Chapter 4

Moral learning in psychiatric rehabilitation

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Abstract

The purpose of this article is to illustrate moral learning in persons with a psychiatric disability who participated in a nursing intervention, called the photo-instrument. This intervention is a form of hermeneutic photography. The findings are based on a multiple case study of forty-two patients and additional interviews with eight of them. Photo groups were organized within three settings of psychiatric services: ambulatory as well as clinical, all situated in the Netherlands. Data were analysed according to hermeneutic and semiotic principles. Two cases are presented. Findings show that voice and face are concepts that help to identify elements of moral learning in the rehabilitation process of persons with a psychiatric disability. During the process patients become more aware of their responsibilities towards themselves and others.

Key words: empowerment, moral learning, psychiatric nursing, rehabilitation, responsibilities
Introduction

Psychiatric nursing increasingly focuses on the rehabilitation of chronic patients. Since the 1980s there has been an increase in literature on rehabilitation of long term psychiatric patients. Rehabilitation departs from the question how persons with a psychiatric disability can lead a satisfactory life, even if there remain functional limitations in someone’s psychosocial functioning. Often there is an emphasis on improving the skills and on adapting deficits in personal skills by ‘making best use of residual abilities in order to function in as normal environment as possible (pp.3).’ More recently ‘recovery’ came up as a new concept that focuses attention not on limitations and making the best of one’s losses, but on optimizing and utilizing possibilities, talents and other sources of strength. From severe mental illness and the handicaps it brings it is difficult to recover (but not impossible), but very often persons with severe mental illness do refine the purpose of living a dignified life and thus recover from the role and identity of being a psychiatric patient who is thought to be pitied. We developed a nursing intervention on the basis of hermeneutic photography, which places emphasis on meaning making and construction of one’s identity and future, rather than on the development of practical skills. Thus we contributed to a more recovery-oriented rehabilitation that focuses on strengths, hope and the furthering of making own choices. The development of this intervention preceded this study.

In hermeneutic photography people are asked to take photographs that tell something about themselves and their life world. The pictures allow them to ‘capture meaning and symbolic life moments or events that can later be reflected upon, interpreted, and understood in new ways (pp. 26).’ This is not just an aesthetic exercise. The photographs present what participants see as important; they illuminate personal values and desires.

As a nursing intervention the photo-instrument provides a means to nurses to structure and dose all the steps that patients make in their rehabilitation process. In this way photography is a way to orient and direct care and support more to patients’ demands and their lifeworld. The photo-instrument responds to the call for more ethics in care, because it puts meaning in the centre and stresses the importance of the physical and mental and social context of the patient. Renowned nurses and nursing scientists stress the importance of the patient narrative and the significance of the lifeworld paradigm. Not only within nursing but also in broader contexts there has been given much attention to the difference between illness narratives and disease narratives, the former encompassing the experience of living through the disease whereas the latter refers to the medical talk that objectifies the state of the body and the mind as cases of
breaking down or disfunctioning that can be measured and diagnosed.\textsuperscript{12-13} Against the ‘thin’ medicalised narrative, Epston and White\textsuperscript{14}, founding fathers of narrative therapy, suggest the need for ‘thick’ or rich narratives by which someone can reclaim his life from his problems. Arthur Frank, a sociologist who described his illness experiences at first hand, expressed it succinctly as follows: “If disease talk measures the body, illness talks [author: being the richer ‘thick’ narrative] tell of the fear and frustration of being inside a body that is breaking down.”\textsuperscript{12} (pp.13) Illness narratives can give voice to resilience and finding a new balance in one’s life. In psychotherapy and other disciplines, narrative therapies have been developed that utilize the strength of narrativization to (re-)interpret one’s life and further more authentic and adequate coping (e.g. White & Epston\textsuperscript{14}; Gergen\textsuperscript{15}; Anderson\textsuperscript{16}). Within narrative therapy examples from literature and other arts are used while some of the concepts of narrative therapy influenced the development of therapeutic applications of the arts, as for instance in phototherapy.\textsuperscript{17}

The photo-instrument we applied resembles the photovoice projects that have been adopted by the Centre for Psychiatric Rehabilitation at the Boston University as a participatory research tool to combat stigma in the lives of persons with a psychiatric disability.\textsuperscript{18} Our instrument differs, however, from photovoice in its focus on the individual process of meaning making as compared to its use for research, education, social change and public health.\textsuperscript{19} On the basis of the photo-instrument we organized photography groups for persons with a psychiatric disability in various contexts: long stay wards, day treatment centres and sheltered homes. The aim of this article is to illustrate how hermeneutic photography for people with a psychiatric disability can stimulate giving face and voice, and foster a moral learning process.

