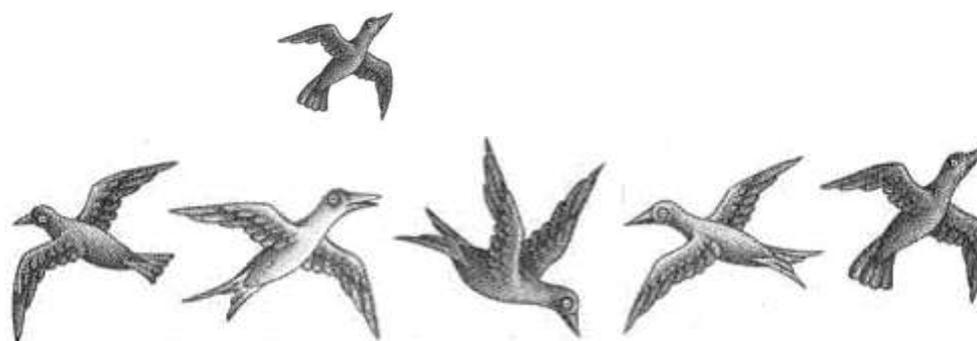


## Chapter Ten

### Methodological conclusions



Acknowledging that ‘I have not reached my [final] destination...’ (Faulks 2005: 269), I now relate how the three threads running through my dissertation have unfolded to reveal clarity yet complexity within individuality. This is illustrated by the metaphor that shows how, as the birds become clearer, each exhibits the detail and intricacy of its uniqueness. I not only present each thread separately but also show how each has supported the other.

In Chapter Ten I offer conclusions with respect to my methodological approach and then in Chapter Eleven I consider young people’s perceptions of mental health problems and the voice of the developing researcher.

#### **Research process:**

I explain the validity of my research methodology in which I combine a range of techniques producing both qualitative and quantitative data and which allows for the experiences and beliefs of an individual young person to be heard. Each technique in this specific methodology, designed in an attempt to be adolescent friendly, elicits a partial understanding of a young person’s beliefs and values around experiencing mental health problems.

Before presenting my conclusions with respect to what I now believe to be some mainstream pupils' perceptions of mental health problems in their peers and how this relates to stigma which may be experienced by those returning to school after in-patient psychiatric treatment, I draw conclusions regarding the rigour and trustworthiness of my methodology. I do this with respect to its purpose of enabling young people to engage in sharing, with the researcher, their views and beliefs towards mental health problems and in unfolding an understanding of how stigmatisation may be manifested and maintained through the use of language within a mainstream school setting.

I began my research journey with the intention of developing an approach that would enable me to expose and measure stigma in relation to mental health problems. However, as I progressed my main focus became that of listening to young people's perceptions of mental health problems in order to come to an understanding of how they were constructing their own beliefs and values. In Chapters Four, Five and Seven I demonstrated how I developed a methodology using techniques producing both quantitative and qualitative data sets but deviated from my original intention,

In Chapter Three I explained how I listened to the views and beliefs of other education professionals working with young people living with mental health problems and then, in Chapters Eight and Nine, those of mainstream pupils. Considering the ethical issues involved in designing the data-gathering tools I have also reflected on the potential for inadvertently promoting stigmatisation of those experiencing mental health problems through carrying out my research project (Green et al 2003).

In these two concluding chapters I include quotations from the research interviews in italics.

## **10.1 Research Process: The tools for the job**

In this section I identify what I consider to be both the strengths and limitations of the methodological approach I employed to explore the attitudes of mainstream pupils, as I believe that both should be acknowledged simultaneously. I do this in the light of the recognition that 'good research into the unknown cannot be well designed in the usual 'controlling' sense of the term' (Pope and Denicolo 2001:50) and the consideration of its suitability to explore other sensitive topics within an adolescent group. In the light of my findings I give a brief critique of the research techniques of others in the field of stigma towards mental health, some of which now appear to me to have reduced a complex situation into simplified measurements and scales in a way that is not wholly satisfactory. I believe that although my methodological approach was influenced by some of these works, through embracing the complexities of stigma, appreciating the diversity of difference and acknowledging the difficulties in understanding attitudes, my own study makes a positive contribution to the field of research into the stigma of mental health problems.

