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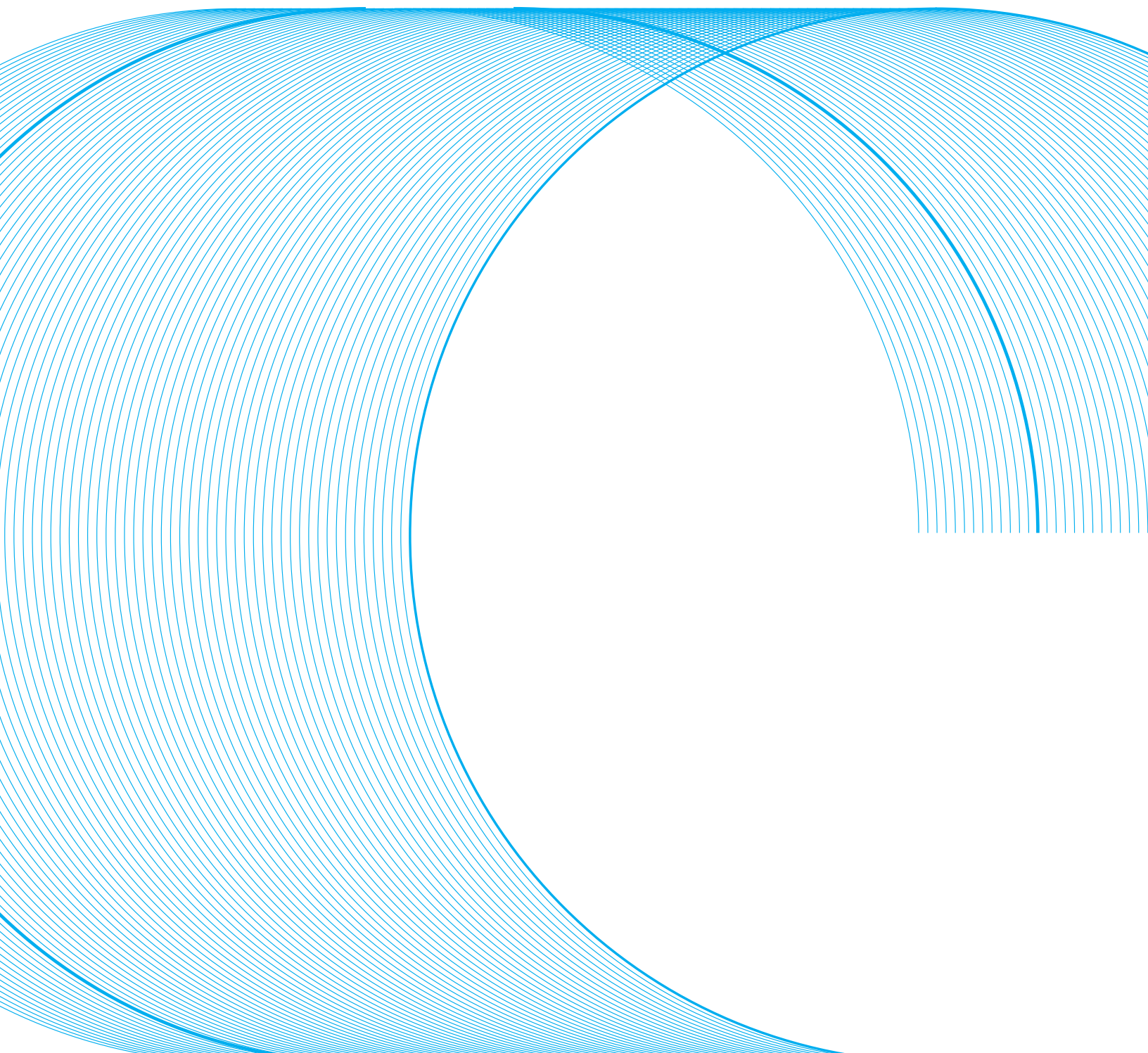
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Identity Summary

In this chapter issues of identity and re-finding self are explored through an examination of narratives offered by individuals who are in recovery from mental health problems.

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Identity Summary

The recovery experiences of these narrators capture the richness and complexity of the self in every human identity and recovery journey. There are a number of findings discussed in this chapter that can positively or negatively influence an individual's identity and recovery, including:

- Having hope, confidence and optimism that recovery can happen.
- Accepting and having belief in self.
- Taking responsibility for your own wellbeing.
- Increasing your own self-esteem and self-efficacy.
- Being more self-aware.
- Rejecting the negative identity of ill health and its associated stigma.
- Growing beyond your label or diagnosis (and helping others to see beyond it).
- Reclaiming power and self-determination.
- Improving your physical image or your perception of your physical image.
- Accepting and expressing your sexual identity.
- Developing a creative, cultural, social and community identity.
- Being empowered by your mental health identity.
- Embracing spirituality.

It is clear there is a complex relationship between identity and recovery. From the narratives gathered in this project it was evident that much of the subject of identity appeared to be about the issue of personal growth and development and internal change. Narrators showed numerous facets to their own identities, some unique and several embodying common characteristics, experiences and expectations. Re-finding and re-defining a sense of identity and self-confidence that has potentially been eroded by institutionalisation or ill health was often the first step on a recovery journey.

Drawing from the narratives, we highlight the importance of developing a positive identity to furthering recovery, and to promoting mental health issues more generally. Together and individually, the narratives form a hopeful picture of recovery. The data we present in this report will have implications for understanding and promoting recovery experiences in Scotland, as well as for developing mental health recovery theory and practice in general.

Recovering Identity

Recovery can be seen as a complex process of adjusting personal attitudes and beliefs in self, recognising a more hopeful or optimistic view of life. Kirk (2002) recognised recovery as “a process of restoring or developing a positive and meaningful sense of identity apart from one’s condition and then rebuilding one’s life despite or within the limitations imposed by that condition.”

Recovering Identity

Erik Erikson (1980) used the term identity to designate a sense of self that develops in the course of a person's life and that both relates them to and sets them apart from their environment. Ricoeur (1985) also accepted that identity is not fixed or persistent arguing that conceptions of self and identity vary throughout one's life.

Within recovery literature, identity has been considered by other authors to be about more than an individual's self-knowledge about their personal characteristics, personality or self-affiliation. It combines this knowledge with the individual's sense of importance in a social context, one's self-confidence, and how self is reflected in other people's perceptions according to Onken *et al* (2002). It often reflects an individual's micro and macro culture (who they identify with at a local and social/media level), and holds their aspirations and objectives. Davidson and Straus (1992) argued that re-finding and re-defining one's sense of self were as important to recovery as symptom alleviation.

