ABSTRACT

Work within the field of behavioral health within the United States has focused on Recovery, the process of restoring someone’s life back to their previous level of functioning. Recovery does not set the expectation for continued growth or development. The western medical model is based upon disease, based upon this same premise, identification and treatment to regain what is an arbitrary pervious state of “health”. The Recovery moment began in the 1960’s with the intention of deinstitutionalizing patients held in state institutions and returning them to their communities. The New Frontier of former president of John F. Kennedy intended to provide community mental health systems, where services once provided only at hospitals could be available to everyone citizen in need. The Recovery Model has never embraced the belief of their being value or growth within the patient’s experience, but looked to a reductionist model of disease for the cause, cure and care of the mentally ill. Medication rarely resolves most mental illnesses. Instead, medications lessen or attempt to control symptoms. Recovery, based upon the western disease model, limits the possibilities of acknowledging the growth and development out of what are worldwide experiences of psychological dilemmas. The obstacles to true recovery (or health) created by the disease model have resulted in stigma and devaluation of people who are responding to universal psychological issues. In countries outside of the United States, many Diagnostic and Statistical Manual (DSM) diagnoses do not exist. Centuries ago, many DSM diagnoses were not considered permanently disabling, as they were later construed. Recovery itself denotes the need to recapture, repossess, or regain something, perhaps recovery should not be the aim of behavioral health, as much as finding a valued and meaningful role for people throughout the world. Relational Dynamics is a model that provides strategies for changing non-cooperative relationships into cooperative interactions and possible alliances. Relational Dynamics can be utilized within behavioral health to minimize the misuse of domination by others and provide a means for clients’ self-determination.

Keywords: Behavioral Health, Recovery, Relational Dynamics, Resiliency, Self-Determination

DOI: 10.4018/ijabe.2015040103
1. THE MIND AND RECOVERY?

Carl G. Jung explored the realms of psychosis in his “patient” and himself. He openly disclosed that at times he considered himself to be psychotic. The inner materials he retrieved during these “psychotic” episodes became the basis of Jungian Psychology. Some of these Jungian concepts include: the ego (the rational self), the persona (the mask we show to the world), archetypes (universal forces and symbols found throughout the world) such as the anima (male), animus (female), the shadow (our hidden desires), the child (our eternal youth), the mother (caregiver and fertility), hero (protector and father), the trickster (jester who can lead or mislead us) and our collective unconscious (a historical memory back within our ancestral background). Jung defined the collective unconscious as being, “the foundation of what ancients called the “sympathy of all things.” p. 138 (Jung, 1963)

Jung’s ability to work with his “patients” was based upon respect for the individual, although he saw universal patterns, he felt the solution to each person’s “illness” was found within them. Jung treated neuroses and psychoses in the same manner, acknowledging that the treatment of psychoses sometimes took more time than his work with neurotics. He regarded hallucinations as merely metaphors and symbols, like dreams, and worked with his patients to uncover their meaning. “…I regarded the sufferings of the mentally ill in a different light. For I had gained insight into the richness and importance of their inner experience.” p. 130 (Jung, 1963)

Noble Prize winner, John Nash, experienced hallucinations and paranoia, yet he was able to formulate a mathematical proof within non-cooperative game theory that has changed worldwide economics, influenced politics, psychology, evolutionary biology and countless other areas. (Nash, 1950) (Samels, 2002) When admitted to Princeton University to complete his doctorate, his entrance letter simply read, “This man is a genius.” p. 193 (Nowak, 2011)

If this letter had read, he may be schizophrenic, or even, he may seem a bit out of the ordinary and quirky, would anyone ever given him the opportunity to gain entry into an Ivy League school, or taken his work seriously? How many brilliant minds are discounted every day because they have been labeled as mentally ill?

Paolo del Vecchio is currently the acting director of the United States SAMHSA (federal agency designed to reduce the impact of substance abuse and mental illness) and a self-disclosed consumer of behavioral health services. His family of origin included both substance abuse and mental illness that subjected him to trauma as a child. He became acutely suicidal while in college and considered jumping in front of a train. If not for own his persistence in finding help, he may not have survived this episode of depression. He now advocates for all persons who struggle with behavioral health issues and looks to devise methods of holistic healthcare that is stigma free.
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