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Phenomenography: Alignment with personal recovery in mental health nursing

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Phenomenography: Alignment with personal recovery in mental health nursing

Abstract

For more than four decades, people with lived experience of mental health concerns have been redefining the concept of recovery. No longer just synonymous with cure, recovery is understood in contemporary terms as a personal journey; a process. This process is known as personal recovery. A desire to work in alignment with the principles of personal recovery, while exploring the ways in which the phenomenon of safety is understood by people who have experienced acute mental health inpatient admission, led the authors to apply the research approach known as phenomenography. The aim of this paper is to propose the ways in which phenomenography and the principles of personal recovery align. The philosophy, characteristics and processes of phenomenography and of personal recovery are compared.

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Phenomenography: Alignment with personal recovery as a research approach in mental health nursing

Abstract

Background: For more than four decades, people with lived experience of mental health concerns have been redefining the concept of recovery. No longer just synonymous with cure, recovery is understood in contemporary terms as a personal journey; a process. This process is known as personal recovery. A desire to work in alignment with the principles of personal recovery, while exploring the ways in which the phenomenon of safety was understood by people who have experienced acute mental health inpatient admission, led the authors to apply the research approach known as phenomenography.

Aims: The aim of this paper is to propose the ways in which phenomenography and the principles of personal recovery align.

Method: The philosophy, characteristics and processes of phenomenography and of personal recovery are compared.

Results: There are a number of philosophical and process orientated points of alignment between the characteristics of phenomenography and the contemporary principles of personal recovery.

Conclusions: The alignment between phenomenography and the principles of personal recovery make this a fitting research approach in the field of mental health.

Keywords

recovery, mental illness, mental health, qualitative research, phenomenography.

Introduction

Both phenomenography and the personal recovery approach are ontologically subjective, with emphasis placed on the way individuals construct their own reality to align with their unique experiences and understanding of the world. The personal recovery approach is a central tenet in the way mental health services in Australia are delivered (AHMAC, 2013; Council of Australian Governments, 2012). As a result, mental health nurses are required to understand and integrate consumers' perspectives into all aspects of their practice. People with lived experience of mental health concerns have characterised the concept of recovery in their own terms (Shepherd, Boardman & Slade, 2007). Recovery is now understood as a unique and deeply personal process that leads to the finding of new meaning and purpose in one's life (Australian Health Ministers Advisory Council [AHMAC], 2013). The prefix *personal* differentiates it from the medical concept of recovery as cure. There are a number of ways the voice of those with mental health concerns can be elicited to gain a broader understanding of their perceptions of meaning or purpose. One approach is via research.

Through research, it is possible to explore the meanings derived from lived experience of mental health concerns and mental health services. Though not yet widely used in mental health research, phenomenography is a qualitative research approach that enables human perspectives and experiences to be explored. Specifically, this relates to the shared and

diverse meanings a phenomenon has for a group of people (Åkerlind, 2005a). As personal recovery is characterised by those living it, phenomenography offers a way to capture the lived experience by enabling the researcher to describe the world from the insider perspective (Marton, 1978). Phenomenography seeks to describe the world as the participant experiences it. Both personal recovery and phenomenography can be understood using the German philosopher, Immanuel Kant's distinction between the *noumenal* (compelled to believe in as real) and *phenomenal* (our experience of the real) aspect of things (Marton, 1978). Arguably, the real can only be understood as that which has been experienced. Thus, personal recovery and phenomenography are both phenomenal in Kantian terms. These common ontological roots form the basis of this paper. For the remainder of this paper, the term recovery is synonymous with personal recovery, and the terms person with lived experience of mental health concerns and consumer are used interchangeably.

Background

Recovery

The concept of recovery, led by people with lived experience of mental health concerns, has transformed the way contemporary mental health services are delivered. The release of the National Framework for Recovery-Oriented Mental Health Services (AHMAC, 2013) (the national framework) was a pivotal moment for mental health services in Australia. While the principles of recovery had previously been endorsed in national, state and local mental health policies and plans, the national framework did more than just endorse the principles; it set the scene for them to be made tangible in mental health services, at all levels—from clinical (micro) to systemic (macro) (AHMAC, 2013). By acknowledging people as the experts in

their own experience, the national framework redirected the focus of mental health services away from *doing to*, toward *working with* people with lived experience of mental health concerns (AHMAC, 2013). This direction is consistent with the future envisioned decades ago by Anthony (1993), (widely regarded as the founder of psychiatric rehabilitation), in which consumers' involvement with mental health services led to their lives being enriched, rather than diminished. In line with this, the national framework reinforced the need for consumers' perspectives to be incorporated into mental health service planning, delivery and future developments.