How identity affects recovery journeys has been discussed by many researchers who identified different aspects to identity as being either destructive or essential to recovery. Numerous commentators have indicated that having an optimistic and hopeful outlook can have a positive impact on recovery. Indeed, Scheier & Carver (1992) found that at the physiological and psychological level, optimism and positivity can provide the motivation to start exploring how to begin the recovery journey. Pearson (2001) describes a "prescribed identity" for service users and recognised the difficulty in removing this identity once attributed as "*over time our identity becomes synonymous with how services choose to define us. This identity is such a powerful one that it is hard to shake.*" Other authors identified the concept of 'identity politics' as being used by the recovery movement to alter the self conceptions and societal conceptions of the self.

In the United States Dornan (2003) found that identity and recovery was enhanced through community engagement. Lapsley *et al* (2002) suggested that community and cultural issues heavily influenced recovery journeys for individuals in New Zealand. This view was also shared by the US President's New Freedom Commission on Mental Health for whom "*aspiring to build an acceptable identity for self and in the community at large is an essential component of recovery from mental illness.*" (Fisher, 2003a).

Art has often been cited as a means of self-expression, emancipation, discovery and therapy (NNAH, 2006). Bluebird (2000) showed that creativity was used as a conduit for expression of those parts of the self which may be difficult to express or may not have been expressed in any other way. Griffiths (2005) and Parr (2005) have also added to a growing body of evidence that suggests that developing a creative identity and engaging in creative activity can have positive benefits for mental wellbeing providing individuals with a sense of purpose or meaning to their life. This proposition was shared by Faulkner & Layzell (2000) in their Strategies for Living report for the Mental Health Foundation which identified creative expression as one of the most helpful strategies and supports.

In addition to creativity, Faulkner and Layzell (2000) also found that religion and spirituality offered a fundamental belief system that provided meaning in people's lives and a reason to carry on through distress. Similarly, Leibrich (2002) argues for considering both spirituality and mental health in terms of the experience of the self. She also argues that mental illness can lead to spiritual progress, and ultimately to mental health.

All of these factors identified in studies internationally emphasise the creation of a positive identity as a major component of recovery journeys for individuals.

Identity Findings

In this chapter we explore issues of identity through an examination of narratives offered by participants who are in recovery from mental health problems. We focus on how confidence, self-perception, creativity and social contribution can positively affect identity and recovery as well as looking at how negative identity, stigma or a spoiled identity, powerlessness and sexuality can affect recovery.

Drawing from the narratives, we investigate collective as well as individual identity and the impact that this shared consciousness has on society's attitudes to recovery and mental health issues more generally.

Together and individually these narratives form a hopeful picture of recovery.

Mancini *et al* (2005) reported that the transformation from an illness-dominated identity to one marked by meaning and wellbeing is at the heart of recovery. The recovery experiences within this report capture the richness and complexity of the self in every human identity and recovery journey. Providing a narrative is in itself a confident, self-determined act that defines identity as narrators construct and present a preconceived concept of self within their stories for their interviewer.

Confidence

The narratives considered here emphasise the agency of the self in the healing process. Regaining a sense of identity and self-confidence that has potentially been eroded by hospitalisation or ill health was often the first step on a recovery journey.

"I think for me, being able to manage my recovery in the way that I have done... I suppose working with people who believe that we have an innate capacity for self healing. I had that belief when I came to my own recovery process and so for me the largest part of my own learning has been learning to listen more clearly to myself."

"I feel I have been able to maintain my sense of identity and that's been really, really important. And I have achieved a lot of new learning in terms of insight into my own experience."

"I think it's hard to praise yourself but that was one thing that I was learning all the time during my recovery, that you have to praise yourself for overcoming the challenges that you're facing. I'm just so much more self-assured. I feel that the whole process was about learning about me."

Crucial to an individual's identity was their self-confidence. This confidence was a multi-faceted trait that encompassed the individual's self-worth, self-esteem, self-belief, self-efficacy, optimism, hope and sense of wellbeing. These factors were found across participants on their recovery journey, as illustrated more fully below.

Hope and optimism

A recurrent theme in almost all stories is that of having hope. Almost all narrators implicitly or explicitly expressed themselves as 'having hope' that they would live a meaningful life and continue to be well. This optimistic attitude is at the heart of recovery.

“Have a vision of where you want to be and try and find ways of getting there.”

“I think that parts that have made me stronger were a willingness to get well in the first place and you have to have that willingness to get well and a hope that you’re going to get well.”

Individuals reported that the confidence gained from this reframing or having an optimistic and hopeful outlook had a positive impact on them physiologically (as they became more active and energetic) and psychologically, providing them with the motivation to explore how to begin their recovery journey. For some individuals this involved a redefinition or rebuilding of self apart from their condition.

“(Reflecting on a pre-recovery state) I think sometimes, certainly myself, the thing that prevented recovery was that I didn’t know anything else. I’d got a mental illness. There’s some safety in being ill, although I hated every minute of it, there was still some security in that.”

Parallel to the hopeful attitude of our narrators came an optimistic sense of ambition. Narrators were overwhelmingly responsive when asked if they had any future plans or aspirations. Some plans were ambitious, others less so, but the point of importance was that individuals now looked to the future. They planned for it with hope, purpose and anticipation instead of trepidation or inertia. Individuals recognised that they were better equipped to deal with adversity when they adopted a more positive optimistic outlook seeing problems as solvable as opposed to insurmountable.

“One of the things I’ve realised is that if something doesn’t work out initially, it doesn’t mean it’s not going to work out. It’s a case of you’ve got to persevere.”

Having a dream to hold on to and something to believe in and work towards was helpful for some.

“Don’t let people tell you who you are, what you are, what you can be. You can be whatever the hell you want... if you want to be a kite maker, if you want to be a teacher, if you want to be a singer. Nothing should ever stop you from being what you want to be... don’t ever let anyone tell you. It’s not their life, it’s your life.”

For some narrators part of their recovery consisted of moving away from the identity of an individual dependent on medicines or being a benefit recipient, whilst others identified themselves as being in recovery and independent thanks to the support they received from benefit income and medicines. For some, ambitions lay elsewhere in terms of building stable relationships, being more creative or working to suit themselves. Overall, ambitions varied but had little to do with ill health or staying well. Once the possibility of wellness was recognised by individuals staying well was positively (and hopefully) assumed by many narrators.

