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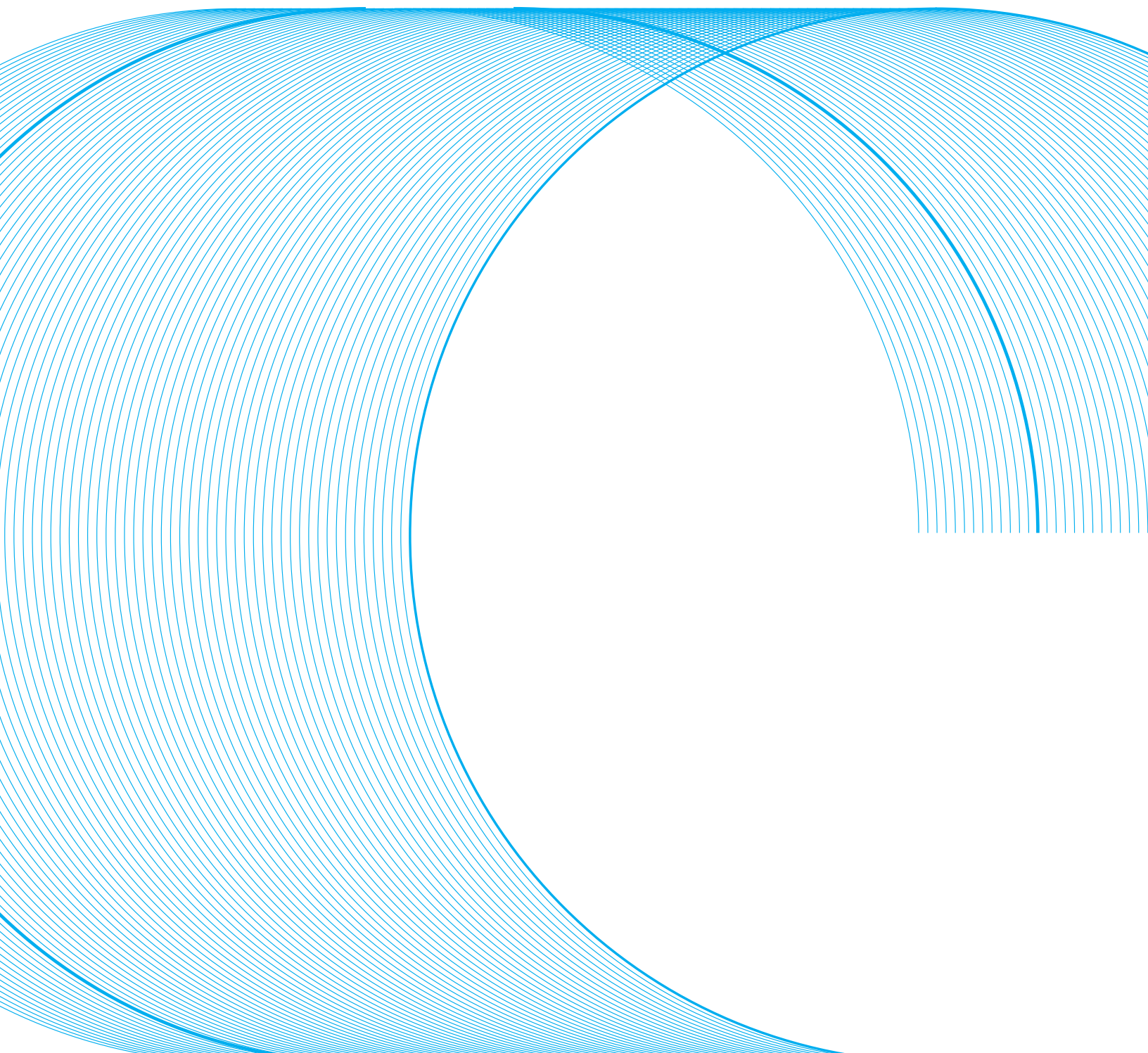
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# Pacing and Turning Points Summary

When recovery journeys are detailed in their entirety as they have been in this research, what becomes apparent is that there are several points at which the opportunity to begin a recovery journey can present itself. These turning points emerge from situations, conversations, realisations or epiphanies, they are often serendipitous in nature, a chance conversation with someone about their recovery; meeting the right support worker with whom you click; trying out a new coping mechanism; or just realizing that *“there’s more to me than my mental health.”* With each turning point came a shift of perspective, from seeing someone as a victim of circumstance to seeing them as an individual with choices and with responsibility, a shift that helped people to make the changes they needed to recover.

