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Empowerment: The experience of Recovery Camp for people living with a mental illness

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Abstract

Background: Mental health recovery is still largely clinically defined and as such can lack person centeredness. To address this, recovery oriented experiences are required which recognise the holistic and diverse needs of individuals.

Aim: The aim of the study was to examine the experiences of people living with a mental illness who participated in a recovery oriented program called Recovery Camp. The study aimed to examine how the program may have related and contributed to their mental health recovery.

Methods: A descriptive phenomenological approach guided the study. Consenting participants (n = 5) were interviewed and asked about their subjective experience of Recovery Camp. The interviews were digitally audio recorded and transcribed verbatim. Data were analysed using van Kaam's Psychophenomenological method.

Findings: This paper presents the perspective of consumers regarding the ways in which Recovery Camp facilitated mental health recovery. Data analysis revealed five themes (Self-determination, Participation, Extending Self, Relationships and Positive change) and a core essence of meaning (Empowerment).

Conclusions: Personal mental health recovery for people living with mental illness can be enhanced through recovery oriented mental health care approaches. Findings contribute to existing literature regarding therapeutic recreation and its link to mental health recovery.

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TITLE: **Empowerment: The experience of *Recovery Camp* for people living with a mental illness**

SUMMARY

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Keywords: Mental Health Recovery; Mental Illness; Lived Experience; Phenomenology

SUMMARY OF RELEVANCE

Problem or Issue

Empowerment and self-determination among people living with mental illness can be impeded by extrinsic factors such as stigma, discrimination and social isolation.

What is Already Known

Experiences that support the person and enhance their capacity to develop internal resources can help overcome barriers.

What this Paper Adds

This research provides important data from a lived experience perspective, generating novel insights into the subjective lived experience of people with mental illness involved in an experience that is recovery oriented.

1. INTRODUCTION

Over the last thirty years, mental health care has advanced. Changes in treatment philosophies and models of care came about due to criticisms of stigmatising and paternalistic treatment which, in turn, lead to the emergence of the consumer-led movement - a movement strongly embedded in the human and civil rights ethos (Powers, 2010). People such as Patricia Deegan (Deegan, 1996) publically spoke of her lived experience of mental illness, and the care she had experienced inspired the progression of the movement. This 'new' narrative declared consumers' capacity to recover and experience wellness, despite experiencing mental illness. Proponents argued for a holistic approach to mental health care (Anthony, 1993); one that went beyond medicalised and clinical understandings.

Clinical recovery, with its primary focus on the reduction of symptoms related to a diagnosis, using pharmacology, remains the dominate paradigm in mental health care. Though, in response to the

significant negative impact medicalised approaches to mental health care have had on individuals, notions of mental health recovery have developed. For people experiencing mental illness, the process of mental health recovery is fundamentally different to clinical recovery (Kidd et al., 2015).

Mental health recovery has been described as a deeply personal and unique process within a dynamic and complex continuum (Glover, 2012). The meaning of personal mental health recovery is subjective and holistic and viewed from the perspective of the person experiencing a mental illness. Core principles relate to a person gaining and sustaining hope, having self-awareness and an understanding of ones' own capabilities and disabilities, and engaging in an active and meaningful life (Slade et al., 2012). Mental health recovery is inclusive of both intrinsic and extrinsic factors (Slade & Longdon, 2015). Intrinsically, the person experiences hope, autonomy and social connectedness, and perceives themselves as being in a lifelong process of learning and recovery (Tew et al., 2012). Extrinsic factors include the implementation of human rights, a positive culture of recovery oriented services, and social inclusion (Slade et al., 2015). In recognition of these influences recovery principles are now embedded within Australian Government policy with the expectation mental health services adopt a recovery oriented approach (Commonwealth of Australia, 2013).

1.1   Working toward mental health recovery

Recovery oriented systems focus on partnerships, inclusivity, personal control and choice to enhance empowerment and self-determination (Slade et al., 2012). Significant barriers to achieve these attributes include extrinsic factors such as stigma, discrimination and social isolation, which can confound intrinsic factors such as low self-worth and low confidence. Experiences that support the person and enhance their capacity to develop internal resources can help overcome barriers. As such, non-paternalistic environments and holistic interventions that enable people with mental illness to self-determine and experience greater autonomy are needed (Kidd et al., 2015). Such recovery oriented programs exist (Moxham et al., 2015; Patterson et al., 2016; Taylor et al., 2016), however research of the subjective experience of participants is needed. This paper presents a study of the subjective experience of people with a mental illness who attended a recovery oriented program.

