

# **Defining and Operationalizing Recovery from Mental Disorder**

**Kim T. Mueser, Ph.D.\***  
**Center for Psychiatric  
Rehabilitation**  
**Boston University**

---

**\*Special thanks to Zlatka  
Rusinova, Ph.D. for valuable  
discussions**

# Conflicting Definitions of Recovery

- **Traditional medical definition: below threshold level of symptoms and absence of significant associated impairment**
- **Personal definitions:**
  - The experience of recovery from mental illness
  - Current appraisal of the illness (e.g., self-stigma, empowerment)
  - Importance to individuals of functioning well in areas such as social relationships, work, and self-care, regardless of symptoms
- **Is there potential convergence across the definitions?**

# **Broad Personal Definition of Recovery**

---

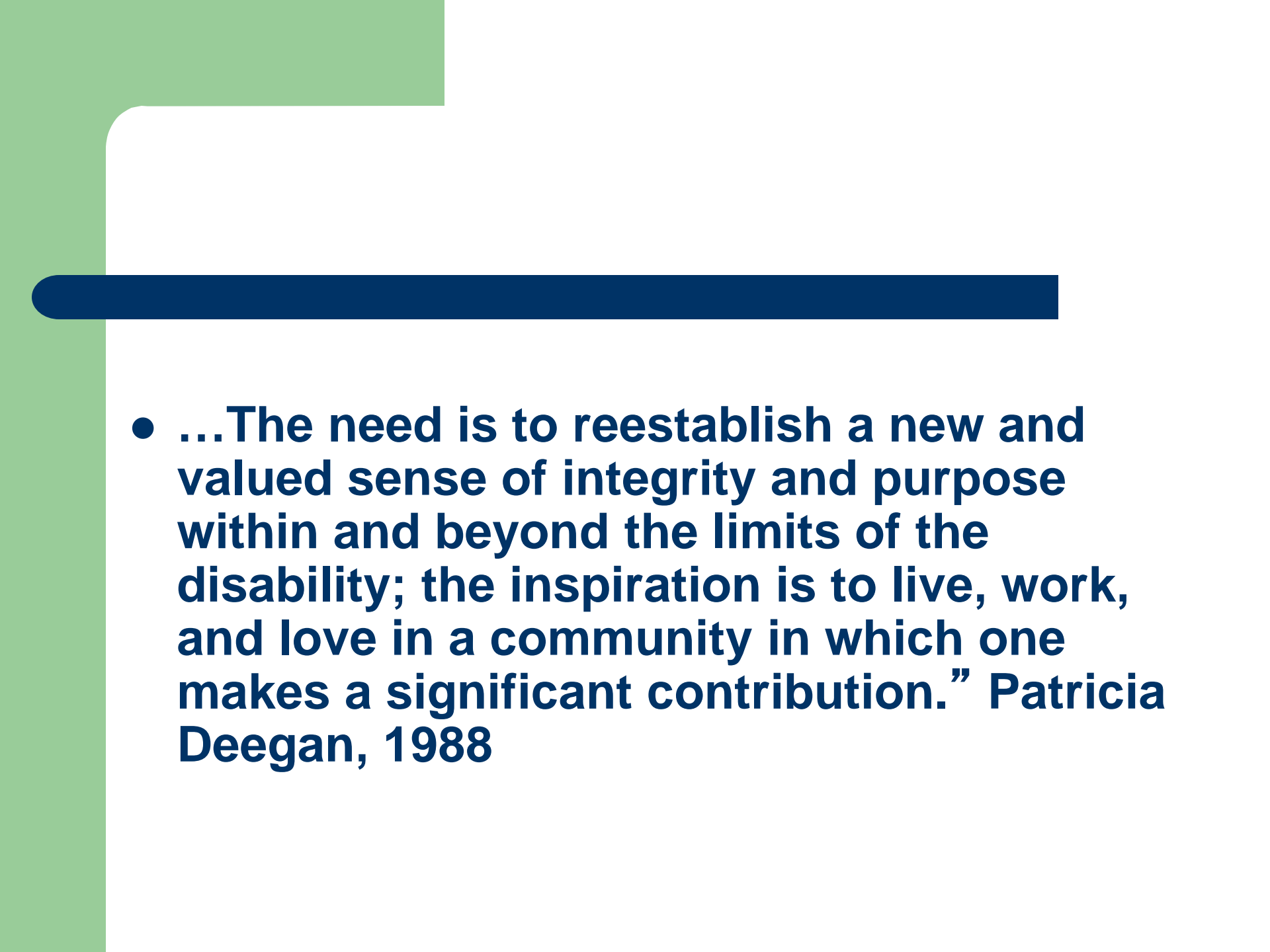
**“Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.” (Anthony, 1993)**