### **10.1.1 Appropriateness of measuring stigma**

I have explored the attitudes of others towards those living with a mental health problem and as such have come some way to address the issues of stigmatisation. Although methods giving qualitative data would appear at face value to be amenable to the aim of gaining insights into the complexity of social and cultural systems that produce stigma, reviews of

research articles sought to examine stigma of mental illness, showed only relatively few studies had in fact involved such techniques. The reviews carried out by Link et al (2004) and Hayward and Bright (1997) showed that most studies employed methods producing quantitative data such as attitude scales, semantic differential studies, social distance scales, vignette studies all of which involve scoring and ratings and in several cases statistical analyses. Although these studies have been important 'we need to understand much more about when children [and adolescents] develop conceptions of mental illnesses, what forms their perceptions and what kinds of experiences might change their perceptions' (Link et al 2004: 529, 531). However, there is a difference between wanting to recognise that something exists and wanting to measure it. My argument here is that while it seemed to me to be worthwhile to find ways of recognising that stigmatisation was occurring in the populations I was working with, it did not seem that much would be gained by trying to define the amounts of stigma.

Brookman et al (1979) who also carried out an analysis of research papers suggested that the type of questioning used within the research process could also have an influence on the participants' responses. He explained that closed questions tended to produce more positive views of the mentally ill while open-ended and vignette methods produced more negative views, which I believe may explain the different perceptions voiced by the same young person and which I had referred to earlier as anomalies in my quantitative and qualitative data sets. I consider that the more open type questions used in the interviews may have pressured the young people into using language that they had not needed to use in the questionnaire and as such they could have come across as less tolerant towards differences. This then indicates that it is not just a matter of whether or not the researcher seeks to measure stigma but also the way in which he or she refines the questions that support that measurement and as such may restrict the possible answers. I return to the issues of attitudes in relation to language in Chapter Eleven.

Having carried out my own study I now assess methodologies that I had referenced in Chapter Five as having been influential in my own selection of measures to address my specific research questions. The quantitative part of my research based on a questionnaire in comic book format was influenced, in part, by the work of Corrigan et al (2005), Alexander and Link (2003) and Link et al (1987) all of whom employed vignettes and Likert scales to measure the impact of contact on stigmatising attitudes toward people with mental illness. Through the employment of such techniques they appeared to reduce the complexities of stigma of mental health into measurable variables and as such rely on statistical credibility. But, even with a mathematical background, I had difficulties in coming to terms with an analysis that talked of 'a mean vignette dangerousness score,' (Alexander and Link 2003: 279) and I came to question its validity in the context of the worlds of young people. Although some acknowledged that their studies were to test hypotheses and not to provide descriptive analysis, I believe their work would have benefited from an additional qualitative element in order to start developing an understanding of how their respondents had developed their personal constructs with respect to Likert scale items such as: pity, anger, fear, responsibility, help and avoidance. Maass et al, whose work was based on a linguistic approach and influenced my own use of cartoons and captions, also relied heavily on encoding and statistical analyses but again such methods did not allow for the 'exact underlying mechanism[s]' (1989: 992) to be explored. I am not suggesting that their methodologies are inherently flawed as much as limited in what we can learn from their research outcomes. Therefore, although I have appeared critical of others' methodologies I

emphasise that in my own exploration I did draw on their work in order to move beyond my initial research stance.

Survey methodologies also tend to depend on large sample sizes with the belief that they will determine the ‘nature of the beast’ (Pope and Denicolo 2001:53) rather than believing in the importance of hearing the voice of the individual. However, although interview research, which often relies on smaller samples, does not aim to be a representative of the wider population, it does aim to develop an understanding about the meaning of experiences for individuals and uses various procedures aimed to ensure rigour and thereby help to validate certain findings (Mackerell and Lavender 2004). However, others suggest that, as yet, there is no agreed standard interview against which to validate a stigma questionnaire (Luty et al 2006). One way in which I show how I enhanced the rigour of my own research methodology was that of documenting how my views changed over time in response to the questionnaire and interview data, conversations with my peers and through continuous reading of relevant literature.

