

Managing the contradictions

Recovery from severe mental disorders

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Abstract

One of the assumptions made when mental problems are defined as a medical problem is that certain problems, certain diagnoses, are chronic. Nevertheless, a substantial number of follow-up studies have shown that the course of development in patients with these diagnoses is neither uniform nor chronic.

The aim of this dissertation is to summarise the state of the art in the knowledge about recovery from severe mental disorders and to examine in depth which factors people who have recovered regard as having helped them in their recovery, and in which ways. These two aims have resulted in two separate but complementary presentations of results. The review of the state of the art, which focuses on the diagnosis schizophrenia, shows that some two-thirds of the patients who received this diagnosis have recovered, either totally or socially. The variation in the percentage of persons who have recovered is explained in the study by such factors as fluctuations in national and local unemployment rates, in definitions of the diagnoses and in access to psychiatric care. On the other hand, the introduction of various treatment interventions seems to have had no noticeable effect on the recovery rate, although it has affected the relapse frequency. There is still a long way to go towards understanding the recovery process and how it can be facilitated.

The interview study with persons who have been treated for severe mental disorders and recovered show the patients themselves to be a crucial factor in their own recovery. Throughout the whole course of the disorder, they struggle to find ways to manage both their symptoms and the factors that cause them. What appears to others as symptoms might instead be the person's unsuccessful attempts to manage existential problems. Entering into and maintaining relationships with other people is another crucial factor in recovery work. Professionals from a variety of backgrounds as well as family members and other laypersons can contribute to recovery, first and foremost in that they represent continuity between diverse facets of the person's life; they engage with the person in his/her full complexity, not as someone reduced to a diagnosis and a given patient role, nor by denying the fact of the person's suffering. Still another factor in recovery work is material conditions which impact on the person's possibility to regain an identity as a full member of the community. Lastly, the descriptions that the respondents give of their recovery practice have certain constructed meanings in common. These meanings can be categorised as medical, therapeutic, spiritual and interactional. In many of the life stories collected in this study, several of these categories of meaning appear in unison, co-existing in one and the same life story.

There is a recurrent theme running through these practice stories of recovery: that people in their everyday lives are not reducible to their problems, but at the same time these problems must not be denied. That people have both weaknesses and strengths, sometimes existing within the same spheres of life and occurring simultaneously; but that in relationships with other people they are given scope to manage and live with these contradictions is of central importance for recovery practice.

Key words: psychosis, severe mental disorder, schizophrenia, recovery, chronicity, user perspective