



« Captain and guide on the same ship »

Report from workshop for recovery-knowledge

Mariann Haukland, Berit Langseth
and Jan Kåre Hummelvoll

Report nr. 1 – 2017



SAGATUN
BRUKERSTYRT SENTER

We are working to strengthen the users voice!

One Thing's Necessary

*One thing's necessary – here
in this hard world of ours
of homeless and outcast people:*

Taking residence in yourself.

*Walk into the darkness
and clean the soot from the lamp.*

*So that people on the roads
can glimpse a light
in your inhabited eyes.*

Hans Børli: From Windharpe, 1974.

Preface

2016 was an exciting and active year at Sagatun; we collaborated with Professor Jan Kåre Hummelvoll on the implementation of six recovery workshops. To contribute to empowerment and recovery processes is the main idea at Sagatun. We believe in the power that lies in people's own experience and knowledge of what contributes to recovery from a difficult life situation. A focus area for us in 2016 and 2017 is to qualify us on what contributes to recovery and coping seen from a user perspective, and we have therefore worked on what the term and the conceptual content of recovery imply.

We contacted Professor Hummelvoll, who has been an important contributor to the professional development of the work at Sagatun through his work at the Hedmark University College, Department of Mental Health. Hummelvoll responded positively to our inquiry and we began to plan how the work could be carried out. You can read how the workshops were carried out in Chapter 2. It was necessary to get the users' point of view from the planning phase on. We asked Berit Langseth if she would like to be involved in this project as one of the three supervisors. Berit also responded positively and together with Mariann Haukland, the head of the Regional user-governed centre at Sagatun, Berit, Mariann and Jan Kåre constituted the management team for the workshops.

The report has been titled "Captain and Guide on the Same Ship". We think that a sailing in unknown waters is a good picture of the demanding process of a recovery and/or change process after major mental health problems and/or addictions. In this process, it is important that the user is the captain on the ship but he/she need one or more guides who have knowledge and awareness of the waters or of the processes that he/she shall carry out to reach a defined goal.

The recovery process must be undertaken holistically, not by pieces and parts as Hummelvoll has written in his books. We have to work together for the coping, with the user as the most important player. In a recovery process, there will be a need for different contributions according to the individual user's needs. Treatment with or without medication is important as well as follow-up from the municipal services and from the Norwegian Labour and Welfare Administration (NAV). But the entire recovery process must be built on that there is a life to be lived. Equally important as treatment are meaningful activity, education, job training and ordinary work, depending on where the individual is in his/her process. The experience of belonging is an important factor in the recovery process. It's about family and networking, establishing

new networks and, a place where you can “belong to” and develop on your own terms and at your own pace. Then, places like Sagatun are important because they are characterized by mutual support among people being in the same situation.

We would like to greatly thank Jan Kåre Hummelvoll who led us through the workshops with his knowledge and sagacity. Jan Kåre has given us the theory in appropriate portions, participated in the discussions and reflections, he has actively listened to the views and experiences of the participants in the workshops and has written this report in collaboration with Mariann Haukland. Thanks also to Berit Langseth who has ensured that all that has been submitted has been in a popular language (easy to understand), and to Mariann Haukland who has been responsible for organizing and implementing the workshops.

Both the supervisors and Sagatun have a clear wish and ambition that this report will be used actively. We believe that a comprehensive recovery-oriented understanding must be the main basis for practice, where users’ understanding and knowledge are equivalent to professional competence. In the recovery process, the user must be the captain and the most important player, and we will therefore address a power shift in practice: We introduce user-governance with the participation of health and social workers.

Being a captain on his own ship - is user-governance in practice.

Hamar, February 14th, 2017

Kårhild Husom Løken,
CEO.

Table of Content

Background	9
Method: The local workshop dialogue.....	12
Results	14
Recovery - A first description of the subject area	14
Recovery as a personal process.....	16
Recovery as an interpersonal process	18
Recovery as a social process	20
Recovery as a spiritual process	22
Recovery: Our contribution to understanding of the main factors in recovery	25
A comprehensive understanding.....	27
Berit's Narration	29
Reflection on the work in the workshop: an evaluation.....	31
Closing	34
References.....	36

Background

Recovery is a key concept and perspective in mental health work. It's actually an old concept. Both in medicine and nursing, recovery has been used as the term for the uncertain but hopeful period after the downward spiral of the disease state has stopped. There has been a change, a turning point, where the patient shows positive signs of progress and that he/she is on the way to full or partial healing. However, although the concept is old, the conceptual content is relatively new in the work with people who experience mental health problems.

Recovery, understood as a model or philosophy of “getting a grip on oneself” and to be in the process of recovery, can be brought back to “moral treatment” in the late 1700s, “The therapeutic community” after World War II and the Antipsychiatric Movement in the 1960s and 1970s. All of these approaches emphasized the importance of humane treatment, self-help, support among fellow patients, the importance of work and other structured activities. For the antipsychiatric movement, the overall goal was to change psychiatry from within. This was attempted by applying an existentialistic approach that emphasizes the importance of appreciating human experiences, rather than treating individuals from diagnostic labels subjected to the medical hegemony (Clarke 1999).

Recovery was also used early in drug treatment and follow-up (see Anonymous Alcoholics 12-step programme) focusing on empowerment, self-help and mutual support among people in the same situation. In spite of the useful help professionals can provide, it is still the person in need who must seek recovery – and with the help of others who know the “problem territory”.