### **10.1.2 Inferring attitudes**

During my research I came to recognise that ‘an attitude cannot be perceived directly [or measured through the use of a single scale] but must be pieced together through a process of inference’ (Blumer 1969: 91). But because actions, and in this I include speech and language used, do not always directly signal attitudes, I found it extremely challenging to decide what data to use to provide a trustworthy picture of young people’s attitudes towards mental health. However, the decisions that I did make, regarding what to bring together, were valuable in my coming to an understanding of how young people think about and act towards those experiencing mental health problems (Chapter Eleven).

Although I had believed that all participants’ views were to be their ‘truths’ and had an awareness that peer pressure plays an important role in school life I learnt to accept that the young people’s ‘truths’ and my own interpretations constantly change as we all encounter new experiences and social interactions and continuously reflect on what we are doing. The key point here is that these ‘truths’ of a young person are governed by time, place and context and that this has been clearly shown by what at first appeared to be conflicting responses by the young people who participated in both parts of my research project.

As already stated I explored, through my own research, the attitudes of others towards mental health issues and as such have come some way to address, in my own practice, the issues of stigma experienced by those living with a mental health problem. There is a distinction between the two but they are very much enmeshed and I do not believe that one can be researched satisfactorily without mention of the other. Acknowledging that ‘... [everyone’s] thoughts and experiences are as valid as anyone’s ...’ (Faulks 2005: 214) I listened to views from the perspectives of mainstream pupils and of teachers of young people in adolescent psychiatric units. Now, having presented narrative accounts of the participants’ perspectives, I am in the position to be able to consider the relationship between these perceptions and the feelings of stigma experienced by young people who return to mainstream education after in-patient psychiatric treatment (Chapter Eleven).

Because the ‘life and action of the [young people will] necessarily change in line with the changes taking place in their [understanding and meaning making]’ (Blumer 1969: 12) I use

the term ‘living theories’, to explain the conclusions I have developed through the course of my study and will carry on developing through my own continuing professional development within the course of my own practice. I use this term to allow for open mindedness and for the perspectives of individuals to change but yet be continually heard and considered.

I do acknowledge, however, that to infer that the views of the individual represent the attitudes and actions of groups of young people, namely those without identified mental health problems on the one hand (the ‘normals’) and those experiencing mental health problems on the other, could be an extremely weak assumption to make. As Blumer explains:

‘... a joint action cannot be resolved into a common or same type of behavior [sic] on the part of the participants. Each participant necessarily occupies a different position, acts from that position, and engages in a separate and distinctive act. It is the fitting of these acts together and not their commonality that constitutes joint action. ... the participants fit their acts together, first, by identifying the social act in which they are about to engage and second, by interpreting and defining each other’s acts in forming the joint act.’ (Blumer 1969: 70 - 71)

So recognising that individual young people may not necessarily have a common definition or understanding, of what may at first appear to be common or joint attitudes towards mental health issues, it is important that in my research I have made every effort to give all perspectives equal consideration. So, rather than striving to make generalisations in my own research, I have tried to understand each individual’s perspectives using techniques that ‘focus on the language and interaction of participants’ (Pope and Denicolo 2001: 50).

### **10.1.3 Engaging participants in research**

An important dimension of originality lies in my identification of an understanding of how young people engage with the sensitive topic of mental health and the development of a synthesis of methods, producing both quantitative and qualitative data sets, resulting in a distinct approach to researching sensitive topics with young people.