2. METHOD

2.1 Aim

The aim of the study was to examine the experiences of people living with a mental illness who participated in a recovery oriented program called *Recovery Camp.* The study aimed to examine how the program may have related and contributed to their mental health recovery.

2.2 Recovery oriented setting

Recovery Camp is the program that underpins this study. *Recovery Camp* was developed by nurse and education academics and a Peer Support Worker with a lived experience of mental illness. It is a unique recovery oriented intervention that has people with a mental illness spend five days and four nights alongside university-based health students (from nursing, psychology, exercise science, dietetics and nutrition) at an adventure bush camp.

Recovery Camp is designed to be a recovery oriented experience in that it uses activities as a therapeutic means to improve the health and quality of life of those with a lived experience of mental illness (Moxham et al., 2016). It offers specially programmed activities designed to encourage people to extend themselves cognitively, physically, psychologically and socially (Moxham et al., 2016; Picton, 2015). Adventure activities and physical challenges are used to foster team building as well as personal strengths (Patterson et al., 2016; Taylor et al., 2016). Participants with a mental illness who attend *Recovery Camp* are encouraged to share their stories and experiences of mental illness, mental health and recovery with students, so as to educate the students who attend and address any stigmatising attitudes.

2.3 Participants and Research Design

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This study was a descriptive phenomenological examination of individual's experience of a recovery oriented program. The philosophical approach of qualitative methodologies and its associated methods, such as phenomenology, facilitate the examination of lived experiences. Furthermore, qualitative methods are increasingly seen as an appropriate manner in which to answer research questions related to fields of mental health, including psychiatry (Crabb & Chur-Hansen, 2009; Whitley & Crawford, 2005).

A purposive sample of people who have a mental illness and who attended *Recovery Camp* were invited to take part in the study. Five potential participants verbally expressed an interest in discussing their experiences. There were no drop-outs. Giorgi (1997) suggests a minimum of three participants is sufficient to capture the perceived essence of the phenomenon. Data were collected through in-depth, semi-structured individual interviews. Each interview was digitally audio recorded and transcribed verbatim with the location of the interview chosen by the participants. All interviews were private, lasted between 20 to 40 minutes and generated 38 pages of narrative data. The grand tour question was '*Tell me what the Recovery Camp was like for you*' and then open-ended questions probed so as to elicit more information. The first author (a Registered Nurse who works in mental health care and an Honours student) completed all interviews to maintain consistency. The participants were aware that the author was a mental health nurse and an Honours student, interested in hearing about their experience of *Recovery Camp*.

According to Merriam (2015), people gain benefits from the empowering process of being asked, being listened to and having their personal perspectives valued. Additionally, the interviews presented an opportunity to self-reflect and attribute meaning to their experience; a process that Polit and Beck (2012) suggest has significant therapeutic value.

2.4 Ethical Considerations

The study was approved by the Human Research Ethics Committee of the university (HE16/060). Participants were informed of the voluntary nature of the study and their right not to participate or to

withdraw participation if they chose to. Written informed consent was obtained before data collection commenced. The study conformed to the "Statement on Human Experimentation" by the National Health and Medical Research Council of Australia.

2.5   Data analysis

Data were analysed using van Kaam's Psychophenomenological Method framework. This enabled the researchers to be guided through the research process to produce a high quality study (Anderson & Eppard, 1998). Additionally, van Kaam's framework allowed for critical analysis of the data without restrictions of theoretical preconceptions (Polit & Beck, 2012).

Van Kaam's Psychophenomenological Method progresses through four stages; 1) analysis, 2) translation, 3) transposition and 4) phenomenological reflection, which incorporated twelve detailed steps as outlined in Table 1 (Anderson & Eppard, 1998). [TABLE 1 TO BE ADDED AROUND HERE]

3.   FINDINGS

3.1   Participant characteristics

Scant demographic information was required to answer the research question. All the participants were adults, with ages ranging from 33 years to 58 years and who have experienced a range of mental health challenges.

