Communities, psychotherapeutic innovation and the diversity of international qualitative research in mental health

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ABSTRACT

he articles in this special issue are hugely varied in terms of their country of origin (Brazil, Finland, Italy, Malaysia and the UK); theoretical influences (e.g. Lacanian theory, cultural-historical approaches and relational theories) and method of qualitative analysis (e.g. content and thematic analyses, Lacanian discourse analysis, Grounded theory, ethnography and auto-ethnography). In this commentary, I will discuss each article in turn before moving on to address some common issues including: the relationship between therapeutic innovation and research; differing implicit models of subjectivity; the need for theoretically pluralistic approaches to interpretation; and the need to incorporate the views of service users.

Therapeutic community for children with diagnosis of psychosis: What place for parents? The relation between subject and the institutional 'Other'

Qualitative research methods are increasingly being used in social sciences like psychology (Carrera-Fernández, Guàrdia-Olmos & Peró-Cebollero, 2014) and across the domain of mental health more generally (Harper, in press; Harper & Thompson, 2012) and it is inspiring to see such a range of international work and such diversity of theory and method represented in the special issue. The structural location of journal commentaries tends to invite monological rather than dialogical communication and so where I have raised issues I hope the authors will take these comments in the constructive spirit in which they are offered. As a qualitative researcher myself I am all too aware that all studies are open to challenge on a variety of grounds. Indeed, there are several studies of my own which would be conducted differently with the benefit of hindsight.

In this study, conducted in Northern Italy at a therapeutic community for children and young people with diagnoses of psychosis or autistic spectrum disorders, the author/s present an analysis of two of the five patterns identified in transcripts of 'Parents' Place' meetings between staff at the therapeutic community and parents of children living in the community. The community and researchers are theoretically informed by a Lacanian approach in their understanding

of psychosis and the researchers also use this approach in analysing the transcripts, drawing on Parker and Pavón-Cuéllar's Lacanian discourse analysis (2013), with a particular focus on blockages and deadlocks in discourse, using the notion of anchoring or 'quilting points'. A verbatim recording (i.e. including only what was said and no subsequent psychotherapeutic interpretation) of the Parents' Place meetings was provided to parents at the next meeting as a 'receipt' of their concerns. These transcripts were analysed both by the authors and staff at the therapeutic community. The two themes they focused on concerned the parents' talk about their relationship with the general institutional network (social services agencies, the courts, etc.) and their relationship with the therapeutic community.

For anyone who has been involved with families where social services agencies are concerned about risk to the child or where the child and family are struggling to manage psychological distress, there was much that rang true in the extracts from the meetings: the sadness of parents missing their child; their concern about the child's care; their helplessness in the face of action by the courts; their anger at professionals and the courts; and their fears about the future. The authors wrote sensitively about the parents' predicament and also identified patterns in the relationships that could be set up between parents and those involved in a psychotherapeutic intervention (idealization of therapists and criticism of other agencies, homogenization of professionals and agencies, etc.) and they drew on Lacanian theory, particularly the Hegelian concept of the master–slave relationship. As someone who has found some Lacanian work theoretically dense, I thought the authors' account of the relevance of his ideas here was clear.

One of the strengths of broadly humanistic approaches to psychotherapy and qualitative research has been their focus on the meaning of human interactions but often there is a desire to produce a final narrative which is coherent and makes sense. Yet, as the psychoanalyst, clinical psychologist and qualitative researcher Stephen Frosh warns us, this is impossible:

> The human subject is *never* a whole, is always riven with partial drives, social discourses that frame available modes of experience, ways of being that are contradictory and reflect shifting allegiances of power as they play across the bodyand the mind. (Frosh, 2007, p. 638, emphasis in original)

One of the strengths of discourse analytic approaches is their focus on the variable and contradictory nature of talk – something that conventional psychological approaches avoid through a methodological focus on the issue of reliability. There are different approaches to understanding this variability. Discursive approaches might focus on the movement between different discursive repertoires or the serving of different social functions, whereas a Bakhtinian dialogical approach (Bakhtin, 1981 , 1984) might draw on notions of polyphony – that talk is comprised of multiple voices – and unfinalizability – that meaning is never finally fixed because something new can often be said. Of course, the area of affect and emotion, so often neglected by psychologists preferring to focus on more rationalist constructs, is infused with contradiction and has been a key site where new approaches have been developed (e.g. Ellis & Tucker, 2015 ; Wetherell, 2012), particularly in the field of psychosocial studies. Psychoanalytic approaches to this variability also have much to contribute and Parker and Pavón-Cuéllar's (2013) Lacanian approach to textual indeterminacy is a useful intervention and the authors here show what value such an approach can have in understanding relational and affective ambivalence.

