

Thesis of Doctoral (PhD) Dissertation

JOURNEY FROM MENTAL DISORDER TOWARDS RECOVERY

Bulyáki Tünde

Consultant: Prof. Dr. Molnár Péter



UNIVERSITY of DEBRECEN

Faculty of Arts and Sciences, Doctoral School of Human Sciences

Debrecen, 2021

I. THE THESIS' THEMES, AIMS

“Hope can grow in a nourishing environment which makes it possible to create one’s roots and security” (Deegan 1996)

Recovery does not have uniform determinants since the individual journey is unique and personal. One determinant most often cited by professionals, researchers and other users is the definition put forward in Anthony (1993), in which recovery is deeply personal, a unique process encompassing attitudes, values, feelings, goals, skills and/or roles occasioning change. It is a way of living a satisfying, hopeful, associated life even with obstacles and constraints caused by mental disorder. The recovery contains within itself the purpose of the new life and expression of the goals, when the person transcends the mental disorder catastrophic consequences (Francis 2014).

Some of the characteristics of recovery often quoted:

- a unique and personal journey
- normal human process
- continuous experiences
- individual travel is rare
- non linear—among the results there can be failures

For many people recovery is a struggle. The struggle can stem from the severity of the symptoms, the side effects of medication, current and past trauma and pain, difficult socioeconomic circumstances and the experience of using mental services (Davidson, Rose 2007 quoted in Amering, Schmolke 2009).

Recovery can be defined both objectively and subjectively. Objectively we can say that someone has recovered from mental disability if there are no symptoms that hinder everyday activity, are capable of independent living, manage their financial affairs by themselves, handle medication on their own, have a connection with work or study, are they able to create and keep connections with friends and associates and if they maintain relatively close family ties. Subjectively, recovery contains within itself the expectation of a belief in a brighter future, that the person takes responsibility for decisions and his/her own existence and is equipped with the skills which help facilitate decisions. Specialists working in clinics place

emphasis on objective measurable criteria while people suffering mental disorder emphasise the subjective signs that point to recovery, the ability to struggle against mental disorder obstacles and the ability to achieve pleasurable goals. Looking at recovery from an objective clinical perspective, recovery means functioning within normal constraints (Lieberman 2100).

According to Lieberman for us to accept that person has recovered from a mental disorder the following have to be fulfilled:

- The symptoms for a diagnosis are in such a sustained remission that in frequency and severity they do not reach a clinical level.

- Roles undertaken full or part time in work or education that are useful, productive and age appropriate.

- Living without the supervision of family members or other carers, the individual independently assumes responsibility for everyday necessities, for example—financial management, medication, punctuality, shopping, cooking and personal property.

- Intimate family relationships

- Leisure activity in appropriate places and surroundings

- Satisfying contact with peers that encompasses active connection and social network creation among friends and acquaintances. (Lieberman 2010: 17)

If we examine recovery from a subjective perspective, the person recovering experiences several subjective feelings and objective factors. Thus for example hope, empowerment, spiritual strength, self-help and overcoming stigma. Recovery is defined as a journey in much of the literature. A journey characterised by liberation from symptoms, a positive psychological development that restores faith in leading a meaningful life. What can people living with mental disorder think about recovery? How do they observe the kinds of factors that help this positive psychological development? Understanding the answers to these questions can aid in better understanding the recovery process. Furthermore if we know the factors that promote recovery we can provide more effective psychosocial rehabilitation. Recovery has become a fundamental principle of the mental health system, consequently there is a need to support care services that ease the ongoing changes in people's lives. Recovery unfolds in a social, interpersonal context (Topor, Borg, Di Girolomo and Davidson 2011 quoted in Francis 2014).

The aim of the present work is to reveal what people with mental disorder think about recovery and how they see what factors promote positive psychological development and recovery.

Before presenting the research results the dissertation briefly reviews the path of rehabilitation for people with mental disorder from closed institutions to those services obtainable in the community. Further those health and social benefits, services and night care procedures that involve services and rehabilitation opportunities for people with mental disorder and their relatives will be presented.

II. METHODS USED

The hypotheses and research tools presented in the dissertation are expounded below.

Research hypotheses:

-For people with mental disorder recovery is helped if they are motivated and believe in change.

