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# REVITALISING DISCLOSURE

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A grounded theory of changing beliefs about disclosure in  
mental health

*Johan Brugmans*





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# ***REVITALISING DISCLOSURE***

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A grounded theory of changing beliefs about disclosure in  
mental health

## ***Revitaliseren van onthulling***

Een *grounded theory* over het veranderen van overtuigingen  
betreffende onthulling in de geestelijke gezondheid

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***Promotoren:***

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FOR MY BROTHERS

*Tempora mutantur, et nos mutamos in illis*  
(Adapted from Ovid)

*Second edition*

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## *Summary*

Closeness to patients in healthcare is essential but has certain restrictions. It is clear that health professionals keep professional distance from patients; personal experiences do not belong at work, and an objective attitude fits patients best. This assumption aligns with the biomedical model that remains dominant in psychiatry. For several years, since approximately 2009, experiential expertise has been on the agenda of many mental health organisations. The expert by education meets the expert by experience. The education of the latter is different, and their attitude towards disclosure differs from that of the expert by education. Personal experiences with mental challenges are an essential resource in their work.

The fascination with what happens during the interaction between the expert by education and the expert by experience was the start of three years of research using the methodology of classic grounded theory (Glaser & Strauss, 1967) and two mental health organisations. In the end, a substantive theory of revitalising disclosure emerged. Revitalising disclosure is a discovered pattern that emerges in a substantive area where mental health professionals have a professional standard regarding disclosure. Revitalising disclosure concerns the changing of beliefs about disclosure, and the theory offers workers in mental health organisations insight into a process that can lead to growth as professionals and human beings.

In this PhD thesis, the process that leads to the discovery of the theory is described. In Chapter 1, the background of this study is explored. In addition to the history of mental health, the concepts of recovery and the phenomenon of the expert by experience are elaborated to provide context for the research problem. The choice of the methodology has influenced the research question, which is the

following: *What is going on in the mental health organisations where professionals and experts by experience meet?*

The choice of the methodology is described in Chapter 2. The different paradigms in science are discussed as the foundation of the decision to use grounded theory. The differences between classic grounded theory, the method of Strauss and Corbin, and the constructive grounded theory of Charmaz are described. Furthermore, the choice of classic grounded theory is justified. From the perspective of classic grounded theory, the goal of such research is to discover the core variable, as it resolves the main concern (Glaser, 1998). The overall aim of the study is the discovery of a grounded theory. The methodology of classic grounded theory is thoroughly described. The last part of this chapter provides a description of the research that has been performed in the two mental health organisations; encounters with 43 participants are recorded and transcribed. After following the steps of the full package of classic grounded theory (Glaser & Strauss, 1967), the concepts emerged through the process of constant comparison and the interchangeability of empirically grounded indicators from data collected through fieldwork (Glaser, 1978).

Chapter 3 describes the discovered theory of revitalising disclosure. The participants main concern, professional identity loss, and the core category revitalising disclosure are discussed. Furthermore, the typology of disclosure that differentiates four types with correlating behaviour and the basic social psychological process are elaborated. This process contains three stages that are described in correlation with the typology of disclosure. The theory explains the behaviour in the substantive area. We see that the expert by experience is a catalyst who begins this process. The basic social psychological process is deeply connected with the basic social structural process, namely, switching the paradigm of the biomedical model to the recovery-oriented model. The participants can change their behaviour by going through the stages of the process, which begins with a confrontation between different beliefs about disclosure, followed by dialogues that concern sharing vulnerabilities



and the fear of stigma. During the third stage, the expert by education and the expert by experience collaborate, and a new player, the client, enters the field. The expert by education recognises the power of identification, which is the particular competence of the expert by experience and the property of disclosure. When the expert by education shifts on the continuum of disclosure, he also starts a rehumanising process.

In Chapter 4, the theory of revitalising disclosure is compared with the literature in the knowledge area of disclosure. The section on theoretical literature discusses theories from Jourard, Altman and Taylor, Petronio, Baxter, and Montgomery. The foundations of disclosure, social penetration theory, privacy management theory, and heuristics from a postmodern perspective are reviewed. The empirical literature is differentiated in psychotherapy and self-disclosure,<sup>1</sup> the wounded healer, disclosure in the field of nursing and social work, and disclosure and the fear of stigma in the workplace. The theories and the research knowledge interact with the theory of revitalising disclosure. The main contribution of the grounded theory is the typology of disclosure and the process that describes the possibilities of changing behaviour in a substantive area.

Chapter 5 elaborates on the contributions to knowledge and accommodates the grounded theory with the compared literature. The theory of revitalising disclosure finds its place in the existing field of knowledge. This section transcends the literature review by discussing the differences and similarities between this new, grounded theory and existing knowledge. A summary in Table 8 describes what the theory of revitalising disclosure supports, enriches, adds, or challenges. This chapter also evaluates the theory from the perspective of the grounded

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<sup>1</sup> In the literature, 'self-disclosure' and 'disclosure' are used arbitrarily. For the theory is chosen for disclosure instead of self-disclosure, but both words cover the same subject in this thesis. The Oxford Dictionary (2013) defines disclosure as 1) The disclosing of new or secret information. 2) A fact that is made known. And disclose as 1 make secret or new information known. 2 allow to be seen (p. 254).

theory and discusses the criteria fit, workability, relevance, and modifiability.

Chapter 6 contains the possible applications of the new theory and the methodology of the grounded theory. The substantive area in which the research is done can profit from the results, as can new organisations that struggle with the same phenomenon. Furthermore, this chapter discusses how nurses, social workers, supervisors, and coaches who educate others can benefit from the results of this research. In the section on future research, opportunities are discussed to extend the theory with new concepts and analyse correlated topics, such as identification, dehumanisation, and rehumanisation. The latter provides opportunities to develop a formal grounded theory. Finally, this chapter ends with conclusions, discussion and a reflection on the role of a researcher.

In short, the most important conclusion is that the methodology of the classic grounded theory delivers what it promises, namely, a grounded theory that is embedded and understandable for those who are part of this conducted area in mental health. Furthermore, the theory adds something new to the field of knowledge about disclosure. In addition to mastering the methodology, I hope that this theory will function as a crowbar for those who need it most.

## Samenvatting

Nabijheid bij patiënten in de hulpverlening is essentieel, maar wel met bepaalde restricties. Het is duidelijk dat zorgprofessionals een professionele afstand dienen te bewaren ten opzichte van de patiënt. Persoonlijke ervaringen horen niet thuis op de werkvloer; een objectieve houding past het beste bij patiënten.

Deze aanname hangt samen met het biomedisch model dat nog steeds dominant is in de psychiatrie. Sinds enkele jaren (circa 2009) staat ervaringsdeskundigheid op de agenda van veel organisaties in de geestelijke gezondheidszorg. De zogenaamde expert door educatie ontmoet de expert door ervaring. De opleiding van de laatstgenoemde is anders en zijn houding ten opzichte van onthulling verschilt met die van de expert door educatie. Persoonlijke ervaringen op het gebied van psychische worstelingen zijn een essentieel hulpmiddel in zijn werk.

De fascinatie met de interactie tussen de regulier opgeleide professional en de ervaringsdeskundige was het begin van een driejarig onderzoek in twee organisaties van de geestelijke gezondheidszorg. Hierbij is gebruikgemaakt van de methodologie van de *classic grounded theory* (Glaser & Straus, 1967). Het onderzoek heeft uiteindelijk de theorie revitaliseren van onthulling opgeleverd. Het veranderen van overtuigingen ten aanzien van onthulling in de geestelijke gezondheidszorg staat hierbij centraal. Revitaliseren van onthulling is een patroon dat via emergentie zichtbaar is geworden in het domein van de geestelijke gezondheidszorg waar hulpverleners een professionele standaard hebben voor wat betreft onthulling. Het veranderen van overtuigingen ten aanzien van onthulling is de kern van de theorie. De theorie revitaliseren van onthulling biedt medewerkers in de geestelijke gezondheidszorg inzicht in een proces dat kan helpen om te groeien als professional en als mens.

In dit proefschrift wordt het proces beschreven dat geleid heeft tot de ontwikkeling van deze theorie. In hoofdstuk 1 wordt de achtergrond van deze studie besproken. Naast de geschiedenis van de psychiatrie worden het concept herstel en het fenomeen van de ervaringsdeskundige uitgewerkt om te komen tot een probleemdefiniëring. De keuze van de methodologie heeft de onderzoeksvraag beïnvloed. De onderzoeksvraag luidde: *Wat gebeurt er in de organisaties waar professionals en ervaringsdeskundigen elkaar ontmoeten?*

De keuze van de onderzoeksmethode wordt beschreven in hoofdstuk 2. De verschillende paradigma's van de wetenschap worden besproken als basis voor de uiteindelijke beslissing om de *grounded theory* in te zetten als de best passende methodologie voor dit onderzoek. Binnen de *grounded theory* zijn verschillende stromingen ontstaan die met elkaar worden vergeleken. De methode van Strauss en Corbin, de methode gebaseerd op het constructionisme (Charmaz) en de *classic grounded theory* worden beschreven. De keuze voor de methodologie van de *classic grounded theory* wordt beargumenteerd.

Vanuit de *classic grounded theory* is het doel het vinden van de kerncategorie, omdat deze het probleem in het onderzoeksgebied probeert op te lossen (Glaser, 1998). Het uiteindelijke doel van de methode is de ontdekking van een substantieve theorie. De gehele methode wordt grondig uitgewerkt. Het laatste deel van dit hoofdstuk geeft een volledige beschrijving van de stappen van het onderzoek dat is uitgevoerd binnen twee geestelijke-gezondheidsorganisaties in Nederland. De ontmoetingen met 43 deelnemers van het onderzoek zijn met audioapparatuur opgenomen en vervolgens getranscribeerd. Door het volgen van de stappen die zijn voorgeschreven in de methode van de *classic grounded theory* en het steeds beter begrijpen van het fundament en de werkwijze zijn de concepten ontstaan die de uiteindelijke theorie hebben gevormd. Deze concepten zijn komen bovendrijven door het constant vergelijken van uitwisselbare incidenten die tijdens het veldwerk zijn verzameld (Glaser, 1978).

Hoofdstuk 3 beschrijft de ontdekte theorie revitaliseren van onthulling. Het kernprobleem van de deelnemers aan het onderzoek, namelijk het verlies van de professionele identiteit, en de kerncategorie revitaliseren van onthulling worden besproken. Verder wordt de typologie van onthulling uitgewerkt. Deze typologie onderscheidt vier typen met daarbij behorende gedragingen. Het proces (psychosociaal basisproces) van het revitaliseren van onthulling wordt uitgewerkt. Dit proces bestaat uit drie fasen, en de typologie maakt onderdeel uit van het gehele proces. Het proces, en daarmee de theorie, verklaart het gedrag in de specifieke context. Zichtbaar wordt dat de ervaringsdeskundige hierbij de rol van katalysator inneemt. Het psychosociale basisproces is nauw verbonden met het sociaal-structurele basisproces. Dit is van toepassing bij het overgaan van het biomedisch model naar het herstelgeoriënteerde model in de geestelijke gezondheidszorg. De betrokkenen kunnen hun gedrag veranderen als ze de verschillende stadia van het proces doorlopen. Dit proces begint met de confrontatie tussen verschillende overtuigingen over onthulling. De daaropvolgende gesprekken kunnen leiden tot dialogen die gaan over kwetsbaarheid en de angst voor stigmatisering. In de derde fase werken de expert door educatie en de expert door ervaring met elkaar samen tijdens de begeleiding van cliënten. De cliënt is een nieuwe speler in het veld, namelijk de zorgvrager. De expert door educatie herkent de kracht van de competentie identificeren die door de expert door ervaring als van nature wordt gebruikt. Identificatie is een eigenschap van onthulling die de ervaringsdeskundige door eigen ervaringen heeft leren versterken. Als de professional (expert door educatie) doorschuift op het continuüm van onthulling lijkt er een proces van rehumanisering te ontstaan (het weer menselijk en authentiek worden door zichzelf bloot te geven in kwetsbare situaties).

In hoofdstuk 4 vindt de vergelijking plaats met relevante literatuur op het gebied van onthulling. In de theoretische literatuur wordt aandacht besteed aan de theorieën van Jourard, Altman en Taylor, Petronio en Baxter en Montgomery. Deze worden achtereenvolgens

besproken. De basis van onthulling, de sociale-penetratie-theorie, de privacy-managementtheorie en de heuristieken vanuit een postmodern perspectief komen aan bod. De empirische onderzoeksliteratuur is gedifferentieerd in psychotherapie en zelfonthulling<sup>2</sup>, de gewonde genezer, zelfonthulling op het gebied van verpleegkunde en social work. Als laatste wordt de angst voor stigmatisering op de werkplek in de empirische literatuur onderzocht.

De onderzochte literatuur en de theorie revitaliseren van onthulling versterken en interacteren met elkaar. De meest relevante bijdrage van de *grounded theory* is de typologie van onthulling en het proces dat beschreven wordt waarbij verschillende mogelijkheden ten aanzien van gedrag ten opzichte van onthulling duidelijk worden.

In hoofdstuk 5 wordt nader ingegaan op de bijdrage die deze nieuwe theorie levert en wordt de theorie vergeleken met de kennis uit het literatuuronderzoek. De theorie revitaliseren van onthulling vindt haar plaats in het bestaande kennisveld. Deze sectie overstijgt het overzicht van de literatuur, doordat de verschillen en overeenkomsten van deze nieuwe *grounded theory* ten opzichte van de bestaande kennis worden besproken. Tabel 8 toont wat de theorie van de revitaliserende onthulling ondersteunt, verrijkt, toevoegt, uitdaagt en wat er nieuw aan is.

In dit hoofdstuk wordt de theorie ook geëvalueerd vanuit het perspectief van de *classic grounded theory*. De criteria fit, werkbaarheid, relevantie en modificeerbaarheid worden besproken.

Hoofdstuk 6 beschrijft de mogelijke toepassingen van de ontdekte theorie en de gebruikte methodologie. Niet alleen de omgeving waar het onderzoek heeft plaatsgevonden kan voordeel hebben van de

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<sup>2</sup> In de onderzochte literatuur worden zelfonthulling en onthulling willekeurig gebruikt. Voor de *grounded theory* is gekozen voor onthulling in plaats van zelfonthulling, maar beide woorden bestrijken hetzelfde onderwerp in deze dissertatie. Oxford Dictionary (2013) definieert disclosure als 1 het openbaar maken van nieuwe of geheime informatie; 2 een feit dat bekend wordt gemaakt. En disclose als 1 het bekend maken van geheime of nieuwe informatie; 2 laten zien (p. 254).

resultaten, maar ook andere organisaties waarbij wordt geworsteld met dit fenomeen. Verder zal het onderwijs voor verpleegkundigen, social workers, supervisors en coaches profiteren van de resultaten van dit onderzoek. Dit wordt toegelicht in een aparte paragraaf.

In de paragraaf 'Toekomstig onderzoek' worden de mogelijkheden besproken om de theorie uit te breiden met nieuwe concepten en voor het onderzoeken van gerelateerde onderwerpen die zichtbaar zijn geworden, zoals identificatie en ontmenselijking van professionals. Dit laatste onderwerp biedt ook kansen voor het ontwikkelen van een *formal grounded theory*.

Hoofdstuk 6 eindigt met de conclusies, discussie en een korte reflectie op de rol van de onderzoeker. De meest relevante conclusie is dat de methodiek van de *classic grounded theory* heeft gebracht wat het beloofd heeft, namelijk een *grounded theory* die pakkend is en begrijpelijk is voor mensen die deel uitmaken van het gebied in de geestelijke gezondheidszorg waar dit onderzoek heeft plaatsgevonden. Bovendien voegt de theorie nieuwe kennis toe aan op gebied van onthulling. Naast de persoonlijke groei en het eigen maken van de methodologie wordt het door de onderzoeker wenselijk geacht dat deze theorie kan fungeren als een breekijzer voor mensen die dit het meest nodig hebben.





# *Foreword*

What drives a person to give so much energy to a topic for five or six years? What fascinates a person so much that he keeps searching for something he does not know?<sup>3</sup> What are the drivers behind the passion that led to this research and the results? The answers to these questions are difficult to describe, but I will try to take the reader with me on this exciting journey.

My fascination is not with one topic, but with an interwoven complexity or laminated reality that exists between various actors. One part of my interest has existed since I entered the field of mental health. What puzzled me from the beginning was what differentiates me from the people I encounter in psychiatry. Why are people locked up in a ward and not free to decide about their own lives? I had and still have questions like these.

There seems to be something like a border, a boundary that divides people. On one side of the border, one is not healthy and is called a patient, or perhaps mad or crazy; on the other side, one is a professional, a doctor, nurse, or social worker, somebody who knows what is best for the patient. This situation made me feel insecure because I had to choose the side to which I belonged. I met people who seemed to have more wisdom and life-experience than I would ever have. They showed me their inner wounds by describing their experiences in life and in the clinic, where they had been hospitalised for many years. On the one hand, I had to adapt in a way that did not feel comfortable, but on the other hand, it felt safe to belong to the 'right' side of the border, the better side, from which one knew what the patient should do from the perspective that we know best. The fact that somebody lost his or her

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<sup>3</sup> Throughout the book, I use 'he' to represent a male or a female person.

control in life gave professionals (and me) the power to decide how this person should behave now and in the future.

In recent years, I have met many people who have lost their dignity because professionals saw them as ‘patients’ and not as ‘people who are connected’ with us and with whom it is worthwhile to connect. My education in rehabilitation has helped me find ways to give people back their honour and the respect they deserve. Part of the journey was not only to give people something, but also to gain their attention and willingness to speak and share with me as a person. To develop a meaningful relationship with those one encounters, it is important to realise that there is no border between people.

Even though I did not want to see the border, the system of mental health is built on this principle. I can now formulate this situation more clearly. Not only mental health, but also our whole community is structured by the idea of a professional world and laymen. The latter include consumers, clients, patients, and students. What happens, though, when somebody crosses the border of the system? How will people react, and what happens to the patterns which are so deeply anchored in the system in which we live? This situation arose several years ago in mental health; suddenly, a person called an ‘expert by experience’ entered the field of mental health. This term referred to those who had experienced mental challenges and had sometimes been hospitalised for many years. They were the new colleagues who came to say that mental health had to change. They wanted to be recognised as ‘new professionals. That was the start of an exciting period in my life. First, I tried to support them to find their place in the organisation where I worked, but later, my fascination became broader and deeper. I was fascinated by the question of what happens between the professional and this new actor, who was a professional with a different perspective in this field. I heard many different reactions and was also part of the organisation, and so it was difficult to understand what really happened between these people.

That brings me to the other part of the interwoven fascination, namely, the methodology of this inquiry. I have always been interested in finding tools in the world of communication to help me explain or see the ‘deeper layers’ of a phenomenon. Since my youth, I have been interested in instruments supporting explanations that are not superficial. My older brother received a microscope for his birthday when he was 12 years old. The first time I looked through its lenses, I saw a few paramecia (single-cell animals), which made me realise that I could see much more when I had the right instrument. Since then, the realisation that there was more to see than what we can see through our eyes has helped me look beyond the obvious or apparent and has inspired me to seek the tools to do so.

The combination of my fascination with encounters between people who seem to differ from each other and my belief in instruments that help us to see more led me to this journey, which has provided me explanations that need the correct lenses. From the beginning more and more questions arose, and without the help of many people in the last five years, I would never have found the pattern I sought.

How, then, does methodology connect to this multi-layeredness in practice? This PhD thesis describes how I travelled through the philosophy of science to find answers to my questions about reality because I was convinced that doing so would help me find a methodology that was ideal for this research. Of course, the reader will also find the answers I found using this methodology. In the end, it will be clear that this journey has just begun, and five years of fascination marks only the beginning of a much larger enterprise in which I am proud to participate.



# ***Chapter 1. Introduction and Overview***

An essential change in the area of mental health is the development of the concept of recovery; the crucial player in this concept is the peer worker, also known as the ‘expert by experience’. Such workers had a critical role in the research that led to the grounded theory of revitalising disclosure.

In this study, the substantive theory of revitalising disclosure emerged by following the methodological steps of classic grounded theory. Revitalising disclosure is a pattern that emerged in a substantive area in which health professionals have a professional standard with beliefs about disclosure. Revitalising disclosure concerns changing beliefs about disclosure in general, when old assumptions about disclosure are challenged (Alvesson & Kärreman, 2011). By revitalising disclosure, health professionals can change beliefs and rehumanise themselves in their work. The theory of revitalising disclosure offers workers (*i.e.*, health professionals, management) in mental health organisations insight into a process that can help them grow as professionals and as human beings. Furthermore, it is helpful to know how to support organisations that want to change their focus on recovery-oriented care, and experts by experience can help do so (Bracken & Thomas, 2005).

This study took place in the Netherlands, where policy and branch organisations in mental health promote recovery, the participation of consumers, and the employment of peer workers (GGZ Nederland, 2009). In 2008, two-hundred fifty consumer providers had paid jobs in mental health care in the Netherlands (van Erp, Hendriksen, & Boer, 2010), and the first initiatives regarding recovery and peer work started in 1998 (van Erp, Boertien, Scholtens, & van Rooijen, 2011). In October 2016, an association for experts by experience was founded. Many possibilities for education are available, such as courses of 12 meetings and a full bachelor’s in social work for experts by experience.

Fontys University of Applied Sciences started a social work bachelor for experts by experience in 2009 (van Erp et al., 2011). During their education, students are prepared for their role as a consumer provider. The main themes of the training are developing one's own story, applying experiences, and dealing with challenges (van Erp, Hendriksen, & Boer, 2010).

These efforts have been productive, but there are still many problems to overcome. Based on experiences in 18 organisations, researchers have concluded that there still is much work to do. The implementation of lived experience takes significant time and energy. Success depends on commitment, the participation of clients and experts by experience, financial conditions, and teams' motivation, which varies considerably in different organisations (van Erp, Rijkaart, Boertien, van Bakel, & van Rooijen, 2012).

Momentary (2020), education in live experience in the Netherlands is very differentiated. The website [www.deervaringsdeskundige.nl](http://www.deervaringsdeskundige.nl) gives detailed information about possibilities. Table 1 summarises the full range of education in the Netherlands.

Since 1998, the literature from experts by experience has significantly expanded in the Netherlands, including a didactic book published by Boer, Karbouniaris, and de Wit in 2018. This book was completed in collaboration with 50 authors from the Netherlands, and it addresses subjects such as lived experience, learning processes, learning tools, and diversity; many health professionals seeking support in their work can use it. The conclusion is that experiential expertise has become significantly more professionalised in the Netherlands the last decade (Boer et al., 2018). Two other important and influential books in the Netherlands are Boevink's (2017) *Planting a Tree* (dissertation) and Weerman's (2016) *Ervaringsdeskundige Zorg- en Dienstverleners* (dissertation). Boevink is the best-known and most important person for the development of the recovery movement in the Netherlands.

**Table 1:** Education Experiential Expertise in the Netherlands in 2020  
(<http://www.deervaringsdeskundige.nl>).

WFE WorkFit with experience; basic learning trajectory  
(see: [www.markieza.org](http://www.markieza.org) and [www.howietheharp.nl](http://www.howietheharp.nl)).  
TOED, Trajectory Development Experiential Expertise,  
(see: <http://www.igpb.nl/ism>, University of Applied Sciences Amsterdam).  
MOVE, Markieza study programme in-depth experiential expertise  
(see: [www.markieza.org](http://www.markieza.org)).  
GEO, Mental Health Experienter Training, set up by IGPB, in association with  
Anoiksis, Amsterdam University of Applied Sciences and Arkin.  
Howie the Harp - Training to become an expert by experience.  
'LEON' - Training in experience expertise eastern Netherlands.  
LED - course experiential expertise (deepening and broadening to mental health  
and social domain).

#### MBO COURSES

Personal mentor-specific target groups with experiential expertise, level 4.  
Social care supervisor with experience expertise, level 4.  
Social services with experiential expertise from poverty and social exclusion,  
level 4.  
Social care, level 3 experiential expertise in generational poverty and social  
exclusion.

#### HIGHER PROFESSIONAL EDUCATION

Associate Degree: Experience expert in healthcare, level 5.  
Academy of Social Studies, Location: Hanze University and Fontys University  
of Applied Sciences.  
SPH Social Pedagogical Counsellor with experiential expertise, level 6.  
Location: University of Applied Sciences Windesheim.

In *Planting a Tree*, Boevink (2017) describes recovery, empowerment, and experiential expertise in the Netherlands, which is known as HEE (an abbreviation of the Dutch *Herstel*, empowerment, and *ervaringsdeskundigheid*). She notes that the collective knowledge of the psychiatric user movement is autonomous, critical, and rich, and it contains innovative ideas on how to help people with severe mental

distress deal with life. This knowledge needs explanation and to be used as rich knowledge (Boevink, 2017)

A presentation from Boevink in the mental health organisation where I work motivated me to start my own action research in 2011. She expressed that she was not content with psychiatry based on her own experiences as a client; people were shocked that she was so straightforward (Brugmans, 2011).

Weerman's (2016a) action research tried to answer the following research question: 'What is the existential meaning of the transformation from 'addict' into a social worker or health care professional with experiential knowledge?' One of her sub-questions was, 'What is the relation between experiential knowledge and scientific and professional knowledge on addiction?' (Weerman, 2016, p. 412). Weerman (2016b) has noted that 60% of students in social work (SPH) seem to have experiences as clients in mental health or youth care. The possibilities of combining experiential expertise and health professions are promising; Weerman (2016a) has managed to add experience knowledge as a form of knowledge equal to education for social work. She has been important in highlighting experiences of mental challenges as a valued contribution in the education of health professionals. She developed the first full bachelor education as a social pedagogical counsellor with experiential expertise, level six, within the University of Applied Sciences Windesheim in Zwolle.

In March 2019, Weerman, van Loon, van der Lubbe, Overbeek, and Steen published the results of their research concerning experiential expertise, called *RAAK! Ervaringsdeskundigheid*. Five organisations in the Netherlands were involved. The question it posed was whether care professionals can be experts by experience. With this study, the authors created a new profession, the care worker with experiential expertise. The article introduces the different roles and the tensions in this role. Weerman, de Jong, Karbouniaris, Overbeek, van Loon, and van der Lubbe (2019) have described a long list of this study's conclusions in a



recently published book about the professional deployment of experiential expertise.<sup>4</sup> Table 2 summarises these conclusions.

**Table 2:** A Summary of the Conclusions of the Research Project RAAK! Ervaringsdeskundigheid (2019).

<ol style="list-style-type: none"> <li>1. There is a great potential for experiential knowledge in care and wellness organisations.</li> <li>2. Many professionals use their experiences implicitly but do not share them with colleagues.</li> <li>3. Twenty per cent of professionals have a desire for education in experiential expertise.</li> <li>4. Ambivalence and hesitation to practise experiential expertise.</li> <li>5. Care workers with experiential expertise go through a personal-professional process that requires time, reflection, and courage to transform. This necessitates the support and facilitation from the organisation.</li> <li>6. Experiential expertise requires education.</li> <li>7. There is confusion about openness and experiential expertise.</li> <li>8. Clients have said that they could profit from the experiential knowledge of professionals provided that they are skilled.</li> <li>9. Care professionals' use of experiential expertise helps create a more equal attitude.</li> <li>10. Support in teams is necessary from middle management.</li> <li>11. Experiential expertise must receive recognition. Vision and policy are sometimes not congruent.</li> <li>12. Conflict about roles between different sorts of experts by experience exist.</li> <li>13. Implementation matters for the whole organisation.</li> <li>14. Not everyone wants to use their experiences at work.</li> <li>15. Education should prepare new care professionals on how to use the third source of knowledge.</li> </ol>
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The information above shows that, as a research subject, experiential expertise is still developing. After I completed research and compared

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<sup>4</sup> In Dutch: *Professioneel Inzetten van Ervaringsdeskundigheid*.

the literature, new information was published, and I have tried to fill in this gap with this introduction.

This study began with an interest in collaboration between peer workers (experts by experience) and the traditionally educated worker (expert by education); nevertheless, ‘multiple challenges, mainly in collaborating with professional caregivers, hinder the successful implementation of peer worker roles’ (Vandewalle, Debyser, Beeckman, Vandecasteele, Van Hecke, & Verhaeghe, 2016, p. 235). Most of the research in this area concerns the perspective of the peer worker. In this study, however, the perspective of the traditionally educated worker is used. The argument for this choice is partially related to some of my experiences. In 2011, I conducted action research with 12 experts by experience and 15 traditionally educated workers (Brugmans, 2011) in a mental health organisation where I was employed as a rehabilitation expert. The focus of this research was the struggle for recognition of the experts by experience. What puzzled me during and after this research was the following question: What happens between these two groups while they work together? The best way to study this phenomenon seemed to be studying organisations in which recovery and implementation are already developed at a higher level.

Two organisations in the Netherlands were willing to participate in this research. By collecting data from two organisations in the area of mental health, an overall impression in the substantive area could be generated. For the participants’ privacy, the names of these organisations are not stated. At the time of the research in 2016–2017, the first organisation had approximately 700 employees, of which 27 were experts by experience. The other organisation had about 1,800 employees, of which 14 were experts by experience. In the past two years, the number of experts by experience has notably increased. The first organisation is a so-called regional institution for protected and assisted living and has a focus on support in sheltered housing.<sup>5</sup> Its clients

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<sup>5</sup> In Dutch: *Regionale Instelling voor Beschermd en Begeleid Wonen* (abbreviated as RIBW).

are adults and elderly people. The second organisation can best be described as a mid-sized mental health institute that delivers all kinds of treatment and support to children, adults, and elderly people. The participants of this study all worked with adults with severe mental illness. Both organisations mention recovery, clients' participation, and the employment of experts by experience in their vision and policy. In addition, experts by experience worked in teams with traditionally educated workers, and one of the organisations also had a peer-driven place where clients received education and support. In this research, the focus was on the collaboration between the expert by experience and the traditionally educated worker; thus, the peer-driven place was excluded. In this study, a distinction is made between the traditionally educated worker and the expert by experience. The term 'traditionally educated worker' came up in the encounters with the participants of the study, and I use it to distinguish between professionals and experts by experience. Some participants said that this distinction gave the impression that the expert by experience was not a professional. Many participants in this study were traditionally educated workers and had a background in nursing education or social work, such as an MBO or bachelor's.

Glaser (1998) has noted that giving fact sheet information of the population is not relevant.

'Only those fact sheet items are relevant when they earn their way into the theory by fit, relevance and work' (Glaser, 1998, p. 84).

The present introduction was written after the study to inform how the two different professions are described and to clearly demonstrate their differences. For nursing, I use the definition of nursing from the International Council of Nursing:

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient

and health systems management, and education are also key nursing roles (ICN, 2002, <https://www.icn.ch>).

The core of social work is best described in terms of its professional mission:

The social work profession promotes social change, problem solving in human relationships, and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (Landelijk Opleidingsoverleg SPH, 1999)

Because of my knowledge of the education of the two professionals and my experiences of collaboration in other organisations, I expected that these fact sheet properties would emerge and fit into the theory. They did not, however, and in the context of this research, other socialisation properties, mostly based on personal experiences, did align with the theory. What emerged was the difference between people who had or have mental challenges and who wanted to share these. The experts by experience shared stories and experiences that had deeper layers than those of the other participants. The section ‘peer worker’ explains the properties of the expert by experience and also discusses the professionalising process of the expert by experience in the Netherlands.

In future research, it will be necessary to investigate the differences between education and the impact on organisations who want to work with the principles of a recovery-oriented model. The reasons I could not incorporate these differences into the theory are not clear, and this is described further in this dissertation.

In the next part of this chapter, I first describe the background of the research with a brief analysis of the history of psychiatry and an explanation of the concept of recovery, followed by an introduction of the peer worker in general and specifically in the Netherlands. Second, I define the research problem in a way that matches the methodology of grounded theory so that readers understand the origin of this study.

Third, an overview is given of the methodology used during this study. Finally, this chapter ends with an outline of the dissertation.

## 1.1 Background of the Research

This study concerns boundaries between people and boundaries in people's minds. It describes the discovery of a pattern in a specific context and in a specific time in the on-going development of history. The pattern shows us the possibilities of what can happen with boundaries that humans themselves create, those made to divide the 'normal' from the 'insane' and the professional from the patient within the context of mental health. The latter group has organised itself and found a way to cross these boundaries. Like a Trojan horse, patients have entered the system in which they have long been treated like objects. Foudraine (1971) has noted, 'Who is made of wood? The schizophrenic who says, "I am not made of wood" or the psychiatrist who treats him like a thing?' (p. 474).

As Bracken and Thomas (2005) have stated, Western psychiatry owes its existence to the Enlightenment, which advocated for the discovery of truth by human reason: 'psychiatry has attempted to replace spiritual, moral, political and folk understandings of madness with the framework of psychopathology and neuroscience' (p. 9). Because of the exclusion of 'deviants', who were placed in institutions, doctors could extend their treatment of physical illness with a new area, namely, the mind (Foucault, 1972, 2013). Despite the promise of the Enlightenment that the development of science and reason would cure all pain and suffering, the result (Bracken & Thomas, 2005) was disappointing.

The most dominant and most criticised result of the modern era at the moment is the *Diagnostic and Statistical Manual*, which contains all the diagnoses that psychiatrists use in their practice. Critiques have come from many directions, not only users, but also psychiatrists, such as van Os (2014), who has written a book with the title *The DSM-5 Beyond*, in which he promotes a new mental health vision for the future. Szasz

(1963) has compared modern-day psychiatrists to witch-doctors dressed in white coats, pretending to be scientists. Even the special rapporteur of the United Nations has noted, 'It was believed that biomedical explanations such as "chemical imbalance", would bring mental health closer to physical health and general medicine, gradually eliminating stigma' (Bolton & Hill, 2004). However, that has not happened, and further research has failed to confirm many of the concepts supporting the biomedical model in mental health (Human rights Council, 2017, p. 5). Furthermore, the Human Rights Council (2017) has noted, 'the field of mental health continues to be over-medicalised and the reductionist biomedical model, with support from psychiatry and the pharmaceutical industry, dominates clinical practice, policy, research agendas, medical education, and investment in mental health around the world' (p. 6).

Laugani (2002) has provided a list of famous people in history, such as Aristotle, Newton, Mozart, and Lincoln, and stated that they would have been diagnosed with psychotic disorders if they had been administered the DSM 4-R: 'Imagine the colossal loss to humanity! I am not even sure that I would be writing this paper' (p. 30).

Some of the authors mentioned above belong to the antipsychiatry movement of the 1960s; important members of this movement were Goffman, Szasz, Laing, and Cooper. They sought attention for the personal and experiential dimension of persons with mental problems (Miller, 1986). The movie *One flew over the Cuckoo's Nest* (1976) inspired many. In the Netherlands, Foudraine and Trimbos are associated with antipsychiatry. Client organisations that focus on patients' interests are one result of this movement. The antipsychiatry movement is no longer visible, but the critique did not disappear (den Boer, Glas, & Mooij, 2008).

Laugani (2002) has argued that psychiatrists still often support the biomedical model for four reasons: first, because of the psychiatrist's advantage in the relationship with pharmaceutical companies through funding workshops that subsidise attendance at international

conferences. Second, psychiatrists simply earn more money by prescribing medication to more patients; if they used more non-medical interventions, they would need more time for each person and make a lower salary. Third, the biomedical model is associated with other areas of medicine, such as oncology and cardiac surgery, which are correlated with a higher status. Fourth, the fear of disappearing from the field of sciences because of the effect of negative findings motivates them to avoid publicising the increase in signs that do not fit the old paradigm; these are called anomalies.

Even though it seems difficult to change the influence of the modern era, and the effect of the Enlightenment is abundant, some essential changes took place in the last 30 years in the field of mental health. These changes can be seen as the movement towards a psychiatry called postpsychiatry (Bracken & Thomas, 2005). Bracken and Thomas have said, 'postmodern thought does not involve a *rejection* of reason, science or technology but instead challenges the idea that these should be social goals *in themselves*' (p. 11). Postmodern thinkers do not believe in universality, and they argue that there are multiple truths. This movement can be seen as a step forward for humanity, where goals are related to ethics.

## Recovery, the new paradigm in mental health

As mentioned above, the most important result of the antipsychiatry movement is the influence of consumers and client organisations. This movement has led to an essential change in the understanding of the concept of recovery (Henderson, 2010). Traditionally, recovery is defined as the 'long-term reduction or ideally removal of symptomatology, accompanied by functional improvement' (Oades, Slade, & Amering, 2008, p. 129). Slade and Wallace (2017) have discussed 'clinical recovery', an outcome that can be seen objectively and is rated by the health professional and not the client; furthermore, clinical recovery does not vary between persons. A new and different

meaning of the same concept contrasts clinical recovery: ‘personal recovery’. Personal recovery is seen as a process and is defined subjectively by the person himself, as he is the expert of his own recovery; this approach is highly personal (Slade & Wallace, 2017, p. 25).

Recovery as a personal process differs from recovery that is seen as the absence of symptoms and functional impairments. This perspective is new and has grown in importance in the field of mental health in recent years. In the United States, this new vision developed following the deinstitutionalisation of 1960s and 1970s and the practice of psychiatric rehabilitation in the 1980s (Anthony, 1993). Today, the most commonly used definition of ‘recovery’ is as follows:

Recovery is described as a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness. (Anthony, 1993, p. 527)

The focus on what people do to recover is central to this definition. The role of mental health professionals, such as providing treatment and rehabilitation, is to facilitate this recovery process (Anthony, 1993). The experience of recovery unites people because everyone has situations in his life to overcome, such as the death of a family member or the threat of disease. Deegan (1995) has argued that the goal of a recovery process:

[...] is not to get mainstreamed. We don’t want to be mainstreamed. We say let the mainstream become a wide stream that has room for all of us and leaves no one stranded on the fringes.

