Remarkable recoveries: an interpretation of recovery narratives using the CHIME model

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Abstract

Purpose – *The purpose of this paper is to review the 16 published non-student Recovery Heroes and Remarkable Lives accounts published in* Mental Health and Social Inclusion*, using the connection, hope, identity, meaning and empowerment (CHIME) framework.*

Design/methodology/approach – *All 16 accounts were rated independently by four researchers and evaluated in terms of whether each account met the five criteria for the CHIME model.*

Findings – *All accounts met the criteria for the CHIME model, with the exception of one, which still met four of the five criteria. Evidence was presented which suggests that the model can be extended to creativity, connectedness, hope, identity, meaning and empowerment (C-CHIME), to incorporate creativity.*

Research limitations/implications – *While a certain level of subjectivity is required in deciding how each account meets the CHIME criteria, there were high levels of inter-rater reliability within the research team. Creativity had a central place in all the accounts.*

Practical implications – *The revised C-CHIME model can be used by practitioners to examine accounts of recovery in a more focussed manner and may also help in devising recovery action plans.*

Social implications – *The recovery model privileges both professional and lived experience perspectives on recovery. The current review highlights how much we can benefit from the wisdom contained in first person accounts.*

Originality/value – *This review adds to the existing literature and highlights the importance of creativity for mental health recovery.*

Keywords *CHIME, Recovery, Creativity, Remarkable lives, Recovery heroes, Activism, CHIME model, Mental health activism, Mental health recovery*

Paper type *Research paper*

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Introduction

Recovery in mental health can be considered from myriad angles (Tan *et al.*, 2020). Personal recovery is based on service user experience and is unique to everyone (Shanks *et al.*, 2013). This can make it a difficult concept to study academically, but that has not put researchers off trying to conceptually clarify recovery.

Using a bottom-up methodology that examined service user experiences, Andresen *et al.* (2011) tried to synthesise a more relevant definition of recovery than the medical model of psychiatry had been able to offer. The definition they arrived at is that recovery is "the establishment of a fulfilling, meaningful life and a positive sense of identity founded on hopefulness and self-determination" (Andresen *et al.*, 2003, p. 588). This was then built on to create the connection, hope, identity, meaning and empowerment (CHIME) model of recovery (Leamy *et al.*, 2011). CHIME stands for *Connectedness, Hope and optimism, Identity, Meaning in life* and *Empowerment*, which are the five dimensions that the model

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Jerome is grateful to all 16 interviewees who agreed to share their recovery journeys. Several have become close personal friends.

proposes are necessary for personal recovery. Each dimension has several sub-categories (e.g. "personal responsibility" for the "empowerment" dimension).

Piat *et al.* (2017) used the CHIME framework with individuals with serious mental health problems in the community, finding that CHIME helped make sense of seemingly mundane things which were an important part of the recovery journey. CHIME has also been found to work in a variety of cultures (Apostolopoulou *et al.*, 2020; Brijnath, 2015). A Dutch study found that CHIME was a practical framework for understanding personal recovery and helped guide assessment tool choice for practitioners (Vogel *et al.*, 2020). Indeed, the model has inspired the creation of new measures aimed at assessing client recovery (Lim *et al.*, 2020).

The emergence of recovery as a concept is part of a long movement for the voices of those who live with mental illnesses to be heard, including the consumer movement and "Mad Pride" (Rashed, 2019). A way in which those on a recovery journey can make their voices heard is through recovery narratives (RN), where the historically disempowered can now share their stories in academic journals (Woods *et al.*, 2019). RNs can be beneficial to both the service users writing them and those reading them (Piat *et al.*, 2019) and can impact policy-maker decisions (Beresford and Carr, 2019), allowing stories of recovery to be free of psychiatric judgment (Russo, 2016). In this way, RNs can be viewed as a form of mental health activism.

An example of a set of RN is the "Remarkable Lives" (RL) series, curated and co-authored by Professor Jerome Carson in *Mental Health and Social Inclusion* (Wright and Carson, 2021). The first set of accounts was published under the title of "Recovery Heroes", but these will be referred to as RL for brevity. While the earlier papers varied in style and structure, all have included a first-person account written by somebody with lived experience of mental health recovery. The standard format of these articles is a brief introduction by Prof. Carson, the RN, then an interview-style dialogue with some regular questions (e.g. "What does the concept of hope mean for you?") and some questions tailored to the RN given by the author.