-Family and friends present a natural support and have important roles to play in the road to recovery of people with mental disorder.

-Recovery is affected by social acceptance and a supportive environment. Stigmatisation hinders and makes it difficult for a person with mental disorder to recover.

-Recovery is facilitated by both effective psychosocial rehabilitation aiding the individual in achieving goals built on happiness as well as accessible community psychiatric services.

-Self-help activities play an important role in recovery.

-A key element in recovery is the supporter for whom it is important to aid the person with mental disorder in the recovery process.

Research Sample:

The study involved 16 people with mental disorder (eight women, eight men) who participated in the community psychiatric services at the Semmelweis University's Community Psychiatric Centre—Consciousness Foundation, in Budapest. The research was carried out between June 16, 2015 and September 18, 2015. Interviewees were diagnosed with schizophrenia (F20) schizoaffective psychosis (F25) or bipolar disorder (F21) according to the BNO classification. Interviewees receive support within the framework of community

psychiatric services via involvement of family as well as natural bolstering on the road to recovery. The face to face interviews varied in length from 60 minutes to four and a half hours. The face to face interviews were based on wide ranging research pillars which provided an opportunity to discern the nuances of the recovery process.

A brief introduction to the Consciousness Foundation the location of the research.

The foundation was established in 1991 courtesy of Intercom ZRT after the Hungarian screening of the film Awakenings. Since 1995 the Foundation has had a mission of supporting innovative start-ups, which with partners established community psychiatric care in Hungary and several other nongovernment organisations (e.g. Psychiatry Advocacy Forum, Szigony Foundation for community psychiatry). One of the main goals of the foundation is to combat discrimination and stigmatisation of people with mental disorder and to promote social inclusion. The mission of the organisation is to help stakeholders recover so that they can take control of the direction of their own lives. In the rehabilitation process and in community psychiatric care a person with a mental disorder is seen as a free responsible and equal contributor. The road to recovery is accompanied by both professionals (multidisciplinary teams) and self-help groups (e.g. Voice Hearing Group). (<https://ebredesek.hu/rolunk/what-we-do/> downloaded July 16 2019).

In relation to the participants in the research, nine people had degrees, six people had high school diplomas and one person had an eighth grade education. Interviews were conducted with people who were considered recovered from an objective viewpoint (see objective aspects of recovery presented earlier) by the head of the institution, a psychiatrist, acting as the community psychiatric co-ordinator for the Consciousness Foundation, as well as those who considered themselves recovered. Of the interviewees seven are actively involved in everyday life as experiential experts within the framework of the Foundation's self-help movement and in the meantime two have become professional helpers and work as social worker aides in other areas of social work. The youngest interviewee was 25 years old and the oldest 65.

Research Tools

The research came about via semi-structured life journey interviews. The semi-structured life interviews were based on the following pillars:

1. An overview of the nodes in one's life, current situation

2. Getting to know the interviewee's mental disorder
 - symptoms, asymptomatic
 - what rehabilitation services were used?
 - what medical therapy is currently undertaken?
 - when was the last time the condition deteriorated?

3. Identity, relating to the lived mental disorder. Handling stigma.
 - What does the person think of mental disorder?
 - How does the person relate to mental disorder?
 - Have you encountered negative discrimination on mental disturbance grounds? If yes in what sphere of your life?
 - What do you think of mental disorder preconceptions?
 - How do you relate to the stigmatisation?
 - What do you think can be done against stigmatisation?

4. Life skills, independence, efficiency, competencies.
5. Functioning, activities / how do you occupy yourself/ with work, study, leisure.
6. Networks, attachments, companions' support, social competence factors.
7. Self esteem, self worth, self efficiency, or
8. Role identity, the interviewees place in society.
- 9, Personal responsibility, "self management".
10. Internal resources: desires, aspirations goals.
11. The family as a resource.
12. The existence of resources / necessary financial and institutional resources, supportive network, self help.
13. Confirming environmental factors. Inclusion, acceptance of individuality and personal needs, encouragement, inspiration, opportunity for development.

14. Living with external realities and limits of life. With current Hungarian social attitudes what opportunities exist for people living with mental disorder?