However, the application of the conceptual content of the recovery model for people with mental health problems is relatively new. The user movement in the 1980s was the greatest driving force in the development based on ideas about self-help, empowerment and fight for rights. The focus on recovery can therefore also be seen as a political response to a low-performing mental health service system that primarily focuses on maintenance. On this basis, the professional power and expertise that has characterized the mental health field was challenged. Behind this development, there was also the influence and ideas of the civil rights movement in the 1960s and the self-help group movement in the 1970s (see Bonney & Stickley 2008).

In the 2000s, “recovery-oriented mental health practice” has become an accepted concept, as expressed in national standards and guidelines. In other words, what was radical and challeng-

ing is eventually transformed into a general ideology. The question, then, is how this affects the radicalism of the concept. Perhaps it leads to a well-founded humanistic practice, or that other concepts emerge...? (cf. Hummelvoll 2012; Hummelvoll, Karlsson & Borg 2015).

Recovery is used in several ways: as a process, an approach or as a guiding principle. Roughly speaking, three main ways of use can be distinguished:

1. Recovery as a spontaneous and natural event. Even if one has got a diagnosis, it is possible to recover without treatment. Phenomena such as resilience and personal robustness can lie behind this process of recovery.
2. Recovery as a consequence of effective treatment interventions ('clinical recovery') refers to that a person is symptom-free and copes with the activities of daily living.
3. Recovery which is experienced although the person still has symptoms and functional weaknesses, yet has the hope and ambition to live well and meaningfully in spite of the circumstances. Prerequisites for recovery to occur – especially in the last meaning – are that help and support are offered from the environment which makes it possible to live a safe and worthy life (see Davidsson et al. 2006).

Recovery is developing and acting in an interaction between the inner personal process, the interpersonal (relational) process, the social process and the meaning-seeking (spiritual) process.

The personal process can typically be described by terms such as self-esteem, self-control, coping and seeing oneself as something far more than “user” or “patient”. In this personal process, redefining self is central, and mental health problems are regarded as just one of many aspects of one's identity. It is also important to address the situation and redefine the nature of the suffering and its concrete effects so that it becomes compatible with a positive self-understanding. Finally, it is important to be able to cope with symptoms and take active part in your own treatment.

The interpersonal process is related to the quality of the helping relation, the quality of the relationships with family and friends, and regaining control through self-determination and active involvement in the treatment.

The social process emphasizes the dynamic relationship between the person and the environment. Living conditions, social welfare, available services, feeling safe, work opportunities and good local communities are all examples of social factors that are important for the recovery process. Important topics to work with here are overcoming stigma, participating in meaningful activities, and regaining civic duties and rights.

The spiritual process is related to the ideological world, that means the world that creates perspective, height and depth in human life. Here people search for meaning in their lives (van Deurzen-Smith 1995). Spirituality is not linked to any particular religion or tradition. Even though culture and belief can have a central place, everyone has their own unique experience with the spiritual dimension, whether they have a religious belief or not. Spirituality is associated with the domain where the personal meets the universal – the spiritual sphere in human experience (Culliford 2005). It rests on three components: the need for meaning in life, the need for hope and will to live, and the need for trust and faith in oneself, others or God. Furthermore, spirituality involves the experience of belonging, (self-)acceptance and the feeling of wholeness.

Method

The local workshop dialogue

The workshop at Sagatun was established to get a better understanding of what recovery is and how this understanding can help the individual in his/her journey towards recovery, and thus, what may characterize a recovery-oriented activity or practice. A workshop is the place where such inquiries can be carried out. It is a place where the participants share knowledge and experiences. And it is also a place where one forms, adapts and works on the phenomenon/object until one gets a good grip at it and eventually be reasonably satisfied with the “product”. We will briefly describe who participated in the work, how the workshop was organized and what the content of the work was.

Participants:

About 20 (15-25) people participated in the workshop. They had different backgrounds, but the majority had user experience, some were employed at Sagatun User-Governed Centre and some were connected to local community mental health services. Representatives from a district psychiatric centre also participated in a shorter period.

Organization:

The workshops were led by three people with different background experience, but with shared commitment to recovery as a central approach in mental health work. The workshops/sessions were conducted from March to October 2016 at Sagatun User-Governed Centre – with six two-hour sessions. The first hour of each session was used for a resource lecture, while the second hour consisted of group work and plenary discussion related to the topic of the lecture.

In the middle of the sessions, the participants got a task to work with based on a question that appeared during the work related to the theme of the day. In addition, the participants got a couple of selected articles and a report: Borg, M., Karlsson, B. & Stenhammer, A. (2013). Recoveryorienterte praksiser. En systematisk kunnskapssammenstilling. Trondheim: NAPHA, Report No. 4. In advance of all resource lectures, a working paper (3-5 pages) was prepared that should serve as support for the memory of what had been worked on. In addition, a summary was produced from each session documenting the work that had been done in the workshop in the form of group work. These summaries, along with one of the workshop leaders' reflections, have then formed the basis for this report.