Many of these RNs have been written by university students and were analysed in the context of the CHIME model of recovery by Hurst and Carson (2021). They found that all 20 of the examined accounts featured each of the five dimensions of CHIME, demonstrating the validity of the model. Other themes, such as the role of motherhood and the importance of education for the recovery journey, were also identified and discussed. Building on this work, the present study aimed to analyse the 16 "non-student" RL accounts (Aldred and Carson, 2014; Aldred and Carson, 2013; Baker-Brown and Carson, 2013; Bullimore and Carson, 2012; Campbell and Carson, 2015; Chadwick *et al.*, 2009; Hunt and Carson, 2017; Leibrich and Carson, 2012; McManus *et al.*, 2009; Muir *et al.*, 2010; Mullen and Carson, 2018; Robinson and Carson, 2018; Sen *et al.*, 2009; Voyce and Carson, 2013; Ward *et al.*, 2010; Waring and Carson, 2016). All the individual authors of these RNs can be considered mental health activists by virtue of having contributed to the discourse with their stories. However, many have partaken in other activities to raise awareness of mental illness (e.g. Baker-Brown, who featured in an advertisement for "Time to Change"). Others have written elsewhere of their recovery (Bullimore, 2010; Chadwick, 1997; Leibrich, 1999; McManus and Carson, 2012; Sen, 2017; Voyce *et al.*, 2012).

It is worth giving a brief history of these series of accounts, so readers can understand how they originated:

> *In our earlier paper, Hurst and Carson (*2021*), Jerome outlined how the Remarkable Lives Series came about. It started with five accounts which were titled 'Recovery Heroes.' The notion of 'recovery heroes,' came from three sources. First, the American recovery expert, Patricia Deegan. She asked her student readers to imagine their patients as heroes. She implored, '[. . .] could you have survived what this individual has survived?'* (*Deegan,* 1996*, p. 95*). *Second,*

the activist Premila Trivedi, who stated she had four 'recovery heroes.' Her own heroes were Patricia Deegan and Mary Ellen Copeland from the US and Rachel Perkins and Peter Chadwick from the UK (*Davies et al.,* 2011*, pp. 12-13*). *The third was the heroic literature in storytelling* (*Catford and Ray,* 1991). *The original series of five recovery heroes featured Dolly Sen, Gordon McManus, Matt Ward, Gordon McManus and Margaret Muir. In partnership with the historian Liz Wakely, Jerome and Liz then looked at four 'Historical Recovery Heroes,' Newton, Nightingale, Darwin and Churchill. Jerome then thought up the idea for Remarkable Lives. This has been the most enduring of the three series and continues to this day. In the previous paper we looked at Remarkable Student Lives. Here we consider the lessons learned from the five original Recovery Heroes and a further 11 people, who featured in Remarkable Lives. What is a remarkable life? To Jerome's mind it is someone who '[. . .] has battled against great mental adversity and come out the other side,'* (Hurst and Carson, 2021). *By this criterion, literally thousands of people would meet this definition. There are people who have remarkable lives in every service in the country. They can serve as role models for others who may be struggling.*

The purpose of the present study is to use CHIME to study these 16 RNs, examining whether they map onto the CHIME model. Emerging themes will then be identified to see what other elements played a part in recovery for these individuals.

Methods

The 16 "Recovery Heroes"/"Remarkable Lives" accounts were divided evenly between four of the researchers (RH, AS, HK and CN). Using the methodology outlined by Hurst and Carson (2021), each account was assessed in terms of the CHIME model and evidence was entered into an Excel spreadsheet to show how each dimension of the model was met by each account. A second sheet was created with the themes identified by Hurst and Carson (2021) (e.g. motherhood) and any other themes identified by the researchers as applicable to these accounts. Any ambiguity found by the researchers about whether an account fit in with a particular dimension of CHIME was raised with a fifth researcher (JP), who would then read the account to verify whether the dimension was present. Finally, the first author read through all 16 accounts, checking that all the evidence gathered was appropriate and ensuring no themes were overlooked.

Analysis

Put another way, the first stage of the coding was theoretical. The accounts were initially examined with a clear model in mind to map evidence onto. Then, the texts were examined in an inductive way, with the researchers looking for emerging themes in the accounts.

