

Video abstract transcript

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For the article, *Relational Recovery: Beyond individualism in the recovery approach*.

Hello, my name is Rhys Price-Robertson and I'm introducing a paper that I co-authored with my colleagues Angela Obradovic and Brad Morgan. In this paper we introduce and explore the concept of relational recovery. In a nutshell, our argument is that relationships lie at the heart of mental health recovery.

We begin our paper by introducing the recovery approach, or the recovery model as its also called, which now guides mental health care reform across much of the English-speaking world. Recovery was born out of the radical psychiatric survivor movement of the 1960s, but has long since become mainstream, and is now enthusiastically embraced as an alternative to the medical model of mental illness. However, criticisms have accompanied the recovery approach since its very beginnings. Perhaps the most persistent criticisms have focused on the individualistic worldview underpinning many conceptualisations of recovery.

So what do we mean by an individualistic worldview? Put simply, we mean that most models of recovery focus very much on the individual – individual thoughts, feelings and behaviours – and they deemphasise contextual factors. For example, the seminal definition of recovery describes it as “a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles”.

Now this idea of a personal and unique healing journey has been an important development in a number of ways. It's encouraged many people with a mental illness to assert their autonomy. It's encouraged people to define their experience in a way that is personally meaningful to them. And it's encouraged people to challenge the many ways in which they may have been coerced or oppressed by others.

Yet conceiving of mental illness and recovery as a “deeply personal” phenomena can also be highly problematic. It's problematic because both the problem and the solution are seen as existing within the individual, while the familial, social and economic contexts of mental illness and recovery are obscured. This is indeed problematic given that social determinants are consistently identified as among the strongest predictors of mental health outcomes.

Of course, most contemporary models of recovery acknowledge the importance of social connections. Yet in these models connectedness is still seen as but one among many aspects of recovery, and we argue that this simply reinforces the view that that which goes on in people's minds is somehow fundamentally separate from that which goes on in their social worlds. We argue that it's more accurate to see social relationships as suffusing all aspects of recovery, including supposedly “deeply personal” ones like hope and empowerment. We argue that hope, empowerment and changes in identity never arise in a vacuum, but rather emerge at the intersections between individuals, families, communities, and environments.

In the second part of our paper, we begin to outline what a more relational view of recovery would look like. And we do this by drawing together a number of examples of studies and

models that see recovery as an inherently social process. Perhaps the best examples to date come from the small but growing literature on “family recovery”. Models of family recovery acknowledge that for many people it’s impossible to separate their own recovery from the functioning of their family system. This can be especially true for parents living with a mental illness, whose recovery is often intimately connected to the wellbeing of their family, to their responsibilities as parents, and to the dynamics of their parent-child relationship/s.

At the most basic level, models of family recovery promote strategies and interventions premised on an acknowledgement of people’s fundamental *interdependence*. And the basic reality of interdependence holds true for everyone, whether or not they have close contact with their families. When interdependence is properly recognised, experiences and behaviours that might normally be seen as highly individualistic are instead seen as interpersonal phenomena. For example, assertions of autonomy only have meaning within the context of relationships or situations that undermine people’s autonomy or transgress the boundaries they wish to maintain. If anything, autonomy is deeply relational, complex and continually re-negotiated.

We conclude our paper by arguing that more than ever we need models of mental illness and recovery that challenge, rather than resonate with, our culture’s growing individualistic ethos. We need systems that place relationships and families at the heart of mental health recovery. So if you get around to reading it, we hope you enjoy and get something from our paper.