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# Pacing and Turning Points

## Pacing and process

Recovery has been described as an outcome or a desirable end state. It has been described as *“a process, a way of life, an attitude, and a way of approaching the day’s challenges. It is not a perfectly linear process... (it is) the aspiration is to live, work, and love in a community in which one makes a significant contribution”* (Deegan, 1988). Recovery literature describes the ongoing process of being ‘in recovery’ (Ralph *et al.*, 2002) as a process or journey that involves regaining various aspects of life that may have been lost or severely compromised by mental illness.

The narrative research illustrates that this journey towards wellness can be lengthy and has to be travelled at an individual’s own pace.

## Starting point

Several researchers have described the process of recovery as having derived or originated from a significant event, defining moment or turning-point (Allott & Loganathan, 2002). Often, these turning points have been positive, but sometimes they have been reported as low points from which to rise (Rakfeldt & Strauss, 1989; A Topor *et al.*, 1997). Allott *et al* (2002) argued that the most significant element of a ‘turning point’, is a change in how individuals perceive themselves in relation to their symptoms and condition and their own lives.

Whilst authors (such as Roberts & Wolfson, 2004) acknowledge that the experience of turning towards recovery may come out of the blue, a number of factors have been identified as having potential to cause a turning point, the most poignant of which is a ‘catalyst of change’ (Allott & Loganathan, 2002), that is: a person who positively affects or changes your perception; a significant event; or change of circumstances that forced decisions to be made. The genesis of recovery is most often described as originating from talking to others, particularly to other service users rather than professionals (Roberts & Wolfson, 2004; Snelling, 2005).

Kirkpatrick *et al* (2001) recall that many first person accounts of schizophrenia describe regaining hope as a turning point in a person’s recovery. Anich (1997) found diagnosis to be a turning point of decline into ill health for some, and Deegan (2001) found diagnosis (or rejection of it) to be a major positive turning point in her recovery. So yet again, different experiences clearly illustrate diverse perspectives on what helps or hinders recovery. Mieko Kotake Smith (2000) found acceptance of one’s disability as the first of many major turning points towards recovery.

Snelling recognised that the narrative interview in itself could provide a turning point for reintegrating valued aspects of self into the recovery journey (Snelling, 2005).

# Pacing and Turning Points Findings

## Shape & pacing

The shape of these recovery stories indicates progression. They hint at life before illness, during illness and then reveal recovery and hope for a better future, showing how reframing for recovery has transformed people's lives in spite of setbacks. People identified glimpses of recovery that occurred throughout their ill health and the critical incidents that eventually led to a change in perception and a realisation that recovery is possible. The stories also show that recovery is not a predictable linear process, that the journey has its downs as well as ups.

Pacing of the recovery journey has been discussed in the engagement chapter where narrators identified that a phased introduction to activities of different types was often necessary to help develop confidence. This pacing principle applies to the whole recovery concept. Narrators were determined that recovery should occur at your own pace, when it is right for you and you are ready and willing to commit to taking control of your own wellbeing.

Learning to recognise signs and triggers of illness helped people to pace their recovery and plan for periods of ill health. Narrators described the importance of learning when to push things and when to take it easy.

**“In terms of pace, just being able to do a bit at a time and then draw back a bit and have some space and some time to kind of assimilate things and not feel pushed has been very important.”**

**“In terms of being able to manage my own recovery experience, I feel very fortunate at being able to do things at my own pace.”**

For both longer term recovery and managing specific situations, several people found breaking down bigger tasks into smaller achievable goals gave them a sense that they were progressing and managing the situation. This increased confidence and gave them impetus to progress further.

