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The experiences of recovery from schizophrenia: development of a definition, model and measure of recovery

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THE EXPERIENCE OF RECOVERY FROM SCHIZOPHRENIA:
DEVELOPMENT OF A DEFINITION, MODEL AND MEASURE
OF RECOVERY

A thesis submitted in fulfilment of the requirements for the award of the degree

DOCTOR OF PHILOSOPHY

from

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by

RETTA ANDRESEN
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School of Psychology

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DECLARATION

I, Retta Andresen, declare that this thesis, submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the School of Psychology, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Retta Andresen
30 October 2007.
# TABLE OF CONTENTS

ACKNOWLEDGEMENTS .............................................................................................................. vii

ABSTRACT .................................................................................................................................. ix

INTRODUCTION .......................................................................................................................... 1

CHAPTER 1

Recovery from Schizophrenia .......................................................................................... 7

1.1 Early conceptualisations of schizophrenia ............................................................. 7

1.2 Diagnostic systems and prognostic pessimism ..................................................... 10

1.3 Empirical Evidence for Recovery ......................................................................... 12

1.3.1 Longitudinal studies of outcome ..................................................................... 13

1.3.2 Cross-Cultural Studies ..................................................................................... 15

1.3.3 Explanations for cross-cultural differences ..................................................... 17

1.4 The persistence of a pessimistic prognosis ........................................................... 21

1.4.1 Sampling bias and the “clinician’s illusion” ..................................................... 21

1.4.2 Circularity in diagnosis ................................................................................... 22

1.4.3 Treatment Effects ........................................................................................... 23

1.4.4 Psychological effects of the diagnosis ............................................................. 24

1.5 The real possibility of recovery .............................................................................. 26

1.6 Emergence of the “recovery” movement ............................................................... 28

1.6.1 What is meant by “Recovery”? ...................................................................... 30

1.7 Conclusion ................................................................................................................. 33

CHAPTER 2

Study One: Formulating a consumer-oriented conceptual model and definition of recovery .................................................................................................................. 35

2.1 Need for a consumer-oriented model of recovery ................................................. 35

2.2 Preliminary review of consumer literature .......................................................... 36

2.2.1 Research questions of Study One .................................................................... 40

2.3 Part 1: Describing and defining recovery in consumers’ terms – a review of experiential literature .............................................................................................................. 41

2.3.1 Method .............................................................................................................. 41

2.3.2 Results .............................................................................................................. 41

2.3.3 A consumer-oriented conceptual model of recovery ....................................... 53

2.3.4 A consumer-oriented definition: psychological recovery ............................... 61

2.3.5 Summary ........................................................................................................... 62

2.4 Part 2: Identifying and describing the stages of recovery - A review of the qualitative research .................................................................................................................. 63

2.4.1 Method .............................................................................................................. 63

2.4.2 Results .............................................................................................................. 63

2.4.3 Summary ........................................................................................................... 71

2.5 Conclusions ................................................................................................................. 72
CHAPTER 3
Elaboration of the recovery model: Part I – The early phase .......................... 73

3.1 Stage 1 – Moratorium ......................................................................................... 73
  3.1.1 Hope: Hopelessness ......................................................................................... 74
  3.1.2 Responsibility: Powerlessness ......................................................................... 78
  3.1.3 Identity: Loss of sense of self ......................................................................... 82
  3.1.4 Meaning: Loss of purpose in life ..................................................................... 87

3.2 Conclusion .............................................................................................................. 91

CHAPTER 4
Elaboration of the recovery model: Part II – The middle phase ......................... 93

4.1 Stage 2 – Awareness. ....................................................................................... 93
  4.1.1 Hope: The dawn of hope ............................................................................... 93
  4.1.2 Responsibility: The need to take control ..................................................... 97
  4.1.3 Identity: I am not the illness ......................................................................... 100
  4.1.4 Meaning: Need of a purpose in life .............................................................. 103

4.2 Stage 3 – Preparation ...................................................................................... 106
  4.2.1 Hope: Mobilising resources ........................................................................ 106
  4.2.2 Responsibility: Taking autonomous steps ................................................... 109
  4.2.3 Identity: Taking an internal inventory ......................................................... 111
  4.2.4 Meaning: Reassessing goals ......................................................................... 114

4.3 Conclusion ........................................................................................................... 117

CHAPTER 5
Elaboration of the recovery model: Part III – the later phase ................................. 119

5.1 Stage 4 – Rebuilding ....................................................................................... 119
  5.1.1 Hope: Active pursuit of goals ................................................................. 120
  5.1.2 Responsibility: Taking control ..................................................................... 123
  5.1.3 Identity: Self-redefinition ............................................................................. 128
  5.1.4 Meaning: Meaningful goals ......................................................................... 133