It is worth noting that only information present in the *Remarkable Lives* account for each individual will be used in the analysis. Many of the participants have written books and created websites, but these sources will not be used for this study.

Results

CHIME

In 15 of the 16 accounts analysed, all five dimensions of CHIME were identified within the narrative. There was one outlier, where opinion was split on whether this account showed signs of hope and optimism. The fifth researcher read the account and did not believe there was evidence of this dimension in that text. While for the purposes of this study it changes the numbers we present, this also serves to highlight how subjective this process can be. Below, each of the five dimensions will be presented in turn. First, they will be briefly defined in the context of this study before examples from the accounts are used to highlight their presence in peoples' lived experiences of recovery.

Connectedness To be lonely is to risk suffering from a lack of well-being (Houghton *et al.*, 2016). Therefore, it follows that increased social connections and rich relationships will help those struggling with mental health problems in their recovery journey (Holt-Lunstad, 2010).

This was not lost on the people in these accounts. As Gordon McManus noted, "Social recovery is very important in the process of recovery" (McManus, p. 17). This social support came from a variety of sources. Some were part of recovery groups (Muir; Ward), while others set-up groups of their own (Bullimore; Mullen). Others were part of more general, supportive communities:

I was searching for more community and a connection with a tribe of my own (Campbell, p. 14).

This connection was important for many. Friends (Leibrich), family (A. Aldred; J. Aldred; Hunt) and romantic relationships (Leibrich; Waring) were all important kinds of relationships. A theme running through these connections was acceptance. Peter Chadwick said that "marrying a fully accepting woman" (Chadwick, p. 7) had been important to his recovery. Being accepted by others and seen as a person, not a walking mental health problem, is important:

"They [people in a creative recovery group] don't see something that's broken, they see someone who can make poetry and music and write. I call them my angels, actually" (Sen, p. 7).

This is true of the caring professionals that people in recovery encounter too:

"I saw a GP, Kate. . .she cared for me with great compassion, skill and patience" (Waring, p. 156).

Professionals can also inspire (Ward), provide tough love (Robinson) and encourage the establishment of further connections with others (Voyce). Being in a clinical setting among other people on recovery journeys can also give a sense of perspective. As Matt Ward put it, "I met lots of people [at a recovery group] who were far worse off than I am" (Ward, p. 8).

This is not limited to just face-to-face connections. Voices and stories of recovery from around the world can also be seen as a social connection which helps, highlighting the importance of sharing RN.

"Most people who have a mental health diagnosis inspire me" (Baker-Brown, p. 125).

Hope and optimism It is a common saying among sports fans who follow an unsuccessful team that "it is the hope that kills you". When it comes to recovery, the opposite appears to be true (Hayes *et al.*, 2017; Sari *et al.*, 2021). In this model, hope refers to a desire or expectation of a positive outcome, while optimism is more generally a positive state of mind (Leamy *et al.*, 2011).

Hope in these accounts came from a variety of sources – people (e.g. Baker-Brown), recovery itself (e.g. Voyce) and even physical locations:

"Liverpool oozes hope" (Campbell, p. 15).

Relationships that inspired hope were with professional friends (Bullimore), therapists (Waring) and romantic partners (Campbell). Just the fact that others have hope for you can be a source of hope in itself (Hunt).

Aspirations and dreams for the future are a key part of this dimensions of CHIME. The *Remarkable Lives* participants have these in abundance – from hopes to gain more qualifications (J. Aldred; Hunt), to publishing books (A. Aldred; Baker-Brown; Voyce), to simply just wanting to move to a nice house out in the country (Muir; Mullen). The passion and desire to keep moving forwards and achieve more is palpable across these accounts:

"Recovery is to be able to dream and live those dreams" (Sen, p. 8).

"It is important to have goals no matter how small they might be" (McManus, p. 17).

Believing that recovery is possible is an essential form of hope in this context. This was evident in these narratives:

"Never ever give up hope, no matter how dark and how bad things become, there is always a way back" (Hunt, p. 83).

"Hope was part of deciding to carry on living even when every day was so dark and painful" (Campbell, p. 15).

"Recovery is very possible, but the very first step toward recovery is finding the belief you can recover" (Baker-Brown, p. 124).

"With work and the help and the right medication, I do think a mental illness is manageable, for all of us" (Ward, p. 9).