As someone whose psychotherapeutic theoretical preferences lie elsewhere (e.g. critical community psychology and narrative and systemic approaches), I found myself considering alternative formulations of the community's therapeutic practices and the researchers' interpretations. It seemed to me that the practice of giving parents a record of their concerns, free from psychotherapeutic interpretation – what the authors termed a 'receipt' – was, at a basic human level, a valuable intervention in itself in that the parents could then see evidence that at least their voices had been heard. Written forms of communication with therapy clients have seen considerable growth in the last 20–30 years. This can be particularly valuable given research findings suggesting that patients attending GPs often have a very poor memory of the consultation (Ley, 1979) and particularly if emotionally intense material has been discussed. Indeed, in other settings, health professionals have experimented with giving people recordings of their consultations (Tsulukidze, Durand, Barr, Mead, & Elwyn, 2014).

I know family therapists who have given video recordings of sessions to clients and Depree (2016) has invited couples to watch videos of their sessions with some interesting results. Such communications between psychotherapists and clients are a topic worthy of future investigation. I can recall when therapeutic letters were really only found in approaches like cognitive analytic therapy and narrative therapy, whereas written formulations and therapeutic letters to clients are now common across all areas of therapeutic practice in the UK's National Health Service.

These kinds of communications include not only what the clients said but questions or interpretations from the therapist and one of the interesting aspects of the therapeutic community's approach to this here was that such interpretation was omitted. Given that parents can often feel positioned as helpless victims of the legal, health and social service systems, such acknowledgement is likely to be therapeutic in itself, regardless of the theoretical basis of the record. Similarly, positioning parents as experts on their own child would, from a range of therapeutic perspectives, be seen as a valuable way of engaging parents in therapeutic work and of restoring confidence in their parenting ability. A final aspect likely to appeal to a range of theoretical perspectives is the way in which the community seeks to put a range of possibilities before clients rather than an overly prescriptive approach.

Displaying agency problems at the outset of psychotherapy

In this Finnish study, the researcher/s attempted to assess the transferability of a system for categorizing elements of talk into one of five categories of agency. These categories had been developed in a previous study of semi-mandatory counselling for drink-driving (Seilonen & Wahlström, 2016). A transcript of a first psychotherapy session with a female teacher was analysed using a theory-guided content analysis. No new examples of agency were looked for.

Agency is a key issue in psychotherapy and the approach to it here reminded me of social cognition studies of attributions in therapy – for example, in family therapy sessions (e.g. Munton, Silvester, & Stratton, 1999). The use of such categorical approaches can be useful in that raters can calculate interrater reliabilities of coding judgements and can report on the frequency with which certain kinds of attributions are used.

An alternative, more discursive approach to agency might emphasize fluidity, flux and the multiple meanings of discourse rather than a categorical system where necessarily global judgements need to be made. Positioning theory (Davies & Harré, 1990) might offer an alternative approach. A discursive approach might also note the influence of the therapist's turns on the interaction as these set the context for the client's response. This is a first therapy session and clients are faced, as noted in the article's introduction, with a series of interactional demands – how to account for why they are there, how to ask for help without appearing too helpless and so on. One implication of a focus on agency as produced within an interaction rather than as an inherent property of an individual is that therapists could learn about what kinds of interaction tend to lead to more agentic talk and this might have implications for training. Of course, one would need to be careful that a descriptive account is not transformed by others into a normative account. For example, historically, descriptive accounts of narratives as consistent have been used to cast doubt on the narratives of those who have been traumatized and so have fragmented narratives (Hyvärinen, Hydén, Saarenheimo, & Tamboukou, 2010).

How do people cope with post traumatic distress after an accident? The role of psychological, social and spiritual coping in Malaysian Muslim patients

This Malaysian study focused on the coping strategies drawn on by Muslim participants who had received hospital treatment following their involvement in motor vehicle accidents and experiencing post-traumatic stress responses like intrusive thoughts, images, low mood and so on. Interviews with 29 participants were analysed using a broadly thematic approach (no specific theoretical model was stated). Three aspects of coping responses were presented: psychological (i.e. cognitive and behavioural strategies); religious and spiritual; and social coping which included discussion of the network of support around a person (family, friends, neighbours and members of religious groups and classes). The religious and spiritual strategies were differentiated further by whether they were oriented to making sense of the experience (e.g. promoting acceptance of one's situation), reducing distress (e.g. through praying, reciting Quranic verses, practicing meditation or gaining social support from religious groups) or focusing on specific experiences like intrusive memories or avoidance of similar situations.

