

Recovery is about regaining a balance in one's life between the spiritual, the emotional, the physical and the community

A question of balance

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Supporting mental health recovery requires a major paradigm shift from the more pessimistic mental health services of the past – and this shift needs an appropriate philosophy to support it. If we (as mental health service providers) are going to become competent in delivering recovery orientated services, we may also need to become competent in integrating a much wider range of human values and experiences and interpretations into our organisational purposes and directions. This article outlines our tentative steps at doing this, using integral theory, and how it has helped as clarify and shape our organisational values and purpose.

We have key responsibilities for the leadership of Wellink Trust, a not-for-profit mental health service provider based in the Wellington region of New Zealand. We say that we provide 'recovery focused' services, so we also see it as our responsibility as an organisation to ensure that our working definition of the term recovery is broad enough to capture the range of human experiences that might be encompassed in this term.

Our Mental Health Commission in New Zealand defines mental health recovery as 'happening when people can live well in the presence or absence of their mental illness and the many losses that come in its wake...'¹ This definition suggests that a mental health service might be involved in helping people to 'live well', not just treating the symptoms of illness or encouraging behaviour modification behaviour or advocating for social needs in isolation of life's wider purpose and mystery.

Other recovery definitions from around the world support this approach. Key phrases within recovery definitions from a number of North American consumer leaders and academics (with established credentials in working with mental health service user networks) also suggest recovery is about the whole of life, not just the illness. Some examples include:

‘[Recovery] is a process of self discovery, self renewal and transformation’²

‘Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness’³

‘To return renewed and with an enriched perspective of the human condition is the major benefit of recovery’⁴

‘Recovery is a process, a way of life, an attitude and a way of approaching the day’s challenges.’⁵

In the UK, the National Institute for Mental Health in England says that recovery ‘involves a process of changing one’s orientation and behaviour from a negative focus on a troubling event, condition or circumstance to the positive restoration, rebuilding, reclaiming or taking control of one’s life’.⁶

The Australian Mental Health Plan 2003-2008 describes recovery as: ‘A way of living a satisfying, hopeful and contributing life. [It] involves the development of new meaning and purpose...’⁷

Maori, the indigenous people of our country, deliberately blur the distinction between mental, physical and spiritual health. Maori widely acknowledge the importance of wairua (spirituality) as a starting point for good health – after which health is maintained by a balanced interaction between three further key dimensions: thoughts and feelings (hinengaro), the physical body (tinana), and the extended family (whanau).⁸

William Anthony (executive director of the Boston University Center for Psychiatric Rehabilitation) describes mental illness as a major catastrophe in life from which the person with mental illness must recover. He challenges us to think of major catastrophes in life that we have personally experienced, and how these are life changing events that often cause us to re-evaluate our core sense of meaning and values.⁹

A common theme among these definitions is that recovery is a value-laden process. The aspirations of recovery can relate to high ideals for ways to live and hint at universal concepts of what a ‘good life’ is – a life that is balanced and whole in the widest possible sense, or a life where we are able fully to express our humanness and our humanness is valued by others. In a broader sense, recovery is a concept relevant to us all: an experience known by us at a mythic level, and expressed transculturally through many variations of the Hero’s Journey.¹⁰ In these usually traumatic journeys we go through a major event in life where we experience separation, trial and return with renewed identity and perspective.

In relation to providing mental health services, our question is: can the high ideals expressed in these ideas of recovery be incorporated into our mental health service, or should they be left to informal processes or other areas of life outside the mental health system? We believe that these ideals can be the very foundation of mental health services generally, and a deep source of inspiration for people using the service, for their families

and friends, and also for mental health professionals. We have come to the conclusion that we do need to incorporate a wider body of knowledge and inquiry into the ideas and practice underpinning the services provided by our organisation. We believe that ancient as well as modern wisdom traditions can inform us more about this concept of ‘living well’ – the process and goal of recovery – and life’s transformations.

If we say we are a recovery focused service, and the definitions of recovery stated above are true, then the individuals who use our service will have the expectation that their experience of recovery will not be fractured among professional disciplines, but honoured as a holistic experience.

The challenge for us as service providers is that (at least in our case), given that we are not philosophers, theorists, religious, or cultural leaders, how can we incorporate something like the wisdom traditions into our organisation and services without being trite or unbalanced or misguided in our approach?

