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Using Social Constructionism to Research the Recovery Movement in Mental Health in Ireland: A Critical Reflection on Meta-theory Shaping the Inquiry

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Abstract

The concept of recovery is well documented within mental health literature. Yet, it remains a contested notion since moving beyond a singular, biomedical focus in the late 20th century. Recovery is currently viewed as a unique, personalised journey for people living with mental illness. This article considers the significance of social constructionism and allied meta-theoretical constructs in exploring personal recovery in mental health practice and service delivery. Based on a comprehensive literature review, and researcher reflexivity, it argues that adopting this theoretical position can result in new perspectives and learning for researchers and care professionals seeking to understand the existential meaning of personal recovery. Moreover, it provides a unique account of the value of social constructionism for deconstructing the notion and revealing new interpretations of what it might mean.

Keywords: recovery in mental health, social constructionism, ontology, epistemology, reflexivity

Introduction

The lead author of this article is currently completing his PhD research in relation to the concept of recovery in mental health and, more specifically, on how it is conceptualised by the key stakeholders within an Irish context. These stakeholders or respondents include service users, family members, policy influencers and multidisciplinary staff (comprising social care professionals) in the south east of Ireland. The aims of the research were to evaluate the extent to which a recovery approach informed practice in this setting; examine how the differing professionals in the setting viewed the concept; and reach tentative conclusions on how to enhance the implementation of a recovery-oriented approach within practice in an Irish context.

The research design comprised several qualitative methods (interviews, focus groups and documentary analysis) to address these aims. Data collection is all but complete.

The purpose of this article is not to give a detailed account of the research design nor the accumulated findings (which have yet to be analysed). Rather, the intention is to provide a discursive commentary of the authors' reflexive journey in planning and executing the research. In particular, there is a reflection on how underlying meta-theoretical premises relating to epistemology (the nature of knowledge and how we acquire it) and ontology (the nature of being and existence) informed thinking about the subject matter (Martin & Bortolotti, 2014; Bryman, 2008; O'Reilly & Lester, 2017).

The authors have been inspired by other researchers' subjective, reflexive journeys as they conducted their research. Brunero et al. (2015), for instance, reflected on the experience as mental health nurses. These authors shared their experience moving from practitioner to researcher and the need to examine such experience. Lotty (2020), somewhat differently, reflected on the journey while simultaneously adopting the role of researcher and practitioner. These articles were the catalyst for writing this article which involved a concerted focus on the authors' conceptualisation of recovery, how social constructionism illuminated the topic, and how meta-theoretical questions challenged assumptions. One excerpt from the lead author's reflective diary considered the nature of this journey during the early phase of the research:

my own research journey to date...There is this idea given to me by my supervisor about deconstructing my research...Ironically, my PhD is focused on exploring how recovery is socially constructed ...The journey has been mentally challenging. Managing the ebbs and flows, the agonisingly gut-wrenching feelings of being wrong...No matter how much I try to detach the research and me, it appears to mirror my own life story. I have always been a high achiever. Small blips on the road (Authors Reflective Diary, 8th March 2020).

Although the article recounts a unique, singular perspective, it nevertheless charts a process that can be of value to other researchers undertaking qualitative studies on areas that have an impact on social care practice. To make the case, the first part of the article explains important terms. It looks at the notion of recovery and how it has evolved over time. We then define social constructionism and show how it opens the discourse of recovery to reflexive scrutiny, questioning its grounding in ontology and epistemology.

With this definitional platform in place, the authors then present a review of the previous literature relating to the topic and how it has been examined through the afore-mentioned meta-theoretical stances. The aim of this review was to enhance understanding of how other like-minded researchers had approached recovery in mental health through the appropriation of social constructionism, and related meta-theoretical concepts. This article accounts for, and highlights, some of the key developments within this reflective journey. Overall, the desired endpoint is to highlight how social constructionism can shed light on the contemporary discourse of recovery in mental health. It is hoped that, in doing so, there can be policy and practice impacts and a contribution to what is a progressive development in mental health programmes across many countries including Ireland.

The Concept of Recovery in Mental Health

Recovery in mental health discourse has several meanings. Indeed, Pilgrim described it as a ‘polyvalent’ concept and a working misunderstanding (2008, p. 299). Up until the late twentieth century, the approach to mental illness was determined by the biomedical model (Gaffey et al., 2016; Higgins & McGowan, 2014; Kidd, Kenny & McKinstry, 2014). In other words, it was understood in the same terms as physical disease (Pilgrim, 2008). If someone became acutely unwell, mentally speaking, the focus was solely on returning them to a biological state of perceived normality. The notion of abnormality, on the other hand, was delineated in the iterative DSM or ICD classifications on mental health.

These manuals are used globally by psychiatry to inform decision-making regarding mental illness. They determine mental health diagnosis by the behavioural indicators that are present in people. However, unlike other illnesses such as cancer, there is not the same level of diagnostic accuracy with respect to the biological indicators or biomarkers that define the complaint. Put another way, even though neuroscience in the field of mental illness is developing at a rapid pace, the ability to identify and diagnose the phenomenon is based on fledgling criteria.