15. What do you think of recovery?

16. Attitude to change / expectation of outcomes, hope, optimism.

Why does the research rest on these pillars? Backgrounded by the recovery literature and the experience gained by spending a year in a community psychiatric clinic, in addition based on the research hypotheses the scope of the semi structured interview questions were drafted. The origin and pathology of the mental disorder is not the focus of the research. At the same time it is important to see how the mental disorder developed in the given person, what differences and similarities impinged on the life of the interview subject. In our daily lives we can see the connection between mental disorder and a heightened level of stigma. The greatest obstacle to recovery is the stigma itself, experienced stigma or self stigma. It is important we understand the conscious identity of the interviewee subject living with mental disorder. How do they relate to the mental disorder? What do they think of stigmatisation, what solutions do they consider appropriate for handling stigmatisation? Often we see people living with mental disorder who as a consequence of their mental problems fall out of active life within an integrated societal framework and isolate themselves. External and internal resources dwindle. The experience of community psychiatric care shows us that the family as importance in the development and the road to recovery in people with mental disorder. I was curious to find out how the interviewee subjects saw the role of family members and friends in the recovery. Very often people living with mental disorder do not have a sufficient level of skill necessary to sustain everyday life. Perhaps as a young adult there was no opportunity or necessity to use these skills, but for independent living they are indispensable. Community psychiatric services provide complex psychosocial rehabilitation for people living with mental disorder and their families, Rehabilitation strategies (psychoeducation, training in life skills, strategies for handling stress and special techniques) aid a person living with mental disorder and his/her family to get to know and understand the mental disorder and be capable of achieving happiness goals and in stress situations to be more assertive. To plan and provide a good service we must see which element is effective in aiding recovery. On the change and development path it is important for the person living with mental disorder to believe in change and to be motivated. For this it is necessary for a well disposed helper for whom the client's development is important. The starting point for rehabilitation of the mentally

disturbed person is aiming for joyful goals. How does this manifest itself in the recovery process? Often in the course of treatment in a community psychiatric institution we come in contact with people who have lost hope and do not see the possibility for positive change. The causes of mental disorder suffering, stigmatisation, the suppressive and non-partner relationship creation services deny a person with mental disorder the desire and belief in a joyful life. How can this be changed? How can rehabilitation tailored to the individual help to deliver the client a happy, joyful and successful life? Besides professional help, self-help activities and the help of fellow sufferers forms a significant role. I wonder if the self help groups and the presence of experimental and associated experts help in recovery? In the life of people living with mental disorder, what dividend does self-help provide? In the course of the interviews I tried to get answers to these questions. In relation to stigmatisation the question of acceptance and inclusion was mentioned. Recovery is influenced by the possibilities within the boundaries of the given society. This knowledge is indispensable in formulating the necessary effort in helping to achieve equality. In conclusion I was curious as to what the interviewees thought about recovery and their personal future.

III. THE RESULTS LISTED IN THESIS FORMAT

The processing of interviews has given a variable picture of recovery and the factors aiding recovery. Nevertheless it can be said there are typical characteristics, key elements which on the road to recovery play an important role as the struggle progresses.

Factors promoting recovery according to the interviewees:

- willpower, belief in self-efficacy
- joyful goals
- supportive family and friendships
- inspiring, supportive person
- community psychiatric care, family care (effective psychosocial rehabilitation strategies)
- an accepting, supportive, hopeful, helping relationship
- self help, peer help
- spirituality
- in work/working

The clinical recovery concept is an outcome based approach which details the outcome situation. The description is based on the observation and evaluation of clinicians, the description is not individualised but represents “a classification” category that fits the system of descriptive psychiatry.

In defining recovery the mentally disturbed person’s viewpoint is of utmost importance.