The analysis I carried out on the young people’s responses provides strong evidence that they engaged with each part of the data collection processes included within the questionnaire. Their responses to the cartoons showed a high degree of interaction, with the vignettes demonstrating how my approach has been an appropriate means to introducing participants to specific situations and allowing them to make choices. In addition to providing a valuable parallel data set, the questionnaire also served as an introduction to the topic of mental health, giving me the opportunity to select a sub-sample for follow up in-depth interviews in which I was able to hear a particular view of young people’s perspectives (Chapter Six). I found that having already completed the questionnaire the young people appeared willing and open to discussion, as they offered their explanations to the responses they had made in the questionnaire and their understanding and experiences of mental health problems.

Returning to the issue of the inference of attitudes it could be argued that in order to attempt to measure the stigmatising attitudes of young people towards mental health problems I have used scales, which I devised ‘to meet certain standards of quantification’ and which I based

on my own informed preconceptions ‘of what enters into such an attitude’ (Blumer 1969: 91, 92). But, I emphasise that my study has been exploratory in nature and that I have not used such scales in isolation. The methodological key to my work has been in how I have used various measures, including the more qualitative material, to draw out young people’s personal constructs and beliefs around mental health issues in order to make inferences with respect to their attitudes. I have also enhanced the trustworthiness of my research within the transparency of my analysis and interpretation of the data.

#### **10.1.4 Understanding group attitudes and actions through listening to the individual**

Within the early stages of my research I had made clear my intention to disclose how any stigmatisation towards those young people returning to the mainstream education system after a period of in-patient psychiatric treatment may manifest itself and be maintained within a school setting through the use of language. However, I have since questioned the validity of making generalisations regarding attitudes and as such predicting stigmatising actions.

In this next section I reflect on how my research approach has involved looking for meanings inferred by individuals with respect to language used. I consider the diversity of meanings and understandings embedded in language used and how young people are not simply transmitters and receivers (Pope and Denicolo 2001) of a common understanding of the spoken word. However to do this I acknowledge a need to have assumed a level of interpretation and inference that allowed the categorisation of the participants’ intended use of vocabulary as potentially stigmatising. I also accept that as a professional working with ‘mental’ and ‘ex-mental’ health patients’ interests at heart I may have introduced ‘some systematic bias in this presentation simply because [I am] sufficiently involved in the problem [of possible stigmatised attitudes towards those having experienced in-patient mental health treatment] to [research and] write about it’ (Goffman 1963: 40).

Throughout my research study I have used the word ‘language’ to refer to spoken and written communication and I have concentrated on the question ‘how and why do young people talk and write about mental health problems (issues)?’ with the how question holding great importance within a symbolic interactionist approach (Blumer 1969). I recognise however, that having already acknowledged the rigour of using both quantitative and qualitative data sets that I credited speech as the primary manifestation of language (Crystal 2006: 5). Both sets of data (that from the questionnaire and the interviews) have a place in giving a sense of young people’s knowing, views and beliefs about mental health issues and need to be taken as their ‘truth’ at that time and in the context of the way the questions had been asked. This then brings me to another key point with respect to my methodological approach. That is, although when analysed separately, in some instances the two data sets gave quite a different representation, both are valid as a record of the young people’s ‘knowings’. Therefore, I use each to inform the other at the stage of interpretation and to tell the stories of mainstream pupils’ attitudes towards mental health (Chapter Four).

During the research process I found the need to expand my theoretical perspective to include that of the symbolic interactionism tradition to make the links between social and individual interaction with language and its foundation for the creation of personal constructs. Symbolic interactionism provided me with a framework for describing how the interactive and interpretive processes involved within personal encounters and experiences make up

communication and hence a better understanding of how to make meaning of and explain the young people's responses.

In the initial stages of my research I was greatly influenced by the linguistically based work of Semin and Fiedler (1988) and that of Maass et al (1989). Although I maintained a linguistic approach throughout my own work I had quickly realised that the purpose of my study was neither the confirmation of Semin and Fiedler's (1988) linguistic categories nor the communication of Maass et al's (1989) Linguistic Intergroup Bias. Although like Maass et al, I had intended originally to research the medium by which group relations are maintained and negotiated, I later recognised the need to shift the level of my own analysis further towards that of the individual. Therefore, on analysis of my own data sets, I moved away from a technique contrived purely to confirm earlier research, because I believed that this would have overlooked my own potential contribution to research within the field of adolescence and mental health issues set within the context of mainstream education.