Theoretical framework

Psychiatric nursing and rehabilitation aim at empowering people with severe mental illness.

Empowerment as a dialogical process departs from a recognition that vulnerability, being dependent on each other and connectedness with others are inherent to human life.\textsuperscript{20} We are dependent on others to gratify our needs and realize our values. We care for and about other people, nature and environment, because we are connected to them and dependent upon them, and may become vulnerable ourselves.\textsuperscript{21} From a care ethical perspective, autonomy is not related to one moment in time in which isolated individuals make conscious independent and rational choices, but perceived as an ongoing process of interdependent individuals within a communicative setting.\textsuperscript{22} This is captured in the
nion of relational autonomy. Nurses, for instance, can play a role in helping persons with a psychiatric disability to define themselves on the basis of authentic choices, their historical identities and own perspectives, or, in other words enable them to become empowered.

Finding new goals in life is part of this rehabilitation process. For people with a psychiatric disability who have difficulties in verbalizing sometimes diffuse or emotional laden experiences and feelings, discursive rational methods of reflection and argumentation can be complemented with other communicative means to stimulate the process of goal setting.

In the context of this article we will focus on one particular approach, namely the photo-instrument. It may be a method complementary to the traditional verbal exchange in goal setting talks of practitioners of psychiatric rehabilitation with their clients.

The photo-instrument resonates with narrative approaches to nursing ethics which emphasize the reconstruction of meaning through storytelling. Narratives are not neutral, but always reflect a personal standpoint and value commitment. Feelings and emotions are part of stories and can be understood as embodiments of what people value in life, what is important for them. Nussbaum argues that ethics starts in the context of everyday deliberations. In these concrete, practical situations it is not always easy to know what is right, because people are confronted with conflicting duties. Stories about illness, crisis and traumas not only represent the reality of the patient, but storytelling is a vehicle to give meaning to a dramatic episode in one’s life. Illness narratives have ethical dimensions, because they reflect notions about the good life. Co-creating and deliberating on (photo-)stories can foster a moral learning process. Participants engage in a relationship and dialogue, and this engagement may yield a relational narrative that helps a patient and his or her relatives to view an illness as a catalyst for learning and growth, to assign an empowering meaning to an otherwise intolerably vulnerable situation.

Redefining one’s existence in this way, a new perspective of the good life can be constructed. From being a psychiatric patient one may become a person with a mental illness: someone who has goals, strivings and ambitions that cannot be reduced to the status of being a patient. To say ‘I am’ is to say ‘I want, I move, I do’ (Ricoeur, pp. 321). The notion of existence is associated with the notion of action. Suffering occurs where the power of acting decreases and someone becomes the patient of actions by others (versus being an agent of one’s actions), as often is the case in mental illness when one becomes the object of treatment. Being an agent of one’s actions, includes being subject to morality as the articulation of ethical aims in norms that help someone to characterize his action.
as good, just and wise. The process of formulating and recounting of actions that match with someone’s concept of the good life can be characterized as moral learning. Psychiatric patients often have to deal with stories that do not reflect who they are and undermine their sense of identity, integrity and dignity. Professional narratives tend to be plotted around setting a diagnosis and therapeutic actions that need to be taken to restore the patient’s health. The patient’s narrative is then reduced to a therapeutic narrative, which often leads to the feeling of not being heard and recognized. The concept of face reflects the idea that people want to be acknowledged as a certain kind of person. Especially in informal talk people will share personal experiences in order to maintain respect and to prevent a loss of face that would incur feelings of shame. As this is an interactive process of construction one might speak of enacted identity narrative. Narratives may represent a polyphony of narrative voices that make up our identity. Their function may be twofold: a transformation of the self or a replay and an upkeeping of face. We’ll use the concepts of face and voice as operationalisation of the relational and ethical context of (photo-)storytelling.