Religion and spirituality are important aspects of many mental health service users' lives though, often, mental health professionals are much more secular than the general population (Delaney, Miller, & Bison., 2013). Vieten et al. (2013) have suggested some religious and spiritual competencies for therapists and Griffith and Griffith (2002) offer some suggestions of how therapists might talk about these issues with clients. Studies like this can be very useful in helping professionals understand more about these important resources in people's lives.

This article was helpfully contextualized in relation to key Malaysian Islamic concepts – for example, the notions of Redha (which emphasized how events were fated) and Tawakkal (which emphasized acceptance and reliance on God). A key finding of the study was the importance of support from a variety of interlocking communities: family; friends; neighbours; and religious groups and classes. Although the wider study from which these findings were gathered utilized mixed methods, it was unclear whether these participants were experiencing a level of post-traumatic stress responses which would have warranted psychotherapeutic intervention.

It was interesting to see how different kinds of spiritual practices might be useful with different kinds of stress responses. Thus, reciting Quranic verses seemed to be useful when dealing with intrusion responses. A brief reference was made to a participant's use of social media and I wondered whether this might be an aspect of further study. For example, how might social media be used to facilitate community support if, for example, members of different communities cannot be physically present at the hospital bedside?

The authors conclude by discussing the possibility of developing therapies adapted for use with participants from different backgrounds. This would, no doubt, be useful, but I also found myself wondering whether there might be broader public health implications of the study. Given the existence of discrimination and stigma about mental health problems, one possibility might be to develop a preventative intervention like a leaflet given out to those who have experienced such accidents, normalizing what are regarded as mental health 'symptoms' as, rather, understandable human responses to situations of threat. For example, in such accidents, some participants may have feared they would lose their life or suffer catastrophic injury. Such a leaflet might outline useful psychological and spiritual coping strategies and encourage the seeking out of support from a range of sources of support in the community.

Mental health care and educational actions: From institutional exclusion to subjective development

The relationship between the individual and social structures was also a theme of this Brazilian study. Here, the researcher/s developed a cultural-historical approach to an analysis of a case study informed by three years of fieldwork at a Community Psychosocial Centre. The case study was used as an illustration of more theoretical points the author/s wished to make. They argued that de-institutionalization could be viewed as simply about closing asylums but that this was insufficient because, if I have understood them correctly, there were still institutionalizing attitudes shared within the mental health system and by society at large, including many of those experiencing psychological distress. Their theoretical approach was informed by Soviet psychology, especially the ideas of Sergei Rubinstein and Lev Vygotsky – the latter more well known internationally than the former. In addition, the researchers drew on educational ideas, emphasizing dialogical and transformative approaches rather than normative ones. They argued that interventions should aim to promote the development of the subject. As an illustration, they discussed Sebatiao, who was hearing voices and was in receipt of mental health services. He had given up his job and was becoming more socially isolated and beginning to neglect his self-care. Subsequently, he was invited to participate in a football group, after which he began to go out walking on his own and, feeling much more positive and energetic, reported he was engaging in more regular self-care.

As Rose (1986) has noted, psychiatry is now conducted across a range of sites following international policies of de-institutionalization. The article was a useful reminder that a de-institutionalization of buildings must be accompanied by a de-institutionalization of the mind and of society. A key issue in such social change is how psychological distress is conceptualized in society – Read, Haslam, Sayce, and Davies (2006), for example, suggest that a biomedical 'illness' explanation of distress is more associated with continuing discrimination and stigma and that a more thoroughgoing social account is associated with better

outcomes. Developing public campaigns to promote a more psychosocial approach to mental health, involving people with direct personal experience, is required as well as a de-institutionalization of buildings.

Transformative models of education provide a powerful alternative metaphor for psychological change than models rooted in the history of more pathologizing approaches to psychotherapy, and one is reminded of the work of the Brazilian pedagogical theorist Paula Freire and his linking of education with the development of a critical consciousness through reflection and action – conscientization (Freire, 1970). Vygotsky's ideas also have huge potential – one could see therapeutic work as about collaborating to create zones of proximal development, for example.

The innovation of the football group seemed a useful one regardless of theoretical rationale. For example, Spandler, Roy, and Mckeown (2014) have utilized the football metaphor and football venues to promote therapeutic work, though they note that its use is filled with complexity, particularly with regard to gender relations (Spandler & McKeown, 2012).

Hurting and healing in therapeutic environments: How can we understand the role of the relational context?

