Clients' understanding of distress and context:

Ignorance is bliss?

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by

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"No man is an *Iland,* intire of it selfe; every man is a peece of

the *Continent,* a part of the *maine;*"

John Donne (1624/1972)

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ABSTRACT

Robust research evidence shows a higher incidence of psychological distress is endured by those living in deprived social and economic contexts. Yet psychological interventions often focus on self-scrutiny which could over-estimate the individual's ability to change their situation. The current research aimed to develop an account of how distressed individuals understand the relationship between distress and context. This knowledge is essential if professionals wish to avoid being regarded by clients as insensitive to the effects of contextual inequalities (e.g. Williams, 1996).

Six ex-clients of clinical psychologists were selected and interviewed about their experience of distress, and in particular what they understood about the role of context. Grounded theory methodology was used to guide data collection and analysis. A theme which frequently re-occurred in the data was that distressed individuals sought to ignore their context. This was reflected in the participants' perception of their distress as a personal, internal and unique phenomenon. Consequently efforts to overcome distress emphasised self-management rather than changing context.

Interpretation of the results considered how ignoring context might seem beneficial for a distressed individual. However it was also recognised that society had much to gain if distressed individuals did not perceive context to be important in the resolution of distress. It was proposed that clinicians need to question public discourses which seems to encourage distressed individuals to ignore context. Therapeutic interventions should seek to achieve a balance between recognising and valuing private accounts of distress, and challenging any understanding which ignores context.

1. INTRODUCTION

Distress and context in the media

Asbestos victims fight to have case heard in Britain

Dobson:

Racism in NHS must go

By CHERRY NORTON
Health Correspondent

THE LAW will be changed if necessary to keep racism out of transplants, Frank Dobson, Secretary of State for...

Identifying...

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Hugh Warren found that...
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urt tests UK company's liability

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opment Movement held up placards saying: "Cape own up and pay up."
The WDM is campaigning for a change in the law so that employees of British companies at home and abroad have the same access to justice.
Mr Doctor conceded that cause of much lower average incomes in South Africa claimants would not get sort of damages award the English courts. About of the claimants were forced in which the victim b and would not under African law be entitled eral damages for fering.

DEPRIVED areas are also likely to receive poorer health care, with fewer GP surgeries and less well-staffed hospitals.

It is this social injustice of ill-health that spurred the Government into action.

It does not apportion blame.

It realises that good health is about opportunity, education and responsibility as geography, wealth, ethnic origin.

And it tell r...

It does not...

acts and such, it make best ves

£67,000 FOR STRESS OF 18hr WEEK JOB

VERYONE feels depressed at some time during their life, usually as a normal response to a particular event such as a death in the family, relationship problems or financial worries.

But after a period of adjustment the mood lifts. It's the persistence of sadness, feelings of worthlessness and hopelessness that characterises depression.

Depression is the most common serious psychiatric illness, and forms of it increase with age.

Women are particularly vulnerable to depression because of their physiology.

When menstruation stops at the menopause; after the birth of a child and after a miscarriage or termination, plummeting hormone levels can trigger depression.

About one in six women seek help for depression at some time in nine opposed to only one in nine men as usually over the age of 45.

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Lad who killed dad goes free

A LAD who killed...
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I WAS TOLD BY GOD TO STAB JENNY 100 TIMES

By DAVID PILDITCH

MENTAL patient Anthony Joseph stabbed his social worker more than 100 times under orders from God, a court heard yesterday.

Schizophrenic Joseph, 27, told a policeman after killing Jenny Morrison, 50: "Jesus Christ in human form as Anthony Joseph". He added: "Dad. God told me to stab her."

Mrs Morrison had just his care Joseph that he must leave his home and community hostel because... hospital... drunk

KILLED: Jenny
and not taking his medication. He went into the kitchen of the hostel in Tooting, south west London, to find a knife, the Old Bailey heard. He stabbed her repeatedly and

SICK: Joseph
went back to get another knife after snapping the blade. Resident Minaz Al Tobai saw Joseph attacking her. She said: "She was on her knees facing towards Anthony. Her neck was moving from side to side to try to avoid the blows. I could see blood on his T-shirt and face."

Mrs Morrison had been due to meet Joseph with three colleagues early for the interview but she was on her own, and spoke to him suffered.

Joseph, who has since 1996, had mental illness Mrs Morrison murdering south London Wimbledon, on the grounds November 23 the trial continued is insane.

The Introduction presents background information to the research question 'how do individuals understand the role of contextual factors in their distress?' First, evidence which establishes an association between distress and context is summarised. Theoretical explanations which attempt to explain this association are reviewed, with particular emphasis placed on community psychology approaches. Another aspect of the research question considered in this Introduction is the phenomenon of knowing, i.e. what is the basis for our understanding of the relationship between distress and context. Attention is focused on how knowledge is understood from a social constructionist perspective. This exploration of knowledge provides some insight into how debates within community psychology are based on different ways of understanding the world. The Introduction concludes with the research aims and rationale.

The research question

Compelling evidence links contextual factors[1] and the occurrence of distress[2] in individuals. (This is reviewed in the following section). Yet it seems mental health professionals rarely seek to change context as part of their interventions. Within clinical psychology, one reason for this may be that assessment and intervention often focus on how clients understand their distress. Consequently the way clients understand their distress has significant implications for the practice of clinical psychology. The current research seeks to investigate how individuals understand the role of contextual factors in their distress. This question reflects dilemmas encountered in my clinical practice, in which clients want to focus on changing their thoughts and feelings, but research implicates contextual

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[1] Context accounts for both the immediate situation of the individual, that is their physical and social environment, and also distal effects, such as political, societal and cultural influences.

[2] Inevitably the language used to describe an individual's 'condition' is powerful. Distress is the term most frequently used throughout this thesis as it is recognised by most mental health service clients, and it is not associated with any psychological or medical model.

factors as crucial. The remainder of this Introduction explores these ideas in more detail.

Evidence which links context with distress

Research shows groups of people, distinguished by environmental, social, cultural, racial, economic or political factors experience an unusually high incidence or severity of psychological distress. This indicates that individual well-being is related to context. For instance Pilgrim and Rogers (1993) report that women are twice as likely to be diagnosed with affective psychoses and neurotic disorders than men. Black people are twice as likely to be held under Section 136[3] of the 1983 Mental Health Act than otherwise similar white individuals (Mercer, 1986). Greenslade (1993) found that people born in the north of Ireland or Eire were significantly more likely to be admitted to psychiatric wards in England than any other racial group. Russo (1990, p. 370) states:

> "the correlation between poverty and psychiatric disorder is
>
> one of the most well-established research findings in psychiatric
>
> epidemiology."

Jahoda (1988) is less emphatic when summarising her research into the effects of unemployment, suggesting that it leads to poor mental health (i.e. increased levels of strain and negative feelings) rather than mental illness. Overall numerous studies provide robust evidence of the higher incidence of distress and disorder in disadvantaged groups (see Wilkinson, 1996). These findings are replicated in studies which consider the physical and mental health of individuals, and reflected in inquiries commissioned by the Government into health inequalities (e.g. Black et al, 1988; Acheson, 1998). These conclude that the context in which a person is situated, for instance

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[3] Section 136 of the 1983 Mental Health Act provides powers to the police to remove to 'a place of safety' anyone who 'appears to be suffering mental disorder and to be in immediate need of care or control'.

due to their racial, social or economic status, has implications for their physical and psychological well-being.

Whilst research seems to unequivocally link distress and context, conclusions about the nature of this relationship are less obvious. One reason for this is that context is an imprecise term, for instance assuming any commonality between political, social and economic effects may over-simplify a number of different and complex processes. In addition, although some of the above research implicates contextual factors (e.g. racial identity and gender) as leading to a higher incidence of distress (social causation), some of these relationships may be due to social drift (i.e. the consequences of distress are social disadvantage; see Pilgrim, 1997). For example it may be that people become poor because their mental health problems mean they are less competent and employable. It is probable that alone neither social causation nor social drift provide an adequate explanation of what seems to be complex relationships between distress and context. Various attempts have been made to explain these relationships, and some of these are considered next.

Understanding the links between context and distress - perspectives from outside psychology

Beginning with approaches outside the discipline of psychology, a number of explanations have been proposed for the relationships between context and distress. Those reviewed next have their origins in the anti-psychiatry movement, sociology and approaches which suggest these links are due to mis-representation and bias within society.

Those described as anti-psychiatrists do not present a common stance, but all emphasised the political role of mental illness within dysfunctional societies. Laing (1960; 1967) regarded sick behaviour as a protest that

5

enables an individual to "*live in an unliveable situation*". A similar argument was proposed by Szasz (1961) who stated that madness is actually problems in living. These are recognised as illness by the medical profession to legitimise its own authority over the mentally ill. He regards psychiatry as an ideology which treats the 'mentally ill' person as sick, thereby encouraging the adoption of a sick role that inhibits recovery. Foucault (1976) argues that it is not just societal roles which create mental illness, but also the way language is defined and used. For instance he proposed that the alienated are perceived to be ill (rather than vice versa). This alienation can only be resolved by changes in social relations brought about by change to the current economic system, which promotes competition, exploitation and class struggle. A major contribution of the anti-psychiatrists to the understanding of psychological distress has been to deconstruct mental illness so that diagnosis and therapy can be regarded as based on value-laden conceptualisations of health and illness, rather than an objective reality (Parker et al, 1995).

Sociologists have explored mental illness from several perspectives. One approach has been to consider societal reaction to deviancy. Goffman (1972) argues that mental illness is one label given to those who deviate from the social norms of behaviour. As individuals from minority groups are likely to deviate from social norms then they are more at risk of being diagnosed mentally ill. A label may exempt individuals from normal behaviour, and imply they are not responsible for their condition (Ingleby, 1981). The approach acknowledges the societal response to diagnostic labels is a secondary consequence for the sufferer, and distinguishes this from the primary effects of their condition. Approaches which seek to minimise the expression of deviancy in minority groups, and thereby avoid labelling, include those inspired by the philosophy of normalisation (Wolfensberger, 1972). In practice diminishing perceived deviancy by normalising behaviour and settings has had limited effectiveness (Brown and Smith, 1992; Sinason, 1992). This may indicate that problems experienced

by individuals are not just a product of being labelled. Ussher (1991, p. 220) concludes the labelling approach is:

> "limited by its emphasis on relativity, and its tendency, ... to deny the existence of distress experienced by those labelled as mad."

In general, the focus of sociological explanations on group processes and societal reaction can mean that individual suffering is ignored.

Research purporting to show that women, the poor or Black people are more likely to experience mental illness has been challenged from within these groups. For example research into gender differences indicates that it is the demands placed on females in patriarchal societies which leads to behaviours and experiences which are considered clinically neurotic when judged against ungendered norms (Chesler, 1973). Furthermore Ussher (1991) questions the validity of studies linking gender and distress because of the variability of results, different definitions of mental illness and inattention to confounding variables, such as the greater likelihood of women reporting symptoms. These arguments indicate some misunderstanding of the higher incidence of psychological distress in oppressed groups. That is, firstly it is the oppression experienced by the group which causes psychological distress, and secondly diagnosis by clinicians and researchers from within a biased society, compounds this by mis-representation.

Arguments drawn from disciplines other than psychology focus attention on the role of wider systems in defining, causing and maintaining distress. They demonstrate that distress is not just a product of the individual or their immediate environment. Psychology, a discipline which considers the individual as its subject, needs to account for these wider systems if it is not to be accused of reductionism and 'compartmentalism'. Some attempts have been made to achieve this goal.

Understanding the links between context and distress - psychological perspectives

Within psychology there are various approaches to understanding relationships between distress and context. Two of the most popular are described here - stress-vulnerability models and community psychology approaches. An overview of stress-vulnerability models is presented because it appears to be the approach applied frequently (and often implicitly) by clinical psychologists who wish to account for contextual factors when understanding an individual's difficulties. Community psychology focuses specifically on context and represents a shift from the traditional scientist-practitioner paradigm of clinical psychology (Clegg, 1998), hence it is described in some detail. One reason for this shift is the emphasis it places on collaborative working and the willingness of the psychologist to be influenced by his or her clients. In contrast stress-vulnerability models are not so challenging of traditional practices, because as will be argued they allow psychologists to understand contextual effects solely in terms of individual differences.

Stress-vulnerability models

Brown and Harris (1978) found the incidence of depression in Camberwell to be class-related, being over three times more likely to occur in working-class women than those from the middle-class. To explain their results, Brown and Harris developed a stress-vulnerability model of depression for women which identifies provoking agents (e.g. life events and chronic difficulties) and vulnerability factors (having three or more young children, no intimate confiding relationship; loss of mother in childhood; and lack of employment). These provoking agents and vulnerability factors were found to account for the class differences in the incidence of depression. Attempts to replicate this study in other locations (for example in Oxford by Campbell et al, 1983) have confirmed the fundamental premise of the model, which is that individual factors make some people more vulnerable to depression when

stressful events are encountered. However these studies showed a variation in specific vulnerability factors between different locations.

There are problems with stress-vulnerability models. For instance they are based on correlational research, so it might be depression is actually the cause of some vulnerability factors, such as loss of a confiding relationship or job (this would be a social drift explanation). In addition the models can be applied by clinicians who due to their therapeutic style wish to reduce social phenomena to individual deficits. This focus on the person which is inherent in traditional clinical psychology practice can be criticised as likely to lead to victim-blaming (Lykes et al, 1996); and any intervention may result in the individual being changed to fit a dysfunctional context (Orford, 1992), so that the causes of distress remain and the applied solution is at best temporary (Smail, 1990). Community psychologists attempt to address these problems.

Community psychology

What is community psychology

The fundamental principle of community psychology is that the person is understood within their context (Orford, 1992), and the aim of any intervention is to establish an optimal match between them (Duffy and Wong, 1996). Community psychologists recognise that psychological distress has greater prevalence among certain sections of the general population, particularly those groups identified as oppressed or disadvantaged. This is understood to be an effect of their similar contexts, whether they be environmental, political, social or cultural. Whilst there is a growing practice of community psychology in the UK (see Orford, 1997), this is not based on a clearly identifiable and unified theory. Without a clear theoretical foundation, it is the characteristics of community psychology which make it distinctive. These are described in detail by Bostock (1991), and may be summarised as a rejection of traditional models of psychopathology in favour of more

socially-informed approaches; an emphasis on the psychologist working with groups rather than individuals; the application of preventative interventions; a willingness to address the political implications of psychological practice; and, an explicit aim to serve clients rather than the profession. One way of understanding community psychology as a distinctive approach is to consider its development.

Historical review

Community psychology emerged during the 1960s in the USA, and in the following decade in the UK. In the USA its emergence coincided with prevailing attitudes of de-institutionalisation and the movement of mental health resources into community settings (see Kelly, 1990). Initially the concerns of community psychologists were similar in both countries (compare for instance Bender, 1976, and Seidman, 1988). However in the UK prevailing policies led to the increasing dominance of medical and managerial models in the health service (Melluish, 1998), so that here community psychology was, and to some extent still is, seen as a radical approach.

A frequently quoted example of work in the 1980s was that undertaken at The Battersea Action and Counselling Centre and The White City Project. Holland (1988, 1996) describes working with women living in these deprived areas of London, so as to empower them to tackle sources of their oppression. Holland based her work on the model shown in Figure 1. She describes how psychotherapy allows the client to move from experiencing their distress from the perspective of a passive 'ill' patient/victim, to achieving a subjective understanding of the meaning of their symptoms. From this interpretive position the client can share their experiences with others to gain solidarity. This may lead to a collective desire for social change, which is likely to be blocked by inequalities, perhaps associated with race, class or gender. The recognition of this oppression as located in

the objective environment ideally leads clients to recognise the need for social action.

FIGURE 1:

Holland's (1991) framework for intervention;

(adapted from Whittington & Holland, 1985)

Radical change

radical humanism *shared desire* social self	*radical structuralism* *social action* class race gender
personal self *meaning* *psychic* *interpretive*	patient *symptom* *individual* *functionalism*

subjective – meaning of the problem (left of table)

objective – actualities of people's lives (right of table)

Regulation
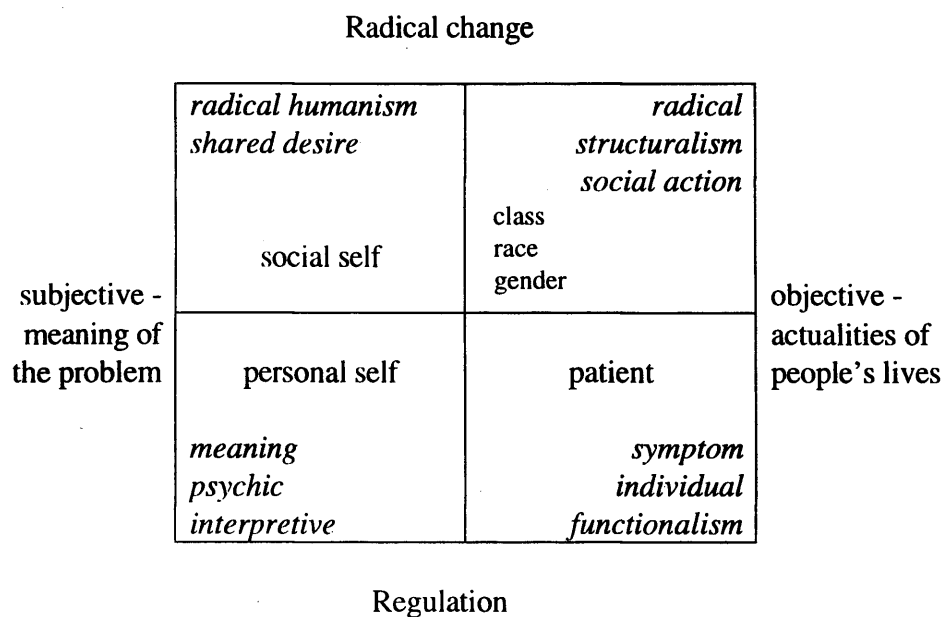
In the early 1990s ideological reforms meant that service provision came to be directed by market forces within new NHS structures (Department of Health, 1989). This change of ideology raised awareness in clinical psychologists of the political context of health care (see for instance Bennun, 1992; Robertson, 1994). Perhaps it is no coincidence that there seemed to be an increased interest in community psychology, an approach which acknowledges the effects of politics on health. At this time David Smail presented what is probably the most comprehensive theory of community psychology. For this reason his approach is presented in some detail. Smail (1993) believes that the powerful effects of context mitigate the responsibility of the individual:

"I have become less and less able to see the people who consult me as having anything 'wrong' with them, and more and more aware of the constraints which are placed on their ability to escape the distress they suffer."

(p. 3)

Smail (1990) suggests assistance to psychologically distressed individuals can be provided at three levels: political, social and personal. Whereas Holland believes the mental health worker should facilitate at all stages of action, Smail is wary of clinical psychologists directing political change on behalf of others. However he does encourage psychologists to make available analyses of how the exercise of distal power[4] can become transformed into an experience of personal distress.

At a social level, change may be required in the proximal public structures of power which the individual inhabits, e.g. work conditions, education needs, legal needs, support groups, etc. The psychologist's role is to make available knowledge of socio-psychological processes to the communities in which they work, and also give away the means to acquire this knowledge, for instance by providing research skills.

Finally Smail (1994a) encourages the clinical psychologist working with individuals to act not as an expert in mental illness, capable of adjusting either the individual *or* society, but someone who can offer an analysis of psychological problems by understanding their context. The primary aim of therapy is to achieve a scientifically valid account of the psychological distress. Unfortunately there is little evidence regarding the effectiveness of Smail's approach to therapy, so that criticisms tend to be rhetorical. For example it could be argued this approach would instil feelings of helplessness if the client comes to see him- or herself as powerless.

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[4] Smail (1990) describes distal powers as the influence of politics, culture, class and ideology.

Contemporary community psychology

The historical review seems to indicate that community psychology adapts or reacts to the social and political zeitgeist. Consequently the approach shifts its theoretical position. For instance Smail's approach which has been popular within community psychology might be regarded as a reaction against the right-wing political policies of the 1980s and early 1990s. Community psychology does not appear to present a coherent and consistent stance on many issues.

One example which illustrates the divisions within community psychology is a debate between those who regard power as a material concept, and others who understand it as at least partially psychological. David Smail takes a materialist position. He states that the individual cannot be empowered through changes to internal states.

> "Neither the causes nor the 'cures' of such [psychological and emotional] damage can be usefully treated as internal matters."
>
> Smail (1993, p. 2)

According to Smail (1995) real or material power (e.g. money, knowledge, social support, employment) is the crucial determiner of whether the constraints of context can be overcome in order to reduce distress. In addition Smail believes that changing an individual's internal states, for instance ways of thinking, is unlikely to be possible and therefore empowerment will not be achieved in this way.

Arguing from a counter position, Ingleby (1981) warns against clinical approaches which only consider the environmental effects on an individual, as they deny that a client's response to his or her context is intelligible and valid. Fryer and Payne (1984) demonstrated that responses to a seemingly disastrous contextual change are not necessarily negative. They undertook a qualitative investigation of eleven men who had achieved personal growth after becoming unemployed. A dominant theme was not what unemployment

had taken away from them, but their proactive response to being unemployed. Fryer (1994, p. 12) argues individuals can:

"take the lead, initiate and intervene in situations either by actively changing or by creatively re-perceiving and then exploiting revealed opportunities to bring about change in valued directions."

Empowerment theorists argue that if an individual can be encouraged to think they are powerful then the influence of contextual disadvantage is reduced, i.e. perceived power can be compensatory. Therefore some clinicians advocate empowerment as a means of overcoming mental illness, (see Rappaport, 1994; Zimmerman, 1990). However, rather than powerlessness being conceptualised as a personality trait or state (e.g. learned helplessness), it is contextually determined by the person-environment fit (Zimmerman, 1990). For instance, a woman beaten by her partner needs to empowered with sufficient motivation *and* resources (e.g. money, friends, etc.) to be able to leave the situation. Contextual and intra-psychic factors are both important in theories of empowerment (Rappaport, 1984). In practice, interventions may not differ from those based on stress vulnerability models, and could be subject to the same criticisms.

Hence community psychologists agree that individuals are often significantly constrained by their contexts, but there is disagreement as to the source of power which might provide a means of overcoming distress. Underlying this argument about how power is conceptualised are philosophical differences. Smail (1994b) regards power materialistically from a realist perspective, whereas the notion of empowerment suggests an individual is able to influence their world according to their perceptions, which implies an interpretivist stance. These philosophical differences are fundamental to understanding distress, and how community psychologists might seek its reduction in their practice.

The practice of community psychology

Although community psychologists represent a vocal minority within the profession (e.g. Division of Clinical Psychology, 1998), there are surprisingly few reports describing its application. Considering work directed at individuals, one example would be Hagan and Smail's (1997a) use of power-mapping. This is a method of obtaining an objective account of the power available to an individual in a number of contexts, e.g. material resources, social life, etc. The aim is to demystify the causes of distress, so that the individual's feelings of guilt and responsibility for their predicament are reduced. In addition, consideration of their resources may allow individuals to identify some aspect of their context which could be enhanced for their benefit, or at least enlighten them to the futility of change if they have no resources to support this process. In a second paper Hagan and Smail (1997b) describe the use of this method with a survivor of childhood sexual abuse. Power-mapping allowed this individual to understand her powerlessness as a child, relocate responsibility for the abuse outside herself, and feel less blame.

Two examples of interventions at a community level are now described. Bostock and Beck (1993) collaborated with a residents group, who undertook a survey aimed at identifying factors affecting health in their local community. Following participation in the research and dissemination of the results locally, residents formed a network of action groups, each concentrating on a specific issue, for example leisure activities for teenagers and writing a resource directory for parents with young child. This example illustrates how psychologists can intervene at a community level providing analysis and knowledge (and hence power), without directing change.

A second example is a project aimed at supporting Turkish-speaking mothers in Hackney (see Phillips, 1998). There were two approaches to intervention. First there was training to enhance the knowledge of staff

working directly with mothers, regarding the likely psychological difficulties new mothers may experience. The second approach was to develop a scheme whereby new mothers were offered an opportunity of regular visits from an experienced mother from within her community. The visitors received training in how to share experiences in a non-directive manner, and were provided with information about support services and how these could be accessed. The impact of this project on the health of the mothers and their children has yet to be reported.

As noted earlier, one of the characteristics of community psychology is that interventions are directed at communities, but reports of such work are rare. Perhaps this is because the opportunities to work at this level are limited given that the style of service delivery is dictated to some extent by the team, service or trust within which the psychologist is situated. However it may also be that working with individuals is the most feasible approach given the procedures in which clinical psychologists are trained. Community interventions seem to be restricted to specific areas of the UK with an established ethos of practising in this way.

Community psychology: a summary

Overall community psychology appears to becoming more inclusive, attracting psychologists who have become disaffected by traditional psychological practice (see for instance Moorey and Markman, 1998; Jones, 1998). This may be a consequence of community psychology not being based on any one consistent and clearly identifiable theory. The resulting fluidity within community psychology is seen as advantageous by some psychologists such as Fryer (1994, p. 13), who values working in a field that:

> "is relatively undefined in terms of theoretical hobby horses, methodological preferences and substantive issues, and is relatively immune from the attentions ... of professional protectionist organisations."

