

BOOK REVIEW / COMPTE RENDU

Behind the Rhetoric: Mental Health Recovery in Ontario

by Jennifer Poole

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When I read the title of Jennifer Poole's book—*Behind the Rhetoric: Mental Health Recovery in Ontario*—I was pleased to be asked to review it. Recovery is an idea that is widely present in the mental health community. The Mental Health Commission of Canada recently released a strategy entitled *Toward Recovery and Well-Being*, and a report prepared by the Ontario Advisory Group to the Minister of Health on the provincial Mental Health and Addictions Strategy was entitled *Respect, Recovery, Resilience*. In reading Poole's book, I was hoping for some pithy gems of wisdom—key take-home messages that would simplify my work in this area. (I am a health services researcher.) However, such was not the case. Jennifer Poole is not trying to simplify. As the title suggests, she has undertaken a nuanced and multilayered analysis of the rhetoric of recovery. She examines how recovery is defined, how recovery is talked about, the various recovery models, the business of recovery and, within all of this, the strong passions, disagreements, and fears that recovery elicits. There are no simple messages. As Poole notes, the idea/movement/vision that is recovery may not be "as straightforward and positive as it looks" (p. 12). Rather, Poole leaves the reader with a clearer appreciation of the complexity of the construct and the issues to consider in any candid discussion or undertaking that involves recovery.

Poole's focus is Canadian, more specifically, Ontario and often Toronto. She starts out with a history and key timelines. Recovery talk first emerged in the United States in the late 1980s as "a bold move away from the often hopeless prognoses" (p. 9) given to those diagnosed with serious mental disorders. It started to appear in Canadian discussions in the 1990s. In Ontario, a 2002 provincewide planning process identified recovery as a key component of a reformed mental health system. The recovery movement has its stars. In the United States, these include Patricia Deegan, a mental health survivor¹ who is often credited with introducing the idea. In a 1988 article, she defined recovery as the experience of people who are "recovering a new sense of self and of purpose within and beyond the limits of [their] disability" (p. 36). U.S. scholar William Anthony also shone an early light on recovery through his writing and research. Some Canadian/Ontario notables include Kathryn Church, a scholar and consumer, the Capponi sisters (Pat and Diana) who have been consumer leaders for many years, and Michael Wilson, a politician, business man, and family member who was particularly active in mental health system planning in Ontario in the early 2000s.

Poole is an associate professor at Ryerson University. She describes herself as someone who has used mental health supports and who feels the need to question what counts as normal, familiar, and good in society. In this book she uses academic tools to actively question recovery. Poole is a follower of Michel Foucault, a French philosopher and social theorist (and critic of social institutions), and she uses his notions of discursive formation, power, knowledge, confession, and resistance to unbundle the rhetoric that surrounds recovery discussions. Her data sources included written materials—recovery textbooks, articles, and reports—and interviews with 15 stakeholders who represented policy makers, recovery trainers, practitioners, administrators, survivors, and family members. Her interview questions addressed topics such as: What does recovery mean to you? How would you describe the recovery vision? Have you noticed differences in how people talk about recovery? Her analysis of this material formed the content of the book.

Poole provides an interesting analysis of why recovery has become a force. Explanations include the current interest in privileging individual experience over dispassionate analysis; the interest in spiritualism and individual journeys; the need to reenergize deinstitutionalization (recovery care takes place outside the hospital); and the search for health cost savings (if individuals can manage their own care there are many dollars to be saved). Poole describes the different languages of recovery. One is storytelling where people convey personal experiences, usually with a hope and faith theme. Audiences find stories to be powerful and reassuring because they show that recovery is not a dream but a reality. There is also professional recovery talk such as discussions about how to codify, measure, and study recovery; training talk about products and approaches (involve clients, be positive); and marketing talk about branding and packaging. Poole also reviews different models of recovery, where a main point of tension is the role of individual responsibility (more of a U.S. approach) versus social responsibility (e.g., ensuring the social supports/conditions that are necessary for good health).

A continuing theme in her writing is that all is not smooth and consensus driven. For example, Poole describes the criteria (unspoken) that govern public discussions of recovery—such discussions should include hope talk, and they should not be critical. She discusses the concern that recovery will be used to justify service cuts. She notes that recovery has become a big business and that consumers rarely benefit from this. She raises the question of where people with severe mental illness fit in, given a current discourse that this group is too ill to be appropriate for recovery. Poole also talks about turf wars—in the consumer community, in the professional community, in the recovery trainer community. She worries that fissures and fractures in these groups may ultimately threaten the success of recovery.

I learned a great deal reading this book. In general the writing is accessible and the ideas are clear. I did find the use of Foucault's concepts as the organizing framework a bit daunting since his ideas, language, and methods are not easy to understand. I also hungered for more synthesis and summary throughout the book. Poole does eventually provide this in the last two chapters, but we are left on our own in the earlier chapters and at times I felt overwhelmed with ideas and no organizing structure. Poole's work may already be a bit dated since the interviews took place in 2005–06, but I can appreciate the time it takes to analyze the data, write the book, and get it to publication. As a small point, this book could really have benefited from an index. Poole can blame her publishers for that omission.

In her last words, Poole says that survivors asked her, "Are you for recovery or against it?" But that is not the point of the book. What Poole is trying to do is make room for honest understanding, discussion, and

scrutiny. Students will benefit from the history as well as the current views that this book offers. For me it was a reminder that the system and its players are complex, and that ideas like recovery can be progressive but also opportunistically used. As for the future of recovery in Ontario, Poole does not speculate. Perhaps we will get an update from her in five years—with an index.

NOTE

1. Survivor is a term that refers to people who self-identify as having mental health issues. Other terms include consumers, users, clients, and patients. Poole chooses to use the term *survivor* throughout the book.

REFERENCE

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