Diagnosis

Diagnosis provided hope for some and fear for others.

“I had never even been told my diagnosis... I found them out from when I got a medical certificate from my GP. So it was a bit of a shock when I came out of a GP (surgery) one day and read my... ‘Paranoid Schizophrenia’ – What? (laughs) I was just having a formal diagnosis of what I thought at the time was a life sentence.”

Frequently, the way in which diagnosis was delivered determined its effect on the individual. The provision of diagnosis accompanied by information and the emphasis of a positive message of hope gave some narrators the label they required to make sense of their 'self'.

“It (diagnosis) gave me a possible identity, it gave me something I could relate to, yes you hear voices, I could meet other people that have also had this label put on them, oh yes you hear voices.”

“It took seven years to get the right diagnosis... It helped, at least then, that was just the start. That gave me at least the chance to say: ‘Well I agree with this diagnosis’ – perhaps then that gave me something to look into further.”

Some narrators felt let down by the professional services delivering their diagnoses. They felt that diagnoses were sometimes suppressed by professionals only to be given at a later date without information or support leaving them to feel disempowered about their own health. Overall, it was felt that if a message of hope is delivered at the time of diagnosis and treatment, this hope is carried by the individual and can be a catalyst to getting better.

“What’s made me more confident... for the future, is that I know I’ve got an illness and I can do something about it.”

Self-acceptance, responsibility, belief and esteem

Narrators explained that recovery is a process of self-discovery and acceptance. Learning to accept and be responsible for your mental health and to value yourself was a step every narrator took when beginning their recovery journey. Acknowledging and learning about their illness and recognising and addressing their own limitations (irrespective of others' expectations) or being receptive to the opportunities it can create was considered important by several narrators.

“Don’t try to meet other people’s expectations of what you ‘should’ be doing; just do things for yourself and that you know are going to make you feel better.”

When unwell, narrators felt they were more accustomed to deferring responsibility for self and actions to others, but with recovery came a growth of confidence and a desire to take responsibility for their own actions and the right to take risks. With each achievement and with each step taken, came the reassurance that they were recovering something positive to learn from. A number of individuals found it difficult to judge how hard to push themselves, finding it necessary to pace their own expectations and choices. However, some managed to turn self-doubt into a positive by thinking *“maybe I am worthless so it’s not going to hurt me to try something.”* Although this premise was initially negative, it promoted a challenging perspective and where success from efforts was found, it encouraged the individuals' belief in their abilities to do something well.

Self-acceptance, learning about self and having belief in self-worth was often accompanied by a recognition that many other individuals are in the same situation. It was often reflected through external influences, that is, if peers gave positive messages of belief to narrators, this in turn promoted the narrators' belief in themselves.

“The belief that I’ve got in myself, belief that other people have shown towards me. I think their belief helped me to believe I could get better.”

A number of narrators valued the help they received (and often provided) through services involving people who had their own experience of mental health problems. Participating

in user involved services helped nurture self-belief and create self-worth. Voluntary work and involvement in service user and self help groups gave meaning and purpose to many often helping to *“fill a void...or...fill a lot of negative feelings and guilt, about being unemployed.”* It also helped build confidence, self-belief and efficacy in the activities that individuals undertook. To be told you are worthwhile and of value was essential to many narrators to help them foster self-belief and esteem. However, being perceived as a ‘service user’ wasn’t always considered a favourable identity.

“I don’t know if I want to be endlessly frustrated by going along to meetings or being seen as a service user all the time.”

Recovery was often initiated in situations beyond the scope of the mental health system. Indeed, narrators often described the importance of developing an inner strength or having self-determination and a positive mental attitude by controlling their own destiny and making their own initial decision to get well.

“I have taken ownership of my illness and I take responsibility for what I do and do not do. I don’t let it control me. And it is an ‘it.’ It’s not the whole of my life it’s just part of my life now.”

Intrinsically linked to narrators’ optimistic views and self-acceptance came a greater level of self-esteem or a global feeling of favorability towards self. This was very important to narrators’ recovery journeys. Whilst individuals who were active within the recovery movement generally belonged to groups that promoted self-esteem through participation and meaningful activity, others built upon their self-esteem through finding value in the roles they occupied in life and being valued by others.

Often individuals had to muster their internal reserves to continue to function in the role they occupied, but this determination had a positive role to play in developing self-esteem and a ‘can do’ attitude. Having positive identities and responsibilities such as a carer, a responsible pet owner, guardian, friend or employee forced several narrators to determine coping mechanisms to maintain their adopted identity and promote their self-belief.

“I seemed to be able to sort of raise my game and overcome anxieties... God help me. Come hell or high water, I was going to do it for the kids... it’s an interesting quirk that I could manage to make that effort. I do suppose that it’s that family bond or whatever. Wanting to see your kids and everything.”

To foster feelings of self-belief it was often best to measure recovery in terms of how far one had travelled as opposed to where one wanted to get to, as one insightful narrator pointed out.

“I find it helpful not to measure my recovery by where I’m trying to get to because I always feel I fall short. But if I look at that in terms of where I’ve come from, then that’s a more helpful frame to measure things.”

Sometimes preparing a list of achievements to review, just to remind themselves of how far they had come on the recovery journey was helpful.

Self-efficacy

Related to self-esteem but slightly different was the issue of self-efficacy. Self-efficacy facilitated goal setting and drove ambition through building narrators’ confidence. This was evidenced through individuals’ confident belief in their ability to perform novel or difficult tasks and cope with adversity. To nurture this self-efficacy individuals felt that

it was necessary to be allowed the opportunity to ‘try and succeed’ or ‘fail without fear.’

“Being able to take a calculated risk with something and go for it. Funnily enough I’ve actually got something like that at the moment, a gardening thing that requires a three day commitment and I’ve been thinking about it for ages and I feel it’s really time I should make a commitment to it and at least give it a try.”

Narrators were found to be efficacious in different things, but the strongest source of self-efficacy was found when individuals successfully engaged in tasks through work or volunteering. Experiencing success in these areas gave confidence to people.

“It’s gave me back my own self-esteem, the ability for me to stand up, work and provide for my wife and I and in our generation I think that’s quite an important thing.”