However the shifting position of community psychology means that the label covers an increasingly broad range of understanding and practice. For instance a recent article by Frankish (1999), entitled 'The role and future of community psychology' presents an approach which is conciliatory to, rather than challenging of current mental health services. Presumably many community psychologists would be uncomfortable with this stance. Inevitably this diversity and lack of clarity creates internal division. What appears to hold community psychology together is a rejection of clinical practice in its current form. Their apparent cohesiveness may be possible because community psychologists work within systems which do not allow them to attain their ideals. However, as Clegg (1998) suggests, if community psychologists were to able to practice unhindered, it is likely that considerable disagreement about their goals would be exposed. The diversity within community psychology means it is in danger of encompassing such a wide range of theory and practice that the term will become meaningless.

Understanding the status of meanings which individuals assign to context

The following background information on epistemology and in particular social constructionism is important for two reasons. First, it illustrates how the meaning individuals ascribe to phenomena such as context may be understood. The second reason is that it provides an insight into the source of controversies within community psychology.

Epistemological positions

In investigating the meaning individuals assign to context as a factor in their distress, it is necessary to consider what status might be given to this information. The adoption of an epistemological is seen by Bryman (1988) as finding a position on the constructionist - positivist axis or continuum. The

epistemological position informs interpretation by answering questions such as how are differences between the reports of individuals to be understood and are the expressed meanings all representative of one underlying truth? In turn the status of truth is also debated. Researchers and clinicians may adopt any of a number of stances. These can be situated on a continuum, defined at one end by an extreme version of realism which proposes there is only one valid way of understanding what is a real world. The other end of the continuum is labelled relativism, according to which there are many truths, each equally as valid as any other.

Miller (1998) argues that in general positivism is inconsistently and poorly defined. He suggests for the purposes of clinical psychologists it is compatible with critical realism. This implies that there are objective facts about phenomena existing independently of the conceptual frameworks in which these facts are expressed (Klee, 1997). Hence the researcher seeks to obtain data which is a valid representation of reality, though it may not ever be known if this has been achieved (Popper, 1959). In addition, whilst measurement is often used as a means to reflect reality in positivistic research, it is acknowledged by Miller that this is open to biases, which include societal influences. However, given these restrictions to understanding real phenomena, the idea behind positivist science is that of uncovering and revealing truths which have been there all along (Woolgar, 1988). The challenge posed to positivists is to demonstrate the existence of this knowledge without recourse to representation.

This brief summary of positivism is provided as a contrast to social constructionism, which is the approach adopted in this research, and is now described in some detail.

A background to social constructionism

Gergen (1985a) proposes three strands which led to the development of social constructionism. The first of these is the undermining of the dominant

positivist epistemology by developments in the philosophy of science. These questioned whether empirical confirmation of hypotheses constitutes a proper means of accumulating knowledge (Popper, 1959), and identified shifts in dominant scientific paradigms as occurring in response to social rather than scientific processes (Kuhn, 1970). The second precursor to social constructionism was the recognition that scientific debate is both engendered and constrained by language (e.g. Wittgenstein, 1953). An implication is that knowledge cannot be separated from the process of knowing, which is a subjective experience. A final strand leading to the development of social constructionism can be regarded as dissatisfaction with traditional research. For instance, the marginalisation of women in mainstream science (see Griffin and Phoenix, 1994) illustrates one way in which research is neither value-free nor apolitical. Another example concerns how context can be ignored in laboratory experiments, so that the results become meaningless in the 'real-world' (Toulmin and Leary, 1985). These precursors to social constructionism represent a shift towards sociological understandings of science (Klee, 1997), which reveal it to be embedded in the culture and language of society, rather than possessing some privileged objective perspective.

Social constructionism

According to the principles of constructionism, knowledge defines how objects in the world are understood (Pidgeon and Henwood, 1997). Since objects are constructed through the process of knowing, then there may be different interpretations of the same phenomenon. One consequence of this perspective, would seem to be that each individual would have their own unique view of the world[5]. However, as people have a shared means of constructing and expressing their view, i.e. language, there is some commonality (Wittgenstein, 1953). Gergen and Gergen (1991, p. 78) state:

> "Accounts of the world (in science and elsewhere) take place
> within shared systems of intelligibility - usually a spoken or

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[5] This relativist perspective is adopted by radical constructionists (Pidgeon and Henwood, 1997).

written language. The emphasis is thus not on the individual mind but on meanings generated by people as they collectively generate descriptions and explanations in language."

Other constraints on our freedom to construct meaning are noted by Gillett (1995). These are the need to adapt to situations which are independent of one's will; the avoidance of confusion and isolation which result from construing without negotiation; and the desire for internal coherence between an individual's discourses about related phenomenon. Nevertheless multiple perspectives are acknowledged by social constructionists to co-exist between and within individuals (Guba and Lincoln, 1994). Hence understanding knowledge from this perspective focuses on the discovery of shared meanings and instances of how individuals deviate from these concepts, and ideas as to why this occurs.

A consequence of understanding knowledge to be socially constructed is that the individual influences the content of what he or she knows. For instance the questions we ask (and the ones we do not) affect what we know. Therefore to understand the meaning of our knowledge we must be conscious of ourselves as we see ourselves (Steier, 1991). This process is known as reflexivity[6].

Post-Kuhnian perspectives from which science is regarded as a social phenomenon, have encouraged sociologists such as Bloor (1976) to propose conditions which any epistemology must fulfil. These conditions which any epistemology should explain are causality (what conditions bring about the state of knowledge), impartiality (with respect to the creation of true and false beliefs), symmetry (the same types of causes account for true and false beliefs) and reflexivity[7]. Klee (1997) states that social constructionism appears to meet the conditions because there are no objective limits to the social metaphors which constrain knowledge, so it actually represents a

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[6] A naive constructionist perspective would ignore reflexivity (Pidgeon and Henwood, 1997).
[7] Together these conditions are known as the 'strong programme' (Bloor, 1976).

relativist position[8]. Social constructionists would refute this claim by stating that language and context (social and physical) do provide sufficient constraints to the content of knowledge.

A critique of social constructionism

A problem in devising a critique of social constructionism is deciding what constitutes suitable evidence. Critical arguments based on other epistemologies might be dismissed as irrelevant by the social constructionist. One critique from within social constructionism is proposed by Potter (1996). He states that in defining social constructionism, theorists have contradicted their own position. For example the seemingly neutral and objective description provided previously appears to be at odds with social constructionist ideas that knowledge is also a product of the knower. Other conceptual problems for social constructionists are that in relating knowledge to a researcher's background and beliefs, they could be accused of creating a reductionist understanding of phenomena (Woolgar, 1988). However it is difficult to reconcile an epistemology which regards knowledge as fluid, multi-layered and dependent on local, cultural, historical and social structures and processes, with claims of reductionism. A greater challenge to social constructionism is its inability to account for processes in text and rhetoric that are not social. For instance Bruno Latour (1987) demonstrates that the reader of scientific papers is not informed through negotiation. Instead he or she is forced into either abandonment, acceptance or refutation by an array of rhetorical devices.

Criticisms based on other epistemologies originate mostly from positivists. For instance, Morgan's (1996) article questioning the value of qualitative research is directed at those methodologies based on non-positivist epistemologies. A central criticism, and a common source of concern and confusion for researchers is the lack of permanent, objective criteria for

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[8] A relativist perspective removes all value from science, as it could not offer a way of understanding the world which would be more useful than any other.

judging the value of socially constructed knowledge. Given that constructionists regard knowledge as fluid and temporal this is hardly surprising. It is clear that researchers adopting this epistemology need to be specific about the criteria they will apply in evaluating their results (Pidgeon and Henwood, 1997).

Social constructionism: a summary

Social constructionism is an epistemological position adopted by some scientists who recognise the fragility of the traditional science, which purports to be value-free, objective and verifiable against a knowable reality. Giving up this traditional position forces scientists to re-consider what makes knowledge gained from scientific research different from other forms of interpretation. Social constructionism attempts to answer this question by emphasising that knowledge is established through commonality in the way people see the world, which is brought about by social interaction, predominantly through language.

This background information to the research highlights some parallels between social constructionism and community psychology. For instance both recognise the influence of power in constructing either knowledge or the lives of individuals. In addition knowledge is regarded as being embedded within the context of society, as are individuals. However the emphasis within social constructionism on the subjective process of knowing seems to conflict with realist accounts of material power proposed by some community psychologists. These issues are explored further in the following section.

Community psychology and social constructionism

Evidence presented earlier demonstrated the association between distress and context, and considered how this might be understood. Many of these explanations suggest human beings are shaped by their external contexts

such as wealth, race, gender, etc. Such a perspective is termed social determinism (Pilgrim, 1997) or causation (Orford, 1992). If individual distress is to be understood purely as a function of context then it is likely that a positivist approach to studying these external dimensions would be adopted. This is because individual interpretations of context are not perceived to be important for understanding its effect. Such an approach is prone to reductionism, for instance distress may be seen as caused by poverty, so that the individual is not considered as having any influence.

One counter position to social determinism is social constructionism. A social constructionist would argue that there are no knowable universal truths, so that the causes of distress and how they can be overcome need to be considered for each individual (though there may be some commonality). Arguments have been proposed which appear to show that seemingly objective notions of mental illness to be culturally-sanctioned descriptions (e.g. Foucault, 1972; Parker et al, 1995). Social constructionists would suggest that this illustrates how knowledge is situated in a social context.

Both the historical review and the presentation of contemporary issues demonstrate that over time and between theorists there are differences within community psychology. These can be regarded as the adoption of different positions on the social determinism - social constructionism axis. For instance there appears to be movement towards a social determinism position emphasising the material effects of an unequal society as a reaction to political ideologies which ignore societal influences. Smail's work illustrates this reaction, as he appears to regard individuals as victims, under the impress of power from external societal forces (e.g. Smail, 1993; 1995). It is by adopting this position of social determinism that Smail (1994a) is able to argue that one role of the psychologist is to achieve a scientifically valid account of distress. This implies there is one valid, objective account. This is illustrated in the development of power maps, an essentially materialist understanding of the working of power (Hagan and Smail, 1997a). For

Hagan and Smail empowerment *"is a matter not of instilling a 'sense' of power, but of obtaining power"* (p.260).

Instilling a sense of power is likely to be a more amenable concept to psychologists who believe that it is how individuals understand their situation which influences the degree of distress they experience. (This perspective was presented earlier in this Introduction, see also Rappaport, 1994; Zimmerman, 1990). The study by Fryer and Payne (1984) suggests that interpretation of a seemingly negative situation (unemployment) can result in a positive experience. Similarly McKenna (1999) criticises Smail's concept of power inherent within power-mapping because individuals do not solely feel the impress of power. They are also able to express power. That is individuals have some latitude in how they understand and react to what happens to them; they are active interpreters. It follows that if there are different interpretations of the world, then some can be regarded as more adaptive than others. Consequently a therapist may be able to assist individuals to adopt interpretations in order to feel less distressed (psychological empowerment), without actually changing their material power. This interpretivist position is close to social constructionism, because it acknowledges the role of the knower in understanding their world.

It seems that a significant reason for the lack of coherence between theories of community psychology is that they are formulated from different epistemological positions. This shifts the source of the theoretical disunity into the domains of philosophy and possibly sociology. However the applied psychologist is forced to confront these issues in his or her practice, especially when developing an understanding of their clients' distress.

Research aims and rationale

This presentation of ideas about distress, context, community psychology and social constructionism provides a background to the research question. To recount, there is strong evidence to indicate that distress is associated with the affected individual's context. This is reflected in community psychology models, particularly those based on a social deterministic understanding of distress, for instance the work of David Smail. However this conflicts with other community and clinical psychology ideals of accepting the individual's account of their difficulties as the basis for any intervention. As an applied psychologist, the dilemma encountered in my practice is how to reconcile these disparate positions. One approach which may provide some insight into this dilemma is to ask the research question 'how do individuals understand the role of contextual factors in their distress?'

The rationale for the research is to generate theory which allows some insight into the relationship between distress and context. Some previous attempts to define this relationship have been presented in the Introduction. What is innovative about the current research is the intention to construct theory on the basis of the meaning distressed individuals assign to this relationship. Therefore the primary rationale for the research is to increase the understanding of any relationship between distress and context. Any theory generated will have implications for clinical practice. Some of the potential implications are suggested below.

Research has indicated that there are differences between the ways in which mental health professionals and clients understand distress (e.g. Rogers et al, 1993). When problems appear to be associated with inequalities this may result in criticisms from clients of indifference and insensitivity (Williams, 1996; Sassoon and Lindow, 1995). Hence information about how individuals understand their distress is invaluable to those involved in attempting to help them resolve their problems, such as clinical psychologists. The reasons for

this are first, that psychological interventions are often based on a shared conceptualisation of the difficulties, so to achieve this mutual understanding practitioners must have some insight into the distress. This insight may inform the practitioner as to what might be a useful intervention; for instance the effects of context could be exposed to clients who otherwise might be focused on themselves. Second, knowledge about clients' understandings may provide some guide to how psychological difficulties should be presented in mental health literature, so that they are recognised by clients as relevant. A final practical application of the research is that the information sought could be useful in providing some insight for people who are undergoing training in mental health practice.

2. RESEARCH DESIGN

This chapter presents the background to, and rationale for, the selection of the research design. A qualitative approach was adopted, using grounded theory methodology to guide data collection and analysis. The research was based on a social constructionist understanding of knowledge. How these aspects of the design were integrated is also described in this chapter. In addition ways of evaluating the research are considered, and the use of interviews for data collection is discussed.

The qualitative approach

The nature of the research, inquiring after the meanings clients assign to context as a factor in psychological distress, was anticipated to produce unstructured and possibly contradictory data. This is because meanings may vary between individuals and according to the context to which they are applied. Qualitative research methods are considered appropriate for revealing meanings because they allow analysis of non-uniform, complex information without imposing any pre-defined structure (e.g. Henwood, 1996). Instead the participants are able to define the content of the outcome. Orford (1995) describes this as *"obtaining the insider's view"*. This ability to handle non-standardised data is seen as the technical argument for applying qualitative research methods (Bryman, 1988).

Bryman proposes a second argument for using qualitative research, which is that it encourages the researcher to be explicit about their epistemological assumptions. As Henwood and Pidgeon (1994) state, data collection and analysis are *"conducted within a broader understanding of what constitutes legitimate inquiry and warrantable knowledge"* (p.227). In research focused on the context of distress, it would be disingenuous to ignore the context in which the research data are embedded. (This point is emphasised by Phillips

(1998), who argues for a strong association between community psychology and qualitative research). The epistemological position adopted in this research is social constructionism.

The ability of qualitative methods to focus on complex events in real-life contexts, means that the standardisation of data and control achieved by experimental and quasi-experimental methods is lost. This has led some researchers to argue that qualitative methods are not scientific. For example Morgan (1996) describes qualitative research as subjective, lacking repeatability and directed by political agendas. Counter arguments are proposed by qualitative researchers. Sherrard (1997) disagrees with Morgan's conclusions that social perceptions are not repeatable. She argues that there is often a commonality between people who share similar language, background, age, sexual orientation, etc. Harding (1992) suggests qualitative methods allow researchers to work from a position of 'strong objectivity', in which the interpretation biases (political, social or otherwise) and the context of the data are acknowledged rather than hidden. These arguments provide an example of the debate regarding qualitative methods in scientific research, which at a fundamental level concern disagreements about what is knowledge and how can it be known (i.e. ontology and epistemology).

Social constructionism: the research epistemology

It is not possible to demonstrate that an epistemology is 'right' in any scientific way, so often a researcher's stance is the product of basic belief systems. However, the choice of a social constructionist epistemology in this research was informed by consideration of its origins and principles, and by criticisms of this position. This epistemology was presented and critiqued in the Introduction.

From this perspective, collecting information in research involves constructing meaning, so that the data should be regarded as a product of the participant, the researcher and their interaction. Both shared meanings and particular instances of deviation from them are considered when identifying the conditions under which knowledge is constructed. This does not imply that any knowledge obtained in the research interaction is relevant only to that situation.

> "While the interview itself is a symbolic interaction, this does not discount the possibility that knowledge of the social world beyond the interaction can be obtained. In fact, it is only in the context of non-positivistic interviews, which recognise and build on their interactive components (rather than trying to control and reduce them), that 'intersubjective depth' and 'deep mutual understanding' can be achieved (and, with these, the achievement of knowledge of social worlds)."

> Miller and Glassner (1997, p. 100)

An important implication of social constructionism for the researcher, is that he or she should attempt to account for their contribution to the data. Being aware of how, as a researcher, one can affect the researched, is an example of reflexivity. This is defined by Steier (1991) as the process of being conscious of the ways in which we see ourselves. Jorgenson (1991) argues that data collection, for instance by interview, may be regarded as a communicative rather than elicitative situation, wherein the meanings generated are a product of interviewee and interviewer. The interviewer shapes the data by defining the problem domain, constructing the interview, presenting the topics, and receiving and judging the responses. The aim is not to remove subjectivity, because the act of knowing always involves the subjective process of interpretation. Instead the aim for the social constructionist researcher is to make explicit the structures and processes by which he or she has constructed the data (King, 1996). Stevenson and Cooper (1997) describe this as an attempt to explicate the link between data

and results by detailing the contextual factors which led the researcher to particular interpretations.

For the researcher trained in approaching science from a positivist perspective, adopting a social constructionist epistemology represents a 'quantum leap' in understanding knowledge. There seems to be no stable grounding for the research. However this insecurity can be offset by the advantages of adopting this perspective. In particular it appears to allow a more detailed understanding of the derivation of research data.

Grounded theory methodology

This section introduces grounded theory, and presents the rationale for choosing it as an appropriate methodology for this research. First, some background to grounded theory is presented - its origins, a summary of the method and critical review.

Background to grounded theory

The development of grounded theory is regarded as having been influenced by symbolic interactionist versions of sociological analysis. Fundamental to this perspective is that the *"essential nature of human life is that which occurs between two people, in a society of persons"* (Mead, 1934; cited in Clegg, 1993). This emphasis on a 'bottom-up' approach to understanding the world, is interpreted in grounded theory research as using data to produce theories as a means of developing knowledge. This approach is recognised to enhance theory generation, which Layder (1982) describes as having previously been stultified by an emphasis on the process of verification. A symbolic interactionist perspective, dissatisfaction with this limited approach to science and a lack of qualitative research methodologies contributed to Glaser and Strauss' development of grounded theory whilst investigating the institutional care of the terminally ill. The method originally described by

Glaser and Strauss (1967) was based on a positivist epistemology, in that formal theories were sought which would explain some 'real-world' phenomena.

The process of grounded theory analysis

The method provides a means of moving from unstructured data to theory using a sequence of specific analytic strategies. Overall a reduction in data is achieved through progressive conceptualisation and integration. Initially low-level descriptions or 'codes' are generated to closely describe the data. From these, higher-order categories are developed, which are conceptual and may account for several codes. Comparisons with data and between categories, enables the complexity of concepts and their relationships to be fully explored. As categories and their properties emerge and become more abstract, then their apparent inter-relations form an integrated central theoretical framework - 'the core of the emerging theory' (Glaser and Strauss, 1967). A final strategy of theoretical sampling guides the selection of new cases (e.g. participants) so as to obtain data which leads to a comprehensive theory. Data collection ends when the core categories are fully 'saturated' (Pidgeon and Henwood, 1997). That is when the analysis of additional data does not lead to the development of new categories or the identifying of new properties of existing ones. The resulting theory should provide an account of the "*multiplicities, variations and complexities of participants' worlds*" relevant to the specific area of investigation (Henwood and Pidgeon, 1994, p. 231).

Revisions of grounded theory

Since their original 'discovery' of this methodology, both Glaser and Strauss have contributed to the development of grounded theory (see Glaser, 1992; Strauss and Corbin, 1990). The version Glaser (1978, 1992) advocates remains close to the original - a discovery-orientated, inductive methodology. Strauss and Corbin's (1990) revisions have been described as an attempt to procedurise the method, with the aim of making it more teachable (Corbin,

1998). For example, all the identified properties are examined for each concept, even when this is not indicated by the data. Furthermore hypothesis testing is integrated into the strategy of constant comparison. These developments reflect concerns that the original method is confusing, difficult to implement and theoretically demanding (Morse, 1994; Clegg and King, 1998). The revisions have created a methodology, which according to Rennie (1998) is rationalistic, verificational, and both deductive and inductive. Critics regard the revisions as likely to create theories which are less well grounded, because the method has more power over the data (Glaser, 1992; Rennie, 1998).

A critique of grounded theory

Unfortunately there is no clear guide to selecting from the different versions of grounded theory, or any indication as to how they might be more or less appropriate to answer specific research questions. Underlying these problems for grounded theory are an unclear logic of method and an uncertain epistemological basis. These criticisms of grounded theory will be considered in turn.

Rennie (1998) argues that without a coherent logic to justify grounded theory, it remains unclear to what extent the development of theory from the data is an inductive or a hypothetico-deductive process. In contrast to the original presentation, many theorists believe that grounded theory cannot be purely inductive (e.g. Henwood and Pidgeon, 1995). For instance, the researcher will choose how he or she interprets the data, and these choices must influence the emerging theory. Similarly, Charmaz (1990) argues that the researcher cannot approach the data with a 'tabula rasa'. Without the researcher's interpretation grounded theory would reduce social worlds to their phenomenal forms, rather than produce any understanding of them or their interaction (Layder, 1982).

The second basis for criticisms of grounded theory may be regarded as its ambiguous epistemological foundations (Charmaz, 1995). Pidgeon (1996) describes this as a simultaneous commitment to both realism and constructionism. Examples of grounded theory research from both positions exist (e.g. Glaser and Strauss, 1965; Charmaz, 1987). This lack of specific epistemology can lead to confusion, so the researcher should state their epistemological position.

Grounded theory: implications for the current research
Considering the methodological requirements of the current research question, it should be apparent that grounded theory will allow the reconstruction of participants' meanings. Indeed Glaser and Strauss's (1967) original intention was to minimise contamination of data by theoretical interpretation, so that the results are close to 'real-life' (i.e. phenomenological). Whilst it is generally acknowledged that theory generation is not a purely inductive process, Hoshmand (1994) argues that grounded theory tends to be corrective in comparison to traditional research, which is often over-reliant on pre-conceived ideas and conceptual hypothesis testing. Therefore accepting the proviso that analysis will not be purely inductive, grounded theory methodology will provide a way of ensuring participants' meanings are fully represented in the research results.

A second requirement is that any methodology should correspond to the epistemological position adopted in this research - social constructionism. Whilst grounded theory is often applied by researchers taking a realist perspective, recent revisions have led to the adoption of this method by social constructionists (e.g. Charmaz, 1990; Pidgeon and Henwood, 1997).

Social constructionist revisions of grounded theory

The origins of social constructionist revisions of grounded theory lie in the recognition that the researcher needs some theoretical resources for the process of data interpretation. An early example of the use of this approach is Charmaz's (1987) investigation of how people with a chronic illness inform others of their condition. In a subsequent article (1990), she reviews her approach, and identifies several defining features: the process of categorisation is dialectical and active; the decisions of an active observer shape the process and product of analysis; and the research report is regarded as a social construction of the social constructions found and explicated in the data. Consequently Charmaz attempts to state explicitly how her philosophical stance, values and prior knowledge lead to assumptions and questions which shape the data. For instance, her Marxist perspective meant that she focused her questions on how society impinges on the individual and how individuals reproduce dominant ideas within society. In summary many of the methodological strategies of analysis in social constructionist revisions of grounded theory do not differ from those proposed by Glaser and Strauss (1967). However what the researcher contributes to the data becomes a focus of the investigation.

At this point it seems apposite to outline the origins of my interest in the research question. Briefly, my experience has been primarily working with disadvantaged groups, for instance rough sleepers, African township dwellers and people with learning disabilities. These experiences have led me to believe that the perceived deviancy of marginalised groups often reflects what is for them an appropriate way of coping with their disadvantages. That is, there is a powerful social cause of the 'deviant behaviour' of marginalised people. In addition, I understand deviance to be socially constructed primarily by powerful others located outside the marginalised group. So, whilst not wishing to deny the reality of individual suffering, and the possibility of overcoming this through psychological interventions, I believe that focusing solely on the problems of individuals will

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reinforce rather than challenge the social causes of distress and construction of deviancy. These beliefs have led to my interest in the context of individual distress, and hence community psychology.

The approach by Kathy Charmaz, a sociologist, has been adopted and modified by research psychologists, in particular Henwood and Pidgeon. Like Charmaz, they recognise researchers must have a perspective from which they actively seek to build their analysis (Henwood and Pidgeon, 1994). However instead of providing a broad description of their own stance (such as Marxist), as psychologists they attend to how specific individual assumptions and knowledge, and interpersonal factors contribute to the meanings identified in the data. For instance in Henwood's (1993) study of relationships between mothers and adult daughters, she based the splitting of a category on her knowledge of cultural representations of motherhood. This approach goes beyond an initial statement of one's beliefs and assumptions with regard to the investigation, which Patel (1998) warns against because it represents little or no attempt to reflect on the significance of these positions for the research. Pidgeon and Henwood's approach provides a more explicit guide to the reader as to how the results were obtained. This was the intended goal in the current research.

Criteria for evaluating the research findings

There is considerable debate in the field of qualitative research about how to evaluate the quality of results. Consequently Woods (1998) is able to offer no universal, prescribed means for the evaluation of qualitative research submitted as doctorate theses. According to Leininger (1994) the evaluation criteria selected by the researcher should match the epistemological stance adopted in the investigation. The current research was undertaken from a social constructionist stance, but to assist the reader the following account of

the selection of research criteria begins with reasons why traditional positivist evaluation techniques were deemed inappropriate in this instance.