This article also focused on the relational context of therapeutic communities. It presented findings from three British studies: a narrative ethnography based on a large amount of data collected over 8–12 months of fieldwork (participant observation, interviews, etc.) from two therapeutic communities (a residential and a day programme) for people with diagnoses of personality disorder; a grounded theory of interviews of an open therapeutic faith community by a researcher occupying different positions at different times (e.g. as client, as a health professional and as a member of the community's management team); and an auto-ethnography of vignettes based on the researcher's experiences in hospital and staying in a family home, part of a therapeutic community. This pluralistic approach to the topic was interesting, though perhaps a little ambitious in that it was a challenge to do justice to the complexity of each study in the space available.

J.M. Clarke's study (study 1) included a beautiful quote from one of the community members who noted 'it is people that hurt us and people that heal us', and this neatly summarized the key theme of the whole article. This study provided a useful illustration of the ways in which communities can both provide solidarity (e.g. in the narrative about Julie) which might facilitate emotional expression and can also be experienced as excluding (e.g. in the narrative about Robert).

As someone influenced by systemic therapy ideas and who has worked with couples and families, I know it can be difficult to understand what is going on in a relationship when one only hears a fragment of one person's experience at one particular point in time. I found myself wondering about what the perspectives of others in the community might be about Robert's relationship with them. What were Robert's previous experiences of relationships? For example, might he have experienced victimizing relationships which might have made him wary of others? If so, how might this be perceived by other community members? I also thought about the problematic interactional cycles in which human relationships can become trapped. One would hope that therapeutic

communities might usefully focus on the psychological meaning of such patterns for all those involved.

The community was focused on care for those with diagnoses of personality disorder – a hugely contentious diagnosis (Cromby, Harper, & Reavey, 2013) – and one received by service users in different ways, some feeling it is profoundly insulting, others feeling it explains their difficulties. It would have been interesting to hear more about what role, if any, the diagnosis and the heterogeneous experiences often associated with it played in the relationships in the community.

The second study, by Brown, focused on an open therapeutic faith community. It drew on a wider mixed methods study which had utilized standardized outcome measures as well as qualitative methods. Brown's reflection on how the community clients talked about how they had been fearful about completing the evaluation forms was salutary and a useful reminder that such measures are not unproblematic and transparent windows to a person's emotional state. Instead, when we complete these measures, we do so within a biographical and social context. Since many of the clients had experienced compulsory psychiatric treatment, it is, perhaps, not surprising that they might be wary of services and Brown's dual relationship (e.g. as, at different times, peer and professional) added a further layer of complexity. However, it seemed that, subsequently, Brown had been able to develop a relationship whereby clients were able to talk in more detail about their experiences. The description of the clients' survival strategies and the ways in which they had been both hurt by and healed by relationships was useful. It would have been interesting to hear further reflection on how Brown thought their multiple roles might have influenced the analysis.

I wondered whether the processes discussed here as examples of 'dissembling', 'withholding information' and 'performing' could have been seen within an interactional context. The danger is that such terms could be heard, particularly by the clients, as pathologizing. However, when we dissemble or withhold information, this is usually in a context where someone is asking information of us that we are wary of giving for a variety of reasons. We may feel the questions are overly intrusive, we may not trust the person who is asking the questions or we may fear who else they may tell or what will be done with the information. Given the focus on the link between negative life experiences and survival strategies, an alternative interpretation of such actions is to see them as part of a cautious or guarded repertoire and means of engaging the world developed as a strategy in response to adverse events in one's life.

S.P. Clarke's study (study 3) was an auto-ethnography drawing on vignettes of two very different experiences – one in a hospital experienced as anxiety provoking and unwelcoming, the other in the context of a supportive family home. Clarke helpfully delineated the effects of a relational climate of permissiveness.

Three key themes were drawn out in the discussion: the role of emotion and emotional climate; the utility of expertise from experience in identifying the importance of belonging and hope; and the way in which fluid rather than rigid hierarchies might be more therapeutically beneficial. The authors drew primarily on dyadic conceptualizations of relationships, primarily from a Rogerian perspective, and I wondered whether further layers of meaning could be drawn out by examining relationships within therapeutic communities from a critical community psychology (e.g. Kagan, Burton, Duckett, Lawthom, & Siddiquee, 2011)

and systemic perspective (e.g. Tomm, George, Wulff, & Strong, 2014). Covering three studies in a short space imposes constraints on what can be said and a lot was, necessarily, left unsaid.

Some common themes

Considering the articles as a whole, there seemed to be a number of crosscutting themes. For example, relationships and communities were key topics and I've already suggested that systemic and interactional perspectives might be of value here. In addition, the kinds of participatory research strategies found within the critical community psychology tradition (e.g. Kagan et al., 2011) might also be of use.