The goal of the recovery process is not to become normal. The goal is to embrace our human vocation of becoming more deeply, more fully human. The goal is not normalisation. The goal is to become the unique, awesome, never to be repeated human being that we are called to be. (p. 92)



Boevink (2012) has noted that recovery is connected with empowerment, without which recovery is not possible; in addition, as a process, recovery is also empowering in itself. Anthony (1993) has claimed that a mental health services system guided by a vision of recovery as an umbrella that houses different services could help consumers support their personal recovery processes. These services include treatment, crisis intervention, case management, rehabilitation, enrichment, rights protection, basic support, and self-help.

The features of a recovery-based program are based on connectedness, hope and optimism, identity, meaning in life, and empowerment—the so-called CHIME conceptual framework for personal recovery (Weeghel, Boertien, Zelst, & Hasson-Ohayon, 2019). After a scoping review of systematic reviews and meta-analyses, Weeghel et al. (2019) have concluded that recovery is complementary to clinical recovery and concerns processes. They have noted that there remains a gap between classical interventions and recovery-oriented practices. Since the 1980s, many developments have taken place in mental health to implement recovery in traditionally oriented mental health organisations; the features described mentioned above are not easily implemented in health services, most of which remain influenced by the old biomedical model. Treatments can be a contributor to a recovery process, but they are only one of the many supporting factors (Oades et al., 2008).

Peer workers are an invaluable factor for the development of recovery-oriented programmes (Oades et al., 2008). They are important for consumers because of their recognition and encouragement, and they deliver a major contribution to the change process of mental health professionals.

## The Peer Worker

The World Health Organisation (1990) has promoted expanding consumers' involvement: 'Nothing about us without us' (Charlton,

2000). Peer workers are people with experiences of mental challenges who are employed to use their experiences so that that clients can profit from them (Holley, Gillard, & Gibson, 2015). Furthermore, peer workers are seen as an important facilitator of the implementation of a recovery-based program (Shepherd, Boardman, & Slade, 2008; Vandewalle et al., 2016; Vandewalle et al., 2017; Mead, Hilton, & Curtis, 2001; Farkas, Gagne, Anthony, & Chamberlin, 2005; Byrne, Happel, & Reid-Searl, 2015; Davidson, Tondora, Lawless, O'Connell, & Rowe, 2009). The phenomenon of people who help each other overcome challenges in life is not new; the first Alcoholics Anonymous (AA) group was founded in 1935 (Alcoholics Anonymous, 2003).

The peer worker's knowledge differs from that of the health professional who is formally educated. The latter is an expert by education, and a peer worker is an expert by experience. Oborn, Barrett, Gibson, and Gillard (2019) have noted that the subjective knowledge learned through lived experience is unique and differs from the formally, tacitly obtained knowledge of trained mental health professionals. The knowledge acquired through experiencing mental challenges and hospitalisation brings an extra component to the field of mental health.

The improvement of the consumer-provider in mental health is motivated by two crucial factors. First, a motive is the ambition to facilitate the implementation of recovery-oriented mental health. Second, it must be seen as a deeper layer; the motivation is to change the mental health system because of the power of psychiatry and because of discrimination against people who deviate from what is 'normal'. Social suppression, stigma through diagnosis, and being marginalised are important drivers for people who return to the place where they were treated (Mead, Hilton, & Curtis, 2001). Peer support challenges the biomedical model or DSM-5 criteria, arguing that treatment should be in the service of the recovery process. Despite the idea that peer workers also profit from their position by moving away from a devalued identity and being accepted as a normal person and having self-worth

(Vandewalle et al., 2018). Foundational, emotional, growth and spiritual, social and occupational wellness were found to be the benefits among peer providers (Moran, Russinova, Gidugu, Yim, & Sprague, 2011), but many peer workers still have negative experiences on the work floor. One of the barriers that influences the wellbeing and effectiveness of peer workers is the biomedical model (Byrne, Happell, & Reid- Searl, 2015). Introducing peer workers to an environment in which the recovery-oriented way of working is not already in place is a risk for peer workers' well-being (Holley, Gillard, & Gibson, 2015). The successful implementation of peer work depends on the level of recovery orientation. Beginning organisations need extra attention (Davidson, Bellamy, Guy, & Miller, 2012).

Some examples of negative perceptions and experiences peer workers have mentioned are the negative attitudes of professionals, stigmatisation, role ambiguity, difficult integration in teams, lack of training, the ambivalence of self-disclosure, low pay, and patronising attitudes (Vandewalle et al., 2016).

Based on the research and developments over the past 30 years, the paradigm of the biomedical model has not shifted such that we can speak of a new paradigm of recovery. The United States, Australia, and New Zealand have developed themselves in the desired direction. A focus on recovery and consumers' participation should no longer be the guiding vision for mental health policy in English-speaking countries alone. Still, many problems must be overcome, specifically in collaboration with mental health professionals (experts by education) who are educated by the biomedical model.

In the Netherlands, experiential expertise has developed considerably and is still moving forward. As was mentioned in the first section of this chapter, education in experiential expertise has become a strong position. Boertien and van Bakel (2012) have developed an aid related to the efforts of experiential expertise in mental health. They have discussed different subjects that help organisations develop policy on experiential expertise. Furthermore, they have explained the process

that leads to experiential expertise: 1) having experiences, 2) undertaking reflection and analysis that lead to experience knowledge, 3) learning skills used for professional use that lead to experiential expertise, and 4) putting experiential expertise in different roles, much like experts by experience.<sup>6</sup> Van Bakel, van Rooijen, Boertien, Komashinski, Liefhebber, and Kluft have developed a professional competence profile in collaboration with GGZ Nederland, Trimbosinstituut, HEE! and Knowledge Center Phrenos. In this document, we find a description that helps us distinguish this profession from that of social worker and the nurse:

***What distinguishes an expert by experience?***

*Experience expertise is the ability to make room for others to recover on the basis of one's own recovery experience.*

The support the expert by experience offers is based on recognition, acknowledgement, and understanding from ‘within’ and is in line with the principles of recovery-supported care and methodical self-help. It is characteristic of this approach that the care is in the service of the client’s recovery process, which is understood as the unique, personal process in which the client gives volume to his or her own life. The recovery process leads to a renewed sense of self and identity. The support focuses on self-management, methodical self-help, and self-direction, and it contributes to the prevention of illness and care dependency.

The expert by experience distinguishes himself from other care providers because he has experiential knowledge of the methods that support the recovery process of clients and because he is an example of hope and empowerment. With his own recovery process, the expert by experience demonstrates the existence of the ability to recover (van Bakel et al., 2013).

This description of the core of the expert by experience provides some knowledge about the participants in this study. I interviewed many experts by experience but again note that this research comes

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<sup>6</sup> Hilko Timmer developed this scheme.

from the perspective of the traditionally educated worker, which differs from most studies in the field of mental health. In the next section, I describe the research problem and the evolving research question that fits the chosen methodology.

## 1.2 Research Problem

Derived from the situation described in the above sections and the choice to conduct research with the methodology of the classic grounded theory, this study naturally begins with an interest in the substantive area of mental health, where traditionally educated workers (experts by education) and experts by experience (peer workers) meet each other at work. In the beginning, the research question was, ‘How does the process of collaboration evolve between the expert by experience and the mental health professional?’ Such questions lead to a direction based on preconceptions. As already noted, ‘Grounded theory accounts for the action in a substantive area’ (Glaser, 1998, p. 115). The overall question is, ‘What is actually going on in the area under study?’ (Holton & Walsh, 2017, p. 47). Considering my interest in the phenomenon of what happens between these two differently educated workers and my increased knowledge of grounded theory, I formulate the research question as broadly as possible: *What is going on in the mental health organisations where professionals and experts by experience meet?*

The trying to understand the action revolves around the main concern. From the stance of classic grounded theory, the goal of such research is to discover the core variable as it resolves or processes the main concern (Glaser, 1998). The overall aim of the study is the discovery of a grounded theory that emerges during the research. With the result of this study, I hope to add new knowledge to this phenomenon which can be used to develop mental health that corresponds to the ideas of postpsychiatry. The supposition that

psychiatry in contemporary society still fits modernity and has not yet shifted to postmodernity is one reason I think that it is necessary to discover patterns that can help us make the shift to a new paradigm. Most people who work in mental health organisations today are educated in an old-fashioned way, namely, with the ideas from the Enlightenment. The obsession with objectivity led to dehumanising people who give care or cure human beings who are in a vulnerable state.

Most of the knowledge I have now was developed while conducting this research. The methodology of the classic grounded theory guided me through this journey as a research partner who interacted with me constantly, and I thus learned to use the theory effectively. In the next section, I provide a brief overview of the methodology used in this study.

### 1.3 Research Methodology

This study does not follow the steps that are generally followed in social sciences and management. The hypothetico-deductive method is the most dominant in research today; it contains the identification of a problem area followed by the problem statement with a clear research question and the aim of the study. Hypotheses are developed, and after determining measurements, the data are collected. The last two steps include the analysis and the interpretation of data (Sekaran & Bougie, 2013). The research described in this dissertation has used the method of the classic grounded theory: 'Grounded theory is an inductive, theory discovery methodology that allows the researcher to develop a theoretical account in empirical observations or data' (Martin & Turner, 1986, p. 141). Many graduate students do not have the ability to take a course in this method (Locke, 2001). In addition, the entrance is not easy, but there are many examples of grounded theory in management research (Goulding, 2002, p. 50).

‘Grounded theory accounts for the action in a substantive area’ (Glaser, 1998, p.115). In contrast to the hypothetico-deductive method written above, the researcher starts with an area of interest rather than a defined problem (Glaser, 1998) and a set research question (Holton & Walsh, 2017). The goal of the research is to ‘discover the core variable as it resolves the main concern’ (Glaser, 1998, p.115). Finding the main concern is part of the goal, and the overall aim is to develop a substantive theory.

This study uses the methodology of the classic grounded theory described in Glaser and Strauss’s *The Discovery of Grounded Theory: Strategies for Qualitative Research* (1967) and further expanded upon in Glaser’s later work *Theoretical Sensitivity: Advances in the Methodology of Grounded Theory* (1978). Furthermore, Glaser has written many books and articles in which he explores, explains, and elaborates on the methodology of the classic grounded theory (1992, 1994, 1998, 2001, 2003, 2005, 2011, 2011, 2014, 2015, 2016). These works and those of other experts in grounded theory, such as Holton and Walsh (2017) and Martin and Gynnild (2011), shape the foundation of the knowledge used during this study.

The methodology involves several interwoven stages: data collection and open coding, memoing throughout the research, selective coding, theoretical sampling, theoretical coding, sorting, and writing up the theory. Simply following the steps of the methodology is not enough to reach the ultimate goal, namely, a substantive theory. Many issues are important and need to be known and practised during the process of learning. Chapter 2 explores these fundamental issues and explains the choices that have been made. Two of these issues need additional justification because they relate to the design of this dissertation, namely that the review of the literature was not done before starting the research. First, Glaser has noted that a researcher must not review the literature beforehand (1998). There has been ample discussion on this point in the world of academics because building on knowledge is seen as one of the foundations of science. Glaser is often misunderstood on

this point. His motivation comes from the basis of the grounded theory, which is that research is the discovery of new patterns and generating new theories, not the verification of theories that have already been written. Not reading the literature does not mean that the researcher puts aside everything he knows. Dey (1993) has said, ‘researchers should have an open mind and not an empty mind’ (p. 63), and also, ‘The researcher has to set aside theoretical ideas in order to let the substantive theory emerge’ (Urquhart, 2013, p. 4). In classic grounded theory, the use of literature can start after the main concern and the core category are discovered. The effect is that the researcher steps into the area without already knowing what happens there. The chance to discover new patterns increases and contrasts with entering the field with preconceptions. One of Glaser’s dictums is, ‘Just do it’ (Glaser, 1998, p. 1). In this case, this means experiencing what it means to do grounded theory research. During this study, I had to manage many preconceptions, not only by not reading specific literature but also during the interviews. The result is that the core category of revitalising disclosure was not in my mind before and at the beginning of this study. In Chapter 2, this experience and more are explored.

Second, it is worth mentioning an often-discussed issue of grounded theory: the philosophical position of the research. Glaser has noted, ‘Does grounded theory represent a change in philosophy and scientific thought? Not from my point of view. It is just a method’ (Glaser, 1998, p. 44). In the literature, grounded theory is often placed within the positivist paradigm (Bryant, 2017; Bryant & Charmaz, 2007, p. 50). Bryant and Charmaz have distinguished between objectivist and constructivist. Despite the discussion, Glaser’s opinion is that grounded theory can be used with any philosophical position. The researcher ‘must feel comfortable with uncertainty, ambiguity, and confusion [...] he must trust that uncertainty, ambiguity, and confusion are useful paths to being open to emergence’ (Glaser, 1998, p. 44). In my opinion, these terms fit postmodernity, and Glaser and Strauss were part of the start of this new era. Of course, they did not have the language of



postmodernity as we use it in contemporary society, but they were change managers of that period.

Unfortunately, the collaboration between Glaser and Strauss did not survive because of a cataclysmic dispute about the basics of the grounded theory (Urquhart, 2013). This happened after the book *Basics of Qualitative Research* was published (Strauss & Corbin, 1990). Glaser found the written procedures too restrictive. A long discussion started that resulted in Glaser writing a new book, *Basics of Grounded Theory Analysis: Emergence versus Forcing* (Glaser, 1992), in which he corrects the mistakes he saw.

In this study, I explore my philosophical position during the search for the right methodology for the phenomenon I wanted to explore. Urquhart (2013) has noted that the more students read about the philosophy of research, the more likely it is that their position will change (p. 57). In my case, my starting position is the interpretivist paradigm, and the constructing grounded theory seemed to fit best. After an intensive literature study on the methodology, I changed to classic grounded theory, and my philosophical position became orientated towards critical realism, with a considerable influence of social constructivism. This process of development is further explored in Chapter 2. This chapter ends with the outline of the dissertation.

## 1.4 Outline of the Dissertation

This dissertation consists of six chapters. **Chapter 1** has introduced the background of the research with a short look at the history of psychiatry, the explanation of the concept of recovery, the realisation process of the peer worker, the exploration of the research problem, and a brief overview of the research methodology.

**Chapter 2** briefly reviews the different philosophical positions and provides an overview of the distinctive grounded theories. Furthermore, the choice of the methodology used is extensively

explored. The last part of this chapter describes conducting the research with the experiences and reflections on the study.

**Chapter 3** offers the generated grounded theory of revitalising disclosure with the main concern, the core category, the typology of disclosure, and the description of the core category. In addition, the three different stages and their respective basic social process are described. A summary of possible influencing factors concludes this chapter.

**Chapter 4** presents the relevant literature in the field of disclosure, which is compared with the theory of revitalising disclosure. It discusses theories of disclosure, empirical research in the field of psychotherapy, the wounded healer, empirical research, concepts in the field of nursing and social work, and disclosure and the fear of stigma in the workplace. This chapter ends with a brief overview of the contributions of the grounded theory of revitalising disclosure.

**Chapter 5** offers the contributions and the evaluation of the study. First, an overview of the specific contributions to the literature is presented in terms of the following topics: those that have supported, added, challenged, and presented something new. These are compared with theoretical and empirical literature. Furthermore, the evaluation is discussed in relation to the evaluation criteria for grounded theory: fit, relevance, workability, and modifiability.

Finally, **Chapter 6** describes the possible applications of the theory, and possibilities for future research are explored. This chapter ends with the conclusions, discussion and a reflection on the role of researcher. In Chapters 5 and 6, the limitations of this research are presented.

## *Chapter 2. Methodology*

After formulating the problem, the choice of a suitable research method must be made. The research question gives direction to the method. Before a suitable method can be found, I first explore the different approaches in the philosophy of science in more detail because philosophical foundations affect the results of a study and provide an indication of the researcher's view of reality. This chapter describes how a method appropriate to the problem was ultimately chosen.

In the first section, the most important traditions are briefly elaborated, and the main characteristics are described; in addition, this section describes the considerations that led to the final research method. Every researcher has a preference when it comes to the method; I want to elaborate a method that answers the question raised in the research problem. At the start of this project, the question was, 'How does the process of collaboration evolve between the expert by experience and the mental health professional?' During the project, the question changed to relate to a better understanding of the chosen methodology: *What is going on in the mental health organisations where professionals and experts by experience meet?*

Second, I describe the basis of the grounded theory (Glaser & Strauss, 1967). Classic grounded theory and the Straussian and the constructivist grounded theory are compared (section 2.2). In the third section, I explain why I have chosen the classic grounded theory and its impact on this study. In section 2.3, an overview of the classic grounded theory methodology is provided. Finally, I describe the actual cause of this research and address the process of the methodology and the learning process of becoming a grounded theorist. I conclude this argument with a summary.

## 2.1 Reality in Perspective

It is essential to generate a responsible, well-founded choice for the research method. The literature discusses the philosophy of science; it must be made clear ‘what is meant by reality’; in philosophy, this is also referred to as ontology, and it is the basis of every scientific approach: the objective reality in accordance with the cognition of a human being (Tromp, 2004). In addition, it should be made clear what knowledge is and shall be used (epistemology), and how this is to be gathered and used for analysis (methodology). De Boer and Smaling (2011) have discussed three scientific paradigms, namely the empirical-analytical approach, the interpretative approach, and the critical-emancipatory approach (see also: Tijmstra & Boeije, 2011). Later, they also discussed more recent approaches, such as the postmodern approach, constructivism, neorealism, the complexity approach, the participative approach, and the intuitive approach. Alvesson and Sköldbberg (2009) have described three points of reference in the philosophy of science, namely (post) positivism, social constructionism, and critical realism. Bosch (2012) has also added critical theory, hermeneutics, pragmatism, and postmodernism. In the fourth version of *The Sage Handbook of Qualitative Research* (2011), Lincoln, Lynham, and Guba differentiate positivism, postpositivism, critical theory, constructivism, and participatory (the last is based on Heron and Reason [1997]). These authors all try to classify the various approaches/paradigms to make them as clear and understandable as possible by describing their ontological, epistemological, and methodological beliefs. I have chosen to elaborate on the three scientific paradigms as de Boer and Smaling (2011) classify them. This allows me to place some approaches under a chosen mainstream. For example, pragmatism is placed under hermeneutics and thus falls under the interpretative movement. Social constructionism is described separately because it crosses the boundaries of several approaches.

First, we start with a description of the *empirical-analytical approach*, which originated in positivism. Positivism seems to be most closely linked to quantitative research, partly due to its origins in the natural sciences. It posits that reality is a given, and that researchers have only to look for causal relationships and mechanisms. Empiricism has also been adopted from the natural sciences. The empirical-analytical approach, as mentioned above, is regularly discussed in the literature. Although the importance of quantitative research in this approach is clear, there are examples from historiography (Alvesson, 2009). Etymologically, the word 'positivism' comes from the Latin word '*positum*,' which, again, means something presented or placed. The facts are in front of the investigator; they are already there. Collecting data is therefore important in this context. Comte introduced the term positivism in 1844 (in Alvesson, 2009).

Research that starts with the collection of data is called inductive. Truth is related to what is seen; if we see a white swan and then more than one, we can say that swans are white. Seeing the white swans is also an important point in positivism. A theory says nothing; one has to be able to perceive it, or it has no value. This is the so-called verification principle. If, after a while, we encounter a black swan, then the statement is no longer valid. Popper (1963, 2002) introduced the term 'falsification', stating that induction would not ultimately lead to truths, but that scientists should try to demonstrate that a theory is not correct. The longer the theory holds its ground, the stronger it becomes. Ultimately, this principle is about improving existing knowledge through changes and adaptations. The term 'deduction' is used for this purpose. Starting from a hypothesis when it should not be falsified is gaining in persuasiveness. Post-positivism is still focused on collecting data and is related to the natural sciences. It can be seen as a mild version of positivism. For example, the nature of knowledge in positivism is posited as a 'verified hypothesis established as facts or laws', and in postpositivism, it is defined as a 'nonfalsified hypothesis that are probable

facts or laws' (Lincoln, Lynham, & Guba, 2018 in Denzin & Lincoln, 2018, p. 112).

Positivism lost its credibility in the 1950s as the approach was increasingly criticised. The most important critique of increasing knowledge comes from Kuhn's philosophy. He claimed that there is no question of increasing knowledge, but that there were changing paradigms (Kuhn, 1962, 2003). The influence of Ludwig Fleck is important to mention here. The new ideas about the recovery-oriented model differ from the old beliefs of the biomedical model in mental health. An interesting question is whether, as Kuhn says, there are completely different realities, such as that of the earth, which was no longer central but revolved around the sun just like other planets. The critics of Kuhn argue that these changes do not have to be sudden. Another important point in Kuhn and Fleck's philosophy is the theory that we cannot separate science from history. Fleck (1979) has described the development of the cure for syphilis, for example, which clearly shows that mistakes and improvements made by chance can ultimately lead to growth.

The resistance to positivism constantly evolves and has also created new movements. Nevertheless, the influence of empirical analytical thinking remains strong in our time. We live in an age where facts are weighed preferably, without the influence of the researcher himself. The criticism of empirical-analytical thinking lies mainly in the disconnection of values and facts. Supporters of this approach believe that facts and values are inextricably linked, and that the role and influence of the researcher cannot be excluded (Tijmstra & Boeije, 2011). The bystander's principle of Bahktin also applies here. He states that we can never disconnect from a situation in which we are part of the whole (Bahktin, 1981). The interpretative current emerged as a critique of empirical-analytical thinking in the second half of the 19th century (Tijmstra & Boeije, 2011). Whereas empirical analytics focuses mainly on the principle of the reducing reality to its constituent parts, those who support interpretivism look more at the complexity of the

whole. The research question is used to delineate but not to focus on pre-formulated variables (Tijmstra & Boeije, 2011).

Hermeneutics underlies the *interpretative paradigm*. The term 'hermeneutics' comes from the fifth century BCE. Hermes, as a figure from Greek mythology, was the son of Zeus and the mountain nymph Maia and was known as the messenger of the gods. The term was also used by Plato and Aristotle and referred to the interpretation of religious meaning. Until 500 ACE, it was primarily a method of interpreting the Bible. After the 18th century and after the Enlightenment, hermeneutics became a method of interpretation applied to all forms of human communication (Bosch, 2012). Dilthey took the step towards the interpretation of social reality (see de Boer & Smaling, 2011), arguing that not only texts, but also social interactions could be interpreted. There are many known ramifications of hermeneutics in philosophy, sociology, and anthropology (Bosch, 2012). Understanding and interpreting social reality is central to it (Gadamer, 2014).

An essential feature of hermeneutics is the circle and part of the circle. If we want to understand a part of something, we have to understand the whole; in addition, if we want to understand the whole, we have to understand the individual parts. This line of thought leads to the alternation of results and analysis. Spinoza provided an important addition at the end of the 17th century. He said that texts should be read in the light of the historical context. Thus, the text says something about the writer and the time and context in which he lived (Bosch, 2012).

As mentioned before, Dilthey started to focus on understanding experiences as discrete subjects of study. In the hermeneutic circle, we talk about existing prior knowledge, which forms the basis of the process of interpretation. Research starts with this prior knowledge. After a conversation or after reading a text, one's understanding changes, as does one's prior knowledge. Whenever we use the word 'understand', here, Gadamer's original wording should be considered; he explains '*Verstehen*' as being in the world, and it expresses much

more than just the word ‘understanding’ In the world of guidance, we often talk about ‘*Nicht verstehen*’. We try to understand what this world looks like for the other person, to empathise with more than just the spoken text. Understanding someone completely, therefore, seems impossible. Hermeneutics is ultimately about understanding the underlying meaning and not about explaining causal relationships (Alvesson & Skoldberg, 2009).

It should also be mentioned in this context that the pragmatism of Charles Peirce, William James, John Dewey, and Richard Rorty is also rooted in hermeneutics (de Boer & Smaling, 2011). Pragmatism enlightened the symbolic interactionism developed by Mead (1934, 2015) and Blumer (1969).

Since hermeneutics has so many ramifications and so much depth, I have described the essential characteristics and backgrounds above, knowing that more could be said. I still need to discuss a substantial paradigm, namely, the *critical-emancipatory approach*. As a movement, one can speak of critical emancipation, as the term ‘emancipation’ expresses a part of the core. However, the term ‘critical theory’ should be taken as a starting point. It was born in the social sciences and directly and indirectly connected to the Frankfurt Schule. Around 1930, a number of scientists, including Horkheimer, Adorno, Marcuse, Benjamin, and Fromm (Alvesson & Skoldberg, 2009) sought ways to influence society instead of looking for universal laws and connections. Important sources of inspiration were Marx, Hegel, Weber, Kant, and Freud (Alvesson & Skoldberg, 2009). Habermas is seen as an optimistic variant of critical theory; he sought the solution to communication. Equivalence is paramount here. For me, critical theory is relevant because it connects with social relations and the emancipation of weaker members of society. Habermas makes a distinction between the system world and the living world; the former concerns the material objectives, while the latter concerns communicative objectives. It is about culture, the social domain, and personalities (Tromp, 2009). A research method that results from this is exemplary action research, which Kurt Lewin



and John Collier developed. They wanted to involve people in their research (in Landsheer, 2003), and its focus is empowerment and humanisation. A characteristic of this method is that the researchers are also co-investigators, and one of their main objectives is to increase their capacity for action.

Critical theory can actually be seen as a reaction to the rationalisation of the world. It calls for more attention to the ethical aspects of life. Habermas proposed a number of forms of knowledge, namely (1) knowledge for obtaining food, survival, treatment of disease, etcetera; (2) interpersonal understanding and bridging the distance between cultures; and (3) emancipation, searching for sources of incomprehension (Alvesson, 2009). Habermas pursued a world in which reflection was central, and hermeneutics was the foundation of the research method. The most crucial difference between the other approaches was the critical attitude and the inseparable connection with politics.

As mentioned earlier, social constructionism is addressed separately. Alvesson's (2009) classification refers to reference points. In addition to (post)positivism Alvesson mentions constructionism and critical realism. We see the latter as a reaction to positivism, but with a search for causal relationships in context. An abductive approach is an alternative to discovering deeper mechanisms (critical realism and abduction are explored further both in this section and in the section on classic grounded theory) of constructivism, which is treated here; it originates in phenomenology, which is also linked to hermeneutics and postmodernism (Alvesson, 2009). It is interesting to note that both more positivistic methods and hermeneutics seek links to this approach. The approach is so broad that it opens up such opportunities. In 1966, Berger and Luckmann laid the foundations for this approach in their book *The Social Construction of Reality*. For me, the most important characteristic is the principle that we create our own reality. Through interaction, we can question, deconstruct, and reconstruct our reality.

Alvesson and Skoldberg (2009) have explained four main steps described by Hacking (1999) as follows:

1. In the current state, x is assumed to be true and unavoidable.
2. X doesn't have to have existed or be as it is. It's not determined by way of nature. It doesn't have to be that way.
3. X is bad the way it is.
4. We'd be better off if x was gone or totally changed.

The second point is the most important point of social constructivism, as it creates the power not to accept reality as it seems. The above text does not discuss the importance of postmodernism (1960). Famous philosophers in this field are Foucault, Derrida, and Lyotard. It is important to mention that postmodernism marked the end of the dominance of the great stories and created space for small stories (Lyotard, 1979)—the stories of the ordinary citizen. Truth and objective knowledge of the world do not exist, from a postmodern perspective, and the emphasis is placed instead on complexity. In this way, postmodernism is linked to the scepticism of Greek antiquity. This approach was followed also by Nietzsche, who said that there is no universal truth; rather, it depends on the interpretative perspective that is adopted (Bosch, 2012).

This overview concludes the search of different approaches in the philosophy of science. Considering my role as researcher, I have been influenced by my background, which impacts the starting point of this study. During my education leading to my master's in human and organisational behaviour, the interpretative paradigm and the critical-emancipatory approach were dominant. The statement 'the research question gives direction to the method' (p. 1) is only partly true because, in my opinion, the researcher's background and self are always connected to the research. From the paradigms described in the above text, it is difficult to make a choice that sets limits for me. Sometimes, the methodological design makes me feel trapped. Critical theory is inherent to my work as a supervisor, coach, and nurse in mental health. My focus is on equality and the effect of the differences in power in

organisations. Furthermore, I embrace the idea of changing constructs that do not help society or humankind, and constructionism aligns with that idea. Roy Bhaskar's ideas of 'critical realism' are also helpful for my questions, as they provide an opportunity to overcome the differences between positivism and constructionism. Despite of the idea that it should be important to know one's philosophical foundations and that these should provide structure, logic, and cohesion (Nathaniel, 2011 in Martin & Gynnild, 2011, p. 187), I started to doubt that using one paradigm can result in a methodology that suit my questions. It can be difficult to overcome the so-called incommensurability problems.

**Table 3:** A Pragmatic Alternative to the Key Issues in Social Science Research Methodology (Source: Morgan, 2007, p. 71).

	<i><b>Qualitative Approach</b></i>	<i><b>Quantitative Approach</b></i>	<i><b>Pragmatic Approach</b></i>
<i><b>Connection of theory and data</b></i>	Induction	Deduction	Abduction
<i><b>Relationship to research process</b></i>	Subjectivity	Objectivity	Intersubjectivity
<i><b>Inference from data</b></i>	Context	Generality	Transferability

Morgan (2007) has proposed an alternative to the dominant paradigm thinking, offering the idea of a pragmatic alternative, in which he distinguishes a qualitative approach, a quantitative approach, and a pragmatic approach in a framework (see Table 3).

Morgan (2007) has noted that, by not separating induction and deduction as is normally done in textbooks, one should see them in action: 'abduction in pragmatic reasoning is to further a process of inquiry that evaluates the results of prior inductions through their ability to predict the workability of future lines of behaviour' (p. 71). He also indicates that quantitative and qualitative researchers could benefit from each other by using their results (Morgan, 2007). The same is true of the extreme separation of subjectivity and objectivity. Pragmatists treat

intersubjectivity as an important issue of social life. From a methodological perspective, the researcher needs a reflexive orientation (Morgan, 2007). The last point he highlights is that of the transferability of knowledge. Morgan points out that it is not about dualism if knowledge is general or contextual; it is about how to fit in knowledge so that it works in other circumstances. He notes that working across paradigms delivers solutions when we are stuck in a given paradigm.

In my opinion, the above gives more space to enter the field of research. I have already described my preferences concerning research, the different paradigms, and an alternative for my doubts to connect to one dominant paradigm. When we consider the preference for qualitative or quantitative methods, I match the answers qualitative researchers provide, namely, exploring inner experiences, meanings that transform, unclear areas, and a holistic view of phenomena (Corbin & Strauss, 2015). The typical characteristics of qualitative researchers also suit me as a person. Strauss and Corbin (2015) have described these as follows: 'A humanistic bent, curiosity, creativity and imagination, a sense of logic, the ability to recognise variation as well as regularity, a willingness to take risks, the ability to live with ambiguity, the ability to work through problems in the field, an acceptance of the self as a research instrument, trust in the self and the ability to see value in the work that is produced' (p. 5). Several other personal characteristics of qualitative researchers include not wanting to become mired in one paradigm, being open to different perspectives in research, and having a belief in change by people who are not in the lead and that reality flows but also has patterns that people can change. Finally, I want to emphasise that I am a product of my development (which is still underway), which makes me a specific research instrument that tries to make sense of the world. In the next section, I further elaborate the methodological choice I made based on the discussion above.

In the research to be performed, I primarily seek the experiences of professionals with experts by experience and vice versa. From the information available in the beginning, I could conclude that the

interaction between these two groups is not self-evident. In particular, the information obtained from an exemplary action study shows that a problematic situation can at least be said to exist.<sup>7</sup> Some caution is called for here because there has not been a search for cases of success in this area. This brings us to the first direction to follow, namely, an explorative approach to the situation. I believe that an explorative approach is appropriate because I am curious about the stories of professionals and experts by experience. How did they experience the meetings? Are there positive or negative experiences? What thoughts did they have when it became known that there would be experienced experts on the work-floor? Is there a process regarding the working relationship with experts by experience? What do I want to achieve with this research? These questions all explore the so-called phenomenon of experts by education and experts by experience. It concerns searching for meaning and understanding the deeper layers of this phenomenon. The main question is as follows: What is going on here? The next section describes the choice of what I consider the most appropriate methodology.

## 2.2 Grounded Theory: Marriage between Quantitative and Qualitative Research

For several reasons, my preliminary research question, ‘How does the process of collaboration evolve between the expert by experience and the mental health professional?’ seems to benefit most from the view described in the previous section based on the interpretative approach. It was at first unclear what I would seek in this research. The idea that there are tensions between professionals and experts by experience is based on conversations I had with both groups working in the mental health organisation where I am employed. However, it remains unclear

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<sup>7</sup> See: Brugmans (2011).

what truly happens during meetings between these employees. This has led me to enter this world with an open mind. I seek employees' stories to learn how people consider each other. How do professionals define the expert by experience, and does that change over time? Furthermore, and above all, what do employees want to tell each other? Are there any conflicts? Is there resistance? Do I receive guidance? These are all questions that can provide insight into this phenomenon.

This section discusses the choices I made regarding the methodology to be used, namely the grounded theory. In addition, the different traditions within the theory are explained. In this study, the choice was made to use the methodology of the classic grounded theory, and discussions of why and how are also included.

## Grounded Theory as an Appropriate Methodology

Starting with an explorative and inductive approach led me directly to the literature of grounded theory. Creswell and Poth (2018) have noted, 'Grounded theory is a good design to use when a theory is not available to explain or understand a process' (p. 87). The main question here is whether the philosophical principles above match those of the grounded theory. Furthermore, is the grounded theory methodology suitable for my research question, and if so, what tradition should be chosen? To clarify these questions, I have researched the different traditions in this field. In 1967, Glaser and Strauss published *The Discovery of Grounded Theory: Strategies for Qualitative Research*. It can be seen as a reaction to the dominant form of research in sociology at the time, namely, the verification of theory rather than the self-generation of theory (Holton & Walsh, 2017; Kenny & Fourie, 2015). The dominance of quantitative and the criticism of qualitative research, as if it were not real science, also played an important role. This book was based on their first grounded theory study, *Awareness of Dying* (Strauss & Glaser, 1965), whose focus was interactions between nurses and terminally ill people.

Glaser and Strauss both have a sociological background: Glaser comes from an environment of ample quantitative research often seen as a researcher with a positivistic basis (Charmaz, 2014). In his early years, Paul Lazarsfeld, a pure positivist, trained him. Furthermore, Merton taught him that concepts emerge by careful reading, and that conceptual integration takes place by theoretical coding. His supervisor was Zetterberg, who complained about conjectured theory and wanted more grounded theories but focused more on verification (Holton & Walsh, 2017, p. 3). Strauss was an expert in qualitative research from a symbolic interactionist perspective (Holton & Walsh, 2017). The collaboration between the two contrasted competing traditions in sociology (Charmaz, 2014) and resulted in the development of the grounded theory, which has been used as a research method in many different disciplines to date. Grounded theory is widely used in management, nursing, medicine, and other fields, and examples of authors in management literature are Goulding (2002) and Locke (2001).

Over the years, the method has evolved. Glaser has remained close to the original material; his method is now called the classic grounded theory (Kenny & Fourie, 2015). The core that Glaser emphasises in his published work is the emergence of the theory from the data. This is how it was originally described in their book and, according to Glaser, this is still the core of grounded theory (Glaser, 1978, 1992, 1998, 2005, 2011). Glaser has lamented that in addition to the method he developed, his other work is not allowed to bear the name grounded theory because it works in a descriptive manner. Strauss went his own way after working with Glaser. Together with Corbin, he wrote *Basics of Qualitative Research: Grounded Theory Procedures and Techniques* (1990), a detailed elaboration of the methodology. They claimed that a complex society needed a complex methodology (Corbin & Strauss, 2015). Glaser reacted with several letters to solve the issue between him and Strauss. Unfortunately, this did not lead to an end to the friction (Glaser, 1992). In the end, Glaser wrote a new book as a reaction, *Basics*

of *Grounded Theory Analysis (Emergence vs. Forcing)* (Glaser, 1992), in which the novice grounded theory researcher could find clarity.

Other authors also criticised Strauss and Corbin, for example, on the grounds that the immeasurably detailed methodology would restrict the researcher too much (Charmaz, 2014). In 2006, Charmaz published a book entitled *Constructing Grounded Theory: A Practical Guide through Qualitative Analyses*.<sup>8</sup> Charmaz distinguishes her approach from Glaser as well as Strauss and Corbin. She is opposed to the more positivistic thinking of the above. She emphasises the term 'constructivist' to make clear that the researcher is subjective: he is involved in the research and interprets the data (Charmaz, 2014).

If we consider the three different traditions together, it is often said that the classical method of Glaser has an implicit positivism, despite the resistance of Glaser himself. He claims that the method should not be linked to an ontological or epistemological point of view (Glaser, 1978). Some authors have called his approach post-positivism (McCann & Clark, 2003) and described him as a critical realist more than a realist (Moore, 2009). This was due to the influence of symbolic interactionism (Kenny & Fourie, 2015). Strauss and Corbin had a clear preference for ontology and epistemology and opposed positivism, privileging post-positivism and a critically realistic ontology (Strauss & Corbin, 1991, 1994, 1998, in Kenny & Fourie, 2015). They place the methodology in the philosophy of pragmatism (Dewey) and symbolic interactionism (Mead, 1934, 2015; Kenny & Fourie, 2015). Both in the third and fourth edition of the *Basics of Qualitative Research* (2008 & 2015), Corbin and Strauss develop their ontological and epistemological points of view, and the interpretative character is evident here. In previous editions, the publisher removed philosophical points of view because he found them too theoretical (Corbin & Strauss, 2008). After Strauss' death, Corbin wrote from Strauss's point of view.