### **10.1.5 A reasoned and considered approach**

As well as bringing to light young people's attitudes towards mental health problems my research project validates my earlier perceptions of the complexity and multi-faceted nature of the issues surrounding the understanding of, and the attitudes towards mental health. This was highlighted by what appeared to be different perspectives obtained from the quantitative and qualitative data sets, and also from the perspectives of the specialist teachers (Chapter Three), the mainstream pupils (Chapters Eight and Nine) and those young people who had returned to mainstream school after having experienced in-patient psychiatric treatment (Chapter One). This clearly lays bare the risk of relying solely on one data set when researching sensitive topics and a subject I considered in a critique of others' work within the field earlier in this chapter.

In conclusion, by taking a reasoned and considered approach I believe that I have been able to put forward unbiased and robust arguments with respect to examining the experiences of young people returning to mainstream education after in-patient psychiatric treatment specifically in relation to any stigmatisation they might experience.

## **10.2 Making meaning of the data**

In writing up my research findings I found myself reminded of a systemic approach often used in therapeutic treatment with young people experiencing mental health problems. Therefore, before presenting, in Chapter Eleven, my understanding of what it is I have found through my research, I introduce the reader to a brief explanation of a systemic theory approach. This approach has helped me, as a researcher and practitioner, to recognise the influences acting upon young people as they develop their own understandings of the world. Such an approach also allows for acknowledging the problems in seeing individuality within a group and the difficulties for an individual to see outside of the group in developing their personal constructs.

### 10.2.1 The individual within the group

In order to make sense of my research findings in which I have listened to individuals' accounts of their experiences and understanding of differences, I consider a systemic approach in which each young person is thought of as belonging to part of an open system influenced by many sub-systems within a supra-system (Bruggen and O'Brien 1987). Some years ago, as a very inexperienced classroom assistant, I had worked with Peter Bruggen, an adolescent psychiatric consultant, and it is his application of the systems theory to the way he worked with young people and their families that I now turn to in order to provide a framework for considering meanings to my findings. Young people are part of a system within their schools but they should also be recognised as belonging to a sub-system within that school. In this study I have been looking at those sub-systems, which I initially labelled as the 'normal' and 'stigmatised' groups. Taking a systemic approach allows me to consider the concept of each young person belonging to a family, a school and to a wider, supra-system in the community and that within such a framework each category is influenced and affected by, as well as influencing and affecting each other. This model makes clear how each young person will belong to a unique system and as such develop a unique set of experiences and constructs. I give a visual representation of such a framework in Figure 10.1. I show, as within all communities, the existence of established social categories with boundaries, which are semi-permeable and as such allow selected things in and selected things out. In this way although the categories may have a strong influence on each other, their importance to the individuals within them, is of their maintenance and their resistance to change.

