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“Agenda 2030: Repositioning Mental Health Care”

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University
of Essex



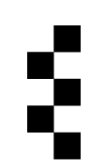
POSTER PRESENTATION

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Exploring the Importance of Using Phenomenology of Temporality in perception of control to aid improvement in mental health outcomes – a trajectory findings.

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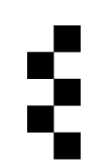


Extant literature has highlighted the importance of Locus of Control (LOC) in several fields of human endeavour

-They include political, economic, social, and technological domains, including health.

-Locus of Control is the subject of a previous presentation and publication

A dearth of literature exists however, on the relationship between Locus of control and the temporality phenomenon in the experiences of mental health service users.



The Conceptual Framework - Locus of control (LOC)

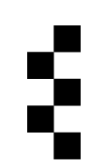
The concept (LOC) refers to

- the extent to which individuals perceive the level of control they have over events in their lives,

- this in turn, plays a role in determining their responses to various occurrences and situations (Rotter, 1966; Strickland, 1978; Declerck et al, 2006; Wallston, 1992; Joseph & Keating, 2023).

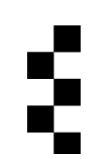
- Individuals are placed on either an 'internal' or 'external' spectrum in locus of control.

- LOC is a continuum rather than a static location- influenced by factors



The Conceptual Framework - Locus of control (LOC)

- Individuals who believe that their actions determine what they receive fall within the 'internal' spectrum
- those who believe that what happens to them is determined by external or environmental factors, over which they are unable to exert any influence, are considered to have an 'external' locus of control (Rotter, 1966; Strickland, 1978; Declerck et al, 2006; Wallston, 1992).



THE LOCUS OF CONTROL CONTINUUM



Internal locus of control

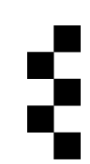
External locus of control

Locus of control

I control the consequences
of my behaviour

The consequences of my behaviour
are outside of my control

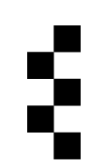
Figure 1. The continuum of locus of control (adapted from Shojaee and French, 2014 in Joseph & Keating, 2022).



The Study

A study was conducted into the experiences of mental health service users from Black and Minority Ethnic (BAME) community via

- ten one to one interviews (six female and four male) and
- two focus group sessions with sixteen male and female participants
- withing the **context of the tension between care and control and LOC as the conceptual model.**