5.2 Risk, Perseverance and Resilience ................................................................. 137

5.3 Stage 5 – Growth ........................................................................................... 138
  5.3.1 Hope: Optimism about the future ............................................................. 139
  5.3.2 Responsibility: In control of life and wellness ........................................... 141
  5.3.3 Identity: An authentic self ............................................................................ 144
  5.3.4 Meaning: Living a meaningful life ............................................................... 147

5.4 Resilience, Stress-Related Growth and Finding Meaning ............................. 150

5.5 Conclusion ........................................................................................................... 153

CHAPTER 6
Discussion of the stage model of recovery ............................................................. 155

6.1 The stage model of recovery from serious mental illness............................ 155
  6.1.1 Other stage models of change ..................................................................... 155
  6.1.2 Criticisms and contributions of stage models ............................................ 158
  6.1.3 Issues surrounding the stage model of recovery ...................................... 158

6.2 Psychological recovery and positive psychology ............................................. 163

6.3 Conclusion ........................................................................................................... 167
CHAPTER 7
Study Two: Validity and feasibility of recovery-oriented outcome measurement... 169

7.1 Need for a stage measure of recovery.................................................................169
7.1.1 Existing recovery-oriented measures ..............................................................171
7.1.2 Self-Identified Stage of Recovery.................................................................174
7.1.3 Research questions of Study Two.................................................................174
7.1.4 Method .......................................................................................................175
7.1.6 Results .................................................................................................179
7.1.7 Discussion ...........................................................................................190

CHAPTER 8
Study Three: Development and testing of a stage subscale measure of recovery ... 197

8.1 The need for a more comprehensive measure of recovery .........................197
8.1.1 Aims of Study Three ..................................................................................198
8.2 Development of the Stages of Recovery Instrument (STORI) ....................198
8.2.1 Generation of items ...................................................................................198
8.3 Pilot of the draft STORI and booklet of measures......................................199
8.3.1 Method ...................................................................................................199
8.3.2 Results .....................................................................................................202
8.3.3 Refinement of the STORI .......................................................................203
8.4 Testing the Stage of Recovery Instrument ....................................................206
8.4.1 Method ...................................................................................................206
8.4.2 Results .....................................................................................................209
8.4.3 Discussion ...............................................................................................217

CHAPTER 9
Conclusions ...........................................................................................................223

9.1 The reality of recovery from schizophrenia ..................................................223
9.2 A consumer-oriented definition and model of recovery ..............................224
9.2.1 Common processes of recovery .................................................................225
9.2.2 Common stages of recovery .....................................................................226
9.2.3 An integrated conceptual model of recovery ...........................................226
9.2.4 Implications of Study One ........................................................................228
9.2.5 Limitations of Study One ........................................................................229
9.3 The validity of measuring recovery stage .....................................................230
9.3.1 Implications of Study Two .......................................................................231
9.3.2 Limitations of Study Two .........................................................................231
9.4 Development of the Stages of Recovery Instrument ....................................232
9.4.1 Implications of Study Three .....................................................................233
9.4.2 Limitations of Study Three and future research directions .................234
9.5 Implications of the research for clinicians .....................................................235
9.6 Implications of the research for evaluation and research ..........................236

REFERENCES .....................................................................................................239
<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Measures used in Study Two</td>
<td>277</td>
</tr>
<tr>
<td>B</td>
<td>Correlations between recovery measures and conventional clinical measures</td>
<td>287</td>
</tr>
<tr>
<td>C</td>
<td>Analysis of Variance examining effect of stage of recovery on clinical and recovery measures</td>
<td>293</td>
</tr>
<tr>
<td>D</td>
<td>The Draft STORI</td>
<td>313</td>
</tr>
<tr>
<td>E</td>
<td>Booklet of Measures used in Study Three</td>
<td>319</td>
</tr>
<tr>
<td>F</td>
<td>Analysis of Variance examining effect of STORI stage on recovery-related measures</td>
<td>341</td>
</tr>
</tbody>
</table>
List of Tables

