

Personal Construct Approaches to Research on Recovery

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North London Pilot Study

- The pilot study was aimed to:
- a. compare staff (n=26) and service user participants (n=10) from two community mental health teams as to:
 - 1.their views on recovery implementation
 - 2.degree of shared decision making between staff and service users
 - 3.degree and areas of recovery – service users only.
- The two teams differed mainly in that one (T1) has participated in the initial training on recovery (two days) provided by the Centre for Mental Health Recovery (CMHR), while the other (T2) has not. Hence we were also looking at differences and similarities between the two teams on the dimensions outlined above in the light of their previous training on recovery.

- **Views on recovery:** were measured through responses to open ended questions, and the RSA (routine service assessment) person-in-recovery schedule and service provider schedule.
- **Shared decision making:** the Options scale
- **Degree and areas of recovery:** the Mental Health Recovery Measure (MHRM)
- **All of the standardised measures (RSA, MHRM, and Option) were either new to the UK (RSA and the MHRM) or new to mental health (Option, a primary care UK tool).**

Main findings

- **1.No difficulties were encountered in administering the measures or in eliciting responses to the open questions.**
- **2.The open questions provided fuller answers than did the standardised measures.**
- **3.The majority of the SU indicated satisfaction from the service offered by the teams, had some positive experiences of living well with the illness in the last 6 months, and embraced the recovery approach in terms of having plans and ambitions for their future.**
- **However, only half of them thought that the recovery approach is being implemented in the CMHTs.**
- **4.Staff members came from a variety of disciplines, and had considerable work experience.**
- **5.The majority embraced recovery as a policy direction, but did not think that it is already implemented in the CMHTs. This was attributed to lack of resources and high caseload.**
- **6.The team that had the introduction to recovery training (T1) embraced it more and demonstrated more knowledge about it than the other team (T2), but was less positive as to whether the trust is following recovery principles in its practice.**

- **b.generate personal constructs concerning recovery for inclusion in a repertory grid.**
- **The methods administered included generation of personal constructs**
- **By a Service users group and a Service providers group who have volunteered for this task.**
- **Both groups were asked to elicit constructs for inclusion in a future repertory grid, through the use of binary comparisons of adjectives.**

Repertory Grid Technique

- **A Set of Elements**

e.g. significant others
 aspects of the self
 relationships
 situations
 therapy sessions

are rated on

- **A Set of Constructs**

(bipolar dimensions, e.g. 'depressed – happy'; 'kind – unkind')
elicited by asking, for each of a set of triads of elements, for some
 important way in which two are alike and thereby different from the
 third

