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Self-management as management of the self

Future directions for healthcare and the promotion of mental health

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SELF-MANAGEMENT
AS MANAGEMENT OF
THE SELF: FUTURE
DIRECTIONS FOR
HEALTHCARE AND THE
PROMOTION OF MENTAL
HEALTH

GASTON FRANSSEN & STEFAN
VAN GEELLEN



IN A RECENT ATTEMPT TO update the 1948 World Health Organization definition of health as a state of complete well-being and absence of disease, it has now been proposed to change its emphasis to the ability to adapt and self manage in the face of social, physical and emotional challenges (Huber et al., 2011). The question how we should conceptualize such self-management, however, is rarely raised and its theoretical foundations remain largely unexplained. Still, to an increasing extent, scholars, health professionals, researchers, caretakers and policy makers emphasize the great potential of self-management strategies in somatic as well as mental healthcare. Patients, so the argument runs, should not be treated merely as objects of diagnosis and treatment, but as “expert clients”, actively involved in the management of their own care. The advantages of this approach are considered twofold: it holds the prospect of more efficient and (cost)effective preventive and care strategies to promote mental health and well-being, and converges with recent research

findings which acknowledge that incorporating the patients’ subjective perspectives is beneficial to treatment progress.

At the same time, it is clear that self-management in the context of mental healthcare poses profoundly challenging problems (Van Geelen, 2013; Van Geelen, 2014), as we need to take into account that it is often “the self” that is part and parcel of the problem in psychiatric and psychosomatic conditions (Kyrios et al., 2015; Santhouse, 2008; Sadler, 2007). In the context of mental healthcare, then, self-management confronts us with fundamental questions: what is our understanding of this self in psychosomatic and psychiatric settings, and how does that understanding, directly or indirectly, affect diagnoses, treatment plans and nosology in the fields of psychopathology and psychosomatic medicine? Answering such questions will also be of vital importance to a theoretically sound and practically relevant, implementable notion of self-management. Given the complexity of this subject matter, addressing such

problems requires an interdisciplinary approach, as we have argued in the introduction (Van Geelen & Franssen, 2017). A conceptual framework for self-management should integrate insights from a variety of disciplines, as it needs to acknowledge the multifaceted character of self-experience – with all its embodied, affective, cognitive, moral and social complexities. It is imperative, in other words, that insights in the structure and characteristics of self and self-experience as developed in humanities traditions – i.e., phenomenology, philosophy of mind and action, ethics, narrative theory – are brought into a dialogue with results obtained in psychiatric and psychosomatic research and practice.

CONCEPTUALIZING SELF-EXPERIENCE AND SELF-MANAGEMENT: FROM EMBODIMENT TO METACOGNITION

For this special issue, we asked nine specialists to explicate what they believe to be the fundamental dimensions of self-experience in mental healthcare, and to fully consider the consequences of those dimensions for adequate strategies of self-management in psychiatry and psychosomatic medicine. Their answers are rich and multifarious, as they cover a variety of psychopathologies – anxiety, depression, schizophrenia, unexplained chronic pain – and perspectives to self-management, but at the same time they converge at important points and move in compatible directions.

Heribert Sattel and Peter Henningsen's take on self-management as a "management of the self" starts out from the perspective of contemporary psychosomatic medicine, which aims to integrate biological and psychological with interpersonal and social dimensions in the explanation, diagnosis and treatment of (unexplained) bodily complaints and disorders (Sattel & Henningsen, 2017). In order to conceptualize self-management in mental healthcare, they put forward the concept of the "psychic structure", a developmental model of the self. Psychic structure refers to availability of mental functions for the regulation of the self and its relationships to internal and external objects: metaphorically, it can be understood as the functional capacities of the stage on which the drama of the self unfolds. The quality of the

structure is described in terms of levels of integration: well-integrated psychic structures allow for a manifold of mental experiences to coexist and to be perceived differentially, while less integrated structures are characterized by intra-psychic conflicts – limited or incoherent self-perception, over- or under-regulation of the self, impaired ability to generate and recognize affects, disorganized attachments styles. As the internal integration of the psychic structure is key, Henningsen and Sattel propose that structure-oriented (psychodynamic) psychotherapy should be considered a powerful tool: it provides individually tailored therapeutic interventions that specifically target impairments of psychic structures and thus improves self-management.