In the late twentieth century, many people using mental health services became frustrated with the treatment they received. This discontent gave rise to the service user survivor movement. Those using services had become dissatisfied with the impact of having a mental health diagnosis and the implications this had for their holistic well-being (Brosnan & Sapouna, 2015). This movement provided an opportunity for people to view mental illness outside of the biological paradigm in ways that allowed them to recuperate psychologically, socially, and existentially.

Personal recovery was introduced as a novel way of viewing mental illness. Its focus was on people’s personal narratives and how they recounted fulfilled lives irrespective of symptoms and medication. People should be at the forefront of defining what recovery meant to them, and living the best life they could aspire to, supported by the appropriate services. This conceptualisation became central to mental health policy in the late 20th and early 21st century (Pilgrim, 2008). Interestingly, this shift in thinking, from a model focused for so long on biological recovery, to one which sought to achieve holistic outcomes, has remained slow to materialize and been inconsistently applied in many countries. The move towards the idea of the service user being the expert has inevitably presented challenges for the service who had hitherto been the experts for the last two centuries (Brosnan & Sapouna, 2015).

Let us now consider how the recovery movement has developed within Ireland. The development of mental health policy and practice in this jurisdiction has witnessed major changes over the last sixty years. For example, there have been a number of policy documents outlining the need for services to move away from institutionalisation towards community-based interventions. This transition has provided an opportunity for people to live more fulfilling and autonomous lives. In 2006, the seminal policy document, *A Vision for Change*, was published. It identified recovery as the central driver of mental health services (Higgins & McGowan, 2014). The document was welcomed positively in Ireland but did not include clear guidelines on how to implement a recovery approach in practice (Higgins & McGowan, 2014). Ultimately, the concept of recovery was deemed to be progressive, and viewed by many commentators as the way forward for mental health practice, but its transition from policy to

practice has been inconsistent (Walsh et al., 2008; Higgins & McGowan, 2014; Gaffey et al., 2016). The official acceptance of policy documents such as *Commission of Inquiry on Mental Illness* (1966), *Planning for the Future* (1984) and, in particular, *A Vision for Change* (2006), have demonstrated a shift in how recovery should be viewed and approached in practice (Higgins & McGowan, 2014; Walsh et al., 2008). It involved ‘making a shift in organisational and cultural practice’, placing the service user in the expert role in their lives and their experience of mental illness (Brosnan & Sapouna, 2015, p. 167). This shift from a biomedical to a biopsychosocial approach has been continuing for over twenty years (Chester et al., 2016). The change in practice, though, has been problematic with a lack of transparency between what is written in reports and what is taking place in practice (Schwartz et al., 2013).

In Ireland, the implementation of a recovery-orientated approach has been slow to materialise (Brosnan & Sapouna, 2015). Findings published in 2008, identified that health professionals who were unclear about their role and remit, tended to resort to what they knew best, which was a biomedical approach (McAllister & Moyle, 2008). These findings were echoed in another Irish study (Keogh et al., 2014). According to the participants, the main obstacle was challenging the dominance of the biomedical approach in Irish mental health services. Even so, progressive change is happening in Ireland and elsewhere. This testifies to the social constructionist insight that the social world is always being developed and re-constituted by reflective actors. We take up this theme below.

Social Constructionism

Central to the idea of personal recovery is subjective experience (Lovell et al., 2020). To understand why this is the case, we can productively draw on social constructionism. It states that people’s understanding of reality is determined by their interactions with others (Berger & Luckmann, 1966; Burr, 1995; Gergen, 2009). Accordingly, social constructionists oppose taking knowledge for granted, but espouse a critical attitude towards it. All knowledge about the world must be questioned. Unsurprisingly, it is a view of the world which rejects the central tenets of positivism and empiricism. Knowledge is not understood through scientific inquiry and experiments but through apprehending dialogue, meaning and human experience (Burr, 1995; Gergen, 2009). Critically, though, social constructionism should not be conflated with social constructivism. The latter approach centres on an actor’s internalized, cognitive construction of events.

One of the landmark texts on social constructionism was Berger and Luckmann’s, *The Social Construction of Reality: A Treatise in the Sociology of knowledge* (1966). The contention was that social reality was created through people’s actions and interactions. Over time, the exchanges between people and social systems became shared and habituated. Embedded within society, roles evolved into social structures shaping generations to come through socialization. We can apply these tenets to the conceptualisation of recovery. From a social constructionist stance, it has been shaped by shared meanings, language, social interaction, and cultural tradition.

Notably, a *strong* version of social constructionism rejects arguments viewing social life in terms of absolute facts and immutable laws. It suggests that *all* knowledge is constructed by human meaning-making activities, making it fluid and fallibilist. Regarding this study, however, we adopted a *weak* version of social constructionism. Unlike the strong version

referred to above, it did not subscribe to the view that there was no reality outside discourse; rather, while acknowledging that actors apply meaning-making activities to their experience, weak social constructionism accepts that there are tangible ‘brute’ facts in the social world that have a real, material substance. Social reality cannot be entirely reduced to discourse. Accordingly, when it comes to the issue of mental ill-health, to give an example of this facticity, there are some grounds (Author, 2020) for suggesting that it may have a biological, genetic, or bio-chemical basis, even though our perception of mental ill-health is still socially constructed.

