



What Does Experienced Difficulty Imply for Me? Fostering Hope and Choice Through Person-Centered Care

A Review of

Person-Centered Care for Mental Illness: The Evolution of Adherence and Self-Determination

by Patrick W. Corrigan (Ed.)

Washington, DC: American Psychological Association, 2015. 251 pp.

ISBN 978-1-4338-1977-3. \$69.95

<http://dx.doi.org/10.1037/a0040326>

Reviewed by

Daphna Oyserman 

Life's course is uncertain and one's capacities are not fully known at junctures along the way. Hence, although some things come easy, false starts and failures along the way are normal and so may or may not signify limits of capacity and the need to try something else. Indeed, experienced ease and difficulty engaging in life's tasks may mean something about the likelihood of succeeding at the tasks at hand or something about oneself. Ease may signify that succeeding at the task is possible, yet at the same time, easy tasks may or may not be the meaningful ones. Experienced difficulty may signify that the odds of succeeding at a task are low but can also be a signal of importance, that engaging in that task facilitates progress toward the self that one aspires to become and away from the self that one fears becoming—"no pain, no gain" (e.g., Oyserman, 2015). Indeed, experiencing difficulties and failures along the way can serve as reminders of the importance of working on possible identities, whether desired ones (e.g., becoming a better parent) or undesired ones (e.g., becoming incapacitated and unable to care for oneself).

Situated Social Cognition: Thinking in Context

Reminders are needed. At any given moment, one's possible identities may not come to mind or may not seem relevant or pressing compared to the demands of the present situation. This is a problem because people are influenced by what is on their mind and deemed relevant to current choices rather than by everything they know (Bargh & Morsella, 2008; Greifeneder & Schwarz, 2014). Since possible identities are possible, are not for sure, and reside in the future, not now, they may not be experienced as relevant to current choices and action even if they are on one's mind (Oyserman, Elmore, & Smith, 2012). Yet working toward positive and away from negative possible selves often requires sustained investment; if the future starts later, one can always start doing what is necessary later.

The conundrum is that at some level, it is always now and never later. As a result, people often start too late or try too little to attain their possible identities.

Moreover, people such as those who are diagnosed with a serious mental illness are often stigmatized and stereotyped as incapable. If stigmatized identities and stereotypes about these identities are accessible, they may color interpretation of experienced difficulty as implying incompetence. This unproductive interpretation of experienced difficulty in turn undermines pursuit of possible identities even if these identities come to mind and would otherwise be experienced as relevant to current action.

So what is to be done? How can mental health professionals engage with their patients in ways that promote their self-determination—their right to control their own lives by pursuing their possible identities? Patrick W. Corrigan's edited book, *Person-Centered Care for Mental Illness: The Evolution of Adherence and Self-Determination*, provides a clear articulation of the issues. Initial chapters, coauthored by Corrigan, focus on the tension between patients' right to control their own lives, the treatment options available for them, and the variable trajectory of serious mental illness and the stigma of mental illness. These discussions set the stage for the insightful chapters articulating what person-centered care really means, how patients can put in place advance care plans for times when their judgment is impaired (paralleling advance treatment directives in medicine), and summarize what self-determination focused intervention actually looks like.

Making Choices: Interpreting Experienced Difficulty

Self-determination, having choice or say in determining what happens, is fundamental to the process of development, to happiness, to sense of worth. Self-determination starts with the idea that what makes life worth living is the chance to connect with others, make a difference, or matter in some way. People may not be able to determine all of their outcomes—or all of us would be tall, good-looking, and devastatingly clever—but people should be able to determine those things that they can. A core topic that is addressed head on in *Person-Centered Care for Mental Illness* is the question of how to make sense of a patient's right to self-determination—to control his or her own life, within treatment settings in which compliant adherence to psychotropic medication is often the center of treatment. The book persuasively argues that using the lens of self-determination, adhering to a regimen of psychotropic medication should not be the goal of treatment.

That is, if treatment adherence means taking medications as prescribed but medications have clear negative effects that may outweigh positive effects in the perspective of the patient, then adhering to treatment may not be something people will willingly choose. The question the book centralizes is whether the costs of failure to take medication, including hospitalization and other negative consequences, still fit within the rubric of self-determination. More often than not, the answer is "yes, it does" because, as the book argues, opting out of treatment and failing to take medication rarely results in a cascade with irrevocable consequences, and everyone has the right to experience difficulty, fail, and make choices about next steps.