Engaging in groups that allowed them the opportunity to participate and contribute to activities promoted efficacy, confidence and recovery. Some individuals highlighted the positive role others such as family, friends and peers had on developing this positive self-belief and self-determination, however, conflicting experiences were noted by individuals who found themselves to be disempowered by well meaning individuals.

“When I was very ill... people were saying to me ‘you have to, you have to respect yourself,’ but in the way that they were actually behaving towards me by taking the power and decisions away, they weren’t actually encouraging me to respect myself, and to have confidence in myself. So I think that that’s a key aspect of my recovery that I actually now realise that I have to respect myself, I am a valuable human being.”

Issues of engagement will be covered in more detail in subsequent chapters.

Self-awareness

Following from self-determination and belief came another element of confidence in self that was found to be crucial to many narrators’ recovery journeys; self-awareness. Many participants felt empowered by their own self-awareness and insights into their own health. Being self-aware appeared to promote determination and responsibility which in turn opened up opportunities for individuals and provided them with more self-confidence and a stronger sense of identity and self-worth.

“I don’t know if I do see it as recovery I see it more as personal acceptance.”

“You can’t recover if you’re not actually aware of what’s going on and how you feel. So that awareness then enables me to have a choice and to take responsibility.”

This awareness also appeared to provide individuals with a broader perspective beyond what some described as a self-centred world of ill health.

“I think that recovery has just taught me that there are actually more people in the world than just me.”

It also empowered people to have greater belief in themselves and their knowledge about their own health states.

“...Go with the feelings that you have, and believe in yourself. Listen to other people obviously, but the decisions have to come from you. Then hopefully your life is going to be long, so what’s a couple of years in getting yourself sorted out?”

Self-awareness and awareness of others allowed individuals to compartmentalise their health and wellbeing into one aspect of their newly burgeoning life, and ill health no longer defined who they were. Awareness of their illness allowed individuals to make use of the time they were well and to accommodate the time when they were less well with a sense of optimism that the ill period would pass and recovery would continue thereafter.

“I try to utilise and enjoy the times when I’m well and try and avoid and minimise the times of being low through some self management – self management in terms of being aware, being aware of my illness, being aware of my trends, to being aware of triggers.”

Self-awareness allowed individuals to plan for a future that could be better controlled and managed.

“I’m more self-aware, I know what I want from life and where I want to be and I am happy and content within myself. My lifestyle’s the way that I choose it to be. And I if come up against any barriers I know how to break through them, to work through them. And life is now what I wanted it to be many years ago when my life was taken away from me, the control of my life was dominated by somebody else.”

Negative identity and low expectations

Having pride and belief in your own self-worth was shown to be important to regaining confidence and recovery potential whilst having too much self-doubt was found to be paralysing. A consistently poor view of self was found to be a barrier to recovery.

Mental ill health was described as being corrosive to some individuals’ confidence and initiative. This left these individuals with a sense of negative identity or lack of self-worth. These negative attitudes, whether they were held internally or held by others around them, limited choices and decision making abilities.

“The social affliction around your mental health and that, how it has affected you in the negative side, everything that’s been socially acceptable, maybe for a lot of other people that makes you more feel negative in yourself or that you’re taken away from everything that seems to be expected of anybody else, you don’t have anything, really, any property.”

“Most of the time I’m not uncomfortable with being by myself.”

The perceived opinions of others has had various and conflicting impacts on individuals’ attitudes and recovery journeys. Various narrators required the positive belief and support of others to facilitate their growth and subjective wellbeing and considered negative attitudes to have had a profound and damaging effect on their self-worth.

“Other people believing me was quite vital, cos I didn’t believe in myself.”

“I told them that I’d like to work in mental health and I was speaking to the (person) who was in charge of mental health and she felt that I’d be a risk to other clients if I was on medication, which was really quite upsetting – because I’ve never been a risk to myself or others, and I felt she was being quite judgmental really.”

However, others were driven to overcome the negative perceptions they considered others to have of them. They used the negative expectations of others as a motivator.

“(Talking of other people’s attitudes towards narrators’ ability to fulfill a task) It’s hindered me more to a certain extent because it depresses you that people don’t really understand it. At the same time... when things are being negative towards me, I’ve said ‘right’ to myself ‘I’m going to show them that I can... get over this and get on’.”

It was often reported that negative attitudes lowered self-esteem while an optimistic attitude and positive messages from associates overwhelmingly resulted in a more positive self-image, lessening the negative identity associated with ill health. This led some narrators to indicate that professionals and the public need to be more positive in their approach to service users.

“Other people with negative thoughts, making the situation sort of worse than what it is, you know. That includes staff or other people that are in there.”

“I think people have to really think about being worthwhile. That has to be given to people. That you still have a place in society.”

Stigma – Spoiled identity

People identified stigma as a factor that hindered recovery. The loss of ego, confidence and sense of control derived from this stigma often led to a sense of ‘spoiled identity’.

“People judge you, you know normal public etc, make assumptions, and those assumptions hinder your recovery, assumptions that, you know, there’s something really wrong with you and that you’re a weirdo and things like that, and it’s unfortunate, but fortunately it’s not true! But those assumptions can really seriously hinder things.”

“It’s not until you have experienced stigma that you realise how important and how discriminated against and how bad and how guilty you can feel about having a mental health problem. Being seen as different is not good for you.”

The ways in which mental health problems are understood in the media and in society at large heavily impacted the construction of identity for some narrators. Indeed, even mental health services potentially hindered recovery through negative projection of identity or through treating the illnesses not the individual.

“I’d been on anti-depressants from the age of seventeen, and then for the mental health team to turn round to me and say you’re just a drunk basically, it puts you back. You think if they don’t understand, or they don’t even want to get to ken you, what hope is there?”

Some individuals found difficulty in engaging in community activities, such as work, due to this stigma. Many narrators suggested that others’ preconceived ideas about what individuals with a mental health problem can or cannot do must be addressed to be more reflective of the diverse population of individuals who experience mental health problems.

“I don’t need someone to take me shopping or help me pay my bills; I can do that if I get emotional support which was what was originally asked for.”

Many individuals counted the need to see themselves as a whole person beyond their labelled identity as being integral to their positive recovery.

“I’m not stupid, you know. I may be depressed, I may be withdrawn, I may be psychotic, but I’m not like that all the time... I do still want to relate to people on a level that I’m happy to relate to them.”

Abandoning their service user identity, several individuals sought to distance themselves from the mental health community to further their recovery.

“There’s also something about having other things in my life away from mental health issues, away from support workers, away from, and actually finding a different channel.”