Some people recognised the challenges pacing and timing can create for people who work in services in terms of knowing when people need to be pushed and when they may need to be held. However, when relationships of trust and consistency have been built, it is more likely that support staff will be able to gauge pace in collaboration with service users.

## Process

For recovery to begin, it often took a gradual realisation that things were not as bad as they had been and that the future was starting to look brighter. This gradual process occurred for many people we spoke to.

**“I'd always had good family support from my wife, kids, friends... then I had counselling, psychiatrist over a period of time and I think it was a combined thing rather than an individual thing that helped me.”**

For a few narrators, an epiphany or a single event or person were singled out (in retrospect) to mark the beginning of their recovery journeys. To maintain this journey re-engaging in purposeful activities was often found to work. Because it was often described as hard to keep going, people found that establishing and attending to their internal dialogue was useful; listening to themselves so they are clear on what they want, and taking action.

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## Turning Points

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Recovery is hugely complicated and must be driven by the desires and pace of the individual. It is no-one's fault if they feel stuck or unwell, but focussing on the positives can often provide a driver towards recovery. Even recognising the small gains, the small progress one makes on a daily, weekly, monthly basis can form the initial steps, providing the motivation to take control of your own future.

The events, people or set of circumstances that marked turning points in recovery journeys have been documented throughout this report. These events included: recognising how far you have travelled from your lowest point; witnessing others (role models) in recovery; getting a diagnosis; finding medication that worked; befriending someone who believed in you; acting to rectify turbulent financial situations; having responsibilities that require you to cope; settling into a community, job or social setting in which you felt a sense of belonging.

Diverse experiences of recovery catalysts or turning points were shared, these were perhaps reflective of the different stages of recovery presented in the narratives or were reflective of the different life experiences of each individual.

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## Having to cope

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For some people recovery was precipitated by the need to 'pull' or 'hold' themselves together to care for others. Having to get up every day to look after children or grandchildren meant people had to cope. Although hard, and often relentless, these relationships of responsibility strengthened individuals resilience and their resolve to cope and to recover. Individuals were often forced to look outside themselves and their own problems, allowing them to be more aware of those around them.

For one narrator, their income maintenance benefits had been cut and they needed to take action to survive.

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## Other people's experiences

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Hearing about other people's experience of recovery was a catalyst and an inspiration for many people's own recovery. For some this came about through joining support groups and therapeutic communities where they gained inspiration and practical advice and support to start their recovery.

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## Deciding to take control

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Whilst some describe a catalyst, other narrators described a process of realisation that they could move on. Many were determined that they did not want to spend any more time in hospital, that the impact of some of their actions whilst ill was affecting the lives of their loved ones and dependents and that they were letting symptoms control their lives.

**"Me... that's what's changed. Me!.. Um, it was a control thing... There was an unconscious release of control on my part. (For twenty years) I let other people control what I was doing and what I wasn't doing. I let the symptoms of my illness become the centre of my universe, and the symptoms of my illness aren't the centre of my universe."**

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Other realisations of emerging capacity, potential, self-awareness and self-respect fuelled recovery, where individuals realised that they had managed their illness without hospitalisation, that they could manage down periods alone, that ultimately only they could make themselves better and that they had a choice.

## Changes in thinking and being

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As people embarked on their recovery journeys they realised that they were making choices and that they did not have to be victims of circumstance or relationships. This manifested in decisions about belonging, taking risks, not being defined by expectation or relationships. This shift of perspective from a victim of circumstance to individuals with choices and responsibility for their own lives empowered narrators to make the changes they needed to recover.

Feeling more in control encouraged people to try new things out *“to do things even if though they may go wrong”*, They also acknowledged that everyone makes mistakes and bad choices and that this is okay. People felt it was important to be allowed to *“take a calculated risk with something and go for it.”*

## Narrating your story

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The therapeutic effect of narrating or recalling your recovery journey has been well documented and has been evident in this study. Several individuals have identified the narrative interview as a turning point in their perception of their illness and recovery to date and indicated that the process of ‘restorying’ their experiences in such a positive manner has been cathartic and has been beneficial to their self-esteem, and recovery journey.