Table 2.1. Summary of the consumer-based literature reviewed for Study One .................38
Table 2.2. Concepts subsumed by each of the component processes. ..............................54
Table 2.3 Comparison between recovery stages identified in five studies. .......................71
Table 7.1. Descriptive statistics for total mean scores on all measures ...............................180
Table 7.2. Spearman’s correlations between recovery measures ......................................180
Table 7.3 Spearman’s correlations between conventional and recovery measures .............182
Table 8.1 Questions on feedback forms for pilot study. ..................................................201
Table 8.2. Item themes table demonstrating process components across stages .............205
Table 8.3 Descriptive statistics of other well-being variables. ..........................................211
Table 8.4 T-tests comparing subscale means within each Stage-based group .................213
Table 8.5. Pearson correlations between the item clusters and the other variables ..........214
Table 8.6 Means, standard deviations and intercorrelations of Stage subscales ..........215
Table 8.7 Pearson correlations between stage subscale scores and other
variables..........................................................................................................................216

Table of Figures

Figure 7.1 Case clusters based on Z-scores on all measures for the four case clusters .......189
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The traditional view of schizophrenia as having a deteriorating long-term course and an outcome of permanent disability has been challenged both anecdotally and empirically. Therefore, the consumer movement advocates that rehabilitation services become recovery-orientated. Recovery-oriented and empirically validated services have now become policy internationally. However, the meaning of recovery in a medical or research context is different than the meaning used by consumers. The objectives of this research were, therefore to (a) formulate a consumer-oriented definition of recovery; (b) develop a conceptual model of recovery to guide research and evaluation and inform clinical practice; (c) design a measure of recovery, based on the model, and (d) to seek empirical support for the model of recovery.

Study One involved a review of the consumer-oriented literature on the concept of recovery, with four aims: (a) to understand the meaning of recovery used by consumers; (b) to identify the components of recovery; (c) to formulate a definition of recovery; and (d) to define the stages of recovery. An examination of consumers’ experiential accounts produced a definition of psychological recovery from the consequences of the illness. Four key processes were identified: (i) finding hope; (ii) re-establishment of identity; (iii) finding meaning in life; and (iv) taking responsibility for wellness and life generally. Five stages were synthesized from the extant qualitative research: (i) moratorium; (ii) awareness; (iii) preparation; (iv) rebuilding and (v) growth. A model of four processes developing over five stages is discussed in the light of the wider literature surrounding recovery from loss and the positive psychology literature. It is concluded that the philosophies of the positive psychology movement have much to offer in recovery-oriented approaches to treatment and research.

In Study Two, a brief measure, the Self-identified stage of recovery (SISR), was designed in order to test the model. The aims were to (a) test the validity of the stage measure against continuous recovery measures; (b) to test the notion of
recovery assessment as opposed to conventional measures of outcome, and (c) to seek support for the stage model of recovery. The SISR was completed by a clinical population participating in a larger study. High correlations between the recovery measures ($r_s = .262, p = .01$ to $r_s = .712, p = .01$) supported the validity of the SISR, while the pattern of correlations between the recovery measure subscales supported the validity of the SISR as a measure of level of recovery. Negative to low correlations between recovery and conventional measures ($r_s = -.375$ to $r_s = .191$) supported the divergent validity of recovery as an outcome as distinct from conventional measures. In addition, an effect of stage was found on one conventional measure ($F (4, 127) = 2.9, p < .05$) and all recovery measures ($F (4, 141) = 2.87, p < .05$) to $F (4, 141) = 4.68 (p < .001)$, lending support to the stage model of recovery.

The aims of Study Three were to (a) produce a longer, more reliable measure that would better capture the richness of the experience of recovery; (b) examine the validity and reliability of this measure; and (c) seek further support for the stage model of recovery. The Stages of Recovery Instrument (STORI) consists of 50 items, each representing a psychological process at a stage of recovery. The STORI yields five stage subscale scores.

A postal survey of volunteers revealed that the STORI correlated with six psychological health variables ($r_s = .45 (p < .01)$ to $r_s = .62 (p < .01$). Correlational analysis provided support for an ordinal relationship between the stage subscales. An effect of stage was found on all recovery-related variables, ($F (3, 110) = 10.70 (p < .01$) to $F (3, 111) = 24.44 (p < .01$). However, a cluster analysis of items resulted in three subscale clusters, rather than the expected five, revealing an overlap between adjacent stages.

The results provide preliminary empirical validation of the STORI as a measure of the consumer definition of recovery. Although an effect of stage was found, refinement of the measure is needed to improve its capacity to discriminate between the stages. It could then be used in comprehensively testing the stage model using longitudinal methods and the inclusion of objective measures.
The concept of recovery elucidated in this research underlines the importance of taking a positive stance to recovery, focusing on values, meaning and growth rather than on illness-focused approaches to care. The five-stage model has proven useful in clinical training and as a framework for research into recovery. Validation of the model with longitudinal research is planned. Further development of the STORI is underway in separate research, and when refined, the measure should provide an outcome assessment tool that is meaningful to consumers and a useful adjunct to conventional clinical measurement.