The aim of the course is that the participants

1. gain insights in documented and experienced conditions that promote health, experience of coherence – and values that underpin recovery processes
2. get increased knowledge of recovery as a process
3. get increased knowledge of recovery as practice

Course Content:

1. What is recovery? Government guidelines and health promotion ideology. Theory of salutogenesis and, values associated with recovery processes
2. Recovery as a personal process ('the self-world'; 'Eigenwelt')
3. Recovery as a relational process ('the social world'; 'Mitwelt' – among other things related to care)
4. Recovery as a social process ('the outside world'/social life; 'Umwelt')
5. Recovery as a spiritual process (ideology or 'Überwelt' – the meaning-seeking process)
6. Principles of recovery-oriented services (summary of previous course days)

The preliminary report was presented on a half-day seminar (January 2017) at Sagatun User-Governed Centre for participants and others who were interested (n=17). The participants perceived the report as valid and adequate for the outcome of the work that had been performed in the workshop (i.e. high degree of communicative validity). Comments and elaborations were noted and included in the final report.

Results

Recovery – A first description of the subject area

In the first session of the workshop, we worked on a more immediate approach to the concept and the phenomenon: recovery. The participants describe recovery as if “something changes in regard to the individual’s goals and wishes”, and that “you know positive feelings indicating that you still get better” and “knowing that you are on a meaningful way”.

Basically, recovery is about getting a good life – recover – ‘getting back on track again’. In a way, recovery as a process is to be understood as a part of life. For the individual, it is often the case that “you do not notice the improvement until you pass it”, i.e. when you look back and compare your condition before and now. But the key to recovery is the feeling of coping, that you have greater control and, in a sense, reclaim your own life. Recovery after having been really down requires that you fight and do not give up; There must be room to fail and try again and again. And in this situation, it is good if there is someone there who supports you in the transitions in life (from one situation to another, from one phase to the next, from one role to another, and so on).

Several participants describe recovery as something “that promotes health”. It can involve physical activity, being able to use oneself and to experience natural tiredness. But it also pertains “to seize the day”, rise to get more out of the day and establish good routines; and it’s about being active. Besides, the experience of togetherness will be a support in the recovery process, and that you have someone who believes in you and shows confidence – maybe just in transition phases/situations.

Regarding the question of how helpers can support the individual’s resources during a treatment plan so that possibilities for recovery increase and quality of life improves, the following reflections are expressed by the participants:

Mastering things – and “that there is someone who sees you and your strengths or skills”, are considered important by a number of participants. Some participants have stated how they want to be met, namely being taken seriously, feeling respected and equal in the relationship, being met with hope and focus on his/her resources: “appropriate challenges that can be mastered”.

“Being taken seriously” is important even when focusing on resources. It is not good to be met with (the statement): “but you have so many resources” when you ask for help. When you are most vulnerable and are met like this, it can lead to another setback – thinking this is something that I should have mastered. To be taken seriously means, among other things, that the knowledge and experience you have about yourself should be respected and equated with professional knowledge.

The question is how the helper can work as a guide for the user. The user wants to be the captain on his/her own ship! Therefore, it is necessary to investigate: What is important to you in your everyday life? What is the most important thing to do now and in long run? What does it take to get what you want? What is meaningful to you?

According to Aron Antonovsky (1996), experiencing life as something meaningful is one of the most important factors that promote health. The question that should be asked when meeting a person with mental health problems is how this person can be helped to get better health. If we take this seriously, who else than the person himself can define what is meaningful? What is considered meaningful or important varies from person to person. Some participants verbalized this in slightly different ways: “Activity is meaningful”. “Having a bad day, staying at home and the day getting long, networking is important”. “If you have a bad day, then it’s important for you to have an activity and to get out”.

According to one of the groups in the workshop, the recovery process is time consuming, and we must “find our own strengths in collaboration with the therapist”. Therefore, helper, remember to ask the users what they want to be helped with. Some know very well what they need to be helped with, while others need help to find it out. And others have “low voices” that need to be strengthened to be heard.

The responses from the participants reflect that it is the life and everyday activities that are important to experience recovery and, also, that something is expected from them. When someone expects something from you, that means that you can do something, you are worth something, and have the knowledge and resources that others can benefit too. To get on the journey towards recovery, it is emphasized that you have to work actively with yourself and that this requires sustained self-effort. Recovery occurs holistically, but can still be considered from four different domains with associated processes, namely the personal, interpersonal (relational), social and spiritual domains. These domains were treated separately in different sessions in the workshop. The work resulted as follows:

Recovery as a personal process

“Recovery” is a concept that is both old and new. Old because the concept has been used as a popular term on the situation and condition that characterizes a person who is recovering after a period of illness. The novelty of the concept is that it is related to the perspective of opportunities in the work with people who suffer from mental health problems, and emphasizes that we can grow and develop despite various health limitations. This was formulated as follows in the workshop: “One should not be so keen to seek back to how life was before the problems arose, but you have to dare to stretch to create something new (...) that is, seeing opportunities rather than obstacles”.

In the workshop, we worked further on the question what it means to see recovery as a personal process. Several opinions emerged, and together they highlight the question quite well: As a personal process, it involves having to work with oneself; it is sort of “revival of life or myself”; and it is about “getting out of the quagmire or the roundabout and finding one’s way out”. Some participants have taken the starting point in the five stages of recovery processes that the Australian psychologist Retta Andresen (2006) has formulated:¹ From the moratorium where life is put on hold, through three intermediate stages characterized by awakening, preparation and rebuilding, and to the stage of growth. This is a process characterized by being “empowered in one’s own life” and “with active (user) involvement”. At the same time, it is pointed out that “The process has no final end and that it is different for everyone.”

