Resilience, Psychosis and Childhood Trauma

Shaun Sweeney
Discipline of Psychiatry and Discipline of Medicine
School of Medicine
Faculty of Health Sciences
University of Adelaide

THESIS SUBMITTED FOR THE DEGREE OF DOCTOR OF PHILOSOPHY
March 2015
TABLE OF CONTENTS

TABLE OF CONTENTS ........................................................................................................1
Abstract .................................................................................................................................7
Declaration .............................................................................................................................9
Acknowledgements .............................................................................................................11
List of Publications and Conference Presentations ..............................................................14
List of Tables ........................................................................................................................16
List of Figures .......................................................................................................................18
Preamble ................................................................................................................................19
Chapter 1 ..............................................................................................................................21
  Introduction .......................................................................................................................21
    1.1 Overview ................................................................................................................21
    1.2 Research Origin .......................................................................................................22
    1.3 Research Questions .................................................................................................24
    1.4 Topic Overview .......................................................................................................25
    1.5 Research Aims .........................................................................................................27
    1.6 Health and Social Context .......................................................................................28
    1.7 Research Method and Design ..................................................................................29
      1.7.1 Research Methodology .....................................................................................29
      1.7.2 Research Design ..............................................................................................30
    1.8 The Use of Terminology .........................................................................................30
    1.9 Combined Thesis and Journal Papers ......................................................................32
  1.10 Chapter Overview ......................................................................................................33
    1.10.1 Chapter 1 ..........................................................................................................33
    1.10.2 Chapter 2 ..........................................................................................................33
    1.10.3 Chapter 3 ..........................................................................................................33
    1.10.4 Chapter 4 ..........................................................................................................34
    1.10.5 Chapter 5 ..........................................................................................................34
    1.10.6 Chapter 6 ..........................................................................................................34
    1.10.7 Chapter 7 ..........................................................................................................35
    1.10.8 Chapter 8 ..........................................................................................................35
    1.10.9 Chapter 9 ..........................................................................................................35
    1.11 Conclusion ..............................................................................................................36

Chapter 2 .............................................................................................................................37
  Literature Review ............................................................................................................37
  2.1 Introduction ..............................................................................................................37
    2.1.1 Literature Search ...............................................................................................37
    2.1.2 The Conceptualisation and Terminology of Resilience ......................................39
    2.1.3 The Conceptualisation and Terminology of Illness Recovery .............................40
  2.2 Resilience ....................................................................................................................41
    2.2.1 The Psychological and Social Concept of Resilience .........................................41
    2.2.2 The Evolution of the Concept of Resilience .......................................................42
    2.2.3 The Concept of Resilience: Personality and Biology .........................................49
    2.2.4 Psychological Protective Factors .......................................................................52
    2.2.5 Trauma Prevalence, Post-Traumatic Stress Disorder (PTSD) and Post-Traumatic Growth (PTG)..................................................................................................................54
Chapter 6: Study Two: Thematic Analysis

6.1 Introduction
   6.1.1 Study Two Interviews
   6.1.2 Thematic Structure
   6.1.3 The Study Two Cohort: Demographics and CTA Histories
   6.1.4 Resilience and the Measure of Resilience: The Resilience Scale

6.2 Theme One: Resilience
   6.2.1 Introduction
   6.2.2 The Manifestation of Resilience
   6.2.3 Psychological Coping and the Reframing of CTA
   6.2.4 Resilience: Conclusion

6.3 Theme Two: Childhood Trauma and/or Adversity
   6.3.1 Introduction
   6.3.2 Conceptualisations of CTA
   6.3.3 CTA: The Psychological and Social Challenges
   6.3.4 Emotional Trust
   6.3.5 CTA Counselling
   6.3.6 CTA: Conclusion

6.4 Theme Three: Psychosis
   6.4.1 Introduction
   6.4.2 The Manifestation of Psychosis
   6.4.3 Psychosis: The Challenges
   6.4.4 Personal and Strategic Illness Management of Psychosis
   6.4.5 Recovery from Psychosis
   6.4.6 Psychosis: Conclusion

6.5 Theme Four: Reconciliation, Post-Traumatic Growth and Speculative Change
   6.5.1 Introduction
   6.5.2 Reconciliation and Post-Traumatic Growth
   6.5.3 Speculative Change
   6.5.4 Reconciliation, Post-Traumatic Growth and Speculative Change: Conclusion