Criteria employed to evaluate research undertaken from a positivist stance are validity (i.e. the accuracy of any representation to the phenomenon it refers to) and reliability (i.e. the consistency of observations), see Perakyla (1997). In qualitative research, techniques frequently applied to ensure the research meets these criteria are respondent validation, triangulation and independent analysis (Mays and Pope, 1995). Respondent validation involves providing feedback to the participants to see if they regard the research findings as reasonable. Triangulation refers to the collection of data from more than one source (for example using different participants or methods of data collection) or the same source at different times. Finally independent analysis involves using other raters or interpreters to provide a check on data analysis.

It is because social constructionists understand knowledge to be temporary, local and open to adaptation (Charmaz, 1990), that they regard the criteria and techniques presented above as inappropriate. For example they argue that inconsistencies highlighted by the strategy of respondent validation may not be due to inaccuracies in the data, but temporal or contextual changes in knowledge (Pidgeon and Henwood, 1996). Indeed any consistency exposed by respondent validation may not reflect accuracy, but be a product of the power differential between researcher and participants (Smith, 1996). According to positivist researchers, triangulating data is a means of demonstrating validity as different perspectives on one permanent, objective reality should be consistent (Mason, 1996). The basis of this technique is challenged by social constructionists because it implicitly assumes that knowledge is fixed and independent of the knower (Smith, 1996). However they propose that the technique can be used to gain richer, deeper material. Finally social constructionists would argue that independent rating *should* identify difference, and this is due to the contribution of the researcher in

constructing the results. Overall social constructionists understand knowledge to be accepted on the basis of socially and culturally situated normative rules (Gergen, 1985a). This implies there are no universal measures of truth, so that there will be no methods or techniques which can conclusively demonstrate results to be true.

Rather than research evaluation being focused on ascertaining the similarity of accounts, for social constructionists such as Charmaz (1990), the inconsistencies in data become a source of knowledge, as different perspectives raise analytical issues about how people understand the world. Charmaz proposes three characteristics of good quality research - the significance of the research question, methodological thoroughness and the incisiveness of the results. These were used in evaluating the current research. The significance of the research question is its potential relevance to understanding individual distress and pertinence to clinical practice. Arguments for the apparent significance of this research question were presented in the Introduction, and are reviewed in the concluding discussion.

Demonstrating methodological thoroughness is essential to achieving a position of 'strong objectivity' advocated by Harding (1992). To demonstrate strong objectivity the researcher must provide a full account of the justification for, and the process of, research. Stiles (1993) describes this process as making the research permeable. Permeability can be increased by providing evidential links which illustrate the reasoning and processes in research (Dreher, 1994). The aim is to enable the reader to cross-examine the researcher's collection and interpretation of the data. Techniques exist to assist the researcher in making reasonable interpretations based on the available data. These include empathic engagement with the participant in order to gain 'deeper' data (Stiles, 1993); keeping a log of research encounters, including hunches about data quality (Pidgeon and Henwood, 1997); reflecting on the complex and contradictory identity positions of the participants (Henwood and McQueen, 1998); negative or deviant case

analysis (Pidgeon and Henwood, 1997); and, maintaining a reflexive stance, so the researcher is alert to how his or her identity and roles affect the research (Mason, 1996). Most of these techniques are self-explanatory, but it may be useful to provide a brief explanation of deviant case analysis. Fielding and Fielding (1986) suggest that qualitative researchers tend to bias data collection by favouring information which fits the ideal conception of the phenomenon or seems exotic. Explicitly focusing on instances of data which deviate from what is expected or appears interesting can help prevent this bias. Furthermore seeking to understand these deviant cases and their implications for the research should lead to the development of a more inclusive and elaborate theory (Pidgeon and Henwood, 1997).

Charmaz's (1990) final evaluation issue concerns the incisiveness of the results. In this instance it means determining the value of the grounded theory. As noted earlier, knowledge (including theories) is sustained by social processes (Gergen, 1985a; 1985b). Henwood and Pidgeon (1995) identify two factors which sustain a theory - its rhetorical power, and the extent to which further research issues and questions are facilitated (i.e. generativity). Rhetorical power is associated with apparent depth, soundness of evidence and logic (Henwood and Pidgeon, 1995); believability and grounding in the data (Rennie et al, 1988); and persuasiveness (Pidgeon and Henwood, 1997). Qualities which increase a theory's generativity include whether it is useful (Rennie et al, 1988), predictive (Howard, 1985) and transferable between contexts (Leininger, 1994). To a social constructionist, the principle goal of grounded theory research is to develop and present a theory which convinces the reader of its worth.

Using interviews in data collection

Individual interviews were chosen as the means of obtaining information regarding the participants' understanding of how contextual factors

influenced their distress. There were three reasons for this choice. First, interviews would provide a relatively safe environment for participants to discuss the personal and potentially upsetting issue of their own psychological well-being. Given the sensitivity of this topic, a second reason is that deeper and richer material is more likely to be provided in a situation in which empathy can be employed as a research tool. For instance Stiles (1993) describes the use of empathy in qualitative research as a means of obtaining additional information about participants' reports of inner experiences. Finally the interview is a flexible data-collecting method, which is well-suited to grounded theory procedures of following-up emerging themes and focusing on particular issues in depth.

It is worth identifying the nature of data obtained from interviews. As noted earlier, social constructionism regards data as a product of the participant, the researcher and their interaction, whilst recognising that this reflects knowledge of the social world beyond the interaction (Steier, 1991). However, language has a role in distorting experience. Language does not provide us with an accurate representation of our world, but allows us a rough guide to lived experience (Denzin, 1991). In addition, narrators fracture and condense their accounts as a means of preventing boredom (Miller and Glassner, 1997). In short, the data obtained from interviews will inevitably be a distortion of the participants' knowledge. Nevertheless language is the most comprehensive means of human communication, and therefore suitable for exploring complex phenomena.

Interview design

An interview schedule was devised, which was particularly useful with the first few participants before the on-going analysis guided questioning. The process by which this was derived is described below, but first the appropriateness of interview schedules is considered. Banister et al (1994) caution that care needs to be taken in applying interview schedules as they can fix the research agenda, and not allow space for the discovery and

negotiation of the interviewees' meanings. Rigid use of interview schedules can result in data of dubious value. As Silverman (1993, p. 91) states *"the primary issue is to generate data which gives an authentic insight into people's* experiences". That is, the participants' views must be located in the context of his or her meanings, rather than those of the researcher. Flexibility is needed to explore these meanings. Consequently an interview schedule should be used as a general guide to *possible* topics or subject headings, rather than a fixed sequence of questions.

In this case the researcher was exploring individual experiences of psychological distress, so it seemed appropriate to use aspects of a typical clinical assessment interview as a loose format, i.e. obtaining information about background events, the experience of distress, its perceived causes and consequences for day-to-day life. Within these areas, emphasis was placed on particular topics relevant to the research question, for instance vulnerability to distress; relevant social, political, economic and cultural factors; the processes by which context was perceived to affect well-being. To an extent these reflect the researcher's perspective on the problem, and provide what Charmaz (1995) describes as 'points of departure', which should be used for developing rather than limiting ideas. This consideration of the research area and possible topics led to the interview schedule (see Appendix 1).

In addition to the development of a schedule, guidelines for conducting the interviews were defined at this stage in the research process. These are shown in Appendix 2. These were designed to provide a practical guide for dealing with ethical issues and potential dilemmas, such as confidentiality and participant distress. They also indicated how the researcher would conduct the interaction. An explicit statement of ethical responsibilities assisted the researcher in reflecting on his values and assumptions, and how these might shape the data gathering process. For instance, in recognising *my* need for some personal confidentiality and security, I may

have signalled a precedent to the participants of partial disclosure. This is an example of how interview guidelines can be used as one means of recognising the power inequalities between researcher and researched, and how this might affect the constructed meanings (King, 1996).

Research design summary

This chapter began by describing technical and epistemological reasons for answering the research question using a qualitative methodology. These methodologies allow the analysis of individuals' meanings without pre-defining their format or scope. A social constructionist epistemology was adopted because it was deemed consistent with the research topic to contextualise knowledge within the structures and processes which led to its generation. In addition it appears to value and account for meanings which deviate from the norm. This is consistent with the researcher's beliefs. A grounded theory methodology was selected because it ensures the results are clearly representative of the data provided by participants. Despite some lack of clarity, it is possible to apply the Glaserian model of grounded theory from a social constructionist position. One reason for the lack of clarity is uncertainty about how the research should be evaluated. To minimise this problem, specific criteria were identified for the purposes of this research. Finally it was argued that interviews would provide the most comprehensive method of collecting data about individuals' meanings. It was recognised that there should be guidelines to these interviews to protect the participants, particularly when discussing sensitive topics such as personal distress.

3.   METHOD

In the previous chapter a design was chosen which should enable the research question to be answered. This chapter details the actual processes of data collection and analysis. It begins with a description of how participants were selected. The next section deals with data collection procedures, including how participants were recruited and interviewed. Following this are details of how ethical issues were addressed in the research procedure and the researcher's involvement in a qualitative research support group. The chapter concludes with information about the procedures of data analysis. The procedures of data collection and analysis were derived from grounded theory methodology.

Participants

The sample frame

The research question implies that participants had to have experienced distress. Within this population the sample frame from which the participants were selected was defined by several criteria. First, participants had to have been clients of clinical psychologists working in adult mental health services. This criteria was to ensure that participants would have experienced some form of abnormal psychological distress (as recognised by the referring GP). In targeting ex-clients, the researcher's intention was to prevent situations in which he inadvertently introduced ideas to current clients which were counter to any on-going intervention.

A second factor defining the sample frame was that participants were from within the area covered by the Leicestershire Community Mental Health Teams. Within this area individuals were not selected from some localities because the relevant Community Mental Health Team did not contain a clinical psychologist.

An inclusion criterion imposed on the sample frame was that participants should have had formal contact with the clinical psychologist within the last year. This ensured that any participant's period of psychological distress was relatively recent, and so memorable. It provided the clinical psychologists with some focus for their search of past clients who might be suitable participants. An implication of this criterion was that for some participants, abnormal psychological distress was a current problem.

The final factor defining the sampling frame was an exclusion criterion. Clinical psychologists were asked to disregard ex-clients whose contact with the service was brief. The reason for this was to exclude people who had not been distressed, or whose distress was not psychological, for instance those with physical health problems.

It should be noted that several variables were not considered in defining the sample frame, for instance the reason the ex-clients were referred to the psychologist, the type of intervention and the outcome. This information was regarded as unnecessary for selection, and not having access to this information was regarded as beneficial from an ethical perspective, because it ensured client confidentiality.

Selection

The clinical psychologists controlled the initial selection of potential participants from the sampling frame. Following a research presentation and individual meetings, clinical psychologists in the adult speciality were asked to select up to four of their ex-clients. Comments from these clinicians provide some indication of the reasons for their choices. They stated that their choice was influenced by who they believed would co-operate, and who would be interested in, or had spoken previously about issues relevant to, the research topic. For instance, one psychologist described having chosen an ex-client because he had previously expressed concern about the powers

of politicians. Those ex-clients responding to letters from their clinical psychologist formed a pool of potential participants.

According to Glaser and Strauss (1967), the selection of participants in grounded theory research should be a directed, rather than random, process. Selection is guided so as to obtain a rich data set, ensuring a basis for a comprehensive theory (Pidgeon and Henwood, 1997). In the present study this was achieved through the use of two strategies.

The first four participants were selected by a strategy which ensured they differed along a number of obviously distinguishing variables (for instance sex and age), and by more subtle differences which might be associated with the research question, in particular perceived socio-economic status (roughly estimated from their address). However achieving maximum diversity was somewhat restricted because the clinicians were contacted sequentially by the researcher, which meant that the full pool of potential participants was not available at any one time.

The remaining two participants were selected using a theoretical sampling strategy. The strategy involves actively seeking participants who are considered likely sources of information which would further develop the emerging theory (Glaser and Strauss, 1967). This process can only begin after some initial analysis. This initial analysis of data from the first four participants indicated a gap in the emerging theory with regard to communities. It was reasoned that this may have been because participants' identities as part of the dominant culture (white and British), meant that they probably did not have the sense of difference by which some communities are defined. Therefore the final two participants were selected because they were not representative of the dominant culture. It was anticipated that this might mean they would be more aware of culture, and be able to provide information about distress with respect to cultural communities.

Six participants were selected and agreed to be interviewed for the study. Further recruitment was constrained by the limited time available to complete the research. Ideally the total number of participants in a grounded theory research should be determined by the concept of saturation[1]. Within the Discussion some consideration is given to whether saturation was achieved in this research.

The following information provides a brief summary of the selection procedure of research participants. Six clinical psychologists were informed about the study, and asked to identify ex-clients who might be suitable participants. They each contacted up to four of their ex-clients, providing information about the study, and asking if they could be contacted by the researcher. Twelve ex-clients agreed to this request, and six were selected to participate in the study. Some socio-demographic information about the participants is contained in Appendix 3. The procedure for recruiting and interviewing these people is detailed next.

Data collection procedure

An overview of the research procedure is shown in Figure 2. Detailed descriptions of each stage are provided in the following text.

Recruiting participants

Initial contact with those ex-clients identified by clinicians as potential participants was indirect. The clinical psychologist contacted the ex-client to ask if their name and address could be given to the researcher. (A typical letter sent to ex-clients and the accompanying information regarding the research are contained in Appendices 4 and 5). This procedure meant that the researcher could not obtain information about the identity of ex-clients

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[1] As noted in the Design chapter, saturation occurs when additional data fails to lead to the development of new categories or their properties.

Researcher informs Clinical Psychologist about
the research and sample frame

↓

Clinical Psychologist contacts an ex-client
with information about the research and asks
if he/she is interested

↓

Researcher contacts those ex-clients who have
expressed an interest and meet selection criteria,
to answer questions and possibly arrange an
interview

↓

The ex-client's GP is informed and given the
opportunity to exclude them from the research

↓

Researcher and ex-client meet. Consent is
obtained for the interview

↓

Interview

↓

Transcription

↓

Coding of the transcription

↓

Preliminary interpretation of the interview,
especially identifying categories and their
properties

↓

Further analysis to develop concepts
and their links i.e. theory-building

After the initial participants,
further selection is driven by
apparent gaps in data identified
through the concurrent analysis

Figure 2:   **An overview of the research procedure**

without their approval, so their confidentiality was ensured. The disadvantage of this approach is that by lengthening and complicating the recruitment process, potential participants were likely to be less motivated to become involved.

Ex-clients who replied and expressed some interest in the research were contacted directly, usually by telephone. This allowed the researcher to answer any immediate questions, and provide a fuller description of the research topic and procedure. If the ex-client still wished to proceed and he or she met the selection criteria, then an interview was arranged. Also the name of his or her GP was obtained. A letter to the GP provided information about the research, and gave them an opportunity to object to their patient's inclusion as a participant. This was intended to minimise any possibility of the interview having a deleterious effect on the well-being of the ex-client. No objections were received from GPs.

Interviewing

Four participants chose to be interviewed in their homes, and two at the Psychology Department of a general hospital. The participant's home was suggested as a first choice, because it was assumed that a familiar environment would make the participants less nervous. At each location the interview procedure was similar.

First, the purpose of the research was explained, and participants were informed of the likely sequence of events before, during and after the interview. The confidentiality of information provided by the participant was discussed, including storage of written and recorded data, and the anonymisation of personal details in any reports. At this stage the tape recorder was not switched on, and this was made clear to participants. Tape recording was described to the participant as a means of ensuring that none of their information was missed by the researcher. However the researcher proposed that if the participant described situations which they did not want

to be recorded, then the tape recorder could be switched off. Similarly, participants was informed that they could opt-out of answering any of the questions. Neither of these events occurred.

If the participant indicated that he or she had understood the information provided about the research and the interview procedure, then they were asked to read and sign the consent form (see Appendix 6). Participants were provided with a copy of this form. Of the six individuals who were selected and agreed to meet the researcher, all provided their consent and participated in the research.

The interviews lasted approximately one hour. Initially the researcher asked questions which were closed or required reasonably concrete answers, for instance to obtain biographical information. It was hoped that this type of question would help reduce any nervousness felt by the participants. Later in the interview, questions were more open-ended and concentrated on participants' understanding of their distress and context. For all the participants, the interview schedule (Appendix 1) was applied flexibly to structure the interview. However in later interviews the researcher also focused on specific issues which appeared to be missing from, or relatively undeveloped within, the on-going analysis. One example is the lack of information about culture and community. In addition it became increasingly obvious that the views of others were important in establishing meaning, so questions were introduced about how these were perceived by participants. However flexibility was the primary objective in the interviews. The researcher was very aware of the dangers of following his own agenda in the interviews. All the participants were keen to tell their stories, and this was encouraged as it enabled their comments to be contextualised. This flexibility in interviewing was facilitated by the style of questioning adopted.

Prior consideration of an appropriate interviewing style led to an explicit statement of the approach in the Interview Guidelines (Appendix 2). How

these guidelines were applied so as to provide a way of accessing meaning in context is now described. A goal of fostering Rogers' (1951) core conditions for a counselling relationship (empathy, warmth and genuineness) in the interview was achieved in part by the use of open questions and active listening (for examples see Coyle, 1998; or Coyle and Wright, 1996). Paraphrasing, summarising and reflecting allowed the researcher to clarify participants' meanings. Engagement with the participants and the use of limited and safe self-disclosure encouraged interaction, and recognised that the meanings constructed in the interview were a product of both people present. For instance 'Sarnjeet' had asked where I was from before the interview began. As I was from a city familiar to him and where he has friends, this seemed to increase our familiarity and his willingness to disclose. The shared understanding prompted by my disclosure seemed important, and was recalled later in the interview.

> *Very big difference like from, so they just come from there,*
>
> *and the majority of Pakistanis come from like Mirpuri, if you*
>
> *know like, you are from Bradford, the majority are from there.*

<div align="right">Sarnjeet 17, 15-17[2]</div>

The researcher ended the interviews after about one hour, at a suitable juncture in the discussion. Even if new information was being gathered, the researcher recognised that participants had other commitments and that he was in a more powerful position with respect to closing the conversation. At this time participants were invited to provide any further information which they regarded as relevant and to ask any questions about the research, either with the tape recorder on or after it had been switched off. In addition he or she was asked whether they could be contacted again if further questions were identified after analysis of the interview, or there were queries about what participants meant by particular statements. All agreed to this request (though none were contacted). It was explained to participants at

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[2] In this report excerpts from the interview transcripts are referenced by the pseudonym of the participant, the page number and the line number(s) which locate the segment.

this stage that they could withdraw their consent if they did not wish the information they had provided to be used in the research, although none did. Finally all participants were asked if they would like to receive information regarding the results. All expressed an interest. Appendix 7 contains a copy of the letter informing participants of the research results.

Recording information after the interview

Data gathering continued after the interview through two procedures. First, the researcher's perceptions of the interview were recorded in a journal. Typically this would include my perceptions of the participant's mood, non-verbal behaviour and openness, and hunches about the quality of the data. An example entry to the journal written after interviewing a participant is shown in Appendix 8. This technique reflects a social constructionist understanding of the interview data, which is regarded as a product of the interaction. By making explicit my feelings about, and contributions to, the interview, it was possible to see how these may have influenced the content. For instance reflecting on my impressions (noted in the journal) of how participants appeared to perceive me as a student rather than a clinician allowed me to ask simple questions about basic concepts, e.g. distress, and thereby ground meanings in the participants' responses rather than my pre-conceptions. In addition this perception of the researcher as a student had implications for the analysis, as it suggests that participants' understanding of distress as idiosyncratic was less likely to have occurred due to the demand characteristics of having been interviewed by a clinical psychologist. (The demand characteristics of the research are explored in more detail in the Discussion).

The second procedure was transcribing the tape-recording, (though Banister et al (1994) argue that this is also the first stage of analysis, because it represents a selective interpretation of the encounter). As transcription results in greater familiarity with the data, it is often recommended that the

process is undertaken by the researcher (e.g. Charmaz, 1995). The researcher transcribed the interviews recorded in this study.

A complete copy of all the transcriptions is available for inspection[3]. Excerpts throughout the Results chapter illustrate the level of transcription. In general, all verbal speech was transcribed and significant pauses indicated[4]. During the process of transcription, any preliminary ideas or interpretations from the data were noted in the research journal. Again an example is shown in Appendix 8. These notes were useful in understanding how the final results were achieved, but they did not constitute data for analysis. Before this process of analysis is described, two issues pertinent to the data collection procedure are presented.

Ethical issues

This summary of ethical issues focuses on how the participants were protected, and the value of the research. These issues may have been referred to in other sections. However they are summarised below to highlight the ethical stance adopted in this research.

Various procedures were followed to ensure the research participants were protected and respected. Confidentiality of participants and other ex-clients was ensured by several methods. For instance ex-clients could choose if they wished the researcher to have their name as a potential participant; individuals' psychiatric and/or psychology notes were not seen; and all the data were stored securely and presented in a way which preserved anonymity. Those involved in the research were informed about both its purpose, and on completion, the results. Participants were asked to provide

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[3] The interview transcripts are bound separately as Appendix 9. This is available for examination at the Centre for Applied Psychology (Clinical Section), Leicester University.

[4] The symbol (.) was used to indicate a pause in this transcripts. This was noted when the participant created a break in their speech for a longer time than was usual.

their consent at both the beginning and the end of their interview, and informed that they could withdraw consent at any time afterwards. Interview guidelines were designed to protect the participants. For example the researcher had a clear procedure for reacting to unusual distress experienced by participants (see the Interview Guidelines in Appendix 2). Fortunately none of the participants showed any unusual signs of distress during the interviews. If this had occurred then the researcher would have intervened, for instance by contacting a participant's GP. This would have changed the relationship between researcher and participant so that any interpretation would need to reflect this, for example by considering the implications of the loss of confidentiality on the data. Finally the research was, designed to respect participants by ensuring what they said was understood, in particular by acknowledging the context in which it was spoken. This approach to ethical issues was purposefully implemented so that participants might perceive themselves more as research collaborators than subjects. Not only does this have potential benefits, for instance increased engagement, but it establishes the research as a moral undertaking.

The second ethical issue concerns the value of this investigation, i.e. is the research question relevant and is the design an appropriate way of addressing this question. It has been argued in the Introduction that understanding the role of context in psychological distress is an important question for the profession of clinical psychology (see also Clements and Rapley, 1996; Moorey and Markman, 1998). In addition the researcher has sought to justify the choice of research design to answer this question. The aim was to provide a moral justification for the research by showing it to be a worthwhile enterprise.

Approval for the research was obtained from ethics committees at Leicestershire Health and the Centre for Applied Psychology, Leicester

University. Feedback from these committees to the research proposal is shown in Appendix 10.

Qualitative research support group

The researcher met regularly with other trainees undertaking qualitative projects. These meetings were sometimes facilitated and occasionally involved specific teaching. However the group usually met to discuss issues arising in our research. For instance we considered the research implications of adopting different epistemologies, and whether coding should be performed line-by-line or for each 'chunk' of meaning. Whilst there were no right answers to many of the issues we discussed, this forum for debate and reflection certainly enhanced the quality of this research.

Data analysis procedure

This section attempts to give an open account of data analysis. Descriptions of coding, categorisation and abstraction procedures are provided. The aim is to increase the permeability of these procedures.

Coding the transcripts

The first stage of data analysis was the coding of each interview transcript. This process involves a tentative labelling of the transcript segments, thereby identifying important aspects of the data (Pidgeon and Henwood, 1997). This was performed for each 'chunk' of meaning within the transcript. Whenever possible the labels were made active, as Charmaz (1995) suggests this helps the researcher to see process in the data.

New codes were developed through comparison with existing ones. When data contained an underlying, semantic difference from the existing codes,

then a new code was created. Codes were recorded initially on index cards and later on computer. These records consisted of a reference number, the descriptive label and the location(s) of the segment in the transcripts. In parallel, the research journal was used to record thoughts which occurred whilst reflecting on the data during coding.

The first four interview transcripts were coded using an open coding system, that is each unit of meaning was labelled regardless of its apparent relevance. A segment of coded transcript is shown in Appendix 11. The final two interviews were coded using a selective process, which focused on expanding existing themes and exploring seemingly relevant data which had not yet been encountered.

My dissatisfaction with some of the original codes meant that each was reviewed and some revised. One example of a revised code is 'Being unable to fulfil roles imposed by others' which replaced 'Having problems because of personal deficits'. In general a code was changed when its label was deemed inappropriately judgmental, vague or reflected concepts (from say community psychology) which I seemed to have forced on the data.

By coding the transcripts, two goals were achieved. First the codes provided a descriptive index, which allowed easier access to the data. The second goal achieved through coding was to increase my familiarity with the data.

Constructing categories

Deriving categories from codes is a process of conceptualisation. Initially this requires some selection of codes which appear significant with regard to the research question (Charmaz, 1995). Codes were selected for development if they were considered relevant to at least one of the following questions: 'How do people perceive or understand their distress?' and 'What are the effects of how people perceive or understand their distress?'

Once a code was perceived as relevant then the goal was to raise it to a category by explicating its properties, assuming it was significantly different from those already existing. To raise a code to a category, first the index of codes was used to search for data which may be pertinent to the code to be developed. Then a process of comparison between the data associated with the code to be developed and other pertinent data meant that similarities and differences could be identified. These similarities and differences were used to provisionally define the properties of the category by extracting information about conditions under which it occurred, was maintained and changed, and what were its consequences (Charmaz, 1995). Text describing these properties and illustrative data were used to define the categories. In this way analysis moved beyond description to a more abstract level of conceptualisation.

