussed in the book helping to acknowledge and also contrast the inconsistencies among the supposed roots of the recovery movement.

At first glance, one might wonder if the authors really see the recovery movement as being within psychiatry, as the title might suggest. Ultimately it becomes clear they see it more broadly than this (cf. p. 99: "...not all of recovery oriented practice would fall under the purview of community psychiatry."), but at times they may focus too much on the field of psy-

ISSN 1499-5549 123

chiatry. To be sure, recovery is not within psychiatry, especially if that means it cannot be within mental health, psychology, social work, law, philosophy, or consumer organizations. Recovery issues have been raised by professionals, advocates, family members, and consumers of mental health services alike. The authors understand this point and offered a definition of recovery that is wonderfully broad—saying on page 7 that "the recovery movement is first and foremost a civil rights movement" and then "a movement which has implications for the way mental health practitioners practise." So, they know recovery is not constrained within psychiatry, but at time that focus seems too constrained.

Many readers may feel that important people were left out, but that is inevitable. Given there was a chapter on moving out of the hospital, I would have enjoyed mention of the seminal work of Gordon Paul, a psychologist. He taught people who lived in Decatur State Hospital for twenty years or more how to ride the bus, shop for groceries, and take care of an apartment. Remarkably, more than 90 % of a long-term inpatient population was able to move into the community and succeed. His work (Paul & Lentz, 1977), arguably, was the first successfully documented study of deinstitutionalization. The work of Stein and Test (1980) in developing Assertive Community Treatment was also not detailed. Finally, the influence of the Community Mental Health Center Act of 1963 in the USA was not described. The vision of integrating mental health services into the community is profoundly recovery-oriented. Nor was there discussion of current consumer support groups or consumer run services.

The book does not attempt to present a synthesis of all of the viewpoints described. One of the best things about the book is that the authors seem to understand that is not fully possible. It is suggested in the conclusion, as part of the introduction to the narrative, that the reader may want to continue the narrative on his or her own terms.

This is a complex book in that much of the discussion is weighty, sometimes slow to develop, but it is gratifying in some ways that ultimately the authors do not try to tie up all of the information with a nice bow. They never say: "Here is what it all means." It is historical and conceptual and it covers part (not all) of the process that professionals and consumers have been engaged in to promote recovery. Ultimately, that process is about self-determination, selfactualization, and the right to fail, within some loose support structures. That same sentence reflects the stance taken by the authors in writing this book. It is up to the reader to provide a synthesis or to chew on these roots and extract meaning.

#### References

PAUL, G. L., LENTZ, R. J. (1977). Psychosocial treatment of chronic mental patients: Milieu versus social learning programs. Cambridge, MA: Harvard University Press.

STEIN, L. I., & TEST, M. A. (1980). Alternative to mental hospital treatment. I Conceptual model, treatment program, and clinical evaluation. *Archives of General Psychiatry*, *37*, 392-397.

Michael G. Dow, Ph.D.

Department of Mental Health Law & Policy
Florida Mental Health Institute
Tampa, FL