From the perspective of a mentally disturbed person, personal recovery means you do not spend your life in hospital nor in residential welfare institution where others supervise one’s existence. He is able despite mental disorder to shape his life, while not necessarily dependent on drugs he can live an asymptomatic life even without drugs, an important element of this approach assumes a more of active participation in life rather than withdrawal and isolation and rather than defensive rejection encourages confronting and accepting change. The concept of recovery is broader than change as a result of healing. It is not based on a defined theory and many paths are possible. The road to recovery is varied, it is important to note that recovery can take place without the intervention of professional help. It can be said recovery is a very individual, deeply personal change—a process in which courage, willpower, hope and faith in the future play important roles. This reinforces the desire for a person with mental disorder to regain control over his/her life and to form a positive self image that results in the individual seeing himself/herself not only as a “psychiatric patient”. The outcome is liberation from the burden of self-stigmatisation. The recovery process affects not only the person recovering, it is not just a process of change relying on oneself but also presupposes the supportive presence of others (e.g. family members, friends). At the same time recovery is not a linear process rather a “journey” tinged with reverses. The occurrence of recovery is fundamentally the accounts and recorded personal narratives of those with mental disorder who successfully wrestled with the problem while the empirical study of this concept is fairly difficult. At the same time the important characteristics can be well grasped—such as “empowerment”, hope and optimism and the self satisfied feeling connected with living (Bulyaki and et al, 2019, Szabo 2014). In Slade’s (2009) approach the basic goal is to support the personal recovery of people with mental disorder (clinical recovery is narrower than this and a goal subordinate to personal recovery). While we accept that psychosocial rehabilitation is an important component of the road leading to recovery, personal recovery highlights the importance of hope, meaning, identity as well as personal responsibility.

As a person with mental disorder moves from disability towards recovery he/she experiences a number of subjective feelings and objective factors. Thus for example hope for a better future arising from more successfully coping with the symptoms and disabilities arising from mental disorder and as a consequence regaining a positive self image. The empowerment (I am capable of it, this is my life) that results from success in achieving goals and participating in treatment. The spiritual power that binds people with faith and hope. Self-help and social support from peers, experienced and associated experts. Overcoming stigmatisation which scars mental illness and mental patients (Lieberman 2010). The role of professional helpers is primarily to support the strengthening of hope, invigorating a positive identity, encouraging personal development, encouraging personal responsibility and assisting in the search for meaning. Experiential and associated experts* also have a prominent role to play in the road to recovery of people with mental disorder. The power of self-help is key to positive psychological development. Knowledge of the factors of recovery promotes individualised effective psychosocial rehabilitation, based on recovery assessments of the rehabilitation service. An essential element of a recovery based approach is for participants in therapy, research and education to be our peers and for their experiences to appear as experiential evidence on a palette of research findings.

*Associated experts are relatives of those whose family has a person with mental disorder.

References of Thesis Booklet

Amering M.,Schmolke M. (2009):Recovery in Mental Health Reshaping Scientific and Clinical Responsibilities. Published: Wiley-Blackwell. A John Wiley & Sons, Ltd., Publication 2009

Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16(4), 11–23. <https://doi.org/10.1037/h0095655>

Bulyáki T., Kaszásné J. I., Gallai I., Harangozó J. (2018): Mi a felépülés? In: A közösségi pszichiátria kézikönyve. Szerk.: Bulyáki T., Harangozó J. Ébredések Alapítvány, Budapest 2018. pp 7-14

Bulyáki T., Gallai I., Kaszás J. I., Harangozó J., Szabó L.: Felépülés a mentális zavarból. Kézirat

Francis A. (2014): Strengths-based Assessments and Recovery in Mental Health: Reflections from Practice. In.: International Journal of Social Work and Human Services Practice Horizon Research Publishing Vol.2. No.6 Dec, 2014, pp. 264-271

Lieberman, R.P, Kopelowicz , A. (2002): Recovery from schizophrenia: a challenge for the 21st Century. *Internacional Review of Psychiatry* 2002; 14:242-255

Lieberman R.P. (2010): A rehabilitáció a felépülés útja. In: Felépülés a betegségből. A pszichiátriai rehabilitáció kézikönyve. Oriold és Társai, Budapest 2010. pp 1-37

Lieberman R.P. (2010): A pszichiátriai rehabilitáció alapelvei és gyakorlata. In: Felépülés a betegségből. A pszichiátriai rehabilitáció kézikönyve. Oriold és Társai, Budapest 2010. pp 37-89

Slade, M. (2009): Personal Recovery and Mental Illness: A Guide for Mental Health Professionals. *Cambridge University Press*. Cambridge. 2009.