Social constructionism, whether in its strong or weak versions, infers that something like recovery will be an individual, subjective experience. What one person views as their recovery path might be different to another’s. Ontologically speaking, truth is reliant on the meanings that continually change through interaction. To a large degree, ‘we behave, think and feel differently depending on whom we are with, what we are doing and why’ (Burr, 1995, p. 25). What recovery means will be determined by people’s beliefs and knowledge of what they perceive as the truth. Ways of knowing are essentially produced and reproduced through social processes (Berger & Luckmann, 1966; Burr, 1995). These social processes involve a consideration of personalities, language, discourse, and power but also, for weak social constructionists, how they are influenced by the ontological reality of human biology and neuro-physiological factors.

For the authors, these concepts prised open the notion of recovery: how it could be viewed from a range of alternative angles. This widened understanding allowed subjugated discourses and voices to find a conceptual space in determining its meaning; at the same time, it critically interrogated the hegemonic discourses that had moulded it in the past. Thus, the service user’s voice could be compared to the social worker’s accounts; and these in turn, could be compared to the carer’s. If we focus on a biological discourse, we make sense of mental illness in terms of a chemical imbalance in the biologically pre-determined brain. This stance would normally be associated with a medical practitioner. In another vein, someone from the ‘survivor movement’ might view mental illness as an experience overlain by a diagnosis constricting the life they once had; for her, recovery is about reclaiming this life – it is about lived experience. Alternatively, a family member, a mother say, might view her child’s journey to recovery as hope that he can become healthy again. (Gergen, 2009).

These diverse voices stimulated epistemological and ontological questions about the topic and the human subjects within the sample. For instance, in this reflexive inquiry the authors had to confront central ontological questions such as: What is existence? What defines an unfulfilled sense of being in the world? What is recovery? Is it related to biological, psychological, social, or existential factors, or a combination of all four? Ontology was the prism through which the researchers viewed and struggled with these questions.

Finally, within social constructionism, there is an expectation that researchers will scrutinize their own taken-for-granted beliefs. This includes their thought processes, hunches, intentions, and feelings (Gergen, 2009). Reflexivity, as it is known, is a key process during the completion of qualitative research (Bryman, 2008). It was imperative that the authors engaged in a continuous process of reflecting on the topic of inquiry, research design and data. Social constructionism provided a conceptual space to see the social world from multiple angles: it was an invitation to use reflexivity creatively and assiduously to interrogate social phenomena.

Reviewing the Literature

Having appraised these core theoretical concepts and perspectives, we then examined what the literature said about them in relation to the topic of recovery. In seeking this information, we wanted to learn more about it through considering other researchers' use of meta-theory to explore its meaning and application within the mental health field.

In this undertaking, we availed of Higgins and Pinkerton (1998) structured approach to reviewing the literature. It is important to note that this approach is not synonymous with a systematic review. However, it does mitigate the potential bias in traditional narrative reviews by combining both established and systematic considerations when reflecting on the literature. As part of the search strategy, we adopted the Population, Intervention, Comparison and Outcome (PICO) method, as shown in Table 1 (Richardson et al., 1995). It is important to note that this method is usually applied to systematic reviews and quantitative research. One of its drawbacks is the omission of qualitative studies (Methley et al., 2014). However, in recent times the acronym has been adapted for qualitative reviews by including an "S", standing for study design. In this review, the search strings started quite broadly with a gradual reduction to relevant qualitative studies, as specified in Tables 2-4.

A number of databases were consulted including Applied Social Science Index and Abstracts and EBSCO. EBSCO encompassed several databases - Academic Search Complete, AMED - The Allied and Complementary Medicine Database, CINAHL Complete, ERIC, MEDLINE, APA PsycArticles, APA PsycInfo, PsycTests, Social Sciences Full Text, UK & Ireland Reference Centre. The juxtaposition of search terms through Boolean operators for each of the categories led to the entries delineated in Tables 2-4.

Tellingly, none of the identified sources referred to an Irish sample, context or setting. The search strategy subsequently decided which articles were retained after the application of the search strings. This process is detailed in Tables 2-4. It led to the final step of reviewing and synthesising the definitive list of articles. It also involved a reflection on the purpose of the literature review, making sure that there was a clear understanding of how the results were reached (Higgins & Pinkerton, 1998). Table 5 depicts a detailed overview of the final 16 articles included in the sample. Prior to presenting the results of the search strategy, the next series of pages depict the different tables referenced in this article.

Table 1 PICO Method

Part 1: Use PICO to break down your research question			
Concept 1	Concept 2	Concept 3	Concept 4
Epistemology	Recovery	Mental Health	Mental Health Services
Ontology	Recovery	Mental Health	Mental Health Services
Social Constructionism	Recovery	Mental Health	Mental Health Services
Part 2: Identify search terms, synonyms, variant spellings			
Concept 1 (search terms)	Concept 2 (search terms)	Concept 3 (search terms)	Concept 4 (search terms)
1. Epistemology	Recovery Or Rehabilitation Or Recovery Model Or Recovery Orientated Service Or Recovery Focused Or Service User Involvement Or Person Centred	Mental illness Or Mental Health	Mental Health Services Or Mental Health Context Or Mental Health institutions Or Mental Asylums
2. Ontology	Same	Same	Same
3. Social Constructionism Or Constructionism	Same	Same	Same