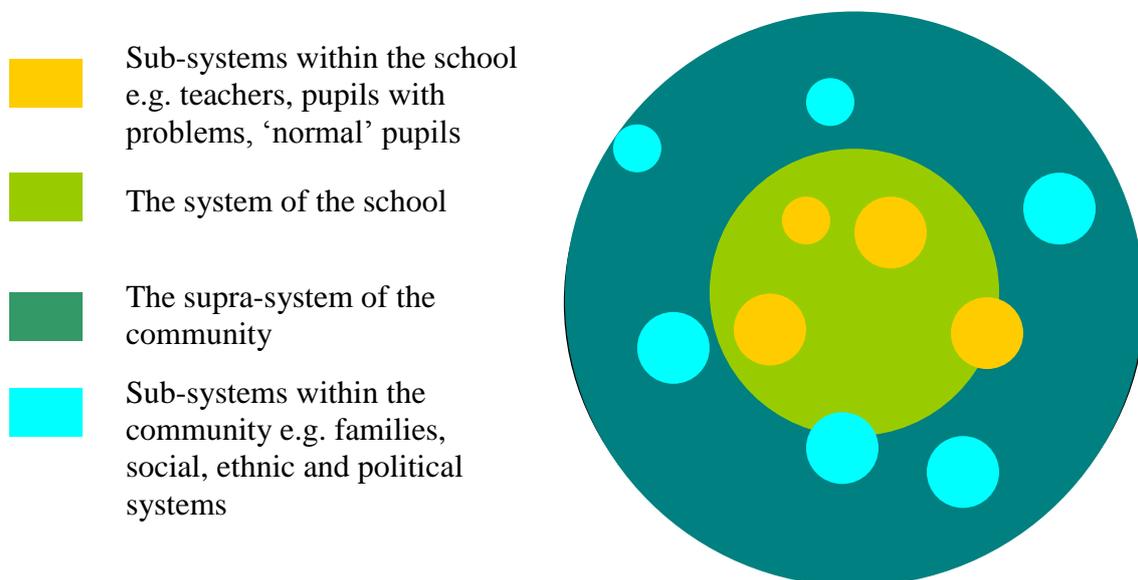


Figure 10.1 The main features of a system

### 10.2.2 Culture-bound language

‘In language are encapsulated not only thoughts but cultural values ...’

(Lewycka 2005: 139)

Throughout my research I have acknowledged a linguistic research stance, but at times this has taken on a specific semantic approach as I have become increasingly concerned with the meanings of words used to describe those experiencing mental health problems. It had become essential that to support my methodological and analytical stances at the interpretive stage that I studied the properties of meaning in a systematic way:

*‘Do they mean this or do they mean that? There are so many different ways you can interpret just one word. It can mean so many different things.’*

I use the word ‘mean’ [or meaning] within the context of my research as a combination of the distinction Crystal (2006: 188) makes between the ‘senses’ of words and their ‘reference’. He explained that the sense of a word is the meaning it has within a language whilst reference is what the word refers to in the world outside language, that is the real world but ‘that the relationship between the two is never simple’. However, at the stage of interpretation, when I was attempting to interpret the sense of, as well as the inferences of words being used by the young people as 21st century adolescents and found myself resorting to the ‘Urban Dictionary’ (17), I soon discovered that it was not only the relationship but also the distinction between the two that could be difficult to make. The inference and meaning of the language of a 15 year old pupil in a co-education, comprehensive school is quite different to my own; that of a middle aged, middle class, female teacher in a small special school. But my research also clearly shows differences in the language used within the young people’s group. The language of individual young people appears to be strongly influenced by a combination of their individual cultural backgrounds, personal experiences and in some cases peer pressure:

*‘[It] doesn’t mean that though does it? You should be really careful as to what you call people.’*

It is therefore only possible to make sense of how the words and phrases offered by the respondents are being used and the meanings they imply by taking into consideration their own ‘worlds’ with respect to their own cultures. I am subscribing to the view that language is culture-bound, and by culture I refer to each young person’s unique system of influences (10.2.1). In Chapter Eleven I also consider how language and perspectives are context-based.

Analysis of my data has shown that perhaps the key to understanding the importance of language in the manifestation and maintenance of stigma of mental health problems in mainstream schools is by looking at its pragmatics. I now believe that some of my earlier linguistic approaches had been too simplistic when I had considered grammar i.e. the use of nouns, verbs etc and specific words in isolation of culture and context. In order to understand how language used infers attitudes it is necessary to be concerned about the identities and intentions of speaker and listener, the context in which the speech takes place and interpretations involved in the act of social interaction. This becomes clearer in the next chapter where I consider my findings with respect to young people’s perspectives and the voice of the researcher.

### **10.3 Summary**

I now summarise the three key points with respect to my own methodological approach. First, I have shown how using various measures, rather than a single approach, has enabled me as a researcher to draw out young people's personal constructs and beliefs around mental health issues from which inferences with respect to their attitudes can begin to be made. Second, I have demonstrated my understanding that the 'truths' of a young person are governed by time, place and culture. Third, although when analysed separately, various data sets may give different representations each is a valid record of the participants' 'knowings'.