Recovery, paternalism and narrative understanding in mental healthcare

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Outline of the session

• An abstract model of recovery from typical manifestos.
• The capabilities approach
• Two versions of the capabilities approach
• Cf: two versions of vbp and autonomy
• The ubiquity of narratives in Recovery
• The role of narrative on either approach to Recovery
What could a recovery model be?

- The term ‘recovery’ appears to have a simple and self-evident meaning, but within the recovery literature it has been variously used to mean an approach, a model, a philosophy, a paradigm, a movement, a vision and, sceptically, a myth. [Roberts and Wolfson 2004: 38]

- There is an increasing global commitment to recovery as the expectation for people with mental illness. There remains, however, little consensus on what recovery means in relation to mental illness. [Davidson and Roe 2007: 450]
Sainsbury Centre for Mental Health
‘Making recovery a reality’

• Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems.

• Recovery represents a movement away from pathology, illness and symptoms to health, strengths and wellness.

• Hope is central to recovery and can be enhanced by each person seeing how they can have more active control over their lives (‘agency’) and by seeing how others have found a way forward.

• Self-management is encouraged and facilitated. The processes of self-management are similar, but what works may be very different for each individual. No ‘one size fits all’.
Sainsbury Centre for Mental Health
‘Making recovery a reality’

• The helping relationship between clinicians and patients moves away from being expert / patient to being ‘coaches’ or ‘partners’ on a journey of discovery. Clinicians are there to be “on tap, not on top”.

• People do not recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services.

• Recovery is about discovering – or re-discovering – a sense of personal identity, separate from illness or disability. [Shepherd Boardman and Slade 2008: 0]
Scottish Recovery Network

• Recovery is about living a satisfying and fulfilling life.
• Recovery is about more than the absence of the symptoms of illness. Some people describe themselves as being in recovery whilst still experiencing symptoms.
• There can be lots of ups and downs during the recovery process – some people describe it as a journey.
• For this reason people often talk about being in recovery rather than recovered.
• Some people consider recovery as being ‘back to the way things were’ or back to ‘normal’ but for others recovery is more about discovering a new life or a new way of being. [Scottish Recovery Network 2007: 3]
A schematic model of recovery

• Two features:

1. A recovery model has a focus on health or wellbeing rather than absence of pathology.

2. Patient values necessarily help fix the endpoint / aim of healthcare. Health / wellbeing is defined in an essentially value-laden way.

• This schematic view can then be filled out in more detail eg. by a capabilities approach (Sen).
Sen’s ‘Capabilities and wellbeing’

• The expression ['capability'] was picked to represent the alternative combinations of things a person is able to do or be—the various ‘functionings’ he or she can achieve. The capability approach to a person’s advantage is concerned with evaluating it in terms of his or her actual ability to achieve various valuable functionings as a part of living…

Functionings represent parts of the state of a person—in particular the various things that he or she manages to do or be in leading a life. The capability of a person reflects the alternative combinations of functionings the person can achieve, and from which he or she can choose one collection…
Sen’s ‘Capabilities and wellbeing’

- Some functionings are very elementary, such as being adequately nourished, being in good health, etc., and these may be strongly valued by all, for obvious reasons. Others may be more complex, but still widely valued, such as achieving self-respect or being socially integrated. Individuals may, however, differ a good deal from each other in the weights they attach to these different functionings - valuable though they may all be - and the assessment of individual and social advantages must be alive to these variations. [Sen 1993:31].
Two notes

1. Applied to welfare economics, the approach takes account of the fact that people vary in the resources they need for valuable ways of being and acting. It differs from equal distributions of resources.

2. The freedom to live different kinds of life is reflected in a person’s set of capabilities because it adds value to a life even when not adopted. But the relevant sense of freedom does not range over just any possible life but only possible lives valued by their subjects.
Two contrasting views of functions and capabilities

• Should we... look to the local traditions of the country or region with which we are concerned, asking what these traditions have regarded as most essential to thriving, or should we, instead, seek some more universal account of good human living, assessing the various local traditions against it? This question needs to be approached with considerable sensitivity, and there appear to be serious problems whichever route we take.

If we stick to local traditions, this seems to have the advantage of giving us something definite to point to and a clear way of knowing what we want to know... It seems, as well, to promise the advantage of respect for difference: instead of telling people in distant parts of the world what they ought to do and to be, the choice is left to them.
Two contrasting views of functions and capabilities

• On the other hand, most traditions contain elements of injustice and oppression, often deeply rooted; and it is frequently hard to find a basis for criticism of these inequities without thinking about human functioning in a more critical and universal way...