Table 2 - Epistemology and Recovery

Epistemology AND Recovery Or Rehabilitation Or Recovery Model Or Recovery Orientated Service Or Recovery Focused Or Service User Involvement Or Person Centred AND Mental illness Or Mental Health AND Mental Health Services Or Mental Health Context Or Mental Health institutions Or Mental Asylums

<p>Applied Social Science Index and Abstracts = 598 results</p> <p>Inclusion & Exclusion criteria – ‘subject filters’ of ‘mental health’ and ‘mental disorder’ chosen = 99 results</p> <ol style="list-style-type: none"> 1. Further criteria applied – ‘Subject filters’ of ‘recovery’ = 9 results 2. Subject filters of ‘recovery’ and ‘Epistemology’ selected = 14 results <p>Cross over between results in 1 & 2 – duplicates & not accessible = 11 results final</p>	<p>EBSCO = 24 results – 23 were accessible</p>
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Further inclusion/exclusion criteria applied – qualitative research studies on recovery only – primary data collection studies

<p>Applied Social Science Index and Abstracts = 4 results</p> <ol style="list-style-type: none"> 1. Slade, M., Trivedi, P., Chandler, R., & Leamy, M. (2016). Developing involvement during a programme of recovery research. <i>The Journal of Mental Health Training, Education, and Practice</i>, 11(4), 244–255. 2. Wellman, J., Lepori, F., & Szlachcic, R. (2016). Exploring the utility of a pilot tree of life group in an inpatient setting. <i>The Journal of Mental Health Training, Education, and Practice</i>, 11(3), 172–181. 3. Ørjasæter, K. B., Stickley, T., Hedlund, M., & Ness, O. (2017). Transforming identity through participation in music and theatre: Exploring narratives of people with mental health problems. <i>International Journal of Qualitative Studies on Health and Well-Being</i>, 12(1), 1–10. 	<p>EBSCO = 5 results</p> <ol style="list-style-type: none"> 1. Lovell, T., Gardner-Elahi, C., & Callanan, M. (2020). ‘My journey through the system’: A grounded theory of service user-perceived experiences of recovery in forensic mental health services. <i>Journal of Forensic Psychiatry & Psychology</i>, 31(2), 292–310. 2. Sellin, L., Asp, M., Kumlin, T., Wallsten, T., & Wiklund Gustin, L. (2017). To be present, share and nurture: A lifeworld phenomenological study of relatives’ participation in the suicidal person’s recovery. <i>International Journal of Qualitative Studies on Health & Well-Being</i>, 12(1), 3. Kidd, S., Kenny, A., & McKinstry, C. (2014). From experience to action in recovery-oriented mental health practice: A first person inquiry. <i>Action Research</i>, 12(4), 357–373. 4. Meiring, L., Visser, M., & Themistocleous, N. (2017). A student-facilitated community-based support group initiative for Mental Health Care users in a Primary Health Care setting. <i>Health SA Gesondheid</i>, 22, 307–315 5. Gillard, S., Simons, L., Turner, K., Lucock, M., & Edwards, C. (2012). Patient and public involvement in the coproduction of knowledge: reflection on the analysis of qualitative data in a mental health study. <i>Qualitative Health Research</i>, 22(8), 1126–1137
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Table 3 - Ontology and Recovery

Ontology AND Recovery Or Rehabilitation Or Recovery Model Or Recovery Orientated Service Or Recovery Focused Or Service User Involvement Or Person Centred AND Mental illness Or Mental Health AND Mental Health Services Or Mental Health Context Or Mental Health institutions Or Mental Asylums

<p>ASSIA = 228 results.</p> <p>When the subject filter was used, the search was reduced to results which included “mental disorders” and “mental health” = 22 results. When this was further reduced, selecting only the articles which had the theme of ‘recovery’ = 4 results. One of the articles was not available</p>	<p>EBSCO = 10 results.</p>
<p>= 14 results between EBSCO and ASSIA = 11 available</p> <p>Further inclusion/exclusion criteria applied - qualitative research studies only 2 out of 11 were qualitative primary data studies</p> <ol style="list-style-type: none"> 1. Slade, M., Trivedi, P., Chandler, R., & Leamy, M. (2016). Developing involvement during a programme of recovery research. <i>The Journal of Mental Health Training, Education, and Practice</i>, 11(4), 244–255 (Found in Table 2 also) 2. Brooks, H., Rushton, K., Walker, S., Lovell, K., & Rogers, A. (2016). Ontological security and connectivity provided by pets: A study in the self-management of the everyday lives of people diagnosed with a long-term mental health condition. <i>BMC Psychiatry</i>, 16. 	