Identity Understanding who we are as individuals is a key part of the human experience. Doing so within recovery is especially important, given the often-dehumanising way in which the medical model can sometimes approach people with mental health problems (Leibrich, 1999). Having a strong sense of self and expressing this even in the face of stigma takes incredible courage (Damsgaard *et al.*, 2020). This bravery is often rewarded with better recovery outcomes (Cruwys *et al.*, 2020).

Many of the *Remarkable Lives* showed a strong sense of place in the world:

"I am a recovery survivor" (Ward, p. 6).

This acceptance of being on a recovery journey seems to be a key feature of the accounts:

"Following the diagnosis, I enthusiastically embraced having BPD [borderline personality disorder] as an identity" (Mullen, p. 122).

This is of course difficult however, as mental health diagnoses come with social stigma:

"We should get rid of the word schizophrenia. That causes stigma in itself" (Bullimore, p. 124).

"I had faeces put through my letter box" (Sen, p. 7).

It is not just the social world where stigma exists – we internalise beliefs from our social world, which can lead to self-stigmatisation:

"The way stigma works is subtle and not in your face. The way you self-stigmatise yourself is not always obvious. [...] You may feel less self-esteem or self-worth than you are due. That's life for many service users" (Voyce, p. 16).

However, accepting the diagnosis as a part of the self rather than as an "illness" is a way of avoiding self-stigmatisation. To quote Jane Aldred on this, "Try not to fit us into boxes described as normal or abnormal" (J. Aldred, p. 179). This approach is much closer to positive psychology than the medical model. It can be particularly difficult for those who hear voices, though positive identities can still absolutely be found:

"The voices are a part of us" (Bullimore, p. 123).

This overcoming of stigma by building a positive sense of self is how we define identity within the CHIME model. Some of people in the accounts were accepting of the fact that they were on a journey of recovery:

"I make that distinction between recovery and recovered. I am in recovery" (McManus, p. 18).

Others stood proud, wearing their diagnosis on their sleeve:

"I do not feel awkward about my illness or who I am" (A. Aldred, p. 123).

Indeed, some felt that their illness brought them closer to being their true self:

"Before the illness I wasn't really myself" (Chadwick, p. 8).

It is of course also important to have dimensions of identity that are distinct from any diagnoses:

"I am Andrew Voyce MA" (Voyce, p. 14).

"I am a writer" (Leibrich, p. 177).

"I enjoyed being a mother" (Muir, p. 7).

Meaning If identity focusses on *who* we are, meaning is concerned with *why* we are. A sense of purpose can help a person endure incredible suffering (Frankl, 2008). The source of this can range from a sense of place within the universe through religion, or from something as simple as a cup of coffee (Hawkes, 2012). For the individuals in the *Remarkable Lives* series, meaning was derived from sources as varied as spirituality/religion (Campbell; Chadwick; Leibrich), cooking food for loved ones (McManus) and from nature itself:

"I'm thankful for everything, thankful for the sunrise, sunset, moon, stars, even the foxes outside my French windows even though they're a pain in the neck!" (Muir, p. 9).

Gordon McManus said that "recovery for me means coping with my illness and trying to have a meaningful life" (McManus, p. 17). This highlights the importance of this dimension, as a diagnosis can cause a sense of meaninglessness:

"I don't want others to feel that being diagnosed means there is no future" (J. Aldred, p. 179).

One of the reasons a sense of purpose is important in recovery is that it gives a person something to move towards. It propels them along their recovery journey.

"Have big dreams, take small steps" (Sen, p. 8).

For some it is to build a new career (Robinson), to aim for more qualifications (Hunt; Mullen) or to maintain good relationships (A. Aldred). One of the most common purposes running across the accounts though was a desire to use experiences of recovery to help others – to be wounded healers (Hankir and Zaman, 2013). Here are just some quotes which illustrate this:

"It is a life well lived if you can contribute and make a difference to other people's lives" (Ward, p. 7).

"I think I'd like to be remembered as someone who noticed others, recognised their distress and sat down beside them" (Waring, p. 159).

