

Proposal for a socially constitutive process of personal recovery in psychiatry

REFRESHMENT

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SUMMARY

This article discusses the importance of personal recovery in psychiatry and proposes a new socially constitutive process. The author, an expert by experience, emphasises that recovery is not only an individual endeavour but also an intersubjective one. Moreover, social relationships and external factors such as community, family, health service culture and social norms influence the recovery process. The socially constitutive process posits that support from professionals and family members is crucial, significantly reducing the burden of responsibility carried by individuals with mental illness.

KEYWORDS

Personal recovery; socially constitutive process; mental health; relationships; expert-by-experience.

attitude and extreme emotional overinvolvement with the individual) on family function naturally affects the individual's recovery process and may lead to negative reconfiguration (expressed emotion is a good general predictor of poor outcomes across a range of conditions) (Butzlaff 1998). My experience was that my self-esteem and self-stigma were negatively affected by my father's patriarchal beliefs, perceived hostility and indifference, while I felt that my mother was supportive, which had a positive effect, when I published articles and presented at conferences in Japan.

Changing one's core beliefs

The words and actions of others, including parents, friends and educational institutions, influence people even before they reach adolescence. The recovery process facilitates reconstruction. In cognitive-behavioural therapy, for example, it involves gradual change in one's schema (core beliefs). I had interpersonal difficulties because my theory of mind did not mature. In addition, because of mental difficulties and cognitive dysfunction, I had a strong defectiveness/shame schema. However, this schema was improved during social relationships through positive words of supporters and peers involved in the recovery process.

Stigma

Additionally, research on stigma reports that the influence of social structures permanently affects an individual's recovery process. Many people now have scientific beliefs about mental illness, and there has been a decrease in stigmatising attributes, but no reduction in social rejection has been observed (Javed 2021). Because the self is not composed solely of itself, the stigmatising attitudes of family members and healthcare providers contribute to an individual's self-stigma. Stigma at the social (interpersonal) level can also lead to a decline in quality of life, including the areas of education, marriage, child-rearing and employment, which are passing points in the individual's recovery process. Furthermore, the effects of setbacks and traumatic

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Personal recovery has become increasingly important in psychiatry. One typical recovery framework is CHIME, which comprises five components: connectedness, hope and optimism about the future, identity, meaning in life, and empowerment (Leamy 2011). Goals and processes are important elements of personal recovery, and the lack of short-term recovery in people with chronic mental illness has increased the importance of this process. Therefore, this article proposes a new socially constitutive process based on my perspective as an expert by experience.

The influence of social relationships

I believe that an essential element of the personal recovery process is the influence of social relationships (Linde 2023). This influence includes external factors such as community, family, relationships with supporters and others, physician and hospital culture, and social norms and structures that affect the individualised processes of the parties involved.

For example, I was influenced by the positive and negative power of my parents for extensive periods during the recovery process. The negative influence of high expressed emotion (EE – criticism, hostile

events in transit can have a lasting negative impact on recovery.

Stigma is a social phenomenon in which humans create social hierarchies, evaluating each other from this perspective. Social hierarchies are formed based on human differences, such as educational level, income, age and appearance (Andersen 2022). Stigma has been described as being ‘entirely dependent on social, economic, and political power – it takes power to stigmatize’ (Link 2001); therefore, political power influences the relationship between individual recovery and stigma. Further, the recovery process is a socially constructed concept affected by social, economic and political forces.

Conclusion

The recovery process is individualised, but also influenced by social relationships: people are social beings who reconstruct themselves intersubjectively through social interactions. Since the existing concept of the recovery process has primarily focused on individuality, the socially constitutive perspective may have been neglected.

Recovery frequently involves using external social influences to reconfigure oneself. People have temporary or long-term contact with the recovery processes of others and incorporate both positive and negative elements into their interactions. Furthermore, the recovery process is characterised by its plasticity, which requires mutual learning and development owing to the mutuality of the self and others. This implies that the concept of mental disorder is modern and incorporates a social model perspective rather than focusing solely on individual factors.

According to the socially constitutive process, the support of professionals and family members is crucial in recovery and significantly reduces the burden of responsibility carried by people with

mental illness. I hope that this brief discussion of a socially constitutive process of personal recovery drawing on my perspective as an expert by experience will encourage future studies to explore this concept.

Data availability

Data availability is not applicable to this article as no new data were created or analysed in this study.

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Declaration of interest

None.

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