6.6 Discussion: Study Two
   6.6.1 Introduction
   6.6.1.2 The Interconnection between Themes
   6.6.1.3 Participant Engagement in Study Two
   6.6.2 Participant Conceptualisation of Resilience
   6.6.3 Resilience and Recovery from Psychosis
   6.6.4 The Assessment of Resilience
   6.6.5 CTA, Resilience and Post-Traumatic Growth
   6.6.6 CTA and Clinical Mental Health Settings
   6.6.7 Psychosis
   6.6.8 Illness Recovery
   6.6.9 Speculative Change, Psychosis and CTA
   6.7 Study Two- Limitations

6.8 Study Two: Conclusion

Chapter 7

Psychosis, socioeconomic disadvantage and health service use in South Australia: findings from the Second Australian National Survey of Psychosis

Statement of Authorship

7.1 Abstract
   7.1.1 Aims
   7.1.2 Methods
Abstract

This research investigates resilience. It examines the influence of childhood trauma and/or adversity on resilience in adults diagnosed with a psychotic illness. In the research I grounded resilience in the lived experience of psychosis and childhood trauma and/or adversity and framed these topics within a health, psychological and social perspective.

This research comprises two studies. I utilise quantitative and qualitative research data sets in a mixed-method research design. I drew the quantitative study data from the Survey of High Impact Psychosis research project conducted in the northern region of Adelaide, South Australia in 2010. I combined this quantitative study with a qualitative study based on data from additional interviews involving a smaller participant group sourced from the SHIP research project. I selected interview participants for the qualitative study because they identified as having experienced childhood trauma and/or adversity.

The mixed-method research design provides the capacity to identify the prevalence of childhood trauma and/or adversity within a psychosis cohort. It allows for the examination of the effects of childhood trauma and/or adversity and psychosis on the development and manifestation of resilience. I also consider the influence of a psychotic illness on health, and economic and social functioning. The qualitative phase of the research examined individual interpretations of the experience(s) of childhood trauma and/or adversity, psychosis and resilience. I analysed this qualitative data thematically and identified some of the common understandings of not only the construct of resilience, but also the lived experience of psychosis.

This research establishes that resilience has a crucial role in optimising social and health functioning. It identified how childhood trauma and/or adversity is a contributor to the
development of resilience in people with psychosis. In addition, the research demonstrates that resilience is fundamental to long-term recovery from psychosis. I also consider the implications of the research findings for enhancing the effectiveness of clinical mental health approaches to psychosis treatment. A more intentional focus on the development of resilience in clinical mental health practice emerged as one of the primary recommendations from the research.
Declaration

I, Shaun Sweeney, certify that this work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution, and, to the best of my knowledge and belief, it contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

I give consent to this copy of my thesis when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

I acknowledge that copyright of published works contained within this thesis (as listed below) resides with the copyright holder(s) of those works.

I give permission for the digital version of my thesis to be made available on the web, via the University’s digital research repository, the Library catalogue, the Australasian Digital Theses Program (ADTP) and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.
Signed:

Shaun Sweeney

Date: 16th June 2015
Acknowledgements
Having seemingly reached the end of this academic challenge, I would like to express my genuine thanks to all those people who assisted and supported me along the way.

My Supervisors
I would especially like to thank my academic supervisors, Professor Cherrie Galletly and Dr Lana Zannettino. I know each of you will miss receiving my endless emails that read more like appeals for help, the countless drafts that flooded your inboxes, and the endless schedules and timetables I constantly asked you both to adhere to. Thank you both for working with me to develop my skills as an academic researcher and as a writer. Without your support, guidance and opportunity this PhD research would not have been possible.

Professional Editing
This thesis has been professionally edited by Kate Leeson.

The Survey of High Impact Psychosis
This PhD is based on data collected from the 2010 Australian National Survey of High Impact Psychosis. The members of the Survey of High Impact Psychosis Study Group are: V. Morgan (National Project Director), A. Jablensky (Chief Scientific Advisor), A. Waterreus (National Project Coordinator), R. Bush, V. Carr, D. Castle, M. Cohen, C. Galletly, C. Harvey, B. Hocking, A. Mackinnon, P. McGorry, J. McGrath, A. Neil, S. Saw and H. Stain. I would like to thank these national directors for not only providing me with the opportunity to participate in collecting this data, but also the chance to use this data in a PhD research project. I would also like to acknowledge the hundreds of mental health professionals who participated in the preparation and conduct of the 2010 Australian
National Survey of High Impact Psychosis and those with a psychotic illness who gave their time and whose participation helps form the basis of this PhD research.

