

BRIEF REPORT

The Meaning and Importance of Employment to People in Recovery from Serious Mental Illness: Results of a Qualitative Study



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Objective: *Given the high rates of unemployment and underemployment among individuals with psychiatric disabilities, only a small number of studies have investigated the role work has in the lives of people who have been successful vocationally during their recovery from serious mental illness. This study sought to add to existing literature by determining how individuals perceive work and its effect on their recovery.*

Methods: *We purposefully recruited self-referred participants at moderate to advanced levels of recovery and qualitatively analyzed semi-structured interviews conducted with 23 individuals to identify themes related to work in the context of recovery from serious mental illness.*

Results: *Participants described myriad positive benefits associated with paid employment, which conceptually fell across two main domains: work has personal meaning and work promotes recovery. Participants discussed the ways in which work fostered pride and self-esteem, offered financial benefits, provided coping strategies for psychiatric symptoms, and ultimately facilitated the process of recovery. Participants also discussed the importance and benefits associated with working in a helper-role and as consumer providers.*

Conclusions: *Overall, individuals reported that employment conferred significant benefits in their process of recovery from mental illness and that work played a central role in their lives and identities. The themes from this study should be considered when developing employment or other recovery-oriented programs for people with serious mental illness.*

Keywords: *serious mental illness, employment, qualitative, recovery*

Introduction

Rates of unemployment (Mechanic, Bilder, & McAlpine, 2002; Mueser, Salyers, & Mueser, 2001), and underemployment (Cook, 2002, 2006) are extraordinarily high among individuals with serious mental illness. Although numerous studies have focused on employment outcomes in this population (Bond, 2004; Cook, Leff, Blyler, et al., 2005; Crowther, Marshall, Bond, & Huxley, 2001), only a few have examined the subjective experience of employment in the recovery process. Existing qualitative evidence suggests that people with psychiatric disabilities view work as central to their recovery (Killeen & O'Day, 2004; Krupa, 2004; Provencher, Greg, Mead, & Mueser, 2002) and experience or anticipate many benefits from working, including increased self-esteem, decreased social isolation, and improved quality of life (Salyers, Becker, Drake, Torrey, & Wyzik, 2004), as well as financial gains, personal growth, and improved mental health (Honey, 2004; Marwaha & Johnson, 2004; Strong, 1998). Despite these existing studies, more remains to be learned about the meaning and perceived importance of work in the process of recovery from serious mental illness.

Methodology

This analysis was part of a broader investigation of the process of attaining advanced levels of recovery from a psychiatric disability (Spaniol, Wewiorski, Dunn, & Chamberlin, 2005). Using a flyer, website brochure, and word of mouth, we recruited individuals who had experienced psychosis as part of a psychiatric condition and whose life had been "going in a positive direction" for two years or longer. We used purposeful, criterion-based, and maximum variation sampling (Patton, 2002;

2003) to select study participants who varied by age, gender, race, co-morbidities, and length of psychiatric hospitalizations, but who all had the self-perception of having attained a high level of recovery and possessed characteristics (such as community integration, minimal use of mental health services, and stability of psychiatric symptoms) that are consistent with definitions of recovery (Anthony, 1993; Deegan, 1996; Jacobson & Greenley, 2001; Liberman, Kopelowicz, Ventura, & Gutkind, 2002). Using an interview guide, two clinician researchers conducted in-depth audiotaped interviews that queried respondents about their recovery process across nine life domains (cognitive, social, vocational, psychological, emotional, physical, spiritual, cultural, and environmental). Examples of questions include: "Perhaps we could start by your telling me a little about yourself in the past and how that compares to where you are now"; "Do you remember any particular turning points where an important change occurred in you?" and, "What effect did your employment status have on your process of change?" All respondents were queried about work and all provided some information about their work experiences, albeit with varying amounts of detail and richness. We did not attempt to systematically tabulate information about specific work experiences across respondents but rather sought general information about the meaning and importance of work as they occurred in the responses.

The 23 study participants varied by age (27 to 59 years), gender (11 male, 12 female), race (16 white, 7 black), education (2 less than high school, 2 high school, 6 some college or technical training, 9 BA degree, 4 graduate degree) and marital status (14 never married, 9 ever married). Sixteen participants reported a schizophrenia-spec-

trum disorder, five a bipolar disorder, and two major depression. In addition, eleven had a co-existing substance abuse disorder, two a trauma-related disorder, and two a serious medical condition. Five participants were employed full-time, 13 part-time, and four had been employed in the past and were currently seeking employment.

Interviews were transcribed verbatim and analyzed by a research team comprised of two clinician researchers, an individual with a psychiatric disability, and a public health researcher. Using a grounded theory strategy (Charmaz, 1990; Strauss & Corbin, 1990) and QSR N-Vivo software, the team reviewed transcripts over multiple sessions and developed and refined thematic codes in a systematic and inductive manner. After initial coding and analysis by the primary team, these authors reviewed text passages related to the vocational domain and explored the emergent themes.