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<sup>8</sup> In 2014, the second edition was published with the title *Constructing Grounded Theory*.



Charmaz is also very clear in her ontological and epistemological views. She uses a relativistic ontology with more social realities (Charmaz, 2014).<sup>9</sup> If we look more closely at the methodology, we see several differences between her approach and the others. In the first place, we notice a difference at the start of the investigation: Glaser warns against reading literature. The researcher should enter the research field as openly as possible; it must not be influenced by pre-determined hypotheses. Of course, there is a demarcation of the research area. Literature research should only take place at the end of the research (Glaser, 1978). Strauss and Corbin (1990) have proposed an appropriate use of literature at each stage of the research, emphasising the difference between an empty head and an open mind. However, they also stress that an exhaustive literature review is not the intention, either. Charmaz has said that the literature should reappear throughout the thesis, as well as in a specific review chapter. She does recommend starting with the review chapter after the data analysis; in this way, the researcher can freely enter into a dialogue with the literature on the phenomenon (Charmaz, 2014).

As far as the phasing of the grounded theory is concerned, we can distinguish a number of steps that also differ: collecting, coding, analysing, and categorising where there is constant comparison. Codes are compared with codes, which are then placed in categories that are compared with each other. There is a way of working towards an ever-increasing abstraction. Eventually, the theory develops/emerges or is constructed, depending on the current phase. The latter is consistent with the data. Memos are written throughout the investigation; in these texts, the researcher writes about his conversations, observations, considerations, and ideas. While writing the memos, the solidity of the theory slowly but surely develops. During the analysis of the data, the researcher considers the primary problem he has encountered during the research and how the participants solved it.

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<sup>9</sup> Here, she takes a stand that is near that of poststructuralists.

**Table 4:** Comparison of Classic, Straussian, and Charmaz’s Approaches to Grounded Theory.

<p><b>General steps of classic grounded Theory:</b></p> <ol style="list-style-type: none"> <li>1. Substantive coding: a. Open coding, b. Selective coding</li> <li>2. Theoretical coding</li> </ol> <p>Discovering a Grounded Theory</p> <p><b>General steps of Strauss and Corbin:</b></p> <ol style="list-style-type: none"> <li>1. Open coding: a. Properties b. Dimensions</li> <li>2. Axial coding paradigm model (five steps)</li> <li>3. Selective coding: five steps</li> <li>4. Conditional matrix connection preceding</li> </ol> <p>Create a grounded theory</p> <p><b>General phasing of Charmaz:</b></p> <ol style="list-style-type: none"> <li>1. Initial or open coding</li> <li>2. Refocused coding</li> </ol> <p>Construct a grounded theory</p>
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The steps of the different theories are summarised in Table 4. All traditions use constant comparison and coding. A substantial difference in Glaser concerns the emergence of the theory. He remains faithful to the idea that it is already stored in the data and that, eventually, as long as the rules are followed consistently, it emerges. Glaser believes that social life is patterned, and the role of the researcher is to look for and conceptualise those patterns

### 2.3 A Definite Choice

My literature study of the grounded theory has been quite unusual. In 2011, I came into contact with it through general lessons on qualitative research. At that time, I was focused on using action research. The researchers were the participants in my study, which also revolved around the phenomenon of experiential expertise. In counselling, it is appropriate to include the participants as researchers in the study; this

leads to empowerment and co-creation. The present study has a slightly different emphasis concerning the starting point. I started from a curiosity about the differences between professionals and experts by experience. Moreover, I wondered about communication between them. From a distance, it seemed that there were many problems with the cooperation between the two types of employees. This also made it a management problem in which the supervisor can play an important role. With further study of the grounded theory, many things fell into place.

First, because I was unaware of the content of this phenomenon, I had a tool that I could work with. In addition to a demarcation in terms of the substantive area in which the study took place, I did not need consider more specifics. Even my question was no longer a difficult problem, as it could be phrased in spacious way: *What is going on in the mental health organisations where professionals and experts by experience meet?*

The choice of an inductive approach seemed the most appropriate for my research question, primarily because it is not clear what happens between these two groups of employees. There are apparent differences in terms roles within the organisation. People hold the positions of a nurse, social worker, psychologist, and psychiatrist with specific training. The second group is much less self-evident. There are possibilities for experts by experience to follow a social work training course with aspects of experience expertise. There are also alternative routes for experts by experience. Courses range from one year to two and a half years, where experience expertise is central. Finally, there are also organisations that hire experts by experience and offer a training programme themselves. In practice, this means that the results of these differences are not clear. In my research, therefore, we first have to examine experiences in this area. I have chosen to conduct interviews with both professionals and experts by experience, and I return to this point later.

With regard to the methodology, the choice was ultimately more complicated than it initially appeared. As described above, three different traditions can be distinguished. First, I studied the second edition of Charmaz (2014), then the fourth edition of Strauss and Corbin. Because Glaser is described as less or more positivist, I chose to ignore the related literature. The main reason for this was that a dominant wave in my master's studies was social constructionism (interpretative paradigm and a critical-emancipatory approach). It would be obvious to follow the methodology of Charmaz. She describes constructing the grounded theory, which matched my ideas about knowledge.

Nevertheless, the need for the originality of the material remained necessary. I had read *The Discovery of Grounded Theory* but was still far from deep understanding. By studying more books of Glaser's books on grounded theory, I was inspired by his way of writing. In addition to a 'clear' process in which I had enough freedom to find my own way to do my research, I was touched by the idea of emergence and the possibility of finding a deeper pattern in people's behaviour. I also met a mentor in the literature who could guide me through this process. 'He [Glaser] was a good teacher of the method as he saw it, which was more disciplined than Anselm's approach' (in Charmaz, 2011c, p. 185; Charmaz, 2014, p. 10).

Further elaboration brought me to materials that were much more detailed. In the Netherlands, I could not pursue advanced courses in grounded theory, so I had to find literature that would help me develop my skills in its methodology. In addition to Glaser's works, I also found my way into the world of classic grounded theory by attending two troubleshooting seminars (in Dublin and Petersfield) during this study. I also had the opportunity to have several Skype contacts with Helen Scott (Fellow of the Grounded Theory Institute), who is an expert in classic grounded theory. She supported the development of using the methodology of the classic grounded theory. The way I arrived at my choices was as iterative as the research itself. By constant reading,

talking, developing a network, attending courses, re-reading, writing, analysing, and starting the whole process again, I found a direction to account for my decisions. Finding the methodology with the best fit by studying the different currents in the philosophy of science helped me but did not fully answer every question. This quest will continue because of the dynamic nature of the paradigms of science.

Despite Glaser's argument that it does not matter which ontological and epistemological background one has, I found that well-known classic grounded theorists such as Holton and Walsh see themselves as critical realists (Holton & Walsh, 2017). The critical realism of philosopher Roy Baskar aims to offer an alternative to positivism and social constructionism (Alvesson & Skoldberg, 2009): 'A critical realist emphasises strongly the reality as such, as distinct from our conceptions of it' (p. 41).

Nathaniel (2011) has elaborated a philosophical framework in which the foundations of the pragmatism of Peirce is almost identical (in Martin & Gynnild, 2011).

In the next two sections, I first give a more advanced overview of the classic grounded theory, and second, I describe the process of this study's methodology.

## 2.4 The Classic Grounded Theory

In the above sections, specifically those on grounded theory as an appropriate methodology, the differences between the constructivist grounded theory and the grounded theory of Strauss and Corbin were described. This section focuses on the classic grounded theory. First, it explains classic grounded theory and the result it should produce, namely, a grounded theory. Second, I discuss the fundamental structure on which classic grounded theory is based: emergence, constant comparative analysis, and theoretical sampling. Third, I describe the process of classic grounded theory: data collection, memoing

throughout the study, open coding, selective coding, theoretical sampling, theoretical coding, sorting, and writing. Finally, I discuss the most important guidelines I learnt during the troubleshooting seminars.

## What is Classic Grounded Theory?

Grounded theory is based on the systematic generation of theory from data, that itself is systematically obtained from social research. (Glaser, 1978, p. 2)

Grounded theory is not findings, but rather is an integrated set of conceptual hypotheses. It is just probability statements about the relationship between concepts. (Glaser, 1998, p. 3)

Grounded theory is the discovery of what is there and emerges. It is NOT invented. (Glaser, 1998, p. 4)

Grounded theory is a research process and the end product at the same time. The first aspect concerns how the research should be done, and the second is the developed theory that is developed (Holton & Walsh, 2017). In these definitions, Glaser notes a connection between the theory and the data. The whole process is built on systematics that help the researcher discover the theory. In *Discovery of Grounded Theory*, Glaser and Strauss say that Merton only reached the level of serendipity. The focus on verification led to modifying rather than generating theory (Glaser & Strauss, 1967). As mentioned above, Glaser and Strauss were extremely motivated to change the way research was done. Verification based on a hypothesis and testing theory were and still are dominant in research. They strove to help researchers and novice researchers generate new theories. Glaser and Strauss emphasised that theory is not a frozen entity, but a process that continues to develop: ‘an ever-developing entity’ (Strauss & Glaser, 1967, p. 32).

*The Discovery of Grounded Theory* describes what a theory should provide from the perspective of sociology. Theories enable prediction and the explanation of behaviour; they must be useful in theoretical advances and practically applicable; and they must provide a perspective on behaviour and guidance for research (Glaser & Strauss, 1967, p. 3).

Holton and Walsh have noted that many views in the literature are given from etic or emic perspectives and are therefore often linked to philosophical assumptions.

The authors give the examples of Bacharach and Weick: Bacharach (1989) saw a theory 'as a system of constructs and variables in which the constructs are related to each other by propositions and the variables are related to each other by hypothesis' (p. 498). Weick considers theories to be 'approximations' of a complex reality of which one must make sense of (Weick, 1995). Holton and Walsh prefer Gregor's attitude, which should be the most neutral. She defines theory 'as abstract entities that aim to describe, explain, and enhance understanding of the world and, in some cases, provide predictions of what will happen in the future and to give a basis for intervention and action' (Gregor, 2006, p. 616). She differentiates five types of theories, which are interrelated with each other: type 1 is analytical, and it analyses and describes phenomena, but no causal relationship is highlighted; type 2 is explanatory, and the theory explains but does not predict, nor does it highlight propositions; type 3 is predictive, and it predicts and highlights testable propositions but does not develop justified causal explanations; type 4 is explanatory and predictive, and the theory predicts and also highlights testable causal explanations; and type 5 is prescriptive, and it explicitly prescribes methods, techniques, and principles (Gregor, 2006). Holton and Walsh have noted that, for a classic grounded theory, type 1 is insufficient, and type 2 must be reached (2017).

From my point of view, the theory to discover should explain what happens in the area under study. The question of what is happening in that domain should be answered at the end. A description of the situation is not enough; a grounded theorist has to discover deeper patterns.

The next point this section discusses is the difference between substantive and formal theory. There are different levels in theories; the highest level is that of grand theory, which is abstract, low in observational details, and not bound in space or time (Gregor, 2006, p.

616). A meta-theory has a high level of abstraction and delivers ‘a way of thinking about other theories’ (Gregor, 2006, p. 616). Grounded theories can be seen as meta-theories and have different levels, namely, the substantive grounded theory and the formal theory. The substantive theory is the first to be developed, and it reaches beyond observations and analysed data; it is abstract in terms of time, place, and people but is connected to the substantive area of research. A formal grounded theory (FGT) is abstract in terms of time, place, and people until it is applied (Glaser, 2007). There are few examples of formal theory. Glaser and Strauss have extended their theory of awareness (1965) to a formal theory called ‘status passage’ (Glaser & Strauss, 1971). Glaser wrote another formal theory called organisational careers (Glaser, 1968).

Glaser has defined formal grounded theory as ‘a theory of an SGT [Substantive grounded theory] core category’s general implications generated form, as wide as possible, other data and studies in the same substantive area and in other substantive areas’ (Glaser, 2007, p. 4). For an understanding of the classic grounded theory, it becomes clear that a theory has to be conceptual and abstract. One of the most important aspects of learning classic grounded theory is to think conceptually, which I elaborate below.

*The Discovery of Grounded Theory* mentions the question of how to evaluate or judge the grounded theory, and *Theoretical Sensitivity* expands this discussion. The criteria for evaluation are fit, workability, relevance, and modifiability. Fit means validity, the concept that should express the pattern in the data. Workability concerns whether the theory explains what happened and predicts what will happen. Relevance deals with the main concern of the people involved. Starting with a research question that comes from the researcher and not from the situation runs a high risk of lacking relevance for the participants. Modifiability relates to the fluidity of the theory; whether, for example, new information can modify it. The theory is not right or wrong: ‘New data never provides a disproof, just an analytic challenge’ (Glaser, 1998, pp. 18-19).



I have not yet discussed the elements of a grounded theory. Glaser and Strauss (1967) have discussed elements that are generated by comparative analysis, which are conceptual categories and conceptual properties, and second hypotheses or relations among the categories and their properties (pp. 35-36). The concept-indicator model explains the way concepts are generated. By comparing one indicator with several, a concept arises. Prior to this process, the research starts with the coding process, which is explained in the section on the process of classic grounded theory. The next section concerns the fundamental structure of classic grounded theory.

## The Fundamental Structure of Classic Grounded Theory

Emergence, constant comparative analysis, and theoretical sampling are the heart of classic grounded theory. A researcher has to understand these foundational concepts to understand the choices made during the process of inquiry. From my point of view, emergence is the organised structure of serendipity. It explains the power of generating a grounded theory. Since *The Discovery of Grounded Theory*, Glaser has increasingly emphasised this topic in his books and publications; it refers to the way a researcher tries to stay open. Glaser and Strauss have noted that a researcher does not 'approach reality as a tabula rasa. He must have a perspective that will help him see relevant data and abstract significant categories from his scrutiny of the data' (Glaser & Strauss, 1967, p. 3). Grounded theory is not generated from a logical-deductive perspective (Glaser, 1998). Instead, the researcher tries to learn what happens in the substantive area. The first goal is to determine the main concern of the people involved, and then to learn how the people involved try to solve or process the main concern. It is challenging to stay open to new signals during the research and to avoid forcing the data. Reading specific literature in advance can lead to preconceptions and closed-mindedness from the start. Glaser and Strauss (1967) have

argued that ‘Similarities and convergences with the literature can be established after the analytic core of categories has emerged’ (p. 37).

Glaser remained loyal to this principal, while Strauss integrated the literature (Corbin & Strauss, 2015). Reading literature not related to the field of research is not a problem and is even vital (Glaser, 1992). Glaser (1992) has noted that the best fields for a grounded theory research are those with little extant literature. Bryant (2017) has argued that the idea of areas with no existing research had value in the 1960s but is not realistic today because of the possibilities of widely available information on the Internet (p. 105). Glaser’s statement concerns what a researcher can do to remain open; he advises not reading the literature in advance. Glaser often repeats the phrases ‘not forcing’ and ‘no preconceptions’ in his books. In 2013, he published *No Preconceptions*, in which he emphasises the value of an open mind and how to develop one. In addition to not reading the literature before finding the core category, he identifies other types of preconceptions, namely specifying a research question, assuming the relevance of fact sheet data (e.g., gender, age, etc.) to the analysis and theory development (Glaser, 2013), and the impact of a so-called ‘pet theoretical code’ (Glaser, 2005). The latter is the problem of seeing a model or theme that one finds so fascinating so that it appears to be everywhere. According to Glaser, Strauss’s conditional matrix is an example of a pet code (2005, p. 106). In Glaser’s words, ‘preconception is the cornerstone of all methods except grounded theory’ (Glaser, 2013, p. 107). This may be an important reason many researchers do not understand grounded theory.

Constant comparative analysis is the next fundamental issue to be discussed. ‘A major strategy that we shall emphasise for furthering the discovery of grounded theory is a general method of comparative analysis’ (Glaser & Strauss, 1967, p. 1). Again, here, the goal is to find a method that is not focussed on verifying theory but on generating it. Paul Lazarsfeld initiated the way Glaser developed the constant comparing in grounded theory. Lazarsfeld used the psychological index formation approach, in which he differentiated indicators based on a

range of values (used for surveys) and not on meaning (Glaser, 1998): 'For example, several indicators on degree of recognition produced an index of high, medium and low recognition. Then every person in the sample got a value' (Glaser, 1998, pp. 23-24). Glaser compared incident to incident, which led to a concept; thus, incidents are compared and not summarised (Glaser, 1998). Another aspect of constantly comparing incidents is the line-by-line close reading, which Glaser learned while studying in Paris (Glaser, 1998). Close reading line-by-line is not about interpreting the text but staying close to it and naming the concepts that emerge. The concept-indicator model starts with coding in the substantive area. The interchangeability of incidents leads to the saturation of a concept. 'For GT, a concept is the naming of an emergent social pattern grounded in research data' (Glaser, 2002, p. 24). Further comparisons of indicators based on similarities, differences, and degrees in meaning result in a category or the property of a category (Glaser, 1978, p. 62). A concept is divided into category and property, which have a systematic relationship (Glaser & Strauss, 1967, p. 36). In the end, no additional data can be found, and theoretical saturation is reached. Concepts are compared with concepts to reach theoretical integration.

Theoretical sampling, the third foundation of classic grounded theory, leads the conceptual abstraction from data to categories and properties. 'Theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes, analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges' (Glaser & Strauss, 1967, p. 45). 'Theoretical sampling is the deductive part of the grounded theory to further inductive research. [...] Deductive work in grounded theory is used to derive from induced codes conceptual guides as to where to go next for which comparative group or subgroup, in order to sample for more data to generate the theory' (Glaser, 1978, pp. 37-38). It is an important moment when theoretical sampling gives direction for further elaboration, and it is when the core category emerges. The core

category, in turn, influences the next step in collecting data and generating theory. During the process above, an analyst should memo from the start of his inquiry. Memoing means writing one's ideas and thoughts about the data, concepts, and other aspects: 'memos are a very important GT [grounded theory methodology] procedure that is fundamental to the GT generation analysis of grounded theory' (Glaser, 2014, p. 1). Glaser has also described memoing as a form of free writing; the analyst is free to write down his ideas. It is important that the researcher note ideas when they emerge: 'Memoing to accumulate can be described as building an intellectual capital memo bank of ideas and concepts from the start of one's GT research to final sorting' (Glaser, 2014, p. 3). By coding and conceptualising, one comes out of the descriptive data, and with memoing, one establishes distance and can ultimately see the whole picture. In the next section, I discuss the process of the classic grounded theory.

## The Process of Classic Grounded Theory

In this sub-section, I describe the process of classic grounded theory. 'Grounded theory accounts for the action in a substantive area; in order to accomplish this goal grounded theory tries to understand the action in a substantive area from the point of view of the actors involved' (Glaser, 1998, p. 115). With only the foundational structures of the classic grounded theory, a novice researcher has a low chance of effectively starting his research. Although it is clear that grounded theory is not a linear process, we can differentiate several steps that lead to the purpose, namely, a substantive grounded theory. The steps to differentiate in the process of generalising a classic grounded theory are summarised and then briefly elaborated in Table 5:

1. Choosing the field of interest and building a relational network
2. Data collection, open coding
3. Constant comparative analysis and theoretical sampling
4. Memoing

5. Finding the main concern and the core category
6. Selective coding
7. Theoretical sorting and theoretical coding
8. Writing up the theory

**Table 5:** The Different Steps of Grounded Theory Elaborated

*Choosing the field of interest and building a relational network.* The first step is perhaps not methodological, but it is important in the beginning of the research. Because of the dictum ‘no preconceptions’, the inquiry never starts with a preconceived problem (Glaser, 1998). Interest and curiosity are a good reason to take a deeper look at a substantive area. Sometimes, an experience can motivate the researcher to enter a field. The first difficulty arises at the moment the researcher tries to do so. There are always gatekeepers to bypass in organisations. Without a clear research question, ample creativity is required to convince them. After managing to enter the field, the researcher has to organise his relational network. During the time the inquiry takes place, one has to work on these relationships.

*Data collection, open coding.* The second step is collecting data. Glaser has said, ‘All is data’ (Glaser, 1998, p. 8). This means that everything one can find is usable: interviews with individuals, groups, observations, reports, films, newspapers, music, etcetera. Glaser defines four types of data; the first is called baseline, which is the best a participant can deliver; the second is called properline, which is the best a participant thinks he can tell. The participant thinks that these are the answers the researcher wants to hear. The third type is interpreted data, which means that the data are told in a professional way, thus, from the perspective of the person’s profession. The fourth type is vaguing out, which means that the participant speaks in vague language because there is no reason to tell the researcher something; he does not want to share information of value (Glaser, 1998). Glaser has noted that it does not matter what sort of information arrives; the data will emerge in their own way.

*Constant comparative analysis and theoretical sampling.* While collecting data, the constant comparing takes place. The researcher must keep asking the questions, “What is this data a study of?”, “What category does this incident indicate?”, and “What is actually happening in the data?” (Glaser, 1978, p. 57). The above-mentioned line-by-line reading is meant for field notes, not for transcriptions (Glaser, 2014). Open coding leads to substantive codes and continues until the core category has been identified.

*Memoing.* The same is true for memoing. The researcher starts from the beginning and writes memos after or even during interviews or conversations. One can memo

everywhere and on anything, but the memos must be printed them on a usable card to group them.

*Finding the main concern and the core category.* The goal is to find the main concern of those involved. The researcher has to stay open and listen, write, and analyse with the trust that the main concern will become clear. The way the main concern is resolved or processed is the core category. It takes time and much analysis before the core emerges, but it will do so.

*Selective coding.* When the core category emerges, the selective coding begins for it and the related categories. Theoretical sampling in this stage means focussing on the core, as well as the related categories and their properties. Interviewing can be more directed and no longer has to be open. The data collection stops after saturation, when incidents no longer provide anything new. There is no point in continuing to collect the same information.

*Theoretical sorting and theoretical coding.* Sorting the memos is a creative process which starts combining memos and bringing order to the large quantity by putting the cards on the floor or a table. While sorting memos, the analyst asks himself which theoretical code fits this composition. Glaser describes many theoretical codes in *Theoretical Sensitivity* (1978), *Doing Grounded Theory: Issues and Discussions* (1998), and *The Grounded Theory Perspective 3: Theoretical Coding* (2005). Examples of theoretical codes are the six c's: causes, contexts, contingencies, consequences, covariances, and conditions. Furthermore process: Stages, phases and passages, etcetera. An analyst should learn many theoretical codes to remain open and understand what happens while sorting the memos. It is possible that more codes are visible in the memos; further sorting allows the most dominant theoretical code to emerge.

*Write up the theory.* Glaser has noted, 'Sorting a rich volume of memos into an integrated theory is the culmination of months of conceptual build up' (Glaser, 1998, p. 187). Writing up is when the researcher brings the memos into a coherent body of work (Glaser, 2012): 'Once after the SGT is discovered then an applicable literature is pointed to, and then the researcher should study this literature from several points of view and use it' (Glaser, 2012). One can choose to interweave the literature or write it apart from the substantive grounded theory that is discovered.

In section 2.5, I describe the process of the study I conducted with the classic grounded theory. Much of the information I described above becomes clearer because grounded theory can only be learned by doing. As Glaser has often said, 'Just do it' (Glaser, 1998, p. 1). Prior to this, I discuss a number of guidelines I learned during two troubleshooting and a DVD with Glaser's opening talk Glaser (Glaser, 2010).

## Helpful Guidelines from Troubleshooting Seminars

I attended two troubleshooting seminars (for a total of four days), one in December 2017 in Dublin and one in Petersfield in December 2018. The seminar was designed for established and novice grounded theory researchers, and the aims were to progress each grounded theory study to its next stage and to inspire and empower grounded theory researchers. In addition to meeting eight to 10 grounded theory researchers from different countries, it was inspiring to listen to the experienced grounded theorists. During my visit to Dublin, I listened to a lecture from Vivian Martin about formal grounded theory and met Tom Andrews twice; he gave an introduction to the seminar and provided interesting facts and inspiring information about classical grounded theory. Helen Scott, one of the organisers, was willing to coach me via Skype, as well. Some of the information I received helped me to understand the essentials of classic grounded theory. In Vignette 1, I share some of the notes I made during these meetings.

### *Vignette 1:* Notes on Grounded Theory (Source: Research journal)

- *Grounded theory is a delayed learning process.* This helped me understand that learning the methodology requires time. Some of the issues capture you after a while.
- *You have to think as an analyst.* Think in concepts and not in descriptive language. Because all the attendees were focused on conceptual thinking, the level increased during the two days of the seminar. They challenge you as an analyst and not attack you as a person.
- *Classic grounded theory is a full package which helps you through the whole process.* Glaser already mentions this in his books and publications, but the deeper understanding came after visiting the seminars.
- *Stay open.* It is all in the interest of staying open.
- *Very much is led by the participants but it not by giving the voice of the participants.* Classic grounded theory is not about co-creation. You will deliver something to the participants.
- *Confusion is part of the learning process.* Confusion is the cost of understanding.
- *The main issue is conceptualisation, not description.*
- *It is our job to pick up patterns.* We are creatures of habit. Pick up the patterns.

Glaser pointed out: 'We are meaning-making animals'.

- *Finding the right name for a code or category takes time.*
- *You have to publish the results of your study.*
- *You will become an autonomous researcher.* Developing a theory on your 'own' is very exciting. It makes you self-confident.
- *Do not force.* Again, open mind.
- *The core category is how the participants try to resolve their main concern.* This does not mean that they resolve the problem; it is the process of their resolving.
- *Good books on classical grounded theory: Rediscovering Grounded Theory* (Barry Gibson, Jan Hartman, 2014), *Grounded Theory, The Philosophy, Method, and Work of Barney Glaser* (Martin & Gynnild, Ed., 2011).
- *Make a choice from whose perspective you will do the research.* I collected much data but could not get a grip on it because I had not chosen a perspective.
- *Make field notes.* Line-by-line reading does not mean you code every line.
- *Do not force a gerund.* A basic social process is just one of many theoretical codes.
- *Reading a play is not the same as seeing the play.*
- *The world is socially organised.* We try to recognise the patterns. Deeper layers of human behaviour.
- *Emphasise behaviour, not people.* We theoretically sample behaviour, not the theory.
- *Theory has to be grounded in the data.* You cannot hear this enough to understand the essence of classic grounded theory.
- *It is not recipe.* This underscores the creativity and the learning process.
- *Pre-consciousness.* The idea that your mind picks up things that are not immediately clear. Things have to ripen, and you have to trust in emergence.

The above guidelines and helpful information give an impression of the way I benefited from the seminars. My point of view of classical grounded theory has changed over the last three years. From the idea that Glaser fit the positivistic paradigm, I now think that Glaser and Strauss were in fact 15 to 20 years ahead of their time (Glaser, 1998). When I look around me and see all the verification research and evidenced-based research, I think we need additional time to realise the power of classical grounded theory. In the next section, I describe the process of conducting the study.



## 2.5 Conducting the Study<sup>10</sup>

In this section, I elaborate on the process of the study from the start through the full generalisation of the substantive grounded theory. The grounded theory methodology is not a linear process, but for readability, I distinguish eight subsections, which slightly diverge from the subsections in the previous section because of the personal process I followed. The subsections run like a thread through this description of the study. Throughout this study, I experienced a delayed learning process and made choices I describe.

### 1. Starting the Study

Before I could truly start collecting the data for this study, there was a long period of preparation. The fascination with the phenomenon was there from the beginning. I was fascinated and puzzled by the collaboration between two sorts of workers with such different backgrounds and educations. The question was there from the start: What is happening between and with these workers? The first barrier that had to be overcome related to the ideas I had about the university's requirements. Many preconceptions and ideas about how to handle this project led to a parallel learning process of who I am as a researcher and which methodology best fit my question. I had ideas about differences between the values of the two workers. Of course, I was partly motivated by the books I read about organisation cultures and the field in which my supervisor is an expert (cross-cultural competences).

Another pre-conceived idea I developed was from the area of knowledge. The fact that experts by experience have a different education and my background as a supervisor/coach showed me the area of education and knowledge. The concept of tacit knowledge (Polanyi, 1966) identified a new preconception, which I also had to let

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<sup>10</sup> Glaser (1998) emphasises 'doing' the research.

go because I knew that this would not fit. The reading, the writing, and the lectures in management helped me develop my knowledge on science and the many research methods available. The dominant research approach in management is hypo-deductive, that is, formulating hypotheses and testing them after studying earlier knowledge (Alvesson & Kärreman, 2011). Although it helped me to develop my competences, I had to let it go in the end because this approach would not yield an answer to the research question I formulated.

What was clear from the beginning was the substantive area in which the study should take place: the mental health working area where experts by experience and traditionally educated mental health workers meet each or have experiences with collaborating. I found two organisations in the field that were willing to let me do the research. After several interviews with employees who were responsible for the research department, I managed to create the space I needed to conduct this research. By 'space', I mean the opportunity to speak with employees and walk around in the organisations. I visited many locations and attended meetings that gave an impression of the field. In 2015, I visited one organisation three times to discuss the possibilities for this study. The data collection had already started because of the information I received during these conversations. In another organisation in the same substantive area, I had one appointment with an expert by experience and the manager of a department in which experts by experience worked. Before I started the research formally, significant energy was put into developing a relationship with key persons. In the first organisation, I had to change the contact person because the gate remained closed for several reasons. One was the difference in our view on science, and another was my attitude based on preconceptions. After an open dialogue with the chief executive officer (CEO) of the organisation, in which I successfully explained my fascination, I was connected with a new employee who helped me find the people I sought.

I always had to travel approximately 200 km to the research location. I made a time schedule so that my visits could be most effective. For this I was also dependent on the availability of the people I wished to interview. In both organisations, my contact persons were helpful in arranging many meetings with the employees. In the period, from January 2016 until February 2017, I conducted this research in the substantive area of mental health. In the next section, I describe how I collected the data in the substantive area.

## 2. Data Collection

In the period between January 2016 and February 2017, I interviewed 43 employees in two organisations in the same substantive area via Skype, and two telephone interviews were held; in total, 31 traditionally educated professionals and 12 experts by experience shared their observations. Furthermore, I had conversations with several people in the organisation without taping the conversations, starting with the first conversations to acquire permission to conduct the study and a guided tour through the organisations, where I spoke with several employees and made observations. Moreover, I spoke to employees during meetings, for example the opening of a new department, where only experts by experience started to work.

Table 6 lists the people I interviewed and who signed the consent form. In this table, professional background and gender differentiate the participants. Furthermore, the organisations are divided as 1 and 2. The term ‘traditionally educated worker’ is preferred over ‘professional’ because the experts by experience are also professionals. Additionally, the specific backgrounds of the workers are not included in the table. This information became clear during the interviews. Most participants who were traditionally educated had a background in nursing or social work.

These interviews lasted approximately one hour, and all 43 interviews were transcribed. Everyone who wanted to participate in the study received information about the research

**Table 6:** Overview of Participants

<i>Interviews/transcribed</i>	<i>Organisation 1</i>	<i>Organisation 2</i>	<i>Number</i>
<i>Traditionally educated worker<sup>11</sup></i>	17	14	31
<i>Expert by experience</i>	6	6	12
<i>Women</i>	15	13	28
<i>Men</i>	8	7	15
<i>Amount</i>	23	20	<b>43</b>

(Appendix 1) and a consent form (Morris 2015, pp. 27, 28). Participants all signed their form (Appendix 2). The working title of the research was: *A world of difference?* It was emphasised that the research would focus on the collaborative experiences they had. In the description, I also asked if it was possible for them to contact them a second time if additional information was needed. Every interview started with a short explanation of the research, while I introduced the research and the participants introduced themselves. I asked them to be open as possible, and I gave them the opportunity to say everything they thought was important. In addition to the interviews, I collected materials from the organisation, such as folders and books (one organisation published four books with themes such as recovery, peer support, and living in a sheltered environment, but also a book containing research on experts by experience conducted by their own staff and DVDs with recovery-related themes).

A basic tenet of grounded theory is that ‘all is data’. This tenet is a true research perspective on all incidents that the researcher encounters. It expands constant comparison and theoretical sampling. From the briefest of comment to the lengthiest interview, written words in magazines, books and newspapers, documents, observations, biases of

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<sup>11</sup> The term ‘traditionally educated worker’ is used to emphasise the difference with the education by experience of the expert by experience. The expert by education was found later in the literature.

self and others, spurious variables, and unexpected variables in the substantive area of research are data for grounded theory (Glaser, 1998, p. 8).

The collection of the data was spontaneous; I tried to obtain as much information as possible during the visits at the organisations. The lesson that I learned during this study was that collecting data is not merely assembling information but also, as quickly as possible, to starting to analyse it and to memo. I had to interview more people one day because of the distance and the time that was available. Fortunately, I decided to begin analysis after the first four in-depth interviews; otherwise, I would have had too much material to analyse. I now understand much more the constant movement during a grounded theory research. Constantly asking questions about the data improves the analysing process during the research. Another point of interest is a warning from Glaser: 'DO NOT TAPE INTERVIEWS' (Glaser, 1998, p. 107). The most important reasons he mentions are that doing so undermines the process of constant comparing and neglects the saturation of the concepts (Glaser, 1998). The risk is that the enormous proportions of data overwhelm the researcher. Holton and Walsh have noted that researchers are afraid of missing something (2017). Field notes should be enough for the goal of generalising a grounded theory. I now understand the power of the methodology and the constant comparing of incidents followed by theoretical sampling. Still for several reasons, I am pleased that I taped and transcribed my interviews. First, I had to return to my data because I could not find the core category. The data are primarily collected data, but because of the delayed learning process, I had to go back and forth. Second, I learnt from my interviews to listen to the conversations as if I was merely another participant.

Therefore, my opinion in these is that taping can bring an extra dimension to data, but it should not be overdone. Some time is required before a novice researcher truly understands the power of the grounded theory. Experience requires time, practise, and guidance. The last is

difficult to find at first. Books were the only resource from which I could learn the methodology. Stern produced the term ‘minus mentoring’, which means the way I did my research in the first stadia (Glaser, 1998, p. 5). After visiting the troubleshooting seminars, my competences developed much faster.

Another topic I discuss about collecting data is the approach to interviewing. One of the foundations of classic grounded theory is emergence. The more the questions are specified, the less chance there is for emergence. Staying open and trusting the methodology is the way to achieve the goal. Glaser (1998) has noted that one has to ‘instil a spill’ (p. 111). The climate in which the participant feels comfortable to talk about the real things that bother him must be achieved.<sup>12</sup> Most literature advises making an interview guide (Edwards & Holland, 2013; Charmaz, 2014; Brinkmann & Kvale, 2015, King & Horrocks, 2010; Alvesson, 2011; Morris, 2015). It also describes the ‘dos and don’ts’, such as being a listener and not interrupting. Furthermore, the ethical issues are discussed in the literature. The more the approach adheres to postmodern thinking, the freer the interviews are.

I incorporated certain background topics into the conversations: personal background, feelings, meanings, experiences, knowledge, and curiosity. The last is my personal way of achieving contact and becoming more familiar with the participants experiences. Two specific parts were part of my interviews, one of which was my fascination with the research method of storytelling (Boje, 2001, 2018, 2014). I met Boje during a conference in Coventry (2014). His approach to analysis did not fit this study, but asking for stories became part of my interview technique. He described ‘little wow moments’ in memories; every bad or good memory has such moments. This insight was helpful during the conversations with the participants. It kept the conversation fluent and brought humour into the interview. Another element I incorporated

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<sup>12</sup> Another reason that Glaser is not enthusiastic about taping is because of the undesirable effect of pressure induced by the technique.

into my interviews was based on preconception. I was fascinated by the literature about symbolic interaction, a theory with several premises:

The first premise is that human beings act toward things on the basis of the meanings that the things have for them. [...] The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows. [...] The third premise is that these meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters. (Blumer, 1969, 1998, p. 2)

This forced me to ask the participants about the understanding they had before and after meeting the expert by experience. It was an interesting question but did not lead to the discovery of the patterns that emerged during the process. Classic grounded theory is focussed on discovering, so the questions and the researcher have to be open; he must try to avoid preconceptions. This does not mean that he is not part of the conversation, but that it concerns the area of inquiry and not the researcher himself. Normally, literature research is recommended: 'Research does not or should not take place in a vacuum' (White, 2009, p. 7). Nevertheless, in classic grounded theory, it is recommended to perform the literature research after; one can study literature in other areas, but not in the area of interest. I performed an in-depth literature study on methodology and studied theories such as symbolic interactionism (Blumer, 1969). Of course, I was not a *tabula rasa* when I entered the research area, but I tried to stay open while collecting the data. I needed all my competences of reflection both in action and after action (Schön, 1983). Thoughts appeared and tried to force me into a direction; I let them go and returned to curiosity, which led to rich data and incidents that I could compare. The last point here is the fact that, initially, I was not conscious of looking for the main concern and the core category. The positive effect was that I did not seek the main concern; it emerged during the process of generalising the theory. The core category was difficult to find in the beginning and was part of my

delayed learning process. In the next subsection, I elaborate the coding process.

