https://doi.org/10.48336/IJDPRA7042

Book Review

Behind the Rhetoric: Mental Health Recovery in Ontario

Book by: Jennifer Poole

Review by: Stephanie Power

In *Behind the Rhetoric: Mental Health Recovery in Ontario* (Fernwood Publishing) Jennifer Poole offers an outstanding critique of the recovery movement's rhetoric. Throughout six chapters Poole contributes to contemporary discourse on mental health by demonstrating how the recovery model borrows concepts from biomedical discourse and therefore is not as new and empowering as proponents of the recovery model want us to believe. She illustrates how the recovery model actually provides a very narrow definition of how one must "recover" from "mental illness"—a definition that serves to silence psychiatric survivors who may be critical of the recovery movement. Poole also discusses how the recovery movement is influenced by neoliberalism, as it has become a growing industry funded by the pharmaceutical industry. Further, she offers readers insight into the inherent "whiteness" of the recovery movement, which emphasizes personal responsibility and subscribes to Western ideals of individualism and of how mental health should be defined within society. Throughout this book, Poole offers readers who are interested in or currently working in the field of mental health a critical perspective on the meaning of mental health recovery.

Recovery is a formation because it has its own forms of knowledge, such as recovery books, definitions, and treatment models. By borrowing concepts from biomedical discourse, such as the use of medication, and by pairing it with words such as *hope* and *empowerment* as well as "discourse of overcoming," the recovery movement creates rhetoric that positions distress as something that resides in individual bodies rather than the environment and social imaginations. For Jennifer Poole, the claim that the recovery model is a new "empowering" movement is nothing but a disingenuous claim to something that is already deemed violent and problematic.

It has been argued that the recovery model offers alternative supports, such as peer support, and even helps keep individuals out of hospitals and therefore saves the healthcare system money in the long run. This has resulted in a cost-effective behavioural approach to mental health care that recommends measureable treatment outcomes. Definitions of recovery suggest that people must be active participants in their recovery journey by taking steps to recover, such as taking medications, using hospital services, and returning to the workforce. By subscribing to particular

treatment outcomes that are influenced by biomedical discourse, the recovery model values knowledge that is profitable and is therefore privileged over the knowledge of those who identify as "survivors" or "mad."

Poole further points out many ways in which the recovery model serves as a form of social control, such as when it suggests how people living with mental illness should live their lives: Take medication, go to work, go to school, exercise, or participate in various activities that identify them as a part of "normal" society. While Poole outlines how the recovery model serves as a form of social control for bodies marked as mentally ill, she could have served her readers better if she had elaborated further on these hegemonic ways. She does discuss how psychiatric survivor goals are typically on a shaky ground and does note that the pharmaceutical industry has tremendous funding, making it much more powerful than any psychiatric survivor movement. But she could have further elaborated on how the recovery movement's ties to the medical model and to the pharmaceutical industry make it tremendously difficult for mental health agencies to work from alternative mental health paradigms. For example, looking critically at mental health recovery programs across Ontario and across the country, one notices that many programs are sponsored by pharmaceutical companies, and that mental health practitioners are therefore forced into a position in which, if they do not offer mental health programs influenced by biomedical discourse, they may not be able to offer the programs at all.

Definitions of recovery not only claim that individuals must take responsibility for their own recovery; they also isolate individuals who may decide to live with their madness in ways that do not meet recovery's strict guidelines on how one should recover. For instance, Patricia Deegan's (1988) definition of recovery claims that the best way for people to recover is for individuals to be active participants in their recovery journey, learning to make use of resources such as medication and the hospital. Poole also references a definition of recovery from the Ontario Recovers Campaign (2005), which discusses how positive thinking, self-advocacy, fitness, nutrition, and other material supports are a means to recovery. The Ontario Recovers Campaign (2005) also claims that people must be knowledgeable of treatment options and must be responsible for their treatment decisions. Evidently, definitions of recovery conclude that people are personally responsible for their own recovery.

Using Foucault's notions of "bio-power," Poole concludes, "recovery could be a set of connected discourses that produce things, including power/knowledge on how to best 'correct, claim and cure' individuals with mental health issues" (Foucault, 1977, as cited in Poole, 2011, p. 32).

The current definitions of recovery do not consider how social, economic, and political processes may cause someone to be unable to recover from mental illness. Further, the recovery definition Poole presents from Patricia Deegan (1988) frames mental illness as a "disability" that one must overcome in order to achieve a sense of self. Poole's discussion of the social model of disability and of how society has reacted to and oppressed people with mental illness illustrates that mental health

conditions are not naturally a state of inferiority. This gives readers insight into how framing mental illness as an impairment or disability marginalizes the experiences of people who have found a sense of self and purpose beyond the narrow definition of having recovered from mental illness. While Poole does refer to how recovery can have a narrow definition, specifically for individuals who are severely distressed and who may not be able to meet all of the strict criteria of recovery, it would have been useful for her to elaborate more on how definitions of recovery can be harmful to people diagnosed with mental illness. For example, framing recovery as a particular set of steps that people have to take, such as taking medication, marginalizes the experience of people who subscribe to other methods of recovering, such as exploring the meaning of hearing voices instead of taking medication to try to ignore or suppress them.