Recovery can happen suddenly, as a consequence of a turning point, or gradually as the realisation that you are in recovery can happen over time. With time, coping skills develop incrementally, until they are common process. Periods of wellness can still be interspersed with periods of ill health. What is evident from the many stories gathered and reported upon within this research, is that there can be numerous turning points towards a recovery journey – each point significant in itself and contributory to the path to wellness.

# Pacing and Turning Points Discussion

According to Roberts and Wolfson (2004) most authors consider that the pivot of the recovery process is the individual's active and responsible engagement with his or her distress and difficulties. This may involve many steps and stages, and inevitable uncertainty so that recovery becomes 'an uncharted, unpredictable, and personal journey.' So it is obvious that it is a journey that must run its course at its own pace.

# Pacing and Turning Points Discussion

**Regardless of the catalyst, deciding to get well and developing the optimism and belief that you will recover is critical to establishing the ambition, purpose and determination needed to take the responsibility and risks required to get well.**

Whilst successive turning points can pull people towards recovery critical factors to maintain individuals on course must persist like: developing your own positive identity and maintaining a positive outlook for the future (see chapter 1), having meaningful activities and purpose in life (see chapter 2), developing positive supportive relationships (see chapter 3) and accessing the right treatments and supports (see chapter 4).

It is it the individual's choice to get better, to reclaim control over their lives – where they live, who they relate to, how they relate to them, what they do, what they don't, when they do things – that defines recovery. It can be argued that individuals are not recovering from the illness per se, rather they are recovering from the impacts of the illness, the disempowerment experienced through the course of illness, the loss of a sense of identity and purpose, the loss of meaningful relationships, and the loss of control of your own destiny.

# Reframing for Recovery

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According to Anthony (1993) “(Recovery) is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.”

# Reframing for Recovery

People who have experienced mental health problems have often faced existential challenges, about the meaning and purpose of their lives and their place in the world because their lives and ambitions have been overturned by their illness. But recognising that recovery is possible, having hope for a positive and meaningful future and challenging oneself to meet that future with a sense of optimism has changed the lives of many people. These narratives challenge the commonly held assumptions that severe mental health problems are chronic and enduring leading to a loss of potential for a satisfying life. They have shown that recovery is possible. Recovery *“is neither about an unrealistic hope of magical transformation, nor about the impossible prospect of returning to whatever preceded illness. Instead, it is an open-ended and cautiously optimistic process of sketching out a path forward and developing hope for a more satisfactory life alongside whatever remains of the illness”* (Roberts & Wolfson, 2004). In sum, the narratives have shown that recovery is the active and ongoing journey of personal growth after (and in spite of) the experience of mental health problems.

It would be difficult to realise recovery without hope in its possibility. Allowing individuals to find their own definitions of recovery and wellbeing, and allowing them to work towards this by supporting, promoting and valuing what is important to them can assist the recovery process.

What we have learned from this research is not necessarily new, but it provides a unique Scottish perspective to add to the growing body of evidence (William A Anthony, 1993; Baker & Strong, 2001; Barnett & Lapsley, 2006; Jacobson, 2001; Lapsley *et al.*, 2002; Ridgway, 2001 amongst others) that indicates that recovery from even the severest forms of mental health problems is a realistic possibility.

The reality of recovery is very complex especially as its meaning is focused around subjective experience. It has often been described as a non-linear journey unique to each individual because our physical and economic environment as well as our subjective experiences will impact upon our recovery as will our own hopes, ambitions, attitudes, aptitudes and personalities. This research concurs with that analogy but also draws attention to a pattern that emerged and was repeated through each narrator’s testimony. It is clear from this research that the primary catalyst in recovery is a shift in the beliefs and thinking of the individual with the mental health problem; they need to believe that recovery is possible and that it is possible for them; that they are worthy of recovery and can effect and sustain change, with support when needed.