### 3. Open Coding, Comparing Incident-to-Incident, and Theoretical Sampling

‘Wittgenstein’s idea the meaning of a concept can be understood only through its use; it is the use of a concept that establishes its meaning, rather than any kind of logical analyses or dictionary definition’ (in Collins & Evans, 2007, p. 23). Grounded theory methodology is often presented in literature as a linear process because of the understanding of the different stages. However, it is important to realise that grounded theory methodology stimulates the parallel processes of analysis, synthesis, and conceptualisation. The only way to learn how this works in practise is by doing it. Collins and Evans (2007) have noted that ‘enculturation’ is the only way to manage an expertise, that is, by practising with others and starting to understand the rules that cannot be written. As a novice researcher, one tries to start by following the rules written in the books. The more one masters the skills, the more understanding is achieved.

The process of open coding includes naming incidents and comparing incidents with each other. The moment one understands the concept of what is happening in the data, the incidents are no longer mentioned. The conceptual level is reached, and the descriptive level is abandoned (Glaser, 2011). ‘A concept is the naming of an emergent social or social psychological pattern grounded in the research data and generated by constantly comparing many indicators which indicate the pattern and its sub-patterns’ (Glaser, 2011, p. 51).

Coding is a learning process that starts with analysing collected data. During a troubleshooting seminar, every occupant codes material from participants. Practising coding helps build trust. A difficult issue during coding is the differentiation between categories and properties during the coding process. The process starts with comparing incidents to



incidents until a category (a concept) or its property emerges. Subsequently, the concept is compared to the next incident. Because of the constant comparing and emerging of categories, the theoretical sampling takes place because the focus narrows (Glaser, 1998). Glaser has distinguished two codes: in vivo codes, which are the words participants use, and analytic codes, which provide a theoretical explanation (Glaser, 1978).

In this study, I started the coding process after I had interviewed four participants and transcribed the conversations. Although this is not congruent to the rules of the classic grounded theory methodology, I managed to obtain abundant data. I first used Atlas.ti to order my data but later decided to code on paper. I chose to do so because it gave me more freedom and opportunities for creative thinking. This choice is in line with the advice from classic grounded theorists. The risk is that one codes large amounts of data without constantly comparing incidents (Holton & Walsh, 2017). Classic grounded theory is not about description, but about conceptualisation. The main aim is discovering patterns in behaviour in a substantive area, not generating findings (Glaser, 2001, p. 5). As a classic grounded theory researcher, one has to learn to get out of the data (Glaser, 2011). The aim is not objectivity: 'GT's only claim is an abstract coded theory generated from whatever data by coding patterns in the data' (Glaser, 2011, p. 69). Glaser (2001) has argued that the most important properties of conceptualisation are that the concepts are abstract with regard to time, place, and people and have lasting grip. The process of learning to code in this study included practising during the troubleshooting seminars, learning from coding in Atlas.ti, and repeatedly starting over to understand how to think conceptually. In addition to the delayed learning process, classic grounded theory is also a delayed action phenomenon; Glaser (1978) has called this a preconscious process (p. 23) in which the analyst experiences a difficult process of development.

After some time, the analyst starts drawing blanks and does not know what he is reading. He begins to feel it is a waste of time, that comparing

generates nothing, and that becoming a researcher seems foolish. He feels agitated. He may even enter a depression and feel a disturbing identity loss. These stressful signs occur because, as input increases, so does the preconscious processing of the material (Glaser, 1978, p. 23).

For me, this process was an iterative way of learning, in which names often changed before I understood the underlying patterns. I was always close to a new concept but often could not see it. Below, I describe the coding process in this study. In March 2016, after the first coding process, I discovered six concepts: 1) socialisation, 2) vulnerability, 3) distance and closeness, 4) experience versus profession, 5) inclusion and exclusion, and 6) offense.

These concepts provided direction for the next interviews. After transcribing 23 interviews (in August 2016), I had 248 codes, which I organised into several categories: 1) conflict with properties; offense, critique, encounter, differences, and visibility; 2) the other in me, with properties; own experiences, empathy, identification, and vulnerability; and 3) codes without concept: autonomy, support, and time.

In September 2017, after transcribing 43 interviews, I analysed 15 interviews again and found my core category. It did not yet have the correct name, but it emerged constantly during interview analysis. This core category was distance and closeness correlated with the following categories: vulnerability, critique versus offense, stigma, identity, struggle of the expert by experience, and identification. The core changed to distance and disclosing, and socialisation stood apart from the other categories.

In December 2017, I went to my first troubleshooting seminar. My main goal was to address my struggles with formulating and discovering the core category. In addition, I learnt more about the methodology, and I received important advice: namely, to choose the perspective from which I wanted to conduct analysis. I interviewed experts by experience and traditionally educated workers, and this double perspective made it difficult to analyse. This insight was helpful, and I decided to take the perspective of the traditionally educated worker. The most important

reason for this was that their main concern was already clear. This new focus meant new open coding and repeating parts of the process. My collected data were all transcribed, so I was happy to have the data and started coding again and comparing incidents. The categories emerged quickly, and in March 2018, I had the following categories:

- Revalidating the professional standard of disclosure (core category)
- Socialisation
- Sharing vulnerabilities
- Identification
- Fearing stigma
- Boundaries of professionals

Every category had properties but was still emerging, and this process is explored in the sub-section on selective coding. In the next subsection, I explore the main concern and the core category.

#### 4. The Main Concern and the Core Category

The central issue from the beginning of the research was finding the main concern and the core category. Doing so would allow me to approach the substantive area without preconceptions, as I have described above. In the end, I let these preconceptions go because my curiosity overcame the preconceptions. This curiosity was based on not knowing what happened in the substantive area; I only knew that there were tensions, and that there were negative and positive experiences between the expert by experience and the traditionally educated worker. I did not know, however, what was happening on a deeper layer. I broadened my research question to the following: *What is going on in the mental health organisations where professionals and experts by experience meet?*

The interviews and conversations helped me collect the data. By having the participants tell their stories, and by listening to them and asking critical questions, I received sufficient material from the conversations for analysis. The main concern is the conceptual problem

that emerges while constantly comparing the data. Trying to understand the action in a substantive way from the actors' point of view is one of the primary goals of the methodology: 'understanding revolves around the main concern of the participants whose behaviour continually resolves their concern. Their continual resolving is the core variable' (Glaser, 2001, p. 99). Thus, the main concern and the core category are connected. The question, 'What is actually happening in the data?' (Glaser, 1978, p. 57), is one of three that an analyst should pose. The other questions are, 'What is this data a study of?' and 'What category does this incident indicate?' (Glaser, 1978, p. 57).

The main concern that emerged while constantly comparing incidents is professional identity loss with the main properties social order confusion and ambiguity of beliefs about disclosure. The participants feel threatened as professionals. The emergence of this main concern took time because I had to change focus from listening to what participants said their problem was to theoretical coding and conceptualisation. 'The main concern is not the voice of the participant' (Glaser, 2001, p. 103). Glaser (2001) has noted that every participant can have his own view and does not have to recognise the concern. When presented the concept (theory), they will like it, and it will give them influence over many situations. An example of this is that participants described daily problems they experienced when collaborating with the expert by experience, for example, that he did not distribute medication. This is a superficial experience and led to a deeper layer when conversations became more comfortable. The incidents in which participants revealed their true worries were numerous and could ultimately achieve saturation. The core category is the one that constantly dominates in the data; it accounts for the way the participants try to resolve their main concern. Glaser (1978) has described 11 criteria by which analysts can judge the core category that fits the data. I explore the 8 of these that are most important of these, namely:

1. Centrality, that is, the relation with most other categories.
2. Frequency, which means that it can be found in the data often.
3. Relevancy of the concept, which means that it is related more often to other categories than others. Saturation takes longer because of this criterion.
4. Grab, which concerns the meaning of this concept; Glaser has noted, 'their realisation comes quick and richly' (Glaser, 1978, p. 95).
5. Implication for formal theory, meaning that it can be connected with a higher level of theory.
6. Carry through, that is, the core will trigger the process of generalising the theory. It will not stop the process but will give it power.
7. Variability, which means the different degrees, dimensions, types, and changes through different conditions.
8. It can be any theoretical code and can be a process, a condition, etcetera (p. 96).

The last criterion is further explained in step 7.

The core category in this study is 'revitalising disclosure'; the properties of the core category are the following sub-core categories: socialisation, sharing vulnerabilities, identification, fearing stigma, and the boundaries of professionals. When this core category emerged, I was immediately convinced that it was the central core. It had connections with the other categories, which were also much clearer than in the beginning. The frequency was already high in the beginning, although I did not see it then. Thirty-seven incidents were compared with the code that led to this core category. The connection with the other categories was so strong that these seemed to be part of the core category. First, I struggled with the name of the core category. It began with the code distance and closeness and changed into revalidating disclosure, and in the end to revitalising disclosure, which expresses this theory best. 'Revitalising disclosure' signals the way the participants try to resolve the main concern. I mentioned it above as a process but had to let that go because it was possible that another theoretical code could fit better.

The connected categories whose names changed during the process were as follows: 1) the boundaries of professionals, 2) vulnerability, 3) socialisation, 4) identification, 5) image processing, and 6) stigma. The core category had already emerged in September 2017, but not with the right name, which evolved afterward. In March 2018, I repeated the coding process with the data I collected several times. Because the main concern and the core category were clear, I could start with selective coding. During this selective coding, I could specify the other categories and dismiss one of them.

## 5. Selective Coding

Selectively coding for a core variable, then, means that the analyst delimits his coding to only those variables that relate to the core variable in sufficiently significant ways to be used in a parsimonious theory. The core variable becomes a guide for further data collection and theoretical sampling (Glaser, 1978, p. 61).

In this stage of the research, I experienced the next result of the delayed learning process: Because I collected so much data in the beginning and had problems determining the main concern and the core category. I think that I would have found it much quicker to have the competences to do different skills at the same time. Nevertheless, after learning to analyse small pieces of data and comparing incidents, I returned to my transcribed interviews and my memos. One of the practical consequences of the choice to do my research in places with a travel distance of approximately 150 km and 200 km was that I collected much data in one day. I conducted three or four interviews in one day and tried to take notes between them. After a year of collecting data, I had a large amount of data to analyse. I had already narrowed my scope after the first coding in March 2016 but did not follow the rules of classic grounded theory. During first troubleshooting seminar in 2017 in Dublin, I was advised to take excerpts from the data and do the coding again. I followed this advice and changed my perception of the

collected data. I could look at them as secondary data that could provide the answers to my questions. After I was sure about the core category, I had a new lens that helped me to analyse the collected data in more depth. The result was that I could saturate the concepts I found. Furthermore, I started conversations with a few people who worked in a third organisation in the same substantive area to learn whether the same concepts could also be found there. The result of this process was further generalisation of the concepts and more precise specifications of some concepts. It also became clear that one of the concepts was a preconception, namely, the concept of image processing. I dropped this concept because it was not grounded in the data but from the literature review. Another concept, socialisation, did not seem to connect correctly with the other concepts. At a later stage, I realised that this was the emergence of a typology in which I could group different behaviour I found in the data. I elaborate this further in step 7.

In this stage, I ended with the following concepts and their properties in addition to the core category of revitalising disclosure. To provide an impression of the coding process, some of the codes related to the concepts and their main properties are described below.

1. Breaching boundaries, with the following properties: encountering and defending, social structure, conflict, beliefs, differences, changing hierarchies, disciplines, clear boundaries, social structure, professional standards, and unclear boundaries.
2. Vulnerability and the fear of stigma with the following properties: dialoguing, sharing, and fearing (stigma), labelling, fear, beliefs, latent experience, critique, defence mechanism, personal challenges, identification, mirroring, exclusion, power and weakness, and balancing.
3. Recognising the power of identification with the following properties: collaborating, recognising and adapting, sharing, recognising oneself in the other, empathy, identification, experiencing, opening up, contact, reaching out, formal-tacit, changing beliefs, and interdisciplinarity.

4. Socialisation (a typology), with the following properties: beliefs, opinions, education, experiences, mental challenges, no mental challenges, open and closed.

The above provides a description of the different steps I took to partially generalise the theory. In the next subsection, I describe the process of memoing, which is necessary to produce the material to write a substantive grounded theory.

## 6. Memoing

‘Memos are the theorising write-up of ideas about codes and their relationships as they strike the analyst while coding’ (Glaser, 1978, p. 83). Glaser (1998) has noted that writing memos is important to preserve the ideas that emerge during the grounded theory process. In 1978, Glaser provided a list with the goals of memoing. In 1998, he corrected himself by saying that he may have been too formal (Glaser, 1998). The reason he did so was to emphasise the freedom of memo writing: ‘The goal is to capture meanings and ideas for one’s growing theory at the moment they occur, which is far away from ready to show to others’ (Glaser, 1998, p. 178). ‘It is normative for no one to read another person’s memos’ (Glaser, 2014, p. 1).

Glaser’s suggestions stress that this aspect of grounded theory is special and vital to the approach as a whole. With memoing, the preconscious and the conscious meet. This meeting can happen any time. During this study, I wrote many memos from the start. The more I advanced, the ‘better’ my memos became. The first memos were impressions and questions about what I heard during the interviews. Later, when I learnt more about the methodology, my memos were still spontaneous but also gave direction to the generalising theory. It is interesting to compare serendipity with the emergence process of classic grounded theory. Copeland (2019) has defined serendipity as ‘an emergent property of scientific discovery, describing an oblique relationship between the outcome of a discovery process and the



intentions that drove it forward' (Copeland, 2019, p. 2386). The systematic part of classic grounded theory, such as the coding and the theoretical sampling, supplements the free writing and thinking. Glaser described these as the twin foundations to generate theory (Holton & Walsh, 2017).

Ultimately, I counted the memos I wrote on cards to sort later; in total, I wrote 161 memos. Furthermore, I kept a diary in which I could write ideas that emerged during the day or even at night. Later, I categorised my memos to make the pile more workable. I could order them by the categories that emerged while I did my research. Even now, I continue to write memos.

Below, I provide some examples of sentences from memos I wrote:

- Today, I had the impression during and after the interviews that the professional was much more superficial than the expert by experience. The latter told me very rich stories about his history. What does this tell me; can a professional not tell a story with deeper layers? Maybe, but more with a sense of objectivity, not personal.
- Maybe the main concern is about adaption to a new way of working. The old paradigm is shifting.
- Disclosing as a core category does not complete the whole story when I combine boundaries.
- 2 June 2018: Accommodating disclosure to change yourself or your behaviour to suit another person or conditions.
- The caps ensure the difference.
- For now, I see a typical development of a pattern that fits this time.
- When the experts by experience open up, the professional opens up, too.
- The distance that is trained keeps the door closed. Building the bridge between the professional and the client.
- What is the effect of the openness of the experts by experience on the attitude of the traditionally educated worker; does something change?
- Letting go of boundaries means meeting the person. Mirroring, re/identification, re/identifying, re/covery, re/vitalising, re/validating/, re/shuffling.

- The ladder of vulnerability.

In this sub-section, I described memoing in this study; in the next, I explain how the process of sorting proceeded and the theoretical code that fit the theory.

## 7. Sorting Memos and Theoretical Coding

After the concepts discovered, categories and their properties are saturated, and it is time to sort the memos. Saturation is reached when the researcher cannot find any new indicators that specify or elaborate a concept: ‘theoretical saturation refers to the constant comparison of conceptual indicators in the data to the point where additional indicators yield no further theoretical specification or elaboration’ (Holton & Walsh, 2017, p. 103). In this study, I collected so much data that, at a certain point, the incidents began to repeat. Many concepts were already saturated before I stopped collecting data. On the other hand, I could have elaborated parts of the theory if I had had more time for the selective coding. Developing a theory does not stop after the first draft is written. I had built a large pile of memos wondered when to stop the selective coding and theoretical sampling. Glaser (1998) has described this point, saying, ‘The researcher is exhausted and saturated, physically, temporally, and financially’ (p. 188). I stopped collecting data in the two organisations but still had conversations in a new organisation. In the end, however, I decided to start sorting memos; this was the moment to enter the next stage of the process of generating a substantive grounded theory. As Glaser writes, ‘Sorting is the last stage of the grounded theory process that challenges the researcher’s creativity’ (Glaser, 1998, p. 187).

Sorting memos starts with placing a memo on a large table or on the ground (Glaser, 1998). The next memo is then placed, and the search for relations can begin. Every memo has to relate to other memos (Glaser, 2012). The sorting of categories and their properties is related to the core category because of the development of the substantive

theory. During the sorting, new ideas can develop, and new memos may have to be written. The key question is, 'Where does it fit in?' (Glaser, 1978, p. 123). When a memo does not fit, it is placed in a separate pile.

While sorting, the researcher has to start with theoretical coding. This means determining which theoretical code is dominant in the theory being generated: 'theoretical codes implicitly conceptualise how the substantive codes will relate to each other as a modelled, interrelated, multivariate set of hypotheses in accounting for resolving the main concern' (Glaser, 2005, p. 11). A theoretical code is a higher abstraction than the substantive code and is the theoretical/conceptual framework. It is no longer related to the content; it is the way a phenomenon evolves, or a pattern becomes vivid. In the section about the process of classic grounded theory, I mentioned some theoretical codes.

Glaser has elaborated on the theoretical code 'basic social process'<sup>13</sup> (BSP) and differentiated two: 'basic psychological process (BSPP) and basic social structural process (BSSP)' (Glaser, 1978, p. 102). The first refers to the processes which are normally written with a gerund, such as becoming, shaping, and modelling (Glaser, 1996). The second refers to the social structure in a process such as bureaucratisation and routinisation (Glaser, 1978). Often, a BSP seems to be the dominant theoretical code, but not every grounded theory is a BSP. Glaser advises reading many theories to learn about different theoretical codes. In the *Grounded Theory Seminar Reader* (2007), many examples of classic grounded theories can be found. Theoretical coding also requires an open mind and not forcing a code or using a pet-code (i.e. a favourite code). Glaser also notes that theoretical codes are based on sorting

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<sup>13</sup> 'Basic social process: A generic theoretical construct explaining fundamental patterns in the organization of social behavior as it occurs over time, involving a change over time with discernible braking points or points of transition or passage from one stage to another' (Holton & Walsh, p. 210).

memos and not sorting data. Thus, the theoretical code emerges during the sorting process of the written ideas (2005).

I sorted the memos in this study many times. I also let them rest for a period of a week and then started sorting again. The pictures in Figure 1 to Figure 3 provide an impression of the sorting process in this study.

While sorting of the memos, I discovered some interesting issues that at first made it more difficult but later helped me integrate the substantive grounded theory; 'GT taps the multivariate social organisation of patterned behaviour' (Glaser, 2012, p. 41). The first issue was determining the right theoretical code. The second issue was whether two categories fit. The sorting revealed two dominant theoretical codes, namely a BSP and a continuum. The latter puzzled me the most because the concept of revitalising disclosure looked like a continuum on which the participants could move according to an index of different values.



**Figure 1:** Sorting memos, first stage.



**Figure 2:** Sorting memos, second stage.



**Figure 3:** Sorting memos, third stage (source for all figures: this study).

By sorting repeatedly, I concluded that the BSP was most dominant because the different concepts could be fit into different stages with primary properties. Shifting on the continuum of disclosure is both consequence of the process and part of it. The process of revitalising disclosure is a basic social psychological process and is described in the

next chapter. The basic social structural process is the underlying changing structure of the organisation. Glaser has advised writing substantively and thinking theoretically (1998, p. 197) to stay close enough to the substantive area and retain its relevance for the application of the theory (Holton & Walsh, 2017). The second issue I struggled with was integrating two categories, one of which has already been mentioned, namely, the concept of imaging. This was a preconceived concept motivated by the theoretical code of symbolic interactionism. I decided to only use this information as data that could modify the theory in the future. Another concept that troubled me was the category I named socialisation.

This concept seemed important but, in the beginning, it was not clear how it fit into a process of revitalising disclosure. I needed the methodological literature to discover how this concept should fit. Glaser has described the construction of typologies in his book *Theoretical Sensitivity*, noting that a typology also earns its position in a theory and must not be preconceived (Glaser, 1978). In the research that led to the theory of revitalising disclosure, the participants showed behaviour that first seemed to be static and motivated by their background; however, it was part of a fluid process of change catalysed by the experts by experience and the changing structure of the organisation by implementing the recovery concept. For the typology, the dimensions of ‘mental challenges’ and ‘openness’ were cross-tabulated with each other. A typology emerged that contained four lively types connected with a specific behaviour. This typology also developed over time because of better names and a better fit. ‘Openness’ became one of the categories, ‘sharing vulnerabilities’. This point is also discussed in Chapter 3.

Because of the emerging typology, I could fit this concept into the different stages of the process. An integrated theory was discovered. A clear pattern could be seen by using the full package of the classic grounded theory. In the next subsection, I describe the first draft of the theory.

## 8. Writing Up the Theory

When the memos are sorted such that the integrated theory is still on a conceptual level, the first draft can be written by ‘writing concept to concept relations integrated into a conceptual theory’ (Glaser, 2012, p. 11). The first draft can be seen as a memo (Holton & Walsh, 2017). Writing the theory is the process of writing the memos and emphasising a discovered pattern in the substantive area. After this, the researcher ‘is ready to write the theory in a first working paper BY WRITING UP THE MEMOS’ (Glaser, 2012, p. 3).

**Vignette 2:** Memo Revitalising Disclosure That is Developed (Source: Research journal).

Revitalising disclosure contains the process of change for mental health professionals who are confronted with colleagues with an attitude towards disclosure that contrasts with their original beliefs about this topic. The catalyst which ignites the process of revitalising disclosure is the expert by experience. An expert by experience is defined as a person who had or has severe mental problems and is more or less educated as a mental health professional now working in a mental health organisation.

The main concern of the participants is professional identity loss. From a situation of social order, a situation of turmoil arises. The main properties are *social order confusion* and *ambiguity of beliefs about disclosure*.

The core category and name of the theory is revitalising disclosure. The properties of the core category are its sub-categories: socialisation, sharing vulnerabilities, identification, fearing stigma, and the boundaries of professionals. The consequences of revitalising disclosure are changing beliefs and shifts on the continuum of disclosure. The typology of disclosure started with the concept of *socialisation*. Two dimensions were discovered, *sharing vulnerabilities* and *mental challenges*; these are distinctions of the concept. The four different types are generated by cross-tabulating ‘sharing vulnerabilities’ and ‘mental challenges’ (Figure 1).

### Sharing vulnerabilities

		-	+
<i>Mental challenges</i>	-	Distance keeper (avoiding)	Connector (motivating)
	+	Hider (passing)	Bridger (performing)

Distance keepers are the workers who avoid speaking about their vulnerabilities and have or had no mental challenges (the old belief of distance and closeness is dominant). Connectors share their vulnerabilities and have or had no mental challenges. They demonstrate motivating and dialoguing behaviour. The Hider had or has mental challenges but does not want to share his vulnerabilities and often shows passing behaviour. The Bridger had or has mental challenges and shares his vulnerabilities and shows performing behaviour. The process of revitalising disclosure contains three stages: breaching boundaries, sharing vulnerabilities, and recognising the power of identification.

The first stage is breaching boundaries, and the main properties are *encountering* and *defending*.

Encountering concerns meeting an expert by experience who is open about his vulnerabilities. In this stage, the defending behaviour is dominant. Defending behaviour accounts for the Distance keeper and the Hider. The Bridger shows the performing behaviour and can be seen as the cause of the defending behaviour. The Connector shows motivating behaviour.

The second stage is sharing vulnerabilities (and the fear of stigma).

The main properties of the second stage are also the properties of the first stage, enhanced with three new main properties: *dialoguing*, *sharing*, and *fearing (stigma)*. Dialogues about vulnerabilities lead to the topic of stigma (critical junction), which relates to not sharing. The Hider observes, reflects, and starts to consider disclosing himself. The Distance keeper considers his beliefs about disclosure.

The third stage is recognising the power of identification.

The main properties of the third stage are *collaborating*, *recognising*, and *adapting*. Collaborating with professionals who disclose themselves to clients leads to the recognition of the most specific trait of the experts by experience, namely, identification, which is the main property of disclosing. A critical junction is that the



client enters the field during the process of revitalising disclosure. This is a cutting point because the experts by experience can now demonstrate his way of disclosing to his colleagues. The recognition of the power of identification leads to further shifting places on the continuum of disclosure; Distance keepers can become Connectors, and Hiders can become Bridgers.

In my research, I first wrote a more extensive version, but Helen Scott advised me to draft an abstract for the following troubleshooting seminar in December 2018.<sup>14</sup> The result was a memo in which the outline of the theory could be seen and used for further development. In Vignette 2, I include a developed memo with an abstract of the complete theory.

Writing the first draft proved to be the first moment of a new substantive theory, a grounded theory discovered during a full process of the classic grounded theory. The claim is not the objective truth, but, as Glaser states, ‘an abstract coded theory generated from whatever data by coding patterns in the data’ (Glaser, 2011). However, there are criteria that can evaluate the theory: fit, workability, relevance, and modifiability.

Fit refers to the validity, and it evaluates the expression of the pattern. Workability indicates the relation between the main concern and how it is resolved and expressed as a hypothesis. Relevance is connected to the participants and the substantive area, and it also concerns applicability. Modifiability is the criterion that contrasts with verification studies because the theory can and must be modified when new data can be compared to show new variations or dimensions in the theory (Glaser, 1998, 1992). The first three criteria are described in Glaser and Strauss’s first book published in 1967. These criteria are further explored in relation to the grounded theory of revitalising disclosure in Chapter 5, in which contributions and evaluation are the main topics.

In the next chapter, the theory of revitalising disclosure is elaborated.

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<sup>14</sup> See: [www.groundedtheoryonline.com](http://www.groundedtheoryonline.com).



## ***Chapter 3. Revitalising Disclosure A Grounded Theory of Changing Beliefs about Disclosure in Mental Health***

### **3.1 Introduction**

This chapter introduces the grounded theory that was discovered during research conducted over a period of three years. The theory emerged by following the steps of the full classic grounded theory (Glaser & Strauss, 1967). The concepts emerged through the process of constant comparison and the interchangeability of empirically grounded indicators from data collected through fieldwork (Glaser, 1978).

Since experts by experience have entered mental health organisations, they collaborate with mental health professionals, who are educated in several ways, but mostly through formal knowledge; this is in contrast to the knowledge of experts by experience, who use knowledge based on experiences with mental challenges. This difference in knowledge is the most important one between these two professionals. Another distinction is the fact that the expert by experience has experiences with a mentally based diagnosis and a disruptive period in his life. The professional title ‘expert by experience’ means that this person has or had mental challenges in his life. For health professionals, this information is not public. It was not clear what happened in communication and relational development. Instead of formulating a narrow research question, the researcher chose to use the methodology of grounded theory. The dictum ‘no preconceptions’ (Glaser, Barney, 2013) corresponded to the situation. The research question was as follows: *What is going on in the mental health organisations where professionals and experts by experience meet?*

After three years of collecting and analysing data, the substantive theory of revitalising disclosure emerged. This chapter describes the theory. First, this chapter begins with the main concern of the employees in the area under study. The workers are all those who collaborate with experts by experience. The choice was made to adopt the perspective of the workers confronted with a new situation, that is, experts by experience entering the field. Conceptually, there is a situation prior to that point; there was a moment in which this profession did not exist. Here, I refer to the personal experience of the workers and not the moment in history when experts by experience entered the field. This issue is explored in Chapter 1 of the dissertation.

Every participant whom I met in the organisations where the research took place had a first time meeting an expert by experience. The basic social process of revitalising disclosure (which is explored in Chapter 2; see Glaser, 1978) starts at this point (the image of an expert by experience before the encounter is also discussed). The next subject this chapter explores is the typology of the participants by groups of their socialisation. The typology is inseparably connected with the process of revitalising and is a prerequisite for understanding the discovered pattern. There are four types to be considered during the process of revitalising disclosure which are essential for understanding of the basic social process.

After this elaboration, the core category and its interwoven sub-categories will be addressed. Revitalising disclosure is connected with the sub-core categories: breaching boundaries, sharing vulnerabilities, the fear of stigma, and recognising the power of identification. The names of the categories are used for the different stages of the BSP (the main properties are stages).

Three stages describe the process of revitalising disclosure:

- Stage 1: Breaching boundaries
- Stage 2: Sharing vulnerabilities and the fear of stigma
- Stage 3: Recognising the power of identification

I illustrate the stages via examples from the interviews.<sup>15</sup> This chapter ends with a brief description of possible factors that may have influenced the process of revitalising disclosure.

### 3.2 The Main Concern

The main concern of the people who are involved in the situation. The main concern is the most significant problem for the participants. ‘Grounded theory accounts for the action in a substantive area’ (Glaser, 1998, p. 115). The main concern of the participants in this study is *professional identity loss*. From a situation of *social order*, a situation of *turnmoil* arises. The main properties are *social order confusion* and *ambiguity of beliefs about disclosure*.

In the approach adopted in this study, a researcher attempts to understand what happens in a substantive area. The main concern became clear during interviews and by observing the participants. The people involved try to resolve their main concern. In grounded theory, this is the core category, which we have already defined as revitalising disclosure. In the basic social process, the main concern of those involved is how to react to the threatening situation caused by the intruder, in this case, the expert by experience. The health professionals who work in the substantive area are divided across two organisations where the data were collected. They were selected on the basis of their motivation and willingness to work with experts by experience. This conclusion was extracted from interviews with the management of these organisations.

Health professionals are all educated formally, that is, by following classical education and learning the principles, theory, and methodologies from literature. In addition, they participate in

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<sup>15</sup> In verification research it is common to refer to respondent’s numbers. Quotes in this study are meant to illustrate the concepts (Glaser, 1978, p. 69).

internships in one or more organisations. In the Netherlands, this kind of education leads to a job as a nurse or social worker graded in middle or high education. During their internships, students experience the profession and have the possibility of reflecting on them in school. They all learn to maintain a certain distance from the client; this can be considered an essential law in their work. Different criteria clarify the reason to maintain distance. One of these, perhaps the oldest, is to remain objective. The observation of signs and symptoms leads to an analysis and the assessment of a diagnosis. The latter is used for the interventions that are scheduled in a plan.

Nurses and social workers deliver information to those in other disciplines, such as psychiatrists and psychologists. These are more focused on the cure for the disease. Nurses and social workers are both focused on care and partly on the cure. The expert by experience is not educated in the way described above. His competences mainly stem from his personal experiences with mental challenges, and he uses his experiences to help the client; he does not collect signs and symptoms or diagnose a disease. Such experts enter the field to help clients in their recovery process. Their most crucial competency is understanding how the client feels as a result of their own experiences. Another aspect is their critique of the existing mental health system. Many of their experiences are negative; they have many critiques regarding the attitude of mental health professionals. One of the main critiques is the distance between the parties.

In the organisations studied, the integration of experts by experience was the management's choice. They supported the new profession because such experts are part of a new vision for mental health whose central theme is recovery. They refer to this work as 'recovery-supported care'. They want more closeness and sometimes the exclusion of the so-called biomedical model, in which diagnoses have a central position. Recovery is the leading principle. This factor strengthens the case for including the expert by experience.

The main concern of the participants in the first instance is how to collaborate with people who have an entirely different background and who critique the way they work. The more profound concern for the participants is their struggle with disclosure. The expert by experience expresses his vulnerabilities, diagnosis, and challenges with mental health; he can be seen as being completely open about his mental challenges. Some have learned to use this knowledge, but it is still not clear how it works, and, most importantly, the health professional never learned to use this knowledge.

The health professional is taught to keep distance; he learns that there is a border between the patient and the professional. This border was evident until the arrival of the expert by experience. Some health professionals have experienced mental challenges but keep them secret. Others were open but were corrected by teachers or professionals during their internships. Now, those health professionals have to find a new balance. Old truths need new discussions because the reasons for maintaining distance no longer seem to work. The management supports a new reality, and health professionals have to find new ways to feel positive about themselves as professionals. The borders have shifted, and for some, this creates opportunities to develop a competence they always have felt was necessary. Showing oneself to be a human being is not easy when one is trained to do the opposite. The way they do this is by *revitalising disclosure*.

Because of the differences between the participants' socialisation, a distinction is made based on whether one has mental challenges and is open about them. In the next paragraph, these differences are analysed and to help understand their impact on the development of the process of revitalising disclosure.

**Table 7:** Typology Based on Mental Challenges and Openness versus Closeness  
(Source: This Research).

		Closed	Open
No mental challenges	A1	<i>Nothing to share</i>	<i>Sharing</i>
	B1	<i>Not sharing</i>	<i>Sharing</i>
Mental challenges			

### 3.3 The Typology of Disclosure

The typology of disclosure started with the concept of *socialisation*. Two discovered dimensions, *sharing vulnerabilities* and *mental challenges*, are distinctions of this concept. The four different types are generated by cross-tabulating the two dimensions (see Table 7). The development of the typology started with the more general dimensions of mental challenges and openness versus closedness. The participants involved in the research have different backgrounds. This typology is based on differences that are connected with the main concern and the core category, namely, revitalising disclosure.

When we consider disclosure, we can distinguish between open and closed. ‘Open’ means that people talk about their mental challenges and experiences and the vulnerabilities they like to share because they think this helps the client and strengthens their authenticity. ‘Closed’ means that people choose to hide their vulnerabilities and do not share their experiences with mental challenges. There are several reasons not to



share, but the most important is that people who use this approach do not think that it helps them or their clients (*e.g.*, fear of stigma). Another reason is that it is forbidden in the profession to share personal experiences. When management stimulates openness, workers reconsider their opinion about it.

Another aspect of the typology is mental challenges. Some workers have no mental challenges or do not define their experiences as mental challenges; others have or had mental challenges. Openness and closedness not only concern mental challenges, but also relate to personal facts such as where people live, their acquaintances, and their experiences in life. It is also possible that people have a family member or a friend with mental challenges.

This theory is written from the perspective of the health professional and not from the perspective of the expert by experience. This is important to mention because the perspective of the expert by experience would provide an extra dimension to the typology. The

**Table 8:** Types of Disclosure (Source: This Research).

	Closed	Open
No mental challenges	<i>Distance keeper</i>	<i>Connector</i>
Mental challenges	<i>Hider</i>	<i>Bridger</i>

expert by experience is open because of his profession. The competence of this worker<sup>16</sup> is to use his experience of mental challenges. However, there is another participant in the field: the client. He has to be open about experiences because it helps lead to his cure. He is the one the professional observes. For the theory of revitalising disclosure, a typology with four quadrants is explored. If we were to implicate all the players in the field, we would need to extend the quadrants.<sup>17</sup>

We can divide the strands of the socialisation into the categories of no mental challenges versus mental challenges and open versus closed. We thus create four quadrants, as shown in Table 7. The typology based on mental challenges and openness is based on interactions with clients and colleagues.

In Table 8, the different quadrants are re-named as living types, namely the Connector, the Distance keeper, the Bridger, and the Hider. These living names help us imagine a person who can evolve in a specific situation. The Connector has no mental challenges and wants to change mental health with principles from a recovery-oriented concept instead of the dominant biomedical model. They are mostly driven by experiences such family, partners, or friends with mental challenges, but also experiences through internships. They want to change because of the disrespect they have experienced. Managers, team leaders, team coaches, and charismatic team players who support the recovery concept are typical in this role. The Distance keeper is typified by not talking about his own experiences; some are so closed that they do not even want to say where they live; they do not want clients to know something about their personal life. The work in a mental health organisation is substantial, and they need to recover from it. For them, there is a clear border between the patient and the professional. The

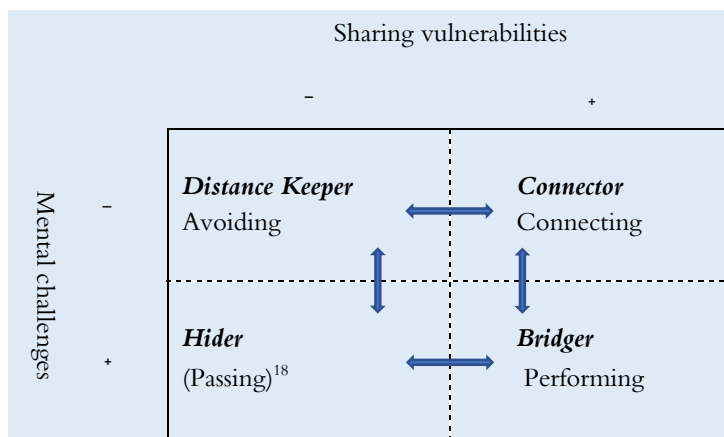
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<sup>16</sup> (Social) Competence is defined as the ability to handle social interactions effectively. “[...] social competence is the product of a wide range of cognitive abilities, emotional processes, behavioral skills, social awareness, and personal and cultural values related to interpersonal relationships” (Orpinas, 2010).

<sup>17</sup> Clients were not participating in this study.

Bridger, meanwhile, connects with clients as a peer. He shows his vulnerability and also his mental challenges.

**Table 9:** Typology of Disclosure (Source: This Research).



The expert by experience can often be placed in this role. They understand what it means to be mentally ill, and they can help bridge the distance between the hospital and the community. Mostly, those of this type feel free to communicate with clients. The Hider is the type who has or had his mental challenges but does not feel free to share his experiences. He is afraid to lose his job or become stigmatised. The Hider sometimes reveals his experiences secretly with colleagues but always remains alert. These types are not meant to be frozen in one kind of person.

A Distance keeper can become a Connector in the right circumstances. The Bridger can choose to hide in a situation that does not have a climate of safeness. A person with mental challenges can even evolve into a Distance keeper because of adaption to professional demands. In the theory of revitalising disclosure, we see that, during the

<sup>18</sup> The verb ‘passing’ comes from the literature study and replaced ‘hiding’, which was the original verb. ‘The management of undisclosed discrediting information about self’ (Goffman, 1963, p. 42, in Kanuha, 1999).

process, people can shift from one type to another. This typology should be seen as fluid. As mentioned above, several factors affect this process, and there is a possibility of change under specific conditions.