Table 4 - Social Constructionism and Recovery

Social Constructionism Or Constructionism AND Recovery Or Rehabilitation Or Recovery Model Or Recovery Orientated Service Or Recovery Focused Or Service User Involvement Or Person Centred AND Mental illness Or Mental Health AND Mental Health Services Or Mental Health Context Or Mental Health institutions Or Mental Asylums = Selected peer reviewed and scholarly journals

<p>ASSIA = 173 results When subject filter is chosen to articles speaking about recovery = 5 results.</p>	<p>EBSCO = 15 results Full text and peer review = 13 results Subject filter selected – articles selected with major heading subject including ‘mental health services’, ‘mental disorders’, ‘mental health’, ‘recovery’, ‘recovery (disorders)’. = 8 results</p>
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Further inclusion/exclusion criteria applied – qualitative research studies on recovery only – primary data collection studies

<p>Applied Social Science Index and Abstracts = 2 results</p> <ol style="list-style-type: none"> 1. Ford, K. (2018). A social construction of remission for people with a diagnosis of schizophrenia. <i>Mental Health and Social Inclusion; Brighton</i>, 22(2), 94–107. 	<p>EBSCO = 6 results</p> <ol style="list-style-type: none"> 1. Aikawa, A., & Yasui, N. Y. (2017). Becoming a consumer-provider of mental health services: Dialogical identity development in prosumers in the United States of America and Japan. <i>American Journal of Psychiatric Rehabilitation</i>, 20(2), 175–191. 2. Femdal, I. (2018). The right place? Users and professionals’ constructions of the place’s influence on personal recovery in community mental health services. <i>International Journal of Mental Health Systems</i>, 12. 3. Gardner-Elahi, C., & Zamiri, S. (2015). Collective narrative practice in forensic mental health. <i>Journal of Forensic Practice; Brighton</i>, 17(3), 204–218. 4. Middleton, L., & Uys, L. (2009). A social constructionist analysis of talk in episodes of psychiatric student nurses conversations with clients in community clinics. <i>Journal of Advanced Nursing</i>, 65(3), 576–586. 5. Sparkes, T. (2018). ‘I don’t think it should make a huge difference if you haven’t got the “r” word in it’: Practitioner accounts of mental health recovery. <i>British Journal of Social Work</i>, 48(6), 1736–1753. 6. Walsh, F., & Tickle, A. (2017). Listen to me, I’m talking: Involvement and recovery. <i>The Mental Health Review; Brighton</i>, 22(2), 111–123.
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Table 5 - Overview of 16 final studies included

Author/Year/Geographical Location	Aim of Study	Sample Size	Methodology & Method
Slade, M., Trivedi, P., Chandler, R., & Leamy, M. (2016) U.K.	Explored working with a lived experience advisory group for a 5-year recovery research programme – REFOCUS.	9 participants (6 members of the lived experience group, 2 researchers and principle investigator)	Qualitative Narrative Reflections
Wellman, J., Lepori, F., & Szlachcic, R. (2016) U.K.	Explored the utility of a collective narrative practices approach, Tree of Life (ToL) within a mental health in-patient setting.	10 participants (8 Service Users and 2 Facilitators)	Qualitative Social Constructionist Epistemology Interviews and Questionnaires
Ørjasæter, K. B., Stickley, T., Hedlund, M., & Ness, O. (2017) Norway	Explored the significance of participating in music and theatre workshops for peoples' experiences of identity during their recovery journey.	11 service user participants who attended the workshop	Qualitative Hermeneutical phenomenological epistemology In-Depth Interviews
Lovell, T., Gardner-Elahi, C., & Callanan, M. (2020) U.K.	Sought to develop a theoretical model of service users' experiences of the recovery philosophy in Forensic Mental Health.	16 service user participants	Qualitative Grounded Theory Constructivist epistemology Semi-Structured Interviews
Sellin, L., Asp, M., Kumlin, T., Wallsten, T., & Wiklund Gustin, L. (2017) Sweden	Sought to explore the experiences of relatives in terms of participation whilst a family member is an in-patient due a risk of suicide.	8 relatives participated	Qualitative Life world research approach Phenomenological Philosophy Phenomenon-orientated Interviews
Kidd, S., Kenny, A., & McKinstry, C. (2014) Australia	Sought to explore the meaning of recovery for those providing and receiving mental health services.	11 Participants (6 Consumers, 4 Clinicians and 1 Carer)	Qualitative Cooperative Enquiry Action Research Methodology Epistemology of reciprocity and Collective reflection 12 meetings where participants reflected on planned actions, notes, stories, reflections and situations regarding recovery

Table 5 - Overview of 16 final studies included (contd.)

Author/Year/Geographical Location	Aim of Study	Sample Size	Methodology & Method
Meiring, L., Visser, M., & Themistocleous, N. (2017). South Africa	Explored the value of a community-based support group for mental health service users.	5 service user participants	Qualitative Social Constructionism Guiding Epistemology Semi-Structured Interviews & College Making and Storytelling Method.
Gillard, S., Simons, L., Turner, K., Lucock, M., & Edwards, C. (2012). U.K.	Study sought to explore the perspectives of people with lived experience of personality disorders regarding the recovery philosophy.	6 service user participants	Qualitative Interpretative Epistemology In-Depth Interviews
Brooks, H., Rushton, K., Walker, S., Lovell, K., & Rogers, A. (2016). U.K.	Study explored the potential role played by animals as pets in an individual's personal support network while living with a mental illness.	6 service user participants	Qualitative An Interpretative, Collaborate Approach In-Depth Interviews
Ford, K. (2018) United Arab Emirates	Aimed to explore the social construction of remission in relation to schizophrenia.	26 participants (9 Professionals, 10 Service Users & 7 Carers)	Qualitative Constructivist Grounded Theory Approach Semi-Structured Interviews
Aikawa, A., & Yasui, N. Y. (2017) United States & Japan	Explored the process of peer-delivered service providers developing an identity as prosumers.	48 prosumers (25 from the United States and 23 from Japan)	Qualitative Social Constructionist Epistemology In-Depth Interviews
Femdal, I. (2018). Norway	Aimed to explore the social construct of 'place' regarding personal recovery outcomes in community mental health services.	20 participants (10 service users and 10 professionals) however only 10 of the participants were included in the findings chapter.	Qualitative Interpretative study Semi-Structured Interviews

Table 5 - Overview of 16 final studies included (contd.)