Phenomenography

As a research approach, phenomenography enables the researcher to explore the ways a group of individuals can understand a phenomenon. Rather than taking a first-order perspective in seeking to understand and describe the essence of a phenomenon, phenomenography enables a second-order perspective to be gained, through an exploration of the shared and diverse perceptions a group of people have about a phenomenon (Sjöström & Dahlgren, 2002). The core premise of phenomenography is that there are multiple and varied—but ultimately finite—ways of understanding and experiencing a phenomenon, and that these can be described, communicated and understood by others (Sjöström & Dahlgren, 2002). Developed in Sweden in the mid-1970s, phenomenography was initially applied in educational research to explore the shared and varied ways groups of students perceived, experienced and conceptualised phenomena related to learning (Sjöström & Dahlgren, 2002). One of phenomenography's founding fathers, Marton (1988), described this research approach as a way of understanding other people's understanding (Sjöström & Dahlgren, 2002). The ontological basis of phenomenography is subjectivist and non-dualist; reality

exists through the lens of personal experience (Åkerlind, 2005b). Using an interpretivist method, reality is considered “neither singular nor fixed” (Green, 2005, p. 34). By privileging people’s perceptions and experience (Hossain, 2014), phenomenography aligns with the principles of personal recovery. Both personal recovery and phenomenography acknowledge that different people construct ideas in different ways, and there can be no intrinsically right or wrong meanings since knowledge (or meaning) is derived from individuals’ unique understanding and experience of a phenomenon.

The theoretical basis for phenomenography has continued to develop over the past three decades (Reed, 2006), and phenomenography is now used to explore conceptualisations of phenomena in any context (Marton, 1986). A contemporary approach known as developmental phenomenography seeks to explore how people experience an aspect of their world, with the view to using what is learned to “enable them or others to change the way their world operates” (Bowden, 2000, p. 3). A research study currently being undertaken in Sydney, Australia is using this phenomenographic approach to explore what safety means for people who have experienced admission to an acute mental health inpatient unit (Cutler, Moxham & Stephens, 2015). The intent is to elicit consumers’ perspectives of the meaning of safety, and use this knowledge to inform acute mental health inpatient service delivery.

Phenomenography involves the use of in-depth, individual, semi-structured interviews (Bowden, 2005). This asserts the precedence given to lived experience, and the value of each person and the knowledge they bring and own. Comprehensive information offered by the consumer is elicited through these interviews. Wolgemuth et al. (2014) suggests that participation in such interviews, while sometimes emotionally intense, distressful and painful,

can also be cathartic, empowering and therapeutic. Participants appreciate the opportunity to tell their story to empathic listeners, and convey hope that talking about their experiences may be of benefit to others (Wolgemuth et al., 2014).

Strategic listening has been described by Bowden (2005) as a foundational skill of phenomenographers. It allows meaning to be understood by listening intently to the stories being told. Hall and Powell (2011) highlight the importance of listening to personal narratives in order to understand consumers' experiences. Both phenomenography and the recovery approach are founded on relationships developed through the skills of conscious and authentic listening. Ådnøy Eriksen et al. (2014) suggest that for consumers, being authentically listened to by professionals, such as nurses or researchers may help generate a sense of connectedness, hope and optimism, identity, meaning, and empowerment (Ådnøy Eriksen et al., 2014). These elements are consistent with Glover's self-righting star model which identifies hope, an active sense of self, discovery, connectedness and an ability to respond or take control as the foundations of recovery (Glover, 2013).

Phenomenographic interviews are transcribed verbatim and analysed using a distinctive seven phase process (Åkerlind, 2012). Through this process, the qualitatively similar and different meanings (conceptions), conveyed in the interviews are analysed and discriminated into pools of meaning, from which categories of description are derived (Åkerlind, 2012). Categories of description represent the "main holistic meanings" that have been discerned by the researcher from the pools of meaning (Bowden, 2005, p. 26). Categories of description describe the diverse ways in which the phenomenon has been conceived by the group studied (Reed, 2006). Phenomenographic analysis culminates in the delineation of logical and (usually)

hierarchical relationships between the categories of description. These relationships are known as the outcome space, and are generally represented in diagrammatic form (Reed, 2006). Marton (1994) described phenomenography as a way of enabling people's conceptions (their ways of understanding and experiencing a phenomenon) to be classified; much like a botanist classifies species of plants.