As data collection and analysis proceeded, information which appeared to be missing from the categories was sought from the transcripts. The codes were used as a means of searching for seemingly relevant data. If necessary, the type of questions which could provide information to fill the gaps were noted, and then asked of the next participant(s). For instance in later interviews I began to inquire how the participant perceived others to understand their distress. Finally some information could only be provided by particular individuals, so these people were sought as participants (see the earlier description of theoretical sampling). In these ways data collection and analysis were iterative.

In all twenty-two categories were developed. The categories were all revised at least once. These revisions were undertaken to ensure the categories were clearly grounded in the data. For instance consideration of the categories led me to recognise that I had over-exaggerated issues of power which were not so prominent in the data. These revisions produced the first-level categories shown in the Results chapter.

Abstraction

In grounded theory, abstraction is a process by which categories are refined, extended and related to create a more conceptual form of knowledge (Pidgeon and Henwood, 1997). The identification of apparently missing data and the revision of the categories described above are examples of refining. The way in which the categories were extended and then related is shown in the Results chapter. All these processes demand that the researcher moves beyond the data by linking concepts within and between categories (Charmaz, 1990). Memo-writing was a technique used to aid this process. The memos took many forms, though most frequently they were notes comparing categories. Often the ideas in memos were not included in the final description of the analysis, as alternatives were found to be more convincing. One example is reproduced below. This example illustrates how data and the researcher's existing knowledge were used to construct new knowledge. It supports earlier descriptions of grounded theory methodology as a process which is not a purely inductive.

Comparing categories:

> *- Managing self in relations with others*

> *- Assuming others see them as different*

Perhaps distressed individuals must manage themselves (rather than change context) because others are perceived to be different. This idea is developed from personal construct theory.

1. There is perceived to be no commonality between distressed and non-distressed (see commonality corollary).

2. If there is no commonality then the distressed cannot understand others and so cannot engage in social processes with them (sociality corollary).

Hence distressed individuals are only able to manage self rather than meaningfully interact with others.

Abstraction ends when a core category or theme is defined. Glaser (1978) describes this category as being related to as many others as possible and representing a theme which re-occurs frequently in the data. The resultant grounded theory consists not only of a core category, but all the lower levels of abstraction which are useful in understanding the phenomenon under investigation. An account of abstraction, by which first-level categories were refined, extended and related so that a core category was eventually constructed, is shown in the following Results chapter.

4.   RESULTS

This chapter provides an account of the analysis. These results are described in a 'bottom-up' sequence. This means the categories derived directly from the data are presented first, followed by those at a higher-level of abstraction. The reason for adopting this format is to allow the reader to follow the process of abstraction. This would not have been possible with a 'top-down' presentation.

To avoid confusion there are different title formats for each category level. All category titles are followed by a reference to their level of abstraction in italic lettering. Examples are shown below:

- ***Managing self in relations with others***   *(First level category)*
- **Presenting self**   *(Second level category)*
- **SELF-MANAGEMENT**   *(Third level category)*

The end of a second level category is marked by a short, centred line, and after a third level category a new page is begun. Categories were not always combined with others during abstraction, so they can be seen as existing at several levels. These levels are shown in the italic reference. Within each category any deviant cases[1] are clearly presented, and their effect on the analysis is described.

The hierarchical associations between first, second and third level categories are shown in Figures 3, 4 and 5. When categories exist at several levels they are shown at their highest level in the figures, though they may have been derived directly from the data. There are no diagrams to show 'Being under the influence of context' and 'Having limited power or control' because these are unitary categories, existing at all three levels.

---

[1] 'Deviant' has unfortunate connotations, however in this research it is not meant to be judgmental but refers to a distinct difference from other participants. An alternative description of negative case was not used because it implies that any difference is the complete opposite of the predominant condition.

Interview data are clearly shown as indented paragraphs in italicised text. Each excerpt is followed by a reference to its location in the transcripts. The interview segments are relatively long. This is probably because the coding involved considering data in 'chunks of meaning' rather than artificially slicing it into lines. This approach increases the reader's awareness of the context in which the participants' comments were spoken.

The first and second level categories described over the next pages all contribute to the third level category 'Self-management'. Figure 3 shows how 'Self-management' was abstracted from four second-level categories. The first of these is 'Presenting self'. This was derived from three first-level categories which are described in the following text, beginning with 'Managing self in relations with others'.

Managing self in relations with others
(First level category)

Although it is considered normal for people to manage their relations with others, the participants indicated that they are more aware of this process when distressed.

> *You've got to interact with them, so it would be good in that regard to get that, it is in some ways a skill. Because if you're feeling depressed and you don't want to know, you've got to put a brave face on, you know you can get through the day. Em, I still don't know if that's a good thing or a bad thing.*

> John, 12/13 43-2

Participants were alert to the dangers of exposing their distress, so they kept it hidden. For participants this created a disparity between how they presented to others, and their perceptions of themselves. All the participants were aware of this disparity, as it was sometimes too obvious to be denied.

FIGURE 3:
Map of categories contributing to 'Self-management'

Third level category

Second level categories

First level categories

SELF-MANAGEMENT

Presenting self

Managing engagement with context

Exposing self

Creating change

reducing engagement with the world

interacting with proximal contexts

disengaging from distal contexts

relating distress to community, culture & race

managing self in relations with others

presenting self to minimise own perceptions of distress

attempting to live a 'normal' life

needing others to assist in overcoming distress

targeting exposure of distress

negotiating support

60

It's everybody else thinks I'm quite confident, very happy and
living the perfect world. I mean I know my friend Clare, when I go
see her, she's the ward sister on nineteen, there's a friend there,
Betty, who does the same job as I do, and she commented to, on
how happy and bubbly I sound every time she sees me. And Clare
said I did think, if you she knew you really. So I give out a
different, I think I give out different vibes to what I feel inside ...

Jane, 19 25-31

So a facade of normality was constructed and presented to most others, whilst participants subtly disengaged from people and contexts. This overt management of relations with others can lead to the realisation of falseness described in the previous quote. However by presenting a facade, participants perceived themselves to have reduced the risk that others might react in ways which would exacerbate their distress.

Yes, it makes you feel very, em, inadequate and makes you feel as
though, as if they're baby-sitting, and you don't need that.

Bill, 14 9-10

Presenting self to minimise own perceptions of distress
(First level category)

One way participants represented their distress was in terms of how they were different from others (see 'Perceiving self to be different from others', page 93). However participants did not passively have comparisons thrust upon them. Instead the data suggested they were active in identifying others who would act as favourable 'benchmarks'. For instance groups of people who have already been 'outed' as distressed (perhaps by being conspicuously positioned within mental health services) would be avoided.

... because I was asked on two or three occasions, by different
people if I'd ever consider doing mental health training, em, work
colleagues, people like that. And I always said no because there
was too many mirrors. I always thought there was this, em, in the

> *people that I would come across in a psychiatric unit, I would see*
> *too much of myself.*

<div align="right">Bill, 8 35-40</div>

The same participant compared himself to people with learning difficulties.

> *There's always this thing that, em, you are working with people*
> *who are inadequate, and therefore this makes you more adequate.*
> *I've never really considered it as being a, a justification for doing*
> *the job, but I'm sure this must come across in some ways.*

<div align="right">Bill, 8 22-26</div>

This selection of a clearly less able comparison group was a deviant case. Perhaps for 'Bill', people with learning difficulties were obvious in his life because of his work. Other participants did not choose groups who were so different from 'the norm'. However this example does represent an extreme instance of a common trend which involved the selecting of people for comparison who would emphasise the normality of the participant.

In addition to manipulating the basis for evaluating themselves, participants tried to minimise occasions on which others would judge them, even if this meant portraying themselves as less able.

> *... I don't stick my neck out further than I have to, I don't do*
> *anything clever. I just stick to what I know. So hopefully I don't*
> *get criticised often, because it does bring me right down to flat*
> *bottom.*

<div align="right">Jane, 3 10-12</div>

For participants actively managing comparisons meant they could be perceived by themselves and others as less distressed.

Attempting to live a 'normal' life
(First level category)

One way participants managed their distress was by constructing a 'normal' life for themselves. This meant continuing with daily routines, relationships, etc. as though he or she was not distressed. For instance 'Jane' described

<div align="center">62</div>

how she had learnt to get on with life after her father died, though subsequent revelations disrupted this strategy.

> *And then twelve months later I got a letter from my mother saying*
>
> *that he wasn't my father, and it was really like burying him again.*
>
> *Although I didn't have time off work, I made myself go to work*
>
> *and I handled it differently (.) probably more mature ...*

<div align="right">Jane, 12 24-27</div>

However attempting to live a normal life may have been recognised as a superficial strategy.

> *... I have been out, occasionally to the pub. And I do isolate*
>
> *myself in the pub. I won't lie.*

<div align="right">Bill, 9 24-25</div>

This quote shows the participants' simultaneous commitment to maintaining a normal life in the eyes of others, whilst actually detaching themselves from the social aspects of their context.

Presenting self

(Second level category)

The categories 'Managing self in relations with others', 'Presenting self to minimise own perceptions of distress' and 'Attempting to live a 'normal' life' were integrated into a second-level category because they all describe how participants managed their presentation to create an impression of normality and to diminish their distress. For instance, living a normal life was construed by participants to mean that distress did not have a noticeable influence on behaviour. Hence, like the other categories, attempting to live a normal life is about hiding the distress and its effects from the self and others.

It is noted that the arena for this management of presentation is the individual, rather than any context. Although participants did not represent themselves as passive in their response to distress, they constrained their activity to managing their presentation for themselves and others.

The reasoning behind this management of presentation seems to have been that participants believed by imitating a normal life, they could attain the associated internal state, no distress. That is, as having no distress means being able to live a normal life, participants reversed this proposition and assumed a normal life implies no distress.

What the participants found was that appearing to live a normal life did not seem to cause a reduction in distress. Instead the normal life was perceived as a facade masking their distress. Whilst participants felt discomfort with this situation, they appeared to accept a trade-off between achieving internal coherence (corresponding actual and perceived self) and external coherence (the fit between themselves and others). In this way self-presentation was established by the participants to be an overt process of managing the dissonance caused by these conflicting needs.

The following four first-level categories informed the derivation of the second-level category 'Managing engagement with context'. Again this is illustrated in Figure 3.

Reducing engagement with the world
(First level category)
Participants portrayed themselves as attending to a few specific contexts and excluding others when they were distressed.

> *But when a person's depressed they do focus in on the very close about them, and not the world in general. You tend to shut out the world to a degree, to a very big degree. You just think, like I said, do my parents love me, am I a good person, why?*

> John, 19 23-27

Some participants wished to take this to the extreme of being isolated from all contexts in which they experienced interaction with others.

> *I know that isolating is just a form of withdrawal or avoidance, and it's not good for me. But that's what I want to do. I want to be oblivious to what's going on outside.*

<div align="right">Bill, 7 30-32</div>

This desire to reduce engagement with their contexts to a minimum appears to be a consequence of participants perceiving their distress to be worsened through their interaction with the world.

> *I think we'd just like to do the garden. My husband and I together, on our own all day. I think, I mean I think it's people that upset so that if I don't, so if I don't, if I'm not with people then my life will not get that upset.*

<div align="right">Jane, 6 26-29</div>

So one way in which participants understood that they could establish some protection from further distress was by limiting their engagement with the world. The quotes above illustrate that the degree of disengagement sought was idiosyncratic, one participant desiring complete isolation whilst another wanted the company of her husband.

Interacting with proximal contexts
(First level category)

Participants reported finding it difficult to disengage from contexts that were clearly influencing them.

> *It was the more personal level, the more focused in that area, and when you are depressed you tend to look in a very small world, and a very small sphere, you don't look what's happening beyond, because that beyond isn't really affecting you, even though it is.*

<div align="right">John, 19 15-19</div>

So for instance it is hard to disengage from a familial context if the family are dependent on the individual for financial or emotional support.

> *So I don't tackle anybody. I just say it's OK. Except in the house,*
>
> *my husband says. (laughs) Yeah, I do shout and stand my ground*
>
> *in the house, but that's the only place really.*

<div align="right">Jane, 5 37-39</div>

However some relatively proximal contexts were disregarded by participants, for instance community.

> *Because I had to learn to be an individual and rely on myself in a*
>
> *smaller group of people then, than fitting into the large group*
>
> *now, and I still believe and feel strongly about that now. I'm much*
>
> *happier in a small group of friends and group of people, than in a*
>
> *huge community.*

<div align="right">John, 16 4-8</div>

Generally it was proximal contexts which were regarded by participants as making unavoidable demands on participants, and their immediacy meant they were difficult to ignore, though sometimes this occurred.

Disengaging from distal contexts

(First level category)

When distressed, the participants were more likely to seek disengagement from those contexts which had a less obvious effect (though these may have been as effective). These tended to be distal contexts (e.g. political, cultural and societal), rather than proximal contexts (e.g. family, friends, work).

> *But when a person's depressed they do focus in on very close*
>
> *about them, and not the world in general. You tend to shut the*
>
> *world out to a degree, to a very big degree. You just think, like I*
>
> *said do my parents love me, am I a good person, why?*

<div align="right">John, 19 23-27</div>

Relating distress to community, culture and race

(First level category)

Community, culture and race are included in the same category as participants found it difficult to separate them. Participants did not see their distress to have been affected by community or culture.

> *No I don't think I'm in any part of the community here. And I don't think I ever have to be honest.*

<div align="right">John, 14 32-33</div>

Generally participants did not recognise their membership of any communities. To an extent this was true even for participants who did not appear to be part of the dominant culture.

> *I think like I live in their environment here, it's their laws, our laws over there are completely different, so even my own people born here can't understand what that is. It's completely different, and er, it is not racism and all that. I don't think it like that, because everything is, we live here, so it has to work like that.*

<div align="right">Sarnjeet, 16 22-26</div>

This participant described conforming to the dominant culture. Another participant maintained cultural and religious beliefs from her country of birth. However she seemed to minimise the role of race, and especially prejudice by suggesting it was experienced by everyone.

> *And prejudice, where prejudice is not? It is everywhere at every level. If you are from one district to another district in the same country, they will say she's Punjabi and that girl is Bhutan, borders are the same you know, North West Frontier Province, it's Bhutan, you know Punjab. I am from Punjab, so we are Punjabis. I worked all along in North West Frontier Province, I can see how Bhutans wouldn't accept me. It's there, you have to accept it. Why should they?*

<div align="right">Kaneez, 13 33-39</div>

It seems there was an emphasis placed by participants on dealing with problems at an individual level, rather than any perception of themselves being influenced by wider contexts, such as community, culture and race.

Managing engagement with context

(Second level category)

The three preceding first-level categories described how participants purposefully or otherwise manipulated their presence in, and interaction with, different areas of their life. Like the presentation of self, this management seemed to be more overt for participants when they were distressed.

Overall participants claimed a reduction in engagement with contexts when they were distressed. This did not represent a balanced withdrawal; disengagement from distal contexts was more often reported. Proximal contexts were regarded as more difficult to avoid, though some participants desired or sought total isolation.

This disengagement was presented as a means of reducing the likelihood of further distress, which was seen as originating from contexts. One effect of adopting this strategy seems to be that external events were experienced and interpreted at a personal level, for instance racism may be seen only as an attack on the individual, rather than a wider issue affecting others. This example suggests that the strategy has implications for how distressed individuals might understand their state, focusing more on individual than contextual factors.

Described below are three first-level categories which contributed to the next second-level category 'Exposing self'. Figure 3 depicts this relationship.

Needing others to assist in overcoming distress

(First level category)

The participants constructed an understanding of their situation that implied not being distressed meant being more engaged with the world, and that this was also necessary to achieve a less distressed state. Engagement with the world was seen as both the process and the goal of reducing distress.

> ... *if you lock yourself away and hide from everybody, it's not solving the problem, you know. You are sitting there and stewing in your own pot as such, and you are not getting anything resolved, you're not, em, getting the poison out of you, it's just sitting there and festering. Whereas if you interact with, or you're forced into a situation where you have to admit there's a problem, then that could be the kick you need to go and get that problem sorted out.*

> John, 13 17-23

All the participants said that to overcome their distress it had been necessary to receive help from others. However all the participants had sought help, initially from their GP and later a clinical psychologist, so this may represent some *post hoc* justification of their actions. This implies that needing others to help overcome distress may not be perceived as appropriate by all distressed individuals.

Targeting exposure of distress

(First level category)

There seemed to be a tendency for participants to have a small number of people to whom their distress was exposed. To an extent the degree of exposure appeared to depend on the manner in which the participant perceived that the other could help and the risk to themselves or the other in disclosing.

> *I mean although I've always had, always had these feelings of self-doubt, whenever I have been depressed I've always tried to hide it from people and from my family, so that they didn't see*

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what was happening so it didn't upset them, so in some ways that
was another pressure on me because I was feeling depressed but I
couldn't let anybody know, and that was making me more
depressed, ...

<div align="right">John, 4 26-31</div>

All the participants portrayed a high degree of concern about exposing their distress, and were selective as to whom they disclosed to and what they said. Most participants described actively seeking appropriate people and/or contexts to discuss their distress.

If you get the right person it can be helpful. It's more helpful if
you can get somebody who's either been through the same
situation, or has been through something similar. So that they can
see where you are coming from, and have some idea what it is you
are feeling, and why you are feeling it.

<div align="right">John, 7 12-16</div>

Unusually this participant perceived the disclosure of his distress to have been out of his control, though it appeared he was subsequently active in seeking help.

If that's starting to affect your job, people start noticing and
you've got to account to your manager why you are not working
as well as you can do, and that means you have to admit to
yourself that there is a problem, that something's wrong, and if
you want to get it sorted out then you have to get help, ...

<div align="right">John, 13 8-12</div>

Negotiating support

(First level category)

This category contains information about the process of negotiating with others who had been identified as a potential source of support regarding the distress. The process was described as difficult by participants, for instance when raising the topic of distress.

So ... plus in some ways I find it awkward to bring the subject up
you know, it's not the easiest thing to talk about. Oh, by the way,
today I'm feeling really depressed, and I'm going to hurt myself.
Or I feel like committing suicide is not a subject you can easily
broach.

                                                        John, 5 17-21

One participant was concerned with whether his account would be regarded
by others as credible (a deviant case), though this was probably due to the
relatively unusual circumstances of having been beaten by his wife.

Yes, that is very difficult, only I have seen it on TV, and sometime
I hear it in the paper. But it is difficult, because they say you are
lying, and there is shelter for the women and all that, and you
never hear of shelter for the men. So sometime it is hurtful like,
because you don't see. I endure it, because I know this thing is
going on.

                                                        Sarnjeet, 15 5-9

This deviant case does not conflict with the premise that disclosure is
difficult, but suggests there are instances in which this may be compounded
by the degree to which problems are socially acceptable.

In addition to these hurdles, participants' reports contained an awareness of
the effect their disclosure had on others.

... my husband had got his business, and he was always busy.
Well, I couldn't really relieve myself to him when I got home, ...

                                                        Mary, 4 29-31

Especially if like somebody is married and you go to them and
start discussing your problem, and at first you don't realise it. But
after there is only one friend, like I told you he is in Bradford,
then I used to talk to him, but like sometime I used to feel he'd got
a good family life so I didn't realise it's like a disturbance.

                                                        Sarnjeet, 8 17-21

These quotes illustrate that participants constructed their own limits to what they could expect of other people who might help them. Perhaps as a consequence of this they described various degrees of involvement from those who might help them, for instance a 'safety valve', a provider of alternative perspectives or a confidante. Again the role of these others seems to have been determined through a process of negotiation.

Exposing self

(Second level category)

'Needing others to assist in overcoming distress', 'Targeting exposure of distress' and 'Negotiating support' all describe how participants came to make decisions as to how much of themselves they were willing to expose to others. This exposure of self refers to the extent others were allowed access to the participants' distress, rather than any facade which hid these feelings.

Conflicting demands to minimise exposure of distress, yet allow certain others some access meant participants understood themselves to be actively managing their help-seeking behaviour whilst distressed. The participants represented their decision-making as guided by considerations such as whether they needed help from others; who these others might be; how they could help; how this help could be secured; what role others might take; and to what extent they must expose their distress so as to gain this help. Participants were located and acting in a changing situation, so these decisions had to be re-assessed, for instance re-appraisal might occur after testing out the helpfulness of a potential confidante.

The careful management of the exposure of distress implied there were hazards for the participants in being open about their state, but equally there were risks in isolating themselves. The consequence of not exposing the distress to anyone, and so not receiving help was reported as continuing to be distressed, that is not achieving a resolution. The risks involved in exposure are less clear, but it seems that by exposing distress to another

person who was not understanding, the participants perceived that they were likely to become more distressed, or their distress would be more justified or entrenched.

'Creating change' is the final category which is associated with the third-level category 'Self-management' Again this is illustrated in Figure 3.

Creating change

(First and second level category)

As a consequence of their distress, participants sought to change themselves. One way of changing the self alluded to by all participants was in their management of relations with others.

> *I think, yes that they're a bit more powerful than me. But I do try now not to be like that, I don't want the other to be more powerful. I want to be equal, so I try to draw back a bit, I don't know whether that makes sense.*

> Mary, 14 4-6

However personal change was not regarded as necessarily a positive action. Often attempts to create change led to dilemmas.

> *But I said it's that necessity of all of a sudden having to go out and work, because you no longer have the capability of supporting yourself, em, again it's got pros and cons. The pros are that it's a good step for me to get back onto the full road to recovery ...*

> *but the down-side is the pressure it's going to bring during the exam period, and the fact that I no longer have the freedom of choice that I had this time last year, ...*

> John, 12 6-21

In addition the actual process of change was regarded as limited and uncertain. One participant recognised there were limits to this process, in terms of whether it was achievable and desirable.

> **Mary:** ... it's hard to change in some respects, but I think I need to, to help me. And I think I have a little bit, and as I say I don't want to change completely because, it wouldn't be right, and I don't think I could ever change completely.
>
> **Richard:** So you are a bit aware of your limits to change?
>
> **Mary:** Yes. I wouldn't want to be a totally different person. I just want to be, just a little bit objective, you know, that's all. (laughs)
>
> <div align="right">Mary, 15 11-17</div>

This perspective was implied by other participants. It is illustrated in the following segments of the interview with Jane, who despite an external improvement in her situation did not feel any personal change had occurred.

> But it did make me go to college and it did make me take em O-level English. And I did get a B. But I could only, I could still only spell words that they taught you to spell for the particular thing you were doing.
>
> I haven't used it that I'm good at English, because I knew if I took a job on where they needed English I wouldn't be able to do it.
>
> <div align="right">Jane, 4 27-30 & 5 3-5</div>

It seems that participants were dubious about the possibility of personal change, though they did acknowledge changes to behaviour were possible, for instance with regard to how they presented themselves.

———————

SELF-MANAGEMENT

(Third level category)

Within this third-level category are united the categories concerned with the active response of the participants to their distress. Noticeably these actions are all directed at themselves. Participants portrayed their responses to distress as not focused on attempts to directly change their context.

Participants reported less engagement with contexts as this was perceived to be a possible source of further distress. In addition, the participants described attempts to appear normal, which were intended to ensure they did not expose their distress.

These strategies of managing the distress created a less permeable boundary between the individual and their contexts, particularly distal ones. This boundary restricted the influence of context on the participant, and vice versa. As noted above the intention was to minimise potential sources of distress.

Whilst this strategy may minimise distress, it prevented the participants receiving assistance from others. This assistance was perceived by participants as necessary to overcome distress. Hence there were conflicting demands on the permeability of the boundary between the individual and their context. To reconcile these demands, the participants described permitting selected others to access their distress in what was usually a carefully controlled procedure.

This boundary may also have another effect. It seems to have restricted the participants' sphere of influence. Could this be why the active responses of the participants to their distress were all directed at themselves? Change beyond the individual, i.e. to context, may have been regarded as an unsafe option because it threatened the boundary which provided protection from further distress.

HAVING LIMITED POWER OR CONTROL

(First, second and third level category)

When distressed, participants described having less control and power than others.

> *So that, yeah I do get so that I wished I could take control and do things, but I can't.*

> Jane, 5 23-24

> *Well, I think it's how I think he is, you know, he knows where ... he's got different ideas, em, I wouldn't think of some of the things, and I feel as though if there's any changes to be made he does it, so to me he's got more control than ... I wouldn't come up with the suggestions.*

> Mary, 11 15-18

One participant's perspective was different. She construed the influence on herself and her family from others as being due to their ignorance, rather than perceiving herself as less powerful (a deviant case).

> *I shouldn't say power over me, I wouldn't interpret that way, but (.) what can you do about ignorance? ... I ignore people. When I start thinking that they are ... first of all Richard I have not thought that people are misusing their power or enforcing their power over me or my child, I always think that when things go wrong it is because of ignorance.*

> Kaneez, 11 15-22

Perceiving the problem to be external to herself was an unusual perspective. This participant may have been exceptional because she appeared to have a different perspective on the world, which was an implicit belief that to the extent of their knowledge people will always do what is best for others. Perhaps this is associated with her religion or culture. There is a possibility that this belief enhanced her feelings of internal security, and protected against feelings of powerlessness. This suggests that to a degree power may be negotiated by the participants. Also it may not be a coincidence that

this participant described a much briefer and less severe experience of distress than the others, which also implies greater security. This security might also have provided a foundation for her unusual perspectives to be maintained despite feelings of distress.

Limited power was experienced by the participants as a constraint on their ability to act as they would wish.

> *I find it difficult to say no. If people ask me to do something, it's very rare I say no I can't do it. I'll alter plans to do it. And I don't always want to do it, but I still do it.*

> Jane, 8 31-33

The implications of what appears to be a reduction in the participants' freedoms were an increase in negative emotions.

