

**5. Congress of the European Network of (ex-)Users and Survivors of Psychiatry  
(A joined congress of ENUSP and the World Network of Users  
and Survivors of Psychiatry - WNUSP):**

**"Networking for our Human Rights and Dignity"  
(July 17 - 21, 2004 in Vejle, Denmark, Idrætshøjskole)**

**Workshop 4  
Recovery  
*Facilitator: Erik Olsen Denmark***

This workshop was made more as a roundtable discussion therefore it should be read as a garden of different views, open questions and an ongoing debate.. all in all there where quit much consensus and little disagreement.  
/Erik

**Introduction:**

Recovery is not recovering an old life; it is embracing a new life, new possibilities. You cannot go back to your old life.

Everyone has their own way.  
We have to break the stigma we have inside ourselves.

You have to have hope. If you have no hope or no future you cannot live.

It is important to have some positive ways to go forward.

We have to build a new house.

You can only work with yourself when you are ready and you need others to do it with.

Some people do not understand the word “recovery” they think it means “getting better” – what it really means is moving forwards – rebuilding.

Why can some people regain their lives and others cannot?

Recovery is not possible within the system and under medication. It is an infinite process. The same thing that brought you into madness can pull you out.

The breakdown is the beginning of the recovery process. Natures device to make you re-evaluate.

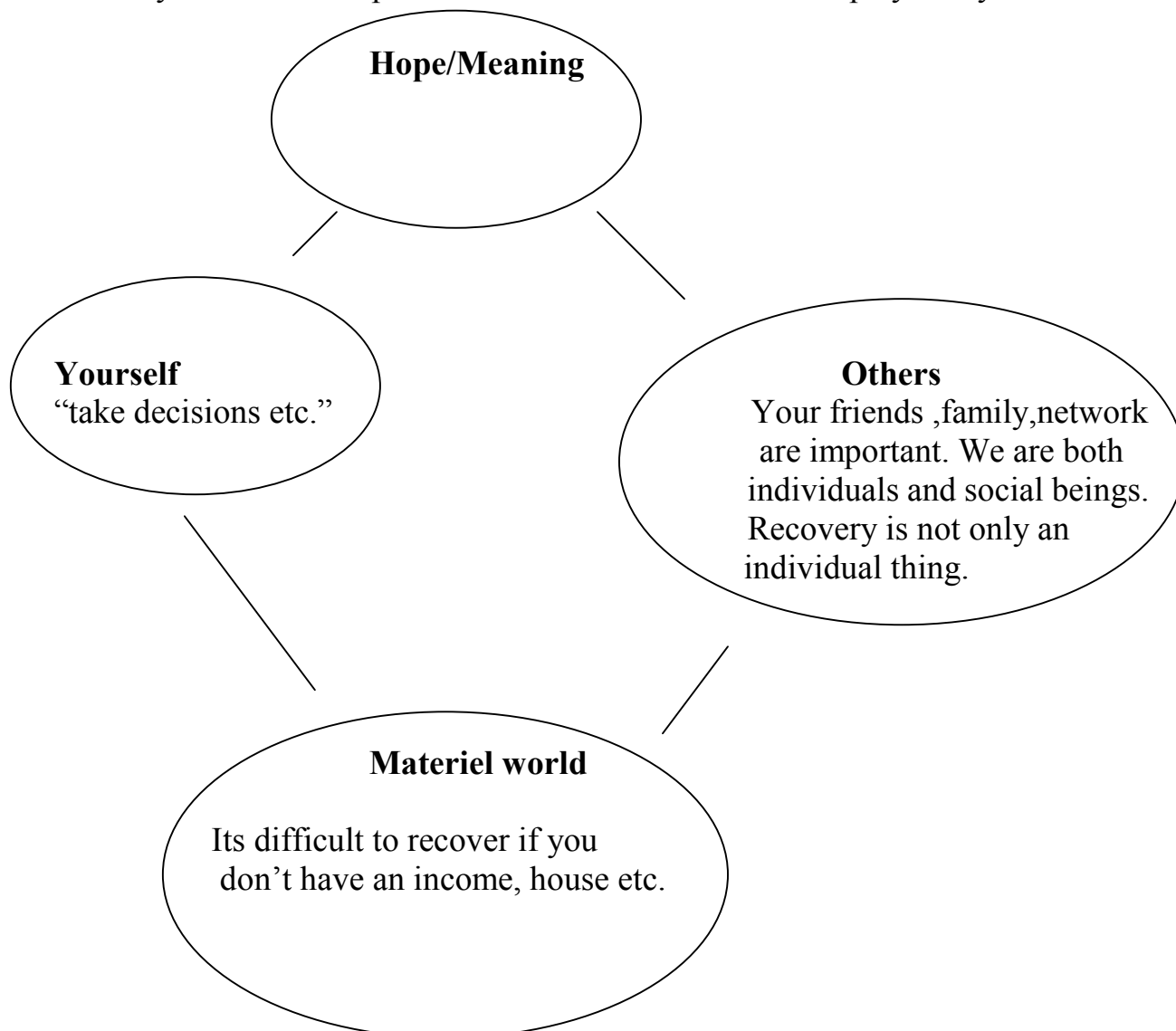
## Erik Olsen: Short introduction

The important question is. How can we make support groups and help each other?