Szabó L. (2014): Felépülés alapú megközelítés. In: Új életvezetési modell a pszichoszociális fogyatékosokkal élők számára a támogatott lakhatásban intézményi férőhelykiváltás. pp.61-65.

http://fszk.hu/wp-content/uploads/2015/09/Eletvezetesi_szolgaltatasi_modell_2014_10.pdf

(Download date: 09.05. 2019. augusztus 5)

Download:

<https://www.nyaprs.org/e-news-bulletins/2018/9/18/recovery-the-conspiracy-of-hope-pat-deegans-1996-call-to-arms-come-hear-pat-this-wednesday-at-the-nyaprs-conference>

(Download date: 27.09. 2019.)

<https://ebredesek.hu/rolunk/what-we-do/>

(Download date: 16.07. 2019.)



Registry number: DEENK/94/2021.PL
Subject: PhD Publication List

Candidate: Tünde Bulyáki
Doctoral School: Doctoral School of Human Sciences
MTMT ID: 10030862

List of publications related to the dissertation

Hungarian books (1)

1. **Bulyáki, T.:** Mentális zavarral élő emberek felépülését támogató pszichoszociális stratégiák. ELTE TÁTK, Budapest, 127 p., 2016. ISBN: 9789632847917

Hungarian book chapters (4)

2. **Bulyáki, T.:** A közösségi pszichiátria bemutatása: Hogyan segíti elő a közösségi ellátás a mentális zavarral élő személyek felépülését?
In: Tudományos Gondolkodás és kutatás a szociális munkában / Bulyáki Tünde, Rácz Andrea, Talyigas Katalin, Debreceni Egyetem, Debrecen, [Közlésre elfogadva], 1-21, 2021.
3. **Bulyáki, T., Harangozó, J., Falloon, I. R. H.:** Mentális zavarral élő, megváltozott munkaképességű emberek munkához segítése.
In: A közösségi pszichiátria kézikönyve. Szerk.: Bulyáki Tünde, Harangozó Judit, Ébredések Alapítvány, Budapest, 363-394, 2018. ISBN: 9786150018096
4. **Bulyáki, T., Kaszás, J., Gallai, I., Harangozó, J.:** Mi a felépülés?
In: A közösségi pszichiátria kézikönyve. Szerk.: Bulyáki Tünde, Harangozó Judit, Ébredések Alapítvány, Budapest, 7-14, 2018. ISBN: 9786150018096
5. **Bulyáki, T., Gordos, E.:** Pszichoszociális fogyatékossgal élő személyek munkarehabilitációja.
In: Kutatási beszámoló a pszichoszociális fogyatékossgal élő személyek társadalmi helyzetét feltáró országos kutatásról. Szerk.: Perlusz Andrea, A Gyógypedagógia Fejlesztéséért Alapítvány, Budapest, 93-107, 2017. ISBN: 9789631285079

Hungarian scientific articles in Hungarian journals (2)

6. **Bulyáki, T., Kaszás, J., Gallai, I., Harangozó, J., Szabó, L.:** Felépülés a mentális zavarból
Alk. Pszichol. Megjelenés alatt (-), 1-12, 2021. ISSN: 1419-872X.
7. **Bulyáki, T.:** Pszichoszociális fogyatékossgal élők és családjaik támogatása, a közösségi pszichiátriai ellátás lehetőségei.
Szociálped. 15, 179-201, 2020. ISSN: 2064-2709.





Foreign language scientific articles in international journals (1)

8. Tavormina, M. G. M., Tavormina, G., Nemoianni, E., Franza, F., d'Errico, I., Spurio, M. G., Tavormina, R., Zdanowicz, N., De, M. S., Harangozó, J., Nyulászi, A., **Bulyáki, T.**, Urlic, I., Russo, A. L., Agius, M.: Thinking of psychiatric disorders as a 'normal' illness. *Psychiatr. Danub.* 28 (1), 125-131, 2016. ISSN: 0353-5053. IF: 1.232

List of other publications

Hungarian books (2)

9. Herold, K., **Bulyáki, T.**, Szabóné Csizmadia, M.: Szakmai ajánlás közösségi ellátás pszichiátriai betegek részére. Emberi Erőforrások Minisztériuma, Budapest, 66 p., 2018.
10. Bodrogi, A., Harangozó, J., **Bulyáki, T.**, Falloon, I. R. H.: A közösségi addiktológia kézikönyve. Ébredések Alapítvány, Budapest, 152 p., 2014.