Participants acknowledge that one must be active. It requires hard work and understanding if the work should be done. To know where to go, you must also know where you are. “Sometimes, we need help and support from outside – someone to reflect with – on what’s possible for me, what’s needed in order to get it done and how”. Recovery processes are about doing it, “grab your own life”. It’s about gradually replacing the bad memories and creating new, good memories: “Find things that make you happy and build ways of recovery around it”. And it is about “forgiving yourself and building up your self-esteem”. In addition, it involves working actively to develop a positive identity and to regain control of your own life. Recovery often means

¹ Although the individual has his own way of recovery, there are some elements that belong to the phenomenon of recovery. Andresen et al (2006) has, based on extensive interviews with users, proposed five stages in the recovery process: 1. Moratorium (Postponement – the situation “put on hold”): This is a time characterized by withdrawal with a deep experience of loss and hopelessness; 2. Awakening: To acknowledge that not all is lost and that a satisfying life is possible; 3. Preparation: Consider strengths and weaknesses when it comes to recovery opportunities. And start work on developing recovery skills; 4. Rebuilding: To work actively to develop a positive identity, set meaningful goals and take control of one’s own life; 5. Growth: Living a meaningful life characterized by mastering the disorder, resilience, and positive self-esteem. Naturally, these stages will not be seen as a straightforward development that everyone undergoes, but rather as aspects that characterize it to be in a recovery process that promotes health.

a change, which is demanded because we must break an established pattern, and to learn and understand relationships, feelings and responses in a new way. “Why do I think the way I do? Is it because I’ve been a street junkie?”

It is difficult to cultivate recovery as a personal process since the interpersonal and social processes collaborate with the personal. So, even though recovery to a great extent is about what the person himself actively does, quotes from the participants also showed that some environments or milieus promote recovery processes. This applies, for example, to Sagatun that has contributed to “awakening for many people so that they see opportunities and not only obstacles”. Today’s society has the individual in focus, apart from the extended families. However, in order to grow and see new opportunities, you need feedback, acknowledgment and being treated as an ordinary person. One of the participants mentioned that we “learned social codes from the others in the house”, and that this was an essential part of the development. Therefore, it is not only through treatment that people get better (see Hummelvoll et al 2009; Øvergård & Granerud 2011). Consequently, the world outside and interaction in several arenas are important in the recovery process: “Trust is very important, that means that there are people who believe in you”, and also to meet “positive people who ‘lift you’ and believe in you”. Moreover, it means a lot “to belong to and be a part of the flock”. Being part of the flock is about making someone feel valuable and being “inside/included”, and that you get feedback which makes you grow.

Recovery as an interpersonal process

In the investigation of recovery as an interpersonal process, the guiding questions were: From your experience, what is it about good relationships that contribute to recovery? and: What is important in helping relationships?

Here, the participants had a lot of experiences about what promotes good relations and thereby stimulates recovery processes. Some basic attitudes emerged clearly:

- Mutual trust – could count on.
- Kindness and understanding.
- Mutual respect.
- Recognition.
- Meeting challenges that are possible to cope with.
- That the helper is clear and giving – without overloading the user.

Apart from that, the importance of giving time to come forth with “secrets”, to “get help and time to put the puzzle”, and that the relationship may feel like “a safe haven to come to when life gives adversity” are underlined by the participants. Taken together, these recovery-promoting attitudes of a good relationship can be summarized by the attitude of present friendliness – that also includes encountering the other with appropriate support and challenges.

The foundation in the helping relation must be human dignity and patient or user rights. Human rights claim that everyone has equal value and equal rights and that society must be designed to meet our basic human needs. We have the right to life in safety, to education, to health services and to welfare. Being met as worthy human beings with resources and abilities, and to be given hope when we are at the most vulnerable – make us dare both to ask for and to receive help. A good helping relationship is about bearing in mind the fact that it is the user him/herself who must do the work in order to move forward. The helper provides suitable challenges – and not unattainable ones. One must therefore first know where the person is (in his/her life situation), and then find out what kind of help is relevant. Mutual understanding of the values and

life situation is crucial in a good helping relation, and having shared views of the opportunities that lies in front. Individual plan (IP) has been focused on in several workshops as an important tool. The plan shall describe the person's goals, resources and services they receive and by whom. In a good relationship, there is mutual understanding of what the goal is and how quick we can take the steps to achieve it. In this regard, the following questions may be useful to ask:

What do you like to do? What makes you happy? What are you good at? What is important to you in your everyday life? What does it take to get what you want? What is the most important thing for you to do now? What is the help needed and what can you do yourself?

These questions can promote a brainstorm by being open and by exploring a new way of thinking together with the helper. What is required from the helper in a helping relationship is that he/she listens to the user's needs and follows his/her process. This makes the concept of companion and guide meaningful.

Many people struggle with poor self-confidence and self-esteem and are therefore vulnerable. A good helper should assist the user to strengthen him/herself; the helper should tolerate expression of pain and be supportive. Stimulating hope seems to create the confidence that (personal) development can take place. A good helper supports the user to become aware of his possibilities, rights and duties, and assists with various tools in this process: "You have done a good job"!