Author/Year/Geographical Location	Aim of Study	Sample Size	Methodology & Method
Gardner-Elahi, C., & Zamiri, S. (2015) U.K.	Sought to explore how collective narrative practice has been used in low-secure forensic recovery services.	25 participants overall (9 service users involved in the collective practice with an additional 16 participants included in the final session of the group using outsider witnessing practices)	Qualitative Service User Led Reflections Focus Group
Middleton, L., & Uys, L. (2009) South Africa	Explore the 'discursive doing' of student nurses' practice in conversation with service users in psychiatry clinics in the community.	14 participants (7 Students and 7 Service Users)	Qualitative Discourse Analysis of Conversations between nurses and service users
Sparkes, T. (2018) U.K.	Presents a section of the findings (Professionals) of a wider study focused on the context-specific language that is used by professionals and service users in making sense of recovery in mental health.	9 Professional participants	Qualitative Relativist Epistemology Semi-structured interviews
Walsh, F., & Tickle, A. (2017). U.K.	Explored the perceptions of those involved in service user involvement initiatives and whether this impacts on their recovery process or not.	9 Service user participants (either have, or had, self-defined as having mental health problems)	Exploratory Qualitative Social Constructionist Grounded Theory Semi-Structured Interviews

Results

The results of the literature search can be categorised as follows: (i) recovery and social constructionism; (ii) recovery and ontology; and (iii) recovery and epistemology.

Recovery and Social Constructionism

Several studies viewed mental illness and recovery through a social constructionist lens (Aikawa & Yasui, 2017; Femdal, 2018; Ford, 2018; Gardner-Elahi & Zamiri, 2015; Middleton & Uys, 2009; Sparkes, 2018; Walsh & Tickle, 2017). A common theme emerged within these sources: that is, a recognition that interactions between individuals, which became habituated and then normative, influenced the social reality of those living with mental illness. One particularly pertinent service user from Gardner-Elahi and Zamiri's research (2015, p. 210) stated:

hearing from everyone's experience, comparing it to our own, that kinda opens our eyes to the positive, to the positive side of life really...I guess that would be the knowledge and the wisdom that we've all gained out of it by sharing information, comparing different routes so, like, we all get through it.

Thus, 'relationship' was a crucial factor for those living with mental illness whether that took the form of a professional developing an empowering rapport with a service user (Middleton & Uys, 2009), or assisting her practically to acquire suitable accommodation (Femdal, 2018). Ultimately, interactions between individuals played a determinative role in how people understood their world when recovering from mental illness (Aikawa & Yasui, 2017; Femdal, 2018; Ford, 2018; Gardner-Elahi & Zamiri, 2015; Middleton & Uys, 2009; Sparkes, 2018; Walsh & Tickle, 2017).

Open dialogue within the relationship (Gardner-Elahi & Zamiri, 2015; Middleton & Uys, 2009) encouraged alternative perspectives and discussions to the prevailing psychiatric one. Other studies, however, highlighted that the form and content of the relationship between the service user and professional remained within a traditional vein. Thus, Middleton & Uys (2009) underlined the dominant role of the bio-medical discourse in psychiatric nursing and how it occluded person-centred care and unrestrained communication.

When service users' own conceptualisations of mental illness and recovery were encouraged, supported, and made central to service delivery, outcomes were positive for recovery-orientated services. In other words, the relationship, the dialogue and meaning making which took place between service users and providers had a significant impact on existential well-being and lived experience (Walsh & Tickle, 2017).

Recovery and Ontology

A central theme in the literature reflected recovery in different terms to the biomedical paradigm (Brooks et al., 2016; Gillard et al., 2012; Kidd et al., 2014; Lovell et al., 2020; Meiring et al., 2017; Ørjasæter et al., 2017; Sellin et al., 2017; Slade et al., 2016; Wellman et al., 2016). Many research studies viewed it as an existential experience - one that could be defined by a multiplicity of perspectives. In other words, we could not be absolutist about its meaning. The existence of recovery could be personal, biological, psychological, and social. That said, the presence of the 'lived experience' ontological view had become prominent in the debate and linked to human sociality - 'nothing about us without us' (Slade et al., 2016, p. 245). Valued lived experience was lived with others.

