The experience of personal recovery in personality disorder - systematic review and meta-synthesis

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Background

Personal recovery

“...a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness.” [Anthony 1993, p527]

- Accepting of ‘illness’ [biomedical]
- Rehabilitative framework
Background - personal recovery

“The goal of the recovery process is not to become normal. The goal is to embrace our human vocation of becoming more deeply, more fully human.” [Deegan, 1996, p92]

• No reference to ‘illness’

• Human process
Personal recovery - tension?

- Role of ‘illness’?
- Who defines?
- How to offer support?
Personality disorder

• Problematic - unclear nature with challenge to current classification systems?

• How to make sense of idea of personal recovery in light of personality disorder?
Proposal

• All accounts agree on idiographic nature of recovery experience

• Therefore by focussing on experience of individuals we can better explore and contextualise the personal
Systematic review and meta-synthesis

**Aims**

Background sensitisation to literature:

“To adequately map existing qualitative research literature relating to the experience of personal recovery in personality disorder”
Literature search

Systematic literature search:

1. To identify qualitative methods literature
2. Personal experience of recovery
3. Excluding clinical recovery definitions
4. Requiring transparent involvement of primary material
Meta-synthesis

Aim - To thematically map existing literature and develop higher order descriptive concepts

Analogous to approach of Noblit and Hare (1988)

1. 1st order themes [participant quotations]
2. 2nd order themes [original author interpretation]
3. 3rd order themes [synthesised through coding and group discussion]
Results & Discussion

Three studies meeting inclusion criteria

Developed three overarching third order themes

1. Safety and containment as prerequisite to recovery
2. Social networks and personal autonomy in the recovery process
3. Identity construction as a process of change
Safety and Containment

“...I can come in and cry. The important thing is that coming here makes you safe enough to change.” [Castillo, 2013]
Safety and containment

Previous experiences of danger and invalidation (both personal and in professional settings) led participants to need a place of safety to allow change to begin.
Social networks and personal autonomy

“It’s all about human contact. I think a lot of people here realise what it’s like to be lonely, we all know what it’s like…” [Castillo, 2013]
Social networks and personal autonomy

‘Turning points’ were described - where active choices to change were made. However these processes were recognised as occurring within a social setting - family and friend networks and the risk of tension with mental health services.
Identity construction

“…’Your disorder is the reason why you try to kill and harm yourself.’ I stayed alive and for this I was grateful, but nobody saw me or spoke to me as a person.” [Holm, 2011]
Identity construction

Descriptions of effort to understand previous acts and behaviours. Varying interpretations of ‘illness’ were described - from accounts for behaviour through to rejection of stigmatising labels
Conclusions

- Understandings of recovery can challenge clinical approaches to mental distress - including personality disorder

- There is evidence that routinely used outcome frameworks do not match well with personal recovery aspirations [Andresen, 2009]

- This review is limited by the small number of included studies and methodological limitations of these studies

- Further work is required to better explore the personal experience of recovery in relation to personality disorder
References


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