

RELATIONAL MORAL AGENCY IN CO-PRODUCTION: A DISCURSIVE APPROACH TO “EXPERTISE BY EXPERIENCE”

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PROJECT OVERVIEW



Arts & Humanities
Research Council



- Investigate and understand the role of patients as experts in the emerging discipline of public mental health and associated models of person-centered management that is geared towards the restoration of well-being and re-engagement in major social, vocational and family roles (RCPH, 2019; Maj *et al*, 2020).
- Complementing the recent focus on biomarkers and predictive genetic screening in psychiatric medicine, this project will address the gap in our theoretical understanding of the concepts of *quality of life* and *shared decision-making* in the philosophy of psychiatry and psychopathology, and in;
- Recognition patients' contribution to the development of a new public mental health approach to severe and enduring mental illness (SME).



AGENCY AND CO-PRODUCTION



Arts & Humanities
Research Council

- Project title: *Lived Experience and Personal Values in the Philosophy of Psychiatry: Reframing Evidence in Developing a New Public Mental Health Approach to Serious Mental Illness*
 1. Focus on the impact of patients as stakeholder experts, Experts by Experience (EbE), rather than on individual vulnerability to mental ill-health and responsiveness to categorical diagnostic measures and treatment involving predictive biomarkers
 2. Exposing the ways EbE contribute as knowers in articulating values as theorists, advocates, and peer-support in meeting the complex challenges of knowledge transfer in helping people make better decisions, it targets the social dimension of knowledge and epistemic injustice in received models of “co-production”.
- Additional funded research on co-production:
- NIHR grant: *Improving the Experiences of African Caribbean Men detained under the Mental Health Act: A Co-Produced Intervention Using the Silences Framework*
 - Major 4-year £800K NIHR grant, one of four funded nationally in the UK, on improving black men’s patient experience under the Mental Health Act



NIHR | National Institute
for Health Research

**WPA POSITION
STATEMENT ON THE
ROLES AND
RESPONSIBILITIES
OF THE
PSYCHIATRIST OF
THE 21ST CENTURY**

- Caring for patients: through appropriate knowledge and management
- Managing complexity and comorbidity
- Identifying and managing support systems
- Enabling the patient
- Facilitating patient recovery
- Holding patients' and their teams' anxiety
- Holding hope for the patient and the team
- Teaching and training
- Research and innovation
- Public advocacy and public mental health
- Clinical leadership
- Drive for equality

SHARED DECISION-MAKING

Shared Decision-Making based on **Values** and **Evidence** established through empathetic **Dialogue** to facilitate

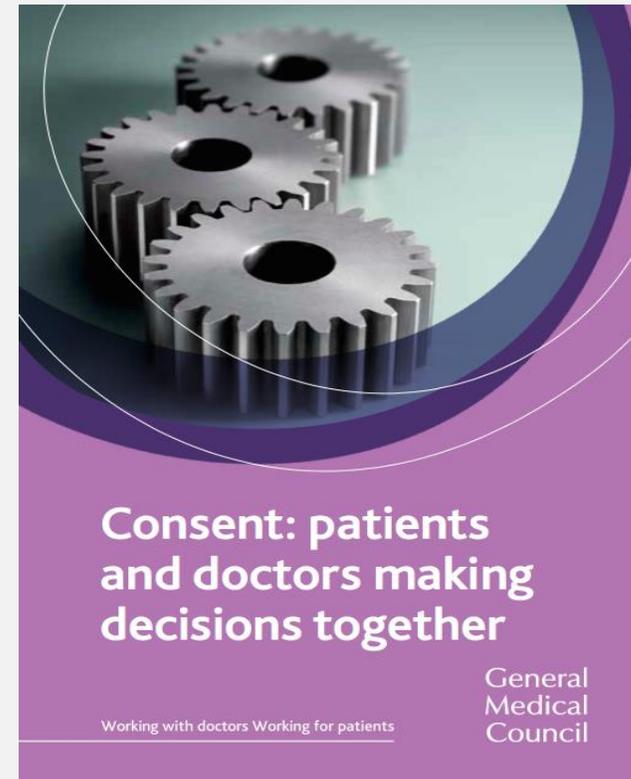
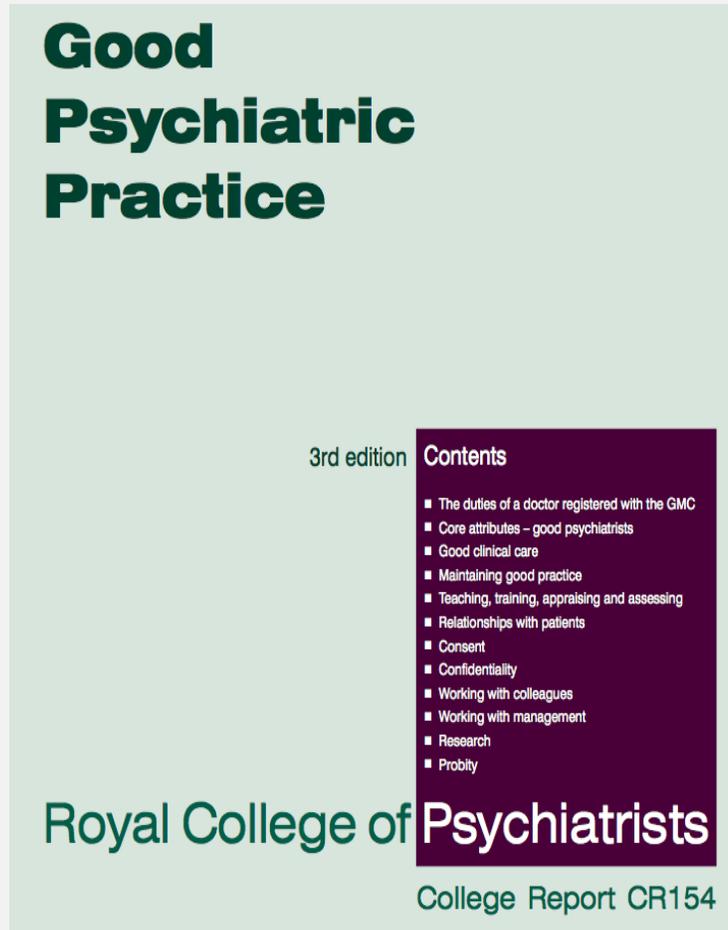
Recovery

