

# Everyone has a Story: The Importance of Narratives in Personal Recovery

Simone Arbour

Volume 7, numéro 1, hiver 2024

URI : <https://id.erudit.org/iderudit/1109253ar>

DOI : <https://doi.org/10.33137/jrmh.v7i1.42445>

[Aller au sommaire du numéro](#)

Éditeur(s)

Ontario Shores Centre for Mental Health Sciences

ISSN

2371-2376 (numérique)

[Découvrir la revue](#)

Citer ce document

Arbour, S. (2024). Everyone has a Story: The Importance of Narratives in Personal Recovery. *Journal of Recovery in Mental Health*, 7(1), 1–3.  
<https://doi.org/10.33137/jrmh.v7i1.42445>

© Simone Arbour, 2024



Cet document est protégé par la loi sur le droit d'auteur. L'utilisation des services d'Érudit (y compris la reproduction) est assujettie à sa politique d'utilisation que vous pouvez consulter en ligne.

<https://apropos.erudit.org/fr/usagers/politique-dutilisation/>

**é**rudit

Cet article est diffusé et préservé par Érudit.

Érudit est un consortium interuniversitaire sans but lucratif composé de l'Université de Montréal, l'Université Laval et l'Université du Québec à Montréal. Il a pour mission la promotion et la valorisation de la recherche.

<https://www.erudit.org/fr/>

## Everyone has a Story: The Importance of Narratives in Personal Recovery

Simone Arbour<sup>1</sup>

<sup>1</sup>Ontario Shores Centre for Mental Health Sciences, Whitby ON, Canada



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

**Keywords:** narrative research, CHIME, peer support

---

Although it was not intended to be a themed issue, the manuscripts contained in the current issue of the Journal of Recovery in Mental Health do cluster together. As I read the current issue, I am struck by how it showcases the importance of the personal recovery narrative. In particular, what I find noteworthy is that it is not just people with lived experience of mental health challenges who have a story, but so, too, do peer support workers and others who provide care and support. What is also interesting is that this issue highlights the ways in which leveraging the recovery narrative can either support one's recovery journey (as is the case with Chadwick, and Maleski's work regarding establishing peer support in non-clinical work in Calgary) or how a narrative can hinder one's recovery as can be the case outlined in Kirkegaard Thomsen et al.'s article about staff's narratives about recovery.

Narrative research has featured quite prominent within personal recovery work. For example, in their foundational study synthesizing narrative accounts of individuals with severe mental illness, Leamy and her colleagues distilled the CHIME framework<sup>1</sup>. This seminal study advanced recovery research and practice. Results from the study operationalized recovery journeys and noted that they often encompassed connection, hope, a positive identity, making sense or finding meaning and empowerment<sup>1</sup>. This operationalization of recovery through narrative analysis afforded many researchers the opportunity to include CHIME constructs into recovery program development, implementation and evaluation<sup>2</sup>. The spread of narrative research is reflected in the current issue. Of note is Lases's et al.'s manuscript that encompasses the translation of a recovery story inventory into Dutch. The Journal of Recovery in Mental Health is pleased to assist researchers in developing tools that can advance recovery in non-English-speaking countries as well. This is important not only in extending the evolution and impact of Leamy et al.'s<sup>1</sup> foundational understanding of recovery narratives but also presents the opportunity to conduct cross- cultural research.

In their narrative study regarding mental health staff perspectives on personal recovery, Kirkegaard Thomsen et al.'s research highlights a very important contextual factor that

can influence recovery outcomes. In analyzing how staff narrate their experiences with service users, it is apparent that knowledge of, and various attitudes about, personal recovery can influence staff behaviour and ultimately recovery-oriented care (or the lack thereof). The authors speculate that perhaps staff feel recovery is rare and therefore an unrealistic goal they are unable to support. What was also apparent is that many mental health staff members are unclear of the distinction between personal recovery and clinical recovery. This is not surprising given that recovery-oriented practice guidelines are relatively new<sup>3</sup>. This therapeutic pessimism, as well as lack of recovery knowledge, is certainly an obstacle to recovery-oriented practice and, ultimately, recovery outcomes for individuals with severe mental illness. However, it is likely that these issues could be remedied to some degree with recovery narratives – shared by patients themselves. If staff were more aware of patients' full recovery journeys, including the journey beyond accessing specialized or hospital services, they could see that recovery is in fact possible and change their pessimistic perceptions and hold hope for the individuals they support. The recovery college has proven to be invaluable in this regard. Recovery colleges not only provide recovery education but also provide the opportunity for individuals to share their journeys with one another, including peer support workers who leverage this experience as part of their jobs. The ways in which recovery colleges bring together individuals with lived experience, those who provide services and caregivers, is an invaluable way to support the vast array of individuals who are impacted by mental health challenges and their services. Everyone involved has their own story, and need support and validation.

It is in this spirit that the editorial team is proud to announce that the next issue of the Journal of Recovery in Mental Health will be a themed issue focussing on the experiences, education, and support needs of caregivers. Caregivers tirelessly provide support for loved ones (usually unpaid) and often put their own support needs second. Our guest editor Dr. Mary Chiu has devoted a program of research to understanding these needs and developing innovative programs and education to support the recovery journeys of caregivers themselves. This upcoming issue is designed to showcase important research, practice, and lived experience narratives of caregivers/ care partners. This special issue in May, 2024 will coincide with National Caregiver Month in Canada. The editorial team is pleased to showcase the lived experience, research, and practice issues that affect the many caregivers in Canada and abroad.

## References

<sup>1</sup>Leamy M, Bird V, Le Boutillier C, Williams J, Slade M. Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *Br J Psychiatry*. 2011 Dec;199(6):445-52. doi: 10.1192/bjp.bp.110.083733. PMID: 22130746.

<sup>2</sup>Arbour, S., Battistelli, R., Paul, S., & David, K. (2023). Mental Health Recovery Outcomes of students attending a hospital-based Recovery College in Canada. *Journal of Recovery in Mental Health*, 6(2), 56–69. <https://doi.org/10.33137/jrmh.v6i2.39521>

<sup>3</sup>Mental Health Commission of Canada. (2015). *Recovery Guidelines* Ottawa, ON: Author.