3.2   Themes

Findings from the study were organised into five themes, each connected to the overarching core essence of meaning: **Empowermen**t. The concept of Empowerment best describes the participants' overall experience of attending *Recovery Camp*. Participant's actual words were grouped together and used to form a number of elements. Twenty-two elements were labelled and then further categorised into five themes; being: Self-determination; Participation; Extending Self; Extending Relationships;

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and, Positive Change. Figure 1 identifies the five themes and the overarching core essence of meaning. [FIGURE 1 TO BE ADDED AROUND HERE]

3.2.1   Self-determination

The theme of Self-determination depicts participants expressing a strong sense of determination to attend *Recovery Camp* by making the most of the experience and choosing to attempt new activities. Three elements of Self-determination were identified. These were: *Determined to come to camp and have a go; My choice;* and, *Make the most of the activities.*

Determined to come to camp and have a go emerged as a result of participants' describing being attracted by the opportunity to attend *Recovery Camp* and to try new activities. Participant 5 stated "*Going to camp was a decision that I made as part of my process of deliberately deciding to do new things*." Participant 4 spoke about a "need" to attend, proclaiming, "*As soon as I saw the pamphlet, I thought, I need that!*"

The element of *Make the most of the activities* was identified from the participants' describing that they were determined to engage in activities despite any personal limitations. For example, Participant 3 said:

"I was determined to do the swing [….] because of my neck damage but I found it was fine [….] and I did it [….] it was good!" (P3)

The element of *My choice* was generated from the analysis of the participants' description of having the choice to participate and to what extent. Participant 5 identified the importance of having the choice to self-determine which they attributed to:

"The total respect that was given to us, and that we gave each other at the camp, with regard to participation [….] it was okay that you have a choice". (P5)

The sense of self-determination was found to extend beyond *Recovery Camp*. Participant 5 described being empowered from a deeply intrinsic place when they said:

"I came out of the camp with a determination to do the things that light me up [....] I can spend two hours talking myself out of going or I can decide who I am going to be and go and do it [....] I've taken that level of enthusiasm into my ordinary life". (P5)

3.2.2 Participation

The theme Participation incorporates three elements: *Joining in; Helping the team;* and *Physically active.* The element *Joining in* emerged from participants' discussions of how activities, such as team challenges, presented opportunities to be mentally and socially engaged. This element emphasised the social aspects of *Recovery Camp*. Participant 3 stated, "I was able to interact more with people." The importance of increased interaction was demonstrated when participants said how much they got involved at *Recovery Camp* compared with their everyday lives.

"I found that I was more involved when I go to the camp and when I come back out of the camp [.....] I stay involved for some time". (P3)

Participants also described discovering new strengths through *Joining in*. For instance, Participant 2 described taking a lead role by being invited to give a speech; something they would not normally be able to do or want to do.

"I just gave a speech to nearly a hundred people and I didn't even think about it!" (P2)

The element of *Helping the team* was identified from the analysis of the participants' descriptions of using their strengths to help their team achieve success in the team challenges. Participants expressed an altruistic desire to support others, particularly peers. Participant 4 and 5 described personal benefits and strengths related to helping others:

"I've realised that acknowledging people and encouraging people is a really special gift that I have. [….] It takes my mind off myself which is a good thing in terms of my mental health. It certainly boosts my confidence." (P5)

The element *Physically active* emerged from participants' descriptions of being more physically active than usual. Discussion of physical participation was often related to the enjoyment of attempting new physical activities, such as the quotes below:

"I realised how lit up I was about the physical challenges at camp [….] I got in touch with how good I felt about the physical challenges." (P5)

3.2.3   Extending Self

The theme Extending Self emerged from participants' descriptions of getting *Out of my comfort zone*, *Trying new things*, and *Doing things I didn't think I could*. The element of *Out of my comfort zone* represented participants' discussion of how *Recovery Camp* offered alternatives to their normal routine. Each participant used the term "comfort zone"; including Participant 4 who spoke of applying their learning from camp to their life outside of camp:

"For me, it was more talking in front of groups. [….] and it did get me out of my comfort zone [.….] so I will try to apply that…. (Laughs) I'm still having a heart attack on the inside but I still push through it". (P4)

The element of *Trying new things* was formed from participants' descriptions of trying new activities and being adventurous. For example, Participant 5 described how they were motivated to try new activities:

"It was about deliberately deciding to increase my participation, my activity, to stir myself up to get into new things. It's just a determination to try where previously I have avoided risk, avoided failure and lived a much smaller life." (P5)

In this quote, Participant 5 described deliberately 'stirring themselves up'; discussing a perceived urge to change how they usually participate in life. Participant 5 wanted to use *Recovery Camp* to address their own concern of having avoided challenges in life. In using words like "deliberately deciding", Participant 5's narrative highlights how participation in this context was related to autonomous choice; and shows an interrelationship with the theme of Self-determination.

The element of *Doing things I didn't think I could* emerged from participants' discussion of gaining the confidence to extend themselves but as a result of being encouraged and supported. Similar to the above quote of Participant 5, having confidence to extend self is not something participants said they usually experience. In the quote below, Participant 1 explains how the positive interaction with other people at camp improved intrinsic confidence:

"Because there's not that much connection with other people in the rest of my life. There's not that sort of encouragement [....] it's like a big lift, as if to say' You can do that' and that sort of makes you think in your own head 'Well, maybe I can do it' and not just there, not just at the camp." (P1)

The above experience and narrative of Participant 1 links with the theme of Relationships.