viz.

= restoration of a quality of life from the point of view of the individual patient, given their histories and situated ecological systems. (Herring, Fulford *et al*, 2017)

- Burnout!
- Power dynamics!
- Risk management!

Good psychiatric practice follows good medical practice ...



EVIDENCE-BASED MEDICINE INVITES SDM

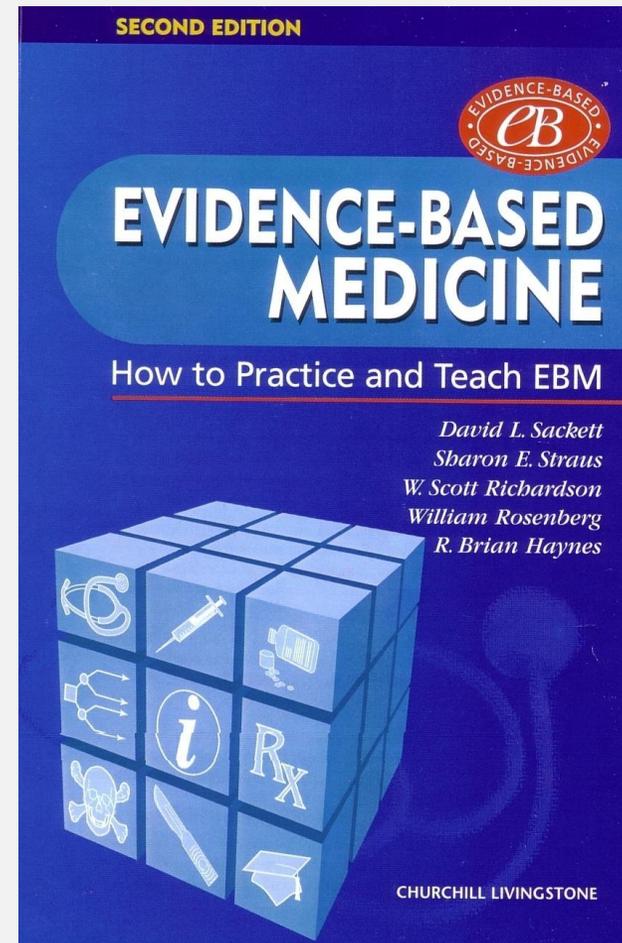
... a process of integrating

- best **evidence**
- clinical **experience**
- patient **values**