Discussion

Conducting research with marginalised groups such as people with lived experience of mental health concerns compels researchers to act in accordance with recovery-oriented principles. Burton Blatt (1981), a pioneer in humanising services for people with intellectual disabilities, asserted that a person is defined by the stories they tell about themselves, as well as by the stories that are told about them. In the clinical setting and in research, stories can be told about people with mental health concerns; particularly when a positivistic research paradigm is employed, or clinically when a dualistic medical model is the primary mode of service delivery. Often, in service delivery, the emphasis is on the perceptions of nurses rather than those of consumers. O'Hagan (2004) described mental ill health as a state of being from which value and meaning can be derived. In phenomenography, meaning arises through the relationship individuals have with a phenomenon, based on what has been experienced, conceptualised or lived by them (Åkerlind, 2012; Reed, 2006). Both phenomenography and the personal recovery approach privilege the meanings derived from lived experience, and both have the potential to give marginalised consumers a voice. Bogdan and Biklen (1998, p. 204) describe giving voice as "empowering people to be heard who might otherwise remain silent". Slade (2009) described the concept of personal recovery as

arising from personal narratives, with variations in meaning becoming apparent within, and between, individuals over time. Variation in meanings is a central tenet of phenomenography. The capacity to accommodate diverse meanings for the same phenomena underpins both phenomenography and the personal recovery approach.

The phenomenographer's task is to represent the meaning attached to a phenomenon, based on participants' expressions of that meaning (Bowden 2000). As such, phenomenography does not seek representativeness or generalisability. Rather it seeks the "rich understanding that may come from the few, rather than the many", and offers these as insights that may have applicability to other groups or contexts (O'Leary 2004, p. 104). In contrast to the positivist paradigm, where the object of study is independent of the researcher, phenomenography's constructivist-interpretivist perspective allows for knowledge to be mutually created, through the processes of interaction and inter-subjectivity (Marynowski-Traczyk 2015). Walsh (2000) describes phenomenographic analysis as focusing first on the relationship between the participant and the phenomenon. The researcher occupies a privileged position however, based on their role in sense making of the narrative data; determining which data to include or exclude. The question of whether the researcher constructs or discovers the categories inherent in the data remains a point of debate between phenomenographic researchers. Those who believe the categories are constructed accept that the outcome space represents the researcher's interpretation of what is to be linked, based on their familiarity with the topic. While this could be a limitation, the requirement for stringent process, transparency and precise detail in reporting the analysis process provides a counter-balance.

Relationships are central to the phenomenographic research approach just as they are in personal recovery. In phenomenographic research, this pertains not just to the relationship between consumers and the phenomenon of interest, but between consumers and researcher, and between researcher and the phenomenon of interest. This multi-relationality is embraced in phenomenography as a mechanism for co-constructing meaning (Åkerlind, 2012). Ådnøy Eriksen et al. (2014) suggest that although recovery is a personal journey, the opportunity for consumers to undertake this journey may depend on being recognised and acknowledged in their relationships with other people.

Developmental phenomenography is undertaken with the intent of achieving a practical outcome (Green, 2005). Consumer participation is defined as the involvement of consumers in the planning, delivery, implementation and evaluation of mental health services with the aim of improving systems and culture by drawing on consumers' experience and expertise (NMHCCF, 2010). These principles are embedded in the National Framework for Recovery-oriented Mental Health Services, where consumers' lived experience is seen as a resource with which to transform mental health service culture, practice and service delivery (AHMAC, 2013). Consumer organisations have long lamented that those in service provider roles have historically designed mental health services with little input by consumers (National Mental Health Consumer and Carer Forum, 2010). By illuminating consumers' shared and diverse perceptions, phenomenography has the potential to enable consumers' perspectives to be illuminated alongside the hegemonic view (Kaapu, 2010).

In the clinical realm, phenomenography has the potential to enhance nurses' understanding of consumers' perceptions, experiences and needs (Sjostrom and Dahlgren 2002). Based on its

alignment with the recovery approach, phenomenography may create a synergy between nursing research and practice. This is exemplified in a phenomenographic nursing study by Ådnøy Eriksen, et al., (2014) aimed at describing consumers' understanding of being in relationships with mental health professionals, and how these relationships may limit or enhance recovery. Another phenomenographic nursing study into consumers' perceptions of the concept of quality of care in the psychiatric setting (Schroder et al., 2006), inspired the development of new guidelines for the planning and evaluation of care delivery. Likewise, the study currently under way into the meaning of safety for people who have had admission to an acute mental health inpatient unit, has the potential to both reflect and promote recovery by harnessing the consumers' voice to inform clinical nursing practice, nursing education, mental health service policy and service evaluation.

Conclusion

Phenomenography enables the common and varied meanings held by a group of people about a phenomenon to be understood. Though not commonly used in mental health research, this paper has described ways in which phenomenography aligns with the recovery approach. Relationships are fundamental to both phenomenography and personal recovery. Conscious listening, as an instrument for building trust and exploring meaning, is an element of both. Phenomenography and personal recovery seek to advance understanding about the meanings held by others based on lived experience, and seek to use new understandings to inform change at intrapersonal, interpersonal, and/or organisational levels. The alignment between phenomenography and the personal recovery paradigm suggests this is a timely and ethical approach for mental health nurse researchers seeking to explore mental health consumers'

shared and diverse perspectives, with a view to informing the way mental health services are delivered.

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