> *I will go to things where they have the upper hand. I suppose I'm frightened of them maybe.*

> Jane, 10 10-12

The converse of this construction regarding power (i.e. that being able to act prevents distress) is illustrated in the following exchange.

> **Richard:** *What protects you from being hurt?*

> **Jane:** *I think being able to do things.*

> Jane, 19 3-4

Even if participants perceived themselves as having some power, they identified dangers in its expression.

> *I don't think I've got any real power. OK I can go out and stand on the street corner and preach, but ain't going to change anything. One or two would listen to me, but the majority of people think oh, the guy's a nut ball, completely off his rocker.*

> John, 18 1-5

So that a further constraint on the participants was that power had to be expressed in acceptable ways. Acceptability was determined socially (as in the previous quote) and also individually. For instance the expression of power (acting) meant that participants (and their distress) might be exposed.

Control was most frequently expressed by participants in managing themselves, as this appeared to be considered safe.

> *But I do try now not to be like that, I don't want the other one to be more powerful. I want to be equal, so I try to draw back a bit, I don't know whether that makes sense.*

<div align="right">Mary, 14 4-6</div>

To summarise, it seems that when distressed the participants perceived themselves to have limited power, this understanding prevented them from acting. Inability to control situations through taking action increased their negative affect. The participants' limited power was employed to control or change the self, as acting on the external world carried a risk of exposing their distress to others.

BEING UNDER THE INFLUENCE OF CONTEXT

(First, second and third level category)

The external world continued to be seen by participants as affecting them when they were distressed.

> *Because I was on one hundred and fifty pounds every fortnight,*
> *and that's a lot of money to lose. ... So that's another loss of*
> *income, and so when they first took it off me it really did depress*
> *me initially, and I went back and had a chat with my GP about it,*
> *and you know I sat and spoke to her, ...*
>
> John, 10 26-31

Very often participants recognised the direct effects of some external contexts on their distress. They provided examples of these contexts, both proximal (especially relationships) and distal (employment, economics and politics).

> *I was very lonely, because as I say I came from a large family,*
> *and, em, there was always somebody in the house. And then, to*
> *come and live with, just your husband, it was a bit lonely.*
>
> Mary, 3 1-3

> *I do see that ... I do feel that, em, the policies of the health service*
> *contributed in a way, because it was very performance, em,*
> *guided, you know. It was everybody's got to conform, everybody's*
> *got to perform.*
>
> Bill, 9 31-34

The effects of context were understood to be cumulative, and also to interact with other aspects of the participants' lives.

> *And I feel, the pressure probably got a bit too much, it got on top*
> *of me at work and at home, and that contributed to it as well, just*
> *everything going wrong all at once and I couldn't cope with it.*
>
> John, 6 28-31

I think probably, I mean one of the lowest is when I had the hysterectomy. Em, couldn't have children. That was a dreadful low. But as you get older, that changes, because you are getting too old to have children anyway.

<div align="right">Jane, 16 10-13</div>

When recognised, the influence of contexts was described by the participants as being very much a one-way effect, in that they could not act to change their external world.

I think I felt that I was just useless. Mm I had a hysterectomy before we got married, so we can't have children. ... And I feel at the time there's nothing I can do, even a plant gives up babies, you know, something that stands in the soil. And it (.) I felt quite worthless at times.

<div align="right">Jane, 3 1-5</div>

It's like you get to vote for who you put in as government, but once they're in and you've cast your vote, they make all the decisions for you, that adversely affect you, but you don't get any real say in it.

<div align="right">John, 17 5-7</div>

This information shows that participants' representations of their worlds contained some awareness of the effects of context on them, particularly as triggers to (further) distress. However context seemed to be regarded as almost untouchable, in that it could not be changed by the participants.

The following two first level categories were used to derive the third level category 'Responsibility'. The relationship between these categories is shown in Figure 4.

Figure 4:   A map of categories contributing to 'Responsibility'

Third level category

First level categories

RESPONSIBILITY

Adopting responsibility for the distress

Adopting responsibility for overcoming the distress
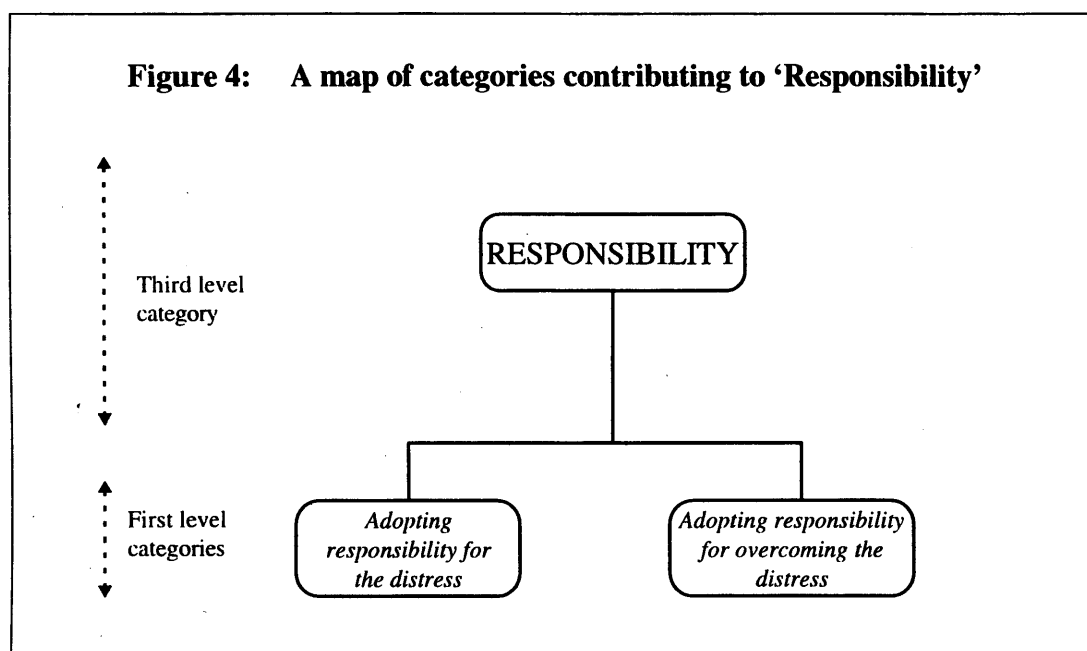
Adopting responsibility for the distress

(First level category)

Diverse and numerous factors were perceived by participants to have contributed to their distress. These included other people, life events such as bereavement, and being situated in dysfunctional systems, for instance at work. However the responsibility for the distress was regarded as personal.

> *Mary: ... I just think it was how I was thinking in my mind that was*
> *stopping me, or stopping me thinking that I was as good as*
> *anybody else. Nothing or nobody really stopped me from doing*
> *anything, it was just me, em.*

> *Richard: Do you blame yourself for that, or ...*

> *Mary: Oh, I think I did, but now I think I couldn't help that, it was how I*
> *felt, ...*

Mary, 13 4-10

Participants established personal responsibility for their distress even when there appeared to be clear external factors implicated in its occurrence.

> *I was saying that politics probably affected me in engineering because, em, the manufacturing dropped off at about the same time as I was qualified. But I never really considered that to be important to me. Em, I didn't like the job that much anyway ...*

<div align="right">Bill, 12 40-43</div>

It may be that only in retrospect could participants perceive their distress to be even partially the responsibility of factors external to themselves. While they were distressed participants understood external phenomenon to be triggering distress, but it was their interpretations which were perceived to be fault, and little concession was allowed for the nature of these events.

> *And I felt quite worthless at times. And that's what I think starts, but it only takes em somebody to criticise or (.) probably criticism is the first thing that gets me down because I take it very, very personally, whereas other people, I wish I was like other people, it just goes over their head. It doesn't knock them back. But if I get criticised it knocks me back, ...*

<div align="right">Jane, 3 5-9</div>

Later in the interview, the same participant was blatant in adopting responsibility for her distress.

> *It's my fault I think that it's that way, because I won't stand up and say no to things. I think it's more my fault, not the outside world really.*

<div align="right">Jane, 9 10-12</div>

It appeared that sometimes the effects of external contexts on the participants' distress were acknowledged. However the responsibility was still internalised because the participants saw themselves to be at fault in how they interpreted or responded to the event.

Adopting responsibility for overcoming the distress

(First level category)

All participants portrayed their distress as a personal responsibility, though this may not have been their initial understanding.

> *Jane:* But when I did go there I was hoping he would have a magic wand and put everything right. And (.) I don't mean they don't do anything, they do everything, but they make you do it all.
>
> *Richard:* Mm.
>
> *Jane:* Cos they can't give you ... I don't think they have an answer, em, it's only me that has the answer, em, it's only me that has the answer, and I think it takes years to, em, sort it out.
>
> <div align="right">Jane, 17 19-24</div>

This personal responsibility was reflected by how participants represented their attempts to cope with the distress.

> *I can't say we cured the problem, I don't think you cure it. Em, I think you learn to live with it, and some days you live with it and some days I still don't live with it, but it's less than it used to be.*
>
> <div align="right">Jane, 2 22-25</div>

> *I feel as though I found myself again, I don't know whether that makes sense, but that was it.*
>
> <div align="right">Mary, 3 28-29</div>

A consequence of establishing personal responsibility for overcoming the distress was to remove it from other contexts. This seemed to enhance the participants' perception that they could control the distress. However only one participant described achieving control over her distress (a deviant case).

> *I suppose it's changed in a way, because I didn't at one time, I didn't feel as though I'd got no control over it, how I felt. Em, but now I feel as though I can change it.*
>
> <div align="right">Mary, 11 5-7</div>

This suggests that obtaining control over the distress is a difficult task. Perhaps this can only be achieved if the contexts from which participants had attempted to remove it are stable and ineffective. It may be that 'Mary' was able to perceive herself as having control over her distress because she was not experiencing any major negative life events.

RESPONSIBILITY

(Second and third level category)

These two categories - 'Adopting responsibility for the distress' and 'Adopting responsibility for overcoming the distress' - have a clear common theme, responsibility. The construction of meanings in which responsibility was perceived to be personal represents a shared feature of both categories.

Despite participants construing external factors to be associated with their distress, they adopted personal responsibility for its occurrence and resolution. Context may have been disregarded as a result of reasoning which established that distress occurred due to the participants inability to cope appropriately with external events.

One likely consequence of adopting this perspective is that participants were more aware of the uniqueness of their distress, rather than what they had in common with others, whether distressed or not.

The first and second level categories described over the next pages are all associated with the third level category, 'Understanding', which is described at the end of this section of the analysis. The relationship between categories in the remaining account of the analysis is shown in Figure 5.

Perceiving distress as an illness

(First level category)

Often distress was first construed as an illness by participants. Of course this is hardly surprising as all the participants had approached their GP about their distress, and so had placed their distress within a medical context.

> *I have difficulties with sleep. I can't eat properly. (.) I generally feel unwell, I sit and think, oh I've got an ulcer on my tongue, could be cancer, you know. (laughs) I never have backache, I have cancer of the spine, or something.*

> Bill, 6/7 35-1

However participants' representation of distress as an illness was found to be an inadequate analogy for their experience. This may be because illness suggested some specific and localised internal deficit which could be 'fixed'.

> *Em, I suppose I did think of it as an illness. Well I think I did because that's what work wasn't making me feel any better, but I don't think of it now as an illness.*

> Mary, 9 33-35

At least part of the inadequacy of this explanation for participants was that perceiving distress as an illness encouraged the use of medical terminology (eg. cure) and ways of conceptualising (e.g. the well/ill dualism) which did not always seem appropriate. For instance 'Jane' describes a period of frequent visits to her GP because she was feeling low but not sure why. On one occasion she found herself speaking to her GP about the sexual abuse she had experienced as a child.

FIGURE 5:   Map of categories contributing to 'Understanding'

Third
level
category

Second
level
categories

First level
categories

UNDERSTANDING

Understanding
the experience
of distress

Being different

Interpreting the
attitudes of others
to distress

*Perceiving
distress as
illness*

*Perceiving
distress as
inherent,
individual and
idiosyncratic*

*Being able to
engage with
others is a
sign of not
being
distressed*

*Understanding
outcome*

*Perceiving self
to be different
from others*

*Assuming
others see
them as
different*

He then suggested I ought to see Grant [Psychologist], *and then of*
course a lot of other things came out, and em. I can't say we
cured the problem, I don't think you cure it.

<div align="right">Jane, 2 21-23</div>

Perceiving distress as inherent, individual and idiosyncratic
(First level category)

Participants perceived their distress as a phenomenon inherent to
themselves.

Mary: *... but I don't think of it now as an illness.*

Richard: *How do you think of it now?*

Mary: *Well I think it's something in the past ...*

Richard: *Something you'd prefer to forget, or ...*

Mary: *Well I can't forget because really I don't think that, I think that is*
what started it off in the first place, just push everything to the
back of the mind. It'll just be there, you know ... I wouldn't want
to keep thinking about it now, because as I say it's gone now, I
hope anyway.

<div align="right">Mary, 9/10 34-6</div>

Despite some awareness of external factors, the distress was construed and
addressed as an individual problem.

And I feel the pressure probably got a bit too much, it got on top
of me at work and at home, and that contributed to it as well, just
everything going wrong all at once and I couldn't cope with it. So
that's something else I am now aware of, and try and control as
best I can.

<div align="right">John, 6 28-32</div>

Implicit in many of the participants' comments about their distress was the
idea of variability.

... I don't think you cure it. Em, I think you learn to live with it,
and some days you live with it and some days I still don't live with
it, but it's less than it used to be.

The above quote suggests that the participant cannot attain their pre-distressed state. In some way the experience of distress created a permanent change for the participants. This suggests that to understand distress the idea of a continuum along which movement occurs, between say distressed and well, is too simplistic. The idea also fails to account for the other aspects of the distress which were understood to vary, such as what was perceived to be the cause.

> So I know there are more problems now than before, but they are
> different, they are not monotonous, ...

<div align="right">Kaneez, 5 12-13</div>

However there was no consensus of understanding change within distress. Whilst most participants perceived it to have altered them in some way (see the previous quotes), one participant spoke about regaining herself (a deviant case).

> I feel as though I've found myself again, I don't know whether
> that makes sense, but that was it.

<div align="right">Mary, 3 28-29</div>

It is difficult to account for this deviant case. Perhaps the position 'Mary' adopted reflects one extreme within a diverse range of interpretations regarding distress.

Not only did participants perceived variability in their state over time, they also showed a lack of commonality in how they understood their distress. One example of this idiosyncrasy in understanding can be seen by considering how participants understood the role of power in their distress. 'Mary' construed herself to have little power, particularly at the time she was distressed, and she related this to her perception of herself as 'worthless'.

> Richard: So how (.) Thinking back to the time when you were distressed, you
> said you thought other people were better than you, and maybe
> had more power over you. Do you think they actually had, or do
> you think that was ...

> **Mary:** *I don't think they had, not really, no. No it was, like I say, I think it just how I was feeling.*
>
> **Richard:** *So you felt powerless?*
>
> **Mary:** *Yes, worthless.*

<div align="right">Mary, 12 31-37</div>

As noted earlier 'Kaneez' did not perceive herself to lack power, but associated any detrimental influence of the external world on her situation as being due to the ignorance of others.

> *When I start thinking that they are ... first of all Richard I have not thought that people are misusing their power or enforcing their power over me or my child, I always think that when things go wrong it is because of ignorance.*

<div align="right">Kaneez, 11 19-22</div>

'John' constructed a third understanding of power in which he perceived himself to have little power but did not regard this to directly affect his distress.

> **Richard:** *Do you think that lack of power that you have, does that make you more vulnerable to being distressed?*
>
> **John:** *No because it is so big, so far out of reach it has no real effect. That's why most people don't think about it, because it's so far away and they just concentrate on what they can get in the hand and put in the home, and having families and stuff like that, you know.*

<div align="right">John, 18 9-14</div>

These three extracts from the interview transcripts present discussions about power to illustrate a more general phenomenon, which is that participants constructed idiosyncratic understandings of their distress. Overall it appears that how participants understood their distress varied over time and between individuals.

Being able to engage with others is a sign of not being distressed

(First level category)

Being actively involved with the world indicated to the participants that a person was not distressed.

> *Well, I know that's the only way that I'm going to get any better,*
> *to get up and do things and be places. I know that isolating is just*
> *a form of withdrawal or avoidance, and it's not good for me. But*
> *that's what I want to do. I want to be oblivious to what's going on*
> *outside.*
>
> Bill, 7 29-32

However their experience (described earlier) of seeming to engage others whilst actually presenting a facade was regarded as being of ambiguous value.

> *You've got to interact with them, so it would be good in that*
> *regard to get that, it is in some ways a skill. Because if you're*
> *feeling depressed and you don't want to know, you've got to put a*
> *brave face on, you know you can get through the day. Em, I still*
> *don't know if that's a good or bad thing.*
>
> John, 12/13 43-2

For the participants, active engagement with the world was only a significant indicator of not being distressed for themselves, if the behaviour was congruent with their internal states. Therefore active engagement with the world may have occurred so as to present others with a facade of individual well-being.

Understanding outcome

(First level category)

Whilst this research is not an outcome study, it is informative to consider what participants perceived to have achieved in dealing with their distress. As might be expected these achievements were construed as varied.

There were periods where I didn't so much hate myself, I still
didn't like myself either, it was just a case of tolerance or just not
paying any attention to it, and just carrying on day-to-day.

John, 4 2-4

Sarnjeet: *No I think I'm used to things, they've not changed like, I'm used*
to it ...

Richard: *You've got used to it?*

Sarnjeet: *Yes, used to it, because I know there is nothing that can be done,*

Sarnjeet, 13, 22-24

Only one participant was able to construct any sense of resolution, in that the distress was no longer seen as a current concern.

Richard: *It's almost something that you let go of?*

Mary: *Yes, because I think I've got to the, I'm getting to the end of what*
started it off, do you know what I mean. To me it's come round in
a full circle, em, and now I think I can go ahead now, ...

Mary, 10 7-10

Again 'Mary's' sense of resolution in returning to her pre-distressed state is a deviant case, and regarded as further evidence of the breadth of outcomes (though it could also be interpreted as some form of denial).

Outcome in terms of achieving understanding or insight was described as recognising personal deficits. Participants did not identify contextual factors as affecting outcome.

I think it's because I don't like disappointment, and I don't want
to disappoint others. In fact I know that's what it is now after
seeing Grant [Psychologist], I realise that's what it is. It's as if
somebody can't do something for me, I do take it, I do get upset.
So I try to make sure I do anything that anybody asks of me for
others, so that they don't get upset.

Jane, 8/9 35-1

It is difficult and probably unwise to be too specific about reporting outcome. However it seemed to be represented by most participants as uncertain, in that even if the distress was no longer felt acutely, its re-occurrence remained a lingering possibility.

Understanding the experience of distress

(Second level category)

The four categories described previously are deemed to be associated because they all deal with what sense the participants made of their experience of being distressed. They describe what it means to be, and to not be, distressed. It is worth noting that distressed individuals may have a privileged perspective on understanding the experience of not being distressed, as they have a standpoint outside this group.

Although participants presented quite varied ways of understanding their distress, there were some shared meanings. In understanding their distress participants found some types of explanation to be better than others. Distress as an illness was seen as an inadequate analogy, whereas the idea of some phenomenon located within the individual and of an idiosyncratic nature was more acceptable. None of the participants understood their distress to be experienced in any context beyond the individual. It was seen as a personal phenomenon.

This perspective was reflected in participants' ideas about what occurs to reduce distress. Both the process of change and its effect were located within the person, e.g. '*I've let go*'. In contrast to this perspective on distress, being engaged with the world was how participants regarded those who are not distressed. Not being distressed was understood as an outward-focused or contextually-based experience, which was primarily attained through engagement with others. This behaviour could be presented by the participants, but for them this did not signify a true resolution.

Figure 5 shows how the two categories described next ('Perceiving self to be different from others' and 'Assuming others see them as different') contribute to the second-level category 'Being different'.

Perceiving self to be different from others

(First level category)

A frequently mentioned way in which the participants constructed an understanding of themselves as different to others was in terms of having less worth or value.

> **Mary:** *I don't feel as though they have now, whereas before I used to feel*
>
> *as though everybody is better than me.*
>
> **Richard:** *And that gave them some sort of power over you?*
>
> **Mary:** *Well I thought that. I think it was how I was feeling, ...*
>
> Mary, 12 18-22

> *And from that time on I've ... that's what's made me feel like I*
> *don't fit in and I don't belong, and I think that has shaped me*
> *now to be the way I am, in the fact that because I never fitted in*
> *there, I don't really fit in now. And I don't know how, because*
> *whatever I did then I never did anything right.*
>
> John, 15 36-40

These quotes show that the perception of difference was recognised as a change from what had previously been usual for the individual, or through comparison with others.

> *Because a lot of friends have, and they've done far more with*
> *their lives than I've done with mine, academically-wise. So that,*
> *yeah I do get so that I wished I could take control and do things,*
> *but I can't.*
>
> Jane, 5 22-25

All these quotes show that participants associated being different with their experience of distress. Participants perceived these differences in terms of their inferiority.

Assuming others see them as different

(First level category)

Of course being different is not just about how the participants perceived themselves, but also what feedback they received from others. Participants were alert to the comments of others, anticipated that these would be negative, and interpreted them to support their constructions of themselves as inadequate.

> *Bill:* *The people that know that I've been ill will almost constantly ask are you alright, is everything OK, you're not getting upset, you know. And then people who don't know that you've been ill, em, are expecting something more from you. So there's that ...(.) creates a tension when you're out.*
>
> *Richard:* *When people are always asking you if you're OK, does that create tension too, or ...*
>
> *Bill:* *Yes, it makes you feel very inadequate, and makes you feel as though, as if they're baby-sitting, and you don't need that.*
>
> <div align="right">Bill, 14 2-10</div>

One participant recognised an interaction between her self-representation, and how she interpreted her relations with others.

> *I think now, I suppose I've made different friends, and that helped me to feel accepted. But perhaps it was the way I was feeling like that. You know I've said it was hard. Perhaps that was part of me. I don't really know (.) I think perhaps a bit of each, ...*
>
> <div align="right">Mary, 7 4-8</div>

Being different

(Second level category)

The participants' perceptions of difference to others is the common characteristic which led the researcher to associate the categories of 'Perceiving self to be different from others' and 'Assuming others see them as different'.

Participants construed themselves as both different to non-distressed others, and as treated differently by others. These differences placed the participants in a less favourable position, for instance they established an understanding of themselves as less capable and having less worth. Not surprisingly these differences were seen by the participants as a function or consequence of being distressed. In addition these differences seemed to reflect the participants' perceptions of their distress as unique, in that they did not describe any similarity with others, distressed or otherwise.

The basis of participants' perceptions of their differences from others is uncertain. For instance it may be that the participants were more sensitive to perceiving differences to others because they were seeking to understand (and thereby overcome) their distress. In addition it maybe that the primacy of distress in their representation of themselves means that this is likely to be associated with difference, rather than any other factor such as gender, social status, personality or appearance.

Finally, direct feedback from others and how this was interpreted by participants, led to an accumulation of information which supported their constructs of difference. It is possible that difference was maintained by a reciprocal relationship between internal states (especially those associated with distress) and interpretations of the external world.

_____

The following category, 'Interpreting the attitudes of others to distress', is the final one related to the third-level category 'Understanding'. This relationship is shown in Figure 5.

Interpreting the attitudes of others to distress

(First and second level category)

Some of the participants' comments concerned how they perceived their distress to be regarded by others. Participants were generally very hesitant about disclosing to others, and chose confidantes carefully.

> *I am aware that em, I've got fears that people in society are not going to accept me (.) it's part of the reason I don't go out, I suppose.*
>
> <div align="right">Bill, 13 29-31</div>

Even if the right person(s) were found, there was some reluctance to burden them with details of the distress.

> *Especially if like somebody is married and you go to them and start discussing your problem, and at first you don't realise it. But after there is only one friend, like I told you he is in Bradford, then I used to talk to him, but like sometime I used to feel he'd got a good family life so I didn't realise it's like a disturbance.*
>
> <div align="right">Sarnjeet, 8 17-21</div>

This caution seems to reflect the participants construction of a limit which defined how much they could involve others in their distress. Despite a reluctance to burden others, this participant was keen to validate his distressed state as an appropriate response to his situation. It could be that the relatively unusual circumstances accounted for his need to 'check out' his response with others.

> **Richard:** *It sounds like it's almost a cultural thing that we expect it to be the men attacking women, not the other way. That must have been quite isolating for you, because you wouldn't know anybody else who went through the same thing.*

> **Sarnjeet:** *Yes, that is very difficult, only I have seen it on TV, and sometime I hear it in the paper. But it is difficult, because they say you are lying, and there is shelter for the women and all that, and you never hear of shelter for the men. So sometime it is hurtful like,*

> *because you don't see. I endure it, so I know this thing is going*
>
> *on.*

<div align="right">Sarnjeet, 15 1-9</div>

Finally the systems within which people lived provided them with further information as to how distress should be regarded. These systems were perceived to reinforce personal responsibility for distress.

> *This card, it gave you access to a counselling service, em*
>
> *Employee Assistance Programme or something, it's called. Em, so*
>
> *you weren't in a position then to flag up that you were under*
>
> *stress or, if you said to any of the management I don't think I can*
>
> *cope with this. Well, you've got your Employee Assistance, why*
>
> *don't you use that. And in my case it was, em (.) why didn't you*
>
> *go, and that was almost as much of an offence, and I do feel that*
>
> *was political, em (.) or an effect of the politics of the time, yes.*

<div align="right">Bill, 10 1-7</div>

The introduction of schemes such as the 'Employee Assistance Programme' suggests that personal responsibility for distress was promoted within some systems, such as those encountered at work. Overall it seemed that if participants judged it to be safe, then they sought the views of others regarding their distress. Unsurprisingly the participants appeared to construe these views as supporting their understanding of distress as an individual issue.