Mutual respect is essential in good relations. Respect means to look again. For the helper, the question is whether he/she has listened with respect to what the user says, and has adapted the information to the user recovery process. Have I provided good information about the importance of networks and opportunities found outside the traditional support system? In the same way, the user will be asked whether he/she has listened with respect to what the professional has said, and whether he/she has got new ideas or tools that can be used further in the recovery process. For both parties, the question applies: "Have I shown genuine interest to understand the other?"

Recovery as a social process

In the workshop, we worked further on what it is that characterizes recovery as a social process, what a recovery-oriented practice means, and what characterizes environments that provide nourishment for recovery. Recovery processes which focus on the social process, were in our work especially related to activities and strategies in everyday life and local communities.

The personal, relational and social recovery processes are closely interwoven in the lives of individuals. For some, however, one is more prominent than the others. Recovery is related to the person's own process and depends on the relational process, but the social conditions and the people around are equally important. Therefore, recovery will include the dynamic relationship between the person and his/her environments. The workshop participants emphasized the importance of friends and networks: *"Having a place to go to and to belong to is important – (a place) where you are also challenged so that you learn new things, make new experiences and move forward in your life"*. This view corresponds well with systematic user experiences that emphasize that recovery is about efforts to regain control in life, to find meaning, living everyday life based on the individual's desire, the right to choose – and the right to have real cooperation with professionals (cf. Borg, Karlsson & Stenhammer 2013).

The researcher in our supervisor team highlighted some important factors related to recovery as a social process. These are about having a valued role in society and a sense of belonging, strengthening one's social identity, seeking recovery-stimulating environments, i.e. factors that promote growth, development and hope, participation in meaningful activities – and finally the empowerment and resumption of civic duties and rights. The participants underscored that the kind of professional development and research needed now is "projects that focus on the relative resources/benefits people with mental health challenges have". It is emphasized that there is knowledge gap in this area that needs to be filled in order to create a recovery-oriented social practice: "Because the society in general has been concerned with the sickness and symptoms, employers have not (...) discovered and got acquainted with special resources that people with mental disorders may have. Some only need a quiet room – and then have a strengthened ability to work". It is pointed out that people with different mental health problems may work extra creatively and concentrated – and become a clear resource at the workplace – if the working conditions are facilitated. Therefore, the focus on the disease model must be considerably reduced in favour of a recovery-oriented model to help people on their recovery journey. Welfare services must be related to needs and not to diagnoses.

Several participants brought up Sagatun User-Governed Centre (the House) as an example of an alternative community that has essential characteristics of a “recovery-stimulating environment” – and thereby recovery as a social process:

- The House emphasizes the skills of the individual, and promotes what one can do or contribute with.
- It focuses on the possibilities in the future rather than on earlier “tragedies”.
- Users experience their own progress by having “fellow travellers” who support and help them develop further.
- The House teaches the rules of society.
- The House builds trust and contributes to a good framework around the recovery process (trust takes time to build up, and if one is initially vulnerable and has experienced many defeats, it may be harder to trust people).
- The House stresses ‘Coping at one’s own pace’.
- Being at the House creates social networks.

This process also creates new memories and a new positive identity. As a continuation of the focus on Sagatun as an example of a recovery-stimulating environment, the workshop workers framed some other factors that are important for recovery as a social process:

- Preventing to put people in a stall.
- Having positive expectations for the individual and provide positive feedback (i.e. supportive and nourishing environment).
- Going new ways in life requires that you want it.
- User rights and opportunities must be the focus and participation must be systematic, that means: captain and guide on the same ship.

- The philosophy must be characterized by “Together in coping” – and working in a collaborative practice.

Some in the workshop also emphasized the importance of meeting professionals “who believe in my opportunities and resources, take what I say seriously, and support my goals and dreams.” This statement leads to the next recovery process, namely the spiritual.

Recovery as a spiritual process

While working with this process, two questions were asked: What is meant by the spiritual? How will the spiritual domain get more space and attention in treatment? The understanding of what the spiritual area really meant was not clear among the participants in the workshop. Rather, there was an ambiguous understanding of the concept’s content:

“When it comes to the spiritual, I quickly imagine that it is about getting in touch with “the other side”... I think perhaps a good expression to replace it could be ‘what gives meaning of life’, but I realize that it does not contain the whole of the spiritual. I discussed it with another person here who rather wished that we should use ‘meaning in life’ and ‘spiritual’. Thus, ‘the spiritual’ could be a secondary meaning.”

What the ‘spiritual’ represents, and how recovery as a spiritual process can be understood and maintained, was discussed thoroughly. Here are some of the points of view that show the breadth of understanding:

- The spiritual is like “breathing”. We do not think about it until it is hindered. The spiritual is a necessary driving force in humans. The spiritual is related to reverence towards the greatness of nature/life.
- Listening is absolutely crucial (being seen and heard) – and to get help to search and try. Something is more important than anything else for the individual; Therefore, the following questions should be asked: ‘what is important to you?’ and ‘what gives you joy in life?’
- Time should be added in the conversations and in the therapy for unexpected

questions (which might be related to the spiritual) – time is needed to say something about what gives meaning in life. If you have something that gives meaning in life, it's easier to work with the things you want to change.