3.2.4 Relationships

The theme of Relationships was informed by two elements: *Relationship with others*; and, *Relationship with self*. The element of *Relationship with others* emerged from participant descriptions of forming meaningful social relationships as a result of the collegial *Recovery Camp* experience. This was considered to have a predominantly positive impact:

"I really enjoyed the team feeling [….]. And that actually had the biggest impact on my way of thinking". (P5)

All participants described *Recovery Camp* as a supportive environment. All participants said that the supportive relationships and encouragement from others were instrumental in increasing their level of participation and further extending themselves. Participants 1 and 4 describe such experiences:

"The biggest thing for me, the friendships, the camaraderie, everyone getting together and supporting each other. [….] everyone was there saying 'You can do it'. That was really good because it is hard to find people like that". (P1)

The element *Relationship with self* was identified by participant's discussion on being self-reflective and examining their self-identity. Participant 4 described *Recovery Camp* as helping to "put a jigsaw back" and went on to further state:

"I was still going through a traumatic experience [….]. It felt like I had to put a jigsaw back together [….] to start the camp and to reflect on what happened. I did very much apply myself. [….]I think it really helped me that way to recover." (P4)

3.2.5   Positive Change

The final theme of Positive Change relates to the participants' descriptions of perceived shifts in their wellbeing. Three elements emerged from analysis and formed the theme of Positive Change. These were: *Increased trust and reduced social isolation; Increased confidence;* and, *Resolve to lead an active and fulfilling life*.

Increased trust and reduced social isolation was attributed to the encouraging milieu of *Recovery Camp*. For example, Participant 2 stated feeling "100% safe*"* at *Recovery Camp* because they could

"trust people," and team building made them "feel supported" because it helped "break down barriers." Participant 2 stated:

"It was through team effort [….] learning to put your trust in people. [….] and breaking down the barriers of the nurses and the students and the teachers". (P2)

A description of being trusted and valued by others was expressed by Participant 3 when they described how the students and nurses treated them as an equal. They "saw me as a person." This feeling of unconditional positive regard was demonstrated when this participant talked about it being "good" for them to tell the students about "how I feel when some people treat you different":

"They definitely saw me as a person. […] It was good for me because I was able to say and tell them my feelings on things." (P3)

A sense of *Reduced social isolation* was developed as a result of social interactions before, during and after *Recovery Camp*. Four of the participants (P1, P3, P4, and P5) described themselves as "shy" or "introverted" and how they have difficulty connecting with people in everyday life. Participant 1 disclosed "There's not that sort of connection with other people in the rest of my life" (P1). Participant 3 said:

"I don't have many friends, I have virtually one friend [….] but I found that I was more involved when I go to the camp…" (P3)

Increased confidence, as an element was identified throughout all participants' descriptions. Participant's spoke about "having the confidence knocked out of me", "stigma impacts your confidence", or "having mental illness robs you of confidence." *Recovery Camp*, however, helped participants regain some lost confidence, as described by Participant 2:

"It was good because so many people came up to me afterwards and said - that was a good speech. It was definitely a confidence builder." (P2)

The element of *Resolve to lead an active and fulfilling life* was identified from participants' descriptions of engaging in a variety of new activities since returning from *Recovery Camp* to improve their physical, social and psychological wellbeing. For example, Participant 4 stated they were organising to attend Tai Chi classes, while Participant 5 described *Recovery Camp* as a "catalyst" to make swimming part of their life:

"I am now swimming every week [….] so camp has been a catalyst for that too!" (P5)

3.2.6 Empowerment: the core essence of meaning

Empowerment was found to be experienced by the participants as an essential feature resulting from participating at *Recovery Camp.* Each participant experienced a sense of Empowerment and this was identified in each theme.

The meaning of Empowerment emerged through the consideration of the structural elements as represented by the five interrelated themes. Drawing on participants' words and discussion across each of the themes, the meaning of Empowerment in relation to the experience of *Recovery Camp* can be synthesised as: being determined to participate and extend oneself to strive physically, socially and psychologically whilst being supported by positive relationships and leading to perceived positive changes.