# ***What are People Recovering From?***

- **Impact of mental illness on functional life (work, relationships, etc.)**
- **Sense of self: loss of self-worth, self-esteem, self-efficacy**
- **Trauma**
  - **Traumatic effects of psychiatric symptoms**
  - **Traumatic reactions to coercive treatments**
  - **Posttraumatic stress disorder (PTSD) symptoms**
- **Recovery from vs. recovery within distinction (Davidson/Roe)**

# A More Nuanced Definition of Recovery

- **“Recovery is a process, a way of life, an attitude, and a way of approaching the day’ s challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup, and start again. . .**

- 
- **...The need is to reestablish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the inspiration is to live, work, and love in a community in which one makes a significant contribution.” Patricia Deegan, 1988**

# Areas of Potential Convergence or Overlap

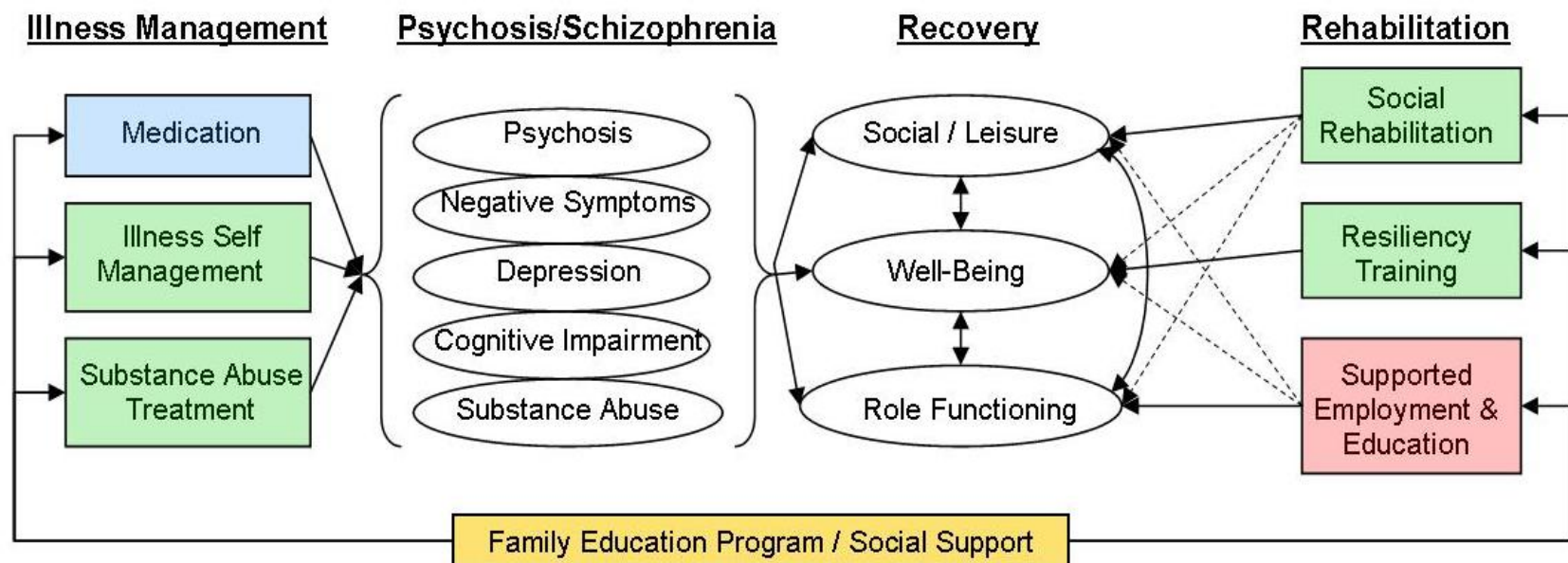
- **Objective measures of psychosocial functioning (social, work/school, independent living) are related to both medical and personal definitions of recovery**
- **More severe symptoms (especially depression and psychotic symptoms) are associated with lower well-being, self-esteem, and self-efficacy**
- **Some evidence also indicates that better psychosocial functioning is related to higher subjective well-being and related constructs**
  - **Obtaining competitive work is associated with increased self-esteem, self-efficacy, and reduced mood symptoms**