Taking schizophrenia as their main psychopathology, Thomas Fuchs and Frank Röhrich explicitly oppose current neurobiological and neuropsychological views, which attribute the core disturbances of this condition to respectively high-order cognitive processes or a complex interplay of genetic and environmental factors, and instead propose a phenomenological approach (Fuchs & Röhrich, 2017). They argue that schizophrenia is a disorder of disembodiment: the pre-reflective, practical immersion of the patient's self in the world, normally smoothly mediated by the body, is impaired or interrupted. As a result, the psychopathology includes (1) a weakening of the basic, pre-reflective sense of self, (2) a disruption of implicit bodily functioning in the dimensions of perception and action, and (3) disturbances of the intercorporeality with others, resulting in disconnection from the social environment. In light of this, they propose a therapeutic approach that diverts from the currently predominant model of cognitive behavior therapy (CBT) and emphasizes body-oriented ego-consolidation strategies: therapeutic efforts based on body awareness and movement techniques that foster a more stable, coherent, and intersubjectively connected sense of self. Such efforts, Fuchs and Röhrich conclude, can be considered effective self-management strategies, as they shift the focus from treating the condition to empowering patients and enabling them to live with their illness.

In his analysis of self-management strategies in the context of anxiety and depression, Gerrit Glas notes that the role of emotions has been

somewhat neglected in the literature so far. Hence, he introduces a conceptual framework that foregrounds the self-directed intentionality – or, in his terminology, self-referentiality – of emotions (Glas, 2017). These are self-referential, according to Glas, in the sense that emotions are not merely expressions of *what* one is, but also *who* one is: they indicate what matters to persons and how it matters to them, in an immediate and personal way. Moreover, in psychopathological conditions, Glas notes, patients often struggle with their stance or attitude towards their emotions, as they deny, ignore or downplay them. Glas therefore discriminates between the primary self-referentiality of emotions (referring to an aspect of the self), their secondary self-referentiality (referring to the way the patients’ deal with their condition), and their tertiary self-referentiality (referring to the internalized patients’ stance or attitude towards their emotions). One of the goals of self-management in mental healthcare, Glas concludes, should be that both therapist and patient develop strategies that allow them to unravel what the emotions of patients indicate about their selves, how they relate to their emotions, and to what extent they have internalized attitudes towards their emotions.

In their contribution, Dan Hutto and Shaun Gallagher turn to narrative therapy (NT), which aims to empower individuals by providing them with resources to understand and “re-author” their habits of self-narration (Hutto & Gallagher 2017). NT has now become a well-established practice, but Hutto and Gallagher observe that it is in need of a theoretical update. They go on to argue that NT should reconsider its constructivist opposition to reductive scientific realism in order to engage in a productive dialogue with the scientific approaches to mind and mental health work, thus allowing empirical, quantitative assessment of NT. Also, NT should revisit its exclusive, potentially normative commitment to Western folk psychology and embrace the Narrative Practice Hypothesis, which states that culturally local narrative practices facilitate a variety of equally local folk psychologies. Moreover, Hutto and Gallagher point out that NT’s view of the subject as a passive creation of social discourses is at odds with its ambition to empower individuals and turn them into the agents of their self-transformation. A pattern theory of self, they propose, would suit

NT better, as this theory emphasizes the self as a pattern of existence that includes, besides narrative, a wide range of other factors: biological, experiential, social, psychological factors, emotional and situational. Some of these factors cannot be controlled, others allow for a measure of freedom and agency. A multidimensional, pattern approach to selves, then, would acknowledge determining factors whilst still allowing for individual empowerment. Re-authored along these lines, NT offers the promise to inspire approaches to self-management of mental health.

Finally, Paul Lysaker and John Lysaker conceptualize self-management by turning their attention to the meaning that persons with schizophrenia make of their psychiatric and life challenges (Lysaker & Lysaker, 2017). The starting point of their proposal is in the self-understanding of persons, as they argue that, firstly, current biomedical models of schizophrenia run the risk of being reductive and disempowering, and, secondly, strategies of self-management need to build on how persons make sense of their own predicaments. Therefore, they propose a phenomenological model focused on the first-person dimension of schizophrenia, and introduce the construct of metacognition – the ability to form complex and integrated representations about oneself and about others. In schizophrenia, this ability is markedly disturbed, as those who suffer from this condition produce less complex and integrated ideas about themselves and others, and struggle to use that knowledge when responding to life challenges. Self-management in mental healthcare, Lysaker and Lysaker conclude, should include forms of treatment that address metacognitive deficits, so that persons are better enabled to understand themselves and the problems that they face.