Participant 5 illuminates this description when they spoke about *Recovery Camp* having a significant impact on their mental health recovery and self-identity:

"The biggest impact was on my way of thinking and on my way of interacting. And that was a catalyst to the biggest boost in my self-esteem and my confidence. The team work really changed everything

[….] regardless of our strengths and regardless of our weaknesses and regardless of our fears [….] I haven't experienced that degree of support anywhere. [….] It is now an ambition of mine to look for that elsewhere in my life and build that elsewhere in my life to have that community of support that goes beyond meeting individual needs but that is for attempting to achieve greater things [….] I always felt that I was different and to a degree separate in teams, or groups [....] I didn't have confidence in myself. [….]. At camp it was the very first time that I did not feel different." (P5).

4. DISCUSSION

Using a phenomenological approach, the findings from this study demonstrated Empowerment as the core essence of meaning. Five themes were embodied within the overall meaning of Empowerment: *Self-determination; Participation; Extending Self; Relationships and Positive change*. This section will draw upon the literature to discuss these findings in greater depth and in relation to mental health recovery.

There are many models and frameworks advocating a mental health recovery approach (see for example: Andresen et al., 2011; Leamy et al., 2011), yet the *Self-righting Star* ® of Recovery conceptual framework by Glover (2012) is well appointed for this discussion. Glover (2012) used her own experience of living with mental illness to present the concept of recovery from a personal perspective. Likewise, discussing a theoretical conceptual framework of a person who has experienced mental illness to inform practice is highly congruent with the principles of inclusivity and empowerment (Commonwealth of Australia, 2013; Slade et al., 2012).

The five themes and the core essence of meaning identified by this study align with the principles of the *Self-righting Star* ® of Recovery (Glover, 2012). Figure 2 illustrates the connection of the themes with the five constructs of Glover's (2012) framework. The columns on the right side of the figure represent the five themes from the findings of this study, whereas, the columns on the left depict Glover's (2012) five constructs. [FIGURE 2 TO BE ADDED AROUND HERE]

The theme of *Self-determination* relates with Glover's (2012) construct of *My ability to respond and take control*. Glover (2012) discussed, from a positive perspective, how a person has the ability to take control of their responses to internal and external events, similar to the theme of Self-determination. Moxham et al. (2014) described this construct as personal responsibility in which a person is able to make their own choices and learn from their decisions.

The theme of *Participation* aligns with Glover's (2012) construct of having an *Active sense of self*. Glover (2012) described this construct as perceiving oneself as a whole person, rather than as an illness, and taking an active role in one's own recovery. Perceiving self as a whole person rather than within the confines of an illness identity is pivotal in mental health recovery and enables a person to build on their strengths and gain self-mastery (Rapp & Goscha, 2012; Slade et al., 2012).

The theme of *Extending self* relates to the Glover's (2012) principle of *Discovery*. To extend oneself is to move *Out of my comfort zone* to discover new experiences and discover personal attributes, strengths and increase self-knowledge and self-awareness (Glover, 2012; Moxham et al., 2014). Glover (2012) refers to lifelong learning as a continual process of *Discovery*.

The theme of *Relationships* is strongly linked to the principle of Glover's (2012) construct of *Connectedness*. The construct of *Connectedness* originates from the premise that recovery is a social process whereby people have the fundamental need be involved and feel connected with others (Schrank et al., 2012; Tew et al., 2012; Tsai et al., 2012). Evidence shows mental health recovery is enhanced by supportive social relationships and networks (Schrank et al., 2012; Tew et al., 2012).

Hope and *Positive change* are reciprocal and are meaning making processes (Schrank et al., 2012; Schrank et al., 2014; Slade et al., 2015). Both *Hope* and *Positive change* lead to a sense of future possibilities as well as the providing the impetus necessary to overcome adversity (Schrank et al., 2012). *Hope* is a protective factor in maintaining mental health and practices which instil *Hope* can

inspire mental health recovery and reduce the risk of suicidality (Rovinelli-Heller, 2015; Schrank et al., 2014).

Glover (2012) highlights the need for transformative mental health care settings to facilitate individuals' sense of empowerment. From participants' narratives of their experience, it was evident *Recovery Camp* contributed to the perception of self-mastery and taking ownership of health and wellbeing.

4.1   Limitations

This research utilised a qualitative exploratory approach and incorporated a small participant group, therefore the potential to generalise findings is limited.

5. CONCLUSION

In light of the historical context of consumer disempowerment the findings of the study carries greater weight. This research provides important data from a lived experience perspective and has generated novel insights into the subjective lived experience of people with mental illness on how *Recovery Camp* can foster mental health recovery. Participants described increased self-determination to participate and extend themselves with the most significant theme being forming supportive social relationships and developing positive self-identities. Participants expressed experiencing positive change such as increased confidence and a greater resolve to live a more active and fulfilling life following *Recovery Camp*.

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