- What gives meaning in life is also related to safety and well-being; to have something to look forward to doing.
- It is important to get rid of old dogmas which hold that the health worker knows best what is appropriate for the user and make the user a passive participant in his own life, and thus provide a poor recovery process.
- Individual plan (IP) is an important tool in which the user can tell what is important to him/her.
- Working in groups, sharing experiences and not standing alone, gives hope and sense of belonging.
- Learning to care for oneself; for example, cutting hair, buying clothes, putting on make-up.
- Being in a good place and experiencing good interpersonal relationships. That's how other people can be elated or depressed by our manners/ways of being present.

In order to give the spiritual domain of recovery a rightful place in treatment, time is needed to talk about it, but also awareness of its importance and to have interested professionals who are willing to enter into this domain.

To give the area a fruitful place in collaboration and treatment, the participants concluded that listening, seeing and understanding the user is an art. However, on the one hand, in the interaction between user and therapist, communicative noise can quickly arise when it comes to the demands for 'medical safeguarding' (all patients should be evaluated with structured interviews, even when both patient and therapist are quite sure of what is 'wrong') and, on the other hand, a health service system that is expected to focus on normalization and resource orientation (see Aaron 2016). In a recovery-oriented approach, we must make a choice: normalization and resource orientation should be the main strategies. Then it will be necessary to focus on the following questions: Where is the user now? What is important to him/her? What

are his/her dreams or plans? What gives life meaning? The dreams have a positive function because they show that the person has something to work for and that he carries on a longing.

What a professional can support the user with is to see what steps must be taken to fulfil his/her dream. Some users might not know what is the dream or the meaning of life, and may need some extra help to figure it out: "Help to search and try". The user must decide the goal, and the professional should act as a guide and use his professional knowledge to the benefit of the user. In many places, this will be a completely new way of working, while in other places only small adjustments are needed. Many participants call for more 'experience consultants' in the treatment systems – persons who can communicate on equal terms with the client. This might in turn provide better dialogue with the treatment team.

In a summary of the discussions at the workshop, the following attempt were made to determine the content of the spiritual process: In the spiritual domain, we find aesthetic themes (the beautiful and the harmonious), ethical (right, wrong, good, fair, etc.), religious (faith, doubt, God, life, death) and meaning-seeking and meaning-creating themes (meaning with and in life). For some, for example, it is about being in nature, participating in creative activities and being with and/or being responsible for animals.

Recovery:

Our contribution to understanding of the main factors in recovery

During the last session, the question of what had emerged as the main recovery factors was discussed in groups². Based on the participants' experiences, several factors were identified as crucial in order to get back on the track of positive developments. The development demands that basic needs, such as safe housing and reasonable economy are covered. Beyond this, the following factors were considered essential for recovery:

- to have courage and willingness to change – it is about having courage and mobilizing will to change; addressing negative thoughts; getting started again with different activities; searching for and be open to positive experiences/events every day; “Recognize that you cannot get back where you were, but direct your focus on what you can become”.
- to be appreciated and respected – without self-stigmatization; get a positive relationship with yourself and the environment; learn something new and experience coping; get salary and recognition for the work you do.
- to recognize the problems – recognize where you are stuck, get a new view of life, a new inspiration. Understand yourself and your own reaction patterns in relation to others.
- to seek and feel togetherness – get out and meet people; search for a nice and safe environment that focuses on recovery; get a supportive network; have a best friend
- to manage your own life – gain power and control in your own life; get your own home, and decide for yourself who you want to visit and when; have awareness and knowledge of rights and possibilities, be an active participant in your own treatment. Seek support to achieve your own goals (Individual Plan).

2

The question was: In your opinion, what are the three most important factors which contribute to recovery?

- to be in a good helping relationship – good interaction with the helper (play on the same team); be seen, heard and understood; get mutual trust; the helper who extends help and does 'the little and unexpected extra' for you to succeed.
- to experience life as something meaningful – find out what gives meaning in your life. If you have a goal or experience meaning in your life, it is easier to get hold of your own change process. This is one of the most important factors that promote health.

A comprehensive understanding

It is often the case that the process in a workshop is richer than the written material. Here too. But we believe the documented knowledge on recovery will be a good addition to the literature which is already available. This is because there has been a majority of participants in the workshop who have experience with mental health problems and/or drug problems (to varying degrees). Their work on the subject is particularly interesting and relevant when deciding what recovery means and how the recovery process can be supported and strengthened.

Overall, the work in the workshop shows that recovery is about getting a good life, recovering and getting back on track again – acknowledging that one never gets back to the place where one was when the problems started, but one has come to a new place and with new experiences.

What has proved particularly important is to get support in transitions (from one situation to another, from one stage to the next, from one role to another). Here, there will be a difference between a recovery-based model (for mental health care) and a medical model. Some participants believe that perhaps time is ripe for the disease model to get less space and for the person to start from a more social, holistic and recovery-oriented model in understanding disability. But it is uncertain whether psychiatry is ready for this and we cannot omit the power hierarchy easily. Kinderman (2014), for example, has taken a critical look at today's psychiatry and expressed a new approach:

“We must move away from the disease model, which assumes that emotional despair is a symptom of biological disease. Instead, we need to take a psychological and social approach to mental health and well-being, an approach that recognizes our common humanity” (p.7).