Hungarian book chapters (10)

11. Falloon, I. R. H., **Bulyáki, T.**: Aktív figyelem módszere a problémák és célok pontos meghatározására.
In: A közösségi pszichiátria kézikönyve. Szerk.: Bulyáki Tünde, Harangozó Judit, Ébredések Alapítvány, Budapest, 47-54, 2018. ISBN: 9786150018096
12. **Bulyáki, T.**, Szécsi, J.: Paranormatív kihívások.
In: A fiatalok lehetőségeinek kibontakoztatása. Szerk.: Csákvári Judit, Cs. Ferenczi Szilvia, ELTE Bárczi Gusztáv Gyógypedagógiai Kar, Budapest, 76-117, 2018. ISBN: 9789637155826
13. Falloon, I. R. H., **Bulyáki, T.**: Problémamegoldás és célkitűzések valóra váltása.
In: A közösségi pszichiátria kézikönyve. Szerk.: Bulyáki Tünde, Harangozó Judit, Ébredések Alapítvány, Budapest, 59-66, 2018. ISBN: 9786150018096
14. Falloon, I. R. H., **Bulyáki, T.**: Személyes célok kitűzése.
In: A közösségi pszichiátria kézikönyve. Szerk.: Bulyáki Tünde, Harangozó Judit, Ébredések Alapítvány, Budapest, 15-25, 2018. ISBN: 9786150018096
15. **Bulyáki, T.**: Támogatott lakhatás.
In: A közösségi pszichiátria kézikönyve. Szerk.: Bulyáki Tünde, Harangozó Judit, Ébredések Alapítvány, Budapest, 355-362, 2018. ISBN: 9786150018096
16. Falloon, I. R. H., **Bulyáki, T.**: Alkalmazzuk az aktív figyelem módszerét a problémák és célok meghatározásához.
In: A közösségi pszichiátria kézikönyve. Szerk.: Bulyáki Tünde, Harangozó Judit, Ébredések Alapítvány, Budapest, 36-45, 2016. ISBN: 9789631259803





17. **Bulyáki, T.**, Harangozó, J.: Mentális zavarral élő, megváltozott munkaképességű emberek munkához segítése.
In: A közösségi pszichiátria kézikönyve. Szerk.: Bulyáki Tünde, Harangozó Judit, Ébredések Alapítvány, Budapest, 313-324, 2016. ISBN: 9789631259803
18. Falloon, I. R. H., **Bulyáki, T.**: Problémamegoldás és célkitűzések valóra váltása a felépülés útján.
In: A közösségi pszichiátria kézikönyve. Szerk.: Bulyáki Tünde, Harangozó Judit, Ébredések Alapítvány, Budapest, 45-52, 2016. ISBN: 9789631259803
19. Falloon, I. R. H., **Bulyáki, T.**: Személyes célok kitűzése a felépülés útján.
In: A közösségi pszichiátria kézikönyve. Szerk.: Bulyáki Tünde, Harangozó Judit, Ébredések Alapítvány, Budapest, 7-15, 2016. ISBN: 9789631259803
20. **Bulyáki, T.**: Támogatott lakhatás.
In: A közösségi pszichiátria kézikönyve. Szerk.: Bulyáki Tünde, Harangozó Judit, Ébredések Alapítvány, Budapest, 325-329, 2016. ISBN: 9789631259803

Hungarian scientific articles in international journals (1)

21. Rácz, A., **Bulyáki, T.**, Sík, D., Szécs, J.: Szociális munka és társadalmi mobilitás: gyerekes családok, szenvedélybetegséggel és pszichoszociális akadályozottsággal élők támogatása. *Évkönyv (Újvidéki Egyetem Magyar Tannyelvű Tanítóképző Kar)*. 16 (1), 138-151, 2019. ISSN: 2217-8198.

Total IF of journals (all publications): 1,232

Total IF of journals (publications related to the dissertation): 1,232

The Candidate's publication data submitted to the iDEa Tudóstér have been validated by DEENK on the basis of the Journal Citation Report (Impact Factor) database.

11 March, 2021