Elements

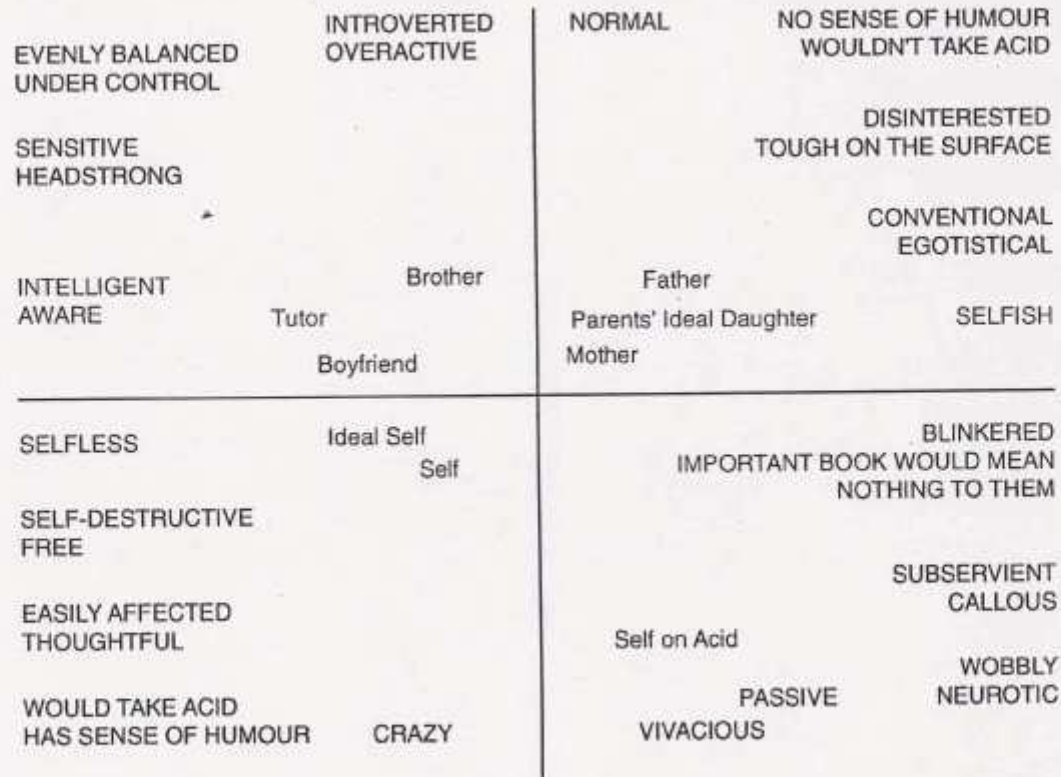
Constructs	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	5	5	7	3	3	6	4	6	6	7	6	5	3	3	6	3	5	3
2	4	4	2	6	7	6	7	3	5	1	5	4	5	4	5	5	3	6
3	7	6	7	3	1	3	3	7	5	7	6	5	4	2	6	5	6	5
4	6	7	7	7	2	6	6	6	7	7	5	7	5	7	6	6	7	7
5	3	4	6	1	7	6	6	2	5	2	4	5	4	5	6	5	2	4
6	4	6	3	4	4	3	7	3	3	4	4	6	4	7	7	4	4	4
7	7	6	7	7	5	5	5	7	7	6	4	4	6	3	4	3	6	6
8	4	7	7	1	1	3	4	6	5	7	4	7	6	7	1	6	7	1
9	6	7	7	4	7	5	6	5	5	7	7	6	4	4	7	4	7	4
10	5	5	5	5	1	4	6	4	5	7	4	6	5	7	6	3	5	5
11	7	6	6	6	3	4	3	6	4	6	4	4	7	6	3	3	6	5
12	2	2	2	3	3	4	6	2	2	2	2	4	6	5	5	2	2	2
13	2	3	3	4	4	4	6	3	3	3	3	4	3	6	6	2	3	3
14	6	6	6	5	2	3	2	6	5	6	4	4	5	6	4	6	6	4
15	3	4	1	4	4	4	6	3	4	1	2	5	6	6	4	3	3	3
16	7	7	7	5	3	3	3	7	4	7	5	4	4	7	5	3	7	4

Elements:

A Woman I like	J Ideal self
B Self	K Lecturer
C Man I like (Tutor)	L Fellow acid-taker
D Mother	M Friend
E Man I dislike	N Self on acid
F Father	O Friend
G Woman I dislike	P Friend
H Boyfriend	Q Self if I were academically successful
I Brother	R How my parents would like me to be

Constructs

1 intelligent - a book you like would mean nothing to them	9 headstrong - subservient
2 conventional - free	10 crazy - normal
3 aware - blinkered	11 easily affected - tough on the surface
4 has a sense of humour - hasn't	12 neurotic - more evenly balanced
5 selfish - selfless	13 passive - overactive
6 vivacious - introverted	14 self-destructive - egotistical
7 sensitive - callous	15 wobbly- under control
8 takes acid - does not	16 thoughtful - disinterested



ACTS LIKE OLDER PERSON
DOESN'T HEAR VOICES
STRAIGHT SUIT-AND-TIE MERCHANT

WOULDN'T DO ACID
GAMBLER

EX-GIRL FRIEND
x

CAN'T TALK TO
NOISY

NOT FUNNY

x
MOTHER

LAZY
WANT'S OWN WAY
BACKSTABBER
UNKIND

IF YOU CLIMB MOUNT EVEREST
THEY'LL HAVE CLIMBED IT BEFORE

GETS ANGRY

Cpt. II
(19.3%)

FATHER
x

IDEAL SELF
x

WOMAN WITH VOICE
x

SELF
x

CRAZY HEARS VOICES

DOESN'T GET ANGRY

LISTENS TO YOU
KIND
HONEST
NOT POSSESSIVE
PERSON WHO WORKS

FUNNY

CPT. I (48.1%)