This desire to take negative experiences and use them to make a positive impact in the world is a way of finding meaning in suffering, which is often viewed as one of the most powerful forms of meaning (Frankl, 2020; Kessler, 2019). Stuart Baker-Brown exemplifies this wonderfully:

"I have no doubt that my experience with schizophrenia has enhanced my creativity and my life as a whole. I am also convinced there are experiences linked to schizophrenia and psychosis that one day will not be viewed as mental illness. [Prominent psychiatrist] RD Laing appreciated that schizophrenia also had a functional positive side. For me, I would not have had such a rich life if I hadn't had schizophrenia. I have managed to turn around the devastating effects and the devastating attitudes from mental health professionals into a worthwhile life experience" (Baker-Brown, p. 123).

Empowerment For individuals to make a recovery, they must believe that they are capable of it. Self-efficacy (Song *et al*., 2020) and perceived self-competence (Li, 2015) are linked with better well-being. Being able to identify and believe in one's strengths is to be able to

apply those strengths (Lippe *et al.*, 2020). In the context of the CHIME model, empowerment also links into individuals' sense of control and assuming of personal responsibility for their situation.

Taking control might mean studying academically or working or taking responsibility over the mental health problem itself:

"[recovery is] how much you want it and how much you put in" (Ward, p. 9).

Focussing upon strengths, taking personal responsibility and finding control is certainly something a lot of these individuals have been able to do. They are aware of the way society has viewed them and of the disadvantages they have faced. They do not let this stop them. Some of the quotes from these accounts are inspiring. They speak for themselves:

"I'm a person who's done well to get back into life" (Chadwick, p. 8).

"There are lots of sanctuaries outside of ourselves but I think that the only enduring sanctuary is 'the space within the heart'. [. . .] I protect my own sanctuary so that it protects me" (Leibrich, p.179).

"Meanwhile I have returned to the joy of painting, which I learnt as a child was the perfect way to keep me in a good strong place. I have a beautiful studio in Liverpool which is a place of safety, inspiration, community and belonging. The little girl I was would be so comforted that I created such a life rich in magic and possibility" (Campbell, p. 14).

"He has found the key to being well has been being able to take responsibility for himself and being able to empower himself through educational achievement and work of many different sorts" (A. Aldred, p. 121).

"I was just stuck and I had to be given the tools to work with. I realised that you can take the horse to water but you can't make it drink. That's when I started to think 'Well, I'm involved, I'm the only one who can really do the work, I need the tools to recover, but it needs me to do the work'" (Muir, p. 8).

"Ultimately it is down to me whether I continue to be a survivor or not" (Ward, p. 7).

"The key to recovery is to believe. Believe that you can get better. Believe that you are worthy of a good life. Believe that you are loved" (Robinson, p. 15).

"[Recovery] means not allowing my illness to dominate me, but to try and control the effects of the symptoms" (McManus, p. 17).

"Wellness is being able to laugh about yourself because I think you really need that. Just to see that my dreams, they're not going to stay in my head, they're going to come true" (Sen, p. 8).

Remarkable lives?

As in Hurst and Carson (2021), we wanted to give the reader a summary of exactly what qualified the inclusion of these accounts in the "*Remarkable Lives*" series (see Table 1). We appreciate that readers may not have time to read each individual account (though we strongly encourage it); however, we want to ensure that the essence of the remarkableness of these individuals is accessible. It is also worth noting just how far some of the stories have travelled. All of our participants have made a difference on a national level by writing and sharing their accounts in *Mental Health and Social Inclusion*, where they can be read by service users and practitioners. Outside of RL, they have all had an impact on those in their local communities, with some achieving a national and even international reach.