Findings have shown that recovery is about acquiring the skills and knowledge about your own states of wellness to help ensure that you can focus on what keeps you well. It is both a process and an outcome (in recovery), it can be incremental and paced, building upon the recovery experience in little steps over time, or transformational – in the event of a sudden turning point or change of life experience. When discussing the journey of individuals in recovery, resilience is often a term that springs to mind. We should not underestimate the hard work involved in recovery. The transformation from being a passive recipient of care and support to an active partner in health and social care is very challenging as is the move from being defined as someone with a mental health problem to being someone who has rights and responsibilities in their social world.

What is striking about these findings is that the experiences documented are strikingly similar to the experiences, dreams and hopes that most humans have as they navigate their own paths

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in life. What we have learned is that recovery emphasises social inclusion and belonging. It highlights the importance of developing a renewed and valued identity that has moved beyond the constraints of the mental health system, that it provides and is often driven by hope and the recognition of strengths, it provides the opportunity to re-engage with meaningful social and occupational roles and can be helped by having positive, trusting, caring, reciprocal relationships with friends, family, professionals and others in your community. It is the pursuit of a life that has meaning and is full of flavour and purpose. These findings are shared by numerous other studies (P E Deegan, 1988; Mezzina *et al.*, 2006a; Secker *et al.*, 2002).

## Implications for Scotland

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In order to believe in the potential for recovery, people need to believe it is possible. Professionals, service staff, friends and relations can all contribute in sharing this message of possibility. Witnessing other people's recovery, and learning from other people's experiences can help. Infusing messages of hope into publications, policies, functions and services that operate in mental health and working on the supposition that recovery from severe and enduring mental health problems is possible is a good starting point.

The data presented 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. In agreement with Friedli (2005) we would argue that *“greater public awareness and understanding of mental health as a resource to be protected and promoted could contribute significantly to reducing structural barriers”* to recovery.

To promote recovery, professionals need to reframe their roles in health care. The role of a facilitator of person-centred approaches to wellness rather than an authority in mental health problems appears to be more conducive to a recovery oriented approach. Focussing on developing people's strengths and giving them optimistic messages of hope for recovery throughout their treatment and supports is of central significance in many narrators' accounts of recovery.

A great many opportunities exist that support mental health recovery in Scotland; a rights based Mental Health Act (2003); National Health Service reform that puts people first (Rights, relationships and recovery, 2006; Delivering for mental health, 2006); a focus on community oriented mental health systems (report of the 21st century social work review, 2006: Community Care Legislation); NHS support for talking therapies; an increase in social prescribing and a growing mental health recovery movement that includes people in recovery and their family and friends, policy makers, professionals, service providers, voluntary organisations, researchers and activists.

This research has demonstrated that not only do these opportunities exist but that there are already many staff working within a recovery paradigm; Community psychiatric nurses, support workers, counsellors, psychiatrists, psychologists and other professionals and service providers. They are actively developing and promoting recovery-based practice and are a valuable resource to increasing understanding of what constitutes good practice in supporting and promoting mental health recovery.

In essence, good practice requires that the service professionals and staff believe that mental health recovery is possible, and that they structure their services and support so that it can be reflective and responsive, and that it enables and allows individuals to develop their capacity to self-determine. It also requires support services that help individuals who are in recovery to

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develop their own positive identity and engage in relationships with others, their environment and purposeful activity in a way that has meaning for them. Narrators have detailed a diverse range of skills and strengths which people in recovery gain through their life. Concerted efforts to develop self-management and awareness programmes to harness and promote these skills and strengths, could help promote self-direction and responsibility and promote better outcomes, allowing people the opportunity to move beyond services and to take control of their own recovery.

There are lessons for all of us in the findings from this research. Narrators describe a positive process of seeking meaning and purpose, of self-direction and of action. Regardless of our experience of mental health problems we all have hopes and dreams, strengths and deficits. The narrators show that to a great extent we all set the route for our own journey.