Critical Realist Discourse Analysis – Using Mental Health as an Example

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WHY: Critical Realism as an Alternative

Greek Childcare Study (WSS, 1999)

- ▶ Quantitative survey of opinions about daycare provision for children below age 2 and above age 2 in Athens;

- ▶ Around 2000 responses;

- ▶ 70% = daycare provision for children below age two is poor;

- ▶ Yet: majority of participants are over 60 years of age…

Greek study – Qualitative data

Follow up interviews highlight that the over 60s who indicated that daycare provision for the under 2s is poor, meant 'immoral' and 'children under age 2 should not be in daycare'……

Relativism and Naïve Realism. While *the first views all accounts as equally valid, thereby negating the possibility of distorted perceptions tainted by bias and misconceptions*, the *latter assumes simplistically and erroneously that we can observe and measure aspects of reality ('reality as constructed') in a non-problematic way.*

Critical Realism

Combines a general philosophy of science with a philosophy of social science to describe an <u>interface between the natural and social worlds.</u>

<u>*Central premise:*</u> the world is differentiated and stratified, and in order to make sense of social life, we must engage with and understand the interplay between <u>human agency</u> (meaning-making, motivations, intentionality) and <u>social structures</u> (enduring patterns, social rules, norms and laws) (Bhaskar, 1989; 2014).

<u>*Main focus:*</u> to <u>promote awareness</u> as a central strategy for tackling inequality and uneven practices/perceptions, providing insight into the causal non-linear dynamics and **generative mechanisms** in <u>the individual, the cultural sphere and the wider society</u> (Sims-Schouten et al., 2019).

Critical Realism and Bhaskar (1989;2014)

Stratified ontology, which refers to CR's distinction between:

The **'real':** structures and causal powers that generate events.

The **'actual':** events and processes.

The **'empirical':** the domain of experienced events.

CRDA seeks to identify and explore *how the real, empirical and actual may interact in* complex, iterative ways that *create the conditions of possibility for sense-making.*

It does so by **combining CR's retroductive reasoning,** which involves making (non-linear and stratified) inferences about underlying structures and mechanisms, with a **synthesised discourse analysis**, that draws on insights from two different discursive approaches (discourse analysis and discursive psychology).

CRDA in Action:

Important synergies are produced from synthesising different forms of discourse analysis with critical realism (Sims-Schouten & Riley, 2014; 2019):

▶ **Discursive Psychology** generally explores how somebody negotiates identities through a close examination of language in interaction (Antaki, 2011);

▶ **Discourse Analysis** allows that talk to be further explored in the context of wider discourses that may not be explicitly oriented to in the talk;

▶ **Critical Realism** allows examination of non-discursive realities that may also be informing the talk while not being explicitly articulated.

The starting point of discourse analysis (DA) is that the discourses people use are culturally available repertoires that structure what they can say, think, feel and do. Discourses therefore have important subjective and affective effects, that in turn, open up or close down possibilities for action (Silverman, 2010; Wetherell, 2013).

Discourse Analysis

Discursive Psychology

In contrast, with its conversation analytic genealogy, discursive psychology (DP) focuses on the interactional effects of talk (Wiggins, 2017). For example, how accountability and psychological ideas such as guilt and shame are managed in talk, analysis of which allows the researcher to see how phenomena are negotiated in context.

CR as a middle way – Mental Health as an Example

Uses element from both Realism and Interpretivism.

The 'real' level (exploring causal mechanisms, such as hormonal imbalance, trauma and cuts to services to name a few, that generate events);

The 'actual' level (events and processes in relation to mental health support);

The 'empirical' level (experienced events, namely how mental health issues are experienced by people).

Making sense of Talk & Context

In light of the question: '*how can we better analyse, and thus understand service users' narratives of their mental health problems and mental illness?*'
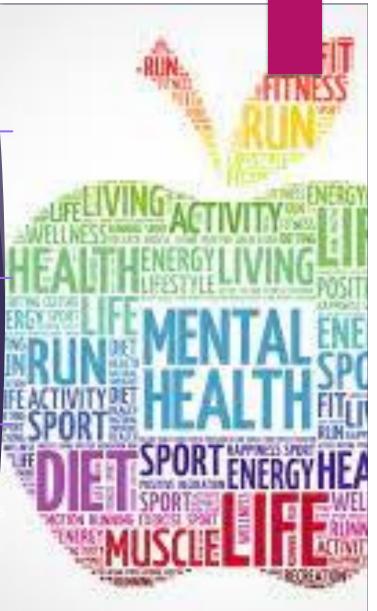
Critical Realist Discourse Analysis (CRDA), provides a useful tool for examining the discursive, material, embodied and institutional factors that might inform how people make sense of their mental health.