Table 1 "Remarkableness" of 16 remarkable lives

Name	*Distilled remarkableness*
Aldred (Andrew)	Has expressed himself through love and through poetry in an attempt to make life better for those around him
Aldred (Jane)	Working towards a Post-Graduate Degree in Education so that she can work with people with additional needs. She is also a co-facilitator at the Recovery Academy in Greater Manchester
Baker-Brown	Trying to break down stigma around schizophrenia diagnosis has taken him from cinema screens to Everest Base Camp
Bullimore	Combined his skills and experiences, running workshops across the world for those who hear voices. He has also written articles for national newspapers to try to reduce stigma
Campbell	Has used her experiences of recovery to inform her art and her workshops which have reached over 20,000 people (at the time of original publication of this article)
Chadwick	An academic trailblazer of recovery, he has two PhDs, wrote numerous articles and three books on his experiences as well as lecturing on the subject
Hunt	Progressed through university – from BSc to MSc right up to being a lecturer in mental health, using his experiences to educate others about what recovery means
Leibrich	As a writer, she has given power to the voices of those with experience. This includes what could be considered *the* seminal body of recovery narratives – *A Gift of Stories*
McManus	As well as publishing a book and realising his aspirations of writing politically, he has helped conceptualise recovery by drawing upon his own experiences
Muir	A mainstay of her local recovery group. Her comment, *"Grief takes as long as it takes,"* succinctly sums up the process of bereavement
Mullen	Filled a gap in the market by creating numerous resources to help people better understand borderline personality disorder
Robinson	Sharing his story of recovery from anorexia to break down stigma about anorexia in men
Sen	A recovery activist from media appearances to 'penning' multiple books, she has accepted "the Dollyness of Dolly" and demanded that it is the world that needs to change and be more accepting, not her
Voyce	As well as completing an MA, he has managed to share his story through a self-published book, online cartoons and a graphic novel
Ward	Matt has utilised his acting talents to be able to better express his story, using it to give practitioners an insight into how it feels to be on a recovery journey. Links his personal journal with dramatic excerpts from Shakespeare's plays
Waring	Candidly shared her trauma and recovery journey with people via a TEDx talk and allowed them to inform her approach to teaching in a positive way

Researchers' interpretations

Alongside the CHIME model, while examining the accounts the researchers also looked for some of the themes that emerged in Hurst and Carson (2021). Education being helpful to the recovery process was less common in these accounts, with only 7 of the 16 mentioning it directly. This was perhaps to be expected as in the last article all of the accounts were written by students, whereas the sample of the accounts for this article was much broader.

The researchers also looked at whether participants had had a good or bad experience of mental health services. There were 14 accounts with bad experiences and 12 accounts that mentioned good experiences. This means there was an overlap. In fact, 11/14 of the accounts included both a good experience and a bad one. Bad experiences included critiques of how services operate (Bullimore; Mullen) and pessimism from mental health professionals about the possibility of recovery (Baker-Brown). However, some accounts mentioned amazing mental health professionals (McManus; Ward) whose positivity had even saved their lives (Leibrich). This highlights the vast difference between services and individual staff and the impacts that they have on recovery outcomes.

Thoughts on medication as part of recovery were similarly mixed. Some are "card carrying believers in medication" (Chadwick), while some believe that medication alone is not enough (J. Aldred; Bullimore). The process of finding the right kind and dosage of medication can be long and arduous (Baker-Brown; Sen) and produce horrendous side-effects (Voyce), which can lead to medication discontinuation (Leibrich). However, for some

people the right medication at the right time has been lifesaving (Campbell). In the words of Jo Mullen, "the jury is out!" (Mullen, p. 125).

Several accounts mentioned mental health activism. For instance, Stuart Baker-Brown featured in an advertisement for "Time to Change" (a national anti-stigma campaign), which ran in cinemas across the UK; Jo Mullen saw a gap in resources for helping professionals understand borderline personality disorder and created materials to increase awareness; Dolly Sen has written, performed and appeared across various mediums in the interest of creating a better understanding of mental health. Indeed, if we consider activism to be an attempt at challenging pervasive public narratives by highlighting flaws in those narratives (Heath *et al.*, 2009), then it could be argued that every *Remarkable Lives* account is a form of mental health activism. By showing that they are not merely an illness or a diagnosis, but a vibrant individual with a remarkable story to tell, they are challenging the narratives that come from and perpetuate stigma (Rashed, 2019).

Finally, perhaps the most prominent emergent theme from this analysis was that of creativity. The individuals in these accounts were all quite artistically talented, but also demonstrated creativity in smaller, everyday ways too. In retrospect, this could also be applied to all of the accounts examined in Hurst and Carson (2021). All of those individuals had gained at least a bachelor's degree, which can certainly be described as requiring creativity. For the current article, below are some quotes highlighting not only the impact of creativity on mental health, but the impact of mental health on creativity:

"I played the trumpet semi-professionally and I now realise that this was my lifeline" (Waring, p. 155).

"I have no doubt that my experience with schizophrenia has enhanced my creativity and my life as a whole" (Baker-Brown, p. 123).

"Creative writing has healed my mind by externalising what is within and making it useful via addressing the content to more general, even universal concerns" (Chadwick, p. 7).