The right not to be judged was sometimes not afforded to individuals in recovery. Many individuals reported a fear of the consequences of others finding out about their mental health problems, fearing rejection and stigma and feeling vulnerable to being found out. Individuals’ internalised stigma often provided a barrier to socialisation. This fear of being found out, fear of a relapse, fear of never getting well was corrosive to the positive mental attitude that often accompanied an individuals’ recovery.

Thriving – Growth Beyond the Label

Some participants, although aware of society’s negative representations of mental health problems and the effects this had on their lives, were happy to be identified as someone who had experienced mental health problems. They had, in essence, reclaimed their identity as part of a significant community or ideological grouping with values and experiences in common, fostering a sense of belonging.

“We need to come out (those that will and can) we need to stand up and say, yes I am manic and proud.”

Some in this group described the positive aspects of being someone in recovery, highlighting the resilience and self knowledge developed as a result of experiencing, surviving and recovering from mental health problems. It had made them a more complete person.

“It was all, every problem and every hiccup was all necessary for me to arrive at where I am today.”

“I do feel I’m a stronger person for having the experiences that I’ve had.

I do think I’ve benefited as an individual, from the entire, what would you call it? Experience?”

Viewing the individual beyond their ill health label was seen by many individuals to be central to recovery. A number of narrators recognised that after they had been labelled with ‘mental illness’ their recovery became a dual process as they had to recover not only from the illness, but also from the role and identity of a person with mental illness.

Recovery usually followed an acceptance of illness, rejection of the stigma label or rejection of the perception that the label has stigma, and a determination that illness will not rule one’s life.

Powerlessness – Removal of identity

Positive Identity was frequently overshadowed by the unequal power imbalance between service providers and service users. Narrators sometime complained of being ignored, having their wishes disrespected or not being believed when in discussion or negotiation with some more powerful professional or service provider.

“They know best and it doesn’t matter what you think because you’ve got to fit into a particular service or whatever.”

This resulted in feelings of powerlessness. Other peoples’ judgemental or stigmatising attitudes were cited as hindering the recovery process. Equally, non judgmental attitudes were appreciated by individuals as they provided them with a ‘normalising’ sense of positivity.

“Just by being there, and just how non-judgemental they are, and everyone that works there, no-one has got a mental health, a professional mental health background, no-one, and that’s you know, that’s, they make a point of that.”

Although positive messages of self-help and self-determination were espoused by service providers, the way in which messages were implied and delivered encouraged helplessness. The ‘helpless individual’ or the ‘dependent’ identity was a self-image that many individuals found difficult to overcome and erase during their recovery journey.

“If you don’t actually have that awareness about where you’re at and what you’re trying to achieve, you then don’t have the power or the control to actually make changes in your life, and therefore other people take that power in many different ways. I don’t think it’s intentional, but a lot of the time it’s quite an abusive use of power as well, because it de-motivates you and makes you more dependent.”

Reclaiming power and self-determination

The regaining of self-determination or ‘agency’ and the removal of unnecessary constraints on individuals’ activities was a feature of several people’s recovery stories. Being given the right to take risks, to take responsibility for self, to build identity and to have a sense of being in control was commonly cited as crucial to developing the skills that would eventually lead to recovery.

“To be able to have choice, to be able to be self-determining – that has been very, very important.”

“If you’re not actually actively taking choices, you’re not taking responsibility, and then you create into a sort of, you walk into the victim’s role.”

Paradoxically, although choice was necessary for self-determination, belief and satisfaction, too much choice was found to be corrosive for some narrators as the more choice available, the more doubt some individuals had about the choices to be made. Individuals sometimes relied on others’ guidance to initiate their own self-determination.

“I felt that she (my support worker) knew instinctively what was the right way to get me to recover and because she believed in me, I started to believe in myself.”

The use of language to convey optimism and hope when dealing with people was considered crucial by many narrators to help them learn to think positively. Messages of hope have been instrumental in many narrators’ recovery journeys. However, not all narrators found medical or other professionals to be optimistic in their approach. From questionnaire data retrieved prior to the narrative interview, only 43% (n:27) of respondents agreed or strongly agreed that they *“had been given a positive message on their potential for recovery from medical professionals”* and 55% (n:32) agreed or strongly agreed that they *“had been given a positive message on their potential for recovery from other professionals.”* Positive messages of hope that help initiate recovery journeys came mostly from close friends. Only two respondents disagreed that they *“had been given positive messages on potential recovery from friends.”*

Physical image

Visual self-perception (one's self-perceived physical attractiveness) was found to have an impact on mental health, giving or taking away self-confidence. Following a healthy diet can be good for physical as well as mental health and several narrators found that following an exercise regime improved wellbeing and self-esteem and boosted confidence in relationships.

Fresh air and exercise produced feelings of wellness in individuals. The feelings of heightened confidence and wellbeing that improved physicality produced was amplified by changes in some peoples physical self-perception. In a society where physical appearance is as important as skills and knowledge, a positive physical self-image was very important to some individuals' recovery.

"I just felt physically and mentally healthier than I have in my whole life. My nails were nice and my hair and I just felt healthy, I started to take up yoga as well and swimming, my relationship with my partner vastly improved because I was more open."

"I did put on a lot of weight, you know? I was a skinny-looking thing. But eh... that helped, you know, and it made me feel better too because I think if you think your image is a wee bit better, you... become more sort of, eh, easy to talk to and I become... my confidence started to come back, 'cos it had diminished quite considerably, you know, confidence in all aspects, speaking to people, visiting shops, you know, blah, blah, blah."

Some individuals' self-image was positively influenced by encouraging comments on appearance. However, negative comments had the opposite effect, especially when narrators were unwell. Whilst other people's perceptions did not necessarily match their own, the influence others' attitudes had upon narrators could not be discounted.

Whilst the physical representation of wellbeing (believing you look good) was found to promote self-esteem, confidence and recovery, it could also give a false representation of wellness when ill. In some instances narrators reported that if they looked good all was assumed to be well with their mental wellbeing.

"(My nurse said) in the past as I come across as quite well presented, people haven't realised that I need help which I do. 'Cos I am presenting... I am well dressed and clean shaven and things like that... it makes me feel good that I am well groomed and all that but people haven't been aware that I perhaps need more help than I would do."

One participant noted that appearing to be well and looking well presented could impact upon one's ability to access state benefits. Income was also found to impact on physical appearance as individuals needed adequate income to maintain a balanced diet and fresh clothing.

