

Existential resilience in mental healthcare: A hermeneutic phenomenological analysis

Simon Wharne*

Abstract

Resilience offers an alternative conceptualisation of experience, thereby challenging constructs such as 'burnout,' 'stress' and 'depersonalisation'. It is consistent with models such as 'Post Traumatic Growth' and 'Recovery Philosophy'. In this study, seven semi-structured interviews were conducted and three are reported here. A hermeneutic phenomenological analysis was employed in which auditory recordings were transcribed and analysed following van Manen (1990). Having endured traumatic experiences themselves, participants want to be close to others, to help them in feeling stronger through self-understanding. Their resilience does not rely on imagined indestructibility and participants surrender to being out of control. Resilience is a skilled practice, gained when coming through adversity, as practitioners learn to be present with distress, meditative, emotionally engaged and active.

Key words: *Existential; hermeneutical-phenomenological; resilience; emotion; mental-healthcare; post-traumatic-growth*

Peer reviewed article submitted [3/9/18], accepted [13/11/18]

Introduction

This article presents a sample of analysis material from a study which explored how mental health practitioners understand and experience resilience, when there are concerns about potential or actual death (Wharne, 2019). Seven interviews were conducted and an analysis of three is summarised here. The nature of the study required that the researcher engages in a reflexive process (Finlay, 2008) in which the first-person voice is used. The concept of resilience is of interest to me as I struggle to manage and deliver mental healthcare

with complex commissioning, reduced funding and increased demand. I am concerned that being resilient might mean practitioners should 'toughen up', becoming less tolerant and more targeted in providing care and treatment. I wanted to know if practitioners could continue to use empathy, forged through their own sense of growth in facing adversity, to promote a more existentially informed resilience.

The literature review revealed that the concept of resilience is approached within a wide range of research fields; initially phenomenological, but

subsequently more concerned with definition and measurement (Richardson, 2002). This study returns to the phenomenological stage, employing a post-structuralist approach. This means that words such as 'resilience', 'burnout', or 'depersonalisation', were not assumed to have a pre-established or unproblematic correspondence with things in the world. Their meaning was sought instead in the specific context in which they are used, the practices with which they are associated. The study was designed to find out what participants mean when they use the word resilience. This kind of qualitative approach is often employed in research areas such as 'Post Traumatic Growth,' 'Vicarious Trauma' and 'Vicarious Growth' (Cohen & Collens, 2013).

By asking what participants are doing with their talk, this study works with an existential philosophy. This means that while the researcher must start with an awareness of pre-existing knowledge and definitions, they attend to the 'moving moment of meaning making', in which all human experience is contained in the current duration of existence; an embodied state of always being somewhere, doing something while relating to other people. Other research approaches can reify supposed subjective states, such as being burnt-out or depersonalised, turning them into pathologies; while a hermeneutic phenomenological approach connects us instead with the contexts and practices in which these phenomena arise (van Manen, 1990).

Research can become remote and impartial, so that recommendations are experienced as oppressive; while bringing our everyday human existence back into awareness can enable a more emancipatory form of understanding (van Manen, 1990). I was motivated to conduct this study because I wanted to challenge an understanding of resilience that promotes authoritarian practice; an instrumental and compassionless controlling of people who are distressed and seeking help (Bazzano, 2016).

Methodology

Seven semi-structured interviews were conducted. A broad range of experiences and understandings were sought from a variety of mental health practitioners. An emphasis on human meaning was required, so a hermeneutic phenomenological

analysis was employed. Auditory recordings of the interviews were transcribed into accessible written English. They were analysed following van Manen (1990), thereby encompassing both meaning and experience. Themes were developed intuitively by the researcher, to give structure to the meanings explored in the analysis.

Participants

Carys is in her forties, a European immigrant and a senior Counsellor in Primary Mental Health.

Dave is in his fifties, White British, a former member of the armed forces, educated to degree level, a Peer Worker in Secondary Mental Health

Fiona is in her forties, White British, a Registered Mental Health Nurse and Team Leader in Secondary Mental Health.