Results

Two themes that emerged from our analysis were: work has personal meaning and work promotes recovery. Study participants all had substantial work histories and considered work to be an integral component of their lives and recovery process. They conveyed a sense of pride about their work histories and talked about the financial rewards of work and how work facilitated their emotional growth and helped them cope with their disability.

Work Has Meaning

The prominence of work for these individuals was manifest in their well-established vocational identities and strong inclination to work throughout their recovery. Participants were "hard workers" with "a strong work ethic" who talked about being "anxious to get back to work." Their inclination to

work seemed to be the product of social norms, family upbringing, and personality. Some participants were working multiple jobs at the time of the interview. One participant, who acknowledged a diagnosis of schizophrenia, reported “working ever since I was 15 years old; one, two three jobs sometimes at a time.” In describing a difficult period in her life, she stated:

...and then, ...I started workin' two more jobs. So I was workin' 40 hours at (hospital), and then I started workin' 8 hours on Sunday at City Hospital...and then I got a 20-hour a week job during the evenings at (another hospital).

Participants described working, even full-time, while emotionally unstable, heavily medicated, acutely psychotic, or literally homeless. A participant with multiple incarcerations and psychiatric hospitalizations, said “I’ve worked almost the entire time—only when I was in my worst despair, I had to take off 6 months.” Many participants maintained employment while also juggling other commitments, such as school and family responsibilities.

Although all types of employment were considered important, the salience of work in a helping occupation was clearly apparent when those in human service positions talked about the value of “giving back.” Several participants noted that their psychiatric disability actually facilitated their pursuit of a human service career because it was a desired credential in some settings. One participant, attesting to the value of human service work, stated:

I just loved doing what I was doing help[ing] other consumers like myself, and it was a place where I can use something that shattered my life and was devastating and somewhat tragic...to my advantage. I could actually help people with the pain that was caused me...to help nurture that...

Work Promotes Recovery

Work enhanced self-esteem. At work, participants felt needed, valued, and appreciated and received affirmations not easily acquired elsewhere. Getting a job, performing successfully, and developing positive relationships with co-workers tended to enhance a sense of competence and promote self-pride. Recalling an early phase of her recovery, one participant noted the boost to her self-esteem when she began working: “At (one) point I felt like work was the only thing I had in my life that had any value.”

Work helped participants cope with their psychiatric disability. They often experienced the daily routines of work as stabilizing, especially early in their recovery. Some used work as a distraction:

You know what helps me ... when I’m working? ...I don’t ... think about my illness. I think ... [about] just gettin’ my job done and going home.

while others used work to overcome troubling symptoms:

I was like, “I have to do somethin.’ I have to stimulate myself because I’m just gonna become a vegetable here.”...I had an inability to deal with people. I really couldn’t really deal with, especially large groups. So I got a job at (video store) up the street. I got a job up there to reacclimate myself into society. And deal with people and groups of people and different kinds of people.

“Consumer-providers” often noted that the shift from helpee to helper forced self-examination that promoted recovery. One participant, articulating the recovery-promoting power of her work, stated:

I was coming out of a totally isolated state ... to reclaim my life...I am really grateful for my work and I love being able to help other people.

The financial rewards of work also promoted recovery. Participants used their earnings to achieve financial self-sufficiency, become independent from an enmeshed family, pay off debt incurred during an acute phase of illness, and improve their overall quality of life by purchasing education, automobiles, and mental health treatment. A recurrent theme was that employment facilitated financial independence from family or public benefits, which, in turn, contributed to a recovery-promoting sense of pride and accomplishment.

Discussion

Themes that emerged from our analyses corroborate findings that work is a source of pride, self-esteem and empowerment, and a facilitator of coping (Strong, 1998; Honey, 2004; Marwaha & Johnson, 2004; Salyers et al., 2004; Provencher et al., 2002; Salzer & Shear, 2002). The vocational drive we gleaned from our participants’ stories is consistent with evidence that people with motivation to work are more likely to be employed (Mueser et al., 2001). The benefits experienced by participants employed in helping positions are consistent with the helper-therapy principle (Riessman, 1965) and other existing literature (Roberts et al., 1999; Provencher et al., 2002; Salzer & Shear, 2002). Study participants also found the structure and routines of work to be recovery-promoting and experienced intangible benefits that were unavailable elsewhere.

The “stress-vulnerability” model (Krupa, 2004) suggests that life stressors can exacerbate symptoms in psychiatrically vulnerable individuals. However, rather than avoid the stress of employment, participants in this study tended to persist until they found a balance between the stresses and benefits of work. Their work yielded a

net gain consistent with the process of “weighing up” (Honey, 2004).

The generalizability of these findings is limited because of our highly select sample. Furthermore, because the parent study was not explicitly focused on employment, these interviews may not have captured all relevant experiences and perceptions. Despite these limitations, it may be useful to consider these themes when designing employment or other recovery-promoting programs for individuals with psychiatric disabilities.

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