Methods
We have explicated the methodological aspects of the intervention elsewhere. The implementation of the intervention preceded this study that focuses on one aspect: the role of the intervention in facilitating moral learning.

Design and setting
The design of the study was a multiple case study. It concerns the study of several demarcated units; each trajectory of a participant is considered to be a case. The photostories, that formed the core material of case trajectories were constructed on the basis of data gathered in nine photogroups (in total forty-seven participants: service users). These photogroups were organized by the first author in the years 2005-2008 within three settings of psychiatric services: ambulatory as well as clinical, all situated in the eastern provinces of the Netherlands. The photogroups were organized in several areas, varying from elderly care to adolescents who had gone though a psychosis. The main entry criterion was that participant should not be severely limited in cognitive and communicative functioning by psychiatric symptoms. Participants reflected an average sample of patient population when considering age, residence status (inpatients-outpatients) and diagnosis cluster. In most cases the photogroup was conducted by two staff members: two nurses or one nurse and an occupational therapist.
Intervention

The photo-instrument consisted of 2 sets of 8 sessions (group meetings) each. At the start the participants got a disposable camera and an assignment what to photograph. The first round focused on what participants see as important (or dear to them) in their lives (people, places, hobbies, etc.) and was completed with an exhibition of selected photographs. The second round focused on participants’ wishes and their realization in the near future. In the first round attention was paid to what one values in life and what one has lost because of mental health problems. The main focus was however, more positively, on what one values in life.

Data collection and analysis

Out of the forty-seven cases forty-two were analysed; the other five withdrew from the study prior to completion. A composite research text was constructed for every case. The composite text combined the analysis of the stories that participants told with and about their photographs with the analysis of the observational data from the photoworkshops. In a number of cases these composite research texts were further enriched by individual interviews. Data from these interviews were also used for triangulation. Participants were selected with whom in-depth interviews were conducted till we reached saturation (n=8). The selection was based on the principle of variety; we wanted to gain a broad array of experiences. Parallel semi-structured interviews were organized with nurses conducting the photogroup and with personal mentor nurses of the interviewed participants (n=8). The interviews were audio-taped, transcribed verbatim and analyzed following a holistic content analysis.

Based on semiotics we considered the photostories as coded messages aimed at a concrete public that needed to decode the message again. Each message is multilayered. So, the photos themselves were also considered to be ‘text’ containing a message that was further explicated by tags that the photographers gave to them. We analysed the photostories on three levels: 1) as contents with certain recurring themes; 2) as mimetic constructions with references to the cultural storehouse of metaphors and collectively shared meanings and wisdoms; and 3) as social performance within the specific context of the photogroup in a mental health care institute. In the developing stories of these cases we found recurring patterns or aspects that made more sense when we interpreted them with the notions of relational empowerment. These patterns were confirmed by reading and rereading the composite research texts. The individual case reports were subjected to
a member check with respondents to validate our analysis. The combination of semiotic and hermeneutic methods and sources were used to triangulate the findings.

In this article we address two of the cases as an example of how the photo-instrument could be understood. Unravelling the two cases enabled us to explore the role of hermeneutic photography in moral learning.

Ethical considerations

The study was executed in accordance with the norms and regulations under Dutch legislation on medical research (the WMO-Law) and was approved by the appropriate Medical-Ethical Board. A proper informed-consent procedure was part of the research protocol. Confidentiality was assured by using pseudonyms and leaving out details that would make identification easy. We obtained explicit written permission from the two persons whose photostories we used in this article for publishing the results, including their photographs.

Findings

The photostories of William and Benny

In this section we present the stories of two persons with a psychiatric disability joining the photogroups. We opted for cases that showed various relations of face and voice. In our study (N=42) we found that in making their photo-stories about half of the participants explored in depth emotions and meanings and tended to evaluate their lives as told in their stories. The first case (William) we selected is representative of this group, whereas the second case (Benny) represents the other half of all participants that at first sight did not explore emotions and meanings in depth and was less explicitly in terms of evaluating one’s life. In both cases the photo stories were supplemented with interviews.