UNDERSTANDING

(Third level category)

The second-level categories - 'Understanding distress', 'Being different' and 'Interpreting the attitudes of others to distress' - were grouped together in recognition that they all related to how the participants conceptually positioned their distress in relation to the world. The participants used this positioning to understand what it meant to be distressed.

Distress was regarded by the participants as a personal and idiosyncratic phenomenon, which is situated in the individual. This perspective was constructed and reinforced by participants through their awareness of differences from others at an individual level, rather than seeing themselves as belonging to distinct groups of people with similar characteristics. Presumably because participants perceived themselves to be different from others, then these differences were associated with their distress.

The data indicate that others (both individually and collectively in the form of societal systems e.g. 'the Employee Assistance Programme') played a role in validating participants' experiences as an appropriate reason for distress, and as located within the individual and dealt with at a personal level. In fact there seems to have been an alliance between participants and others as to how distress was to be understood. This could be the way in which distress experienced by the participants had come to be regarded as an individual problem.

Core category - 'SEEKING TO IGNORE CONTEXT'

The core category identified was a theme common to all the five third-level categories. This was that participants were 'seeking to ignore context'. How this was understood to be a theme in each category is described below.

- Self-management was the category used to describe a range of strategies participants employed to minimise their experience of distress. These strategies focused on individual change and presentation, and attempts to create less permeable barriers between the participant and their context. This favouring of the individual over their external worlds reflects the theme of ignoring context.

- Due to participants' limited power (whether material or perceived), they were selective in how they acted. Acting to change context was regarded as likely to expose their distress, or create opportunities for further distress. Therefore participants portrayed their application of power as limited, focusing in particular on self-management, so that context was ignored.

- Participants were not always able to deny context or its effects, particularly from proximal influences. However, often participants attempted to ignore the influence of distal powers. In addition they perceived contextual effects to be internally generated, for instance by assuming control of some externally imposed event such as being made redundant. Although participants' constructs of distress included a recognition of the influence of some aspects of context, they did not act to change it.

- Responsibility for their distress and its resolution was adopted by the participants. They did recognise that context had a role in triggering periods of distress, but found themselves to be at fault for inadequately coping with these events. For example, participants saw other people

dealing with bereavement, and so decided it must be their inadequate response which caused the distress. In placing responsibility for their distress on themselves, participants largely ignored context.

- The final third-level category dealt with how participants understood their distress. Participants perceived their distress to be a unique and individual phenomenon. The distress was seen to be located in the individual. This perspective corresponded with participants' representations of themselves as different, and they saw this as a perception shared by others. The consequences of this understanding were a recognition that distress was managed at an individual level, and a physical, social and psychological distancing from others. Once again participants sought to ignore context.
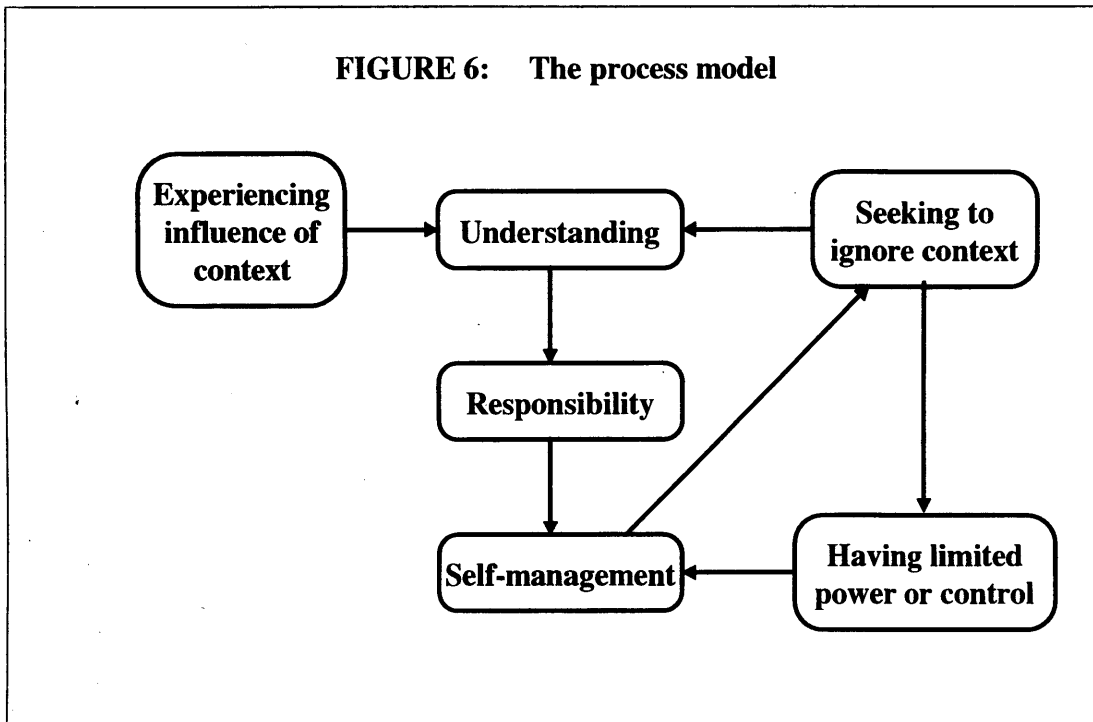
Each of the third-level categories has been shown to be associated with a common theme. However it is probably clear to the reader that the processes represented by these categories are interdependent. The final section in this Results chapter proposes one way in which these categories may interact.

A process model

This section contains a proposal for a process model. In effect the model describes how the third-level categories might interact to have maintained the participants' constructions of distress which marginalised the influence of context. This is offered as a tentative and most probably simplified guide to these processes, based on the researcher's interpretations of the data. The model is shown in Figure 6.

The model is based on the premise that there must be some process(es) which maintained the participants' understanding of distress so that context was ignored. This model suggests two iterative processes which maintained

this understanding. These are illustrated in Figure 6 by the two loops which can be repeatedly traversed.

FIGURE 6:   The process model

Experiencing
influence of
context → Understanding ← Seeking to
ignore context

Understanding → Responsibility

Responsibility → Self-management

Self-management → Seeking to ignore context

Seeking to ignore context → Having limited power or control

Having limited power or control → Self-management

The first loop is represented by the sequence: understanding, responsibility, self-management and seeking to ignore context. Beginning with understanding, this represents how participants perceived their distress as personal, idiosyncratic and located in the person. This understanding seemed to encourage participants to adopt responsibility for their distress, and to suggest to them that personal change or coping was an appropriate response (i.e. self-management). Consequently context was ignored, which meant their understanding of the distress was reinforced rather than challenged.

The second iterative process is illustrated in Figure 6 by the loop through self-management, seeking to ignore context and having limited power or control. The association between self-management and seeking to ignore context is described above. Ignoring context meant participants construed

their access to resources which might help overcome their problems as limited, i.e. they were relatively powerless. With limited resources available to them, participants perceived themselves as only powerful enough to instigate strategies of self-management. Due to a shared connection in the model, the two processes represented by the loops are mutually reinforcing.

The researcher acknowledges that it is highly probable more complex processes were occurring to maintain participants' understanding of their distress. However this explanation is offered as an example of how individuals might adopt an understanding of their distress which ignores context. Because it is based on the constructions of individuals, a problem with this model is that it does not attend to the wider systems in which distressed people are situated. Presumably these wider systems have a role in allowing distressed people to adopt these constructions. This presumption is explored in the following Discussion chapter.

Summary

Analysis of the interview data has revealed at least some of the complexity of processes and variety of factors which participants used to understand their distress and in particular the role of context. Within this complexity there were common themes which can be extracted from the data. These are summarised below:

- Participants construed their distress to be personal and idiosyncratic. They did not see it as a common phenomenon shared with others, or as located anywhere but themselves.

- One implication of this understanding seemed to be that participants ignored context whenever possible. There were some exceptions, for instance when demands were placed upon them by those situated in immediate contexts (e.g. family), and when seeking others to help them.

- Finally it was implied by participants that their understanding of distress was not based solely on a personal choice, but that it was constructed in a context which permitted such an interpretation.

5.   DISCUSSION

This chapter contains a discussion of the results and the research process. First, the results are interpreted with reference to existing theory and research. The discussion continues by considering the implications of this study for mental health policy, clinical practice and research methodology. Next the research is evaluated against criteria identified in the chapter on Research Design. The final section provides some directions for future research which would extend the current study.

The aim of the study was to develop a theoretical account of how individuals understood the influence of context on their distress. A social constructionist perspective was adopted as the way of conceptualising the knowledge produced in this study. Data was obtained from interviews with six participants. This was analysed using grounded theory methodology to produce a core theme and a process model. The first section of the discussion interprets these results with reference to psychological theory and research.

Interpretation of the results

This interpretation of the results is presented in three sections. Each represents a different perspective on why distressed individuals might seek to ignore context. These different levels of interpretation reflect one aspect of a social constructionist approach, which implies there is no single 'truth' to be told about the results. However these interpretations are compatible. The first perspective considers distressed individuals in isolation, the next focuses on how they perceive others within their contexts, and the final section emphasises the role of wider systems. These perspectives allow the development of a multi-layered understanding of why distressed individuals ignore context.

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1.   A perspective on the individual in isolation

Several reasons were identified in this research as to why ignoring context might seem advantageous to the distressed person. These reasons are that distress is perceived to be an idiosyncratic experience; this perspective allows closure; and it enhances perceptions of control.

Distress is perceived to be an idiosyncratic experience. The first reason is that the distressed individual experiences their distress as a unique individual phenomenon. Any commonality with others is undetected, so the idea that context (which is shared with others) may be important is disregarded. There are several reasons why distress could be perceived as idiosyncratic. Two reasons are suggested below, and others are discussed in later sections.

The result showing that distress is understood to be idiosyncratic may be a product of the diversity in the sample. The sample was deliberately recruited to be diverse in order to allow the construction of a more comprehensive theory. Perhaps a sample more representative of the general population would have shown more similar constructions of distress. Indeed any research looking at individual meaning might inevitably find individual differences. Smail (1994b) is one theorist who anticipates problems in placing too much value on seeking subjective accounts of distress:

> *"... it has the distinct disadvantage of relativizing reality to the point where we can (mistakenly of course) feel safe to disregard altogether any idea of objectivity."*
>
> (p. 29)

Nevertheless, if there is difference in individual meaning then this is a relevant research finding, whatever their infrequency. Individuals' responses to distress are likely to depend on how it is understood, so these meanings are of interest to practitioners. Consequently this idiosyncrasy in

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understanding cannot be dismissed as an artefact of the research procedures.

A possible explanation for understanding distress to be idiosyncratic could be that it is partly a result of the inadequacies of language for relating distress. A study by Rogers and Pilgrim (1996) which investigated how lay people understood mental health, encountered problems with language, acknowledging in particular the absence of an integrated linguistic framework to understand body, mind and society interactions. (This could also have been an artefact of the limitations of Cartesian dualism). Similar problems have also been encountered by therapists (see Pilgrim, 1997), so this is a problem not just for distressed individuals. It seems that language is inadequate for reporting experiences of distress, though it is unclear whether this constrains, or creates a diversity of, interpretations.

These ideas about why individuals perceive their distress to be an idiosyncratic phenomenon suggest this may be due to limitations in the perspectives and processes of understanding. This means that if there is any commonality if would be difficult to identify. A consequence of these ideas is that people seem to become isolated in their subjective experience of distress, and context becomes unimportant.

Ignoring context allows closure. The second reason individuals may ignore context as a factor in their distress is it that reduces the complexity of their situation, which means they are better able to account for what is happening to them. The research indicated distressed individuals are more likely to ignore distal contexts than proximal ones. This is because proximal influences are immediately demanding, and also can act as a conduit for the action of distal contexts on the individual (Smail, 1990). Smail (1993) describes an individual's perception of the depth of contextual influences as their 'power horizon'. So in Smail's terms, individuals limit their power horizon when distressed. However this can only be a partial explanation, as

participants did recognise the occurrence of some contextual events (e.g. bereavement, unemployment and relationship breakdown) and that these coincided with their episodes of distress.

Participants were clear in describing attempts to limit their perspective as a means of minimising the complexity in their lives (at least partly because it seemed to reduce the range of potential triggers of further distress). This appears similar to the systemic idea of closure (e.g. Jones, 1993), which regards natural systems as open, so that if they are to be understood it is necessary to impose some barrier beyond which influence is ignored. According to Pilgrim (1997) closure can result in partial understanding and reductionism. These problems seemed to be encountered by the participants, leading to an understanding of their distress with very few references to context.

Ignoring context enhances perceptions of control. A final reason why participants attempted to ignore context was that it reduced their perceptions of having limited power or control. Orford (1992) states that it is the relative absence of power or feelings of power which are noticed in individuals who are distressed. He proposes that underlying many situational and/or personality factors which psychologists use to explain the occurrence of distress, for instance locus of control, learned helplessness and self-efficacy, is the concept of power. These ideas which suggest perceived powerlessness is a characteristic of distressed individuals, are a feature of the current research, though of course it was impossible to demonstrate any association within this research design. What the research did show is that participants perceived themselves better able to control their distress by locating it in the immediate domains. For instance adopting responsibility for onset enhanced the perception that resolution could be achieved by the participant. (How distressed individuals might negotiate the power to do this is considered later).

From the perspective of the individual this research has suggested three reasons why they might seek to ignore context in attempts to understand their distress. These reasons are that the idiosyncrasy of distress means that shared contexts seem irrelevant; such an understanding permits closure on a phenomenon which otherwise would be more difficult to understand; and it disguises the distressed individuals' lack of power or control. However perceiving these to be the only reasons why distressed individuals ignore context would be a mistake, because the perspective decontextualises people from the systems in which they are situated.

Before considering wider systems in the interpretation, some consideration needs to be given to the context of data collection and its potential influence on the research results. Participants were aware that the interviewer was a trainee clinical psychologist, and this may have led to their representations of distress as idiosyncratic. For instance it is likely that the status of the researcher and the interview style would have evoked expectations of discourse similar to those the participants experienced as clients of clinical psychologists. The reason for recruiting ex-clients of clinical psychologists was because of their accessibility to the researcher. In the Introduction it was argued that clinical psychologists tend to individualise distress. This discourse could have been reproduced by participants in the research interview, and so biased the results by over-emphasising the idiosyncrasy of the experience of distress. However in defence it is argued that recruiting participants untainted by psychological ideas would be impossible because our culture seems saturated by psychological ideas, particularly due to the prevalence of psychologists, therapists and counsellors in the media. In addition it is argued that the specific focus on context rather than internal states in the interviews would guard against the individualising of distress. Finally a social constructionist understanding of the effect of the researcher's background and position on this issue would suggest that the co-construction of data would lead to an emphasis on context rather than the individual. These arguments are intended to demonstrate that the demand

characteristics of the interviews were not purely influencing the participants to produce individualised accounts of their distress.

The following section considers perspective beyond the individual and the interview context. The first focuses on how distressed individuals perceive themselves within their contexts.

2. The individual's perspective on the world

The current study shows how distressed individuals recognise their distress through differences to others, and manage it by concealing these differences. Therefore to minimise their experience of distress, individuals isolate themselves, either physically or mentally from others. This is the basis for the second perspective on why distressed individuals seek to ignore context.

Wright (1970) found that distressed individuals identified aspects of themselves which were incongruous with their own view of themselves, and linked these to their distress. Similar results from the current study found these differences to be identified through comparisons with participants' views of themselves as they were in the past, or with others. Regardless of the source of any incongruities, participants tended to associate them with their distress. This research suggests that difference is regarded negatively by distressed individuals, a finding supported by other studies. For instance, Bannister (1962) reported that the construct 'unusual' was evaluated negatively by a group of patients diagnosed as neurotic. It may be concluded that distressed individuals de-value individuality.

Perhaps as a consequence of de-valuing individuality, the current research found that participants desired to be normal. This reaction has been noted elsewhere, for example in a study of people who were partially-recovered from depression (Coyne and Calarco, 1995). Participants in the current research described attempts to achieve this normality by concealing their

differences from others. As this requires changes to individual presentation rather than their context, it was labelled as self-management in the current study.

One wonders about the success of this strategy, as by effortfully having to act out normality, these people are presumably not being normal. However perhaps just appearing to be normal has benefits. For instance it allows distressed individuals to avoid the secondary handicaps associated with mental illness (Sinason, 1992). An implication of this desire to be normal is that individuals are unlikely to be forthcoming about their distress in public. This means that their deviance from the norm will not be valued by distressed individuals as some theorists suggest it should (e.g. Moscovici, 1976). Instead the research finding of suppressed difference supports Clegg's (1998) argument that it is unreasonable to expect vulnerable members of society to expose themselves in the quest for social change.

Returning to the notion of self-management, this shows individuals are active in their response to distress. This finding corresponds both to Fryer's (1994; Fryer and Payne, 1984) argument that people in profoundly disadvantaged circumstances can be proactive in tackling their problems, and Smail's (1994a) proposals which state that individuals' responses are limited because they do not have the material resources to alter their context. Self-management may be the only option available to distressed individuals. Rogers and Pilgrim's (1997) study of lay perceptions of mental health reached similar conclusions, though they stressed that it is perceived control (rather than actual resources) which limit the individual's response:

> "Individuals generally considered that they had little control over external constraints and stressors, so they focused in their own lives on what they believe they can control - their conscious actions."

> (p.30)

Yet, the theory proposed here suggests that it is not only a lack of resources (actual or perceived) which is the only determinant of this response to distress. Distressed individuals tend to limit their responses to self-management because they understand distress to be a phenomenon inherent to themselves, rather than a problem requiring contextual change.

For participants, part of negating their differences through self-management was to suppress any personal understanding of distress which might conflict with that offered by others. This implies that private accounts of distress are difficult to access. Rogers and Pilgrim (1996) describe their difficulty going beyond public accounts of mental illness to access the private discourse in a non-clinical population. However, in the current study this did not seem so problematic, perhaps because the participants' experiences of psychological intervention appeared to have sensitised them to talking about personal and emotional issues. Indeed much of the public discourse which might have been expected, for instance a social causation understanding of distress (Orford, 1992), was absent from participants' reports. Instead there was an emphasis on the individual's worthlessness and inability to cope with life events. This contrasted with reports about their day-to-day lives, in which participants had worked to conceal at least some of their private discourse so they might appear normal.

By concealing their private accounts of distress in order to appear normal, interaction between the distressed individual and others about distress is minimal. Not only does this isolate the distressed individual, it also limits what others can know about distress. If knowledge is regarded as socially constructed, then when discourses about subjects are restricted they are less likely to be understood. Perhaps when distressed individuals say they are losing their mind, they are recognising this lost interaction, and the consequent mis-understanding of their distress.

One result of this disparity between public discourses and private accounts is likely to be cognitive dissonance for the distressed individual. Festinger (1957) proposes that anxiety results from cognitive dissonance, causing the affected individual to attempt to reduce the dissonance. Unfortunately the distressed individual is unlikely to be successful in denying his or her own negative feelings, or in altering the public discourse regarding distress. Perhaps the only way of reducing this dissonance is to withdraw from encounters with the public discourse, i.e. seek to ignore context. Expressed more simply, the distressed individual withdraws from the world because it does not understand him or her. (In addition this perspective explains why it was so important for the participants to identify empathic others - they are searching for a meaningful discourse, i.e. one congruent to their private experience).

The arguments in this section can be summarised as follows. The research found that the participants associated their difference from others with the experience of distress. Consequently difference was not valued, and attempts to reduce it concentrated on portraying normality. This necessitated individual change to 'fit in' with others, hence the emphasis placed on self-management by the participants. Part of this self-management was the suppression of private discourses about distress which conflict with those in the public domain. It was argued that this leads to cognitive dissonance for distressed individuals as they cannot reconcile their private experience with public discourses. To protect against the anxiety caused by this dissonance, distressed individuals create less permeable barriers to their contexts, because then they become less aware of being mis-understood.

3. A perspective on the individual within their contexts

The final perspective addresses the question why distressed individuals ignore context, by considering the systems in which they are located. The results are interpreted to implicate 'society' as a factor which coerces distressed individuals to ignore their context.

The current study was intended to explain how individuals understood the role of contextual factors in their experience of distress. Therefore individuals with experience of distress were interviewed. The perspective developed in this section goes beyond this group of people, to consider the systems in which they are situated. Therefore the interpretation presented here may be regarded as somewhat speculative, because the research was not specifically focused on these systems. However it remains within the qualitative research tradition, which argues for the transference of ideas through theory generation (Woolgar, 1996), rather than on the basis of how representative the sample is of a larger population. By introducing these wider systems to the interpretation, premature closure is avoided and the research results are contextualised.

One wider system in which distressed individuals are located will be described as 'society' for the purposes of this research. This should be regarded as a term the researcher has introduced rather than having any established sociological meaning. In this instance, society is regarded as the forum for public discourses about distress. Considering public discourses is important because they set an agenda for what can be known about an experience and how it can be known (Harre and Gillett, 1994). Specifically public discourses about distress will act as at least a partial constraint on distressed individuals' private accounts or understanding.

The argument being proposed within this section assumes that public discourses about distress influence private accounts. The processes through which this occurs are proposed below, and illustrated with examples from the current research. Foucault (1977, 1980) argues that powerful public discourses are disseminated through social processes[1]. The current research identified some aspects of the dominant discourse about distress.

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[1] An example is the dominant discourse of enablement which Silverman (1997) identifies as arising in HIV counselling through the collaboration of counsellors, clients and significant others.

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These included distress being located in the person, associated with feelings of powerlessness and resolved by the affected individual. That this discourse was adopted through social processes seems to be demonstrated by the participant 'Kaneez'. She was able to negotiate a different understanding of her distress which did not focus on powerlessness, but the ignorance of others (see the category 'Having limited power or control'). This may have been enabled by other powerful discourses in her life associated with culture and religion, which may have produced a more positive self-image. Another example relates to how participants initially described hoping their distress would be cured by a professional helper, but came to understand that resolution was their responsibility (see the category 'Accepting responsibility for overcoming the distress'). These examples show that dominant discourses have a powerful influence on private meaning, though this should be seen as negotiated rather than prescribed. It appears that participants' understandings of distress were often engendered by these dominant discourses. Presumably these discourses have a role in informing distressed individuals that context is unimportant.

Whilst public discourses may influence private accounts, they are not necessarily the same. It is useful to identify differences and suggest why these might occur, particularly as distressed individuals could be regarded as having a privileged standpoint from which to understand distress. Adopting personal responsibility for the occurrence and resolution of distress was a perspective common to almost all the participants. This perspective contrasts with surveys of public attitudes which have found major life events to be cited as the predominant cause of mental illness (Rogers and Pilgrim, 1996; 1997). In general lay people favour social determinism as the explanation for the causes of mental health problems (that implies distress is caused by social or environmental factors), but do agree with the participants that resolution is a personal responsibility (Rogers and Pilgrim, 1996; Pilgrim, 1997). Participants were consistent in assigning to themselves the responsibility for the occurrence and resolution of distress (perhaps to

reduce dissonance). However research evidence (summarised by Black et al, 1988; Acheson, 1998) would suggest distressed individuals' understanding of the causes of their distress are limited, because they ignore context. These differences in understanding may be explained by considering what power is available to these different interpreters.

Public discourses appear contradictory in regarding context as causatory, yet assigning to distressed individuals the responsibility for resolving their distress. To understand this apparent contradiction in the public discourse, it is useful to consider what the implications for society would be if it accepted that the responsibility for resolving distress lay in contextual changes. One option would be for society to change context by reducing biases and inequalities which affect marginalised groups. This would mean a redistribution of power to these groups. Demands for this redistribution are not new (e.g. Black et al, 1988; Acheson, 1998). The fact they have not occurred suggests there is some resistance to such a change. The alternative option would be for society to accept responsibility for distress but not address the contextual inequalities which are implicated. This would reveal society to be actively discriminating against those who are marginalised, rather than being a caring and inclusive system. Therefore of these two options which would follow from society accepting responsibility for resolving individuals' experiences of distress, it seems that both would reveal society to be based on inequalities. Hence it could be argued that society cannot afford to accept responsibility for resolving distress. Instead it implicitly encourages a public discourse which identifies individuals as responsible (for instance through schemes like the 'Employee Assistance Programme' and systems such as mental health services). This discourse appears to absolve society from the responsibility for tackling the contextual causes of distress.

The proposal central to this section is that it is advantageous for society if distressed individuals ignore context, as otherwise distress would be located

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in wider systems. This would reveal society to be protecting the powerful and marginalising those who deviate from social norms. Consequently it is argued that to protect society, public discourses foster the co-construction of models of understanding distress as idiosyncratic, located within individuals and a personal responsibility. Through public discourses, this is the agenda set for distressed individuals if they wish to re-join society (i.e. to not be different). It seems that for a person to not be distressed, their understanding must concur with this public discourse. Adopting this agenda means that distressed individuals have to ignore their context.

Many of the arguments presented throughout these interpretations of the results can be summarised by the concept of fracture. This research has illustrated fracture in discourse between the behaviour of distressed and other individuals; within the mind-body-social system; separating public and private accounts; and between language and experience. One consequence of these fractures is that the distressed become trapped in a personal and socially-isolating experience, for which context seems irrelevant. Perhaps in seeking to ignore context, distressed individuals are acknowledging and reacting to a context that ignores them.