This typology is intended to provide a better understanding of the theory. People are not frozen into one or two types; rather, the situation is fluid, and people make choices to be closed or open. To emphasise the fluidity of the typology and the discovery of the dimension's mental challenges (i.e., the degree of mental challenges) and sharing vulnerabilities (i.e., the degree of openness) the next concept of quadrants is developed. It can be considered the definite typology of disclosure based on behaviour (see Table 9). With the typology of the behaviour of disclosure, the emphasis is on behaviour, which is the core of the grounded theory. The theory generated here is not about people, but behaviour, which can change according to many factors: 'In GT behaviour is a pattern that a person engages in, it is not the person [...] People are not categorised, behaviour is' (Glaser, 2001, p. 15).

The next section, explores and explains the core category and its properties.

### 3.4 Revitalising Disclosure, a Core Category

The core category and name of the theory is *revitalising disclosure*. The consequences of revitalising are changing beliefs and shifts on the continuum of disclosure.

Revitalising disclosure is a basic social psychological process with three stages: breaching boundaries, sharing vulnerabilities and the fear of stigma, and recognising the power of identification. Revitalising refers to changing beliefs about disclosure in mental health. In the substantive area, disclosure has a precise meaning; the main issue concerns distance and closeness. Professionals learn to maintain distance from their clients. In the substantive area, this definition has been challenged because of the entrance of the expert by experience. This

situation is unique because of the typical contrast with the professionals. Even without experts by experience, disclosure is a topic because of changes in the field of mental health, which the expert by experience makes explicit. The old continuum in which clear borders divide the client and the professional has lost power because of the expert by experience.

By revitalising disclosure, workers find ways to adapt to the new situation. Revitalising disclosure gives health professionals the chance to rehumanise (Holton, 2006). The old distance between the doctor and the nurse and the nurse and the patient no longer fits. By revitalising disclosure, the client sees the human world of the person (professionals) he encounters. Revitalising disclosure provides a chance to destigmatise and normalise. Revitalising is a basic social psychological process that is part of a basic social structural process. It depends on the basic social structural process for the BSPP to emerge. The basic social structural process is considered the positive and negative conditions that are essential for the process of revitalising disclosure. Moreover, revitalising disclosure is a pattern that emerged in a substantive area where health professionals have a professional standard concerning disclosure; revitalising disclosure refers to the guided process of changing beliefs about disclosure and modifying behaviours.

The following sections explore the three different stages: first, breaching boundaries; second, sharing vulnerabilities and the fear of stigma; and finally, recognising the power of identification.

### 3.5 Stage 1: Breaching Boundaries

The main properties of the first stage are *encountering* and *defending*. Encountering refers to becoming familiar with the experts by experience who are open about their vulnerabilities. In this stage, the defending behaviour is dominant. Defending behaviour accounts for the Distance keeper and the Hider; the latter sometimes shows passing

behaviour. 'The management of undisclosed discrediting information about self' (Goffman, 1963, p. 42, in Kanuha, 1999). The Bridger (performing behaviour) shows the new behaviour and can be seen as the cause of the defending behaviour. The Connector, meanwhile, shows connecting behaviour.

During the basic social psychological process of revitalising disclosure, we speak of three stages that have to be seen as a dynamic process that is influenced by the critical junctions of the basic social structural process. Conceptually, we speak of three stages, which show the

**Vignette 3:** Breaching Boundaries (Source: This research).

**Respondent 1:** *I thought, are they going to take my place? I was very sceptical about what they came to tell us. Are they going to tell us what we did wrong and how to do it better?*

**Respondent 2:** *Four years ago, S. said these health professionals are worthless, they give you medication and do horrible things to you. They almost abused me. Maybe I overreact, but that was how he looked at us.*

**Respondent 3:** *We asked the participants during the workshop who had experiences [with mental challenges]; immediately, a colleague raised a hand and said, 'This is over the line. This is only our profession. You think that it is normal to ask something like that.' In the end, one of the colleagues opened up and said that she had been hospitalised herself. She was very personal.*

**Respondent 4:** *He entered the meeting room and began to tell his story. He told everything about himself that he had experienced during his sickness. He had a printed version for us all. His whole life story was in it.*

**Respondent 5:** *Yes, such an expert by experience actually remains a patient.*

**Respondent 6:** *But it is a kind of skewness when I go to the patients and get things from them.*

pattern of revitalising disclosure. The three stages should be seen as a dynamic process in which a person changes his beliefs about disclosure.

Breaching boundaries starts with the situation in which the health professional meets the expert by experience (See Vignette 3). Prior to this point, they have an image of the expert by experience, which has

developed by talking or reading about the new professional. Health professionals are educated in a clear format; the biomedical perspective that is taught in nursing school is clear about the distance nurses must maintain. Causality is the dominant approach, and objectivity results in a diagnosis that leads to a cure or care that fits the patient. There is a border between the patient and the health professional, and health professionals know where that border is. Compassion and empathy are used to provide the right care. There is a difference between the educated social worker and the nurse: the social worker pays more attention to reflection and supervision than the nurse and is more focused on the general aspects of life. However, even the social worker is taught to maintain distance from the client. Metaphorically, there are two worlds. These borders and the slight differences between them provide rest and clarity to the job. An interesting issue is that the nursing was the dominant profession in the past, and social workers had to adapt to work in nurses' environments. Social workers receive training in medication so that they can administer it and assist nurses.

When the expert by experience enters the field, confusion begins. The expert by experience seems to exist somewhere on the border, presenting himself as one who understands what it means to have a mental challenge. Such experts are open about the problems they have had in the past and now.

The relation between the two workers can start in several ways. The most specific is during an organised meeting in which the health professional receives education about recovery- supported care. This is part of the basic social structural process. Both conducted organisations hold these educational meetings because they want to change their perspective from the dominant biomedical paradigm to the recovery paradigm. During these meetings, experts by experience describe their experiences in mental health, and the stories they tell about the mental health organisations are mostly negative. They present critiques of how they were treated in the past and more recently. For the participants, these meetings are often their first acquaintance with the experts by

experience, and they may feel confronted by their colleagues' experiences, which can be framed as an attack on the existing system. The Connector does not feel attacked; rather, he recognises the critique and feels inspired by the stories. He wants to help the expert by experience with his struggle. The Distance keeper, meanwhile, feels attacked and hurt by the stories and the critique of the expert by experience. Those in this category react to the stories by defending their way of working. The Distance keepers feel attacked by their willingness to help people. The Bridger recognises the stories from his own experience and wants to help change the situation for clients. Those in this group share their own stories and discuss them with the Distance keeper. The Hider does not know how to react; his vulnerability is affected. He does not want to show his experiences but feels confused about the situation.

For all participants, the entrance of the expert by experience means a form of pressure. A stranger enters, and no one knows where he stands in the social structure. Is he a client/patient or a colleague? Many questions are raised; the boundaries are pushed, and the balance is gone. What will happen in the future? Will the newcomers take over jobs? Does this mean that we are wrong, and that I should open up? Everyone is confused and attempts to find a new balance. These new workers breach the boundaries and put pressure on the existing system. The first meeting does not always take place during organised education; often, the health professional meets the expert by experience in the workplace. On occasion, the expert by experience starts working first and is then introduced. In other situations, a health professional starts working where experts by experience have already worked for some time. In all these situations, there is the first moment of confrontation. The worker realises that something has changed, and that they have to deal with something uncommon. Most people have a vague idea about what an expert by experience is prior to the first meeting. Later, they may not be able to remember what they thought, but most of them do not realise the impact before meeting them. This first stage of the BSPP of



revitalising disclosure is the start of a process that depends on several aspects. The underlying basic social structural process is critical. Organisations that declare that they provide recovery-supporting care differ from those that do not.

However, even organisations that want to change the paradigm from the top show differences between departments. Several points influence the process. Organizations that want more experts by experience in terms of quantity, realise a positive effect on the process. Workers are stimulated to think about their vulnerabilities and are asked to talk freely about their experiences. The reactions vary, but nobody can remain on the border of the subject. Some workers will want to know what makes them so unique: What is so specific about the experts by experience? Do their experiences differ? The Distance keeper knows he has experiences and uses this as a defence.

As mentioned above, quantity is essential for the development of the process; the more experts by experience there are, the more discussions about the topic can flourish. The expert by experience is the expert in disclosure; he discusses his experiences and is not ashamed. This can seem confrontational for professionals who learned to maintain distance and not talk about their own experiences. After the first stage, people start communicating and try to find a new balance or return to the old balance. When the first discussions and communications find the right direction, the next stage evolves: vulnerability and the fear of stigma.

This stage can be seen partly as an internal struggle of the worker who discusses his process. Even people who are already open about their vulnerabilities must experience this stage.

### 3.6 Stage 2: Sharing Vulnerabilities and the Fear of Stigma

The main properties of the second stage are also the properties of the first stage, enhanced with three new main properties: *dialoguing*, *sharing*, and *fearing (stigma)*.

Dialogues about vulnerabilities lead to the topic of stigma, which is correlated to not sharing. The Hider observes, reflects, and starts to consider disclosing about himself. The Distance keeper considers his or her beliefs about disclosure (see Vignette 4).

**Vignette 4:** Sharing Vulnerabilities and the Fear of Stigma (Source: This Research).

**Respondent 1:** *When you open about your own experiences, your level of professionalism will decrease.*

**Respondent 2:** *I have large antennas (horns), and then I sometimes say funnily: When I am tired, these horns hang, and I have to drag them behind me. Everybody steps on them. However, when I feel good, they arise and stand up—then I can see so much, then I am happy with them, but when I am exhausted, I feel sad and get angry, and then I see it as a burden.*

**Respondent 3:** *Clients have an image of health professionals as if they were perfect.*

**Respondent 4:** *I believe that when you have cancer, you will receive at least 20 postcards, but not when you have schizophrenia.*

**Respondent 5:** *Vulnerability is often seen as a weakness.*

**Respondent 6:** *The health professional disappointed me when I started to work here as a manager. I told them what my background was regarding mental challenges; they reacted with pity and asked themselves if I was trustworthy on this job.*

The first stage of revitalising disclosure can be seen as a confrontation, a situation in which the balance is broken, sparking a thinking process for all participants. The expert by experience performs his role, and the most important part of that is showing his vulnerability. There is no hiding; he is clear about his choice; he wants to support the client. His distinction from the health professional is openness with colleagues and clients. With that, he triggers the thinking process about disclosure.

The Distance keeper can be seen as the type who wants to hold onto the principles of the biomedical paradigm. In his view, vulnerability must not be shown; there is a precise distance between the patient and the health professional. Vulnerability has no value in the workplace; the patient needs help, and the health professional delivers it using objectivity. The openness of the expert by experience must be

controlled, and he has to learn the rules of professionalism. The goal is to help the expert by experience find his way at the workplace, and the ultimate goal is adaption. Vulnerability is an issue of protection. The expert by experience has to be protected from his vulnerability. If the expert by experience has mental challenges, they will be seen as a sign of weakness. Work must be fitted to the possibilities of the new worker. When the expert by experience wants to work more, becoming ill is seen as the proof that he needs support. The focus is paternalism, not equality. Vulnerability is seen as openness about symptoms of a disease.

The Connector stimulates the discussion about vulnerability. The openness of the expert by experience stimulates his reflection on vulnerability. He shares his own experiences with colleagues and considers openness a theme to be discussed in dialogue. Intervention, supervision, and team coaching are ways to talk about vulnerability and disclosure. The Connector often functions in the role of a manager, team leader, team coach, or a charismatic team player who supports the recovery concept. They help the workers think about their own experiences and the possibilities of using them.

The Bridger is the worker who shows his vulnerabilities and promotes this vulnerability as a power rather than a weakness. The Connector and the Bridger find each other in discussions about this topic. We can speak of a fluid situation because the Connector realises that much of his experiences are not diagnosed, but experiences with impact are of the same kind as those of the Bridger. The expert by experience often is a Bridger by definition.

The Hider attempts to find his place in all the discussions about vulnerability. He sees the positive effects of openness but also sees the risks of stigma. The stigma of psychiatric disabilities is significant, and this fear is the primary limiting factor. The damage and negative consequences should not be underestimated. A diagnosis or mental challenge can be seen as a weakness. In this situation, the BSSP has an impact on the process. When the context stimulates openness, there is a chance that the Hider may open up; this often starts by asking the

expert by experience for information and techniques on how to do so. There is a difference between opening up with one's own experiences with colleagues and opening up with clients. Sharing fears and experiences can occur during intervision, that is, talking with colleagues. The step to sharing with clients differs because a health professional has to learn and understand the effect and the power of this action. The dominant norm is that it has adverse effects on the client. Openness in teams can be the next step in the BSPP of revitalising disclosure, and types can change during the second stage. The Distance keeper might open up, or the Connector may develop a deeper understanding of openness and recovery. The Bridger works on the theme and learns to communicate with other perspectives, while the Hider finds the opportunity to open up but only in reasonable circumstances and specific conditions.

Stigma affects everyone in the team. Even the title 'expert by experience' feels like a stigma for many workers. It functions like a label, an open window into a person. Connectors, Distance keepers, and Hiders rarely want to carry this name. People start to realise this in open discussions about vulnerability and stigmatising. The Bridger can be proud of the title 'expert by experience', but there are also Bridgers who resent it because it feels like a diagnosis.

The third stage develops a deeper understanding of openness and the specific competence of the expert by experience.

### 3.7 Stage 3: Recognising the Power of Identification

The main properties of the third stage are *collaborating*, *recognising*, and *adapting*. Collaborating with professionals (who are often experts by experience) who disclose themselves to clients leads to the recognition of the most specific competence of the experts by

experience, namely *identification*,<sup>19</sup> which is seen as an important condition of disclosing. Identification is based on experiences and the coalition between two or more people who had or have had the same experiences. A person can identify with someone else because of his background and experiences, and this identification is the first step of the process of disclosing. A person can whether decide whether to disclose his experiences (or parts thereof). A cutting point is that the client enters the field during this stage of the process of revitalising disclosure. This is a cutting point because the experts by experience can now demonstrate their mode of disclosing to their colleagues.

Experts by experience often have the same experiences as clients, for example regarding the side effects of medication; they have experienced this themselves. They know what it is like to hear voices or to be manic. Furthermore, they often know what it is to have arrears. Most importantly, they know how to recover despite difficult (mental) challenges. They know how to recover, and how weaknesses can become strengths. Identification starts with one's own experiences that lead to understandings of comparable situations. People who can identify with someone else feel a bond of brotherhood.

Health professionals recognise this power of identification and realise that they have their own experiences that could be used in interactions with the client. The recognition of the power of identification leads to further shifts in places on the continuum of revitalising disclosure; Distance keepers can become Connectors, and Hiders can become Bridgers (see Vignette 5).

Due to the constant interaction that occurs between health professionals and experts by experience, we can see that the discussions

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<sup>19</sup> Identification also emerged during the action research (Brugmans, 2011). The experts by experience described their core as identification. De Waal (2010, 2019) notes that 'Empathy's chief portal is identification. We're ready to share the feelings of someone we identify with, which is why we do so easily with those who belong to our inner circle: For them the portal is always ajar. Outside this circle, things are optional. It depends on whether we can afford being affected, or whether we want to be' (p. 213).

about vulnerabilities and the way in which experts by experience work with vulnerabilities can add depth to the understanding of this topic.

*Vignette 5: Recognising the Power of Identification (Source: This Research).*

**Respondent 1:** *Look, the expert by experience that is going to leave us has worked with several of our clients. I saw that the clients felt much understanding. The expert by experience who made a competence of his experiences. It is as if the relationship with clients is much closer.*

**Respondent 2:** *I am investigating if it would be something for me.*

**Respondent 3:** *Why should we not show our vulnerabilities? We are human beings, after all. This is a way of showing your client that you do not know everything.*

**Respondent 4:** *It looks like everybody has his coming out, they have to, but I think that happens to the average worker.*

**Respondent 5:** *What I like is to hear the experiences when you collaborate with an expert by experience. That you recognise the power of the experience and vice-versa, of course.*

**Respondent 6:** *I had my own experiences of fear and depression, but during my education, they said do not use this, use the theories you learned. It would have a bad influence on the clients. It was not about me; it was about the client. Now I see the partnership of the expert by experience with the client. I enjoy these things enormously.*

In addition to the consciousness of the fear of stigma, the specific competence identification of the expert by experience becomes clearer. He not only works with his experiences; he also uses a communicative skill that was not used or was forbidden by health professionals, namely, disclosure. The expert by experience differentiates himself by using identification as a personal competence. The story of the client is recognisable for the expert by experience. He knows how it feels to be depressed or anxious or for people to not listen to him. The health professional has learned to maintain a 'professional' distance because of objectivity. At this stage, he sees the expert by experience describe and communicate so that identification and disclosure are natural. At first, health professionals do not recognise the power of identification, but

they hear from clients that they like to talk with the expert by experience because he understands them.

The health professional who works with his vulnerability by sharing with colleagues then becomes more interested and realises that the expert by experience opens up the forbidden zone. The health professional seeks possibilities for himself but also realises the specific power of the expert by experience, namely, identification. Hiders often suppress their possibilities for identification, with the result that disclosure is not an option.

In this stage, we see that the expert by experience is asked for their specific competence. On occasions where the traditional health worker is not in contact with the client, he may ask the expert by experience about this. In some projects, the health professional collaborates with the expert by experience because of his specific competence.

The possibilities of the diverse types of socialisation are different. The Distance keeper accepts the specific competence of the expert by experience and focuses on the biomedical part of the job. The Connector learns from the expert by experience and trains himself in disclosure by using identification from possibilities he understands, such as losing a job, the death of a family member, and other traumatic experiences. In rehabilitation, these specific communication skills are already present (connecting with clients: self-disclosing; Anthony, Cohen, Farkas, Gagne, 2002) but not as the expert by experience addresses them. The Hider has an opportunity to make new choices, and some of them decide to open up and follow specific training for an expert by experience. There are also Bridgers who were not official experts by experience but will promote their openness. The process of revitalising disclosure finds its way by normalising and the process of rehumanising. Holton (in Glaser & Holton, 2007) has noted that rehumanising is 'characterised by authenticity, depth and meaning, recognition and respect, safety and healing, and kindred sharing' (p. 114). Although the process seems to develop naturally, many health professionals struggle with the skills of disclosing. They seek help and

understanding by talking with experts by experience or ask for specific training.

## Influencing Factors

The chance for the process to be effective depends on many factors that are of influence between and during every stage and part of the BSSP. The most dominant factors I identified during this research were vision, management, quantity, positive experiences with experts by experience, intervention by experts by experience, and experts by experience occupying different roles in the organisation, (e.g., on its board). For this study, I chose to interview employees in organisations that chose to work with the concept of recovery and where experts by experience worked in several departments. As mentioned in Chapter 1, the expert by experience is seen as being inseparable from the concept of recovery. During this research, I focused on the emerging concepts and not by definition on the success factors of the collaboration between the different employees. Above, I discussed some essential differences between the stages of revitalising disclosure, such as the client's entrance into the field. Without this crucial change in the process, the expert by experience could never demonstrate his competence of identification and the condition to disclose in practise. In the stage of sharing vulnerabilities, developing relationships was crucial to enter the next stage. Even in the first stage, it is important to experience the entrance of the newcomer, who sparks the process of revitalising disclosure,

In the next chapter, the related literature is compared with the theory of revitalising disclosure. This mutual process leads to the enrichment of both the grounded theory of revitalising disclosure and the existing literature.



## ***Chapter 4. Comparing the Relevant Literature***

In a classic grounded theory research, the literature review takes place when the theory is almost formulated (Glaser, 1998). A grounded theorist can choose to integrate the literature into the theory or write a separate chapter. However, it is recommended that novice researchers opt for the latter. The discovery of the grounded theory of revitalising disclosure took place in the context of mental health. The substantive area is the context in which mental health nurses, social workers, clients, managers, and experts by experience meet in the working place. Disclosure is the core category and heart of the theory is; the theory describes the process of change mental health professionals experience when confronted with colleagues who have an attitude towards disclosure that contrasts with their beliefs.

This chapter presents the empirical and theoretical literature that supports the theory of revitalising disclosure or that offers new insights into the theory. This is the on-going process of theory development: 'The literature is discovered just as the theory is. Once discovered the literature is compared as simply more data' (Glaser, 1998, p. 69).

The first section details the theoretical literature that focuses on the concept disclosure or correlates with it. The goal of this section is to identify foundational theories regarding disclosure. In addition to definitions and properties, this section helps demarcate the project. The grounded theory of revitalising disclosure is a process of changing beliefs about disclosure. Sidney Jourard, Irwin Altman and Dalmis A. Taylor, Sandra Petronio, Leslie A. Baxter, and Barbara M. Montgomery have developed theories on disclosure or introduced valuable theoretical perspectives that should be considered.

After the main features of the theories have been discussed, the difference between the grounded theory of revitalising disclosure is briefly explained. The second section presents empirical literature that strengthens the theory of revitalising disclosure. This part first describes the field of psychotherapy, where disclosure is most frequent; second, it presents the archetype of the so-called wounded healer, the therapist who uses his vulnerability as an instrument to cure; third, it discusses research from the fields of nursing and social work. Nurses and social workers were the main participants in the grounded theory research that led to the theory of revitalising disclosure. In this section, the workplace and disclosing are also discussed. In addition to the specific backgrounds, such as nursing, psychology, and rehabilitation, the overall attitudes towards mental illness are explored. As in the theoretical section, the focus is on research that correlates to or contradicts the grounded theory of revitalising disclosure. Furthermore, I briefly illuminate the specific issues of the theory revitalising disclosure that are of worth in the field of research. In the third section, the focus is disclosure and the fear of stigma in the workplace because of the dominant factor in stage two of the theory of revitalising disclosure.

The fourth section briefly describes what is new in the theory of revitalising disclosure compared to the existing literature. The newfound data can fill gaps in the grounded theory, and the grounded theory fills gaps in the extant literature.

It must be mentioned that the boundaries between empirical research and theoretical concepts sometimes overlap. For example, the choice was made to write about some theories in the section of nursing and social work because these are most appropriate in that part.

## 4.1 Theoretical Literature in the Field of Disclosure

The first question I raised was the following: Which theoretical literature focuses on disclosure? The most important theorists are Sidney M. Jourard, Irwin Altman and Dalmas A. Taylor, Sandra Petronio, Leslie A. Baxter, and Barbara M. Montgomery. Their respective theories and influences are discussed in the following sub-sections.

### Sidney M. Jourard and the Transparent Self

Jourard can be seen as a protagonist when we enter the continent of disclosure. He was a professor of psychology and had an active practice in psychotherapy; he was also clear about self-disclosure. In the preface of his book *The Transparent Self*, Jourard (1971) starts with the following sentence: ‘A choice that confronts everyone at every moment is this: Shall we permit our fellows to know us as we now are, or shall we remain enigmas, wishing to be seen as persons we are not?’ (p. vii). He notes that we hide our true selves to protect ourselves against criticism or rejection (Jourard, 1971). His research on self-disclosure led him to the assumption that disclosure invites or begets disclosure (the dyadic effect, reciprocity). In the literature on existential phenomenology (Husserl, Heidegger, Sartre, Buber and Merleau-Ponty), Jourard (1971) found the following definition: ‘To disclose means to unveil, to make manifest, or to show. Self-disclosure is the act of making yourself manifest, showing yourself so others can perceive you’ (Jourard, 1971, p. 19). He asked himself ‘Under what conditions will you and I make our mysterious subjectivity available to the perception of others?’ (p. 20).

Jourard is also known for his critical attitude towards the intention of psychotherapy as an instrument for adaption to society (i.e., psychotherapists as emergency socialisation agents; Jourard, 1968). Furthermore, he notes a difference between normality and healthiness. A person can be seen as normal because he fits into a society as expected;

he fulfils his roles effectively. The same person does not have to be healthy because the prize of conformism can be very high (Jourard, 1971). Many diseases correlate with the circumstances in which people live. Jourard argues that psychotherapy stimulates self-disclosure and showing one's real self. He also mentions the importance of privacy and situations in which people can be themselves (Jourard, 1971). He also discusses a society with no privacy, following Orwell's vision. He proposes creating so-called check-out places (recovery colleges now?) where people can behave as they wish. These are safe places, unlike mental hospitals, which are fully institutionalised.

His vision was a reaction to a society that was increasingly institutionalised. As a psychologist, he saw a clear connection between circumstances in society and diseases. For example, he notes that medicine has only cured 15% of all illnesses. Especially in his time, he was undoubtedly an opponent of the biomedical model that relates diseases to symptoms. Instead, he was a proponent of authenticity and honesty. He correlates healthiness with authenticity and openness. In contrast to Freud, who wanted to avoid inference between the patient and the therapist, Jourard argued that a therapist shows himself to the client. He went even further than Rogers, the grounding father of humanistic psychology, who is famous for his client-centred therapy (Rogers, 1951). Jourard promotes truly meeting the other person and showing oneself and provides an example to help understand his point of view.

One day, he felt miserable and told his colleague, Gloria, who called him Sid. He saw Gloria change when she said, 'You feel pretty rotten, don't you, Sid?' He felt as though he were becoming a client. What Roger calls congruence is for Jourard the encounter of two people who have a dialogue. Jourard (1971) quotes Buber, who states that 'If genuine dialogue is to arise, everyone who takes part in it must bring himself into it. [...] He must be willing on each occasion to say what is really on his mind about the subject of the conversation. [...] No one [...] can know in advance what it is that he has to say' (p. 147). Jourard

(1971) notes that 'the resistance to being authentic being in the therapist must be overcome' (p. 152). The therapist has the opportunity to grow with the patient.

Jourard could be misunderstood as implying that a therapist should reveal everything about himself, but that is not the goal. A therapist still has privacy and can reflect on and decide what is possible in a situation. Jourard's ideas require a deeper understanding of encounters. He opposes the clinical distance between two people, one of whom comes with a cry for help. This encounter helps people to grow. Furthermore, he mentions the problem of professional training, which has the effect that professionals almost seem to be wearing masks because they are nurses or doctors; they are dehumanised experts. The same counts for the patient, who loses all of his competences because of his specific role as a patient who will be cured by the expert. In the *Transparent Self*, Jourard discusses nurses' bedside manner as a distancing behaviour. Jourard says that they risk their own health and wellbeing, as there is always that pressure of not showing yourself and blocking self-disclosure.

After a nervous breakdown and intensive psychotherapy, during which several nurses changed their rigid interpersonal patterns, they obtained greater insight into themselves and demonstrated more empathy with their clients (Jourard, 1971) (burnout nowadays?). He calls this a rehumanising process that grows beyond technical expertise. In the field of nursing, Peplau's theory contrasts with these ideas. She sees self-disclosure as a threat to nurses' focus on the patient (Peplau, 1969). Her focus is on professional closeness, which means that the client is the central point and the nurse acts in the service of the patient's healing process.

In summary, Jourard (1971) was the first to argue that disclosure begets disclosure, and to emphasise the importance of authenticity and the equality of an encounter. His work can be seen as a critique of society and a cry for humanisation. He differs from Rogers in that he goes a step further concerning the relationship with clients. Jourard

focuses on the encounter between two people who build a relationship to grow.

Jourard's thinking is vital to the grounded theory of revitalising disclosure. There is a clear difference between mental health professionals (nurses, social workers, psychiatrists, and psychologists) and the expert by experience on the subject of disclosure. Most mental health professionals are educated to think in terms of professional closeness instead of disclosure. Experts by experience are trained to disclose their problems in their primary role as patients. Additionally, they are convinced of the idea that health professionals have to disclose more about themselves. From the critique that grew through their experiences with professionals as a patient, they want an equal relation. Experts by experience see themselves as responsible for changing the client's climate. They want health professionals to approach and open up to clients. Jourard's theory and his appeal to truly meet the other person and show oneself align with the goals of the expert by experience. Today, we can see that Peplau's ideas are more common than those of Jourard. Although the influence of humanistic psychology has an impact on the attitude and skills of health professionals, for example training in rehabilitation skills, the most dominant norm is to not to disclose to one's clients. The many interviews I conducted verify this. Starting with Jourard, we take a step towards two social psychologists who remain well known for social penetration theory.

## Irwin Altman, Dalmis Taylor, and Social Penetration Theory

Altman and Taylor developed social penetration theory, which focuses on interpersonal relationships (Altman & Taylor, 1973). This theory is of interest due to the framework that describes a process of building and ending relationships in an orderly way and through stages. Social penetration theory is best explained with the metaphor of an onion: the hypothesis is that interpersonal exchange moves from superficial to deeper, more intimate layers (Altman & Taylor, 1973). Another

hypothesis is that the deepening of a relationship depends on the rewards and costs (Altman & Taylor, 1973). The authors note that balancing these can predict the process of social penetration. To define rewards and costs, they refer to Thibaut and Kelley (1959), who described rewards as the pleasures, satisfactions, and gratifications a person enjoys, while the costs are the factors that operate to inhibit or deter a performance in a sequence of behaviour (Altman & Taylor, 1973). They also refer to Schutz (1958), who groups rewards and costs under the rubric of compatibility defined as 'a property of a relationship between two or more people that leads to mutual satisfaction of individual and interpersonal needs and harmonious co-existence' (Altman & Taylor, 1973, p. 66).

Newcomb describes rewards in the context of attraction, respect, trust, and liking, which Altman and Taylor (1973) have also discussed. Altman and Taylor distinguish between the breadth and depth of social interaction. Breadth refers to the topics that can increase during the process. For example, during initial conversations, people relate in terms of their work and where they live, and after a while, they exchange their interests in sports and hobbies. By depth, they mean moving on to topics such as feelings, values, and ideas. Furthermore, they note that a process of social penetration process is influenced by people's personalities and the context in which the interaction takes place. Personality is elaborated in an uncomplicated way that presents uncountable aspects of the person's ideas, feelings, beliefs, and emotions regarding himself, others, and the world (Altman & Taylor, 1973 p. 16). They note that this system is analogous with Murray's intraindividual needs (1938), Rokeach's belief system (1960, 1968), and Lewin's delineation of the self into regions (1935, 1936, 1964).

The model looks like a circle, and the most in-depth items of the personality are located in the centre. The deeper the layer, the more impact a change in one aspect has on the outer layers. For example, when someone's fundamental ideas about safety with others change due to a traumatic experience, this impacts several issues in the outer layers.

In addition, in more central layers, the more vulnerable aspects are hidden. Weaknesses and inadequacies are hidden in the centre of the personality.

Altman and Taylor quote research on emotionally disturbed children from Polansky and Weiss (1959); Blum and Polansky (1961); Nooney and Polansky (1961); Polansky, Weiss, and Blum (1961, 1962); and Polansky (1963, 1965), who found that 'the more central an attitude, the more it reflects an undesirable or vulnerable self-characteristic' (in Altman & Taylor, 1973, p. 20). Rickers-Ovsiankina and Kusmin (1958) have stated, 'the greater the centrality of a region, the firmer its boundary' (in Altman & Taylor).

As stated above, Altman and Taylor based their assumptions on many theorists of their time, and this theoretical review cannot be exhaustive. However, it is important to mention some of them in accordance with the theory of revitalising disclosure. Simmel (1950) has noted that overhasty mutual exchange is dangerous. A certain level of ability to tolerate conflicts should be reached. Later, they cite Fromm (1956): 'If I perceive in another person mainly the surface, I perceive mainly the differences, that which separates us. If I penetrate to the core, I perceive our identity, the fact of our brotherhood. This relatedness from centre to centre—instead of that from periphery to periphery—is central relatedness' (in Altman & Taylor, 1973, p. 74).

Rogers and Jourard are cited because of their humanistic attitude to client's relationships. In summary, the theory of social penetration is based on the work of many theorists; I have mentioned the most important in correlation with the theory of revitalising disclosure. The model developed by Altman and Taylor provides clear insight into the process of two or more people that can lead to a deep relation or can de-penetrate.

When we examine the theory of revitalising disclosure, we see that the first stage, breaching boundaries, includes the meeting between people with personalities that have developed differently. The expert by experience is open about his vulnerabilities, and the traditionally



educated health professional has a professional distance that is coherent with the biomedical model. In line with the social penetration theory and his assumptions based on many theorists and researchers, the reactions are predictable. First, the typology of sharing vulnerabilities explains the differences in reactions. Similar to the social penetration theory, the expert by experience opens up from the centre, and the traditionally educated professional is shocked by this pressure on his most protected vulnerabilities. The expert by experience has been taught that revealing is helpful for patients. I argue that one can speak of the expert by experience's conditioning way of acting. Patients learn to disclose themselves based on the promise that they will heal should they do. In fact, this format is dominant in the art and science of disease treatment and health maintenance.

In medicine, the roles are apparent; the patient relates his symptoms, and the healer diagnoses and intervenes. People with a severe mental illness often have a long history in which they learn to act in the role as patients. Opening up and sharing one's deepest struggles are part of it. I note that the theory of revitalising disclosure is a specific example of penetration theory in interactions in which one or more persons react from the centre to people who react from the peripheral layers. The theory of revitalising disclosure highlights the fact that social penetration theory depends on the context. Social penetration theory is so broad that we can locate the theory of revitalising disclosure within it. First, we are in the context of work, and, second, the theory of revitalising disclosure describes a situation in which the expert by experience risks a conflict by starting the relationship on a deep level. The property of balancing rewards and costs in social penetration theory comprehends the point of view that people take a high risk to disclose vulnerable issues about themselves early in relationships. The reaction of the traditionally educated health workers in stage one in the theory of revitalising disclosure is one of defence and a response to a confrontation that arises too early in the process of penetration (dependent on the type).

Jourard's view is that the process of disclosure is reciprocal. The question if reciprocity is underlying reward and costs balancing or the latter is underlying reciprocity is discussed by Altman and Taylor. For the theory of revitalising disclosure, these properties have value for understanding how to progress through the different stages. From stage one to two, the costs and awards balance is dominant, while, from stages two to three, we see that reciprocity is dominant because of recognising the power of identification.

From these foundations of the knowledge of disclosure, we turn now to a more recent development in terms of analysing the topic of disclosure, one in which even the vocabulary has changed from disclosure to privacy management. This theory, Petronio's communication privacy management, is the next theory to be examined.

## Sandra Petronio and the Boundaries of Privacy

Petronio developed the theory called communication privacy management (CPM). She argues that we all have a mental calculus to make decisions about revealing or concealing private information (2002). The CPM helps us understand that calculus (Petronio, 2002). Petronio prefers the term 'private disclosures' over 'self- disclosure'. This preference is intended to make a distinction between the traditional literature about self-disclosure and CPM. She argues that Jourard pays little attention to the content of disclosure. CPM focuses on the private information to be revealed or concealed. Furthermore, her theory entails a rule-based theoretical system as a conceptualisation of the process. Another extra dimension that she includes is that disclosure concerns not only the self, but also the group.

The theory has five fundamental assumptions:

1. The theory concentrates on private information.
2. A boundary metaphor illustrates the borders between private information and public relationships.

3. Control over boundaries is important because private information is owned or co-owned, and disclosure is related to vulnerability.
4. The theory uses a rule-based management system to regulate boundaries.
5. CPM is dialectical in nature (Petronio, 2002).

Because of the stratification, the different suppositions are briefly explained and correlated with the grounded theory of revitalising disclosure.

**1. *Private information*** as terminology contrasts with public information. Petronio quotes Goodstein and Reinecker, who suggest that information can be public or is rather private or intimate. The latter is disclosed under special circumstances. This focus should lead research; otherwise, the term ‘self-disclosure’ becomes vague and general (Petronio, 2002, p. 5).

Petronio notes that, when private information is the content of disclosure, it helps to explore privacy and intimacy. She defines intimacy and private disclosure as follows: ‘Intimacy is the feeling or state of knowing someone deeply in physical, psychological, emotional, and behavioural ways because that person is significant in one’s life. Private disclosure, on the other hand, concerns the process of telling and reflects the *content* of private information about others and us’ (Petronio, 2002, p. 6). In the grounded theory of revitalising disclosure, the term ‘privacy management’ could help specify which type of information is under discussion. On the other hand, the use of privacy would create a risk of stricter boundaries in a process of rehumanising.

**2. *Privacy boundaries*** concern ownership and the lines between public and private. People have personal boundaries that regulate private information. Collective boundaries are meant to regulate information that is private for a group. In the process of the grounded theory of revitalising disclosure, the first stage is called breaching boundaries, and it is a combination of personal and collective boundaries. The metaphor helps illuminate the complexity that accompanies revealing and concealing. Petronio describes turbulence in

the case of an invasion from outside and also notes the differences between the boundaries of children, adolescents, and elderly persons. Adults have the most span of boundaries. Except adults who have experienced highly disorganised periods in their lives, for example the expert by experience whose territory of privacy became much smaller in the period he had mental challenges. In the extreme, we see this during hospitalisation (Petronio, 2002).

**3. Control and ownership** concern the part of privacy that is important for a human's dignity and autonomy. Ownership means that one can decide to reveal or conceal. Controlling is about showing or hiding vulnerability, and sharing information means taking risks. For example, one's information can be shared or used in undesired situations (Petronio, 2002).

Here again, we see that the history of the expert by experience and one's choice to be open about specific issues, namely, his experiences in mental health play a specific role in his work context. His attitude toward traditionally educated mental health workers is interesting. The expert by experience often loses his control of private content and fights for his dignity by asking others to be open, too. One effect of this is the turbulent situation described in the stage of breaching boundaries.