It was good to see a range of data being used as well as interviews (which have become dominant in qualitative research – Harper, in press). Thus, we saw the use of ethnography and auto-ethnography as well as therapy transcripts and participant observation fieldwork. However, where researchers are summarizing large amounts of data from long-term fieldwork, it might be helpful to give some indication of the criteria used in selecting themes or extracts and whether strategies like negative case analysis were used.

One of the issues which occurred to me in the articles discussing particular psychotherapeutic innovations was the link between theory and practice. Part of the task of socialization into a psychotherapeutic tradition through professional training is to ensure that the two are closely linked but, often, textbook descriptions of this process view practice as emerging from theory, with the latter always primary. However, social scientists suggest that, often, theory seems to follow developments in practice (Gabbay, 1982). Potter, for example, has noted that 'it is not hard to conceive of theories being used as a gloss on application which has been undertaken for quite different reasons' (1982, p. 46). A case could be made for therapeutic practice innovations occurring in an unpredictable and serendipitous manner with the therapist then seeking to develop, in a post hoc manner, a theoretical rationale for it. This should not be viewed negatively, though, and recent years have seen models of reflective practice develop, drawing on active philosophies of learning and emphasizing an iterative and mutually influential relationship between action and reflection.

Sometimes, therapeutic innovations emerge because of ideas circulating in the broader culture – for example, we often see similar developments occurring in different traditions. For example, in a tongue-in-cheek chapter, Epstein, Wiesner, and Epstein (2007) suggest that the Reflecting Team approach (where families hear the reflections of a team who have listened to the therapy session) pioneered by the systemic family therapist Tom Andersen might have owed a lot to Woody Allen's 1971 film Play it Again, Sam where internal dialogues were made audible and visible through the scenes between the Woody Allen and the Humphrey Bogart characters!

There were some differences between the articles in relation to the implicit assumptions made about subjectivity. Parker (1994) delineates three models of subjectivity found in qualitative research: an 'uncomplicated subjectivity' found in much humanistic work where the assumption is that the data 'speaks for itself'; the 'blank subjectivity' found in much discursive research where the discourse user is seen as the product of clashing cultural discourses where human agency is untheorized; and a 'complex subjectivity' which sees individual agency

as tangled up in the social structures and discursive forms found in culture. In addition, the narrative therapist White (2004) reminds us of the danger of essentialist and naturalistic accounts which may offer somewhat 'thin' readings of therapeutic change by drawing on notions like inner 'insight' or 'resilience'. With further exploration, it often becomes clear that people use such terms as shorthand descriptions of much more complex processes (Harper, 2014). Moreover, when people have experienced significant emotional trauma, it is important to understand their sometimes complex relationships with others in a biographical and interactional context.

More theoretically pluralistic approaches offer one way of appreciating such complexity. The Wertz et al. (2011) collection offers an example of how this might be done by drawing on phenomenological psychology, grounded theory, discourse analysis, narrative research and intuitive inquiry to analyse a text and the transcript of an interview with a young woman who also offered her reflection on the analyses of the researchers. Of course, such an ambitious approach is a challenge in the context of articles for scholarly journals, but it offers a way of addressing the challenge of a pluralistic approach and the need to incorporate the views of participants.

It is important in qualitative research for there to be a good balance between data and theory, lest the research participant's voice is lost (Waddingham, 2015). An issue less discussed in the articles was whether the views of research participants had been sought on the analyses (though this obviously does not apply to the auto-ethnography in Hurting and healing in therapeutic environments: How can we understand the role of the relational context?). Respondent validation is an important criterion for evaluating qualitative research (Elliott, Fischer, & Rennie, 1999), though this is complicated as qualitative methods differ in the kinds of their epistemological claims they make (Reicher, 2000). Certainly, service user researchers could be more involved in qualitative research (Faulkner, 2012) and Sweeney, Greenwood, Williams, Wykes, and Rose (2013) have suggested a novel approach where several researchers, including service users, are involved in the process of analysis, creating an opportunity for discussion of different interpretative perspectives.

Reading the articles, it is clear that there is theoretically and rich research being conducted internationally, on a range of important social topics in mental health and psychotherapy. The editors of the issue are to be commended for collating such an interesting, thought-provoking and diverse range of articles.

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David Harper, PhD, is a reader in Clinical Psychology and programme director (Academic) of the Professional Doctorate in Clinical Psychology at the University of East London. He co-edited *Qualitative research methods in mental health and psychotherapy* (Wiley, 2012) and co-authored *Deconstructing psychopathology* (Sage, 1995) and *Psychology, mental health and distress* (Palgrave Macmillan, 2013).

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