Underlying this interpretation of the results is an assumption that context *is* an important influence on psychological distress. Although research presented in the Introduction has shown this to be a reasonable assumption, paradoxically the participants constructed understandings of distress which largely ignored context. It may seem that the participants' perspective is being dismissed in this interpretation because it does not comply with the researcher's views. However it is precisely participants' considerable efforts to ignore context, by disengaging from the world, seeking isolation and presenting a facade of normality, which indicates that context is important to them.

This indirect consideration given to context by participants is the basis for the importance it is assigned in this interpretation. The relevance of context to distress is of course the position adopted by the researcher. This leads to the criticism that the researcher has interpreted the results purely on the basis of his pre-conceived ideas about the importance of context. One way to address this criticism is to consider whether there is any data which would have convinced the researcher that context is not important to distressed individuals. This is a reflexive process. As noted above, participants were actively ignoring context, for instance by expending considerable effort to conceal their distress from most other people. If participants had disregarded context, then they would have been indifferent to the reaction of others. Consequently the researcher would have concluded that context was unimportant to distressed individuals with regard to how they understood their distress. In turn, this would have implied that context could be ignored in psychological interventions. Instead participants actively sought to ignore context, which was interpreted as corresponding with the researcher's position that context is important to distressed individuals. Later it will be argued that this interpretation of the results is justifiable, but first the implications of this interpretation are considered.

Implications for mental health policy

The section considers how the research results can inform policy. It is not concerned with making recommendations based on the relationship between context and well-being; this has been done elsewhere. (Most recently by Acheson (1998), who recommends a redistribution of wealth to the poor through the tax system, better education including health promotion and increasing the quality of housing, transport and food as ways to reduce health inequalities). Instead these implications for policy are based on what the current research results tell us about how service users may understand context as a factor in their distress. The implications suggested in the

following sections are offered tentatively, partly because the sample size and sampling strategy do not allow generalisation of the results to a population, and also in recognition of social constructionists understanding of knowledge as fluid.

The first implication of this research is that information provided by service users (i.e. clients, patients, etc.) about their difficulties may not refer to contextual factors, and that if this is accepted at face value then any understanding will be limited. This finding is pertinent because a recent consultative paper 'Our Healthier Nation' (Department of Health, 1998) lists a number of responsibilities for individuals with mental health problems, which include contributing information to service planners. If, as the current research suggests, distressed individuals seek to ignore context then it might be assumed by service planners that contextual factors are not important. Consequently both service planners and users will regard problems as purely internal and personal, despite research which indicates context is a fundamental contributor to distress (e.g. Black et al, 1988; Acheson, 1998). Fortunately this is recognised in 'Our Healthier Nation':

> "Social exclusion involves not only social but economic and psychological isolation. Although people may know what affects their health, their hardship and isolation mean that it is often difficult to act upon what they know. The best way to make a start on helping them live healthier lives is to provide help and support to enable them to participate in society, and help improve their economic and social circumstances. That will help improve their health."
>
> (Department of Health, 1998; p.17)

How individuals understand their distress has further implications for mental health policy. The research showed that participants' understanding of their distress was idiosyncratic (though as discussed earlier this may to a degree have been an artefact of the research procedures). This implies that to an

extent, how individuals resolve their distress, and what help they need to do this, will vary. This variation may not always be accommodated within a specific intervention, i.e. other approaches may be more appropriate. Hence the clinician needs to be permitted some flexibility in their choice of approach. This flexibility may conflict with current enthusiasm within the health service for evidence-based practice (Department of Health, 1995), which can lead to the identification of a 'treatment of choice'. This policy may promote good practice (though this is questionable according to Klein et al, 1996). However if treatments are identified from research which has averaged-out individual factors, they may not be appropriate for everyone. Hence two implications of this research are that services need to allow some flexibility in the application of recommended interventions, and seek evidence which accounts for individual variation (perhaps by using qualitative methodologies) as a basis for these recommendations.

The research also has implications for the policy of developing Health Action Zones[2]. One feature of these are that local people will be empowered to take greater responsibility for their own health (Department of Health, 1998). The current research suggests that distressed individuals' understanding of their circumstances means they will readily accept responsibility for their distress. This implies the focus of this policy should be facilitating empowerment through the provision of knowledge, support and resources, rather than unnecessarily seeking to locate responsibility where it is already accepted.

Another implication for health service policy concerns the different levels of discourse about distress indicated by the research. If distress is to be better understood it seems important that private knowledge becomes public. Particularly at policy-making levels there needs to be more acknowledgement that the understandings of distress available to both service users and providers are uncertain, complex and personal. This is

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[2] Specific geographical areas which will receive direct Government funding in order to tackle locally-identified health inequalities (Department of Health, 1998).

likely to be met with some opposition, as one of the bases of power for mental health professions appears to be an implicit agreement to conceal uncertainty (The Lancet Editorial, 1995). A more uncertain and less expert approach to understanding distress would threaten both mental health services and the professions within them, who currently claim authority and power based on an objectivist body of knowledge (Williams and Lindley, 1996). Again service providers need to be flexible enough for professionals to feel safe acknowledging and sharing this uncertainty. (This idea is explored later with regard to clinical practice).

A final policy implication concerns how differing public and private discourses of distress may alienate distressed individuals. For instance a current dominant public concern regards the risk of violence from mentally ill individuals. This is reflected in a recent policy paper 'Modernising Mental Health Services: Safe, Sound and Supportive' (Department of Health, 1999), which identifies violence from people with mental illness as a priority issue to be addressed by services. One government proposal currently being debated is the introduction of community treatment orders, which would compel some service users to take drugs against their wishes. This is one example of public discourses about distress unlikely to be recognised by most distressed individuals as relevant to their situation or reflective of their private discourse. In addition poorly-informed public debates such as this serve to further stigmatise those with mental illness[3]. For instance it is likely to exacerbate distressed individuals' reactions of separating themselves from others through isolation and self-management, and increase their confusion about distress.

Overall the implications for mental health policy presented here can be summarised by stating that service providers need to become more aware of private discourses about distress. Unfortunately these discourses are likely

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[3] A review by Taylor and Gunn (1999) shows that despite a fivefold increase in murder in the UK from 1957 to 1995, the contribution to this figure by people with mental illness has declined by 3% per annum.

to be hidden; may reflect knowledge biased by the understanding of distress (e.g. context might be ignored); and challenge professional protectionism. However awareness of these perspectives could reduce perceptions of difference and alienation experienced by distressed individuals.

Implications for clinical practice

Whilst this section focuses primarily on the implications of the research for clinical psychology practice, it is also applicable to clinicians from other mental health professions. It does not consider the clinical practice implications of knowledge which relates distress to contextual factors, which is done elsewhere (e.g. Smail, 1996a, 1996b; Schnitzer, 1996; Albee, 1982). Instead the implications are based on the results of this study, which is concerned with distressed individuals' understanding of this relationship. In this section there may be some bias towards therapeutic interventions which involve direct client contact. However this tends to be how clinical psychologists work with adults in Britain (Norcross et al, 1992).

The first clinical practice implication derived from the current research is that clinicians need to be mindful of issues *not* presented by individuals in accounts of their distress. This research found context to be largely ignored, though evidence summarised in the Introduction indicates a strong association between contextual factors and distress. The current research suggests individuals focus on internal processes to explain their distress, and presumably an unquestioning clinician might follow this agenda. Epstein (1995) queries the appropriateness of self-scrutiny in clinical interventions, proposing that it may be counter-productive because if environmental changes are not made then problems will persist. Another example concerns the willingness of individuals to accept responsibility for their distress. This adoption of responsibility may be explained by the concept of 'person-blame causal attribution bias' (Caplan and Nelson, 1973), which means that

individuals tend to see themselves as instrumental in what happens to them. Again this appears to conflict with evidence linking distress and context. The unquestioning clinician might not challenge the client's adoption of personal responsibility. This could lead to victim-blaming (Lykes et al, 1996), and a strategy of remediation inappropriately focused on individual deficits (Levenson, 1992). These examples indicate that clinicians need to be mindful of issues not presented in their clients' accounts. In particular an individual's distress should be understood as located within contexts. This concurs with Holland's (1991, p.59) argument that training should allow practitioners:

> "to grasp the transdisciplinary nature of theories and methods to connect inner and outer experiences, psychic and socio-economic structure".

A further implication of this research, which was also discussed with reference to mental health policy, is that clinicians need to be active in bringing together public and private discourses about distress. Uncertain and partial explanations of distress remain as private discourses for sufferers and some clinicians. The public discourse is dominated by claims of expertise and technical fixes, though investigation reveals little evidence to substantiate these claims (Bergin and Garfield, 1994; Shapiro, 1995). Moorey and Markman (1998) describe these claims as 'necessary illusions' which provide experts with a means of perpetuating their power. In turn this power allows experts to negotiate a 'reality' congruent with their theoretical perspective (Caplan and Nelson, 1973). The current research, by exposing how individuals' private discourses about their distress differ from those found in the public domain, implies that practitioners need to express and value their own uncertainties. Moorey and Markman see this as a positive approach.

> "This process of attempting to create a sharp distinction between the inadequacy of clients and the potency of us as experts is not only dehumanising to those we work with, but

ultimately also robs us of the main potency we possess, our capacity to express solidarity to people in distress."

Moorey and Markman (1998, p. 19)

Rather than a search for rational-technical answers, Stancombe and White (1998) propose clinical practice should become a practical and moral undertaking. Their re-defining of clinical practice matches the implications of the current research, which supports practical (i.e. explicating and possibly changing the effects of context) and moral interventions (i.e. witnessing and valuing private discourses). Whether these ideas are congruent and achievable is discussed below.

In the Introduction community psychology was presented as an approach which aims to reveal the effects of context on distressed individuals. Smail (1994a) describes this as demystifying distress. Within community psychology there are debates about how these effects operate. Smail suggests psychologists can present the client with a valid, objective account of their distress, whilst others (e.g. Fryer, 1984) see the effects of context to be mediated by an individual's interpretations, which implies a more subjective approach. How context affects individuals also has implications for interventions. The researcher is aware that the question of what creates change, i.e. internal interpretations or external context, remains unresolved. Unsurprisingly the current research does not resolve this debate, but it does suggest that private discourses or interpretations of distress should be witnessed, not ignored.

One way of witnessing these discourses is to explore their meaning for the individual. For instance narrative approaches allow the exploration of accounts through deconstruction and reconstruction of their meaning (e.g. Epston and White, 1992; Mair, 1989). This is not to say that re-interpretation is necessarily therapeutic (as noted above this debate is unresolved). However exploring meaning using techniques from narrative approaches

may allow the de-mystification of distress. For example alternative discourses which introduce information about the effects of context may challenge the distressed individual's assumption of responsibility.

Community psychology and narrative approaches have been used to exemplify elements of clinical practice which this research suggests are important in working with distressed individuals. (It is not being said that other approaches are inappropriate as they may also have these elements of practice). A common feature of these approaches is that they favour particular ways of understanding the world, i.e. they are normative (Stancombe and White, 1998). The research indicates that taking a normative perspective in psychological interventions is beneficial because it provides a standpoint from which to challenge individuals' discourses, especially when they ignore context. The alternative to this would be working from a weak liberal perspective. Clegg (1998) argues that this perspective militates against dialogue and sustains the status quo. Similarly Billig (1994) regards debate as essential for creativity and growth, which are the primary aims of any intervention.

With regard to psychological interventions the research suggests some practical advice. Practitioners need to recognise and work with individuals' private discourses about distress, whilst being aware of what is missing from this understanding, in particular context. There seems no clear procedure for applying such an approach, so the practitioner needs to be reflective in their work and critical of their theoretical stance, particularly its assumptions about context and how it might undermine clients' understandings. What is required is a simultaneous commitment to individual discourses and a challenging of them with regard to contextual effects. Ideally the uncertainty individuals associate with distress should also be experienced by the practitioner with regard to their understanding and intervention.

Implications for research methodology

A review of grounded theory at the research design stage indicated that a Glaserian approach to grounded theory methodology (Glaser, 1978; Glaser and Strauss, 1967) would lead to a theory grounded in the data (Rennie, 1998), and consistent with a social constructionist epistemology (Charmaz, 1990; Pidgeon and Henwood, 1997). However it was recognised that there are difficulties and inconsistencies in applying grounded theory methodology (Pidgeon, 1996; Rennie et al, 1988; Rennie, 1998). At this stage it seems useful to reflect on how these were encountered, and what conclusions might be reached from this experience.

Two examples of the problems encountered are considered below. Both result from a lack of clarity in the methodological descriptions of 'doing' grounded theory analysis. The first concerns the lack of guidance from the Glaserian model as to whether new data should be introduced as one develops high-level categories from lower ones. In this research it was decided to place all relevant data within low-level categories, to demonstrate how these were grounded in the data. However it could be argued that introducing more data in higher-level categories would have helped justify the process of abstraction.

A more frequently reported problem found when applying grounded theory, is uncertainty about the extent to which the researcher explains the data. Early conceptualisations perceived data to be the only guide to abstraction (Glaser and Strauss, 1967). Subsequent researchers have questioned this perspective. For instance Pidgeon (1996) states that relying solely on data stultifies theory development, so the result is a form of content analysis. As a researcher new to qualitative methodologies I was hesitant in interpreting the data for fear of imposing my beliefs on the theory. Revisions of grounded theory methodology were helpful to some extent. (For instance Charmaz (1990) states that categorisation is dialectical and active, and Harper and

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Warner (1993) describe the process as reflecting clinical practice in which there is a movement from openness and chaos to structure and closure). However it was still difficult to define how far one should contribute to theory development without being accused of 'making it up'. Hence the importance of justifying abstractions as part of the evaluatory procedures.

These are some examples of the dilemmas faced by grounded theorists. They create uncertainty and anxiety, particularly when the researcher has little or no experience of qualitative methodologies. In these circumstances there is a need for good supervision, and some tolerance of uncertainty. However it is easy to understand the attraction of the more procedurised methodology proposed by Strauss and Corbin (1990), despite what appear to be its justificatory shortcomings (Rennie, 1998).

These dilemmas lend weight to Silverman's (1993) declaration that grounded theory methodology acts as a veneer to camouflage intuitive working. This research has shown that applying grounded theory from a social constructionist perspective challenges its methodological rhetoric, by encouraging the researcher to be reflexive in his or her approach, and so attend more closely to research processes. Perhaps it is inevitable that knowledge production techniques which recognise both the researched and researcher as contributors will be ill-defined. This may even be desirable *if* it forces the researcher to present a reflexive, rather than formulaic, account of their work.

Evaluation of the research

Adopting a social constructionist understanding of knowledge has implications for how the production of that knowledge is evaluated. A brief review of the literature regarding evaluation was presented in the Research Design chapter. This concluded by identifying relevant evaluative criteria -

the significance of the research question, methodological thoroughness and the incisiveness of the results. The significance of the research question was proposed in the Introduction, and demonstrated in the previous discussion of research implications. The remaining two criteria are reviewed below. The incisiveness of the results is considered under two headings - the rhetorical power of the theory and generativity.

Methodological thoroughness

To demonstrate methodological thoroughness the research must be permeable. Permeability means producing a full account of the justification for, and the processes of, research. This allows the social constructionist researcher to achieve a position of strong objectivity (Harding, 1992). Key factors contributing to methodological thoroughness were identified in the Research Design chapter. Examples to show that these are features of the current research are shown below.

Accessibility of data. Excerpts from the interview transcripts are provided in the Results chapter to justify the analysis. In addition, the original transcripts are contained in Appendix 9. These sources allow others to access the data, thereby permitting the reader to examine the basis for claims made by the researcher and to consider whether any subsequent interpretations are reasonable.

Saturation of the categories. In terms of the number of participants, the total of six corresponds with guidelines proposed by Rennie et al (1988) and Turpin et al (1997). However limitations in the available data meant some categories were only partially explored. For instance, in retrospect more information would have been sought for the category 'Assuming others see them as different', as it later became apparent that participants' understanding of their distress and context were influenced by the perspectives of others. It would have been useful to know more about the

ways they perceived themselves to be regarded as different, for example were others aware of their efforts to ignore context? Ideally analysis should have progressed further before the interviews were concluded, so that data could have been sought which addressed these issues. Alternatively further interviews could have been undertaken to seek this information. Unfortunately time constraints prevented the recruitment of more participants.

Empathic engagement. This is a style of data collection and analysis which enhances the researcher's ability to achieve a 'thick' description of the phenomenon (Geertz, 1979). A thick description is characterised by complex data containing multiple layers of meaning. In this study empathic engagement was facilitated through a flexible interview process, which though based on a schedule, was guided to a large extent by the participants. In addition the researcher increased his engagement with the data through conducting the interviews, transcribing the data and carrying out the analysis.

One example of how thick description was achieved is the understanding of how participants perceived themselves to be different and how they assumed others saw their differences. In effect this led to a first and second-order perspective on difference, and allowed an understanding to be developed based on reciprocal reinforcement between these perspectives. The advantage of obtaining a thicker description is that it leads to a more comprehensive and conclusive explanation of phenomenon (Johnson, 1999).

Active reflection. The primary means of facilitating active reflection was the use of a journal to record thoughts, feelings and observations about the research. This meant the researcher's reactions were not lost, but remained available for reflection. Examples intended to illustrate how active reflection informed the research procedure are presented below.

My reflections on the interview with 'Jane' reproduced in Appendix 8 allow an illustration of the usefulness of this technique. For instance issues arising from this journal entry include an early insight into the theme central to the analysis. Also there is some anticipation of the problems encountered exploring culture, (which later directed the theoretical sampling of participants). Another issue identified in this journal entry concerned the lack of fundamental explanations. This was explored in supervision by considering the usefulness of asking participants 'why' questions, and the idea of 'probing to extinction', whereby a topic area is explored fully if asking a question in many ways always produces similar replies.

Active reflection also occurred during interviews, research supervision, the qualitative support group and everyday life. For instance in my interviews with participants of non-white ethnicity I was aware of not 'pigeon-holing' these informants as just suppliers of information with regard to race. In addition I tried not to make too many assumptions based on my own belief that racism is endemic in British society.

Deviant case analysis. Particular attention is drawn to deviant cases, as these are an important indicator that all the relevant data contributed to the results. Deviant cases are clearly labelled in the Results chapter, which also describes how interpretations were modified to account for them. For instance 'Kaneez's' comments about not being powerless differed from those of other participants (see 'Having limited power or control'). It was suggested in the Results that her beliefs and culture were protective against feelings of powerlessness. This interpretation led to Foucauldian ideas about how power/knowledge is not just impressed on people, but applied through a process of negotiation (Foucault, 1980). This is one example of how deviant cases informed the developing theory, and is intended to illustrate how all the relevant data was considered in the analysis.

A reflexive stance. Taking a reflexive stance meant considering how I influenced the research. For instance earlier I provided details of my interests, philosophical stance, personal experiences and values. These perspectives have some commonality with the results, and this is indicative of my contribution to the construction of knowledge. However being aware of this meant I could challenge its appropriateness. For instance my initial descriptions of the categories were embedded in notions of power not always evident in the data. This may have reflected my knowledge of community psychology, and in addition may be associated with my feelings of disempowerment as a clinical psychology trainee. After reflection I reviewed and revised the categories.

Being reflexive also meant considering how my language and use of concepts influenced the research, for instance through imposing terms or meanings on the participants. One example is that my analysis was based on the premise that responsibility cannot be shared. This premise has not been explored in the data. The use of the term 'distress' represents a conscious effort by the researcher to move this phenomenon out of the medical domain, whereas 'outcome' is psychological jargon rather than a day-to-day expression. A major problem in the research concerned the term 'context'. To most of the participants this was meaningless, so that often I used alternatives, such as 'the external world'. This meant that I was defining and possibly restricting the scope of the research. All these examples illustrate how the analysis was embedded on the assumed existence of certain states of affairs. This is termed 'ontological gerrymandering' by Woolgar and Pawluch (1985), who propose that all explanations are based on some information which is taken as given (i.e. an anti-foundational argument is not achievable). Ontological gerrymandering provides the foundations which make the research question and report accessible to participants and readers, by assuming that some of the researcher's concepts are shared with others. The researcher needs to be reflexive to recognise the assumptions made in employing particular terms or phrases

which are not defined by the data. Although ontological gerrymandering may be unavoidable, the previous examples are fundamental to the research question, which indicates more attention should have been directed at exploring their meaning with the participants.

There were limitations on the use of reflexivity in this research. For instance the minutiae of particular interactions with participants were not explored in order to expose the researcher's contribution to the data. However given the practical constraints of time and thesis length, this research study has made some attempts to consider issues of reflexivity.

The rhetorical power of the theory

The aim of the research was to produce a grounded theory which explained how individuals understand the influence of contextual factors on their distress. Any theory is temporary and open to adaptation (Kuhn, 1970). What sustains a theory according to social constructionists is its rhetorical power (Henwood and Pidgeon, 1995). To evaluate the rhetorical power of the current theory, the results are reviewed against evaluative criteria introduced in the Research Design chapter. These are intended to show soundness of evidence; diverse levels of abstraction; and justifiable abstractions and interpretations.

Soundness of evidence. To show evidence is sound means demonstrating that the research is grounded in the data and collected according to a justified procedure. To a large extent this is accounted for in the Research Design, Method and Results chapters; and the previous review of sources of data provided in the section concerned with 'Methodological thoroughness'. One important means of showing sound evidence is by attempting to ensure all the relevant data have been obtained. Whilst this cannot be known, the use of sampling techniques provides an indication of the comprehensiveness of the evidence. In the current research, sampling was initially directed to

recruit a diverse group of participants. Later theoretical sampling led to the recruitment of participants who were assumed to have a sense of cultural identity and community awareness. This was deemed to be missing evidence required to fill the gaps in the emerging theory. Overall the researcher has attempted to make the procedures of data collection and analysis accessible. This lends support to his contention that the evidence presented is sound, though as noted earlier incomplete.

Diverse levels of abstraction. Rich, dense and complex data allow diverse levels of abstraction. To demonstrate how this was achieved in the current study the category 'Having limited power or control' is used as an example. Whilst this third-level category was derived directly from the data, so that its structure is very simple, the issues covered within are varied, and include: participants' understanding of their power; what this allowed them to do; what they could not do; in what situations power is likely to be applied; and ways in which it is applied. At a more abstract level the understanding of power developed from the data corresponded with, and contributed to, a conceptually rich core theme and process model. This is shown by a simple example, but one which demonstrates multiple factors interacting. If participants display powerlessness then they risked exposing the distress, so instead of expressing power to change their context, actions were directed at self-management. Another level of understanding was that power is rarely expressed beyond the individual because if context is ignored then this appears pointless. Hence the understanding of how power was expressed worked at diverse levels of abstraction, and is illustrative of the multiple layers of meaning which were abstracted from the research data.

Justifiable abstractions and interpretations. In considering this criteria it is worth remembering that the aim of the research is theory development, rather than validation. Furthermore it is noted that alternative interpretations may be favoured by readers. From a social constructionist perspective this is not problematic because research is seen as a product of both researched

and researcher. Instead the aim is to show that given the available data, the interpretations or abstractions are reasonable (i.e. justifiable rather than true).

There are two fundamental sources of knowledge - the external and internal worlds. Interpretation requires both, as data from the external world cannot give itself meaning. To understand the contribution of my internal world to the analysis required the use of introspection. In this discussion introspection is taken to mean the observing of occurrent cognitions, beliefs, etc. (Howe, 1991). The status of introspection in research is contentious. Behaviourists reject introspection as a source of information because its inaccessibility to others means that it is not possible to ascertain reliability. Indeed experimental psychologists, such as Nisbett and Wilson (1977), have shown that our understanding of personal mental processes can be unreliable. Lyons (1986) goes further, proposing that individuals do not consciously engage in any form of internal inspecting, monitoring or data retrieval. Instead what we report are reconstructions of mental events. As a counter-argument King-Spooner (1990) identifies a number of sources of information which are not reconstructions but do contribute to reports of introspection, for example imageless thoughts, bodily perturbations (covert behaviour) and expectations. He argues personal access to mental processes is shown by phenomena such as 'tip of the tongue' experiences and the awareness of imminent success in problem-solving, because these cannot be explained by memory or perceptual processing. Howe (1991) attempts to move the debate away from these technical issues by suggesting that psychologists have an ethical duty to explore introspection because people represent themselves to themselves (regardless of accuracy), and this has an effect on their behaviour. He argues the attitude of many psychologists to introspection is 'eliminativist' precisely because it is difficult to explain. Overall it is clear the status of introspection is unresolved. This researcher adopts a position which concurs with Varela (1996), who believes

introspection is essential for discovery, but its results need to be subject to reasoning.

Hence the reasoning employed in grouping concepts and the process of abstraction was presented at each stage of the analysis in the Results chapter. The aim was for the data to guide theory development. Therefore to evaluate abstraction, one procedure is to consider how conflict between the data and the researcher's perspective was resolved. For instance differing perspectives on the role of racism have already been mentioned. The researcher anticipated that this would be perceived as a factor in some individuals' distress, but excluded this interpretation from the results because this perspective was not expressed by participants. Another unexpected finding was that participants tended to adopt responsibility for their distress, and did not perceive themselves to be forced into this position by others. Examples such as these are intended to show that the researcher can justify that abstractions to theory were based on reasoning guided by the data. However from a social constructionist perspective this procedure is problematic because it assumes knowledge and the context within which it is known (e.g. the researcher) can be separated. Therefore there is a degree of inconcludability regarding whether the interpretations are justifiable. This can only be resolved individually for each reader. It has been the researcher's intention to assist the reader in this process by providing information about how his interpretations were reached.