"Poetry has helped me clarify my thoughts and get a lot of dark emotions out of my system. It has been a way of contributing something when I really did not have a lot to offer" (A. Aldred, p. 122).

"Expression is the opposite of depression" (Campbell, p. 15).

As stated, we believe that all of these accounts display creativity in some way. Below is a table detailing this creativity (see Table 2).

It is worth mentioning again here that all of this is based solely on what is mentioned in the *Remarkable Lives* accounts.

Discussion

Findings

CHIME of the 16 accounts examined, 15 mapped onto all 5 dimensions of CHIME. Including the papers analysed by Hurst and Carson (2021), 35/36 have mapped fully onto CHIME. This implies that the recovery journeys of these 35 people have displayed all 5 dimensions of CHIME, giving added validity to the CHIME model of recovery. The one account which did not map onto all 5 dimensions, did map onto 4 out of 5 dimensions.

Researchers' interpretations The authors were looking for insight into mental health service user experiences and views on medication and found both positive and negative experiences of both, sometimes within the same account. While the 16 accounts might not provide a large enough sample to make any generalisations from these findings, they do give us insight into what is going well and what needs to be improved within services,

Table 2 Creativity in remarkable lives two participants

Name	*Example of creativity*
Andrew Aldred	Writing poetry was a form of therapy for Andrew. He published a collection of these poems.
Jane Aldred	At the Recovery Academy, Jane has created courses to help both professionals and service users better understand recovery.
Stuart Baker-Brown	Stuart actually found that his schizophrenia has increased his creativity, allowing him to improve his photography.
Peter Bullimore	As well as helping to establish the Hearing Voices Network in the UK, Peter has created training programmes for voice hearers which are in demand across the globe.
Clare Campbell	It is hard to sum up Clare's creativity. She lives and breathes creativity, from her group work to poetry to painting.
Peter Chadwick	Peter's academic output is prolific. He has created a wealth of work on mental health recovery.
Shaun Hunt	Shaun found an outlet in music and worked as a sound engineer and musician.
Julie Leibrich	As a writer, Julie has produced books on crime and recovery, as well as writing a children's book. She also enjoys cooking and gardening.
Gordon McManus	After a long interest in politics, Gordon was able to write a book on the subject.
Margaret Muir	Delivering presentations requires a great deal of creativity, especially when the subject is yourself
Jo Mullen	Jo has created a variety of resources to increase understanding of borderline personality disorder, from interventions to conference papers to even a boardgame
Ben Robinson	Alongside his work as a trainer where he creates programmes to help people understand anorexia in men more fully, Ben is also writing a book
Dolly Sen	Dolly has written books, performed poetry, directed plays, created films and produced music
Andrew Voyce	Andrew has written a book detailing his story, as well as co-producing a graphic novel about his experiences of mental health recovery. He also enjoys making music
Matt Ward	With a career as an actor, Matt has used his skills as a thespian to help people understand his experience of mental health recovery
Jen Waring	As well as creating lessons to engage students as a lecturer, Jen has found great therapeutic benefits in creativity – with drawing and writing she has been able to express herself, while music has provided a sanctuary for her

especially when it comes to medication. In both cases, things that help recovery are valued, but there is something to be desired in the *way* that it is achieved:

"I was on medication for a few months at the height of my anxiety and depression and it helped me stay alive…. But If I would have had safe, appropriate, effective, inspiring nurturing treatment offered at that time, would I have needed them?" (Campbell, p. 15).

Activism was a theme that arose as the accounts were scored. Some of the participants (Bullimore; Sen) were known to the lead researcher as being people at the forefront of giving service users and people on recovery journeys a voice in the UK. However, upon further reading, it became obvious that in fact all of these accounts were works of activism in themselves. Instead of keeping their stories hidden and their recovery journeys private, they have shared their experiences with all of us. They have acknowledged and sometimes internalised stigma, yet they have decided to shout back. This is another facet of the stories that makes their authors remarkable.

Finally, the most significant emergent theme from this analysis was creativity. Creativity flowed from these accounts and the table detailing each individual's creative outlet does not quite do them justice.