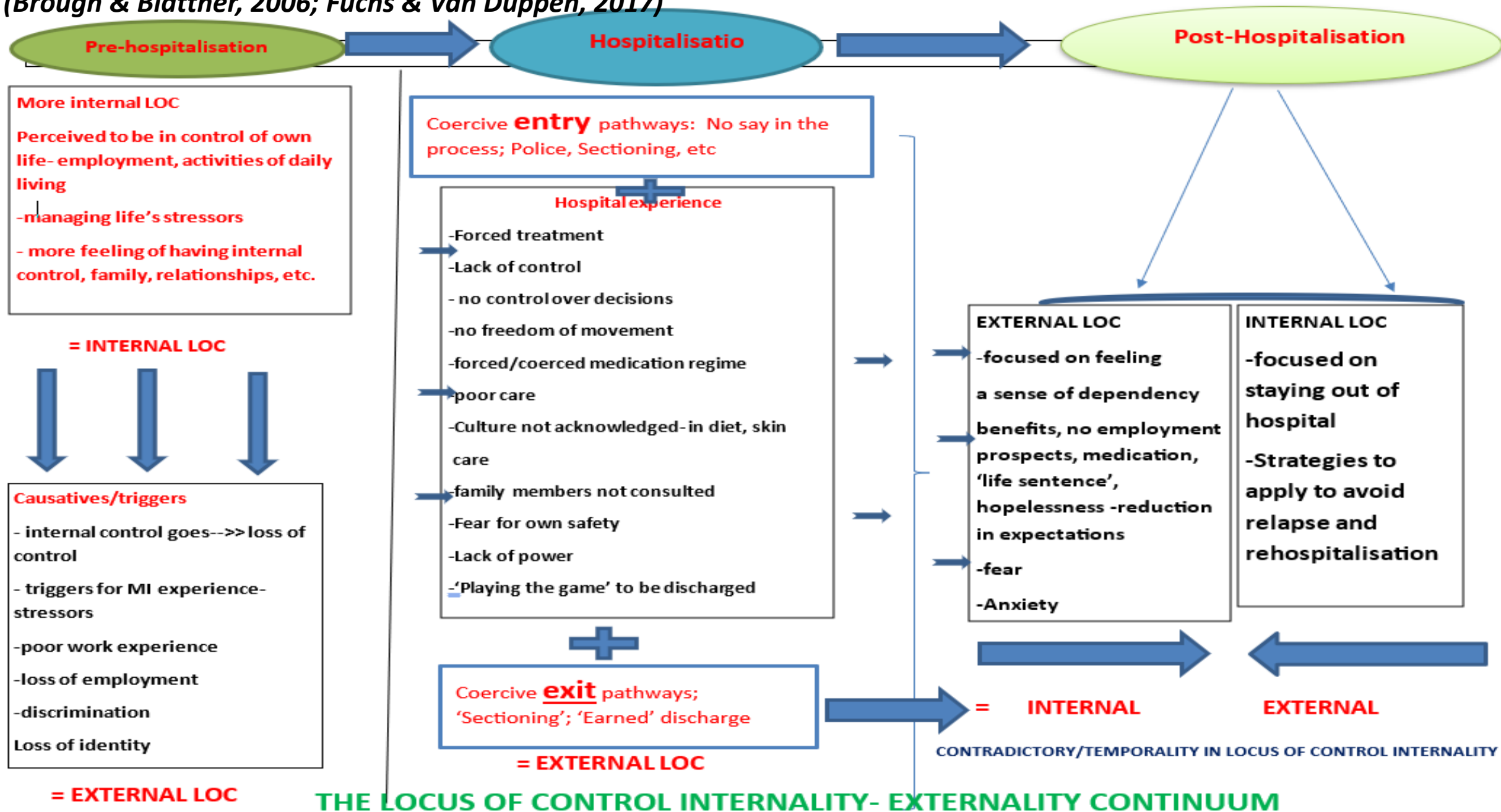
The Study Presentation purpose

This presentation highlights the findings (in POSTER) from Interpretive Phenomenological Analysis (IPA), that indicate that:

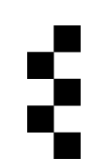
- (a) The location of service users within the internal and external continuum is impacted by the phenomenology of temporality
- (b) The phenomenology of temporality is dictated by several social, cultural, and economic factors, which characterised their experiences in their recovery journeys (trajectory)

MENTAL HEALTH LOCUS OF CONTROL (MHLOC) PHENOMENON OF TEMPORALITY FOR SERVICE USERS

(Brough & Blattner, 2006; Fuchs & Van Duppen, 2017)



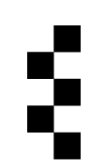
THE LOCUS OF CONTROL INTERNALITY- EXTERNALITY CONTINUUM



Main Concept - Phenomenology of Temporality

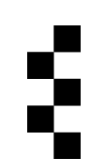
Husserl's phenomenology of temporality (Aguiar de Sousa, 2017) has at its centre **the role played by time in perception of experiences.**

This phenomenology which later influenced the works of Heidegger, Sartre, and Merleau-Ponty, refers to the notion that time plays an important role in 'intentional' consciousness, perception, and experiences (Brough & Blattner, 2006; Fuchs & Van Duppen, 2017).



Main Concept - Phenomenology of Temporality

It also highlights the temporality of awareness or consciousness, and consequently the need to be aware that as temporality play such a prominent role in the experiences of individuals, there is a need to observe what has been referred to by Brough and Blattner (2006) as “temporal objectivity” in perception (Brough & Blattner, 2006: 127).



Main Concept - Phenomenology of Temporality

They also indicate that:

“Perceived objects, whether relatively stable or caught up in change, are temporal because they endure, succeed one another, or exist simultaneously, and display themselves in temporal modes of appearance” (Brough & Blattner, 2006: 127).

This philosophy also sees perception as not only a ‘continuum’ of present, past, and future; it is also seen as ‘directed towards its object by way of **retention, impression and protension**’ (Aguilar de Sousa, 2017: 13).

Impression is perception or consciousness of the present;

Retention is consciousness of the just-past moment; while

Protension is an expectation of ‘what is to come’.