We have found a solution in an approach put forward by Ken Wilber, a contemporary theorist and philosopher, which has proved extremely useful in providing a comprehensive framework, or integral map, that incorporates most human worldviews and experiences, and can be pragmatically applied at an individual, organisational and social level.

The integral approach

‘We need an integral vision, and we need an integral practice. The integral vision helps provide us with insight... integral practice anchors all of these factors in a concrete manner, so they do not remain merely abstract ideas and vague notions.’¹¹

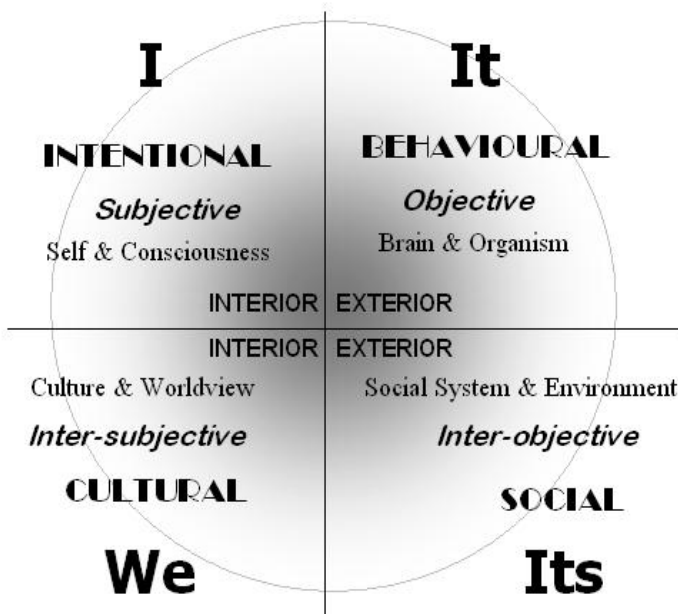
According to the Integral Institute, of which Wilber is a founding member: ‘The easiest way to approach the integral method is to remember that it was created by a cross-cultural comparison of most of the known forms of human inquiry.’¹² Wilber’s aim has been to integrate existing cross cultural theories and worldviews into an overall theory of consciousness. He has mapped out the connections across the world’s major scientific, cultural and spiritual traditions and had some success in presenting a unified model that connects all of them. He concluded that an integral worldview must be able to encompass objective, subjective, individual and collective approaches that do not contradict, but rather reinforce each other. This approach is ‘not some “outside” philosophy that people are asked to believe, but a pointer to potentials that they already have but perhaps are not making full use of’.¹²

A thorough examination of Wilber’s all-quadrant, all-level model can be found in his numerous books. In summary, the basic understanding behind the approach starts with three transcultural orientating generalizations: the Beautiful, the Good and the True, also expressed as Art, Morals and Science, or Self, Culture and Nature, or the pronouns I, We and It. These orientating concepts are overlaid with four different perspectives of human experience: inside and outside, and singular and the plural. Just as we can look at the inside and the outside of the individual, we can look at the inside and outside of a group of individuals: ‘We can try to understand any group of people from the inside, in a sympathetic resonance of mutual understanding; or we can try to look at them from the

outside, in a detached and objective manner (both views can be valid and useful, as long as we honour each).'¹³

These concepts are summarized into the 'four quadrants' that set out a representation of human consciousness as seen from four different perspectives (see below).

Wilber's Four Human Perspectives



It is important to stress that the ultimate aim of this approach is not to compartmentalise but to integrate: 'Experiences in each quadrant are not separate from the other quadrant. On the contrary, an experience that is observed in one quadrant will have corollaries in the other three, and these need to be given equal weight if the experience is to be truly and expressively human ... the four quadrants are not four different occasions but four different perspectives on (and hence dimensions of) every occasion'.¹⁴