"Financially, it's very difficult to do, especially if you've got to buy clothes, and things like that, have your hair cut or buy shoes. You can't do it."

Having something nice to wear and having the opportunity to look good boosted confidence especially when feeling low according to one narrator.

"Another thing that em, got me down was, I was very fat from the, the drugs, and eh, my clothes weren't nice and my hair was awful and, all that dragged down my,

my mood. I think it's important for people who are very down to try, to have some, something nice to wear and, it adds to confidence a wee bit."

Often medication side-effects would have a detrimental effect on physical appearance, for example through weight gain, causing narrators to feel more vulnerable and less self-assured in their appearance and overall demeanour. This sometimes adversely impacted other areas of life such as relationships, due to a lack of confidence. Indeed, this was cited by one narrator as a reason for not being able to find a partner.

Since finding a partner or developing a long-term relationship was commonly referred to as an aspiration for single individuals on their recovery journeys, the issue of confidence with one's physical self as well as one's mental self should not be underestimated.

Belonging

Belonging, finding stability and a place you can call home in a community that is safe and welcoming was described as being important to many narrators' pride, social identity and recovery.

Having the confidence to stay out of the 'risk neutral' environment of a hospital and accepting challenges and thriving on the responsibility of running your own life and home was important to some narrators' identity.

"Definitely moving house has helped the recovery just being like, you know, just going about doing my own thing, minding my own business, you know, doing that kind of thing has helped."

"When I got the flat that I am in now... for the first time it was my house and it was my space and I could fill it with my memories... there wasn't any baggage there... it was a place where nobody knew me, nobody knew that I had mental health problems, nobody knew who I was."

Other issues around housing and recovery will be more fully investigated in subsequent chapters.

Sexual identity

In the majority of cases sexual identity was not discussed as a factor which impacted on recovery. However, where it was discussed, embracing this identity was considered to be an important issue. In one case this was expressed as confidence in feeling sexually attractive when self-image improved.

Gay and lesbian narrators described the complexity of relationships between their mental health and the difficulty, for themselves and others, in coming to terms with their sexual identity.

"Until I was able to be honest about that, that was a problem."

Some individuals had difficulty openly communicating their sexual preference and desires for various reasons including a strict upbringing and fear of criminal reprisal (at the time when being gay was still illegal). One narrator found that letting others know about their sexual preferences boosted their self-acceptance and recovery. However, some individuals experienced stigma that forced them to conceal their sexuality from others, and this suppression of their sexual identity was both frustrating and damaging to their sense

of security, confidence and esteem.

“I’ve had a lot of confusion over my sexuality and trying to deal with that... I was brought up in a kind of situation where anything to do with sexuality was like (draws in breath) as in ‘something you didn’t talk about,’ you know.”

One narrator referred to experiencing sexual violence, describing it as a contributory factor to ill health. Coming to terms with this as part of their identity was an integral part of their recovery journey.

There was recognition that sex and feeling sexually attractive could improve one’s sense of wellbeing. However, some individuals felt that they had missed the opportunity to be a ‘sexual being’ through being unwell for long periods of their life. Some narrators expressed feeling sexually repressed by their mental health, and felt that this had a detrimental effect on their self-confidence.

One narrator reported finding acceptance and refuge amongst gay friends in times of illness. They were however clear that they lived outside of the gay ‘scene’ and considered the experience of acceptance within the gay ‘scene’ was less likely to occur.

“I was amongst gay friends of mine, it’s much more accepted and I feel I’ve always felt like less stigmatised.... it’s been, it’s been easier... I don’t have to go in deep and explain this and that and the next thing, it’s just, quite accepted actually, yeah. Sounds a bit of a cliché, really, but it’s true!”

Creative identity

Through creativity, individuals developed a new means by which to express their identity. Diverse forms of creativity from sculpture to gardening were identified as a means of pleasure and self-expression. Using creative means to express things that were otherwise difficult to communicate was also found to be a positive step on some recovery journeys.

“Because you can’t communicate when you’re ill, you haven’t got a voice, you don’t know what to say, you can’t say what you’re feeling, I found that writing it down got it all out.”

Creative activity had positive benefits for mental wellbeing. These benefits ranged from gaining socialisation skills through participation, and developing different forms of self-expression, to developing self-esteem through recognising creative achievements. This provided numerous individuals with an improved sense of purpose or meaning.

“I wrote some poems when I was recovering as well and I’d never ever been able to do anything like that before so it was like a different part of my brain was working and I’ve had some poems published.”

Creativity, like spirituality, effected change and growth on a personal level. Narrators from this study who practiced creative recovery routes were passionate about its potential to facilitate recovery. It has been used as therapy, as a means to self-express, as a pastime, as a means of developing skills, as a social leveller, and as a means to integrate self into communities.

“I’m actually doing glass cutting just now. It’s learning different skills as well. So I’ve actually learned something I wasnae aware I could do. That’s been a big boost to my recovery.”

Artistic or creative expression used to create an ambiance for health was found at many levels and in a variety of formats from fine art, poetry, music and sculpture to photography and gardening. The beauty of art was found to be that whether you are a skilled artist or an amateur, you could access art and create something of value. Narrators reported that the new identity which this created: that of an artist, could be another string to their bow, as could the skills developed through creative expression. Given that several narrators told us that developing this new creative self often gave them the strength to derive and communicate meaning from the difficult experiences of their illness, it is evident that through creative means, the ill-health experience can again have positive value.

“I get a lot out of creating and actually being able to give, to give to people something that I’ve actually spent time on, and that’s something that I can do when I’m well.”

Narrators also highlighted that the group camaraderie and interaction that exists as part of a creative class could be beneficial to redeveloping social skills and developing friendships. Through the development of their creative talents, individuals also developed greater self-esteem and confidence. Some narrators used creative engagement as a means of sharing and hearing others recovery stories.

“Being involved (in art group) and meeting, meeting people, ehm, new people that have been in similar circumstances and just the, the camaraderie you know, it’s, it’s amazing. It’s like an understanding, and it’s a care, it’s a really caring environment. And I, I’d say that makes me feel better to be able to be involved in that.”

In addition to the social and therapeutic benefits that narrators detailed, being a ‘creative individual’ helped individuals express themselves into their art (gardening, poetry, painting and other creative outlets) without feeling exposed. Many found that it offered an escape from negative thoughts.