The search for a universally applicable account of the quality of human life has, on its side, the promise of a greater power to stand up for the lives of those whom tradition has oppressed or marginalized. But it faces the epistemological difficulty of grounding such an account in an adequate way, saying where the norms come from and how they can be known to be the best.

It faces, too, the ethical danger of paternalism, for it is obvious that all too often such accounts have been insensitive to much that is of worth and value in the lives of people in other parts of the world and have served as an excuse for not looking very deeply into these lives. [Nussbaum and Sen 1993: 4]
This dilemma is played out in Recovery

- Is Recovery defined solely by subjects / patients? Contrast:
- *There can be no recovery without self-determination*… Mental illness may pose an obstacle to the person’s achievement of the kind of life he or she wishes to have, may make it more difficult to live that life, and, at its most extreme, may even deprive the person of life altogether. In none of these cases, though, does mental illness fundamentally alter the basic nature of human beings, which is that of being self-determined agents, free to choose and pursue the kind of life they as individuals value. *Mental illness does not rob people of their agency*, nor does it deprive them of their fundamental civil rights. [Davidson 2009: 4-1 italics added]
- But surely mental illness can indeed rob people of their agency?
This dilemma is played out in Recovery

- [M]ore profound losses involve an inability to comprehend the possibility of anything being practically significant for anyone:
  ... It took me a long time, for example, to understand, or to re-understand, why people do things. Why, in fact, they do anything at all. What is it that occupies their time? What is the point of doing? During my long morning walks, I watched people hurrying along in suits and trainers. Where was it they were going, and why were they in such haste? I simply couldn’t imagine feeling such urgency. I watched others throwing a ball for a dog, picking it up, and throwing it again. Why? Where was the sense in such pointless repetition? [Brampton, 2008, p.249]
  This description of the ‘return of possibility’ serves to make salient what was previously diminished or lost: a sense of what it is for someone to act purposively, to find things significant and respond to them accordingly. Activities such as playing with a ball or hurrying to a destination had become strange, unfamiliar, bereft of meaning. The depressed person therefore experiences her situation as something she cannot act upon. [Ratcliffe 2015: 167]
This dilemma is played out in Recovery

- Any application of capabilities must therefore first define/defend a (full or partial) list of valued functionings... [Hopper 2007: 876]
- Deprivation and disgrace can so corrode one’s self worth that aspiration can be distorted, initiative undercut and preferences deformed. *Sensitive work* will be needed to recover that suppressed sense of injustice and reclaim lost possibility. [Hopper 2007: 877 italics added]
- Hopper’s phrase ‘sensitive work’ suggests the danger that Nussbaum and Sen flag concerning an objective view of human flourishing: *paternalism*.
- But ‘sensitive work’ *might* be needed to relieve merely internal, relativistic inconsistencies.
Two further analogies

- The Sen (freedom and diversity) vs Nussbaum (freedom balanced by universal standards) disagreement mirrors:
  1. Davidson vs Hopper (above)
  2. Liberal (procedural) versus particularist versions of VBP/vbp
  3. Procedural vs substantive accounts of autonomy
    - Autonomy = a reflective balance between first and second order values and policies (frictionless spinning in the void?) vs ability to track the good and the true (cf “rational necessitation is constitutive of freedom”)
  - If we park this debate, could narrative have a role on both sides of these?
Narrative is ubiquitous in Recovery

- A proliferation of ‘recovery stories’:
- the personal and existential dimensions of recovery, taking the form of subjective and self-evaluated accounts of how an individual has learned to accommodate to an illness. These accounts have become the founding stories of the recovery movement [e.g. Chamberlin, 1978; Lovejoy, 1984; Deegan, 1988, 1996; Leete, 1989; Unzicker, 1989; Clay, 1994; Coleman, 1999; Ridgeway, 2000], and anthologies of these personal stories have been used by governments and professions as a means of combating stigma and reasserting a focus on personal perspectives [Leibrich, 1999; Lapsley et al, 2002; Ramsay et al, 2002]. [Roberts and Wolfson 2004: 38-9]
Narrative is ubiquitous in Recovery

• And in clinical work:
  • In their work on recovery, both Davidson and Roberts choose not to use an approach grounded in traditional descriptive psychopathology, but turn instead to narrative theory and methods, seeing this as providing a rigorous empirical and clinical methodology in helping people suffering from chronic psychosis to move to recovery. [Bracken & Thomas 2009: 245]
  • A narrative view values content, and in seeking to understand delusions and hallucinations, as opposed to explaining them, one is engaged in re-contextualising the illness in the life experience of the individual. This in turn may inform the rehabilitation process and give insight into the complexities of recovery, which for some will include the loss of the compensations of delusional beliefs and re-engagement with the implications of having a severe mental illness and what preceded it [Roberts 1999]. [Roberts 2000: 436]
So can narrative help with Hopper’s ‘sensitive work’?