# Areas of Potential Convergence or Overlap

- However, associations between psychosocial functioning and subjective evaluations are much stronger for mood disorders than schizophrenia-spectrum disorders
  - Reality distortion may influence ability to accurately perceive quality of one's own functioning vs. others
  - Good insight in schizophrenia related to worse mood and subjective experience, despite predicting better psychosocial functioning over time
- Defining “recovery” in terms of psychosocial functioning (area of greatest overlap in definitions) can lead to models that integrate symptoms, objective functioning, and subjective experience
  - E.G.: The NAVIGATE treatment model for first episode psychosis



## Conceptual Model for the NAVIGATE Program



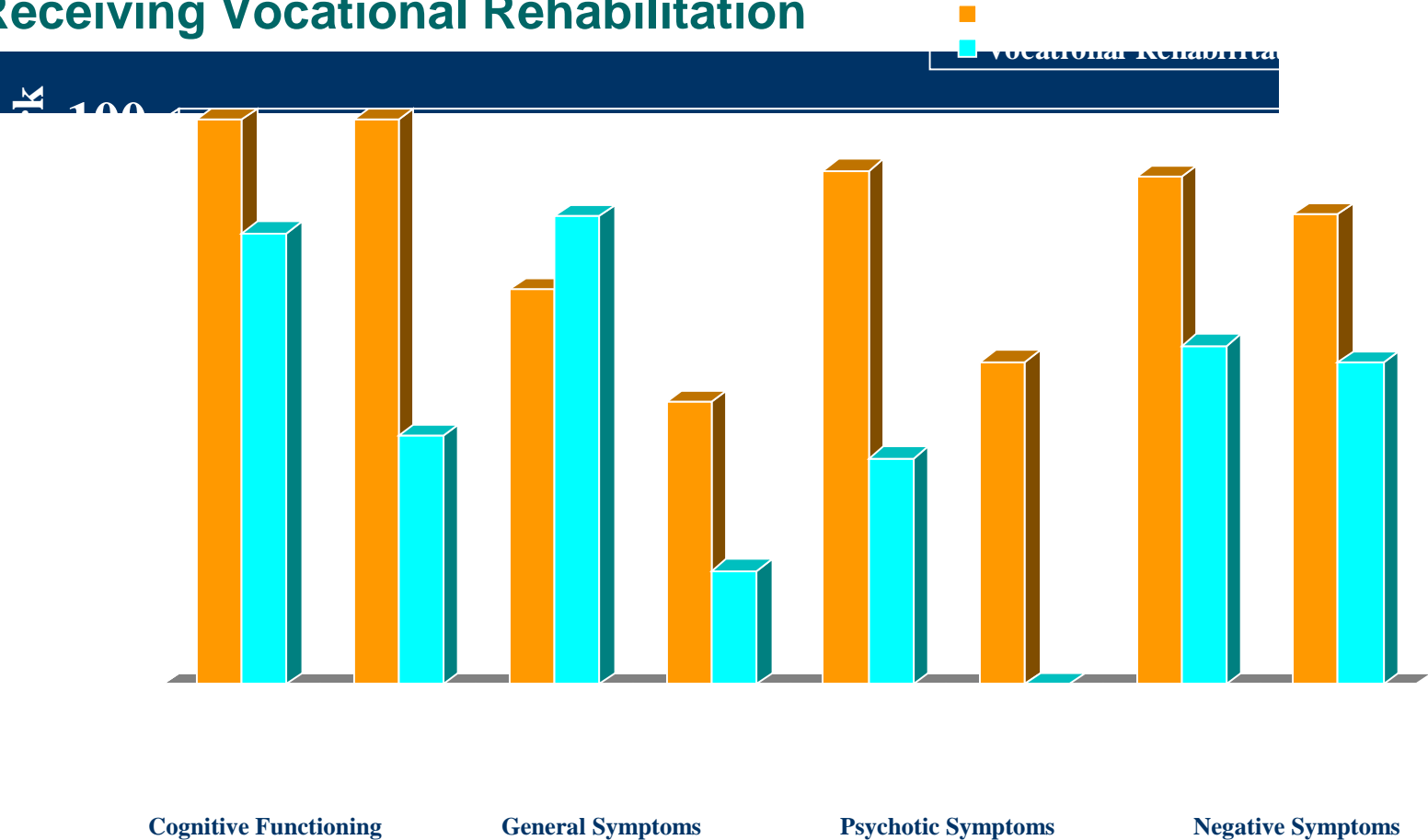
### Color Key

- IRT = Individual Resiliency Training
- FPE = Family Education Program
- SEE = Supported Employment and Education
- Pharm = Pharmacological Treatment

# But there are limitations to this convergence...

- **“Non-linear” nature of recovery**
  - Recovery in different areas are not strongly related
  - Psychosocial treatment effects tend to be domain-specific, with minimal impact on other areas of functioning
- **There is only a modest relationship between symptom severity and functional outcomes (e.g., relationship between cognition, symptoms, and work)**
- **Difficulty mapping some aspects of subjective experience (e.g., self-determination, hope) onto objective indicators of functioning**
- **The nature of recovery reflects heterogeneity in the impact of mental illness, and the process of improvement**
- **Conclusion: no single objective or subjective definition is sufficient to encompass entire concept of recovery**

## Percentage of Studies Reporting Significant Associations Between Cognitive Functioning, Symptoms, and Work in General Psychiatric Samples and Samples of Clients Receiving Vocational Rehabilitation



McGurk & Mueser, *Schizophrenia Research* (2004)

# Connecting Objective and Subjective Recovery on the Personal Level

- Different dimensions of recovery important to characterize in order to understand relationships within and between individuals