“My interest in art helps me. It alleviates the symptoms, and it helps you to push the thoughts to the back of the mind.”

Some narrators expressed a strong desire to be given the opportunity to earn a living through their art and clearly there is a reservoir of creative knowledge, skills and abilities in the recovery community.

Cultural, social and community identity

Cultural identity was never explicitly drawn upon within our interviews. Of more importance to our narrators was being able to be a part of humanity rather than belonging to or being reflective of a particular culture. However, attributes common to a sense of ‘Scottishness’ can be drawn from many stories. Factors or characteristics described by narrators such as inner strength, determination, passion, benevolence, idealism, pride and having aspirations can be interpreted as being as important to Scottish identity, as to individual identity, as can the more negative characteristics popularly associated with being Scottish. These more negative characteristics include fear of making a mistake, obsession with what others think, pessimism or a failure to see problems as limited or solvable, and that being worthwhile is dependent upon what you do.

“You find yourself. You avoid social gatherings because people always ask what you do for a living or where you have been on your holidays. A lot of people just

don't go because they know that this is going to happen and they will be made to feel uncomfortable."

Whilst a national identity was not explicit in stories, a strong community identity could be found in individuals' passions for their immediate environment and mutual peer support. All of our narrators aspired towards being valued for their community contributions (of which there were many).

"...that's the hardest thing about having mental illness, feeling that you're constantly taking, that people are always giving to you, that people are supporting you, whereas partly recovery has been actually looking at ways that I can actually give back to the people that I care about and to the people that I want to help. And actually just to give back rather than to constantly take. That, you know, gives me self respect."

Having the opportunity to relate to others and share similar experiences is crucial. For some individuals, rural isolation resulted in a lack of accessible services to bring people with mental health problems together to share their experiences. Many participants in this study indicated that recovery is enhanced through community engagement. Questionnaire data revealed that 58% (n:38) of narrators were active members of a social group. Of this 58%, just under a third belonged to groups restricted to individuals with (or in recovery from) mental health problems. Thirty six per cent (n:24) of narrators felt fully integrated into their local community and 56% (n:37) felt accepted by their local community.

Group identity – Activism

Several user groups with which narrators were affiliated appeared to be engaging in identity politics, that is, they sought to alter the societal perceptions of their group.

Whilst many narrators volunteered in the mental health field, offered peer support, or used services, several took a more active role in service user involvement and activism. A few were instrumental in the setting up and establishment of regional service user groups and found fulfilment in being involved.

"I've had nearly fifteen years experience of helping setting up projects for other people with mental health problems. I served on things like committees. I was on the steering group that set up (ORGANISATION) and that's nearly fifteen years ago. I served as a user representative, I was then a vice convener of the charity so I helped set that up."

Indeed, many narrators' recovery journeys have been helped by being active in such movements as they gained a sense of positive identity, self-respect, group respect and self-acceptance from their participation.

"I suppose we fight collectively."

"The big thing in my recovery has been being a member of Highland Users Group. I found that the people that are members of the users group are more enthusiastic about recovery than your average person who uses a drop in centre. We are all very motivated. We take part in anti-stigma campaigns..."

Those within the user movement participated and campaigned to foster a more positive sense of identity and acceptance for issues of mental health. They also sought to raise the aspirations and expectations of people who use services, deliver services, and wider society. Some saw

merit in challenging the way in which services are run, and believed that service users were the unrecognised experts in the field of mental health whose opinions need to be more valued. Holding these values encouraged some narrators to become actively engaged in providing services.

Narrators have shown that recovery has become an exponential phenomenon due to informal peer support and word of mouth. Sharing positive messages on recovery has allowed people the chance to contribute and give back providing a sense of worth and achievement. These positive messages have a multiplying effect as more and more people see the possibility of recovery.

“I’ve got into various groups, as an advocate and a representative for service users, and I found that extremely beneficial, made you feel less isolated and that you can help others. And hearing their experiences as well means that you could pick up wee tips that you think might actually work for you as well.”

Many began their recovery journey with an identity transformation whether this was through finding value in them self or becoming part of a wider community of people in recovery was irrelevant. The important thing was the positive identity gained through recovery.

Spirituality

Recovery was sometimes seen as a spiritual journey rather than a health issue.

“What I was experiencing was a spiritual emergency and not a mental illness.”

Whilst there was a consensus view that a vision of hope was essential to beginning and maintaining a recovery journey, some individuals combined this optimism within a structured or unstructured belief system. Narratives from some individuals implicitly represented *“a discovery of self”*, or *“a spiritual ongoing journey.”* Some narrators felt that many medical explanations of recovery failed to recognise the extent to which belief in self and the role of faith can have in furthering wellbeing.

“I felt was I was having a spiritual awakening.”

Whilst some individuals’ recovery journey centred on the notion that they had learned to become the master of their own destiny, others believed that an external spiritual entity facilitated their fate. Buddhist, Christian and other philosophy and teachings helped individuals focus on their journeys. These belief systems helped provide control and focus for a few narrators, and helped them be more aware of their surroundings and of others. Whilst it is apparent that faith in something provided contentment in life, it was also apparent that it need not be in an external entity – faith in self was most important.

“I see my life and my work to serve my fellow man... but I’m also in a way serving God. So God is very much part of my outlook and picture of life.”

Some narrators expressed the view that mental illness can lead to spiritual progress, and ultimately to mental health. Indeed, spirituality played a key role in recovery for a few individuals and a spiritual approach to life helped them manage symptoms better. Spiritual identity covered not only belief systems but was recognised where individuals felt a clearer sense of self within the world and where recognition of the many elements of the world external to their control existed.

“I feel that I’ve grown up and reached a spiritual maturity, personal responsibility and independence, an understanding of other people.”

Belief in something bigger, another entity, provided a focus for individual’s lives outside of their self. A few narrators gave religious and spiritual perspectives as a fundamental belief system that provided meaning in their lives and a reason to carry on through distress.

“If I’m in a calm, collected, centred space and believe in God, believe that there is something greater than myself and everything’s okay.”

Whilst a few narrators believe this spirituality provided guidance in their life and provided a focus and motivation to do well and prosper, individuals with non-religious belief systems spoke of viewing symptoms as cues that **“something internally was out of balance (and) that the nature of the symptoms held information and if (I) paid attention to that (I) could find a way to work through and get better.”**

Religious beliefs were a catalyst to recovery journeys for some narrators, believing that the whole recovery process is a spiritual journey. In addition to providing the focus for a re-framing, spirituality provided company for individuals who were sometimes debilitated by an illness that created loneliness and alienation.

