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Letter to the Editor

Recovery through reflection

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Since the early 1990s when William A. Anthony first coined what is now considered the recognised universal definition for personal recovery in mental health, the concept has grown and expanded based on the latest evidence. In 2025, we now see recovery as both an individualised and a collective process (Swords & Norton, 2023). Now, recovery is seen under the guise of a social phenomenon, where the onus is on society to have the necessary components for an individual to reconnect and thrive within that community (Norton & Swords, 2020; Swords *et al.* 2025). However, this was not always the case. Until Anthony (1993)'s attempt at defining personal recovery, there was clinical recovery, which stipulated that recovery is a destination only achieved through the eradication of signs and symptoms of mental distress (Norton & Cullen, 2024). When Anthony (1993) defined personal recovery, he changed the goal posts in regards what is important for recovery to occur. At this time, recovery was no longer about eradication, but a journey of self-discovery and living one's best life even with the signs and symptoms of mental illness (Anthony, 1993). Regardless, when we teach recovery in practice, we are looking at an amalgamation of clinical, personal, and social recovery. This amalgamation allows us as professionals to view the person holistically, identify their needs on a clinical, personal, and social level and support them in attaining their own self-defined goals. But how does one reach a place whereby one can construct their own self-defined goals and how do we know when such goals are attained. The answer does not fall on the clinician but rather on the individual themselves through a process known as reflection.

As health care professionals, we are required by governing bodies to reflect on our practice as part of our work in healthcare (Koshy *et al.* 2017). Reflective practice, according to Mantzourani *et al.* (2019) is simply a strategy used to enable healthcare providers to draw on their previous experiential practices and knowledge attained from those experiences to become more effective in making judgements in clinical situations. In this way, it supports the clinician in enhancing their clinical expertise thereby making them a more effective tool in healthcare delivery. In practice, there are an array of tools used by clinicians to support their reflective practice. Examples include Gibbs (1988) reflective cycle and Kolb, (1984) experiential learning cycle. However, despite the technical details described in these models of reflective practice, reflection can simply be an act of mindfulness whereby one can see themselves as they are and use that knowledge to further strive towards recovery. As such, this paper proposes that for true recovery to truly occur – whether individual or collective – whether clinical, personal or social – the service user themselves needs to undergo a process of reflective practice as a central component of any treatment regime.

In practice, there are several mechanisms that allow a service user to do just that – reflect. Take for instance, a well-known recovery education resource known as Wellness Recovery Action Planning [WRAP] (Copeland, 2011; Copeland, 2018). WRAP is a powerful mechanism that allows one to reflect on one's life as it allows the individual to identify what they are like when they are well along with what experiences, abstract concepts, and/or physical things that can cause an individual to slip into a set of patterns that results in unwellness (Norton & Flynn, 2021; Norton, *In Press*). As such, it is a vehicle whereby the individual self-explores their life to identify what makes them, them. What supports their well-being and what inhibits it. However, this is just one mechanism. Other mechanisms used to reflect include engaging with peer support, recovery education as well as mindfulness and meditation.

Regardless of the tool used, what is important is the ability that these instruments have to block out the noise that is day-to-day life and focus on what works for the person in recovery. In my own case, I am 10 years in recovery from severe mental health challenges this year [2025]. The tool that helped me stay well for the past ten years was the ability to reflect on my wellness, to become self-aware and understand who Michael truly is. What makes Michael happy, sad, well, unwell, angry, calm, and so on. For me, WRAP along with recovery education were the vehicles whereby I could engage in such self-exploration, self-discovery, and as a result engage in self-advocacy to achieve a good place in my life of recovery. However, this is different for everyone. Regardless of what is used or how one does it, what I see as important for recovery is that ability to be self-aware. To know thy self, the flaws and the charms. All of which allowed me to further explore and know myself, which influenced the way I now live my life, how I work, and how I engage with other people. For me, the core to recovery is reflection, because from my experience, the only way to achieve recovery, achieve wellness is to constantly reflect on oneself. It is not a single act that happens at one moment in time only. It is an act I must engage in everyday as my body and mind adapts to the ever changing world that surrounds each and every one of us. As such, the most important skill I, as a peer, as a healthcare provider and I as a person can use and gift a person I am working with is to simply provide them with the act of presence and allow for the space they need to explore for themselves what makes them, them so that they can make positive changes towards their well-being and recovery.

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