Mental Health:

To offer a method of making sense of people's accounts in relation to MH that *includes a wide range of factors, including discursive and non-discursive.*

Making sense of people's' narratives in relation to MH in the light of embodied, material and social/institutional contexts.

Focus: *how people account for themselves,* the interactional effects of these accounts (e.g. avoiding blame and stigma) and how the logic of these accounts can be made sense of *through an analysis of discursive and non-discursive conditions.*

CRDA

Phase 1 — Focus on abduction and 'discovery' (literature and research.)

Phase 2 — Explore non-discursive factors through observation and factsheets.

Phase 3 — multi-level 'synthesised' discourse analysis.

Note

The starting point here is not that the non-discursive causes a person to draw on one discourse and not another – instead, this should be seen as creating a kind of <u>scaffolding milieu</u>.

It is not the purpose of CRDA to identify direct causal relationships between one factor and another; instead, CRDA is a model in which *discourse, embodiment, materiality and social structures interact in complex iterative ways, creating the conditions of possibility for sense-making*.

Example: *A young woman (care leaver) negotiates isolation, loneliness and entitlement*

A young woman (black, aged 18), originally from the Gambia, taken into care when she arrived in the UK aged 12. She has a history of mental health problems (anxiety) and experienced bullying and racist incidents at school.

1. I get <u>stressed</u>, struggle with
2. m↓<u>oney</u>, ◦and◦ erm (1.0) >sometimes I
3. dont<, I don't have n↑obody to talk to as
4. well .hh s↓o I was getting (1.0) <u>so</u> much
5. <u>stress</u> and, my hair is f↓alling out, err its so
6. hard to <u>handle,</u> you know, I↓ike,for <u>me</u> to
7. have like somebody like, and <u>XXX</u> (1.0) that I
8. can <u>talk</u> to, ◦even if she comes once◦ ↑every
9. two weeks to <u>see</u> me. So, I can <u>talk</u> to her, it
10. makes me feel <u>better</u>.

IN HER NARRATIVE SHE REFERS TO THE SEVERITY OF HER SITUATION AND TAKES STOCK OF ALL THE THINGS THAT ARE AFFECTING HER, ULTIMATELY LEADING TO A BREAKDOWN IN HER WELLBEING – FINANCIAL ('STRUGGLE WITH M↓ONEY', LINE 1,2), PHYSICAL ('STRESS' AND 'HAIR IS F↓ALLING OUT', LINE 5) AND SOCIAL ('N↑OBODY TO TALK TO', LINE 3).

THIS IS THEN USED TO JUSTIFY THE SUPPORT SHE GETS AND NEEDS IN LINES 7-10.

Discourse Analysis

Discursive Psychology

1. Three-way-list completer (Antaki and Wetherell, 1999): '*n↑obody to talk to*', '*so much stress*', and '*my hair is f↓alling out*' *(line 2,3)* to strengthen her point and show that the situation that she finds herself in is multi-facetted, as well as having a huge impact on her wellbeing.

2. She also refers to loneliness and having '*n↑obody to talk to*' (line 3 – 'talk' is also **repeated and stressed** in lines 8 and 9).

CRDA

Embodied, Material and Institutional context of isolation and poverty produced by bullying and the government benefit system.

This in turn may be linked to embodied experiences of anxiety and potentially other stress responses.

These material and embodied factors can be understood as *providing the scaffolding for her positive construction of the input of the care worker.*

Conclusion

CRDA as a way of 'doing justice to people'

People as agents.

Contextualising talk around MH issues.

Taking account of the conditions that shape a person's experiences.

But also linking this to context, time and place.

Criticism: 'pick and choose' – 'need a systematic method'

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