QUIET
CAN TALK TO

PERSON YOU'D BUY
A USED CAR FROM

WOULD DO ACID

NOT STRAIGHT

Repertory Grid Used in Studying Resettlement

- Elements

4 people known to the client within hospital

4 people known to the client outside hospital

the client in hospital

the client outside hospital

how the client would like to be

- Constructs

4 constructs elicited from triads of 'inside-hospital' elements, each including the client within hospital

4 constructs elicited from triads of 'outside-hospital' elements, each including the client outside hospital

Interview to Assess Clients' Experienced Quality of Life (Viney & Westbrook, 1981)

'I'd like you to talk to me for a few minutes about your life at the moment – the good things and the bad – what it's like for you at the moment.'

Coded on scales of:

- Cognitive anxiety
- Cost (low quality of life = total anxiety/+ve affect)
- Origin and pawn
- sociality

Comparison of clients who felt able to leave hospital with those who did not

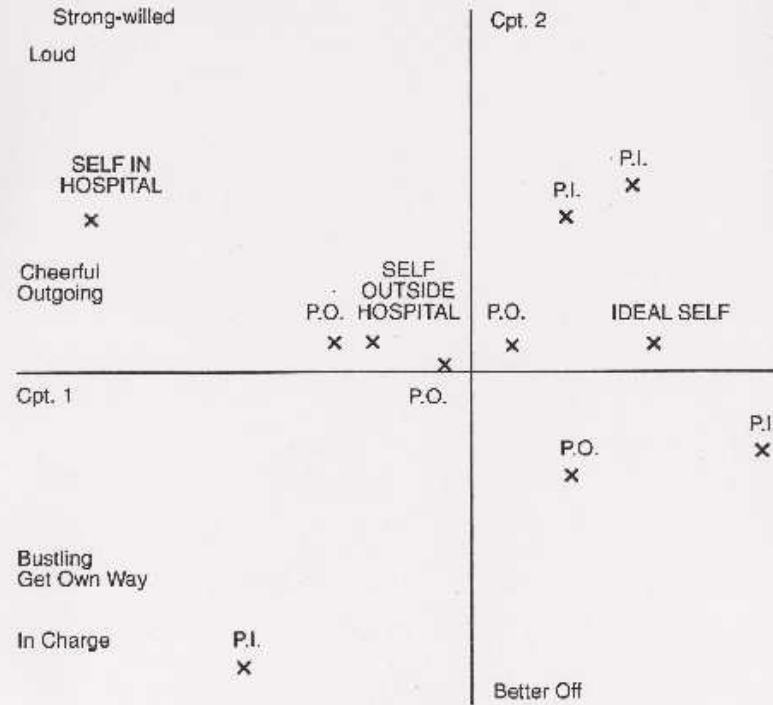
Study 1

- % variation 'outside hospital' constructs:
able > unable ($p < 0.01$)

Study 2

- Intensity of 'outside hospital' – intensity of 'inside hospital' constructs:
able > unable ($p < 0.05$)
- % sum of squares of 'outside hospital' elements:
able > unable ($p < 0.10$)
- Number of psychological constructs
able > unable ($p < 0.10$)

Plot of elements in construct space in Sheila's pre-rehabilitation Grid



P.I. = person inside hospital

P.O. = person outside hospital

Sheila's response to Viney & Westbrook interview question

'it's pretty unsatisfactory at the moment because I'm sort of in a waiting situation, and I feel very unhappy and unsettled since...I don't know what's going to happen next, where I'm going next. I know I'm going to the rehabilitation unit, but after that who knows...I don't know what the future's bringing.'

Measures of Construing Predictive of Successful Resettlement

After 18 months

- High relative structure of outside compared to inside hospital constructs
- High salience of people outside hospital
- Low salience of people inside hospital
- Low 'personal construct anxiety'
- Less idealistic view of self outside hospital

After 30 months

- High relative structure of outside compared to inside hospital constructs
- Few psychological constructs
- Less idealistic view of self outside hospital
- Less perceived difference between self inside and outside hospital
- Lower perceived quality of life in hospital
- Greater perception of self as in control of life

Grid Study of Recovery (Chadwick, Winter, and Ramon)