And here comes the recovery approach with its focus on resources and opportunities – in spite of expressions of suffering.

There is an open question whether a medical model and a recovery-based model can be mixed. Here, there was no clear answer to the question, but the doubt was there – along with a recognition that models never tell the whole truth about how things are. Both models are important and we must think “holistically – and not by pieces and parts”. However,

a recovery model must take precedence since it clearly focuses the opportunity perspective on problems and disorders, and that it is possible to recover and recuperate after a troubled phase of life. Nevertheless, in some circumstances, it will be appropriate to let the medical model take precedence when someone primarily need medical assistance. Therefore, professionals are expected to be “multilingual” since no model alone “own the truth”. However, it will lead astray if the medical model should dominate the entire therapy room/field. People who want to get away from drugs and major mental difficulties need different approaches and different methods.

Berit's Narration

A comprehensive understanding can also be expressed through a young woman's narration, Berit, who gave a talk about what recovery is for her. Her starting point is based on William Anthony's (1993) definition of recovery:

” *Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness. Recovery involves development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.*

Berit's starting point was the time when she felt powerless with little confidence in her own resources. Therefore, she needed help but did not want the support system to take responsibility for her life. What has been important to her has been to get out and be engaged in meaningful activities at 'the House'. Here she felt accepted and useful. Moving into her own apartment has also helped greatly to regain power and control in her own life. Furthermore, she tells:

” *For me personally, this has meant that, first of all, I wanted a change in my own life. I had to replace the bad memories with good memories. I have worked a lot with my own self-image and tried to be fond of myself. You must have hope and believe that it is useful and, continually see more opportunities.*

” *Social life is very important in order to get better. It's about having contact with family and friends. I consider the House to be part of my family, yes, for the network has been really important to restore the power of my own life. Here, I feel I'm worth something, I get praise when I do something good and I get challenges at my own pace. Here they see my resources. I have also had good friends and a best friend who keep in touch with me outside the House as well.*



Below is Berit's advice to the support system:

The support system should be a guide and a supervisor. It's important that it can give me hope when I've lost it. The "spiritual" is about meaning in life, something to hold on that gives us meaning in our lives. Sometimes we need help and support from others to reflect together with: "What's possible for me and what it takes to get it – and how to do it." The support system should take us seriously and not take away our goals and dreams. This is also about power relations by giving more power to the user.

Reflection on the work in the workshop: An evaluation

In the preparation for the last workshop session, and at the scheduled time during the session, the following questions were asked to the participants:

1. How did you experience attending the recovery workshop?
2. Has the participation contributed to an in-depth understanding of what recovery is about?
3. What could have been done differently? Written answers (n = 13) were delivered anonymously. The overall impression is that it has been a positive experience to participate in the workshop, and that the participants have got something (new insights) in return for their work:

1. *How did you experience attending the recovery workshop?*

Here we find five supplementary answers to the question:

- a) It has given me many new viewpoints on how my personal recovery process can be done...even though it strikes me that this is not a simple process – and it must be reflected on in health care, NAV and in local community work etc.
- b) I think it has been exciting, interesting and incredibly instructive. I have learned a lot. Good interaction both professionally and socially between the participants.
- c) Very interesting. The workshop was planned in a good way; a good mix of lecture and discussion.
- d) Many exciting discussions and very interesting to hear the participants' views.
- e) It has been interesting, constructive and provided many 'aha-experiences'. Everyone has something to contribute.

The others respond briefly that it has been instructive to participate, it has been exciting, challenging, interesting and that the lecturer (supervisor) has been good.

2. Has the participation contributed to an in-depth understanding of what recovery is about?

On this question, all 13 participants answer yes unambiguously. Four elaborates as follows:

- a) It has given me many answers to what recovery means and implies. It has also given me a broader understanding of how I can prepare to get back on track related to recovery in my daily life.
- b) YES!! Now I feel ready to tell others about recovery. I have learned a lot about my own recovery process.
- c) Absolutely, but the concept contains so much which must be clarified. Users must OWN the concept and have the defining power.
- d) To the highest extent – there are many new pieces to the puzzle. Some pieces have fallen in place through these six days.

The others answer either only ‘yes’ or ‘yes, without doubt’. Two clarify that the participation has contributed to more understanding of the concept and how the theory can be understood in one’s own life.

3. What could have been done differently?

There are seven participants who do not have views on what could have been done differently. The others clarify their views as follows:

- a) I think this has been a very good setting where we have organized each workshop with professional content, personal experiences and group work, as well as individual work with “homework” between the sessions. This has made the workshops quite professional. There fore, there is no objections against the implementation and the process. A small objection, perhaps: In some places in the booklet³ there are quite a lot of text and terminology which not necessarily ev eryone understands so well.

3

The booklet referred to, is a 3-5 pages working paper prepared by one of the leaders for every workshop.

Apart from that, it is very important that this (knowledge) reaches out to the parties (services) that work with clients in health care, NAV, local communities etc. We can work as hard we can here at Sagatun, but it will not help in the if the client does not have all of these parties involved in the collaboration.

- b) I wish every session could last more than two hours.
- c) It was a shame that the professionals fell out along the way. Isn't it important enough?