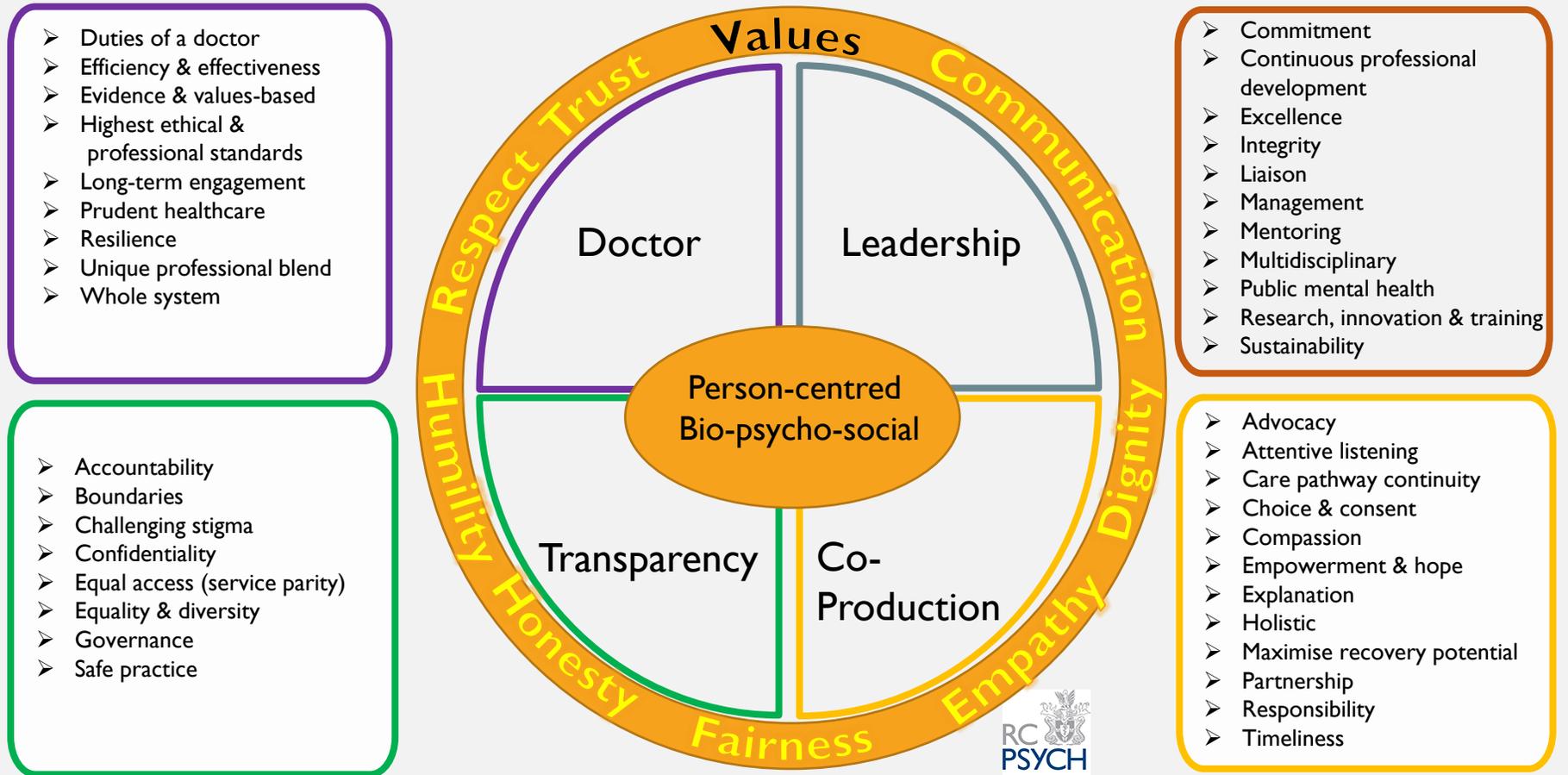
... **and** many resources in psychiatry, e.g.:

- RCPsych Core values for Psychiatrists
- Person-Centred Care
- Values-Based Practice

NB: also fits NICE's **preface** to all evidenced-based guidelines for the UK National Health Service



RCPsych Core Values for Psychiatrists – The Framework



Developed by the Royal College of Psychiatrists in Wales

Other challenges beyond VBP and Core Values Framework

Why value personal values?