MANAGEMENT OF THE SELF IN PSYCHIATRY AND PSYCHOSOMATIC MEDICINE: TOWARD A GENERAL FRAMEWORK

While the pathologies that the contributors to this issue focus on are relatively diverse, and even though they stress different aspects of mental health – e.g. bodily, emotional, narrative, intersubjective and metacognitive dimensions – ultimately, they seem to agree on at least two things: (1) in

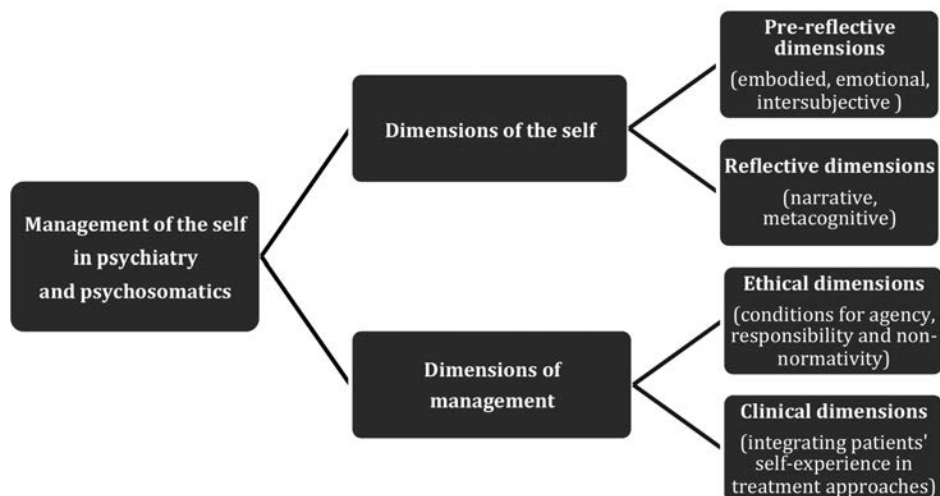
any attempt to develop an effective and thought-out strategy for self-management, patients' self-experience, in all its dimensions and variability, should be a central concern; in other words, self-management in mental health-care should foremost be conceptualized as a management of *the self*, and (2) this self-experience needs to be understood primarily as a diachronic and interactive process and, rather than a predetermined given.

Thus, for Fuchs and Röhrich it is the bodily and intersubjective self-experience of patients that should be addressed in empowering forms of mental healthcare. Sattel and Henningsen put forward the psychic structure, as the ongoing staging, perception and regulation of psychic conflicts, as a tool to achieve a more integrated sense of self. Glas argues that the way in which the self-referentiality of emotions is a source of information for patients' self-relating gives both the patient and the therapist important suggestions for what needs to be done. Self-experience as a dynamic process is also a central concern in narrative therapy, as considered by Hutto and Gallagher, for this therapeutic tradition aims to empower individuals by enabling them to reflect on their habits of self-narration and to explore possibilities to manage their stories from a first-person perspective. And Lysaker and Lysaker, finally, argue that targeting individuals' metacognitive experiences might help patients to form more complex self and other-representations, allowing them to reposition themselves as situated and purposive selves.

Hence, the different contributions point towards a multidimensional framework of management of the self. While Fuchs and Röhrich

highlight the *pre-reflective*, bodily aspects of self-experience, others, such as Lysaker and Lysaker, foreground seemingly more *reflective* dimensions of self-experience by drawing attention to the role of metacognition and reflection on self-narration. At the same time, the contributions suggest that management of the self requires attention to important *ethical* issues. Hutto and Gallagher, for example, underline that it is important to remain aware of the fact that strategies of storytelling are culturally biased and can become normative, marginalizing alternative narrative practices. Likewise, Sattel and Henningsen point out that strategies for management of the self require that patients be able to take substantial responsibility for their own care, which raises moral concerns about autonomy and patient consent. And finally, several contributions point out the importance of the *clinical-therapeutical* dimension of management of the self. Thus, Glas for example maintains that the therapeutic approach needs to be attuned to the patient's emotional self-experience, and others point out that predominant models such as CBT may have adverse effects on certain psychopathologies, where patients might be more in need of assistance in synthesizing potentially fragmented experiences into a complex self-understanding.