Inspired by an ontological perspective, Slade et al.'s research (2016) set out to improve mental health practices regarding personal recovery. Slade's research was part of REFOCUS: a programme set up over a 5-year period to research the area of recovery and recovery-orientated services. The lived or ontological experience of the participants was a primary construct, improving the person's being-in-the world. The existential threat posed by positivism (as shown through formal diagnosis and measurement) to the subjective and individualised journey of recovery was adduced as a concern. Furthermore, it became apparent that it was not easy to reach a consensual understanding on the meaning of recovery even when inclusive dialogue was encouraged. Notably, there was an emphasis on subjective experience and the need for multiple perspectives when conceptualising recovery:

Recovery-oriented research requires the capacity to hold difference between perspectives as part of its process (Slade et al., 2016, p. 246).

Importantly, those living with mental illness spoke of the need to view the concept of recovery as relative and unique to everyone. Therefore, seeking to achieve definitional consensus could be a challenge (Brook et al., 2016; Brunero et al., 2015; Slade et al., 2016). These themes were reiterated throughout the literature (Brunero et al., 2015; Gillard et al., 2012; Kidd et al., 2014; Lovell et al., 2020; Meiring et al., 2017).

A further research study focused on the positive impact animals had on people living with mental illness helping them feeling safe and connected (Brooks et al., 2016). The authors highlighted some of the existential threats that individuals can experience when they have an enduring mental illness. Prominent, here, were ontological insecurity, isolation, and loneliness. It was discovered that the subjects in the study needed structure and consistency to experience well-being (Brooks et al., 2016). The authors argued that pets could play a role in addressing these existential aspects of a person's life which had been lost because of enduring illness.

Finally, and to reiterate, those living with mental illness questioned the decision to use a positivist body of knowledge to encapsulate their experience (Brooks et al., 2016; Brunero et al., 2015; Slade et al., 2016). This is where the discussion turns to now focusing on which epistemes were being used to explore the concept of recovery. Epistemes constitute the body of ideas determining a system of understanding or field of knowledge.

Recovery and Epistemology

Epistemology is interested in how we gain knowledge of something which is in existence (Brunero et al., 2015; Martin & Bortolotti, 2014). It influences the researcher's choice of topic as well as the methodology and methods chosen to investigate it. There are a number of epistemes which seek to explore the meaning of recovery. A prominent one is the bio-medical episteme to which we have referred. Another one, in sharp contrast to the former, is the existential episteme which focuses on a person's lived experience. Several authors have considered the impact of the latter episteme on mental health and how to understand it epistemologically within social research (Gillard et al., 2012; Lovell et al., 2020; Slade et al., 2016). Ultimately, lived experience is open to a range of perspectives that require hermeneutic investigation (Gillard, 2012). This is something which corresponds with the challenges experienced by researchers participating in the REFOCUS group discussed in the ontology section of this article (Slade et al., 2016):

I found that I was doing the same thing over and over again ... unless you understand

yourself I don't think that ... you can recover. Really it's been a question of ... being able to face myself and look at myself warts and all ... 'what am I going to do about it?' ... I've recognised that if I carried on thinking like that I'm just gonna keep tripping myself up and I'm never gonna have anything nice to say about myself (Gillard, 2012, p. 7).

So, a recurring theme in the research was the need to understand the person's subjective experience (Gillard et al., 2012; Kidd et al., 2014; Lovell et al., 2020; Meiring et al., 2017; Ørjasæter et al., 2017; Sellin et al., 2017). Governed by their chosen epistemology, researchers used *inter alia* grounded theory (Brunero et al., 2015; Donald et al., 2015; Lovell et al., 2020), phenomenology (Eldal et al., 2019; Sellin et al., 2017), and narrative methods (Ørjasæter et al., 2017; Wellman et al., 2016) to explore the meaning of recovery and mental illness.

Grounded theory

Lovell et al. (2020) sought to develop a theoretical framework for personal recovery from the perspective of service users (n=16) in one forensic setting. They adopted a constructivist grounded theory approach employing semi-structured interviews. The research focused on the respondents' subjective experience, their personalized story, and recovery journey. The episteme of 'lived experience' was central to the evinced narratives. A similar study was conducted by a nursing practitioner exploring the area of mental health with service users (Brunero et al., 2015). The constructivist grounded theory approach enabled the researcher to, not only understand the subjective experience of the service users, but also reflexively appraise her own social positioning.

Phenomenology

A study by Sellin et al. (2017) was conducted through a 'reflective lifeworld research' approach underpinned by a phenomenological epistemology. By bracketing any presuppositions, the lifeworld approach seeks to explore the subjective experience of each individual in respect of recovery. The aim is to elicit its essence. It views the person, not as an objective canvas which can be manipulated by external forces, but as a 'being' in the social world. For the researchers, people's experiences of 'recovery' were synonymous with existential choice and taking responsibility for one's circumstances; it was about living the life you wanted to live irrespective of illness. However, within this broad understanding, the respondents interpreted conceptions of the good life in manifold ways.

Narrative Approach

The use of a narrative approach arises out of a social constructionist epistemology. It seeks to understand the individual's subjective experience, his or her story. The elicitation of these stories is possible through narrative inquiry and it has been applied to the examination of recovery (Ørjasæter et al., 2017; Wellman et al., 2016). A focal concern is how an individual makes sense of her life through the stories she tells. Such stories allow the researcher to apprehend the nature of being (Ørjasæter et al., 2017). A prominent finding in this research was that identity was fluid and depended on temporal and spatial circumstances. Hearing a

person's story and validating it, enabled service users to reconnect with important aspects of their lives that had become subjugated by a dominant problem story.