To Andrea Baker, my SHIP counterpart in Queensland. Thank you for never failing to answer my questions and the unflinching encouragement and support you provided from afar.

**Research Participants**

I would like to acknowledge all of the research participants’ personal contributions to this study and their willingness to disclose personal insights into their lives. Without their input this study would not be possible.

**Discipline of Psychiatry**

I am grateful also to the professional and academic staff of the Discipline of Psychiatry, University of Adelaide. Thanks also to Sofia Zambrano Ramos and Sonia Masciantonio who as my compatriot PhD students provided support and friendship that was imperative to guiding me through this journey and ensuring that my time at university was productive and enjoyable.

**SA Health**

Thank you to the clinical and support staff at SA Health, Northern Adelaide Local Health Network - Mental Health Division for your interest and support. In particular to Jim Chaousis, who was an ongoing source of support and encouragement throughout both my clinical mental health career and during this PhD journey.
**Funding Providers**

Thank you to the Graduate Centre at the University of Adelaide and the Australian Postgraduate Award for providing me with a full-time scholarship. Thank you also to the School of Psychology for providing additional income support for PhD-related travel.

Thank you to the Australian Government Department of Health and Ageing for funding the 2010 Australian National Survey of High Impact Psychosis.

**Personal Acknowledgements**

I am especially grateful to Tracy Air who has been instrumental in providing me with ongoing technical advice, emotional support, generosity and unwavering friendship during this PhD process. Thank you.

To Richard Lavazanian who for many years has been an outstanding friend, one who has never failed to exhibit exceptional generosity, kindness of spirit and a sense of humour.

To Sofia Hallwas, your influence throughout my life has been more significant and enduring than you could ever know.

Most importantly, I would like expresssly to thank Sigrid Sweeney for her incredible encouragement, her advice, unflinching intellectual support, insightful contributions and for her enduring support when encouraging me in the pursuit of this important personal goal. This PhD research project is dedicated to you.

Finally, to everyone mentioned above, thank you for accompanying me throughout the years and for your faith in my capacity to achieve this important personal goal.
List of Publications and Conference Presentations

Publication List


List of Conference Presentations Based on this Thesis

• ‘The Survey of High Impact Psychosis: A national research project from a South Australian perspective’.
  Shaun Sweeney, Prof Cherrie Galletly, Dr Lana Zannettino
  TheMHS Conference. Adelaide, South Australia, 6–9 September 2011.

• ‘Trauma in childhood and the outcomes for psychosis cohorts’.
  Shaun Sweeney, Prof Cherrie Galletly, Dr Lana Zannettino
  The 7th Annual World Conference on the Promotion of Mental Health and Behavioural Disorders. Perth, Western Australia, 17–19 October 2012.

• ‘Resilience, childhood trauma and the outcomes for psychosis populations’.
  Shaun Sweeney
  Statewide Mental Health Workers’ Seminar. Glenside Hospital Campus. Adelaide, South Australia, 6 December 2013.

• ‘Resilience, psychosis and childhood trauma’.
  Shaun Sweeney.
  School of Medicine Research Highlights. Adelaide, South Australia, 9 September 2014.
List of Tables

