In personal consideration of the 3 R's: Resilience. Resistance. Recovery.

By the time I first shared my story on the Scottish Recovery Network (SRN) website in 2005, aged 53, I had recovered from "mental illness" and psychiatric treatment on 3 separate occasions, after episodes of psychoses or altered mind states in 1978, 1984 and 2002, by taking charge of my own mental health, tapering the drugs and getting back on with my life. I updated my story in 2008, shortly after starting up Peer Support Fife and my own website, having undertaken the 2 day WRAP course, in preparation for the 5 day Facilitator training in the June of that year. From August 2008 until early 2010 I trained over 200 people in WRAP, in different areas of Scotland, using elements of the University of Kansas 'Pathways to Recovery' strengths workbook and their WRAP materials (a friend and mentor at KU sent me free materials by post) which had been developed in partnership with Mary Ellen Copeland. I also delivered a number of Peer Support workshops to voluntary sector workers and service users in Scotland.

I had attended the SRN Peer Support conference in Glasgow, December 2005, and was inspired by the workshop facilitation of Lori Ashcraft, Meta Services, now Recovery Innovations, speaking to Lori at the event and by Email following it. I tried to get on the PS training run by Penumbra in Edinburgh, November 2006, having read about it on the Meta website at the time, but was unsuccessful, and similarly in early 2008, although was put on the reserve list. Undeterred I went on to promote the peer support model in mental health as I believed it was a civil rights movement and had seen this potential at the SRN 2005 event. I also thought WRAP was a means by which people could take back control of their mental health although it wouldn't suit everyone.

It wouldn't have suited my family who all experience altered mind states at times of life transitions and stressors. We have found these experiences to be positive ways of dealing with life's unexpected happenings, externalising rather than internalising distress, and the psychiatric treatment to be a traumatic way of bringing us back down to earth. Therefore I would like to see alternative ways of working with people in psychoses and altered mind states, people who might be going through a spiritual or existential crisis. Psychiatric diagnoses or labels are not useful for everyone although they might help doctors to treat symptoms and patients to make sense of it. I have found the labels to be a hindrance to my recovery and it required resilience and resistance for me to recover. I know this won't be the same for others and accept this. However I am convinced that the cornerstones of resilience and resistance can benefit others in their journey of recovery.

"Obedience to a person, institution, or power (heteronomous obedience) is submission; it implies the abdication of my autonomy and the acceptance of a foreign will or judgment in place of my own. Obedience to my own reason or conviction (autonomous obedience) is not an act of submission but one of affirmation. My conviction and my judgment, if authentically mine, are part of me. If

I follow them rather than the judgment of others, I am being myself." (Erich Fromm 1981)

This extract from Fromm's essay 'Disobedience as a psychological and moral problem" demonstrates what I think it's like to be a free thinking individual with the attitude and eventual action necessary to remain true to your own personhood. I found it difficult to be myself when under a psychiatrist or on psychiatric drugs. It won't be the same for everyone. But I always resisted even when made to conform. The non-compliance and anosognosia (lack of insight) prognoses I translated into non-conforming behaviour and too much insight. Think of Star Trek and the Universal Translator which was used to decipher and interpret alien languages. That's been my relationship with psychiatry.

"The four cornerstones of a recovery approach are hope and belief in people's potential, self-determination over their lives, the choice of a broad range of services, and equal participation in their communities." (Mary O'Hagan 2012)

The recovery approach as described by Mary O'Hagan mirrors the community development approach that I worked with and in, for over 30 years, empowering people and being empowered, promoting lifelong learning and in doing so being informed and educated. Grassroots activism and meaningful involvement of people with lived experience, in communities of interest, where they/we were the instruments of change, helped by statutory agencies but we were the leaders, setting the agenda. It stemmed from my childhood in Perth, Scotland, where I learnt to be resilient in school playgrounds and in street games, helped by my parents and grandparents who taught me to stand up for myself and to resist the bullies.