Vision and practice

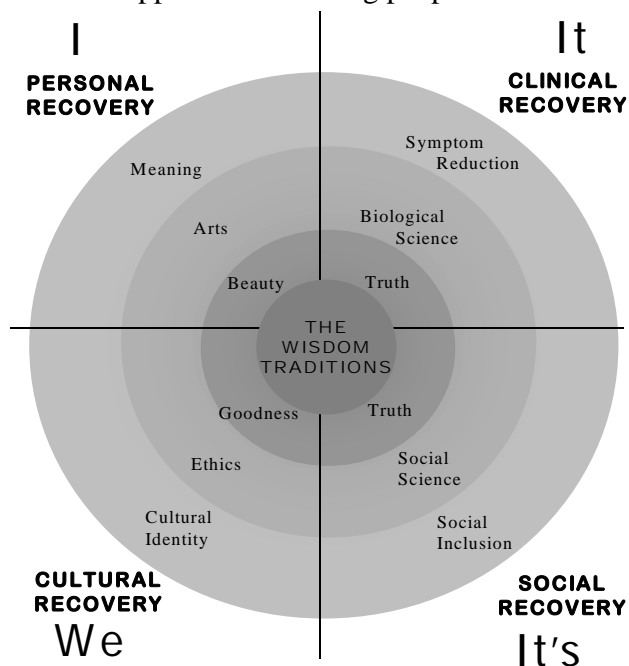
At Wellink Trust we have been applying this integral approach as a foundation to our overall vision, our day-to-day service delivery and our organisational development. The benefits of using this approach are that our practice can be guided by a relatively simple

set of principles that allows us to include a very broad range of human experience. Since our work is grounded in human experience, this broad approach has been, we think, extremely relevant. It also helps us to see how the different approaches aimed at reducing the suffering of mental illness fit into wider interpretations of life, and can be complementary rather than antagonistic if an appropriate balance can be found.

Applying an integrated interpretation of mental illness, the person suffering and those working with/supporting them immediately have a wide range of possibilities to consider when trying to understand the illness, and in applying healing interventions. It also becomes apparent how each experience in each quadrant has aspects that interconnect with the others. None are seen in isolation. For instance, a significant and frightening altered state of consciousness experienced by an individual (top left quadrant) can be measured through changes in neural activity (top right). This altered state will be interpreted by the surrounding culture (bottom left): in western culture probably as a psychosis or an illness, but in other cultures possibly as a mystical experience or perhaps communication from or with ancestors. The social institutions of the dominant culture (bottom right) will interpret the experience and perhaps put some legal or physical restraint on the person.

The four quadrants

The following diagram shows how we use the four quadrants and their underlying philosophical links to map the different dimensions of recovery to ensure we take a balanced approach to meeting people’s needs on their recovery journey.



Essentially the four quadrants can be used as a diagnostic tool to detect imbalance, or a map to promote balance and depth in a range of human experiences and endeavours. The map can be used at a personal, organisational and social level. Our experience has been that most people relate very quickly and positively to the concept of balance and

'integration of the whole' inherent in the approach. For us in New Zealand the four quadrants have significant alignment with the Maori concept of health – te whare tapa wha (the four cornerstones)¹⁵ giving the approach transcultural relevance.

We believe that integrated approaches to human consciousness and experience such as Wilber's, are crucial to the way we respond to mental health in individuals and our communities. Our mental health systems, fragmented and under stress as they are, wracked by internal conflicts and with a lack of focus, might also benefit from a underlying philosophy that values holistic balance in people and service systems.

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One page box

One amazing journey

I was in my late 30s, married, three young children and owned my own cleaning contracting business when I started having extreme experiences. These experiences caused me to be committed under the Mental Health Act and to be placed in the secure unit of a psychiatric hospital. I was subsequently hospitalised several times: the last time in 1998. This is my journey of recovery from the point when I had a large delusional experience and then spent two years in bed.

At this time I existed in an environment of distress. I had been in a major psychosis for an extended period of time. I was certain I was Jesus Christ. I was highly medicated. I'd been given a label that I felt was a psychological death sentence. I was extremely depressed at home in bed. The elements of distress permeated my life and my family's life.

Personal distress – who am I?

I had the experience of being Jesus Christ for some time. When I was committed I sensed my purpose was to cleanse all the asylums of the world. My major preoccupation was with the distress of the subjective experiences. I was deeply distressed by my altered state of consciousness, how to make sense of my experiences – why those visions? why those voices? what did they have to do with my life and me? what was my life? who am I now? I was Gary Platz, married, a father and director of my own business. I was Jesus Christ. I still had that feeling, I am, but I knew I was not. I was experiencing extreme lack of emotion dispersed with extreme grief and loss also, and sadness. Mainly confusion.

Cultural distress – where do I belong?

