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Management of the self

An interdisciplinary approach to self-management in psychiatry and psychosomatic medicine

Van Geelen, S.; Franssen, G.

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MANAGEMENT
OF THE SELF:
AN INTERDISCIPLINARY
APPROACH TO SELF-
MANAGEMENT IN
PSYCHIATRY AND
PSYCHOSOMATIC
MEDICINE

STEFAN VAN GEELLEN & GASTON
FRANSSSEN



IN RECENT YEARS, there has been a rapidly increasing interest in self-management strategies in psychiatry and psychosomatic medicine (Siantz & Aranda, 2014; Crawford et al., 2014; Kemp, 2011). Among the conditions in which self-management is currently investigated in these contexts are bipolar disorder (Jones et al., 2011; Depp et al., 2009), depression (Van Grieken et al., 2015; Houle et al., 2013), post-traumatic stress disorder (Engel et al., 2015; Possemato et al., 2015), schizophrenia (Saito et al., 2013; Cimo et al., 2012), attention deficit hyperactivity disorder (Bussing et al., 2016; Christiansen et al., 2014), irritable bowel syndrome (Eugenio et al., 2012), chronic fatigue syndrome (Meng, Friedberg, & Castora-Binkley, 2014, Friedberg et al., 2013), and fibromyalgia (Bourgault et al., 2015; Hamnes et al., 2012). These approaches aim to stimulate patients to be more actively engaged in their own care, and they intend to shift the burden of the

responsibility for treatment success away from psychiatrists, doctors, nurses and other healthcare professionals (Lawn et al., 2007; Davidson, 2005). Thus, acquiring the mastery of self-management is a critical component for patients in dealing with their conditions, and within mental healthcare it is commonly regarded as an innovative person-centered approach to provide individuals with the necessary skills to deal with the unique challenges they face in everyday life (Janney, Bauer, & Kilbourne, 2014; Stanghellini, Bolton, & Fulford, 2013).

At present, approaches within mental healthcare settings that try to actively involve the patients in their own care comprise a wide range of strategies and interventions, which have also been described in terms of self-help (Lewis, Pearce, & Bisson, 2012; Moritz et al., 2011), self-care (Holmberg & Kane, 1999), and self-treatment (Charlton, 2009). As for the literature on self-

management in particular, psychiatric and psychosomatic research encompasses a similarly broad terminological variety, among which chronic disease self-management (Lorig et al., 2014), self-management support (Houle et al., 2013), comprehensive self-management (Eugenio et al., 2012), activity pacing self-management (Kos et al., 2015), and illness self-management (Saito et al., 2013). No less diverse and seemingly eclectic are the commonly used modes of delivery, ranging from straightforward patient education and medical information brochures, workbooks and manuals, mobile technologies and internet-based modalities, all the way to peer-led interventions, nurse assisted training, graded exercise programs, and cognitive behavioral therapies (e.g. Engel et al., 2015; Janney, Bauer, & Kilbourne, 2014; Crawford et al., 2014). A proliferation of different methods, frameworks, targets and resources, then, appears to be intrinsic to self-management strategies over different healthcare settings.

Initially, the interest in self-management interventions arose within the context of chronic somatic disease (Newman, Steed, & Mulligan, 2004; Lorig & Holman, 2003). Here, self-management is often defined as: “*the individual’s ability to manage the symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent in living with a chronic condition*” (Barlow et al., 2002, p. 178). Consequently, the traditional goals of self-management are the promotion of self-efficacy in dealing with the corollaries of long-lasting illness, teaching condition-specific skills, encouraging adequate behavior in regard to disease, implementing problem-based coping strategies, increasing patients’ medical knowledge, and raising their treatment motivation and compliance (Newman, Steed, & Mulligan, 2004; Lorig & Holman, 2003; Barlow et al., 2002). Along the same lines, in mental health settings the targets are often defined as improving symptomatology, preventing relapse, increasing performance in daily life activities, aiding in recovery, obtaining positive attitudes towards medication use, and the initiation of self-management of drug intake (Kos et al., 2015; Houle et al., 2013; Saito et al., 2013; Jones et al., 2011). Overall, within mental healthcare, it is commonly assumed that self-management

“encourages consumers to take responsibility for their own illness, and to fully participate in decisions about their illness” (Kemp, 2011, p. 147).

Thus, it would seem that self-management strategies across medical disciplines are appealing, as they promise 1) to increase the autonomy and well-being of patients, 2) to stimulate shared decision-making and joint crisis planning, and, consequently, 3) to make healthcare delivery more efficient, and health policies more cost-effective (Siantz & Aranda, 2014; Greenhalgh, 2008). When studying the literature and reading the above-mentioned definitions, however, it soon becomes clear that in practice self-management often seems to boil down to a rather narrow form of disease management by patients themselves (Lorig & Holman, 2003). As this biomedical perspective remains dominant, systematic research into emotional, identity and role management continues to be limited (Sattoe et al., 2015; Aujoulat et al., 2008). Especially in mental health settings, the focus on disease management by patients themselves seems insufficient, as such an approach does not fully acknowledge that altered self-experience, limited autonomy, disordered identity, and impaired agency are often core aspects of the conditions involved (Van Geelen, 2014). Put otherwise, in psychiatry and psychosomatic medicine oftentimes *the self itself* is at issue, and persons can hardly be isolated from their conditions (Kyrios et al., 2015; Santhouse, 2008; Sadler, 2007). This conclusion has important consequences, as it implies that conceptualizing self-management is a fundamentally philosophical and interdisciplinary endeavor, which should aim to integrate contemporary research findings on different dimensions of self-experience. Since this remains relatively unacknowledged in most research on self-management at present, it is understandable that the existing approaches are criticized for not explicating their conceptual foundations, and for utilizing too restrictive models of the self (Weiner, 2011; Greenhalgh, 2009). Thus, to attain its full potential, self-management approaches in psychiatry and psychosomatics ought to start out from a “management of the self” (Van Geelen, 2013).

This special issue aims to more fully explore the theoretical foundations for a management of the

self, so as to enable the subsequent development of more practically relevant forms of patient participation in mental healthcare. Leading questions include: Under what conditions can we expect patients in mental healthcare to constructively take responsibility for their lives, given the fact that their self is often affected? How should we relate and target different dimensions of patients' self-experience? Which theoretical constructs might provide us clinically relevant foundations for effective self-management approaches in psychiatry and psychosomatics? How can a diachronically changing self with limited autonomy and agency be managed or empowered? To answer such questions, we asked our contributors to conceptually expound their views on self-experience in psychiatry and psychosomatic medicine, and to relate these to their understanding of self-management.

Heribert Sattel and Peter Henningsen explicate their views on self-management as "management of the self" from the perspective of psychosomatic medicine, and argue for psychodynamic psychotherapy as a tool to deal with impairments of structural functioning. Subsequently, Thomas Fuchs and Frank Röhrich consider the embodied and intersubjective aspects of self-experience in schizophrenia, and relate this to body awareness and movement techniques to foster patients' self-management. Next, Gerrit Glas describes a conceptual framework for self-management in psychiatry which elucidates the somewhat neglected role of emotion in relation to current understandings of the self in depression and anxiety. Taking another approach, Dan Hutto and Shaun Gallagher investigate the potential of a re-authored form of narrative therapy to help patients to improve their own well-being and to self-manage mental health. And finally, Paul Lysaker and John Lysaker offer a view of schizophrenia as involving a disruption in the purposive course of life and the ability to form integrated ideas of oneself, and discuss six different qualities to be embraced in future forms of psychiatric patients' self-management.

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