- Broad distinction between objective and subjective aspects of recovery
- Proposed conceptualization of a “recovery profile” aimed at measuring critical dimensions of recovery

# Recovery Profile: Objective Dimensions of Recovery

- **Role functioning**
  - Work
  - School
  - Parenting
- **Health**
  - Mental health (symptoms)
  - Physical health
- **Independent living**
  - Stable housing
  - Independence
  - Self-care
- **Social**
  - Friends
  - Family
  - Leisure

# Recovery Profile: Subjective Dimension of Recovery

- **Well-being**
  - Hope
  - Confidence
  - Self-determination
- **Sense of purpose**
- **Internal processes related to mental illness**
  - Acceptance
  - Empowerment
  - Resiliency
  - Self-stigma (absence of)

# **Recovery Profile: Subjective Dimensions of Recovery (cont'd)**

- **External processes related to mental illness**
  - Proactive coping
  - Illness self-management
  - Personal medicine (Deegan)

# Exploration of Potential Relationships Between Objective and Subjective Dimensions of Recovery

## Example: Sense of purpose and role functioning

- Sense of purpose often related to what one does, such as work, school, or parenting
- How is sense of purpose related to other subjective aspects of recovery?
- Presumably improved role functioning enhances sense of purpose
- What are the effects of creating new valued roles for a person (or people) with mental illness on his/her (their) sense of purpose and other aspects of recovery, both subjective and objective?



# Recovery Profile: Implications for Measurement

- Recovery profile including objective and subjective dimensions is solution to inherent heterogeneity of recovery
- Multiple measures of each dimension already exist, but no systematic approach to collecting or combining information, or interpreting scores
- Doubtful feasibility of collecting all relevant information with existing instruments: participant and researcher burden!
- Should effort be expended towards development of a new instrument to measure the Recovery Profile?
  - Potential tool for research on improving outcome of serious mental illness
  - Potential tool for individual treatment/rehabilitation planning and review of progress towards goals