**4. The rule-based management system** contains three processes: implementing rule foundations; coordinating collectively owned boundaries with three management operations, namely, boundary linkage, boundary co-ownership, and boundary permeability; these are expanded with three kinds of collective coordination patterns: inclusive boundary coordination, intersecting boundary coordination, and unified boundary coordination; and coordinating boundary turbulence (Petronio, 2002).

The processes mentioned above are based on the idea that people use rules to regulate their levels of revealing and concealing. Rule foundations are based on culture, gender, motivation, context, and risk-benefit criteria. The development of rule foundations is correlated with personality development and interaction in different contexts. Petronio

has distinguished two key dimensions for privacy rule attributes, namely, the way people acquire rules and rule properties. The first is through the socialisation of pre-existing rules or negotiation (Petronio, 2002, p. 71). The typology based on socialisation in the grounded theory of revitalising disclosure is a grounded concept of the first dimension. The risk-benefit criterion is correlated with the fear of stigma in the grounded theory of revitalising disclosure. The coordination of boundaries privately and collectively is also interesting. Petronio provides another perspective, other than the focus on the self; her concept of coordinating boundaries is helpful to explore group situations (Petronio, 2002). In the grounded theory of revitalising disclosure, groups and individuals are an issue; because of the two different professions, we see conflicting boundaries. The conclusion here is that the substantive theory is an example of turbulence in accordance with CPM theory. This makes the coordinating boundary turbulence the most important for the grounded theory of revitalising disclosure.

Petronio describes boundary turbulence as rising when the normal coordination processes fail: 'When coordination becomes asynchronous, turbulence erupts, disturbing the harmony of boundary management of private information' (Petronio, 2002, p. 177). She notes that, in all cases, something has disrupted the boundary management process. In the grounded theory of revitalising disclosure, we see that boundaries are breached in the first stage, and we also see a different way of reacting through the typology. Furthermore, the theory describes how people try to solve their main concern.

**5. *Privacy management dialectics*** were posited by Petronio because of pairs of opposites and contradictions: disclosure/privacy, concealing/revealing, public/private, openness/closedness, etc. Petronio (2002) claims that she follows the logical approach to opposites, namely, not: private and not private but private and disclosure. The first is called the functional approach. Baxter and Montgomery (1996, p. 10) state that the CPM is dualistic rather than

dialectic because of the static and independent treatment of disclosure and privacy.

Petronio, as well as Baxter and Montgomery, also discusses dialectical change. In contrast to Baxter and Montgomery, Petronio argues for a combination of a teleological model (thesis, antitheses, synthesis) and a spiral model with no end state. Whether revitalising disclosure is dialectical or dualistic and fits within a teleological or spiral model is explored later. Baxter and Montgomery delve deeper into the layers of the phenomenon of disclosure, and their work, which is discussed in the following section, is an instructive example of a postmodern view on the topic.

## Baxter and Montgomery and a Postmodern Perspective

Both authors developed a theory called ‘relational dialectics’; their writings are seen as a metatheory of dialectics. First, I explore the foundation of their writings, and second, I focus on their ideas regarding self-disclosure. Relational dialectics is not a theory in the sense that it is a structure within lived experience, and it has a beginning, end, cause, and effect (Baxter & Montgomery, 1996). Baxter and Montgomery (1996) prefer to look at it as a perspective: ‘It gives you some ways of thinking in the present tense without telling you where the thought will end up’ (p. 235). The authors note that they see it in the sense of a heuristic. I see their writing as part of postmodern thinking, in which fluidity is central.

Both authors focus on dialects, which offer us a set of conceptual assumptions. These assumptions revolve around ideas of contradiction, change, praxis, and totality (Baxter & Montgomery, 1996), as noted in Vignette 6.

Their ideas are inspired by Bakhtin’s dialogism. The Russian philosopher differentiated between a social self and a sovereign self, and he described multivocal oppositions instead of binary contradictions. He also discussed indeterminate change instead of transcendent synthesis.

*Vignette 6:* Conceptual assumptions: Baxter and Montgomery (1996).

*Contradiction:* From a dialectical perspective, contradiction is free from any negative connotations. Contradictions are the basic drivers of change. In role conflict theory, contradiction is the dynamic interplay between unified opposites.

In *dialectical change*, stability and change form a dialectical unity. Dialectical change is the interplay of stability and flux. With that change, processes can be seen with respect to causation or as indeterminate or teleological.

*Praxis:* People are at once actors and objects of their own actions.

*Totality:* This is the assumption that phenomena can be understood only in relation to other phenomena.

The self is constructed in the on-going interplay of the centripetal and the centrifugal. The concept of the chronotope ‘consequently, every entry into the sphere of meanings is accomplished only through the gates of the chronotope. Chronotope literally means time-space. The self is possible only in fusion with another: ‘I achieve self-consciousness, I become myself only by revealing myself to another, through another and with another’s help. Cutting oneself off, isolating oneself closing oneself off these are the basic reasons for loss of self’ (Bakhtin as quoted in Todorov, 1984, p. 97)

In contrast to more monologic and linear thinking, Baxter and Montgomery argue, based on the philosophical underpinnings of Bakhtin, that interaction and relating are much more complicated than the view of biological progress and the idea of steps that follow each other; their view is that the process of relationship is fuzzy, slippery, and indeterminate (Baxter & Montgomery, 1996). The authors explore the topic of self-disclosure by starting with an explanation of the traditional way of viewing, namely, the monologue and the dualistic. The monologue focuses on one position (openness), while the dualistic focuses on openness and closedness.

They differ openness/closedness with another and openness/closedness to another. Openness refers to self-disclosure, that is, sharing private information about oneself; closedness is the opposite. ‘Openness/closedness to’ concerns the receiver of the information.

‘Openness with’ is interdependent with the other’s openness to (Baxter & Montgomery, 1996). An example of ‘openness to’ is emphatic responding. Thus, responsiveness and self-disclosure are not independent (Dindia, 1994).

Baxter and Montgomery (1996) describe how scholars discuss both the negative and positive effects of self-disclosure. The negative effects focus on the boundaries that require protection against external threats (Petronio,1991). Some examples are the following:

- Others can learn about one’s negative side,
- The risk of rejection,
- Loss of autonomy,
- Loss of control,
- Embarrassment in front of other persons, and
- Hurting another person (Burgoon,1982; Parks, 1982; Baxter & Wilmot,1985).

Examples of positive effects include the following:

- Correlation with physical and psychological well-being,
- Positive health effects (Pennebaker’s [2014] book on traumas),
- Building intimate relationships,
- Reducing of loneliness,
- Garnering social support, and
- From phenomenological research, maintaining or enhancing a relationship and gaining insight into one’s own thoughts and feelings through feedback (Rosenfeld, 1979).

In contrast to monologic voices and dualistic voices, they discuss the research of others who adopted the dialectical view. They note that, ‘Openness and closedness function in on-going interplay with one another’ (Baxter & Montgomery, 1996, p. 139).

The focus is on openness/closedness ‘with’ and neglected ‘to’ until now. Boundaries are closed and open depending on the costs and benefits. They are an interplay between protection from vulnerability and the risks of disclosure and the pressure of potential benefits. Baxter and Montgomery (1996) have argued that researchers have viewed disclosure from the concept of a sovereign self. They see personal



relationships as two parties who create themselves with each other. Voices are not constrained to the things we hear, but also include thoughts and inner dialogues. What is not said also plays a role in the interplay; the authors quote Bakhtin: 'The utterance [...] is a considerably more complex and dynamic organism than it appears when construed simply as a thing that articulates the intention of the person uttering it' (Bakhtin quoted in Clark & Holquist, 1984, p. 220). An utterance is defined as a complex phenomenon in which the said and unsaid, the free and the constrained, the inner and the outer of speaking come together in the moment of interaction (Baxter & Montgomery, 1998).

In summary, Baxter and Montgomery's perspective acknowledges the complexity of interaction. Relating brings many players into the game of communication. This perspective includes an enormous cacophony of voices in which new levels emerge and disappear. When analysing the theory of revitalising disclosure, their perspective confronts us with several questions: Is the theory monologic or dualistic? Can we speak about dialectical change? Is the pattern found during the research too superficial? Is it a linear process, or possibly a spiralling process?

The perspective of Baxter and Montgomery, with its Bakhtin underpinnings, enriches the theory of revitalising disclosure on the one hand, and the other hand, we can see that the grounded theory does not conflict with this perspective. Stage one is filled with all the voices and the tension of openness and closeness with and to. The second stage concerns sharing vulnerability. The interactions between the experts by experience and the traditionally educated professionals fill the air with interplays in which grow, and conflict (or dialectics) is possible. The different types react in different ways. In the third stage, the recognition of identification is a central theme: it is the interplay between people from different backgrounds, but the relationships can grow because they recognise themselves. There is pressure on struggle of the traditionally educated professional and his own desire to disclose and can find time-

spaces to get out. The theory of revitalising disclosure can be seen as a pattern that emerged during a cacophony of voices that were not heard, but all had an impact on the process of development through the stages. It is important to mention that the theory of revitalising disclosure was discovered during a study that included experiences; this differentiates it from theoretical literature described above. This brings us to the next section, which focuses on empirical literature, that is, the literature based on experiences and empirical research.

## 4.2 Disclosure in the Empirical Literature

In this section, I explore the empirical literature. The theorists mentioned in section 4.1 all conducted research based on their theories. These studies are discussed when they are relevant to this review. Many questions have been posed: how, what, when, and why do people disclose? (Berg & Derlega, 1987). In the area of psychology, self-disclosure occurs quite frequently. In psychotherapy, it is an essential issue during training and education. Furthermore, in many courses of psychology and the area of communication includes intensive education on self-disclosure. The question of whether to disclose has been an important subject: 'Indeed, if the importance of a phenomenon were gauged by the frequency with which it is studied, self-disclosure would doubtless merge at or near the top of the list' (Baxter & Montgomery, 1996, p. 133).

In the area of nursing and social work, there is much less research than one would expect. Peplau's (1969) ideas still seem to dominate in this area. As noted above, this section focuses on empirical literature. Firstly, it explores the literature on evidence-based material in the field of psychotherapy. Second, it describes the so-called archetype of the wounded healer. Third it explores research and concepts from the area of nursing and social work. The focus is on attitude and influencing the

factors of attitude (e.g., the efficacy of disclosure). In terms of the latter, the workplace in general and attitudes in relation to stigma are explored.

## Psychotherapy and Disclosure

In general, therapists disclose more than one would expect (Danzer, 2019); indeed, 90% of therapists self-disclose to clients (Mathews, 1989; Pope, Tabachnick & Keith-Spiegel, 1987; Edwards & Murdock, 1994, in Henretty & Levitt, 2010). The overall assumption is that doing so should help the client (Danzer, 2019). A therapist should make decisions about when and how to disclose. It is stressed that clients are treated in a professional relationship because of workers' education in ethics and parameters. Professional training creates the difference between this approach and peer-helping relationships (Danzer, 2019). The question, of course, is what position the expert by experience occupies on this continuum; this question is discussed later.

When we consider the research on efficacy, we see that most studies support therapist self-disclosure (Henretty & Levitt, 2010). An interesting difference between simulated client studies and real clients in qualitative studies is that the latter experienced therapists who disclose as emotionally warmer (Henretty & Levitt, 2010). Based on the studies conducted in the last 10 years, Danzer concludes that 'therapist self-disclosure is a relatively normal and helpful intervention, particularly when brief, conveying similarity, constructive, intended to meet the client's needs from the relationship, and with aims specific to the particular method or theory of treatment' (Danzer, 2019, p. 27). Procedures and parameters cannot determine whether a therapist decides to disclose (Bottrill, Pistrang, Barker, & Worell, 2010). However, a practitioner can prepare himself by considering the topic (Danzer, 2019).

The definition of self-disclosure is unclear in empirical research. Different types of self-disclosure include positive versus negative, self-involving versus self-disclosing, and more intimate versus less intimate

(Henretty & Levitt, 2010). Botrill et al. (2010) have suggested distinguishing between therapeutic self-involving disclosures and historical self-disclosure. Self-involving disclosures involve the direct, transparent sharing of thoughts and feelings with the client (Botrill et al., 2010), while historical self-disclosure concerns the past and is either empathy or insight focused (Botrill et al., 2010). Furthermore, McCarthy Veach has differentiated between self-disclosure and self-involving. The first concerns personal experiences, whereas the latter relates to direct feelings or reactions to the client (2011). Derlega, Metts, Petronio, and Margulis (1993) have discussed three kinds of verbal self-revelation: descriptive self-disclosure, which is information and facts about oneself that are more or less personal; evaluative self-disclosure, which is expressions of personal feelings, opinions, and judgements; and relational self-disclosure, which summarises all expressions, information, or evaluative statements about one's relationship with another. Henretty and Levitt (2010) have noted that all of these differences complicate the research and related comparisons. Several qualitative studies conducted between 1989 and 2001 suggest that less experienced therapists disclose less frequently compared to more experienced therapists. Another important point is that supervisors should introduce therapists to the topic of self-disclosure; the who, what, why, when and how of self-disclosure should be part of their training programs (Henretty & Levitt, 2010).

A historical view on therapist disclosure starts with the vision of Freud and his followers, who discouraged self-disclosure. Parallel to the civil rights movement and the call for equality, different forms of therapy began to accept forms of disclosure (Bitar, Kimball, Bermudez, & Drew, 2014, in Danzer & Andresen in Danzer, 2019). Jourard was the first to use the term 'self-disclosure', and he encouraged therapists to reveal themselves. Thereafter, humanistic psychology had a significant influence on therapy (Danzer, 2019). The view of such psychologists contrasted with the ideas of psychoanalysis, in which self-disclosure was contraindicated: 'The therapist should be opaque to his

patients and, like a mirror, should show them nothing but what is shown to him' (Freud, 1912/1958, p. 118, in Danzer, 2019).

The modern psychodynamic (modern psychoanalysis) schools are more open to self-disclosure, and when they discourage self-disclosure, it is based on the risks of countertransference. In the Netherlands, cognitive behavioural therapy dominates in mental health. These therapists are open to self-disclosure but have a clear clinical purpose and relationship to identified treatment goals (Danzer, 2019).

In their review of quantitative research, Henretty and Levitt state that 'nondisclosure is no longer the easy answer' (2010, p. 71). The time in which that a therapist could hide behind a mask is over. Empirical research suggests that both disclosing and not disclosing have risks and benefits that should be considered (Henretty & Levitt, 2010). The authors have offered several research-based guidelines. This review describes the guidelines concerning to whom and what should be disclosed.

The first guideline is that therapists could consider self-disclosure with clients with whom they have a positive relationship (Bishop & Lane; Myers & Hayes, 2006; Rachman, 1990 in Henretty & Levitt, 2010). The second guideline is better not to disclose to clients with poor boundaries (Epstein in Henretty & Levitt, 2010; Goldstein, 1994); this may include clients with personality disorders and weak egos or self-identities (Raines, 1996; Simone, McCarthy, & Skay, 1998 in Henretty & Levitt, 2010). The third guideline concerns the types of information to be disclosed. The literature distinguishes the following:

- Demographic information such as education martial and profession (Edwards & Murdock, 1994; Knox & Hill, 2003; Simonson, 1976 in Henretty & Levitt, 2010);
- Feelings and thoughts about the client and/or the therapeutic relationship (Basescu, 1990; Bridges, 2001; Broucek & Ricci, 1998; Kiesler & van Denburg, Knox & Hill, 2003; Kohlenberg & Tsai, 1991; Linehan, 1993; Mathews, 1988; McCarthy, 1979; McCarthy & Betz, 1978; McCullough & Rachman, 1998; Raines, 1996; Reynolds & Fisher, 1983 in Henretty & Levitt, 2010);

- Therapy mistakes (Geller, 2003; Hanson, 2005 in Henretty & Levitt, 2010);
- Relevant past struggles that have been successfully resolved (Cabaj, 1996; Knox & Hill; Mathy & Mulcahy, 1998; Riddle & Sang, 1978 in Henretty & Levitt, 2010);
- Similarities between the client and therapist (Atkinson, Brady, & Casas, 1981; Audet & Everall, 2003; Hill & Knox, 2001 in Henretty & Levitt, 2010).

Regarding the last two points, they warn to use caution when considering past struggles with addictions or disorders. They note that this could interfere with the treatment (Mallow, 1998)

The empirical literature in the area of psychotherapy often emphasises that therapist self-disclosures should contain only information that is necessary to the therapeutic process (Rachman, 1998 in Henretty & Levitt). Details need not be shared (Balint, 1968). It remains to be seen whether this therapeutic way of thinking survives today. Mental health moves parallel with historical change, and new paradigms emerge (de Vos, Netten, & Noordenbos, 2016). The shift from the biomedical model to the model of recovery in the last two decades is both new and related to the grounded theory of revitalising disclosure

This new model features a peer-helping component (Danzer, 2019) in which self-disclosure is part of treatment. De Vos et al. (2016) have noted that large numbers of professional therapists have experiential knowledge from their own process.

The empirical literature provides arguments for and against therapist self-disclosure. Therapist self-disclosure contains risk because of the lack of guidelines and the fact that it could do more harm than good for the treatment of people with severe mental illness (Dixon, Adler, Braun, Dulit, Goldman, Siris, .... Grant, 2001 in Danzer & Che in Danzer, 2019). Other research suggests that peer-helping relationships can be beneficial and may be empowering, de-stigmatising, and provide role models (Marino, Child, & Krasinski, 2016 in Danzer & Che in Danzer, 2019). An interesting, specific subject in this field is the outcome of

psychotherapists who want to use their own experiences for clients' cures. They reveal their own mental challenges and can be compared with the expert by experience; they are labelled wounded healers (Jung, 1951, 2015), much like the archetype used in Greek myths and mentioned in the work of Carl Jung. The next section focuses on this phenomenon related to experts by experience in the field of psychotherapy.

## The Wounded Healer

Carl Jung argued that we have a collective unconscious with many archetypes, one of which is the wounded healer (Jung, 1951, p. 116). The wounded healer is often related to the Greek myth of Chiron. Chiron was a centaur with a different character from other centaurs; he was not barbarous but gentle and kind and was a renowned healer. He was accidentally wounded by an arrow of Hercules; its effect was incurable and caused unending pain (Jackson, 2001). Jung described the wounded healer as a person with power to heal based on his own hurts (Laskowsky & Pellicor, 2002 in Conchar & Repper, 2014). The shaman, which does not exist in Western cultures, is also correlated with the wounded healer (Farber, 2017). The shaman is not trained in medicine but has suffered significant illness and emotional crisis. During this period of sickness, the shaman gained special gifts that make him a healer (Farber, 2017). The wounded healer can also be found in pastoral care, not only in the person of Jesus and the Messiah (Jackson, 2001), but also in ministers who use their wounds as a source of healing (Nouwen, 2018). Nouwen has noted that simply sharing one's own suffering does not bring new perspectives: 'Open wounds stink and do not heal' (Nouwen, 1979, 2018, p. 92). The point is to see one's own pain and suffering from a deeper perspective (Nouwen, 1979, 2018). Jackson (2001) has argued that the wounded healer must not be confused with the impaired physician or a healer with burnout: 'What the wounded healer does refer to is the inner "woundedness" of a

healer—the healer’s own suffering and vulnerability, which have been said to contribute crucially to the capacity to heal’ (p. 2).

The opposite of the wounded healer is the wounding healer, who uses the client for his own grief (Farber, 2017). The latter is a difficult problem which is difficult to concretise because of the often-closed environment in which therapists treat their clients. Supervision, intervention, advanced training, and personal treatment are ways to prevent wounding behaviour. Therapists can always encounter situations in which they need help or find difficulties where they need support.

Another important issue is the factors that bring people to mental health professions and the number of health professionals who are wounded healers. The answer to the first question is that many mental health professionals enter the field to help and understand others (Barnett, 2007), but they may also have unconscious motivations, and there may be a dark side to altruism (Barnett, 2007). A literature review on this topic reveals that Barnett (2007) concludes that experiences of loss and deprivation and the failure to meet normal narcissistic needs result in underlying vulnerability, which is masked by defence. Therapists can overcome the above problems to understand their wounds and realise that they never heal completely (Barnett, 2007). The second question cannot be answered with exact numbers, but there are many more people who have had a so-called lived experience than one would imagine. Boyd, Zeiss, Reddy, and Skinner (2016) found 77 anonymous participants via email that were normally sent to email groups for monthly invitations.<sup>20</sup> The same study concluded that, on average, only 16% of the respondents disclosed lived experiences to colleagues. This research also indicated an overall sensitivity to stigma: ‘Many participants encouraged their peers to stand up to stigma and be

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<sup>20</sup> Via Local Recovery Coordinators, an association of the VA (Veteran Affairs, *JB*), psychology leaders, psychosocial rehabilitation and recovery centre leaders, the VA mental health leader sub-group, peer support supervisors, mental health services, and the Office of Mental Health Operations.



proud and open about their background. However, many others caution their peers about disclosing their background at work' (Boyd et al., 2016, p. 616).

Stigma seems to be a major barrier when wounded healers decide whether to open up. Stigma seems to be related to visibility, dangerousness, treatability, and the extent to which relationships are disrupted (Day, Edgren, & Eshleman (2007), in Zerubal & Wright, 2012). The stigma of mental illness is substantive in modern society and is associated with humiliation, shame, and disgrace (Hinshaw & Stier, 2008, in Zerubal & Wright, 2012). In the theory of revitalising disclosure, we see that in the second stage, sharing vulnerabilities, the fear of stigma dominates. The working environment is crucial, and Zerubal and Wright (2012) note that disclosure must be seen as a viable option. They see it as problematic that our profession has developed an atmosphere in which it is stigmatising to acknowledge vulnerability or woundedness. A qualitative study reveals that therapists were more comfortable sharing their own woundedness with clients than with colleagues (Bloomgarden & Menutti, 2009b; Wright, Seltsman, Telepak, & Matusek [2012], in Zerubavel & Wright, 2012). Creating safe environments that foster openness and support and that stimulate dialogues and exploration rather than secrecy and avoidance can help wounded healers develop their resilience (Sherman, 1996). Section 4.3 further develops the subject of stigma in the workplace.

In terms of the theory of revitalising disclosure, the wounded healer is implicit in the description of the expert by experience, who also favours disclosing in some manner. In the empirical literature, nothing has been said about the catalysing effect of the expert by experience on the therapist who keeps his wounds secret. The literature shows that more professionals now disclose in public. Farber (2017) wrote *Celebrating the Wounded Healer Psychotherapist*, in which many so-called wounded healers tell their stories. In *An Unquiet Mind*, Kay Redfield Jamison (2014), a professor in mood disorders and psychiatry, reveals her own story of bipolar illness. Most of the literature on

revealing one's own mental challenges is written by psychiatrists and psychotherapists. In the fields of nursing and social work, it is difficult to find revealing stories about workers' own mental challenges; little research has been done in this area. In the study in which the theory of revitalising disclosure emerged, most of the participants were nurses and social workers.

The next section, focuses on theoretical and empirical literature from the fields of nursing and social work. I explore the beliefs concerning disclosure and research on the subject. General attitudes about mental illness in the workplace are explored due to of their correlation with stigma.

## Research and Concepts on Disclosure in the Field of Nursing and Social Work

During the research that led to the theory of revitalising disclosure, I interviewed people with backgrounds in nursing and social work. They were the most important group that interacted with the expert by experience. The grounded theory of revitalising disclosure is written from the perspective of these workers. The development of self-disclosure in the literature starts with the theory of Hildegard Peplau, that is, interpersonal theory in nursing practise (Peplau, 1969, 1989). Peplau defines professional closeness as a skill learned in school (Peplau, 1969). It is distinct from other forms of closeness, namely, physical closeness and intimacy, interpersonal closeness, and intimacy and pseudo-closeness. She notes that physical closeness includes physical acts such as sexual intercourse in marital life. However, touching hands is also an example of physical closeness which can be part of professional closeness. Interpersonal closeness is described as a 'chum relationship' (Peplau, 1969). In this form of communication, tenderness and an interest in one and another are shared. Pseudo-closeness is described as casual interactions, a way of communication that sounds superficial but can provide direction for interactions.

Professional closeness can include some aspects of physical and interpersonal closeness, but the difference is that its focus 'is exclusively on the interest, concerns, and needs of the patient' (Peplau, 1969, p. 345). Peplau notes that 'The nurse is aware of her own needs but sees herself as separate from the patient and detaches her self-interest from the patient situation so that she may act as stimulus to, and as an agent for, favourable change in the patient' (Peplau, 1969, p. 345). The goal of nursing is to assist the patient in developing a productive life in the community (Peplau, 1969). The nurse needs to put herself aside and help the patient grow or learn something new (Peplau, 1969). Another quotation clearly shows that Peplau has a high standard for the nurse as an instrument and someone who is emotionally involved: 'If the nurse focuses on recovery rather than on knowing the person who is the object of the nursing service and on understanding his problems in some depth, the immanent death of a patient leads only to sorrow rather than to more useful inquiry which may benefit the next patient in a similar circumstance (Peplau, 1969, p. 357).

We see that this vision contrasts with those of Jourard and Rogers, who were contemporaries. Rogers emphasised genuineness and empathy, while Jourard went even deeper and saw the relation as an encounter in which two people could learn from each other. When we consider the literature today, it is more in line with Rogers (Stuart, 2013).

In rehabilitation, education, which is often a part of social workers' and nurses' education, Rogers's communication skills are foundational (Anthony, Cohen, Farkas, & Gagne, 2002). However, nurses and social workers are unsure and do not know when and what content to disclose. There are still practises where disclosure is not common sense. Research on disclosure in the field of nursing has focused on whether nurses disclose and what and why they disclose. Unhjem, Vatne, and Hem (2017) conducted a qualitative study in Norway with the aim of describing what nurses disclose and their reasons for doing so. Their research was conducted in four units (open and closed) and three

districts in a small town and in rural villages in mid-Norway. They emphasise that, in Norwegian mental health, relationship- and recovery-oriented practises are important (Slade et al., 2014).

The authors define disclosure as the verbal and voluntary disclosure of personal information and have found that the content of self-disclosure concerned the themes of immediate family (personal information about spouses, children, parents, etc.), interests and activities (interests, activities such as animals and traveling, etcetera), life experiences (memories, traditions, experiences, health issues, and where nurses live), and identity (personality, personal opinions on different subjects; Unhjem, Vatne, & Hem, 2017).

The reasons nurses self-disclosed in this study were mostly related to the development of the relationship. Sharing personal information is seen as an invaluable contribution towards a more open nurse-patient relationship. The reasons, illustrated by descriptions, are ‘multifaceted and one particular self-disclosure can be motivated by more than one reason at the time’ (Unjem, Vatne & Hem, 2017, pp. 802–803). Sharing existential and everyday sentiments, giving real life advice, feeling natural, and answering patients can be differentiated.

Previous findings address all of the subthemes except feeling natural. Unjem, Vatne and Hem note that most research on self-disclosure has been limited to individual therapy settings and is not always transferable to other care settings (2017). Nurses and patients interact in many everyday situations, such as eating together, sports, and other informal interactions. These informal interactions provide the chance for authentic interaction and reciprocity (Skatvedt & Schou, 2010).

Ashmore and Banks (1997, 2000a, 2003b) have conducted several studies in the UK. First, the instrument they used was the British version of Jourard’s 25-item Jourard self-disclosure questionnaire (JDSQ) (Burnard & Morrison, 1994). Thirty years after the original, Burnard and Morrison replicated a study Jourard (1994) conducted in 1961 to learn whether there were similarities or differences in terms of self-disclosure. Their overall conclusion was that participants (undergraduate

nursing students) were more self-disclosing. Because no literature provided information regarding the amount and type of nurses willing to disclose, Ashmore and Banks's (2003a) study focused on the level of self-disclosure, gender differences, and what information student nurses disclosed to patients. The studies of Jourard, Burnard and Morison (1971, 1994) did not involve disclosure to patients; these only included the mother, father, male friend, and female friend.

The results of this study were, first, that mental health students disclosed more items than other adult students (in comparison with other studies), and students disclosed fewer items to patients than others. Furthermore, students revealed neutral topics rather than details regarding opinions, personality, money, or work details. The authors found no differences between males and females (Ashmore & Banks, 2003a).

They note that it is possible that students may not be sufficiently skilled to use self-disclosing behaviour. Risks may also be a reason why student nurses do not disclose to patients (Rawlins, 1983 in Ashmore & Banks, 2003a). In another study, Ashmore and Banks explored mental health nursing students' rationales for disclosing or not. In this study, the authors used a questionnaire (consisting of two open-ended questions) in which they defined self-disclosure as 'the information (including facts, thoughts, feelings, and experiences) you are willing to tell a patient during your interaction with them, either about yourself or about your relationship with them' (Ashmore & Banks, 2003b, p. 1222). This definition was drawn from Derlega et al. (1993).

From 162 mental health students, students' participants gave 528 reasons for self-disclosure and 513 for avoiding self-disclosure. Via coding, they created categories (Ashmore & Banks, 2003b); of which three are particularly important: *building a therapeutic relationship*, *sharing experiences*, and *appropriate information*. The Students argued that it seemed impossible to build a relationship without self-disclosure. Furthermore, Jourard's proposition that 'disclosure begets disclosure' was suggested. Sharing experiences was first used to normalise and show

that they were not alone and second to help clients with problem solving. Appropriate information includes correct information about one's name and qualifications, and it also relates to a professional's trustworthiness and credibility (Ashmore & Banks, 2003b).

In terms of not disclosing, the categories were *crossing the line*, *unhelpful*, *name, rank and serial number*, and *student's vulnerability*. 'It was suggested by the participants that it is important that the line between a social and caring relationship is not crossed and that the barrier between professional and friend must not be breached' (Ashmore & Banks, 2003b, p 1274). They believed that disclosing—which could include, for example, not being in control of one's feelings, thoughts, and emotions—could lead to role reversal. Participants thought that sharing their way of solving problems would not help the client and described this using the category 'unhelpful'. They also noted that the client would not open up when a nurse disclosed too much, and they thought that it would risk dependency in their relationship, which was a negative outcome. The category *name rank and serial number* emphasises the risk participants saw for their profession. Professional distance prevents problems such as judgemental behaviour and related issues. Participants identified types of patients to whom they would not disclose, which emphasises their vulnerability. Examples included patients with personality disorders, confused patients, manipulative patients, patients with a psychotic episode, and patients in a forensic setting.

These reasons were partially derived from advice from staff. Staff members told one participant to 'never give any personal details' (Ashmore & Banks, 2003, p. 1277). Ashmore and Banks note that the fact that some students choose to provide limited information to those who are stereotypically labelled may seriously impact the relationships with such clients. They suggest that a form of clinical supervision and skill training for this emotional competence (Heron, 2001) are necessary. Education and training can help students explore and develop different types of disclosure and learn how and when to use them.

In this review, the literature from the field of nursing dominated because, in the context of this study, the differences between these professions are not highlighted. Although the education of the two types of workers differs, and the social worker seems to have more developed competences in reflection, this background did not have an impact on the theory. Most of the social workers adapted the dominant style of working with the biomedical model. The organisations in which the research was conducted were motivated to change the model into a recovery-oriented one. In the theory of revitalising disclosure, the concept of socialisation contains the differences in educational background in the data, but not in the categories. This is one of the subjects that could be researched in the future that could modify the theory or add a new variation; this topic is explored in Chapter 5. In the social work literature, it is emphasised that the ‘old way’ of thinking by establishing boundaries between the professional and the client underestimates the inter-subjective relations and the dynamic communication between people (Ruch, 2009, 2018). O’Leary, Tsui, and Ruch have suggested a concept in which a relational boundary includes the client (2013). This contrasts with boundaries that divide the client from the social worker. Within this boundary, people should adjust their ethics, goals, and the function of social work. This model correlates much better with the dynamics that are inherent in social work. This vision also provides more possibilities in terms of helping clients to empower themselves and not work as agents: ‘Conceptualising the boundaries of the social work relationship in this way enhances clients’ sense of autonomy, level of participation, and dignity and has the potential to make the whole process of intervention more humane’ (O’Leary et al., 2013, p. 150). This concept would impact education and in the guidance of students in the workplace. A context in which this model would be implemented could ignite the process of revitalising disclosure, and experts by experience can catalyse this process. The basic social structural process is where this model should

start. With this impact, the context is highlighted; this idea is explored further in the next section.

We can see that training in interpersonal skills has a core place in the education of nurses and social workers. However, in spite of this progression in the Netherlands, we still see that nurses and social workers struggle with disclosure. Education about the topic seems to be important, but the workplace also has a major impact on workers. The workplace seems to be a community in itself, one in which it is not always or seldom possible to create a safe environment. In the second stage of the grounded theory of revitalising disclosure, the fear of stigma is significant. The next section, focuses on disclosure in the workplace as it relates to stigma.

### 4.3 Disclosure and the Fear of Stigma in the Workplace

Up to this point, this literature review has explored research from the perspective of the mental health professional who discloses to the client. In the grounded theory of revitalising disclosure, we see that a significant barrier to disclosing is the fear of stigma. Sharing one's vulnerabilities with clients is one issue, and sharing vulnerabilities with colleagues is another. Many people work in teams in which they are confronted with the choice of whether to disclose personal information. The context in which the work occurs seems to be an important factor. In this section, I explore the theme of stigma that correlates with the disclosure of vulnerabilities and specifically the disclosure of mental illness. The reasons why people choose to disclose and the discourse on the topic are also illuminated.

'Many mental health professionals diagnosed with mental illness suffer in quiet anonymity out of fear of stigma and potential damage to their professional status' (Bennett, 2012, p. 3). An Australian national survey on the disclosure of mental health problems found that non-disclosure to supervisors was more likely than disclosure (Reavley,



Morgan, & Jorm, 2018). In a population-based survey of working adults in Ontario (Canada), one-third of workers would not tell their managers about mental health problems (Dewa, 2014). In a qualitative study, the experiences of 29 nurses with mental illness were explored. In addition to the need for support and trust, the participants saw their workplace as unsupportive and negative (Joyce, McMillan, & Hazelton, 2009). The same study also argued that being a nurse with a mental illness 'was largely a negative experience' (Joyce, Hazelton, & McMillan, 2007, p. 373). There is little literature on nurses with mental illness, but the overall impression is that they mostly experience negative attitudes from colleagues (Joyce et al., 2007). One theme, namely 'crossing the boundary' (nurse to patient), expresses the theme of 'them and us'. It seems that mental health workers are confronted with the stigma that 'normally belongs' to their clients. Negative attitudes from nurses (despite extensive contact through their work) towards mental health and psychiatry may be based on media and historical mistakes, such as thinking that people with mental illness are dangerous, unpredictable, violent, and bizarre (Ross & Goldner, 2009).

When we consider employers' beliefs, we find that they would prefer that new employees disclose their mental health problems. Contrasting is that applicants with a mental health problem were rated as less employable than candidates with a physical problem (Brohan, Evans-Lacko, Henderson, Murray, Slade, & Thornicroft, 2014; Wheat, Brohan, Henderson, & Thornicroft, 2010).

The dominant assumptions (negative beliefs and stereotypes) underlying workplace systems that were discovered in a grounded theory study in Canada were that people with mental illness lack the competence required to meet the considerable requirements and social demands of work and are dangerous or unpredictable in the workplace; furthermore, the study found the belief that working is not healthy for people with mental illness, and providing employment for people with mental illness is an act of charity (Krupa, Kirsh, Cockburn, & Gewurtz, 2009, pp. 418-420).

In a systematic review of beliefs, behaviours, and influencing factors associated with the disclosure of a mental health problem in the workplace, the following themes were generated: *expectations and experiences of discrimination*, such as not being hired if disclosed; unfair treatment in the workplace; losing credibility in others' eyes; legislation that does not provide protection; gossip; and rejection. The theme *other reasons for non-disclosure* included the following reasons: passing, illness as private, a job with natural adjustments, and others not wanting to know. *Reasons for disclosure* that were given were being a role model for others, gaining adjustments, having a positive experience of disclosure, obtaining support, being honest, explaining behaviour, and the fact that concealing was stressful. *Disclosure dimensions* were also mentioned, namely: partial disclosure, inadvertent disclosure, and strategically timed disclosure (Brohan, Henderson, Wheat, Malcolm, Clement, Barley, Slade & Thornicroft, 2012).

As mentioned above, contexts can make a difference for workers. Organisations' policies can create safe environments, and by making disclosure safe, the stigma and burden of mental disorders can be decreased, as Dewa (2014) notes. Donnelly (2017) conducted a study in which she asked 570 adults about whether they would disclose their mental condition in four situations: healthcare, college and vocational school, employment, and background checks. Of all of these situations, the 'fear of stigmatisation and discrimination was highest for the employment scenario' (Donnelly, 2017, p. 593). Stuart (2006) argues that stigma is an important cause of employment inequity for people who are victims of discrimination as a result of the prejudicial attitudes on the part of colleagues and employers. When examine the stigma phenomenon more closely, we naturally find the research of Goffman.

Goffman defines stigma as 'an attribute that is deeply discrediting' and that reduces the bearer 'from a whole and usual person to a tainted, discounted one' (Goffman, 1963, p. 13). Goffman (1963) differentiated between three types of stigma: abominations of the body (physical deformities), blemishes of individual character (mental illness, addiction,

homosexuality, imprisonment, etc.), and tribal stigma (race, gender, religion). After Goffman's work, several scholars have redefined stigma. Because of the individual focus and loose definition, Link and Phelan (2001) have defined stigma as interrelated components, which are labelling, stereotyping, separation, status loss, and discrimination.