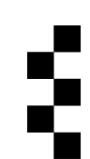
Main Concept - Phenomenology of Temporality: implication

The philosophy indicates that experiences have to be considered from the parlance of temporality,

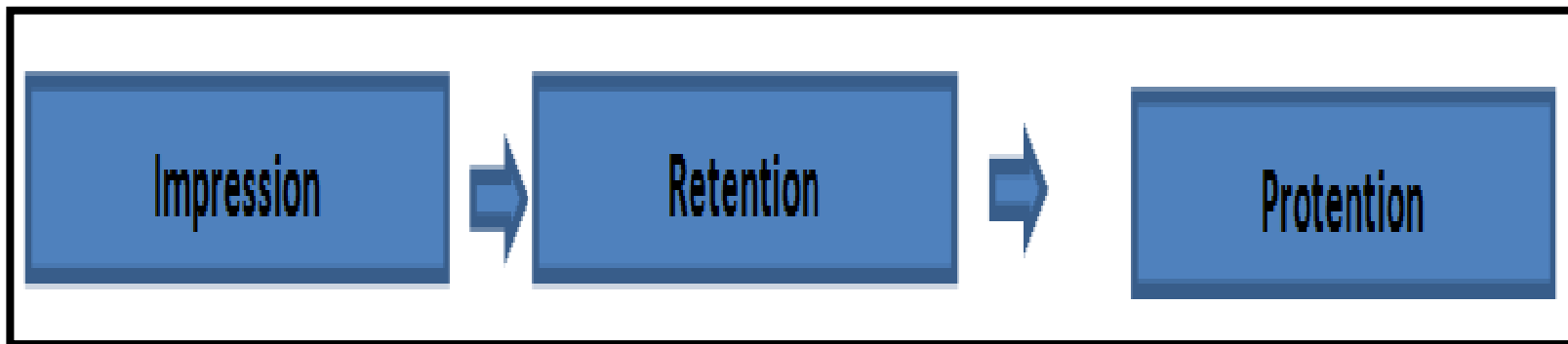
- experiences have to be considered from the parlance of temporality,

-
- in which case one must be conscious of the interplay of the influences of both the past and the future on their current perception.

That is an individual's present perception of events or issues is dictated by their perception of the past and outlook for the future



The Philosophy and time



Perception as a 'Continuum' of Present, Past and Future ((Joseph, 2018; Joseph, 2021)

Implication for Mental Health services & policy

- The level of internality in the LOC of mental health clients is a determining factor in their engagement with services (Treacy et al, 2015; Joseph, 2018)
- Focusing on such factors identified as likely to increase internality are also likely to impact on their position on the internal-external (I-E) spectrum
- Temporality and subjectivity in the Phenomenology of perception states: *“Whenever we perceive something, we are always originally directed to a future horizon. Thus, the present phase of perception is always surrounded by a double horizon, one side corresponding to the immediate past, the other to the immediate future”* (Aguiar de Sousa (2017: 13).

Implication for Mental Health Services & Policy

The paradox indicated in the phenomenon of temporality:

- highlights the extent to which the participants navigate the trajectories of possible rehospitalisation due to a relapse
- This indicates that there is a likelihood of a repeat of the cycle of internality to externality and back to internality in the Mental Health Locus of Control (MHLOC) of the service user.
- It also further highlights the impact of expectations or fear of relapse and hospital readmission expressed by many of the participants in this study, which, in turn, impact on their perception of externality in LOC.

Implication for Mental Health Services & Policy

- the **externality in LOC** could potentially aid health professionals' activities aimed at enhancing active engagement and behaviour connected to health promotion (Buhagiar, et al, 2011).
- *"it placed healthcare practitioners in a very favourable position to exercise their influence through the reduction of modifiable risk factors for physical disease and improvement of outcomes,"* (Buhagiar, et al, 2011:1).
- this would indicate that LOC externality has some beneficial opportunities

Implication for Mental Health Services & Policy

- Government and healthcare professionals can offer some therapeutic and social assistance by using the LOC externality status of the service users as tools to aid mental health services clients in their early phases of recovery while implementing some interventions to raise their LOC internality.
- However, perceived inequality, racism and discrimination as expressed by participants constitute barrier factors
- Therefore the level of **genuine trust** between the service user and the healthcare professional is paramount for effectiveness.

The healthcare professional's role

- work closely with the service user to tailor their intervention to identifying the role played by the specific factors that impacts the perception of control of the service user at each stage of their recovery journeys.
- support them to work through these perceptions,
- building therapeutic relationships
- support the service user to own the agency of their journeys
- raise awareness of the service user to the extent to which such experiences have impacted on their perception of control.
- support them in clinical and community mental health settings by using some therapeutic tools such as Cognitive Behaviour Therapy (Turkington et al, 2006; Haddock et al, 2014) and Motivational Interviewing (Westra et al, 2011).

These efforts will enable the service user deal with such identified issues to minimise their impact and increase the level of their locus of control internality and location within the internality-externality continuum.

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