William

William was one of the participants of a photogroup in a sheltered home where he lived for many years. He had been diagnosed with bipolar disorder and had been drinking excessively until very recently. In the first round he made photographs of his son, his deceased parents and fellow residents of the sheltered home; in the second round he concentrated on an issue that had been on his mind all the time, namely his alcohol addiction. He made photographs of settings where his drinking habits had been triggered:
the canteen of the sports club where he had been a pupil mentor. He also photographed a beer can, symbolizing his addiction. When asked to explicate his photograph, he said: ‘With the aid of Iris [agency for addiction care] I want to abstain from alcohol’.

Talking about the meaning of the photographs he admitted his addiction in front of the other participants in a way that resembled an emotional coming out of novices in an AA-meeting. ‘It is difficult for me to persist. When I am confronted with setbacks, then I don’t know how to cope. Setbacks discourage me... I need to develop more perseverance.’ His fellow participants witnessed his wrestling with his coming-out and William tested how far he could go by openly referring to his alcohol addiction. When he noticed that he was not denounced for it, he expressed himself more explicitly on the issue. He regretted that he had been unable to deliver a speech on the occasion of the opening night of the earlier photo exhibition (as he promised to do), because he had been drunk. He was ashamed of his ‘misconduct’ and made a vow that this would not happen again. He felt that he had betrayed his son, but stated that he would not do that again. He wanted him to be proud of his father and succeeded in remaining sober. On the opening night of the second exhibition he did deliver his speech. One year after this event he still was sober. His mentor in the sheltered home reported that every now and then William brought into memory his photographs and the vow he had made during the photoworkshop.

His failing performance at the opening night where his son was present had a strong symbolic meaning: again he had not lived up to expectations. One might say that the
internal voice of the father was dominated by the voice of the alcoholic. However, the photo-instrument called upon him to give a more complete and authentic representation of himself. The social context of the group also led to a moral call upon him that eventually triggered his rehabilitation. Since William had promised to give a speech, others expected him to do so. He did, however, not take on this responsibility, and felt ashamed to have failed in front of the orchestrated public. This loss of face triggered a determination to break away from his addiction. He then succeeded in giving voice to his responsibility as a father: ‘I’m motivated not to touch alcohol again. My son means everything to me. I want to be a good father for him without alcohol.’

William went through a process of meaning-making in which he connected an image of who he was (a father) with a moral conception of the good life (fathers should take care of their children; one should keep a promise). The loss of face he had endured in his own eyes was transformed into his facing up the fact that he had an alcohol problem and presenting a new, responsible face to his fellow photographers in the group. The relational context of the group was then used by William as a safe place to voice his new (or rather his historical and more authentic) identity as a responsible father and show this image of himself, this face to others without shame.

The context of the group enabled William to hear other stories, helped him to open up to a less monolithic framing of his own story and find alternative perspectives. Visualizing his addiction problem, for instance with his photograph of a beer can, reduced his shame. Speaking about his vulnerability made him realize what his danger zone was: ‘It is because of family problems that I neglect my personal care and then I start drinking again.’

**Benny**

The second story is that of Benny, a young man diagnosed with schizophrenia and institutionalized after criminal offences. Benny participated in a photogroup with other people with a psychiatric disability in a long stay ward. The photographs he made, showed his wish for a life outside psychiatry. He made pictures of a detached bungalow with a lane leading up to a garage where he imagined his Ferrari to be.
Figure 2: Benny photographed a lane leading up a bungalow

Figure 3: Benny photographed a Ferrari
He went to a Ferrari dealer and made pictures of his favourite model. Together with the photograph of the bungalow they formed the backdrop for a photostory about his wish to have a wife, share a family and have a life with material success. ‘Living together with a woman in a luxurious detached bungalow and have a Laborgini, Ferrar-Aston Martin “Vantage” parked on the lane!’ At the same time he made pictures in the hospital that portrayed him in a completely other light. There was a series of four or five photos of a long hospital corridor, each photograph taken at closer distance from the exit door. Benny disqualified the photographs from a technical point of view. In the interview he explained the associations he had with these intriguing pictures. They stood for the time he had spent in psychiatry and the steps in his treatment to more autonomy and independence. ‘I wanted to show what schizophrenia means to me... [pointing to the door at the end of the corridor] There you turn around the corner and go outside.’