“When I have difficulties I haven’t got somebody to turn to, I have God to turn to, and I think that’s very helpful.”

When hope appeared weak, spirituality or belief in a greater entity provided focus and optimism. However, religious belief also played a negative role in some individuals’ recovery journeys. The idea that **“illness is a punishment”** played on one narrator’s conscience.

Though spirituality was prevalent in some journeys it wasn’t usually a religious based sense of spirituality. Religious philosophies and teachings were apparent in individual life paths chosen, but the key elements that appeared to promote recovery were a sense of hope, optimism, meaning and purpose.

Identity Discussion

Narrators showed numerous facets to their own identities, some unique and several embodying common characteristics, experiences and expectations. For many, identity focussed upon being valued as an individual irrespective of, or indeed, in spite of their mental health problems, whilst for others the experience of ill health and recovery had been embraced and had been a focus of value to them.

From the narratives gathered in this project, it was evident that much of the subject of identity appeared to be about the issue of personal growth and development and change internally. This challenge can make a belief in the possibility of recovery difficult for some. Given the complex interaction between identity and recovery which we have described, it is clearly not possible to impose recovery on people. People must be willing, ready, able, and in some circumstances, allowed to action change.

Re-finding and redefining a sense of identity and self-confidence that has potentially been eroded by institutionalisation or ill health was often the first step on a recovery journey. Indeed, strengthening identity was viewed as an important component of recovery by narrators. These findings are similar to those from the New Zealand Mental Health Commission (2001a, p. 3), Davidson and Strauss (1992), Sacher (1999), and Noordsy (2002).

From the Scottish context, programmes and services that facilitate the development of a sense of self and identity have been appreciated and advocated by narrators. The underpinning elements of service development should therefore highlight identity, engendering hope, personal responsibility, and self-determination. The central role of identity in recovery has strong implications for the way we provide mental health services. More person-centred and individualised approaches that allow maximum self direction and participation should be most helpful. It is important to consider the extent to which services and care planning are focussed around fostering and encouraging discussion of identity issues.

Narratives from this study in part corroborate the findings of Kirk (2002), Marin *et al* (2005) and Onken *et al* (2002), with many individuals counting the need to see themselves as a whole person beyond their labelled identity as being integral to their positive recovery. According to Leete “*none of us would strive if we believed it a futile effort*” (1988, p. 52). This appeared to be the working mantra of many of our research participants. Similarly the agency of the self in the healing process was emphasised by many narrators, this is echoed in Deegan’s (2001) findings.

In our treatment and supports chapter we will highlight the important role of talking therapies in promoting recovery. It is within this tradition that perhaps the greatest emphasis is placed upon identity, making it all the more important that access to such services is improved.

Identity amounted to much more than a single issue for narrators. It is evident that although commonalities exist (such as dealing with stigmatised identities, overcoming negative identities, having a hopeful and positive approach to recovery and taking responsibility and self-determination), it is still evident that individuals in recovery hold varied identities on a temporal and interpersonal basis. Some participants, although aware of society’s negative representations of mental health problems and the effects this had on their lives, did not accept these representations as valid and therefore rejected them as applicable to self. This view reflects findings from Camp *et al*’s (2002) qualitative study of women with stigmatised health problems. Many stigmatised groups have successfully engaged in identity politics to positively influence the societal perception of their membership. It can therefore be argued that embracing the experience of ill health could positively impact recovery at an individual and societal level. Efforts to challenge stigma and raise awareness should learn from and appreciate the positive experience of ill health (For example, *Mad pride: A celebration*

of mad culture, 2000).

Recovery was often initiated in situations beyond the scope of the mental health system. Indeed, narrators have described the importance of developing an inner strength or having self-determination and a positive mental attitude by controlling their own destiny and making their own initial decision to get well. These findings were shared with Marin *et al* (2005).

Many individuals used art or creative expression as therapy and support, or as a way to more abstractly express their feelings and recovery journey. Through these creative activities, people re-script both themselves *and* their mental illness. The positive role of creativity has been explored by other researchers such as Parr (2005), Bluebird (2000), the Mental Health Association (2003), and Morris (2002) as well as a myriad of arts and mental health projects both here and abroad. Narratives suggest that we give greater recognition to the role of creativity in promoting mental health and wellbeing. Through projects like ArtFull the authors see great potential in exploiting the powerful links between creativity and recovery, something which tends to be under emphasised and under funded.

Extrapolating from Craig's (2003) theories on Scottish identity, it can be argued that the more negative characteristics associated with being Scottish could have influenced individuals recovery journeys, such as fear of making a mistake, obsession with what others think, pessimism or a failure to see problems as limited or solvable, and that being worthwhile is dependent upon what you do. The characteristics of a strong Scottish work ethic were evident when individuals spoke of their guilt of being '*indolent*' and of their desire to 'give back' and contribute towards their community. However, narrators did not comment upon, blame or praise any other particular cultural characteristics that could have helped or hindered their recovery journeys. Being valued for contributions within communities was recognised as being beneficial to recovery. Community 'exposures' to people with mental illness often contradict expected outcomes and so funding more innovative and creative means whereby communities and people with mental health problems can be 'exposed', interact and understand each other is important to furthering and sustaining recovery journeys and positive identities.

Relating with others who have mental health problems was beneficial to the creation of a positive identity for individuals. For some individuals being socially connected and active in the development of a service user or recovery 'movement' formed part of their identity whilst for others disconnection from mental health issues was desired. For some, work was a large part of their identity whilst for others it didn't feature. For all, a hopeful vision of the future encouraged them to look forward with optimism, finding meaning and purpose in what they did with their lives and valuing themselves as individuals with something to contribute to society.

It is the opinion of the authors that the findings within this report reflect the day to day struggles for acceptance fought by most people, not just people who have experienced mental health problems. The question could therefore be asked just how different are our life journeys towards self acceptance and self actualisation?

Overall, the identity of narrators was marked by heterogeneity indicating the deeply personal process of recovery. On all recovery journeys diversity should be embraced and valued. An optimistic, confident, creative outlook and identity is not a panacea for recovery. This progressive, ambitious outlook must be fostered in collaboration with other factors like building positive relationships, engaging socially and finding suitable supports to aid one's recovery journey. We must remember that this is a journey and that it is not necessarily a smooth one. The destination is uncertain but the goal is clear – to live well.