Poole describes the recovery movement as “white and credentialed” (p. 87). The recovery movement subscribes to Western ideas of mental health, individualism, and personal responsibility. This may be problematic for racialized people and for people who value notions of collective responsibility. The treatments the recovery model suggests, such as medications and exercise, appeal to the westernized consumer who can afford to buy medication. Poole also claims that the world’s understanding of mental illness has been Americanized and shaped by Western science, and in the process has discarded other knowledge systems and cultural worldviews, such as those of Indigenous groups who think differently about what Western culture calls “mental illness.” Poole explains that a review of the recovery literature demonstrates that the recovery model does not pay attention to culture, race, or ethnicity. Some readers may hold the view that research on recovery must consider the experiences of racism and marginalization, including the history of systems of oppression and privilege such as colonization. Although Poole describes the inherent whiteness of the recovery movement in detail, and even identifies how it conflicts with cultural ideas of collectivism and the history of colonization, she would have enriched the discussion if, among other things, she had included the negative effects of recovery-focused interventions on the material, psychological, emotional, and spiritual well-being of racialized people marked as mentally ill. For example, the recovery model does not pay particular attention to Indigenous communities in which certain behaviours are seen more as a gift than as illness. For instance, visions and the ability to have visions are considered among Indigenous communities as a special gift available to a few chosen people. In view of that, people who have such gifts are honoured and treated with much respect. Yet, the recovery model may see these conditions as symptoms for either schizophrenic disorders, manic depression, and/or psychosis.

Regardless, through her critique of recovery, Poole does present mental health professionals in Ontario, and across the country, with ways in which they can improve their practice in mental health. By being critical of dominant discourses, by questioning colonizing practices and the inherent whiteness of the mental health system, and by being aware of race, class, exclusion, and oppression, we can begin to work towards what Poole calls “critical recovery” (p. 109). Recovery model

discourse implies that people living with mental illness or experiencing an alternative reality must recover in particular ways, must be active in their recovery journey, and must be personally responsible for their treatment decisions.

As social workers involved in mental health services, we do not have to subscribe to these ideas. In our mental health practice, we could use narrative therapy techniques, such as deconstruction, to engage people in a conversation about how the recovery model has constructed expectations of how they should recover. We can deconstruct these expectations by discussing how treatment methods that are influenced by the medical model, including the recovery model, focus on personal recovery from mental illness through taking medication, thus denying the structural circumstances impacting people's experience of distress. This may open a space for people to discuss particular structural circumstances that have impacted their experience of distress, such as poverty, lack of affordable housing, or systemic racism. From their alternative storylines, alternative approaches to recovery may be co-created with clients based on personal stories of lived experience and on micro-level changes as well as macro-level social actions.

Foucault's (1972) concept of "discursive formation" holds implications for social work practice in mental health because it calls on us to analyze how the discourses that influence the mental health settings in which we work are formed. We must recognize where ideas about mental health come from and how these ideas influence what perceptions of reality are being privileged. It is essential that we recognize that biomedical discourse forms regularities within mental health practice that make truth claims that impact the people we work with, such as the claims that certain behaviours can be classified as a disorder or that schizophrenia is an illness of the brain. As social workers practising in mental health, we must make space for ideas that are not part of dominant discourses in mental health; for example, the idea that mental illness is a socially constructed idea, and that what is pathologized as schizophrenia can be understood as an alternate experience of reality. To acknowledge this, we must be critical of privileged discourses in social work practice and must ensure that we are open to all clients' own explanations of distress and well-being, based on lived experience.

I recommend this book be read by all students interested in working in mental health settings, and by anyone currently working in the field of mental health.

References

Deegan, P. E. (1988). Recovery: The lived experience of rehabilitation. *Psychosocial rehabilitation, 11*(4), 11–19.

Foucault, M. (1972). *The archaeology of knowledge.* London: Pantheon.

Ontario Recovers Campaign (2005). *What do we mean by recovery?* [Brochure]. Toronto: Author.

Poole, J. (2011). *Behind the Rhetoric: Mental Health Recovery in Ontario.* Winnipeg: Fernwood Publishing.

Reviewer Note

Correspondence concerning this book review should be addressed to Stephanie Power, 8909 69 Avenue, Grande Prairie, Alberta, T8X 0C1, Canada. Email: sdp732@mun.ca