Figure 4: Benny photographed a corridor in the hospital

He hoped to go and live in a setting with more freedom in the near future. At the same time he was afraid of being stuck in psychiatry and, as in a nightmare, never to get to the end of the long corridor where the exit was.
Benny photographed an illusionary fantasy world in which he would have made it in life. The material successes—a Ferrari and a detached bungalow—he portrayed seem to have little to do with his actual situation: being hospitalized without sources of income. In terms of Goffman’s notion of impression management, Benny did not persuasively succeed in constructing a credible face. The face he presented seems foreign to his own history. Benny clearly didn’t acknowledge his limitations. At first sight Benny’s photo essay was not even a mere representation of the self, let alone a transformation in a process of personal rehabilitation and empowerment. So it seems. But then there were other photographs, which, although disqualified by him, related to the reality of the hospital and his life as an inpatient. These were the photographs of the hospital corridor. When the nurse probed him for the feasibility of his grandiose future plans, he was able to outline that he had to make an income of his own and that the first step towards his luxurious place to live was a room outside the hospital in a sheltered home. This entailed the moral intuition that success in life means taking first steps, developing oneself and being responsible for that: ‘My challenge is to resume my life, return into society and function on my own again.’

When asked how to realize his future wishes, he answered: ‘My wish is to be happy with someone and have comfort. Whether this will be feasible, I hardly think so. I dream about a ‘happy’ future with a wife at my side.’ What he made clear here is a longing for being connected with someone else, for love and happiness. This has a moral dimension (being happy with someone) besides a more hedonist consumerist connotation (have comfort). Although he didn’t allow the more authentic voice to come into the foreground, there was some play with different voices or aspects of his identity and history. In the meantime Benny still needed to bolster his unstable identity with a face attributed with conventional symbols of success. This façade probably protected him from a too painful awareness of his vulnerability. It gave him the experience of personal control instead of the dependence he felt as a patient.

For Benny as well as William the social context of the photogroup acted as a motivator to discover and take on responsibilities, both for their own life and towards others. It provided a context for moral learning. William, for example, rediscovered that not keeping a promise is morally wrong. His feelings of shame are an embodiment of the value he endows to being a good father and being reliable as a person. Benny learned that what really matters in his life is not material success and blowing up one’s image, but being truthful, beloved and giving love to others. At the end of the group sessions, William experienced more control and autonomy, because he stopped drinking. Eventually Benny took up a job as shop assistant as a first
step to earn his own living outside the hospital setting. Although these results may not seem impressive in terms of objective empowerment, they can be regarded as important developments in the lives of both men. These changes can be seen as moral learning, since they entail new visions of what counts in life. Reflecting on the aims of a good life helped William and Benny to restore their self-esteem. Their reflections were paralleled by actions and these actions followed moral norms deduced from their aims to realize a good life. This enabled them to regain self-respect and respect from others.

Discussion

We may question whether the developments in the men were more than just ‘impression management’, a term Goffman introduced to denote social behaviour aiming to reconstruct a certain identity. For example, Benny seemed to be preoccupied with keeping up face and impressing others with his playboyish obsession with Ferrari’s and luxury bungalows. However, in his story there were also shifting meanings. Underneath the symbols of material success he was led by ethical values of love, and connectedness with other people. These values gave rise to inner doubts and longings that he did share with others in the group, and which did play a role in his rehabilitation process, although he did not select them for public showing in the photographs. It seems here that Goffman’s concept of impression management fails to convey a full understanding of the dynamics in rehabilitation. Goffman’s notion of impression management can be criticized from hermeneutic philosophy. Philosophers like Ricoeur, Levinas and MacIntyre have reasserted the importance of ethics to sustain psychological continuity and experience moral identity in one’s life.