The concept of recovery came from U.S.A. A Swedish psychologist Alain Topor have made extensive research in recovery.

He found that people recover whether or not they receive treatment – most of the recovery takes place outside the treatment and is due to a lot of factors.

However, he found that the factors regarding recovery could be shown as “the 4 corners of recovery” 4 factors that are crucial to the recovery process and recovery seems to take place when all of the factors are in play. They are:



The concept of recovery comes from several places, Psychiatry itself, Psychosocial Rehabilitation and The user /survivor movement.

In Psychiatry old statistics shows that 66 % of persons with the diagnosis schizophrenia recovers either totally or social.

In Psychosocial rehabilitation they say: “The disease in it self is of no consequence, but the social consequences can be catastrophic – losses, divorces, no jobs, homelessness and so on...”

The User/survivor movement put emphasis on empowerment, and stigmatisation and discrimination.

Why is the concept of recovery spreading at this moment?

Richard Warner have shown in his Politic/economic analyse on recovery in his book Recovery from schizophrenia, that the recovery rate follows the rates of unemployment.

The need for labour for the market could be seen as one of the reasons why recovery is growing.

We agreed that if the notion of recovery is something that can benefit service-users, we support it.

How can we support each other in the recovery process?

Some people are isolated, on their own.

Everyone with a diagnosis feels alone.

Recovery cannot happen without opportunity.

Recovery is linked to discrimination and stigmatisation.

Discrimination impedes recovery. Users/survivors are like other marginalized groups.

It is our recovery. The doctors cannot tell you you are recovered. My recovery started when I left the hospital. The shortest definition of recovery is : when you no longer consider yourself as patient – when you have left the role of patient /consumer/service-user etc and only consider you as a citizen.

## Language

The language we use are important. When someone go mad it's a sign that there is something wrong in your life. When you go to the hospital the experience is taken away from you – a new language is imposed.

Recovery is about discovering meaning. You have to find your own words for what has happened – not psychiatric language.

Its impossible to work politically if we use individual language.

Madness may also be positive – responsible for the good things in my life – creativity, energy

Mental Health services don't use the language of recovery.

I am in a process – not “recovered” because that is an end point.

I don't want to go back to the “normal” life We have to think about what we want. People don't enjoy “normal “ life – there is no “normal” life.

In Finland they have an approach called Open Dialogue in Psychosis where you come back to your own life without losing network etc... in the first place

What can we do within our own organisations?

You cannot teach people to recover. The question might be how to help people to live the lives they want. In that sense recovery can be seen as equal to human development.

But we can teach the young in our organisations about what psychiatry means from the user/survivor standpoint.

And we can make seminars etc.. about how to regain control in our own lives.

For instance the WRAP model Wellness Recovery Action Plan by Mary Ellen Copeland

And we can work with empowerment.

Recovery is not a professional intervention – it is we who recover- services cannot make us recover – it is our journey.

We can give each other ”images of possibility” – the possibility for a good life – recover our dreams.

No rules for recovery- just principles – there is no “formula”

We need to make our own Recovery Action Environment – Raves

We can be makers of our own destiny.

We have to reach our doctors what recovery means to us.

It would be good if we could educate the professionals.

In Denmark a lot of professionals wanted to learn about recovery – but then there is the danger that recovery is going to be the professionals project .

We should never forget to devote our energy to our comrades, not only to professionals.

But: some people think that we need to focus on the professionals so we can stop them in destroying us.

We agreed on a two pronged approach: -educate ourselves and educate professionals.

We have some talent as philosophers. One presented “Genie Irrsinn e Rhum” a book that could be useful to empower ourselves.

But: there are some geniuses amongst us – but there are also very ordinary and even stupid people amongst us.

The UK Manic Depression Fellowship – has set up 120 self help groups.

We need to have role models. We have been for others.

We ended the workshop setting up some principles because we all agreed that we need to promote things also not only being against things.

Some principles

- Value and respect our own and others experience of madness
- Value our knowledge – wisdom
- Mental health crisis can be positive- you can build something
- Acknowledge and appreciate sorrow, distress and death as part of life
- Promoting human rights and opportunities
- Taking back control and self-respect
- Dignity, Respect
- Openness – it is essential to be able to speak openly
- Everyone has the right to define their own reality and be respected for that.
- A decent life is possible with a mental health problem

We ended discussing the US right “pursuit of happiness

What is the value of happiness? Is it really the aim

Great art , science was not born out of happiness but struggle/crisis.

But the absence of unhappiness may be important.

Then we ended up by wondering about the strange fact that “ The only ones who can bring reality into the world are those whom other say they have no access to reality.”

Erik Olsen Denmark