Table 4.1a: The Socio-Economic Indexes for Areas (SEIFA) demographic information ............................................. 141
Table 4.1b: The Socio-Economic Indexes for Areas (SEIFA) demographic information cont..................................................... 142
Table 4.1c: The Socio-Economic Indexes for Areas (SEIFA) demographic information ...................................................... 143
Table 4.2: Types of abuse as identified by SHIP participants .................................................. 144
Table 4.3: Basic socio-demographic characteristics of the CTA group, non-CTA group and whole cohort .................................. 146
Table 4.4a: ICD-10 diagnosis for CTA and non-CTA groups, stratified by gender ................. 147
Table 4.4b: Age of onset, duration of illness and suicidality for CTA and non-CTA groups, stratified by gender ............................................. 148
Table 4.4c: Key symptoms: Lifetime ......................................................................................... 149
Table 4.4d: Experience of key lifetime symptoms for CTA and non-CTA groups, stratified by gender .................................................. 150
Table 4.5a: Body mass index (BMI) for CTA and non-CTA groups, stratified by gender ............................................................. 151
Table 4.5b: Experience of hypertension for CTA and non-CTA groups, stratified by gender ............................................................. 152
Table 4.5c: HDL, total cholesterol, triglycerides and glucose blood results for CTA and non-CTA groups, stratified by gender .................................................. 153
Table 4.6: Lifetime alcohol, cannabis and other substance abuse/dependence for the CTA and non-CTA groups, stratified by gender .................................................. 154
Table 4.7: Smoking status for CTA and non-CTA groups, stratified by gender .................. 155
Table 4.8: Lifetime and current alcohol use for CTA and non-CTA groups, stratified by gender .................................................................................. 156
Table 4.9: Lifetime and current cannabis use for CTA and non-CTA groups, stratified by gender .................................................................................. 156
Table 4.10: Self-reported lifetime history of physical conditions for CTA and non-CTA groups, stratified by gender .................................................. 157
Table 4.11: Health service utilisation for CTA and non-CTA groups, stratified by gender .................................................................................. 159
Table 4.12: Level of schooling completed and age left school for CTA and non-CTA groups, stratified by gender .................................................. 160
Table 4.13: Employment status in the week and year prior to interview for CTA and non-CTA groups, stratified by gender .................................................. 161
Table 4.14: Reasons for not looking for work among those not in the workforce (n=245) .................................................................................. 162
Table 4.15: Income per fortnight for CTA and non-CTA groups, stratified by gender .................................................. 163
Table 4.16: Day-to-day functioning for CTA and non-CTA groups, stratified by gender .................................................................................. 164
Table 4.17: Means and standard deviations for the Assessment of Quality of Life (AQOL) Questionnaire for CTA and non-CTA groups, stratified by gender .... 165
Table 4.18a: Social functioning in the 12 months prior to interview, for CTA and non-CTA groups, stratified by gender .................................................................................. 166
Table 4.18b: Social contact in the 12 months prior to interview, for CTA and non-CTA groups, stratified by gender .................................................................................. 167
Table 4.18c: Supportive relationships in the 12 months prior to interview, for CTA and non-CTA groups, stratified by gender .................................................................................. 168
Table 4.19: Social stigmatisation in the 12 months prior to interview, for CTA and non-CTA groups, stratified by gender ................................................................. 169
Table 4.20: Victimisation and offending, in the 12 months prior to interview, for CTA and non-CTA groups, stratified by gender ........................................ 170
Table 4.21: Relationship between CTA and demographics, psychological and physical health profiles in people with psychosis, stratified by gender ...................... 171
Table 5.1: Socio-demographic and diagnostic data and course of disorder for people with psychosis, comparing those who had experienced CTA with those who had not .................................................................................................................. 201
Table 5.2: Types of CTA reported by participants ..................................................... 202
Table 5.3: Lifetime physical conditions ................................................................... 203
Table 5.4: Psychological symptoms: lifetime .......................................................... 204
Table 5.5: Relationship between CTA and demographics, psychological and physical health profiles in people with psychosis, stratified by sex ........................................ 205
Table 6.1: Resilience Scale (RS) Study Two participant scores ............................. 214
Table 7.1: Socio-demographic and lifestyle from the SHIP sample ......................... 299
Table 7.2: Physical Health of the SHIP Sample ..................................................... 300
Table 7.3: Social Contact in the SHIP Sample ...................................................... 301
Table 7.4: Health Service Utilisation in the SHIP Sample .................................... 302
List of Figures

Figure 1.1: Research Typology ................................................................. 30
Figure 3.1: The thematic structure of the Study Two interview data ........... 118
Figure 4.1: Phase 1 – South Australia SHIP Census Enumeration .......... 132
Figure 4.2: Phase 2 – South Australia SHIP Sampling and Interviewing .... 133
Figure 6.1: Thematic Structure for Study Two ........................................ 212
Figure 6.2: Thematic Structure of Theme One ....................................... 215
Figure 6.3: Thematic Structure of Theme Two ...................................... 228
Figure 6.4: Thematic Structure of Theme Three .................................... 247
Figure 6.5: Thematic Structure of Theme Four ...................................... 263
Preamble

To the reader,

This is a ‘hybrid thesis’ comprising a traditional research thesis format including two additional journal articles. An advocacy position for a stronger clinical focus on resilience in mental health practice is evident in this research, a position that emerged through the experience of conducting this research. Furthermore, in my work as a mental health clinician with broad mental health experience I have observed firsthand how psychosis can affect a person’s physical and psychological health, employment opportunities, educational outcomes and their participation in community life. Despite these obstacles, many people with a psychotic illness maintain resilience and optimism about their futures. However, there is still much to be done to improve mental health praxis to ensure that people with a psychotic illness can live meaningful and contributing lives as members of their communities.