According to Levinas, face is also the expression of our vulnerable inner self. William, for instance, was known to have a drinking problem for a long time, a fact that was even reasserted at the opening night of the first exhibition. Later he showed this vulnerability openly, and this met respect within the group. He then promised not to drink anymore and not let his son down in the trust he put in his father. In a face-to-face contact face can invoke an involvement that has an ethical dimension and surpasses the civic respect of face, as pointed out by Goffman. We want someone’s face to appear as authentically representing someone’s selfhood, not per se meaning the same-ness that we recognize from what we know, but the person as he is ‘meant’ to be and that we expect to be present deep down. A face distorted by suffering presents a moral appeal. In an ethical approach of care this will result in attention and respect for the concrete and unique person with his own perspective on the world, his own story in a certain context, on a certain moment and in a certain mood.
Voice stands for a more discursive aspect of identity. It refers to ‘being heard’ where face relates to ‘being seen’. ‘Being heard’ supposes someone listening. Having someone who listens to you without him suggesting solutions, can have a deeply felt comforting and healing effect. Just as face refers to the possibility that it represents authentically someone’s selfhood or that this is masked, the concept of ‘voice’ reflects the idea that one can speak with different voices that stand for different orientations or perspectives, some of them being more authentic than others, meaning here: more fitting one life history, one’s wishes and ambitions. It happens that persons with a psychiatric disability cannot voice these aspects of their selfhood. Suffering isolates people and tends to contain them in themselves. Feelings of shame and loss of face can impinge on someone’s capacity and openness to give voice to other strands of identity than those that are usually expressed. Suffering has a moral significance, relating to the life limitations the person is confronted with in terms of his values. Carnevale therefore proposed that ‘empathic attunement’ should be cultivated by health care professionals as an instrument of understanding the significance of the experience of suffering for a person. This empathic attunement requires a constant attentive engagement with the sufferer’s phenomenal world in an attempt ‘to sense the meanings he or she associates with a particular emotion, such as suffering’ (pp. 181). The contribution of hermeneutic photography lies in the reiterative and persistent character of focusing on meaning making and giving sense, thereby making transparent that creating truth is a matter of constructing narratives. Beside the autonomous hermeneutic process of meaning reconstruction through photographs, the interactional positioning that is accomplished by telling a story and discussing it with the nurse facilitator and the audience of fellow participants is responsible for more credible and more realistic stories, thus fighting a tendency for grandiosity. Truth ultimately transpires through changes in real life. In the case of William we see he gave up drinking alcohol. Benny eventually took up a job as shop assistant as a first step to earn his own living outside the hospital setting.

Implications for practice

By generating and acknowledging the photostories as personal stories nurses show that their narrators are worthy to be seen and heard, and that they needn’t be ashamed and withdraw from contact. This is essential for rehabilitation, because it invites someone to come forward and resist the clinical gaze of professionals. Loss of face occurs when someone is only recognized as a patient. Loss of face causes feelings of shame and (self-) stigmatisation that bereave someone from the hope that his life can change. Restoring reciprocity in the contact between caregivers and people suffering from mental health
problems is important to call forth a face that the person himself also recognizes as more authentic and of which he is not ashamed. When patients can connect again with more authentic identities and values this will rehabilitate them. Nurses can help patients in this process by creating a safe haven and communicative platform where patients experience a space for reflection on their life.

Photography, as a medium, is attractive, because what cannot be expressed in language, can be expressed visually. Imagery, like poetry, creates room for otherwise inexpressible and unspeakable experiences.

Summing up the concrete aspects of nursing that hermeneutic photography can make a contribution to, we distinguish:

1. an attitudinal aspect: a reciprocity of respect that is conditional for a therapeutic alliance, necessary for working together towards the promotion of better health and well-being
2. the creation of a space for reflection that helps patients to construct meaning
3. a method that supports patients with creative non-verbal means

Conclusion

In this article we have tried to show that rehabilitation is linked to moral considerations about one’s moral identity and one’s life. Crucial in this process is a reflection on the kind of person one wants to be, and how this relates to what one considers to be a valued life and whether this still can be realized. Whom do I care for, who do I want to be for others? Is there a meaningful role for me where I am acknowledged as a person? What is important for me in life? Can I realize that with my handicap? This moral thinking is part of an interaction with the social environment in which persons with a psychiatric disability wrestle to find new credible selves.

The photo-instrument can be a catalyst in the process of finding a more authentic and credible identity. Taking responsibility for one’s life (the hallmark of rehabilitation and empowerment) and that of others will only happen if one is recognized as a unique person and a credible conversation partner. In the end moral learning is crucial to rehabilitation and psychiatric nursing.

Conflict of interest statement

The authors declare that there is no conflict of interest.
References


41. The term ‘voice’ is not unknown in the mental health field and usually denotes personal accounts of consumers. It can also denote photostories.