Then in 1980 I moved with my husband and sons to an ex-mining community and village in South Lanarkshire where the mothers among us set up playgroups, playschemes and youth clubs, campaigned for a community minibus then drove it on outings to the seaside (I was the driver). The church was also active in the community and we visited the elderly housebound, you'd call it befriending nowadays, to chat and do house groups, I'd play my guitar, we'd have a singsong. It was all voluntary where we lived but it also led to paid work on occasion, further afield in the Lanark area, with children's, youth and play associations, and to serving on committees and steering groups, on a variety of topics. All of the activity fitting around the family, the children coming home from school and the holidays.

Coming to North East Fife in 1990 there was less grassroots activism although still a community development approach in the work I got involved in, paid and voluntary. I gained professional qualifications in this decade to underpin the practical experience and got full-time work in 2000 as my sons had all become young adults. Then in 2002 I hit the menopause and another transitional psychosis, altered mind state due to hormonal influences. It required all my resistance and resilience abilities following this episode to taper the psychiatric drug cocktail of risperidone, venlafaxine and finally lithium, to make a full recovery and get back to full-time work by 2006.

My first step towards recovery was to look for voluntary work, in local mental health groups and a charity shop. The SAMH employability worker based at Stratheden Hospital, Cupar (project lost funding years ago), was a useful support as was the Fife Employability Access Trust which ran a 12wk mentoring course (not running now), plus a CPN who believed in my abilities (she retired 5+ yrs ago). However it was up to me to do something about it. This is where the resistance and resilience came into play. Having the strength to stick with volunteering work when motivation was low and resisting the prognosis of "lifelong mental illness" and a label of schizoaffective disorder written in my "notes".

Unfortunately many of the supports which helped in my recovery, from 2002-4, are now not available in NE Fife due to funding being withdrawn and to competitive tendering of services. This has meant that local groups have lost out and others have had to please the statutory funders rather than focus on the needs of the person, in my opinion. There is therefore more of a rehabilitation ethos in Fife, I have found, and there is resistance to the recovery model. I think this is due to a number of pressures, including from carers and organisations that work with families. I understand why this might be but I don't approve of their stance because it has reinforced the stigma and discrimination of people with "mental illness" and the culture of dehumanising treatment in psychiatric settings which has negatively impacted on my family.

I want to see Scottish Government mental health departments demonstrate level playing fields in their strategies and commitments so that there is no dubiety between words and actions. Recovery isn't the same as remission which defines a person in terms of their medical condition. It is my contention that continuing to separate common mental health problems from "mental illness" has caused confusion, resulting in greater resilience and resistance being required for recovery. Then there is the prescribing of psychiatric drug cocktails or polypharmacy, ever increasing system dependency and side effects of pills requiring more pills for side effects. It has got harder to recover because it is more difficult to get off the psychiatric drugs which treat the symptoms and any resistance is met with restraint and a mental disorder diagnosis.

The final straw has to be the people with mental health issues on benefits being targeted by the UK government, pressurised to recover when it was the system that disabled them in the first place. Caught in the middle like prisoners in a hostage situation. Named, shamed and blamed by stigmatising labels and discriminating behaviour then told they are fit for work by the job centre police. My family has been subject to this bullying behaviour by uncivil servants who threaten benefit cuts if appointments aren't attended or forms filled in (it contributed to a family member becoming unwell and hospitalised). Trying to reason with them doesn't work and we had to call on the psychiatrist to put his name on the line, his signature on a letter, to authorise the disability and set us free from harassment.

I have come to believe that recovery is a journey and that each of us is at different stages of the journey, according to the amount of resilience and resistance that we

have managed to build up and store, over the years of our existence. It's an ongoing matter, sometimes 2 steps forward and 3 steps back, and having a survivor instinct can be very useful, I have found. Also being able to externalise annoyances rather than internalising them and getting depressed. Letting it all hang out has always worked for me if not for others, and not being bothered about what other people think. It gets easier with age and on finding people of like minds with whom to share experiences. Here's tae us! And here's to more resilience, resistance and recovery, for each one of us.

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