Limitations

While this analysis was an improvement on Hurst and Carson (2021), in having five instead of two people reading and scoring the accounts, it is still just representative of only five peoples' opinions. The way the accounts were scored is also highly subjective – what reads like an example of identity in recovery to one person might not read the same for everybody. An example of this arose during the scoring process for this article. One researcher could

not find an example of hope in one of the accounts. After highlighting this and asking another member of the scoring team to read the account, the second scorer found examples of what they considered to be hope. The first researcher did not agree that the examples showed hope in the context of the CHIME model, so the fifth researcher was asked to arbitrate. They ultimately decided that there was no example of hope in that account. This example would no doubt play out multiple times if readers were to go off and read each of the accounts and compare notes with the researchers. However, while subjective, there is value in this approach and in adding an additional three researchers to the team we hope to have quelled any worries about the validity of the work and our findings.

Another limitation comes from how individuals came to be included in the series. O'Donnell *et al.* (2019) spoke about how when people on recovery journeys are allowed to share their stories, it is because they have struck a good balance between being mad enough, but not too mad. What about everyone on recovery journeys who falls on either side of this line? We would hope that they find some way to share their story too. Each individual story is valuable.

Future research

The main direction that future research could take this work is to examine creativity in more depth. After the scoring process of the research was finished, two of the research team wrote an editorial detailing their observations of how prevalent creativity was in these accounts, going as far as to suggest that the CHIME model should be expanded to include creativity, hence becoming the creativity, connectedness, hope, identity,meaning and empowerment (C-CHIME) model (Carson and Hurst, 2021). Further research should look at this in more depth, attempting to understand what the role of creativity is in the recovery process.

Creativity has been linked to well-being (Gillam, 2018), and art therapies have been shown to help those on recovery journeys (Sapouna and Pamer, 2016; Van Lith *et al.*, 2013). However, much of the psychological research into creativity and mental health has focussed on what link there is between illness and genius (Barrantes-Vidal, 2004), especially focussing on individuals such as Virginia Woolf (Storr, 1993). While interesting, we must ask how useful this is compared to focussing on how creativity can be applied to *help* people along their recovery journey (McDonnell, 2014). Establishing the ways that creativity is utilised and how it is experienced as part of the recovery journey will give a different lens through which to look at recovery. Qualitative interviews with people with lived experience of mental health recovery would be a good way of exploring this.

Additionally, we hope that this work will give readers the inspiration to put further stories of recovery out into the world. Alongside *Remarkable Lives*, there are other examples of series' which give a regular voice to those in recovery. The journal *Schizophrenia Bulletin* has been publishing first-person narratives of schizophrenia for over 40 years, with over 150 accounts published thus far (Murphy, 2007; Ponte, 2019; Woodman, 1987). However, this needs broadening even further. Those in recovery need a voice and those who help them need to have access to their stories to understand them in a deeper way that training courses cannot quite capture (Treloar *et al.*, 2016). Whether you have your own story of recovery, or know somebody who does, we encourage you to write them, share them. We can never have too many.

Implications

This analysis has provided further proof from accounts of recovery for the validity of the CHIME model as a tool for understanding recovery. We hope that the examples from real stories of mental health recovery have also given concrete examples of all the dimensions of

the model. The emerging theme of creativity has also led to the suggestion of a possible new variation of CHIME, the C-CHIME model.

It has also given the distilled remarkableness of these accounts a chance to shine. While the accounts exist independently, the current review gives quotes and summaries from these remarkable stories another chance to be printed and read. Listing out all of the names of the people behind these accounts alongside the incredible things that they have done while in recovery, really shows how amazing the people who have contributed to this series have been.

This has in itself helped show the importance of stories in the academic sphere. Over the months of scoring the accounts and writing up the finished article, it has not been lost on the researchers how much we owe these people for sharing their stories. The experience has been humbling and has provoked emotional responses to the content within the accounts (Hurst, 2021). We hope to have imparted this onto readers. Quantitative, rigorous studies are important. But so are emotional, human stories. They are the currency with which we deal on a daily basis and we must not lose sight of this when we write academically.

Conclusion

Hopefully, the reader has gained an insight into how the CHIME model works through the examples provided here. We have provided further proof for it as a valid model of mental health recovery, while also suggesting how it could be improved through the inclusion of creativity as an additional dimension. Ultimately, this research was a team effort. It came about not just thanks to a team of researchers, but more importantly a team of remarkable individuals who wanted, *needed* their stories to be heard. Stories of recovery deserve to be heard and so we *must* listen.

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