Analysis

Following a hermeneutic phenomenological approach, the researcher developed themes and subthemes. These were not thought of as intrinsic to the data, but as a flexible tool for meaning making, revised and refined during the analysis process. At the completion of the analysis the following three themes had been synthesised: Not-disengaging in an emotional process; growth through enduring difficulties and being human under the scrutiny of authority.

Theme 1: Not-disengaging in an emotional process

Participants are meditative and active when encountering distressed people. They are taken up in emotional processes, while also finding ways to intervene, staying with the person's distress. Carys recognises how people are separate and free to take their choices. She feels overwhelmed while being with a young man who discloses recent attempts at taking his life:

'There's this feeling; 'Oh my God I'm not going to be able to deal with this, it's all going to be too much, I don't even really want to know...' (Carys: 261)

The reality that Carys encounters pulls a strong emotional response from her, while she is still active in selectively expressing emotions. She does

not show her feelings of panic in her encounter. Similarly, Fiona does not demonstrate her anxiety at work; *'I would probably suppress a lot of how I am feeling.'* (Fiona: 66). However, she feels at odds, with this separation:

'...somebody who doesn't share their sort of experience and doesn't share um, adversity.' (Fiona: 67)

There is a separation in Fiona's experience, of being at a distance and above the distress and adversity that others feel. Also, Dave explains how he is now 'thicker-skinned' in his role as a support worker:

'As a peer, I'm there to talk about my lived experience, my live experiences, so, you get more thicker-skinned the more you tell the story, but it's still my story, so there is still some emotion there.' (Dave: 100)

Telling his story, Dave develops boundaries, but an emotional connection remains. Meanwhile, in her encounter with a suicidal young man, Carys describes how she experienced feelings towards him as if he were one of her own children:

'I um, immediately have feelings about him in terms of how he could be one of my children and then that kind of distresses me more because, I, I see um, I see how quickly people can lose their way in the world, and then I think; "Oh it could happen to one of my children."' (Carys: 47)

Carys experiences the possibilities which the client's way of being opens in her world. She then has a realisation; *'...then I realised that I had to take control of the situation'*. (Carys: 69). Separating her own distress from her client's, she felt calmer:

'I calmed down and then I just focused on the young man. And um, that calmed me down as well because you know, I realised it was his life and, his distress and um, and I, I started to, you know look after him as best I could.' (Carys: 111)

Carys experiences a desire to take care of her client. In her emotional process, she is recognising and respecting her client as having his own life in which the risks were occurring. Also, Dave expresses his awareness that the choice people can make to end their lives must be recognised and accepted:

'I suppose the resilience I find in the worrying about; "What if they kill themselves;" if they're going to there is nothing I can do about it. It's just accepting that that can happen.' (Dave: 69)

Participants are responding to distressed clients by separating their own emotional experience, as challenging possibilities are revealed to them, then selectively expressing what they feel in an empathetic engagement. They are aware of the limits of what they can do, along with the possibilities of what their clients might do. There is then a kind of resilience in being present with the distress and possibilities of another.

Theme 2: Growth through enduring difficulties

Participants describe how they face difficulties in life. Carys experienced brutality in her childhood and Dave learnt to be self-reliant, frequently moving and being placed in boarding schools. Dave left the army with Post Traumatic Stress Disorder. He believes he developed a mental toughness, but this did not help him in civilian life, while Carys struggled to deal with her father's emotional volatility:

'I had to learn how to deal with it from when I was very young, from my upbringing because, um, I was um, I had, I suppose my father was very volatile, and, um, an angry man.' (Carys: 302)

Carys recognises how she responded to her father's anger by trying to be in control, which she says was not the best way to manage her anxiety, and Dave describes a similar experience:

'I managed to, um learn to look after myself, not always in a good way because sometimes I realised that I become very controlling.' (Carys: 305)

'For twenty odd years I was just in fight mode all the time, which was exhausting, you know, I didn't sleep well, I drank too much alcohol.' (Dave: 314)

Carys and Dave explain how they have responded to unpredictable stressors by trying to control things and always being prepared for danger. When Dave could no longer use alcohol, due to his health problems, he faced the need to change:

'For the first time ever, I had to stop, I had to actually live with um, my nightmares, my flashbacks, my memories, because I'd always kept busy, and if I wasn't busy I got drunk, because of medication I couldn't get drunk.' (Dave: 282)

Dave thought he knew himself, but his self-knowledge proved to be unfounded. He recognised that he was not indestructible:

'We all think we know ourselves, um, and I thought I knew myself really well until I got ill, and then I realised I wasn't indestructible.' (Dave: 225)

It is in recognising their difficulties, where they are in life, that participants are able to develop their resilience:

'Resilience is accepting that you've got a problem.' (Dave: 322)

'Part of recovery is accepting where you are right now.' (Carys: 343)

In the past, Dave felt driven to avoid symptoms and to be prepared for danger. Then he was suddenly more connected with others. He took on roles helping others and found that he felt better:

'The more I got involved in helping others, I realised that's where I needed to be, but also I found that I was getting better.' (Dave: 119)

While Carys describes how she tried to be in control, she also explains that she has come to accept that this is not a good way to be; because her sense of being in control is unfounded:

'It is a false, um, sense of control when you think you are in control [laughs], um and it only works so far.' (Carys: 331)
'You're not in control, so why pretend, might as well surrender yourself um, to the situation and see what happens and then, deal with things as they happen.' (Carys: 333)

Any security that Carys gained from her controlling behaviour, she now believes was false and she has learnt to surrender herself to the situation, finding out what happens and dealing with things as they

happen. Participants associate resilience with maturity which comes about when our inability to control traumatic experience is accepted.

Theme 3: Being human under the scrutiny of authority

Fiona describes how she was asked by her managers to discharge a young woman, while she had concerns about this person's wellbeing. She was shocked to hear about a death:

'It was a huge shock when this person died, um, I had to attend an inquest, even at the inquest it wasn't fully clear whether this person had deliberately killed themselves.' (Fiona: 299)

Fiona's concerns that the young woman was at risk were discounted:

'I remember having conversations with senior managers about this individual and highlighting risk, so feeling that things were being discounted and minimised.' (Fiona: 245)

Fiona explains that the event at the time had an impact on her. She felt sadness and was traumatised. Whenever she drives past the location where the death occurred, she is reminded:

'As I drive past, it's on your mind, still sort of affected by it, and I think still just the sadness of wasted life and um, could things have been different.' (Fiona: 237)

The sadness of this event has stayed with Fiona and she thinks about the waste of a life and the possibility that things could have been different. Meanwhile for Carys, her experience of a suicidal young man was distressing but she is also connected by it with a sense of being human:

'It's powerful, a powerful experience and, upsetting, but also somehow, yeah, somehow it just reminds me of being human.' (Carys: 287)

Human frailty is perhaps a problem when participants are under scrutiny and must meet professional standards. Fiona found that her manager tried to control the way that the death of her client would be understood. She was interviewed *'...with my manager present, which, felt*

quite, controlling.' (Fiona: 283). She did what she was asked to do although it did not feel comfortable:

'For me it felt like me and three very senior persons questioning me, which um, I did, because that's what I was asked to do, but it didn't feel comfortable.' (Fiona: 285)

Fiona explains that her manager attended the inquest: *'...because she wanted to ensure that there was no criticism of her organisation.'* (Fiona: 288). Fiona felt that, in response to the death, her managers tried to control her, or control the situation, perhaps by managing any interpretation of events and expectations of what should happen in response to the death. The experience made Fiona thoughtful and she takes care to ensure others are more supported:

'It certainly made me, more, um, thoughtful and careful about other clinicians who are going through similar experiences and certainly about how that person is cared for and supported through the process.' (Fiona: 301)

Fiona offers support because she knows this is a stressful experience. Dave, meanwhile, is keen to question and challenge the idea that practitioners are indestructible:

'Get rid of that stigma, get rid of that old thing; because you're a nurse or a doctor you're tough, you can cope with anything, we know that's rubbish, you know that's so wrong it's archaic.' (Dave: 187)

Dave is arguing that the idea of professionals being tough and able to cope with anything is outdated, claiming that this notion is commonly understood to be untrue. Carys, Dave and Fiona have been forced to reflect on the meanings of their experiences and their lack of control. They describe transformations, often in response to specific traumatic experiences, in which the meaningful aspects of their lives are taken up and made their own. Carys explains why she works in a difficult job, in which she knows that emotionally distressing events are likely to happen:

'A lot of life is done on automatic pilot and we have a sort of façade and everybody is pretending that everything's OK, um, and that can be a little bit samey and probably meaningless, whereas, when, when some of those

moments with clients, and you really feel, that sort of, what human beings feel, together, it, it, it I don't know if it re-centres me or I don't know, I get something from it that's for sure.' (Carys: 272)

For Carys, the unreflective ordinary way of being that everyone adopts lacks meaning. In contrast, when she has difficult encounters with clients, something happens for her. She cannot say that these experiences bring her back to being centred as a self. However, there is something for her about being connected with the possibilities of the human condition and she gets something from that.

Discussion

This study reveals that when mental health practitioners are aware that someone they are seeing might die, they do not disengage but stay with that person's feelings and concerns. Taken up in emotional processes, they are being with the person, but separate. Encounters are played out in the moment, under the pressure of time, often with conflicting expectations around risks and responsibilities. Practitioners are detached while empathic. Being resilient requires both a meditative stance in attending to the client and an active emotional stance, while facing dilemmas in a complex institutional system.

Most participants describe how they developed a desire to be closer to others, feeling stronger through self-understanding, valuing what they have and wanting to help others; all linked to their own traumatic experiences. This personal growth stands in contrast to a kind of resilience that relies on control and imagined indestructibility. Everyone has experienced trauma to some degree, and perhaps everyone can find resilience in surrendering to being out of control, while using reflection to remain balanced and expressing emotion selectively and purposefully.

Conclusion

Resilience involves being human and emotionally engaged, even though professionals are under the scrutiny of authorities. The shock of death, or potential death, can then be experienced as traumatic but strengthening, as practitioners are pulled into being present, more engaged and supportive of others in the immediacy of their

encounters. This is individual and deeply personal while also something that participants share; rooted in a need that we all have, to make our finite lives meaningful. This study suggests that resilience is only possible through empathic engagement with others, balanced with self-understanding and personal growth. ☺



Dr Simon Wharne has worked in various roles in mental healthcare. He currently manages two community mental health teams. He completed his PhD using phenomenological research methods, examining decision-making in mental healthcare. He has published research and related articles on decision-making from an existential-phenomenological perspective. He has also published work on the service model of Assertive Outreach, presenting at national and international conferences. He is currently studying for the DCPsych in Counselling Psychology with an Existential Philosophy approach, with the New School of Psychotherapy and Counselling, based in London UK. *simonwharne@live.co.uk

References

- Bazzano, M. (2016) Healing and resilience. *Therapy Today*, Dec, 19–21.
- Cohen, K. & Collens, P. (2013) The impact of trauma work – A meta-synthesis on vicarious trauma and vicarious growth. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(6), 570–580.
- Finlay, L. (2008) A dance between the reduction and reflexivity: Explicating the 'phenomenological psychological attitude'. *Journal of Phenomenological Psychology*, 39, 1–32.
- Richardson, G. E. (2002) The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58, 307–321.
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Ontario: The Athlone Press.
- Wharne, S. (2019) 'How do mental health practitioners understand and experience resilience?'. London: unpublished doctoral thesis, New School of Psychotherapy and Counselling, Middlesex University.

Musings Kay Channon*

Many things have become about grief –
grief and absent noises
sadly tuneful in the shadow of the sun
screaming...

The problem being that grief does not
come with tears
or strange habits
(they have always been there)
nor under the protected comfort of
sentimental objects
but inside the painted perfection of a
Russian doll.

Memories hidden, stacked away
inside the surface beauty of a carved face
the silent metaphor removed now a
scratch mark in the brain.

But I cannot write of these things
at least not in a way language can
measure
if I could then I would be a poet.

**Kay Channon's first collection, from which this poem comes, is titled The Dark Side of Light (pub by Bardic Media, Unit 601, 10 Southgate Road, London N1 3LY at £7.00). She is currently studying for her PhD at Chichester University.*

kaychannon@gmail.com