To find a resource to help researchers measure mental illness stigma, Brohan, Slade, Clement, and Thornicroft (2010) conducted a narrative literature review that resulted in three separate but related constructs. The first is *perceived stigma*, which includes 'what an individual thinks most people believe about the stigmatised group in general and how the individual thinks society views him/her personally as a member of the stigmatised group' (van Brakel et al., 2006, in Brohan et al., 2010, p. 2). The second is *experienced stigma*, which is the experience of actual discrimination and/or participation restrictions. The third construct is *self-stigma*, the internalisation of the public stigma; in the author's words, this is 'the product of internalisation of shame, blame, hopelessness, guilt, and fear of discrimination associated with mental illness' (Corrigan, 1998, in Brohan, Slade, Clement, & Thornicroft 2010, p. 2).

Overall, the term 'stigma' concerns problems of knowledge, attitude, and behaviour. The focus of future interventions should be on ignorance, prejudice, and discrimination (Thornicroft, Rose, Kassam, & Sartorius, 2007). Ignorance can be addressed by education. Mental health first aid (MHFA) is an example of education that shows positive effects such as better recognition of mental problems, changes in attitude and social distance, and willingness to help (Kichener & Jorm, 2006; Hosain et al., 2009; Minas et al., 2009, in van Weeghel, Pijnenborg, van 't Veer, & Kienhorst, 2016). The problem of negative attitudes requires more research on emotions related with to thoughts. Thornicroft et al. (2007) have provided the example of a study conducted in the south-eastern United States, in which participants were asked to imagine people with or without a diagnosis of mental illness. They showed all the signs of stress. The conclusion was that

people avoid those with mental illness because of the physiological arousal (Graves et al., 2005 in Thornicroft et al., 2007). *Thornicroft et al.* (2007) critique most research in this field because it is largely based on attitude surveys. The focus should also shift from stigma to discrimination while stigma is related to the person with a mental illness, and discrimination is related to the person who exhibits the discriminating behaviour: 'Thus, instead of asking an employer whether he or she would hire a person with mental illness, we should assess whether he or she actually does' (Thornicroft et al., 2007, p. 2).

Legislation<sup>21</sup> is now applied in cases of mental health discrimination. Besides of these laws, there are codes of professional conduct in most Western countries. The code of professional conduct for nurses in Australia makes a clear point on this subject: 'Nurses respect the dignity, culture, ethnicity, values, and beliefs of people receiving care and treatment, and of their colleagues.'<sup>22</sup> The focus on human rights, ending discrimination, and progression of knowledge could reduce stigmatisation. The next part of this section examines research literature that explores a deeper layer of disclosure is explored to determine why and how people disclose.

Given the above information, why should someone disclose? Despite all the negative experiences and history of complexity, there seems to be a discourse of being open about mental illness in contemporary society. Legislation protects workers who do not disclose health information but want to share parts of their challenges (Hatchard, 2008).

A person has to make decisions about whether to disclose at all, when, what, and to whom the disclosure could be made (Irvine, 2011). In two qualitative studies, Irvine mentions Brunner who argues that disclosure should be seen as a process rather than an event (Brunner,

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<sup>21</sup> For example, I refer here to the Disabilities Act of 1990 in the US, the Disability Discrimination Act of 1995 in the UK, and the Equal Treatment Act based on disability / chronic illness of 2003 in the Netherlands (in Dutch: *Wet Gelijke Behandeling op grond van handicap/ chronische ziekte*).

<sup>22</sup> Source : [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au).

2007 in Irvine, 2010). In these studies, the participants explained that they did not initially discuss their diagnoses but did discuss stress and work problems. They did not think in medicalised language. Unfortunately, their cries for help were not taken seriously until their problems were medicalised. Irvine notes that most literature starts with an individual who perceives an attribute (stigma); thus, if policy and public health focused more on mental well-being and less on illness, this would lead to better possibilities to discuss difficulties and also provide better support (Irvine, 2010). In the Netherlands, Huber's new definition of health offers possibilities for this vision. She sees health 'as the ability to adapt and self-manage, in light of the physical, emotional and social changes of life' (Huber, van Vliet, Giezenberg, Winkens, Heerkens, Dagnellie, & Knottnerus, 2015, p. 1).

In addition, Ralph (2002) writes of a process; she describes a decision process with various barriers and the benefits of disclosure, most of which have been mentioned (p. 32). The step towards openness in the community is interesting. The message involves being proud and open because of the freedom to live without a secret. She notes that the way to reach that level is to practise with peers and friends. Casadi, Child, and Krasinski (2016) argues that self-disclosure is a key method by which to oppose stigma; self-disclosure can lead to empowerment.

Corrigan, Michaels, Powell, Bink, Sheehan, Schmidt, Apa, and Al-Khouja (2016) also present a positive view on self-disclosure and studied predictors and consequences of disclosing. Not disclosing was associated with self-stigma, insight, and lifetime affective diagnoses. Promoting disclosure is thought to decrease self-stigma. An interesting comparison with coming out is the comparison with the gay and lesbian struggle with disclosure (Corrigan & Matthews, 2003; Corrigan et al., 2009). They note that one of the lessons is that they learned to deal with discrimination by developing a community. Another aspect of this is acceptance without shame or disparagement. They also describe the process and mention identity confusion, comparison, identity acceptance, immersion, and identity synthesis. These scholars are

convinced of the positive effects of coming out (self-disclosure). Others focus more on the process of decision-making without knowing the output beforehand. Lassman et al. (2015) have developed a decision aid called CORAL: CONceal or ReveAL. This aid has demonstrated that it is effective in reducing conflict. The goal of the aid is not to disclose but to support the decision made in different contexts. In a study involving qualitative in-depth interviews as a sub-study of the CORAL pilot randomised controlled trial, five main themes emerged: helping with making a decision, anticipation of disclosure, sense of self, values, and sense of control.<sup>23</sup>

Another initiative worth mentioning is the Hidden Talents project of Dorset HealthCare University, which has been in place since 2010 (Morgan & Lawson, 2015). Hidden talents are, for example a group of staff members who have lived experience of mental illness and/or trauma. For this project, the group wanted to develop guidelines for sharing lived experience. The group was asked four questions: 1. What are the benefits of sharing lived experience? 2. What are the risks of sharing lived experience? 3. What are the risks of not sharing lived experience? 4. What are the factors that need consideration to share lived experience safely?

The language is first point of interest; they use ‘sharing’ rather than ‘disclosure’ because the group strongly felt that ‘disclosure’ has a negative connotation. Lived experience was defined as life experience within the context of trauma. Normalisation will not help to erase in the dichotomy of people with and without mental illness. Through discussing the questions in focus groups, the following answers emerged:

- Benefits of sharing lived experience:
- Breaking down ‘them and us’ perception
- Improving possibility for the wellbeing of the staff
- Promoting recovery orientation

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<sup>23</sup> In the Netherlands, the aid can be found on the website of *Samen sterk zonder Stigma*; see [www.samensterkzonderstigma.nl](http://www.samensterkzonderstigma.nl).

- Opportunity for understanding academic knowledge and lived experience expertise
- Helpful to recovery of clients
- Increase belief in the effects of mental health services

The risks of sharing were that it can lead to unhealthy relationships and that jobs could be jeopardised. In addition, gossip and leaked information can have a negative effect on work culture. The groups stated that the risks could be minimised with a strong, open, and healthy organisational culture.

A factor that required consideration was how to create a safe culture. A criterion of a good organisational culture is that people feel that it is safe to share (Morgan & Lawson, 2015). From the list of tips for sharing lived experience, I mention a few:

- Have choice over what you say
- Start with a trusted colleague first
- If in doubt, do not do it

Tip for managers:

- Show that it is valued: 'I am glad we have expertise in the team'
- Do not take control

What can be unhelpful:

- Making a grand announcement
- Waiting until you have got no option

What is unhelpful to someone sharing lived experience:

- Not responding at all
- Treading on eggshells
- Pity: 'Oh, you poor thing' (Morgan & Lawson, 2015, p. 83)

This last example of an intervention in which people who had lived experiences themselves confirms the critique of Thornicroft et al. (2007), who stated there are notably few contributions to the literature of service users.

The exploration of the subject of stigma and the context of people's work made another layer of the phenomenon of disclosure visible. This review cannot be complete and will likely expand in the future. For

now, however, the first impression of the contribution of the theory of revitalising disclosure to the knowledge of disclosure is described in the next section.

#### 4.4 Revitalising Disclosure: What's New?

In the paragraphs above, I highlighted the similarities and differences with the grounded theory of revitalising disclosure. In this section, I briefly describe what is new and specific to the theory as it relates to the literature review. First, it should be mentioned that the grounded theory of revitalising disclosure is a substantive theory rather than a formal theory. Second, as a novice researcher, I respect the important work of theorists. The many studies about disclosure are, of course, overwhelming.

In all modesty I note that the theory of revitalising disclosure does bring something new to this field. The most important is the basic social process and the typology of disclosure that was discovered during the study. Processes are mentioned in the empirical literature but have never been a subject of study. The theoretical literature describes processes and gives the theory of revitalising disclosure a specific place. Petronio has described turbulence and the necessity of boundary management. CPM can be seen as a formal theory into which this substantive theory fits. Another aspect that emerged during this literature research is that there is less involvement of service-users. In the study of revitalising disclosure, the expert by experience brings a new character to the field. Despite the choice to conduct the study from the perspective of the mental health professional, the expert by experience played a dominant role as the catalyst of the process of revitalising. The typology of disclosure is also new and clarifies that workers start from a position but have the possibility of changing persona (mask). This relates to the fluidity that Baxter and Montgomery have mentioned. The deeper layer and the process of rehumanising emerged during this study and create



possibilities for destigmatising actions in the future. The latter aspect is explored in the section on possible applications of the theory in Chapter 6. The contribution of the literature to the theory of revitalising disclosure is confirmed because of the recognition of the existing properties found in the literature. The next section elaborates on the contributions of the theory of revitalising disclosure and evaluates the theory.



## ***Chapter 5. Contributions and Evaluation of the Grounded Theory of Revitalising Disclosure***

Having described the theory of revitalising disclosure and compared it with the literature, this chapter explores the contributions of the study and evaluates the theory. It considers the contributions in relation to the knowledge gained from the literature. The section starts with a description of the strengths of the theory and is influenced by knowledge from the literature review.

Glaser (1998) has argued that a researcher can weave in the literature when he has an almost theoretically complete theory. In this thesis, I have mentioned that I choose not to interweave the theory, which is recommended for a novice researcher. Still, we cannot separate the existing literature from the discovered theory completely. The connection between revitalising disclosure and the knowledge from the literature must be made.

Glaser (1998) notes that 'Adding to the literature, synthesising it, transcending it, starting it, not reinvesting it, correcting it, and abandoning the reverence of it are important' (p. 79). In an effort to bring more cohesion to the literature and the theory of revitalising disclosure, I first describe the theoretical and empirical literature, which the theory of revitalising disclosure supports, and discuss how these accommodate each other. Second, the main contributions of the theory of revitalising disclosure to the knowledge in the field of disclosure are discussed, followed by a description of the theories and knowledge that the theory of revitalising disclosure challenges. Fourth, the new knowledge of the theory is again highlighted and related to its overall impact. The theory of revitalising disclosure is positioned in the field of knowledge wherein authors are acknowledged, and the contribution of

this new theory is credentialized. These topics sometimes overlap and are occasionally discussed in two sections. Finally, an overall scheme with a summary is presented (Table 10), in which the main topics are grouped based on the following classifications: supported, added, challenged, and new.

In the last part of this chapter, the theory is evaluated according to the four criteria for judging and doing grounded theory (Glaser, 1998, p. 18): fit, workability, relevance, and modifiability.

## 5.1 Contributions to Knowledge

### Revitalising Disclosure, a Powerful Theory with Scope and Parsimony

The main contribution to knowledge is the grounded theory of revitalising disclosure, which is a grounded theory of changing beliefs about disclosure in the substantive area of mental health.

Grounded theory is not a description of facts, 'but rather is an integrated set of conceptual hypotheses. It is just probability statements about the relationship between concepts' (Glaser, 1998, p. 3). A substantive grounded theory goes further than observed incidents and analysis but applies to the substantive area of research (Urquhart, Lehmann, & Myers, 2010). The theory concerns behaviour seen in the substantive area (Glaser, 1998): 'GT comes from data but does not describe the data from which it emerges. Grounded theory is applied to the substantive area from which it emerges to explain the preponderance of behaviour in that area, which behaviour is the continual resolving of the participants' main concern' (Glaser, 2001, pp. 4-5). Because of the conceptual level in this theory, one may forget that it relates to people: 'GT is conceptually abstract from time, place, and people' (Glaser, 2001, p. 5). Conceptualizing makes the difference between grounded theory and qualitative data analyses (QDA).

The theory of revitalising disclosure contains several concepts that were discovered during research conducted in two mental health organisations in the Netherlands. The typology of disclosure is part of and is essential for understanding the process of revitalising disclosure. The typology contains four kinds of behaviour that are related to types that express specific behaviour. The *Distance keeper* relates to avoiding behaviour: not sharing and not experiencing mental challenges, while the *Connector* relates to connecting behaviour: not experiencing mental challenges and sharing vulnerabilities. The *Bridger* includes performing behaviour, such as having or having had mental challenges and sharing vulnerabilities. Finally, the *Hider* relates to passing behaviour, such as experiencing mental challenges and not sharing vulnerabilities. The typology is a grounded concept that explains the different forms of behaviour during the process of revitalising disclosure, and it is helpful to understand that people can change their behaviour; thus, the theory can be used to help people to change their behaviour. Behaviour is influenced by the socialisation but does not restrict them from changing behaviour. In this research, we saw Distance-keepers' behaviour change into Connectors' behaviour. There were also situations in which Bridgers (performing) chose to exhibit passing behaviour in situations that were not safe enough to share. The typology is based on fluidity and an interplay of stability and flux (Baxter & Montgomery, 1996).

The process of revitalising disclosure is described in three stages: 1) breaching boundaries, 2) sharing vulnerabilities and the fear of stigma, and 3) recognising the power of identification. The first stage is the start of the process, in which the first interactions between the expert by experience and the traditionally educated health worker take place. This concept defines the differences between the two and clarifies the tensions between them. The typology of disclosure emphasises the different behaviours. The passage to the next stage is not self-evident and depends on the success of conversations in the workplace. Guidance from professionals who are positive about disclosure is significant, and

it may be necessary to choose to work with the principles of recovery. The possibility of discussing the subject of disclosure is essential for this passage. During this study, it became clear that different outcomes were possible in the same organisation. The team leader's point of view was of significant influence, and the role of a key player or a person with charisma could also make the difference; this could either be an expert by experience or a traditionally educated professional. Quantity seems to play a major role; teams with only one expert by experience and no health workers who shared their vulnerabilities are less likely to change. The theory can be helpful in understanding the different stages as well as the influencing factors. Revitalising disclosure means resolving behaviour, but only in the appropriate circumstances. The theory describes possibilities in certain situations with many perspectives.

The second stage involves the fear of stigma and is only possible in a safe environment. It is difficult to definitively explain what a safe environment enhances because negative experiences can be personal and affect the working environment. In this research, traditionally educated professionals could feel isolated because the expert by experience was the dominant factor in the team. They asked themselves whether they were still valuable enough. Discussing the fear of stigma connects people and illuminates a major problem in our society, namely, exclusion based on differences. The literature enriches the theory with tools such as CORAL and research of people with lived experience. Furthermore, sharing vulnerabilities and the fear of stigma connect the theory with a larger concept: stigma. The influence of the biomedical model and stigmatising behaviour will be highlighted when recovery becomes the new paradigm.

The third stage of the theory, recognising the power of identification, contributes a concept that explains and can even predict future behaviour. The collaboration between people and the new player in the field, the client, is a critical junction in the process. The expert by experience has an opportunity to demonstrate how he works with his experiences. Identification is recognisable for the traditionally

educated professional and concerns the forbidden zone of disclosure education in the past (Peplau, 1969). In this stage, the expert by experience differentiates himself from the traditionally educated professional, but also connects with him on a deeper level (Jourard (1971). Identification is a significant concept that requires further research; in this study, however, it was revealed to be a deeper layer than the concept of empathy. The door that is opened during the process of revitalising disclosure gives the worker the opportunity to ask himself what differentiates him from the client. The expert by experience uses identification as the core of his work must be seen as a competence. In this context, the question is whether we need to bend traits to professional competences or have more trust in human traits that help us connect with the people whom meet and with whom we attempt to build relationships. My position is that, if we leave modernity and its cold objectivity behind in a postmodern world, we need more tacit knowledge based on lived experience (Collins & Evans, 2007).

Revitalising disclosure is a BSP, or, as Glaser (1978) notes, ‘Stages are the prime property of BSP’s’ (p. 100). Other properties include pervasiveness, full variability, change over time, and the fact that there are two types (Glaser, 1978). With the last, Glaser means that there are BSPPs and BSSPs. The first type is evaluated in the next paragraph along with other properties. In terms of the second, Glaser (1978) has explained, ‘A BSSP refers to social structure in process—usually growth or deterioration—such as bureaucratisation, or debureaucratisation [...] organisational growth, admitting or recruiting procedures, succession, and so forth’ (p. 102). In terms of the theory of revitalising disclosure, we can conclude that the BSSP is the process of change from the biomedical model to a recovery-oriented model. This process enhances much more than the collaboration with experts by experience; it is the condition under which revitalising disclosure happens. Revitalising disclosure must be seen as a process that is discovered in an environment of change. Mental health changes over time as part of a changing society. The theory cannot be seen as separate from other phenomena

of our time. Totality is the assumption that phenomena can be understood only in relation to other phenomena (Baxter & Montgomery, 1996).

When we examine the literature more closely, the theory of revitalising disclosure offers several contributions; the most distinctive is the fact that this theory is grounded in the data and did not start with a preconception (a supposition in advance). The concepts emerged through the application of the methodology of the classic grounded theory. I mentioned above that, previously, I would not have thought of disclosure as the main problem in the organisations where this study was conducted. I made the choice to review the literature on disclosure due to the emerging main concern and the core category of revitalising disclosure. Theory about changing processes could enrich the theory from the perspective of change management at a later stage. My educational background in psychiatry, nursing, recovery, and human and organisational behaviour, as well as my own experiences, may have influenced the literature review choice. However, I could not choose the topic of the theory in advance because I did not know what occurred between these groups, given their different perspectives and backgrounds; thus, I chose the classic grounded theory methodology. The theory is the result of a novice researcher who has developed himself over the years.

## Enriching Theoretical and Empirical Literature Supported by Revitalising Disclosure

The study of the literature enriched the theory by expanding knowledge about fully developed theories on the subject of disclosure. The theory of revitalising disclosure supports several theories and confirms the results of the empirical research. The theoretical literature contributed four theories that are supported by and enrich the theory of revitalising disclosure. Jourard (1971) discusses the dyadic effect (disclosure begets disclosure), while Baxter and Montgomery describe



multivocal oppositions. This knowledge helped me understand that the process of changing beliefs regarding disclosure is not always visible. People struggle with ideas and decide to disclose parts of their internal discussions. The social penetration theory of Altman and Taylor (1973) is a constructive theory intended to explain the process of developing a relation. The theory of revitalising disclosure is an example in the workplace, and both supports and challenges social penetration theory. Petronio (2002) developed the CPM (Communication Privacy Management). Revitalising disclosure is a specific example of turbulence and confirms the idea of boundaries in the first stage. This theory can be helpful in guiding people who are in the process of revitalising disclosure. Petronio has discussed the content of disclosure and used the term ‘privacy management’ instead of disclosure. ‘Privacy management’ emphasises the difference between public and private and could be helpful in practice. In the Netherlands, the term ‘disclosure’ is seldom used during conversations.<sup>24</sup> Privacy management could help people to understand the essence of the topic. There is also a risk that people could use the word to close their boundaries instead of becoming closer to others in their encounters. I explore this point in the section on possible applications. In practise, the theories help people understand different concepts in which disclosure is central.

The empirical literature based on psychotherapy and disclosure, the wounded healer, disclosure in the field of nursing and social work, and the literature on disclosure and the fear of stigma revealed ample knowledge about research, the majority of which has taken place in the area of mental health. Psychotherapy and disclosure have always been connected; from Freud (1912–1915) to Farber (2017), disclosure has been a dominant factor in encounters with clients. Comparing these strands of literature showed that the definition of disclosure is not clear, and the number of definitions hinders research on this topic. In the area of psychotherapy, disclosure is part of training programs. Disclosure represents a gap in education for nurses and social workers, and the

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<sup>24</sup> In Dutch, the translation of disclosure is “*onthulling*”.

result is that professionals do not know how to respond to clients' questions. The shift from the biomedical model to the model of recovery is interesting; as it shows the discussion of '*them* and *us*' in a new light. In the theory of revitalising disclosure, we see that encounters can become more equal when professionals are willing to share their vulnerabilities. The question is not whether to disclose but what to disclose. The literature on the wounded healer interacts with the theory of revitalising disclosure because of the recognition of the expert by experience as a wounded healer. More and more professionals decide to disclose their mental challenges. It would be valuable to address psychotherapy as a different substantive area. This could give direction to a formal, grounded theory which differentiates contexts in mental health.

The empirical literature in the field of nursing and social work is scarce when we consider the numbers of nurses and social workers in the field of mental health. The overall conclusion is that training and supervision are necessary (Heron, 2001). O'Leary, Tsui, and Ruch's (2013) work is valuable because they offer a concept with a boundary that includes the client. The process of revitalising disclosure could be expanded with this concept in the first stage. It is another perspective on the *we/they* discussion. Future research could provide more information and ground the concept.

The empirical literature on stigma is significant, and this study confirms it. This strengthens the second stage of the theory of revitalising disclosure, sharing vulnerabilities and the fear of stigma. It becomes clear that the stigmatising effect of diagnosis is substantive. According to this research, people fear the diagnoses they use for their clients starting at the beginning of their career. The interference of the expert by experience as a catalyst in the process of revitalising disclosure illuminates the damage of diagnoses that correlates with the fear of stigma. The fight against discrimination has not yet been won, and the legislation is only one part of the solution. Research in recovery settings strengthens the theory of revitalising disclosure with the idea of a

language and education that are not medicalised to minimise the social distance between people (Van Weeghel et al., 2016).

The contribution of this study to this subject is grounded theory based on the interaction of people who cross the border and help others to see themselves more clearly. Of course, the fear of stigma is present, but the possibility of discovering trait identification can inspire professionals to consider their own identity. Jourard (1971) emphasises the importance of authenticity; today, will we take the chance by revitalising disclosure and make a step forward in a postmodern time?

### What Does the Theory of Revitalising Add to Knowledge in the Field of Disclosure?

The study that led to the discovery of the theory of revitalising disclosure added a grounded process to the knowledge of disclosure in the field of mental health. The role of the expert by experience as a catalyst provides an extra dimension to the understanding of how people can change their beliefs by interacting with people who have different beliefs about disclosure. The encounters between experts by education and experts by experience were a clear example of how people can start sharing vulnerabilities at the start of a relation. Seen from the perspective of social penetration theory, we can say that they started from the centre without developing a relation from the outer layers. This is described in the breaching boundaries stage, and Petronio would call this an example of turbulence. The theory shows the development of this sort of relationship. The differences between behaviour show that the process of revitalising varies depending on socialisation and the circumstances involved in the process. The typology of disclosure is a concept with fluidity; it can be seen as an interplay of stability and flux and fits the heuristics of Baxter and Montgomery. This theory adds a pattern that shows what could not be seen beforehand.

The study took place in an environment where the recovery model is dominant compared to the biomedical model. More research should

be conducted in these changing environments because they teach us what happens between workers who are educated in different ways. This study added to the literature of the wounded healer, a topic that is normally discussed in the area of psychotherapy. The expert by experience is an example of a wounded healer who is not educated by definition. It is important to mention that, in many mental health organisations, education is a requirement for people who wish to work as experts by experience. In the typology of disclosure, we also see wounded healers who were afraid to open up and showed passing behaviour; they sometimes made the step to another behaviour, namely, performing disclosure. The power of this research and its additional knowledge is that this theory shows the possibilities with regard to how a process can revolve during revitalising disclosure.

Another aspect that became clear during this study is the fear of stigma related to the biomedical model, which is described in the second stage of the theory. Health professionals are afraid of the labels they have to use when speaking about their clients' mental challenges. Sharing vulnerabilities and the fear of stigma opens up and adds knowledge to the field of mental health. Much of the literature confirms that workers are afraid of revealing their weaknesses. In this study, we see that some contexts provide enough safety for them to open up. This requires further research because a safe environment is difficult to define due to people's personal experiences. It is interesting to mention that, in the context of this study, intervision led by experts by experience had a positive effect on the process of sharing vulnerabilities.

In addition, empirical research and this study confirmed that the language of the biomedical model does not help people build up relations in which they share their vulnerabilities. Finally, this theory adds something important to the discussion about dehumanisation. This theory shows the struggle of health professionals who lose their identity by wearing a mask in favour of objectivity. The process of revitalizing disclosure helps them to rehumanise and accept subjectivity in the relation with their clients.

## What Does the Theory of Revitalising Disclosure Challenge?

The theory of revitalising disclosure challenges the old assumptions of Peplau (1969), who described professional closeness and said that nurses needed to put themselves aside. In this study, we see that this assumption no longer matches a context in which experts by experience emphasise clients' need for more openness on the part of health professionals. In the stage of breaching boundaries, the old assumption is under pressure due to of the new situation. Furthermore, it is more likely that health professionals considered their level of disclosure in the context of this study because of the safe environment, in which management promoted sharing vulnerabilities. During this study, it became clear that some workers will not change their beliefs about disclosure. In the typology of disclosure, the Distance keeper exhibits behaviour that matches the old assumption.

Supported by research by Polansky et al. (p. 74), Altman and Taylor (1973) have stated that the greater the centrality, the firmer its boundary. This study challenges this conclusion because the experts by experience show that their boundaries are quite open. I argue that they learned to disclose as patients and maybe open up because they are conditioned to do. Challenging this proposition shows that it is not true. The point I want to make is that the opposite can be true, and this perspective is more complex and more realistic.

Altman and Taylor (1973) refer to Simmel (1950), who notes that a certain ability to tolerate conflicts should be reached, and that overhasty mutual exchange is dangerous. The theory challenges this; in the first stage of the process of revitalising disclosure, breaching boundaries, a situation of turmoil arises, but this can lead to deeper relations. Thus, the risks that could lead to conflicts or even dangerous situations do not have to occur. The conditions under which such interactions take place are influencing factors. In this study, it is clear that there is not always a

mutual exchange, but rather a process that is catalysed by one who opens up early in the collaboration.

Petronio (2002) prefers to speak of privacy management instead of disclosure. I mentioned above that this could create possibilities to discuss the issue in the Netherlands because people seldom use the translated word 'onthulling'. However, there is a risk that people will use the terminology to strengthen their tendency to conceal. Further research is needed on this issue. Private management theory stems from a field other than mental health, namely communication, and can help with application, especially in places where breaching boundaries is a dominant topic.

In the theory of revitalising disclosure, the first stage is breaching boundaries. The theory of privacy management also describes boundaries. The process of revitalising disclosure can lead to a more equal relations between clients and health professionals. The word 'boundaries' confirms the differences between people, and changing this terminology should be considered. The concept developed by Tsui and Ruch (2013), in which a relational boundary includes the client, is an interesting option, but it is not grounded in data.

This study challenges one of the guidelines (in Henretty & Levitt, 2010) developed to help health professionals decide how and with whom to disclose. They advise that it is better not to disclose with patients with personality disorders and weak ego or self-identity is not confirming the recovery model where diagnosis does not have a central position. In this study, diagnosis was a limiting factor and fits a biomedical model where disclosing is much more restrictive. I note that differentiating clients based on diagnosis includes a risk of increasing the fear of stigma. In this study, a participant told me that she built a positive relationship with a colleague with an aversion to people diagnosed with a specific personality disorder. The participant received that specific diagnosis and was convinced that, had this colleague learned of this diagnosis, they would have never reached this level of collaboration.

Of course, this theory and the experiences during this study challenge Freud's (1912-1915) view that the therapist should be opaque. As many authors have argued, not disclosing is no longer an option. Encounters between people are based on building relationships in which people learn from each other. The literature on the wounded healer promotes the honesty of the therapist, who needs the client for his own well-being (Klayman & Farber, 2017). The theory of revitalising disclosure was discovered in a recovery-oriented context and, by definition, challenges the biomedical model.

This study led to propositions that do not challenge other theories or empirical research but are still worth mentioning in this section. Based on this study, I note that education without reflection leads to dehumanising the student. Students need not only education about disclosure but also guidance through reflection on their experiences with this topic. In this study, many young nurses and social workers told me that they had learned not to share their own vulnerabilities in the workplace. This is still the dominant advice that students receive when they ask how or whether they should disclose. Based on this research, I challenge the old assumptions, and I am convinced that this theory can help students find their way with regard to the topic of disclosure to build relationships with clients that lead to recovery.

## What Makes this Theory New in the Knowledge Domain of Disclosure in Mental Health?

What makes this theory new, and why does it accommodate other knowledge in this field? In this section, I emphasise the power of the theory of revitalising disclosure. First, this theory is grounded in the data and shows a pattern from the area of mental health, specifically in a context where the biomedical model shifts to a recovery oriented model. This study resulted in a grounded theory that describes the process of revitalising disclosure. During this process, people can find authenticity and have the opportunity to rehumanise themselves. This

theory is new because it focuses on the interaction between two different mental health workers with different backgrounds. There is much literature about research in disclosure, but not in a context where experts by education meet experts by experience. Currently, the number of experts by experience is increasing, and this theory can help them to understand what happens when they enter the field of mental health as professionals. In addition, mental health professionals who will work with experts by experience can profit from the theory.

The typology of disclosure explains different behaviour in a specific situation. This typology helps people understand that their behaviour is fluid and can differ in new situations. This typology is not limiting, and it shows the possibilities in terms of behaviour. This research is unique because it was conducted in two organisations with the same main concern. The results were achieved not by discussing the results with participants to verify usable interpretations in qualitative research, but by collecting data and using constant comparison and theoretical sampling. The theory will be recognisable for the participants because it has grip and shows the patterns that were discovered.

The theory is new because it shows that people can change beliefs about disclosure in mental health. It illuminates a process of change in which people who were initially patients first and who return as professionals challenge old assumptions. This theory not only describes a unique process and a typology, but it is also connected with a topic that concerns everyone who starts working in mental health. The theory goes much deeper than guidelines and advice about disclosure.

The process of revitalising disclosure contains three related stages that are based on concepts discovered in the data. Each stage can help workers understand what happens in the situation that fits the stage. The theory is applicable because many people in different contexts can use it in practise should the main concern be the same. Furthermore, the theory provides the possibility of expanding new concepts.

The theory emphasises the specific traits/competences of the expert by experience, which are grounded in the data. The third stage,



recognising the power of identification, describes the part of the process in which the expert by experience shows what differentiates him from the traditionally educated worker (expert by education).

The theory clarifies the fear of stigma, which can also lead to overcoming self-stigma. Sharing vulnerabilities challenges the language of the diagnosis described in the DSM-5. This theory was developed in a recovery-oriented context and challenges the biomedical model-oriented context. This proposition can be defended with the help of the concepts of sharing vulnerabilities and the fear of stigma.

This study showed me relations built on equality and humanity and not on differences based on diagnoses. Young professionals who had an expert by experience as a mentor to guide them through the difficult area of mental health showed me the value of experience and the power of people who have recovered from mental challenges. I note that the idea of a world of difference, which was the working title during the research, seemed to disappear when the participants revitalised their ideas about disclosure.

This theory is a discovered pattern, but every concept has a foundation of experiences that the participants described. The memos are the result of experiences, observations, interviews, and the creativity of a grounded theorist. The theory has the power to encourage the stories of people who describe their own experiences that the theory may also explain.

Table 10 summarises the essential contributions to knowledge and the enrichment of the theory by the theoretical and empirical literature<sup>25</sup> This table demonstrates the comprehensive literature research and compares the results thereof with the theory of revitalising disclosure. The literature is not interwoven with the theory, but hopefully, the interaction and cohesion clearly show that this theory brings something new to this domain of knowledge.

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<sup>25</sup> Practise and method are also incorporated but are further discussed in Chapter 6.

**Table 10:** Contributions to Knowledge and Enrichment of the Theory  
(Source: This Research).

<i>Contributions</i>	<i>Supported</i>	<i>Added</i>	<i>Challenged</i>	<i>New</i>
<b><i>Theoretical Literature</i></b>	<p>Jourard (1971) Disclosure invites or begets disclosure (reciprocity, the dyadic effect)</p> <p>The importance of authenticity and the equality of an encounter</p>	<p>The role of the expert by experience as a catalyst in the process of disclosure</p> <p>Recovery as a replacement for the biomedical model</p>		<p>A grounded theory of the <b><i>process</i></b> that can lead to the development of authenticity and equality (rehumanising)</p>
			<p>Peplau (1969) Professional closeness; the nurse needs to put herself aside.</p>	<p>The grounded theory is an example of a postmodern process in which the definition of professional closeness changes</p>
	<p>Altman &amp; Taylor (1973) Social penetration theory</p> <p>Rewards and costs (Thibaut &amp; Kelley, 1959; Schutz, 1958)</p> <p>If I penetrate to the core, I perceive our</p>	<p>An example of people who start their relationship with professionals from the centre</p>	<p>The greater the centrality of a region, the firmer its boundary is challenged by experts by experience.</p> <p>A certain level of ability to</p>	<p>Typology of disclosure in which behaviour is central and derived from the concept of socialisation</p> <p>The point of view that patients are conditioned to disclose their problems</p>

	identity (Fromm, 1956)		tolerate conflicts should be reached (Simmel, 1950)	
	<p>Petronio (2002) Communication privacy management.</p> <p>Control and ownership of humans' dignity and autonomy Disclosure is related to vulnerability</p> <p>Disclosure is not only about the self but also the group</p>	<p>Breaching boundaries as an example of turbulence Example of risk-benefit criteria: the fear of stigma.</p> <p>An example of two different groups in mental health</p>	<p>Privacy management could stimulate stronger boundaries</p> <p>The idea of boundaries confirms the difference between professionals and patients, which is harmful to the development of an equal relation</p>	<p>A grounded theory of a process discovered in a substantive area about how people can change their beliefs about disclosure</p> <p>The typology based on socialisation is grounded in the data of the substantive area of mental health</p>
	<p>Baxter &amp; Montgomery (1996) Heuristic of relational dialectics</p> <ul style="list-style-type: none"> <li>• Contradictions as basic drivers of change</li> <li>• Praxis: actors and objects</li> <li>• Totality multivocal oppositions (Bakhtin, 1984)</li> </ul>	<p>Typology of disclosure as a concept of fluidity can be seen as an interplay of stability and flux</p>		<p>Openness/closedness with and to, for example, empathic responding is extended with identification as an example that has a deeper layer of connecting.</p>

<b><i>Empirical Literature</i></b>  <b><i>Psychotherapy and self-disclosure</i></b>	Danzer (2019) Henretty & Levitt (2010) Support self-disclosure Normal and helpful intervention		Difference between professionals and peer-helping relationships The theory supports professionals engaging in disclosure	
	Botrill et al. (2010) Decisions cannot be made by procedures Henretty & Levitt (2010) McCarthy Veach (2011) Derlega et al. (1993) The definition of disclosure is not clear Henretty & Levitt (2010) Self-disclosure as part of training programs	Recovery programs based on humanistic psychology	Guidelines based on stigma (e.g., not disclose with clients diagnosed with personality disorders)  Disclosure based on treatment instead of recovery Balint (1968) Details need not be shared	Supervision by experts by experience to discuss disclosure  The grounded theory of revitalising disclosure offers a grounded process without demarcations between people but is based on changing beliefs about disclosure in a postmodern era
	De Vos et al. (2016) Shift from biomedical model to the model of recovery	Example is setting where recovery is implemented		Discovered pattern in context where recovery is the new vision The theory can help practitioners change from the biomedical to the recovery model
	Marino et al. (2016), in Danzer & Che,		Dixon et al. (2001), in Danzer &	The typology of disclosure helps clarify changing

	in Danzer (2019) Beneficial, empowering, de-stigmatising and role-modelling		Che in Danzer (2019) Self-disclosure is risk-full because of the lack of guidelines	behaviour in a specific context
			Freud (1912-1915) Therapist should be opaque.	
<b><i>Empirical Literature</i></b>  <b><i>The Wounded Healer</i></b>	Jung (1951) Conchar & Repper (2014) Wounded healer (archetype)	Example of wounded healers who open up during the process of revitalising disclosure (passing behaviour into performing behaviour)	Recovery is not about healing but a personal process (Chapter 1)	The expert by experience as a new professional and wounded healer
	Nouwen (1979) Mere sharing will not bring new perspectives	Intervision and supervision as influencing factors of the process; BSSP		
	Farber (2017) Wounding healer			Limitation of the research
	Barnett (2007) What brings you here?	Example of research showing that people hide their		Typology of disclosure  Stage 2 sharing vulnerabilities

		mental challenges		and the fear of stigma
	Sherman (1996) Safe environments that foster openness will help develop resilience	Example of environments where workers felt safe could build their self-confidence		Typology of disclosure correlated with the process of revitalising disclosure
<b><i>Empirical Literature</i></b>  <b><i>Disclosure in the field of nursing and social work</i></b>			Peplau (1969) Professional closeness as a skill learned at school	Recognising the power of identification Grounded in the theory of revitalising disclosure
	Anthony, Cohen, Farkas, & Gagne (2002) Stuart (2013) Communication skills Based on Rogers's (1951) concept of genuineness and empathy			
	Unhjem et al. (2017) Slade et al. (2014) Recovery-oriented practise Self-disclosure as contribution to relation development			Research in a care setting

	<p>Ashmore &amp; Banks (1997, 2003a, 2003b) Mental health students disclose more than other students</p> <p>Students argued that it seemed impossible to build a relation without disclosure</p>	<p>Research in a mental health setting</p> <p>Relationship-based on equality</p> <p>The advice from staff to never give any personal details was also found in this research</p>	Professional distance prevents problems	The role of the expert by experience in interaction with nurses and social workers
	Heron (2001) Skill training and clinical supervision	Supervision by an expert by experience		
	O'Leary et al. (2013) A concept with boundaries that include the client	Interaction with colleagues with a different background to change beliefs about disclosure		The process that describes the stages of possible change with the expert by experience as a catalyst
<b><i>Empirical Literature Disclosure and fear of stigma</i></b>	<p>Boyd et al. (2016).</p> <p>There are more people with lived experience than are visible</p>	Ambiguity about disclosure during the second stage of the theory		The grounded theory discovered a pattern in which people start to disclose in a safe environment
	Zerubavel & Wright (2012) Hinshaw & Stier (2008)			The fear of stigma grounded in the data

	Stigma as a major barrier to opening up			The theory can help people overcome stigma
	Bennett (2012) Fear of stigma due to of potential damage to professional status	Sharing vulnerabilities and the fear of stigma		Process of change led to a pattern Nurses become experts by experience
	Reavley et al. (2018) Dewa (2014)  Non-disclosure more likely than disclosure to supervisors	Specific places where disclosure was safe		Revitalising disclosure describes the process of possibilities that depend on many factors in a specific context
	Joyce et al. (2007) A nurse with a mental illness was largely a negative experience Negative attitudes from colleagues Them and us	Stage one of the theory Breaching boundaries illuminates the difference of attitudes by the typology of disclosure		Them and us disappears during the process of revitalizing disclosure Collaboration during the third stage of the process where the power of identification comes to the surface
	Brohan et al. (2014) Applicants with mental health are less employable than other candidates with a physical problem			Vacancy for experts by experience and goals to increase the number of experts by experience to realise recovery-oriented mental health
	Krupa et al. (2009) Negative beliefs and stereotypes	Stage one of the theory Breaching boundaries		



	Thornicroft et al. (2007) Stigma has to do with problems of knowledge, attitude, and behaviour			The second stage implies sharing vulnerabilities and the fear of stigma Possibilities of changing beliefs
	Van Weeghel et al. (2016) Education helps change attitude and social distance			Conversations and interaction can change attitude (symbolic interactionism) Stage three
	Hatchard (2008) Legislation Sharing parts of challenges	Sharing vulnerabilities is not to be confused with sharing a diagnosis		Lived experience as the dominant value
	Brunner (2007), in Irvine (2011) Huber (2015) Focus on well-being and not using medicalised language	Recovery-oriented organisations		
	Lassman et al. (2015) Decision-making CORAL	A process of interaction with autonomy	Ralph (2002) Casadi et al. (2016) Corrigan & Matthews (2003) Corrigan et al. (2009) Promotion of coming out	The concept of a process discovered in an area where the respondents tried to resolve the main concern

			A method against stigma	
	Morgan & Lawson (2015) Minimising risks by means of a strong, open, and healthy organisational culture			The change from one stage to another depends on many factors and differs in the same organisation
<b>Practise</b>		Illumination of the concept of distance and closeness		A recognisable theory for professionals in the area of mental health and illness
		The fear of stigma for employees and the biomedical model	Education without reflection and supervision leads to dehumanising of the student	A theory that can be used to guide a change process where recovery becomes the new vision
			Disclosure must become part of the education for nurses and social workers	Theory as a guide for experts by experience to understand how to build relationships in a professional environment
<b>Method</b>	Glaser, (1967) Classic grounded theory research method Full package of methods and techniques	Process of choosing the method that fits the researcher and the research problem	Researcher with constructionist background who uses a method that is often seen as positivistic	The strength of using transcriptions for a novice researcher in a delayed learning process

This table concludes the section on contributions. In the next section, the grounded theory of revitalising disclosure is evaluated based on the four criteria for judging and conducting grounded theory (Glaser, 1998, p. 18). These criteria are fit, workability, relevance, and modifiability. This evaluation discussed the tenets of the classic grounded theory and assesses whether the result is an example of a discovered grounded theory.