Taken together, the contributions suggest that a conceptual model for self-management in mental healthcare, understood as a management of the self, should aim to incorporate both pre-reflective and reflective aspects of self-experience, as well as ethical and clinical dimensions of management. In figure 1, we propose such an integrated framework:



Of course, there have been previous attempts to integrate different dimensions of self-experience in psychiatry and psychosomatics, notably by the contributors to this volume (e.g. Hutto, 2017; Röhrich, 2015; Fuchs, Sattel & Henningsen, 2010; Gallagher, 2007; Fuchs, 2005; Lysaker & Lysaker, 2003; Glas, 2003). The proposed framework builds on such findings, but integrates them at the same time into the present-day discussions on self-management in mental healthcare, thus suggesting several directions for further research.

SELF-MANAGEMENT AS MANAGEMENT OF THE SELF: FUTURE DIRECTIONS

Over recent years, there has been a renewed interest in the central importance of the self and self-experience in psychiatry and psychosomatic medicine – a conceptual direction in which our authors have played an essential part. These insights however, still had to find their way into the research and clinical practice of self-management in preventive and mental healthcare settings. Further research, we therefore argue, in line with the contributions to this special issue, should first of all acknowledge the insight that self-management in mental healthcare should start from a management of the self. That is, the conditions under which we expect individuals in mental healthcare to constructively take responsibility for their lives should entail an ongoing process of training and empowerment that in all its aspects is attuned to the self-experience of patients.

Secondly, we see a future direction for research in the further integration of the different dimensions described in figure 1. In order to fully conceptualize self-management as management of the self, the relation between the pre-reflective and reflective dimensions of self-experience should be further investigated. We need to understand, for example, how the embodied, emotional, and intersubjective aspects of self-experience inform and condition the narrative structure of the (psychopathological) self. Conversely, we need to further our insights in the way in which the narrative dimension shapes and co-constitutes the embodied, affective and intersubjective dimensions

of self-experience. Furthermore, the ethical and clinical dimensions should be integrated more fully into a workable form of self-management. We should aim to explicate the conditions under which shared responsibility and agency in psychiatry and psychosomatic are possible, and integrate these insights with the results of qualitative-empirical findings on patients' diachronic self-experience, thus realizing a structural comparison between more theoretical and practical insights.

Literature suggests that facilitating a process of relinquishing control in self-management is just as important to patients' empowerment and their ability to come to terms with a threatened identity as are models of self-efficacy and (hyper)reflective self-regulation. (Aujoulat et al., 2008). Thirdly, thus, a challenging avenue for research can be opened by reinvestigating the division between coping-, recovery-, and cure-oriented models of self-management (Van Grieken et al., 2015). Most contributions to this special issue propose specific therapeutic forms – i.e., body-oriented movement therapy, structure-oriented psychodynamic therapy, narrative therapy. Still, the patient groups under consideration are often individuals who face chronic symptoms, with which they will have to learn to live. The question then becomes whether management of the self should be conceptualized primarily as cure-oriented therapy, a set of recovery approaches, a variety of coping strategies, or a form of prevention.

We believe that self-management understood as management of the self should foremost be conceptualized as a strategy that enables any individual – depending on the demands of specific contexts and circumstances – to gain or relinquish control over their own self-experience. This would imply a fundamental shift from a weakness and dysfunction-oriented approach in mental healthcare (Seligman, 2002) to a more strength and capabilities-oriented approach in the promotion of mental health and well-being. Thus, such an approach, while remaining aware of the pathologies that can occur in self-experience, will have the empowerment and strengthening of the bodily, emotional, narrative and intersubjective dimensions of individuals' selves as its aim, and will fall squarely between educative measures

and disease-oriented therapies. Consequently, management of the self should be placed firmly in the realm of the promotion of mental health and well-being through primary, secondary and tertiary prevention.

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