(Two participants particularly express that "those who provide service, and therapists should participate" in such workshops).
- d) There should be a summary from the participants' reflection after each workshop.
- e) Mixture of reading and PowerPoint is easier to follow. Having breaks is important (two participants mention the importance of breaks).
- f) For the time being, I cannot think of anything that could have been done differently.

Overall, the evaluation shows that the workshop method, as a framework for the work to clarify recovery processes, seems to be beneficial especially in two ways. First, the workshop method provides the opportunity to develop knowledge about the phenomenon (recovery) so that it can be shared with others. Second, it also provides the opportunity through active participation to make the phenomenon studied, applied meaningfully in one's own life. The workshop method, as described, is recommended to use when examining other themes, phenomena and practices.

Closing

This workshop report ends with one of the first texts that were shared to the participants during the first session:

People have always found ways and strategies that lead to recovery, and so been able to recover following illness, functional problems or crises. Some seek fellowship with friends and family; others look for good places to rest, meditate and be inspired (church room, quiet room); others choose nature to experience tranquillity, affiliation, naturalness and greatness; or cultural experiences, which can challenge thought patterns, confront, create recognition, stimulate meaning – and for many: physical activity will be what it takes to get a better grip on oneself to experience new energy, fitness, coping, feeling natural fatigue and well-being. We try to recover in our own distinctive ways. Precisely this realization lies behind the metaphor of recovery as a personal journey, but where a good the travel companion, in certain periods, can make the key qualitative difference – set against traveling alone. The travelling route must be determined by the person based on his/her own values and preferences, but the implementation is influenced by available means and actual opportunities (see Hummelvoll 2012).

And finally, what is the basic values of a user-oriented practice? It is to be treated with respect and to be seen as an equal person; to stimulate hope that one can get better. Furthermore, it is about regaining trust in oneself and one's own resources and opportunities through experiences of coping. Metaphorically speaking, users want to “be the captain on his own ship”. Being the captain on one's own ship is user-governance in practice. The time is now is ripe for reducing the impact of the disease model, and that a social, recovery-oriented and holistic model is the basis for treatment and the follow-up (i.e. user-governance in collaboration with healthcare professionals). But the report has shown that a captain also needs a guide when the waters are unknown and unclear. The fact that such involvement is important, is clearly stated in the following statements from the workshop:

” *I was thrown into the task as a leader (...).
It was scary, but I've mastered it
and I've grown a lot to get that responsibility.
I would not had been able to do it
without the support from the staff and other users.
They have shown me that I can do a lot more than I think.
The social part also means a lot.
You get new friends,
and there are people who expect you to come
and signalize that you are needed here.*

References

Aarre, T. (2015). Medisinsk makt og symbolsk vald. I: Karlsson, B. (red.). Det går for sakte ... i arbeidet med psykisk helse og rus. Oslo: Gyldendal Akademisk.

Antonovsky, A. (1996). The salutogenetic model as a theory to guide health promotion. *Health Promotion International*, 11(1): 11-18.

Bonney, S. & Stickley, T. (2008). Recovery and mental health: A review of the British Literature. *Journal of Psychiatric and Mental Health Nursing*, 15: 140-153.

Borg, M., Karlsson, B. & Stenhammer, A. (2013). Recoveryorienterte praksiser. En systematisk kunnskapssammenstilling. Trondheim: NAPHA, Rapport nr. 4.

Braye, S. & Preston-Shoot, M. (1995). *Empowering Practice in Social Care*. Maidenhead: Open University Press.

Clarke, L. (1999). Ten years on: the abiding presence of R.D. Laing. *Journal of Psychiatric & Mental Health Nursing*, 6(4): 313-20.

Culliford, L. (2005). *Healing from Within: Spirituality and Mental Health*. London: The Royal College of Psychiatrists, Spirituality and Psychiatry Special Interest Group.

Davidson, L., O'Connell, M., Tondora, J., Styron, T. & Kangas, K. (2006). The Ten Top Concerns About Recovery Encountered in Mental Health System Transformation. *Psychiatric Services*, 57(5): 640-645.

Hummelvoll, J.K. (2012). Helt – ikke stykkevis og delt. *Psykiatrisk sykepleie og psykisk helse*. Oslo: Gyldendal Akademisk.

Hummelvoll, J.K., Karlsson, B. & Borg, M. (2015). Recovery and person-centredness in mental health services: roots of the concepts and implications for practice. *International Practice Development Journal*, 5 (Suppl) (7)

<http://www.fons.org/library/journal.aspx>

Kinderman, P. (2014). Fra sykeliggjort til aktiv deltaker – i stedet for dagens psykiatri. Oslo: Abstrakt forlag.

van Deurzen-Smith, E. (1995). Eksistentiel samtale og terapi. København: Hans Reitzels Forlag.

Øvergaard, M. (2011). Sagatun Brukerstyrt Senter - brukererfaringer. Elverum: Høgskolen i Hedmark, Rapport nr. 1.





Verksmestere

Jan Kåre Hummelvoll - Berit Langseth
og Mariann Haukland

--- ** ---
*

Translated by Gloria Tumansery and Jan Kåre Hummelvoll.



SAGATUN
BRUKERSTYRT SENTER



The house of dreams

We build together in common!



SAGATUN

BRUKERSTYRT SENTER

Sagatunveien 47 A - 2317 Hamar
www.sagatun.no - post@sagatun.no