## 5.2 Evaluation of the Grounded Theory Revitalising Disclosure

This study started with a research question that was formulated as broadly as possible and corresponded to the principles of the classic grounded theory: 'Grounded theory accounts for the action in a substantive area' (Glaser, 1998, p. 115). The question was the following: *What is going on in the mental health organisations where professionals and experts by experience meet?* The overall aim of the study was the discovery of a grounded theory that should emerge during the research.

In section 2.4, I described how Glaser and Strauss (1967) defined theory from the perspective of sociology and gave examples of what a theory should enhance based on Bacharach (1989), Weick (1995), and Gregor (2006). I noted that the theory to be discovered should explain what happens in the area under study. A description would not be enough; deeper patterns had to be discovered. This would be done in a systematic way using the classic grounded theory. The study's results were reached by discovering the grounded theory of revitalising disclosure. This part of the study explores whether the theory fulfils the criteria of evaluation. According to Bacharach (1989), a general criterion for evaluating a theory is that 'the goal of theory is to diminish the complexity of the empirical world on the basis of explanations and predictions' (p. 513). Glaser and Strauss (1971) have noted four criteria for evaluating grounded theories: 'We have always tried to generate theory that fits the real world, works in predictions and explanations, is

relevant to the people concerned, and that is readily modifiable' (p. 176). These criteria are used to judge the discovered grounded theory (Glaser, 1998).

After defining the criteria fit, workability, relevance, and modifiability, the grounded theory of revitalising disclosure is evaluated.

### ***Fit***

Fit is another word for validity. Does the concept adequately express the pattern in the data which it purports to conceptualise? Fit is continually sharpened by constant comparisons. (Glaser, 1998, p. 18)

By fit we meant that the categories of the theory must fit the data. Data should not be forced or selected to fit pre-conceived or pre-existent categories or discarded in favour of keeping an extant theory in tact.' (Glaser, 1978, p. 4)

In this study, I remained close to the data by constantly comparing incidents. During the process of open coding, I discovered the categories and their properties that presented the concepts of behaviour in this study. Terms changed during this process to reach a better fit with the pattern that was discovered. Distance and closeness became disclosure in a later stage because this expressed the category more powerfully. After transcribing the first interviews, I decided to work with a computer program (Atlas.ti), which resulted in long lists of codes; despite that, I was sometimes able to discover categories. Perhaps through the delayed learning process, I realised that I stopped writing memos. Unfortunately, I had lost contact with what was happening in the data. Returning to paper and the materials in front of me, I returned to writing memos.

Another point of discussion is the transcriptions I wrote. Glaser argues that field notes are the best way to collect data (Glaser, 1998). I agree that the amount of data can overwhelm researchers. As a novice researcher, I was content with my descriptions. They gave me the chance to repeat the coding process and kept me close to the conversations with the people I interviewed. After I learned new

insights, I used the transcriptions as secondary data. Listening to the conversations as if I were someone else talking with an employee helped me focus on the context of the research. I could learn from my style of interviewing and the influence of my preconceptions. By following the method of the grounded theory and accepting the delayed learning process, I experienced the emergence of concepts in a deeper layer of reality. Even now, the theory has reached a level where it can be shared with others; the fitting process does not stop because new incidents can bring new dimensions or even better fitting concepts. I conclude that fit is achieved during the process of this study but cannot be seen as independent of the other criteria.

### ***Workability***

Workability means do the concepts and the way they are related into hypotheses sufficiently account for how the main concern of participants in a substantive area is continually resolved? (Glaser, 1998, p. 18)

[W]e meant that a theory should be able to explain what happened, predict what will happen, and interpret what is happening in an area of substantive or formal inquiry. (Glaser, 1978, p. 4)

The theory of revitalising disclosure presents the way people in the substantive area try to resolve their main concern. The theory is not developed with the participants; rather, it is discovered during the research. When I present the theory to people from the same substantive area, they recognise themselves and the pattern I discovered. I presented the theory at the ESA Congress in Manchester 2019, and researchers from the same network could follow the process of revitalising disclosure with the correlating concepts. In Glaser's terms, 'Grounded theories have "grab", and they are interesting. People remember them; they use them' (Glaser, 1978, p. 4). Revitalising disclosure explains people's different behaviours in specific situations. The process shows possibilities but also predicts stages with changing behaviour in particular circumstances. The question is whether the theory is parsimonious enough. Because this field is layered and complex, I note

that this pattern is the most plausible for now. The final stage will require more attention in the future, because of the concept identification that emerged as a category deeply connected with the expert by experience and the expert by education. This shows the connectedness with other phenomena in this substantive field, which continually moves in a new direction. Revitalising disclosure is a theory that is relevant in a time of the many paradigm shifts that occur under the umbrella of postmodernity.

### ***Relevance***

Relevance makes the research important because it deals with the main concerns of the participants involved. To study something that interests no one really or just a few academics or funders is probably to focus on non-relevance or even trivia for the participants. Relevance, like good concepts, evokes instant grab. (Glaser, 1998, p. 18).

Grounded theory arrives at relevance, because it allows core problems and processes to emerge. (Glaser, 1978)

I can confirm the above description. When I had preconceived ideas and started conversations with the gatekeepers of organisations, the door remained closed. I had thoughts about changing cultures in organisations, but the people whom I spoke with did not recognise them. When I started to talk with people in these organisations and let them describe their experiences and problems, the topic began to emerge. In subsequent conversations, I found that the main concern and the core category emerged, and the coding clarified the relevance of this subject. The related concepts, such as sharing vulnerabilities and the fear of stigma, are highly relevant in contemporary society. Furthermore, the entrance of a worker with a background of lived experience is prominent. Professionals seem to lose the status they earned through education. Today, clients ask Google questions before visiting their general practitioner. The literature about disclosure also proves the relevance of this subject and productively interacts with the theory. The theory of revitalising disclosure shows a pattern of

behaviour that is not only recognisable but also helpful for those who struggle with the topic of disclosure.

### ***Modifiability***

Modifiability is very significant. The theory is not being verified as in verification studies, and thus never right or wrong [...] [I]t just gets modified by new data to compare it to [...] New data never provides a disproof, just an analytic challenge. (Glaser, 1998, pp. 18-19)

We soon learned that generation is an ever-modifying process. [...] Though basic social processes remain in general, their variation and relevance is ever changing in our world. (Glaser, 1998, p. 5)

The complexity and the connection with other concepts bring us to the last criterion, namely, modifiability. Revitalising disclosure is a grounded theory that was discovered in a substantive area, and it will be modified in the future for several reasons. The first is that a novice researcher who was the main character in a delayed learning process conducted this research. The result of the process is a higher level of a grounded theorist but also a grounded theory that stands for the behaviour in a substantive area. The names of the concepts may change in the future because of better-fitting language, and new categories or properties will emerge. New properties will not necessarily change the concept, as grounded theory is not concerned with full coverage. The application of the theory will quickly follow, and it will bring new data to the theory through new concepts. The basis, revitalising disclosure, will not disappear because this pattern will be recognisable in new situations. The challenge of research in new substantive areas will bring new insights, and the possibility of a formal grounded theory is realistic. The next chapter, possible applications and future research on the theory are discussed in more detail. The theory of course has limitations, and there are points of discussion, which are also addressed in the last chapter.





## ***Chapter 6. Possible Applications, Future Research, Conclusions and Discussion***

The last chapter of this dissertation first discusses the possible applications of the grounded theory of revitalising disclosure. Second, it explores the implications for future research. Third this chapter includes the conclusions and discussions on the limitations and unanswered questions. A personal reflection on the role of the researcher concludes this part of the journey.

### **6.1 Possible Applications**

The applicability of a grounded theory depends on several demarcations. Glaser (2014) has noted that there is little literature on the subject and does not give specific reasons grounded theories do not always lead to application. After writing the grounded theory to achieve a PhD, a publication in a journal to obtain professional recognition is the end of the journey for most researchers undertaking their study within the framework of academic institutions. Birks and Mills (in Glaser, 2014) have argued that grounded theory is seldom produced for enlarging the stored knowledge alone. They note that a theory ultimately informs practice in a particular profession. One example of application Glaser (2014) cites is a methodology course on visualising the deterioration of patients developed by Andrews. Writing a book is another approach to application; an example is *Daring Greatly* by Brené Brown (2012), whose dissertation was also conducted using classic grounded theory. Despite the embeddedness and power (Glaser, 1998) of a grounded

theory, it seems challenging to use it in practise. Of course, a grounded theory is discovered in a substantive area and only applies in that context.

In *Awareness of Dying*, Glaser and Strauss (1965, 2005) highlight the four properties of application in the chapter 'The Practical Use of Awareness Theory'. The first is that the theory must fit the substantive area in which the theory will be used. Second, the theory needs to be understood by the people working in that specific area. The third property is that it must be sufficiently general and not apply only to a particular situation. The fourth and last property is that the user needs to have some control over the structure and process (Glaser & Strauss, 1965, p. 259).

When a theory is used in another area, a follow-up of the generating theory is necessary, and this involves constant comparative analyses (Glaser, 2014). Another point of interest is that, should the new population not have the same main concern or not be conscious of the main concern, there is a high risk that they will deny it. Glaser (2014) also suggests not attempting to apply the whole theory, but only parts thereof: 'Applying a whole GT in a formatted way is not necessary. constant comparisons of the GT concept with the applied to data yield what fit, and relevance is necessary. The GT gets modified as it is applied' (Glaser, 2014, pp. 16-17). Furthermore, he notes that the application of a core concept is useful because the participants can visualise the situations in which the core occurs.

Given the above guidelines and properties of application, the next part of this section focuses on the possible applications of the grounded theory of revitalising disclosure. I suggest several forms of application and explore the essential ideas.

In addition to writing a book and publishing an article, presentations at conferences, seminars, and workshops are a powerful way to share newly discovered theories. Since making my theory public, I felt invited by the many possibilities in my field of research. Presenting the theory will allow it to reach many people in the substantive area of mental health. The effect will be twofold: the theory will be discussed, and the

method of the grounded theory will receive more attention. The enthusiasm and the results, namely the product and the application of the research method, will stimulate professionals and researchers.

Other specific contexts in which the grounded theory can be introduced are universities of applied sciences, where nurses and social workers are educated. The theory fits the development of consumers participation and the implementation of the recovery concept. The specific topic, of course, is disclosure, which requires more emphasis in the education of nurses and social workers. The grounded theory of revitalising disclosure will be interesting for students and teachers. For the latter, disclosure was previously a 'forbidden' zone, and students can be taught a new paradigm of mental health. The theory of revitalising disclosure will induce discussions and possibly parallel processes that confirm the basic social process.

Glaser's suggestion to work with parts of the theory helped me consider the route I should take to present my results to the organisations in which I conducted this research. For example, understanding the 'breaching boundaries' stage can help in situations in which experts by experience begin working. The explanation of the behaviour will help them understand the reactions of the employees whom they encounter. The typology of disclosure is respectful because it describes possible behaviours, not personalities or people. The stage of sharing vulnerabilities and the fear of stigma will be more challenging to incorporate into practice. This is a concept for employees to consider or discuss during intervision or other guided work forms. When the environment is unsafe, many will not share their mental challenges.

A more practical application is teaching coaches and supervisors about this topic. Coaches and supervisors can help people make choices about revealing or concealing. The topic of disclosure is already common in supervision sessions, and knowledge about revitalising disclosure will give these professions an opportunity to reflect on this topic.

When we return to the beginning of this study, the discussion of the concept of recovery and the entrance of the expert by experience (peer worker), I noted that those who have historically been stigmatised found their way into psychiatry much like a Trojan horse. By conducting a study from the perspective of the expert by education, a theory has emerged that explains the behaviour of people in a substantive area of mental health. The realisation that many people suffer because they cannot share their vulnerabilities strengthens the opinion that the institution of mental health may not be entirely healthy. The expert by experience is the catalyst in the process of revitalising disclosure and can help people rehumanise and shift towards a new paradigm that fits postmodernity. The application of the grounded theory of revitalising disclosure can give those people the power to change mental health from the inside. The on-going process of the grounded theory during application will allow new, helpful concepts to emerge. Certainly, the grounded theory is just one of the methods that can help to clarify what happens in this context.

Another suggestion for the application is introducing the grounded theory as an important option in master's programmes in human and organisational behaviour. I want to note that perhaps the most crucial guideline for these professionals is to enter the field without knowing what they will find. Grounded theory could help students research organisations in which employees struggle with undefined problems in a complex, deeply layered context. Action research is an important research method because of the participation of those who are involved. Grounded theory could be an alternative for students who are interested in discovering patterns that can explain the behaviour in these organisations. Furthermore, this method can help students develop their expertise by considering the PhD route. The expanded network and the experience of such study could be the first step in broadening the possibilities in the Netherlands in terms of courses on classic grounded theory that are guided by international experts.

Alongside the application of the theory, further research will be necessary. The grounded theory of revitalising disclosure is related to phenomena that require further study. Furthermore, the possibility of developing a formal theory requires additional attention. This subject is discussed in the next paragraph.

## 6.2 Future Research

Conducting research with one's own resources, such as time, money, and energy, must come to an end. This study, which resulted in the grounded theory of revitalising disclosure, has gone as far as possible with the available resources. 'The relevance of the appeal is grounded, which means other researchers can follow the appeal knowing that it has substantive, subsequent relevance' (Glaser, 2011, pp. 113-114).

The substantive area of this research is mental health, and specifically the area of severe mental illness. This research can be expanded to other working places where experts by experience enter the field. As this new group of professionals has grown, more research is needed because there will be new patterns to be discovered that could help us understand the behaviour of those involved. This study took place in the Netherlands, and it could be interesting for countries that are familiar with experts by experience (peer workers or consumer providers) or that recognise the main concern from this research. Beyond research on these employees in the field of mental health, this study did not involve interactions with clients. This is another opportunity for future research in which new patterns can be discovered.

Another topic that requires further understanding is the difference between nurses and social workers. In this research, it became clear that social workers have a different educational background that should provide more possibilities for relationships with clients; these relationships should be based on more closeness than the education of nurses, who are mostly educated using the dominant biomedical model.

In this study, these differences emerged through the concept of socialisation. The specific different characteristics where no aim in this research but could be valuable for future research.

A particular issue that requires further research is the concept of identification. In this study, the third stage of revitalising disclosure describes recognising the power of identification. De Waal (2009, 2019) has noted, 'if identification with others opens the door for empathy, the absence of identification closes that door' (p. 80). If identification is the door that opens the door to empathy, experts by education may have a higher risk for dehumanisation. Mental health professionals are conditioned to objectively collect symptoms and diagnose the client's mental challenges. Can education (in the biomedical model) increase the risks of dehumanising? 'We find it easier to identify with those like us—with the same cultural background, ethnic features, age, gender, job, and so on—and even more so with those close to us, such as spouses, children, and friends' (de Waal, 2009, 2019, p. 80). The relationship in mental health is mostly based on the principle of the doctor and the patient, as Chapter 1 of this dissertation described. Suppressing identification causes a high risk for dehumanisation (de Waal, 2009, 2019, p. 80). The expert by experience is the catalyst in the process of revitalising disclosure, and the effect can result in rehumanising professionals who were taught to maintain distance. Identification in this professional context requires further research because we still do not know how far professionals should shift on the continuum of disclosure. What is the effect of implementing recovery-oriented mental health on the behaviour of mental health professionals? This question must be answered. Furthermore, I suggest evaluating the implementation of the theory in education. The evaluation will help to understand the affords of the theory.

That brings us to another topic, future research can explore, namely, the development of a formal grounded theory. Walsh and Holton (2020) have said, 'Holton (2007) presents a grounded theory of rehumanising knowledge work; however, further developing this substantive theory

as a formal theory is quite feasible given the many social arenas where rehumanising exists' (p. 14). The substantive grounded theory of revitalising disclosure is another discovered pattern that correlates with dehumanising and rehumanising. The idea that humans find ways to rehumanise in postmodern society is an exciting topic that needs more attention and, thus, future research.

The applications and the future research on grounded theory are restricted by the methodology, which is always constrained. The application and future research have to fit the context and must not be forced by a change in program or goals that should be reached in that area.

Other methodologies could be used to perform research from another perspective, such as phenomenology, where the object of inquiry is the description of the phenomenon as an individual experience it (Baker, Wuest, & Stern, 1992). The grounded theory is simply another methodology in the field of qualitative and quantitative research that is appropriate for people who trust that patterns will emerge and are comfortable entering the field without prior knowledge. This brings us to the next paragraph, which discusses the conclusions of this study.

### 6.3 Conclusions and Discussion

When the decision was made to use classic grounded theory for this study, the initial research question changed to a more broadly formulated one, namely: *What is going on in the mental health organisations where professionals and experts by experience meet?*

The answer to this question is the grounded theory of revitalising disclosure that was discovered; it is a grounded theory of changing beliefs about disclosure in mental health. The theory is substantive because of the specific area in which the research was conducted. The theory explains behaviour in this area and is also restricted to it. The

theory is not an accurate description, but rather an integrated set of conceptual hypotheses. The concepts that emerged are related to each other and interact. The typology of disclosure shows the different kinds of behaviour that emerge when the expert by education enters the field. These different types help to clarify the typology that was derived from cross-tabulating two dimensions of the concept of socialisation, namely, sharing vulnerabilities and mental challenges. The theoretical code of the theory is a basic social psychological process that consists of three stages and is correlated with the basic social structural process. The latter is the implementation of the recovery-oriented model, which contrasts with the older but more dominant biomedical model.

The three stages describe the process participants experience depending on many factors. Stage one represents the first meeting between the expert by education and the expert by experience. The main concern of the participants is professional identity loss, which has two main properties: social order confusion and the ambiguity of beliefs about disclosure. The resolution of the main concern is defined as the core category, revitalising disclosure. By revitalising disclosure, the participants consider their beliefs about disclosure in more depth. After a period of dialoguing, vulnerabilities can be shared, and the fear of stigma emerges as a principal reason many people do not disclose. This second stage is, sharing vulnerabilities and the fear of stigma. The third stage is recognising the power of identification, and it describes the period of collaboration between the two experts. The experts by experience show the competence of identification and its positive effect. Experts by education can change their previous beliefs about disclosure, which are a professional distance and minimal closeness. The typology of disclosure shows the different possibilities of changing behaviour. One example is that the so-called Hider, who shows passing behaviour, occasionally decides to open up and may even change his profession. He starts an education to become an expert by experience.

The process of revitalising disclosure in which the expert by experience is a catalyst expands the concept of identification, which



requires further research and is correlated with the rehumanising process of professionals. This research shows a pattern in an area where paradigms are shifting, and the old beliefs of modernity are losing their influence.

The literature review confirmed the importance of the topic of disclosure and the struggle many professionals experience. The literature also enriched the theory of revitalising disclosure with two theories in this field, the older social penetration theory (1973) and the more recently developed privacy management theory (2002). The heuristics of Baxter and Montgomery emphasised the typology's fluidity. The grounded theory of revitalising disclosure differs from the literature because it is grounded in the data. The theory is a useful example of the more abstract theories. Breaching boundaries is an example of the turbulence described by Petronio.

The empirical literature in psychotherapy, nursing, and social work on the fear of stigma shows that disclosure is a relevant topic and a frequent subject of research. There is much confusion regarding the definition of disclosure, and this literature review did not find grounded processes. The conclusion is that this grounded theory of revitalising disclosure seems to add something to the knowledge on disclosure. Furthermore, this theory can be used practically in the context of the same main concern, or it could be modified or extended.

The methodology successfully delivered what it promised, namely, the emergence of new patterns and the development of a theory. The delayed learning process involved an intensive route with minus mentoring, and it resulted in new research networks, a higher level of conceptualising, and the autonomy to research complex contexts.

Of course, this study was subject to limitations, and there are still many unanswered questions. Among the limitations were the restrictions in terms of time and money. This research came to an end after a period of collecting analysis and theoretical sampling. I reached saturation, and the concepts emerged. The variations in behaviour can be elaborated but cannot be realised in this study. Another limitation is

the fact that the development of this subject did not stop while I wrote the theory. New books are published and provide opportunities for new concepts that strengthen the theory. In this study, I compared a large amount of literature written in English. This was both a choice and a limitation of this study. In classic grounded theory, the goal is not to be complete, but my research took place in the Netherlands and could be enriched with more literature from that country. Furthermore, I limited the study by the choices I made, for example, a concept that is of interest is the disclosure of psychiatrists. Van Meekeren (2017) has written the first book about self-disclosure in the Netherlands. I read the book and compared it with the theory but, because it primarily concerned the perspective of psychiatrists, I decided not to add it to the chapter on the literature. The most important argument is that data from groups and teams will help find new concepts in this stage of the developing theory. Of course, psychiatrists and psychologists have more interactions with their colleagues and clients in teams where they are included, and collaboration with experts by experience are more common.

Furthermore, the profession is also changing in contemporary society; another issue that influenced my choice was my own struggle to find a way out of a medicalised world. My experiences with psychiatrists are diverse. Droës, a Dutch psychiatrist, was my personal teacher and later colleague in rehabilitation. He is known for the support he provided the recovery movement. There are many psychiatrists who support the recovery-oriented model, but I also hear the stories from experts by experience and clients who feel medicalised and stigmatised. As a researcher, I do not want to force the data. That brings me to a question some may have when they read the theory and the statement I made about emerging concepts. I stated that I went into the research area without knowing what happened between these two groups of workers. However, I conducted research on experts by experience in 2011, and identification was a topic we discussed. In addition, I had my own experiences and ideas concerning several issues,

but I did not force the data. The focus was the main concern and, later, the core category that emerged. My first choice was to conduct research with the idea of different cultures, and another idea concerned conflict theories.

One question that cannot be answered is whether I forced the data unconsciously. I can only say that I systematically conducted this research with the method of classic grounded theory. As a grounded theorist, I have a powerful instrument, but I am the one who uses it. The patterns are there to discover, and when one does, it seems almost natural and self-evident. As a professional, I experienced the process of revitalising disclosure and understand why my behaviour changes in specific situations. That makes me part of the context in which I conducted my research. A new direction would be working on a research team with classic grounded theory; moments of reflection in a team can help prevent forcing the data.

Another question is whether other research methods can be used at the same time. For example, the results of the action research by Weerman et al. that I mentioned in Chapter 1 are interesting and come close to the theory this study discovered. It would be interesting to discuss our results with these researchers to see if we could find synergies.

The methodology chapter mentioned that my background and profession also fit the critical-emancipatory approach. This certainly influenced the decision to conduct this study with people who struggle with their person and profession. I prefer to work in the niches of organisations where people struggle with difficult situations. Changes take place on the periphery of organisations and not in the middle, where structure and power meet. Those readers who know me as coach, nurse, rehabilitation counsellor, union consultant, supervisor, and teacher will recognise the person in this dissertation. They will also recognise the researcher and understand that I am always seeking patterns in a world of fluidity. In the last section, I elaborate on this topic from the perspective of the researcher.

## 6.4 Personal Reflection on the Development as a Researcher

Conceptual license, or freedom to generate one's own concept in lieu of using the received concepts traditionally used, is very exhilarating. (Glaser, 1998, p. 53)

This quote describes how I feel about the results I have achieved in the last five years. When I read about grounded theory for the first time, I knew that I had found something special. The methodology of grounded theory fits my personality so that I can have the autonomy and freedom I desire to conduct research. Slawek Magala gave me the chance to find my way in the incredible world of science. In the meantime, he introduced me in the world of science by visiting conferences and reading literature in many areas that were well outside my comfort zone. This allowed me to study different methodologies, such as storytelling and the hypo-deductive way of conducting research. A notable moment in this period occurred during a class about qualitative methodology given by Pursey Heugens; he said, 'When you are talking about the grounded theory, you are wagging like a young puppy, go for it if it makes you enthusiastic'. Furthermore, the remark that somewhere in the world, there is a tribe that fits each person and his area of interest, and that one only needs to find them, made me decide to embrace this challenge, and the journey began.

By mastering the classic grounded theory, I have obtained new lenses to examine patterns that were not previously obvious. The benefit of these lenses is that, once one sees the pattern, it will not disappear. That is the difference with the microscope I described in my foreword. The methodology of the classic grounded theory provides the trust of emergence. Furthermore, the difference between description and conceptualisation becomes clear by doing the method in practice. The latter is the route I followed; I engaged in a significant amount of practice, and there was much confusion but also excitement when I found another concept.

This journey was not always comfortable. Mastering a methodology without much help is difficult. In my view, the minus-mentoring part

is inherent to the learning process. I achieved the autonomy of conducting this type of research independently, with only the guidance of the literature in the first place. I knew this would not be sufficient and finding a network where grounded theorists interact with each other was a relief. The troubleshooting seminars helped me advance in my learning process as a result of the recognition of people who were also on the road to developing themselves. During the last seminar, I was invited to present my theory via Skype. For almost an hour, I talked about my theory and the experiences of working with the classic grounded theory. The reactions of the participants were highly positive, and the experienced grounded theorists there helped me realise that I had reached the level of being a grounded theorist. I took many steps during the delayed learning process; I started without knowing, and just like the theory that was discovered, now I know. This knowing opens up the next level of my development as a social scientist. There is much to learn and to practise, but I am capable of applying the classic grounded theory in such a way that new concepts and new theories can, emerge and that feels revelatory.

The discovery of the grounded theory of revitalising disclosure is the result of reciprocal action between myself and the methodology. Glaser notes that 'It is a fantasy for the researcher to think he/she is not part of the data. The idea is to use the motivation that comes from being a part of the data while at the same time keeping track of how one is part of it' (Glaser, 1998, p. 49). My engagement with people who are marginalised in contemporary society because they differ or have or had mental challenges has to do with my personality and my own experiences in life. Injustice triggers me because, in the end, no one will escape from mental or physical challenges. The fear of being excluded from the group to which one belongs is an underestimated but normal human emotion. When the professional's education leads to a failure to recognise himself in the person he encounters as a client, the latter will drift away from his tribe, and all professional help has the potential to do further damage instead of supporting recovery. Experts by

experience want to change mental health because they have experienced the risks of dehumanisation, and I think it is worthwhile to support them in this quest. The grounded theory of revitalising disclosure will hopefully be a new tool that helps people realise that they are brothers of the same tribe.

WHAT, THEN, DO WE EXPERIENCE OF THOU?

Just nothing. For we do not experience it.

What, then, do we know of Thou?

Just everything. For we know nothing isolated about it any more.

(Buber, 1958, p. 25)

# *Appendix 1*

## *Information case study*

A world of difference? A descriptive case study investigating the phenomenon of encounters between professionals and practitioners in two mental health institutions.

## *Who conducts the research?*

My name is Johan Brugmans, PhD candidate at the Rotterdam School of Management, Erasmus University, Rotterdam. I am supervised by Prof. dr. S. Magala.

I am a counsellor and support staff, students, and clients in the field of personal learning goals, cooperation, and professional development. Reflection and meaning are central in the practice of the counsellor.

## *What is this research about?*

This research focuses primarily on the work experiences that professionals and experience experts have in the field of mental health. We are particularly interested in the assumptions and possible changes to these before and after interactions between the professional and the experiential expert. Much attention is paid to the process that the professional and the experience expert experience together. By investigating these experiences, we hope to discover similarities, differences, and surprises that are worth studying further and comparing them with existing theories. If you would like to know more about the above, the researcher will discuss this in more detail prior to the interview.

## *How is the research done?*

So-called in-depth interviews are used. During the interview, the experiences you have had with professionals/experience experts will be

central. The meeting will last approximately 60 minutes and will be recorded using a voice recorder. If necessary, you may be asked for a second interview. The researcher will try to interview as openly as possible. This means that he does not start from a predetermined hypothesis.

***What questions can I expect during the interview?***

Your work experiences with the professional/experience expert are central, but you will also be asked about your thoughts on working together before and after the meeting with the professional/experience expert. Furthermore, the researcher will mainly ask for concrete experiences. Your thoughts, feelings, convictions, and actions that played a role during the interaction with the other person are important in the context of this research.

***Are there any risks associated with my participation?***

There are few risks associated with the research. It is possible that questions will be asked that you do not like or that you did not expect. Furthermore, careful feedback has been provided during the procedure so that you can, if necessary, come back to statements or adjust your opinion.

***Can I reconsider my decision to take part in the investigation?***

You can always reconsider your decision. You do not have to tell us why, and you will not be contacted further.

***What can I do if I have complaints or concerns?***

If you have any concerns or complaints about the study and you think I can help you, please contact me via my email, [brugmans@rsm.nl](mailto:brugmans@rsm.nl) or telephone,.....

If you would like to speak to someone from your own organisation, please contact them:

Name of the contact person in the organisation.



***Will I hear anything else about the results of the research?***

If you would like, you will be informed about the progress and the results of the research.

With kind regards,

Johan Brugmans



## *Appendix 2*

### *Consent form*

I .....

agree to cooperate with the research project 'A world of difference? A descriptive case study investigating the phenomenon of the meeting of professionals and experts by experience in three mental health organisations' conducted by Johan Brugmans, PhD student, Rotterdam School of Management, Erasmus University. Burgemeester Oudlaan 50, 3062 PA Rotterdam, the Netherlands. Telephone number 0681493632. Mail: [brugmans@rsm.nl](mailto:brugmans@rsm.nl)

- I understand that the aim of the research is to collect the experiences of professionals and experiential experts in the context of cooperation in psychiatry. I have been asked to participate because I have worked with a professional or experience expert for a period of one month or more.
- I understand that the results of the research will be used to develop theory and provide advice for policy on this phenomenon.
- I understand that I am cooperating in an in-depth interview. The interview lasts about 60 minutes.
- I understand that I can cancel my participation in the research at any time. All information is confidential. My name will not be mentioned in the interview report.
- I know I can contact Johan Brugmans if something is not clear to me. If I am worried about anything that has to do with the research, I can also contact him by e-mail or telephone.

- I agree that the information collected during this research can be published in such a way that I cannot be associated with it.

Researcher's signature:

Date:

Signature participant:

Date:

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## *About the author*

Johan Brugmans was born on the 28<sup>th</sup> February 1965 in Heerlen, the Netherlands. After graduating from secondary school, he studied nursing at the Health Academy in Sittard (HBO-V, 1983-1987). During his military service (1987-1988), he worked in the department of neurology and neurosurgery in the Military Hospital dr. A. Mathijssen in Utrecht. In 1988, he started working at the Welterhof mental health hospital in Heerlen. He worked at several departments with people who were diagnosed with severe mental illness.

In 1995, he assumed the role of manager in a department for rehabilitation. In 1997, he began the study that led to his position as a rehabilitation expert and teacher of the individual rehabilitation approach developed by the Centre for Psychiatric Rehabilitation at Boston University. He spent years on the implementation of the rehabilitation approach in many mental health organisations by coaching, teaching, and helping clients with their rehabilitation processes. He combined his work as an advisor in Mondriaan (former Welterhof) with a job as a teacher and supervisor for Rehab'92 in Utrecht.

In 2012, he obtained his master's degree in Human and Organisational Behaviour (cum laude). Subsequently, as an entrepreneur, he started En Passant in 2012, where he helps people with mental challenges with issues that require reflection and guidance. Furthermore, he coaches teams and organisations in their change processes.

In 2014, he started his PhD project, which combined all of the components from his career, personal life, and continuous study, which the lens through which he conducted the research with a powerful methodology; this led to the emerging of the grounded theory of revitalising disclosure. Starting in 2014, he fulfilled various roles, such

as the principal trainer of Mental Health First Aid (MHFA) Netherlands, project manager at Positive Health and on waiting lists in mental health, Union consultant NU'91, supervisor of social psychiatric nurses, and practice assistant general practitioner in mental health at the University of Applied Sciences Zuyd. The focus of his work is always on equality, justice, humanity, and the development of people through the processes of learning and reflection. Johan Brugmans is married to Marianne and has two children, Eric and Kim. Kim is married to Melvin, and they are the proud parents of Julia.

To present the findings of his study and organise his scientific network, in addition to several graduate workshops at the Rotterdam School of Management, he visited:

- 13<sup>th</sup> IACCM Annual Conference *Between Competence and Managerial Intelligent*. 26 June–28 June 2014. Warwick University, Coventry, United Kingdom.
- ESA Midterm Conference *Ethnography: Trends, Traverses and Traditions*. 27 August–29 August 2014, Amsterdam, The Netherlands.
- 14<sup>th</sup> IACCM Annual Conference 1–3 October 2016, University of Economics and Business, Vienna, Austria.
- *Grounded Theory Seminar*, The Grounded Theory Institute (Mill Valley, USA) 8 and 9 December 2017, Trinity College, Dublin Ireland.
- *Grounded Theory Seminar*, The Grounded Theory Institute (Mill Valley, USA) 13 and 14 December 2018, Petersfield, United Kingdom.
- 14<sup>th</sup> Conference of ESA, *Europa and Beyond: Barriers and Belonging*, 20–23 August 2019, University of Manchester and Manchester Metropolitan University, Manchester, United Kingdom. ***Presentation of the Theory of Revitalising Disclosure.***
- *Grounded Theory Seminar*, The Grounded Theory Institute (Mill Valley, USA) 29 November 2019, Petersfield, United Kingdom; invited for the ***presentation of the Theory of Revitalising Disclosure via Skype.***
- *Reviewer* Journal of Organizational Change Management since September 2019.



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# REVITALISING DISCLOSURE

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A grounded theory of changing beliefs about disclosure in  
mental health

*Johan Brugmans*

