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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

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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
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ABSTRACT

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= 0.45 (p < .01) to r_s = 0 .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.