- Participants

32 adults who had experienced psychosis

- Measures

Psychotic Symptom Rating Scale

Recovery Assessment Scale

Social Support Questionnaire

Repertory Grid: elements *self as I usually am; self as I am now; self if mentally ill; self if recovered; ideal self; self in 6 months; self as staff see me; self as family/significant other see me; typical psychiatric patient; average person; most supportive other; least supportive other*

Viney and Westbrook Quality of Life Interview

Chadwick et al.: Relationships between degree of recovery and grid measures

More recovered clients

- construed themselves as more similar to their ideal selves
- had a more unitary view of themselves
- construed themselves as less like typical psychiatric patients
- construed themselves as less in control of their lives

Constructs Elicited From BEHMHT Staff Focus Group

1. Characteristics of People with Mental Health Problems

- ambiguous/chaotic/unstructured vs. structured
- psychologically distressed vs. functioning at optimum level
- see no future vs. there is a future/able to progress with life
- disheartened vs. positive
- defined by mental illness vs. a void
- at odds with self or society/fragmented vs. integrated
- mentally ill vs. well/symptom-free
- miserable vs. feels better in self
- stagnant vs. creative

Constructs Elicited From BEHMHT Staff Focus Group

2. Differences between Less and More Recovered People

- uncontrolled vs. confident/high self-esteem
- isolated vs. in groups
- insightless vs. has insight
- rigid psychologically vs. open/more relaxed thinking and emotional life
- has no goal vs. has a plan/goal
- doesn't accept s/he has a mental health problem vs. accepts this
- unrealistic vs. realistic
- dishonest vs. honest

Constructs Elicited From BEHMHT Staff Focus Group

3. Qualities of Professionals Doing Recovery Work

- Encouraging client to have responsibility for own recovery vs. feeling the professional has to own it all and do it
- helping them with their goal/strengths/steps to recovery and understanding their meanings vs. imposing on them
- Flexible vs. fixed
- Working in partnership
- Lateral thinking
- Adaptable vs. blinkered/rigid
- Sensitive vs. tunnel vision

Mental Illness as Identity

‘It seems to me that a lot of the personal constructs are about self-identity and self-definition, and quite often clients feeling defined by mental illness and then taking that on board and defining themselves in that way because perhaps it’s almost hard to not so in the end it’s easiest to do that.’

Staff Member's View of Recovery Training Programme

'I must say for myself when we were first told about the recovery programme, the first thing we thought was what's new? You know, there was a sort of what's new about recovery?...After the first session, the first workshop we had you see a different perspective of recovery which was quite like a change of mindset. We did a two-day (training) and it really was good. For me, I've been in mental health for 30 years so you could just imagine the change that this might have created in me to see that recovery is beyond somebody going into hospital, being treated, going home, and carry on with life, you know which was the traditional thinking so as I move now towards retirement I can see mental health going down a more positive road, it's rewarding, it's very rewarding to see that over the years these changes have taken place and people can see a future despite having a mental illness, there's still a future for them.'

Constructs Elicited From BEHMHT Service Users' Focus Group

- Out of control
- Vulnerable
- Agitated
- Tiring
- Anxious
- Terrified
- Isolated
- Noone can understand
- Calm/relaxed
- Feel good
- Enjoy life
- Able to experience pleasure
- Normal
- Sane
- At rest
- Happy
- Fortunate

Constructs Elicited From BEHMHT Service Users' Focus Group

Being a patient

- Humiliating
- Powerless
- A label
- Stigmatised
- Makes you behave like a patient
- Passive
- Freedom taken away
- Prisoner
- Criminalised

Opposite of a patient

- Client
- Member
- Statistic
- Citizen
- Normal
- Goes to work
- Active in the world
- Has freedom and rights
- Drives
- Does everyday things that normal people do

Possible Standard Grid to Investigate Recovery

Elements

- Aspects of self (e.g. self now; self in a year's time; ideal self)
- Stereotypes (e.g. a psychiatric patient; a normal, healthy person)

Constructs

- Chaotic – structured
- Sees no future – able to progress
- At odds with self or society – integrated

- Stagnant – creative
- Mentally ill – well
- Isolated – not
- Has insight – does not
- Rigid – open
- Unrealistic – realistic
- Out of control – in control
- Agitated – calm
- Able/unable to experience pleasure
- Miserable – happy
- Disheartened - positive