Who was I when I went out in the community? How could I look into anyone's eyes again? I was ashamed about being in my family. I didn't know who I was in the world any more.

Clinical distress – my body and mind?

I was spending my time in bed. I was hearing voices. Medication was affecting my movement.

Social distress – how do I survive in the world?

I had lost my business and my vehicles. I experienced discrimination and loss of friends. While I personally had created this environment of distress, people around me were living in it as well. This did not help the recovery process. It intensified the environment of distress. There was much miscommunication, which increased the sense of isolation.

While I was preoccupied in the personal meaning domain of my life, Kathryn, my partner, was preoccupied with more pragmatic, objective and social issues – mortgage payments, unemployment etc – and with clinical issues, such as changes in my behaviour. I had a community psychiatric nurse who visited regularly. Her focus was also in the clinical domain. Her communications to me were about needing to get out of bed and taking medication.

But during those two years the environment did start to change to one of recovery or well-being. For me it started through a realisation when I was in a secure facility, acting out very badly. I was in a locked ward, really terrified, screaming, smashing my head on the floor. I had a thought (it wasn't a voice) that I had better be careful because if my behavior didn't change I could end up lost in a dark hole in the mental health system forever. Though I was at the most extreme I had ever been (hallucinating, hearing commanding voices and absolutely terrified), I had a thought that terrified me even more.

I changed my behaviour. I became quiet. I behaved. The realisation I had while I was in bed was that I had some control. For the first time since my experience began I started to have a sense of an internal locus of control instead of an external one. Mental illness is so powerful that it felt like it was too big to be not coming from the outside of me. I thought I was controlled by it. This realisation changed, challenged, that paradigm.

My partner also had a realisation. She asked me to change a flat tyre on the car. This was something I traditionally did. She drove out of the drive and the wheel fell off. She realised after that incident that she could no longer trust in the old ways of our family culture, and if she wanted a better life she needed to focus on a life for herself and the family instead of focusing on my illness and the distress it caused me and the family.

Recovery

So from those two moments of realisation my recovery journey started, along with the recovery journey of my family. In those moments both of us began to appreciate our personal power and start using it in a different way that that would lead towards well-being for each of us and for the family.

The environment began to change. Living in the environment of distress was taking its toll on us. We were learning to live with distress as the focus – in fact it became the meaning of our existence. It took up all our energy. It sorely tested our marriage. It severely challenged whether life was worth living at all.

Now with those seeds of control, use of personal power in a positive way, the environment started to change. Hope started developing. Self-determination began to raise its head. Both of us started to think and to do things differently. Kathryn's focus was on getting a life back together that was beyond the focus of mental illness in the family. I began to see my life wasn't over. In time we began gaining a sense of belonging in the world. The environment started changing from one of distress to one of recovery/well-being.

Personal recovery

Over time I began to make some sense of my experience. I wrote a lot about my life. I remembered more of my childhood. I realised the brooding presence that I always felt coming from above and behind me was my grandfather. That what I saw and heard were the people of the small country town where I grew up. I found out that I was severely abused when I was a child. I started to redefine my identity. I had survived big things, therefore I must have some strength.

Cultural recovery

During this time I was also getting sense of whom I was in connection. My shame was too great to be able to feel a sense of connection with my family. It was through a peer group that I was able to gain a feeling of connection. Because everybody had the experience of major mental illness, I felt less shame and in time had a feeling of acceptance. After gaining a sense of acceptance with peers who experienced mental illness, I started to gain a feeling of acceptance with in other groups.

Social recovery

I began performing poetry and became part of the local arts culture. I started volunteering to peer support groups. I started working, running workshops for people with the experience of mental illness. I became involved in the consumer/user movement. I found citizenship. I was contributing again.

Clinical recovery

My symptoms were still there to be observed, and at times they did get on top of me and I did end up in hospital on occasions. I found that I was able to manage my symptoms a lot better. I hate that word 'symptoms'. My focus actually changed from thinking of symptoms and how to manage them. I don't experience symptoms. What some would consider symptoms (voices, mood swings, hallucinations) is all part of how I experience consciousness, living. I have certainly learned how to live with and learn from some of my more unusual experiences of consciousness.

So I could say that the effects of those diagnosed symptoms on my ability to live well have reduced remarkably and that would be readily observable. As for behavioural change – well, I got out of bed and been having an amazing journey ever since.

Gary Platz