- The standard dilemma for ‘narrative theorists’.
  - Either: Narratives = abstract, orientation, complicating action, evaluation, resolution and coda [Labov and Waletsky, 1967] or temporality, people, action, certainty (or not) and context [Clandinin and Connelly 2000]. Etc etc. (cf Arthur Frank)
  - Or: everything is grist to the narrative theorists’ mill.
- But surely the role of narrative in Recovery is tied to a specific task? Suggestion: a narrative *sense* of self?

- A narrative is a representation of events which is shaped, organized, and coloured, presenting those events, and the people involved in them, from a certain perspective or perspectives, and thereby giving narrative structure – coherence, meaningfulness, and evaluative and emotional import – to what is narrated. [Goldie 2012: 8]

- Things matter to people, and a narrative involving people can capture the way things matter to them. [ibid: 23]

- The first characteristic feature of a narrative is that it has coherence, in the sense that it reveals, through the process of emplotment, connections between the related events, and it does so in a way that a mere list, or annal, or chronicle, does not. [ibid: 14]
Two features of narratives

- A narrative has coherence
- ...in the sense that it reveals, through the process of emplotment, connections between the related events, and it does so in a way that a mere list, or annal, or chronicle, does not. [ibid: 14]
- The process of emplotment is often a tâtonnement, a tentative, groping procedure: one might begin with an idea of how the narrative should be shaped, and, once one has developed it somewhat, one might be able to see saliences that one could not see before, and then find it appropriate to go back and reshape the narrative in this new light. More than that, the tâtonnement typically involves a groping search for the appropriate evaluative and emotional import of what is narrated. [ibid: 11]
Two features of narratives

• Narratives are meaning-laden

• First, a narrative can be meaningful by revealing how the thoughts, feelings, and actions of those people who are internal to the narrative could have made sense of them from their perspective at the time—that is, from their internal perspective. And, secondly, a narrative can be meaningful by revealing the narrator’s external perspective: his or her thoughts and feelings that throw light on why the narrative was related (or just thought through) in that particular way. Bound up with these two kinds of meaningfulness are the two ways in which a narrative can have evaluative and emotional import. [ibid: 17]

• (a narrative involving people can capture the way things matter to them. [ibid: 23])
Narrative and ‘sensitive work’

• Kim Hopper’s ‘sensitive work’ to recover a suppressed sense of injustice and reclaim lost possibility reflects the dual dilemma:
  • Either paternalistically imposing an entirely external view of what someone in recovery from mental illness ought to want.
  • Or failing to challenge a view which may be impoverished by mental illness, stigma and even, in some cases, experience of psychiatric treatment.
Narrative given proceduralism

• Narrative self-understanding introduces a temporal dimension and the explicit possibility of divergence of value between what one valued in the past, values now and may come to value in the future.

• Moderates the threat of relativism because not anything goes: only what passes a dynamic self-correcting albeit internal constraint.
Narrative given particularism / substantivism

- ‘Sensitive work’: persuasion that some forms of life are more valuable than others; their neglect is the result of illness.
- Whilst, to a substantivist, external standards do not imply paternalism, they could be paternalistic: a brute imposition of an external view of flourishing.
- Narrative allows externally conceptions of the good life to be suggested and considered as part of a coherent set of policies for future life.
- Understanding will presuppose the subject’s narrative account of their past and present. Not a *brute* imposition.
- (Note the nuanced role of freedom even for substantivists.)
Conclusion

• The capabilities approach is one way of filling out a more abstract model of Recovery in mental healthcare.
• It highlights two versions stressing rational diversity or universality.
• Hence two related apparent threats: relativism vs paternalism.
• A parallel opposition remains if one focuses in on the link between Recovery and autonomy. It mirrors opposing views of VBP/vbp.
• But the existing link between Recovery and narrative suggests a way to blunt both worries, though without resolving the underlying philosophical debate.
References

References

ANY QUESTIONS?