Within a person-centered, self-determination formulation, recovery is the ability to make progress on one's possible future identities, the identities one hopes to attain and fears becoming, while living with a mental illness diagnosis. Self-determination involves the

chance to create these possible identities and to choose paths to attaining them. Adhering to a medication regimen could be a means to attaining the possible identities a patient values becoming or avoiding becoming. If so, then medication makes sense. However, recognizing that psychotropic medication has both positive and negative consequences for physical, mental, and emotional health, a person-centered approach must recognize that medication may not be chosen. This is the case even if failure to take medication increases odds of psychiatric hospitalization and homelessness.

As outlined in Patrick W. Corrigan's edited book, the path to recovery from serious mental illness requires that individuals experience hope for the future—the belief that their efforts matter—and self-determination—the belief that their choices, preferences, and values will be taken seriously. The book's 12 fast-paced chapters cover a range of topics related to these core issues and is suitable for readers being introduced to the ideas of self-determination and person-centered care. At the same time, it provides a useful overview for more advanced doctoral students, researchers, and clinicians seeking a way to focus on how to actually operationalize how self-determination matters. Chapters take on the range of current intervention options, different times in the course of a person's illness, and the context of what we know about how people think.

The Limits of Hope and Choice: Evidence for Treatment Efficacy

Hope is belief that with effort, things will get better. As articulated in the final chapters, to the extent that failure to try makes things worse, hope cannot be false. At the same time, the specific goal may not be attainable in the specific form in which it is initially articulated—one may hope to be a full-time practicing lawyer, but whether or not that happens is not entirely up to one's own willingness to keep trying. In that sense as well, hope cannot be false. Some of the best chapters in Corrigan's book help readers hold in mind what actually is at stake in a person-centered approach. The argument is that hope for the future is core to care because it promotes participation and engagement separate from any benefits of the care itself. Hope-based belief in treatment can yield positive change, sometimes somewhat derogatorily called placebo effects, as participants mentally and physiologically prepare for positive change they believe will come. Moreover, engaged patients elicit health care provider reciprocal engagement, in a process of social attunement. Taken together, the argument is that participation and engagement increase patients' experienced meaning in life and well-being, reducing depression.

Prognosis focused on course and symptoms can undermine willingness to try and legitimate stigma and stereotyping. It can also undermine the dignity of risk and the right to failure. Self-determination does not necessarily mean making the right choices or succeeding in initial courses of action; it means being given the freedom to make poor choices. People do not land better jobs, move to nicer neighborhoods, establish and strengthen social bonds and relationships, or find medication regimens with a better benefit to side effect balance without trying, failing, and trying again. Uncertainty is part of life's course. Falling flat, picking oneself up, and trying again can yield better outcomes than not trying at all, if falling and picking oneself up are experienced as one's true self—the choices one makes for oneself. Who that self is may be an independent or an interdependent agentic self—one may be doing what makes sense for oneself within a social unit, in order to become part of a social unit, or to stand as separately from others as possible. Hence, self-determination and

motivational interviewing as a means of choosing are not necessarily culture-bound, Western, individualistic formulations.

Readers may not be fully satisfied with the state of the knowledge on self-determination and person-centered treatment for serious mental illness but will come away with a changed sense of why it matters.

References

- Bargh, J. A., & Morsella, E. (2008). The unconscious mind. *Perspectives on Psychological Science*, 3, 73–79. <http://dx.doi.org/10.1111/j.1745-6916.2008.00064.x> [PsycINFO →](#)
- Greifeneder, R., & Schwarz, N. (2014). Metacognitive processes and subjective experiences. In J. W. Sherman, B. Gawronski, & Y. Trope (Eds.), *Dual-process theories of the social mind* (pp. 314–327). New York, NY: Guilford. [PsycINFO →](#)
- Oyserman, D. (2015). Identity-based motivation. In R. Scott (Editor-in-Chief) & R. Scott & S. Kosslyn (Eds.), *Emerging trends in the behavioral and social sciences: An interdisciplinary, searchable, and linkable resource*. Hoboken, NJ: John Wiley. <http://dx.doi.org/10.1002/9781118900772.etrds0171>
- Oyserman, D., Elmore, K., & Smith, G. (2012). Self, self-concept and identity. In M. Leary & J. Tangney (Eds.), *Handbook of self and identity* (2nd ed., pp. 69–104). New York, NY: Guilford. [PsycINFO →](#)