Generativity

Like rhetorical power, the generativity of a theory is regarded as a means of illustrating the incisiveness of the results. Some indication of generativity is shown in the discussion of research implications, and the debates this engendered. Other issues to consider are scope and transferability.

Scope considers the likely applicability of the developed theory within the field of research. The field of research concerns distress, and in particular that which is recognised by the sufferer and/or others as unusually severe. Two factors suggest a restricted scope within this field. First, these participants were selected from a sample frame of people who had all been in contact with secondary health services. Goldberg and Huxley's (1980) study of access to health services suggests this represents only 1.7% of people who experience significant levels of psychological distress. A second factor constraining scope could be that the sample frame was limited to those who had seen a clinical psychologist. This represents a further minority of people who access secondary mental health services. In Britain clinical psychologists tend to focus their interventions on the individual and emphasise self-management, for instance by applying cognitive and behavioural therapies (Norcross et al, 1992). Could it be that individuals receiving no clinical intervention, or one from a different professional (e.g. a psychiatrist or counselling psychologist) would understand their distress and the role of context differently? Considering scope alone suggests a limited range of applicability for the theory.

In contrast to scope, transferability allows the applicability of the theory to be extended. Arguments for transferability are based on the proposition that if similar theoretical concepts are found in different situations, then this theory might be generalised to these situations. For instance research has demonstrated that there is little overall difference between individuals referred to a clinical psychologist by their GP, and those directed to other mental health professionals (Coulter et al, 1989). Therefore it may be argued that the theory developed in this research is transferable to many other individuals seen within mental health services. Beyond the domain of mental health there are other groups of individuals who share similar characteristics of being distressed and separated from society. Examples include those labelled as belonging to the 'underclass', children who are bullied and people suffering from stigmatising health problems, such as HIV or AIDS.

Transferring the results of the current study to these problems might provide some insight into why they are often socially excluded, and the responses offered by society to their difficulties. Some caution is required in transferring theories, as they are seen by social constructionists as local and open to adaptation (Charmaz, 1990). However the current theory may provide a useful 'stepping-off point' for understanding these other issues.

The preceding sections illustrate attempts which have been made to show the research to be methodologically thorough and the results to be incisive (by demonstrating their rhetorical power and generativity). However it is acknowledged that the evaluative approaches applied here *appear* less robust than those employed in positivist research. This reflects the social constructionist perspective which ascribes less certainty and more fluidity to knowledge.

Suggestions for further research

Several ideas regarding further research are proposed in this section. These include revisions and elaborations of the current study, and new investigations inspired by the research results. First the evaluation revealed some deficiencies in the research which could be overcome. The saturation of some categories such as 'Assuming others see them as different' was not achieved. Later analysis showed how important the perceived perceptions of others were in understanding distress, so in future research more data should be sought to inform this category. In addition the evaluation demonstrated how some concepts were not grounded in the data, for instance responsibility, outcome and context. Whilst Woolgar and Pawluch (1985) argue that there are limits to the extent concepts can be grounded, these were fundamental to the theory, so any repetition of the study should attempt to establish what they mean to the participants involved.

The current study could be elaborated by using participants from different sample frames to provide information about the transferability of results. For instance the sample frame might consist of distressed individuals who had not sought help from health services, people who had approached services but not yet received any assistance or those who had been seen by practitioners other than clinical psychologists. Comparison with the results of the current study might provide some indication as to if and how the process of undergoing a (psychological) intervention changes an individual's conceptualisation of their distress. For instance are the perceived causes of distress internalised due to psychological interventions which focus on self-scrutiny? A different but complementary approach would be to address the research question to clinical psychologists. This might produce interesting results about their internal understanding of distress and context; how this relates to the models they apply in interventions; and the degree of certainty they assign to the concepts with which they work. These results could indicate how mental health professionals are positioned within society to promote and conceal discourses about distress.

Finally new research could be directed at the problems experienced by the participants in finding language to talk about their distress, and also investigate why some discourses are dominant and others concealed. These two issues are interwoven, in that the structure and content of language reflects power relations, so that discourses regarding non-dominant ways of being are limited and constrained (Parker, 1992). An analysis of language and power in discourses about distress and context would provide information to complement the results of the current study. An obvious methodological approach to this proposed research would be discourse analysis.

6. SUMMARY

This research arose from a disparity between the robust evidence for an association between distress and contextual factors, and a general disregarding of context as a focus for psychological interventions. The research question prompted by this discrepancy was how do individuals who have been distressed understand contextual factors to have influenced their distress.

In attempting to answer this question a social constructionist perspective on the creation of this knowledge was adopted. Six participants who had previously seen a clinical psychologist whilst distressed were interviewed. Interview transcripts were analysed using grounded theory methodology. The aim was to establish a theory about the meaning participants assigned to contextual factors in understanding their distress.

Grounded theory analysis enabled a core theme and process model to be constructed. The core theme was that people seek to ignore context when distressed, which meant it was generally disregarded in their understanding of the experience. The process model showed some of the implications of this perspective for the distressed individual. Participants understood their distress to be an idiosyncratic phenomenon inherent to themselves. This seemed to be shown by varied, complex and partial accounts of their distress. This focus on the individual meant that coping strategies predominantly involved self-management in an effort to overcome what were regarded as personal deficiencies. In addition participants accepted responsibility for the cause and resolution of their distress.

The concluding discussion considered how these partial and seemingly biased understandings of distress were maintained within wider systems. It was proposed that society needs to subtly exclude 'deviants' such as the distressed, because they challenge its espoused properties of being caring

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and inclusive. This exclusion is achieved through developing discourses which position distress within the individual, so that sufferers tend to ignore context. Hence any perception of distress as a function or consequence of society becomes a 'non-issue'. It was further proposed that clinicians have a vested interest in perpetuating this perspective on distress. This is because explanations and interventions (especially therapies) which focus on the individual rather than their context, are a basis for mental health professionals' claims of expertise. However these interventions, built on structured and seemingly comprehensive models of distress, undermine the individual's partial and uncertain understanding. The result is fractures between professional helper and distressed individual, and between public and private discourses about distress.

The implications of this interpretation of the results are that public and private discourses about distress need to be brought closer together. One way this might happen would be for clinicians to become more critically aware of the limitations and biases of their interventions. Psychological interventions need to be seen as moral and practical activities, so that clinicians appreciate and value individual's experience of distress, whilst seeking to understand, and perhaps engage their contexts.

APPENDICES

Appendix 1:   Interview schedule

Appendix 2:   Interview guidelines

Appendix 3:   Socio-demographic information about the participants

Appendix 4:   Letter sent to potential participants

Appendix 5:   Participant information sheet

Appendix 6:   Consent form

Appendix 7:   Letter informing participants of the results

Appendix 8:   Extracts from the researcher's journal

Appendix 9:   Interview transcripts
(Bound separately)

Appendix 10:   Letters from ethics committees

Appendix 11:   Segment of interview transcription with coding

Appendix 1:   Interview schedule

<u>Introduction</u>
Introductions, background to research, confidentiality, format (including tape recording), any questions?, consent form

<u>Background</u>
Age, (sex), occupation, living situation (family, who is in the house, is this normal, who else is important day-to-day, ...)

<u>Reason for seeing a psychologist</u>
What were your difficulties at the time you were referred / began seeing the psychologist, background to these difficulties (does not need to be detailed)?

What were the things which led to this problem occurring
- who and what was responsible? how (process) ?
- what things influenced (changed, made worse/better) the problem?
- prompts ....
    ~ social situation: family, friends, work, leisure activities, regular/weekly activities.....
    ~ culture: way of living, beliefs (inc. beliefs about illness), class, race, what it meant to you, ...
    ~ environment: your home, street, community, area, ...
    ~ financial situation: being able to get things you wanted or needed, did this relate to your problems/distress, ...
    ~ your political situation: power / control over your life, what influence do you have over your social, cultural, financial & environmental situation

<u>Outcome</u>
At the current time
- how have things changed for you?
- were changes due to you alone .... did you need outside help or other things to change first?
- what led to these changes? - personal & context
- who / what was responsible for the change, how did this affect your problem/ distress (process)?

<u>Understanding</u>
- how did you understand what was happening to you at the time the problem began?
- has this changed? how has this changed? what were the causes of this change?

<u>Ending</u>
- what else would you like to add?
- feedback on experience of being interviewed
- review consent

Appendix 2: Interview Guidelines

Consent
- Check prior to interview (i.e. telephone/letter).
- Explain research and obtain cosent at the start of the interview.
- Provide option of withdrawing consent at the end of the interview.

Confidentiality
- Ensure nothing in reports which would identify participants (names, descriptions, etc.).
- There will be no disclosure of information to others (e.g. GP, clinical psychologist, etc.) except when current child abuse is suspected.
- The content of transcripts may be discussed with research supervisor, but anonymously
- Tapes, letters, transcripts, etc. will be held securely (i.e. locked in drawers)
- Tape recording of the interviews will be destroyed one year from the end of the research (September 1999).

Informing participants
- Information sheet provided several days before individual is asked to participate.
- Brief description of the research at the beginning of the interview.
- Opportunities for questions on the phone and at the interviews.

Opting-out
- Make it clear that participants can choose not to answer any questions.

Role of researcher
- Use warmth, empathy, genuineness (counselling skills).
- Be alert to non verbal communication and using active listening skills (summarising, paraphrasing, reflecting).
- Be alert to engagement and detachment: not a friend and not a therapist (e.g. beware of interpreting or providing therapeutic advice); but not a stranger (it is an interactive conversation).
- My disclosure may be useful to illustrate experience or encourage participant; however not to a point where I need support or risk my confidentiality/security.
- Provide some direction, but beware of closing topics down
- Be sensitive to participants' other commitments, e.g. childcare

Responding to participant distress
- If communication (verbal or non-verbal; if appropriate ask) indicates change of topic would be appreciated then do so.
- If level of distress is high then change topic, but be aware of closing down.
- If distress is extreme may be appropriate to end interview, or provide this option (but do not rush off).
- If it seems appropriate query participant's emotional state at the end of interview.

- If the participant is distressed at the end of the interview then check what they intend to do next, find out if they can obtain informal support from family or friend, and if still concerned inform them that you will contact their GP.

Ending the interview
- Confirm consent.
- Provide debriefing (thanks, any questions, how to contact me, what happens next, would they like details of the research results).
- Inform the participant that there will no further contact with participant unless I have any queries about the information they have provided.

Appendix 3: Socio-demographic information about the participants

The table below summarises socio-demographic information obtained about the participants interviewed in this research.

Number (interview order)	Pseudonym	Sex	Age	Background	Interview location
1	Jane	female	47	white British	home
2	Bill	male	38	white British	hospital
3	John	male	26	white British	home
4	Mary	female	~40	white British	home
5	Sarnjeet	male	43	Pakistani born, British	home
6	Kaneez	female	~68	Pakistani born, British	hospital

Appendix 4:   Letter sent to potential participants

Department of Clinical Psychology
Adult Mental Health Directorate
Brandon Unit
Gwendolen Road, Leicester LE5 4PW
Tel: 0116 258 4770   Fax: 0116 258 4745

To whom it may concern,

My name is Richard House and I am currently carrying out research in Leicestershire. I am interested in finding out how people understand the outside world (rather than personal or internal factors) to have influenced their emotional distress. This information would be useful for Psychologists in the future, as sharing a common understanding of a problem is often a necessary step before finding a solution. The enclosed information sheet explains more about the research.

To help me, some Psychologists have agreed to send letters like this one to people they have seen in the past. This means that I do not know your name or address, so it ensures your privacy.

However I would like to contact you directly to find out if you would be willing to help with the research. If it would be okay for me to contact you, please complete the tear-off slip below, and return it in the enclosed stamped addressed envelope.

Yours sincerely,

Richard House,
Psychologist in Clinical Training.

I am interested in finding out more about the research. Please contact me.

Name ....

Address ....

Telephone number (if available) ....

Appendix 5:   Participant information sheet

<div style="border:1px solid black; padding:1em;">

<h2 style="text-align:center;">Participants' Information Leaflet</h2>

We are approaching people who have had a problem which led them to see a clinical psychologist within the last year. We are interested in how you understood your problem and what you think may have been the factors which contributed to it occurring. In particular, we are interested in finding out from people how they understand the outside world (rather than personal or internal factors) to have influenced their psychological distress.

This information is useful because to work successfully with clients, psychologists need to have a shared understanding of their problem. Finding out how clients see their problem(s) will be helpful for psychologists when working with others in the future.

We would like you to help us in this research. If you agree to this request an interviewer would come and visit you at home or another convenient place. The interview will take about one hour. We would like to audio tape this conversation as this will allow us to get a full a picture as possible and not miss anything you might say.

Approval for this research has been granted by ethics committees at Leicester University and Leicestershire Health Authority.

We would make sure that anything you say would be completely confidential. No names, addresses or other information which would identify you will be held on computer or appear in any reports. There will be no contact with the clinical psychologist whom you were seeing about the content of these sessions.

You do not have to help with this research if you do not want to. If after deciding to help with the research, you later change your mind, then it is okay to withdraw your consent. Whether you decide to help us or not, this will not affect any care that you are receiving now, or may receive in the future.

Richard House
Psychologist in Clinical Training

November 1998

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Appendix 6:   Consent form

Consent Form

I have had the nature of the research explained to me.

I understand that any information I give will be anonymised. No names address or other information which identifies individuals will be held on a computer or included in any report of the research.

I have had the need for audio taping of the interview explained to me and I give my consent to the recording of the interview. I understand that the audio tapes will be stored securely and their contents remain confidential and used for this investigation only.

I understand that if I give my consent to participate, I can change my mind and withdraw my consent at any point in the future. My decision to participate or not will not affect any current or future treatment.

I give my consent to be interviewed and for the interview to be audio taped and transcribed.

Name (please print)   ....

Name (please sign)   ....

Date   ....

If you have any further questions I can be contacted at the following address and messages may be left by calling the telephone number.

Richard House,
Department of Clinical Psychology,
Brandon Unit,
Leicester General Hospital,
Gwendolen Road,
Leicester.   LE5 4PW

(0116) 258 4770

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Appendix 7: Letter informing participants of the results

Dear 'Jane',

During the winter you kindly agreed to be interviewed as part of my research. As you may remember, I was interested in your distress and how you understood it to have been changed by things external to you. At the time you expressed an interest in finding out about the results. This is why I am writing to you now.

After our meeting, I first changed names or other personal details in any copies of the interview. Then I compared the information you gave me with others who had who agreed to be interviewed. This allowed me to see how people understood their distress and in what ways this varied between people. What people said was different, but there were some ideas shared by all those who took part. Some of these are shown below.

- Distress was seen as personal, so that others could not fully understand it.
- People saw themselves as having limited control (or choices) when distressed, and this meant they were unable to do some of the things that others could.
- Whilst distressed, people saw themselves as responsible for feeling that way, often because they felt they had dealt with their problems was wrong. They also saw it as their responsibility to sort out the distress.
- People coped with their distress by carefully controlling what others found out about how they really felt; by avoiding others who might be insensitive; and by seeking out certain people who might be able to help.
- While distressed individuals saw the external world to affect what happened to them (e.g. being made unemployed), generally people were more concerned with thoughts and feelings. Concerns about the external world were limited to family and friends. (Often this concern with thoughts and feelings is also the approach adopted by those seeking to help distressed individuals).

This research is important to clinical psychologists for two reasons. It shows that they need to uncover and value each individual's own experience of distress. Also it may be necessary to help people question their understanding. Otherwise the possible effects of their external world (for instance poverty, culture or gender) may be ignored. This is important because it seemed that people often blamed themselves for being distressed, when these external things were responsible.

This is a brief summary of the research results. I hope to publish a fuller version of the research in a scientific journal. Again I would like to assure you that in all of these reports, names and other personal information (for example places of work) have been changed so you cannot be identified.

Finally I would like to thank you again for agreeing to take part in the research. Not only was the information you supplied useful for the research, the interviews were also an interesting experience for me.

If you do wish to contact me about the research I would to happy to hear from you. There is an address and telephone number at the top of this letter.

Best wishes for the future.

Richard House,

Psychologist in Clinical Training.

Appendix 8: Extracts from the researcher's journal

The first example of an extract from the researcher's journal was made immediately after interviewing the first participant 'Jane'.

13/11/98

- Was nervous, she admitted being worried about the interview. Several times the participant did not seem to understand my question.
- Participant would like to get information about the result. She gave permission for me to contact her again if necessary.
- I felt the questions did not seem relevant and that I was not really getting the sort of information I wanted. Very aware of asking leading questions. Not sure if I focused on one particular area which seemed relevant i.e. lack of education. Felt I was forcing some issues.
- Unclear role - reflecting, summarising and ?interpreting.
- I felt frustrated in the interview. I seemed to get into a circles of reasoning, not able to get deeper. No fundamental explanations.
- Maybe the central theme is that people don't consider distal explanations.
- Hard to find out about cultural information, to identify her culture. ?Cultures defined by differences from the norm.

The next extract from the journal contains my reflections and ideas noted whilst transcribing the interview with 'Bill'.

1/12/98

- I was more interested in some aspects of the conversation than others, so questioned him more about learning difficulties and the philosophies of care - a bias.
- Asking what depression meant for him seemed useful (bottom of page 6)
- Again asking questions about culture was problematic. Instead of defining difference from others I look at changes for participant over life, i.e. with regard to when it was OK to show emotions.
- He stressed life events. I should have asked when he couldn't cope with these when other people did.
- We placed an emphasis on his work.
- Might a main theme be the inability of people to change, and so consider their wider context?

The final extract from the research journal illustrates how it was used to record thoughts during coding. The following journal entry was made during the coding of the interview with John.

22/12/98

- Lots of codes about protecting self from context, or making it stable and preventing changes. Distress is associated with times when defences are broached by outside world.
- Others recognising that you have problems is an incentive to get help - validation of problem or coercion?
- .Defines self by differences rather than similarities to others. Is this what creates isolation? Does this show a rationale behind Holland's approach which positions people within oppressed groups?
- Making self dependent on others (247) [numerical reference number for code] is similar to family therapy understanding of complementary relationships.

The research journal also contains other thoughts and feelings about the research process, for instance ideas generated during supervision, reactions of clinicians to the research, comments on the re-defining of some codes and categories, and notes taken during the qualitative research support group meetings. Having a permanent record of all these aspects of the research enabled the researcher to reflect on processes and they provided more insight into decision-making.

Appendix 9: Interview transcripts

Due to their length and for reasons of confidentiality the interview transcripts are bound separately to this thesis. This document is available for examination at the Centre for Applied Psychology (Clinical Section), Leicester University, Leicester.

Appendix 10:   Letters from ethics committees

Overleaf are copies of letters providing feedback regarding the research proposal from ethics committees at Leicestershire Health and the Centre for Applied Psychology, Leicester University.

Melanie Sursham
Direct Dial 0116 258 8610

8 April, 1998

Mr R House
Psychologist in Clinical Training
Centre for Applied Psychology
University of Leicester
University Road
Leicester LE1 7RH

Dear Mr House

Client's understanding of the contribution of context to their psychological distress - our ref. no. 5039

Further to your application dated 24 February, you will be pleased to know that the Leicestershire Ethics Committee at its meeting held on the 3 April 1998 approved your request to undertake the above-mentioned research conditional upon:

1.   The patient information sheet being amended so that it invites patients to take part, it advises them that they do not have to if they do not want to, and it should include the name of the psychologist known to the patient
2.   An information sheet on the use and destruction of video tapes which applies to audio taping is enclosed.

Your attention is drawn to the attached paper which reminds the researcher of information that needs to be observed when ethics committee approval is given.

Yours sincerely

R F Bing
Chairman
Leicestershire Ethics Committee

(NB All communications relating to Leicestershire Ethics Committee must be sent to the
Committee Secretariat at Leicestershire Health)

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  Dr F FURNISS

  Tel: 0116 252 2492
  Fax: 0116 252 2503

June 10th 1998

Dear Richard,

Your proposal has been approved by the Research sub-committee.

Overall, a good project and a well written protocol.

It was felt that there could be problems in recruiting ex-clients and it was stressed that this needs to be done via the original clinician. Denis Salter is the supervisor but will need university 'back up'.

A minor point is that the final sheet is entitled 'Questionnaire' schedule rather than 'Interview'.

Richard, do you have any objections to a copy of your proposal going into the 'good examples' box? We thought it represented a good example of a qualitative proposal and feel that other trainees would find it helpful to refer to it in future.

Best wishes.

Susan Levey
Chair, Research Sub-Committee

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Appendix 11: Segment of interview transcription with coding

Below is a segment of the interview with 'Jane', commencing from the top of the third page. Codes assigned to this part of the transcript are shown in the right-hand column.

Richard: Mm. And how (.) what did you see early on when you were having these problems, what did you see as the cause of these problems.

Jane: I think I felt that I was just useless. Mm I had a hysterectomy before we got married, so we can't have children. I can't particularly spell well, I can't add up well, I'm not educationally clever. And I feel at time there's nothing I can do, even a plant gives up babies, you know, something that stands in soil. And it (.) I felt quite worthless at times. And that's what I think starts, but it only takes em somebody to criticise or (.) probably criticism is the first thing that gets me down because I take it very, very personally, whereas other people, I wish I was like other people, it just goes over their head. It doesn't knock them back. But if I get criticised it knocks me back, so I try to do everything, I don't stick my neck up out any further than I have to, I don't do anything clever. I just stick to what I know. So, hopefully, I don't get criticised often. because it does bring me right down to flat bottom. But I can see now that was probably that was to do with my mother, who always criticised everything I did and I could never do anything right. And unfortunately you can't get rid of that. You can live with it, and I know what my problem is, but you can't get rid of that. You do think here we go again, somebody's said something and here we go again. But it is hard.

taking personal responsibility for distress /

being unable to fulfil role expectations / being criticised by others causes distress / taking criticism personally / having a lower threshold to criticism /

susceptible to criticism because of past relationships /

Richard: So (.) the first part of that sounded as though there was certain expectations that the world had of you or you had of yourself ...

Jane: I think it has expectations of everybody. I think that even you probably have

failing to match assumptions of others /

expectations of the people that you don't think that you're having, but you assume they can write, you assume they can add up. Em. Everybody does it, but we can't all do it. That makes it hard. I mean I sit in the coffee room with nurses, and they'll laugh at the way somebody has spelt something. They'll spell it how they've spelt it but it means nothing to me. I'll sit there with everybody else, and I don't comment, I don't say anything because I knew that I would drop myself in it because I don't how to spell it properly anyway, but they'll all go we don't spell it like that but he does. And I think Mm, you know at least he gets kicked off with, I wouldn't even be able to start the spelling, never mind spell it, you know, slightly wrong. So people do, yeah people do and don't think they realise how hurtful it is to expect people to do things.

being excluded by lack of knowledge /

not knowing what others do /

withdrawing to avoid exposure /

being hurt by not matching expectations of others /

Richard: How do, I suppose, thinking of the spelling thing how ...

Jane: That effects everything, every day to day living thing.

problems affect all aspects of life /

Richard: What do you think is or was the cause of that?

Jane: Hm. It upset me because I can't do it.

Richard: I suppose initially not ... (.) I suppose two things, initially actually not being able to spell, and then I suppose the distress that it brings.

Jane: I didn't, I mean I used to be very well protected cos my sister would come out with me and she would write the cheques, and my husband would then reimburse her when we got home, so I was very well protected against being brought out in the open. And then one day my husband sent me to the building society to em (.) get some money to pay something, em and they passed me a slip and they wanted me to write down how much I wanted and to whom I wanted it paying to, and I couldn't do it. Em .. and that's when I started to feel a complete idiot really. And I stood and cried in the bank because I couldn't fill it in. And then I'd been doing, that was one time, and then I'd been doing the job at a

protecting self from being exposed /

having personal deficits/problems exposed /

feeling useless /

brewery for about sixteen years and they brought in this test. They wanted everybody to do the test, and because I was good at my job as administrator with a computer, em I used to train people up on the computer, but it wasn't spelling it was input, it was putting things in. And I can do that. And I can look for mistakes. I couldn't tell you, I mean I could see words are spelt differently, but I couldn't tell you which one's right and which one is wrong, if you see what I mean.

perceiving self to be competent in past /

not knowing what the problem was /

Richard: Mm

Jane: And I was very good at it, and I enjoyed it. But they did this test, and off I went. There was maths and there was English. Well (.) who came unstuck, I came unstuck. So after fifteen years or whatever of people thinking that yes, Oh, she's clever, we'll get Jane to do it, all of a sudden on paper, em, I was nothing, I was told by personnel that I was below average. You know, I was thirty-nine and then it was (.) it hurt, it hurt. I lost quite a lot of weight, em, and I became ill. And I think that's when it, I was at my lowest, I think. And I just felt everybody was talking about me and looked at me differently. And I wasn't any different, but academically I was different. (.) They even said do you want to do it again, there must be a mistake, you must have been too nervous. And I said no, because I knew it wasn't a mistake. I knew I couldn't do it when I sat down to do it. So I don't go in for putting myself on the line like that, I don't, you know I back off so I don't have to do anything. But it did make me go to college and it did make me take em O-level English. And I did get a B. But I could only, I could still only spell words that they taught you to spell for that particular thing that you were doing.

failing test /

being labelled as having deficits /

becoming ill due to problems /

differing from others /

anticipating failure /

protecting self from exposing problems to others / overcoming failure by improving skills / seeing achievements as false /

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