- **Mental Health & “RECOVERY”**
- – *quality of life from the point of view of the individual.*

Quality of life *from* a PoV:

- **Perspective-taking**
= idiosyncratic and holistic understanding of the individual given their ecological context;
- **not merely** upholding the general values *respect, empathy.*

MORAL AGENCY AND LIVED EXPERIENCE IN RESEARCH



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- Foreground the role of patient values and lived experience in mental health:
 - Emphasis on the *reality* of the experience of mental health and illness for the **historically situated experiencing subject**
 - Challenges of co-production in attaining an informed and realistic view of the **value of stakeholders as knowers**
 - Epistemic dimension of moral agency in understanding the experience of mental illness and self-knowledge through the **use of language as tools**
 - Values-literacy in medical education and professional development
 - Patient empowerment and peer support in self-management



LESSONS FROM SOCIAL EPISTEMOLOGY

- Challenges of co-production in attaining an informed and realistic view of the **value of stakeholders as knowers**:
- **Articulate a variety of voices reflecting different perspectives.**
- Epistemic dimension of moral agency in understanding the experience of mental illness and self-knowledge through the **use of language as tools** (e.g.)
 - Values-literacy in education
 - Communication
 - Techniques for patient empowerment
- ... all informed by the significance of perspective-taking and its implication.

VALUES PLURALISM AND DIFFERENCE

- Difference is not just a difference in application of shared concepts, but in the *repertoire* of concepts that different people understand and employ.
- One key methodological strength of values-based practice is thereby a mechanism for dialogue in addressing the challenges of diversity and values pluralism, such that no one perspective has to give in:
- “Values are also about partnership, about a shared understanding of the different needs, expectations and hopes of those involved in mental health care.” (Woodbridge and Fulford, 2004: 6)

CONCEPTUAL RESOURCES FOR PERSPECTIVE-TAKING

Iris Murdoch: "I can only choose within the world I can see." (IP 37/329).

1. Epistemic 'no priority' claim about knowledge in intersubjective empathetic inquiry: neither perspective of the parties involved is prioritised over the other.
2. Conceptual claim about the meaning of individual concepts as a function of the wider interpersonal systems in which they operate: there is no such thing as a 'patient' *in vacuo*.

LANGUAGE AND RELATIONALITY: MARIE

- The **evaluative dimension of language** as tools for perspective-taking in SDM.

Consider: *defiance* in psychiatric engagement with “difficult clients”.

- Lauren Slater’s story of Marie, a clinically depressed person in remission described as *numb* and *paralysed* by her condition.
- Marie passionately refuses to attend social group activities in line with staff expectations; this violates the prescribed norms of her ongoing systemic therapeutic treatment plan.

SEEING THE PERSON

- “I was actually pleased to hear about Marie’s refusal to go to groups. It spoke of some spark of anger, some spot still scarlet within her. When I heard that, I got yet another glimpse of Marie, this time not joyful, not flattened by grief, but lit red in her rage.” (Slater 1997: 127)
- At a second order of evaluation, the story of Marie as a reminder that one might actually *want* to see the other as she really is.
- Such a stance of wanting to see the reality of the person is helpfully brought into view by Iris Murdoch’s difficult notion of moral perception as a just and *loving* perception.

CONCEPTUAL RESOURCES FOR AVOIDING “OTHERING”

Iris Murdoch: “I can only choose within the world I can see.” (IP 37/329).

1. Upshot: new tasks of seeing things *aright* and appreciating the *moral difficulty* of attaining this knowledge.
2. Why difficult? Perspective-taking is a process that requires one to *want* to engage in a relational process to see things aright.
 - One key methodological strength is thereby a solution to psychiatry’s “othering” problem of how to integrate EbE in shared decision-making and research design.

THINGS TO THINK ABOUT

- Relationality in SDM does not deny the phenomenological reality of the individual subject but does deny the primacy of self in agentic understanding and self-knowledge.
- Relationality in SDM operates as a transcendental condition or existential orientation for interpersonal empathy.

Upshot:

1. Relational implications for understanding **personal autonomy, self-worth** and **mental agency** in clinical psychiatric practice as “no priority” process of mutual exploration.
2. A relational approach to the self and moral agency in appreciating the ethical significance of the **first-person perspective** in mental health and illness (Bergqvist).

CONCLUSIONS

1. Relational agency as second-person dimension of subjectivity (Bergqvist, *passim*):
 - Possibility of “**resting in the hoping gaze of another for oneself**” – even in times of first-personal sense of existential despair and loss of hope.
2. Relational agency as transcendental condition for interpersonal empathy
 - Open-ended “no priority” view of **explorative attunement as an existential orientation** for relationality (as opposed to simulation)
3. Supports ego-strength in holding hope *for* the other
 - **Mitigates against burnout** and compassion fatigue.

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