Discussion

In mulling over the themes within the literature, let us return, firstly, to the concept of ontology. To reiterate, it is concerned with the nature of being and social reality. In the literature, the nature of recovery was contested, and some commentators wanted to shoe-horn it within a scientific episteme (Slade et al., 2016). Yet, there is a growing consensus that recovery is an individualised journey. It is important, at this point, to remember the social constructionist dictum that 'facts' are not obligations. Put another way, scientific evidence or professional shibboleths should not discount the value of lived experience. Social constructionism supports the idea of maintaining a critical subjectivity when researching varied, and sometimes, contested notions like recovery (Kidd et al., 2014).

We also raised the importance of critical reflection on the epistemological basis of the research topic. When we choose a particular epistemological position to explore an existential question, we are aligning with a particular set of 'traditions' – or ways of viewing the world. If we choose social constructionism, for example, we will view the topic of investigation as being the product of social and cultural factors – as opposed to natural causes. Psychological reality, or in this case the nature of recovery, will be determined by language and social consensus. This is a prominent theme expounded in the literature. The role of human agents in producing meaning and discourse will be central to our inquiry. But there is also the understanding that things could have been constructed in an alternative way. Research, consequently, becomes a collaborative process between the researchers and respondents to create the possibility of new knowledge about the topic. When deconstructing the discourse on recovery new constructions will 'gain their significance from their social utility (Gergen, 2009, p. 9).

What is significant in all of this, is who participates in the research conversation and how that discourse is structured – keeping power in check (Gergen, 2009). In other words, if a study is seeking to explore the existential reality of personal recovery, those living with the illness must be included in the conversations. Many of the studies discussed in the findings sought to involve this lived experience perspective. However, if the dominant discourse continues to privilege the voice of the experts, how do we move beyond hegemonic orthodoxy to a more heterodox stance? (Roets et al., 2007). The social constructionist stance, we have argued, fits with co-production, partnership, and emancipatory discourse. It encourages discordant views, and voices, and problematizes prevailing orthodox positions.

It is vital that the world we live in, and how we know it, is questioned, and critically examined. Ontological and epistemological precepts in research must be reflexively interrogated. This allows for the implicit to become the explicit, enabling researchers and respondents to transcend the confines of sequestering convention and custom. New possibilities can be explored and novel narratives on personal recovery can be elucidated. The use of reflexivity throughout the research process is therefore imperative, not only to gain awareness of potentially new ontological realities of personal recovery in respect of the participants in a study, but also to recognise the preconceived ideas a researcher brings to the research.

Essentially, critical subjectivity animates reflexivity and is one key to unlock the study of personal recovery:

I reflect on my life trajectory...Before even my experiences of mental health and recovery...social science, social work, PhD in philosophy – they all place me in a position of viewing the world through experiences and meaning... I look at my life growing up, my experiences of life have been lasting through the interactions – Montessori, School, Sport, have shaped what I know, belief, and how I construct meaning in my life. I see the world through my own eyes, but my understanding and reality is very much driven by the interactions I have had, the co-constructed meaning that takes place. The veering towards qualitative...it tells me that I am a social being, who believes in a constructionist view of reality (Author's Reflective Diary, 22nd September 2020).

Conclusion

This article outlined a reflexive account of the researchers' approach. It examined how meta-theory prised open the notion of recovery in mental health in a way that heard the voice of the service users and other stakeholders. This led to a focus on recovery as a personalised, existential journey. Based on the systematic search of several databases, our contribution is novel in applying meta-theory to explore recovery in mental health as a personalised journey. Meta-theory provides a veritable structure for reflexive, research inquiry because ideas about ontology shape notions about epistemology; in turn, epistemology shapes methodology which finally leads to ways of gathering data and analysing it.

Importantly, although the reviewed studies recognized that recovery was a unique and individualised journey, there remained a hesitancy to constitute this understanding as credible scientific evidence. However, without fully embracing the value of the lived experience perspective in research, there is a danger of viewing recovery in an ambivalent, detached, and objectivist way. This article highlighted how the key assumptions of social constructionism can support new possibilities for viewing the construct of personal recovery, locating it within the domain of human existence, meaning, agency, choice, intention, and narrative. This is an important move, not only for researchers, but also health and social care professions. Meta-theory and reflexivity enhance empathy by tuning into human narrative, by privileging the meaning-making activities that service users engage in when they seek to fashion their lives.

Reflexivity builds a critical subjectivity within the researcher but also the professional career in a way that problematises the taken-for-granted and brackets preconceptions. Embracing inclusivity, dialogue, and multiplicity, while eschewing dominant hegemonic stances, social constructionism provides a framework for research and practice that is congruent with a person-centred ethos. The goal of research in relation to recovery is not to produce knowledge that is fixed nor universally valid, but to invoke an appreciation of what is existentially possible – and this is an ethical obligation. As Ireland navigates its way through the development of social policies on mental health and, in particular, the move to recovery-oriented services, an appreciation of meta-theory can only enhance understanding, both in terms of research and also professional policy-making and practice.

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