

The use of experiential knowledge in the role as a psychiatrist.

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Background:

There is increasing interest in the use of experiential knowledge and development of experiential expertise in psychiatry. Yet, little is known about how to best use experiential knowledge in the role of psychiatrist.

Objective:

The study aims to gain insight into the areas of concern when psychiatrists use their own experiences in mental health as a source of knowledge for patients, colleagues and themselves.

Material and method:

Eighteen psychiatrists with lived experiences as patients in psychiatry were interviewed with a semi-structured questionnaire. The interviews were transcribed and analyzed using qualitative narrative thematic analysis. A cocreation between authors and respondents, existed during the cyclical research process (figure 1).

Figure 1: The research process was cyclical: data was collected, processed and collected again.

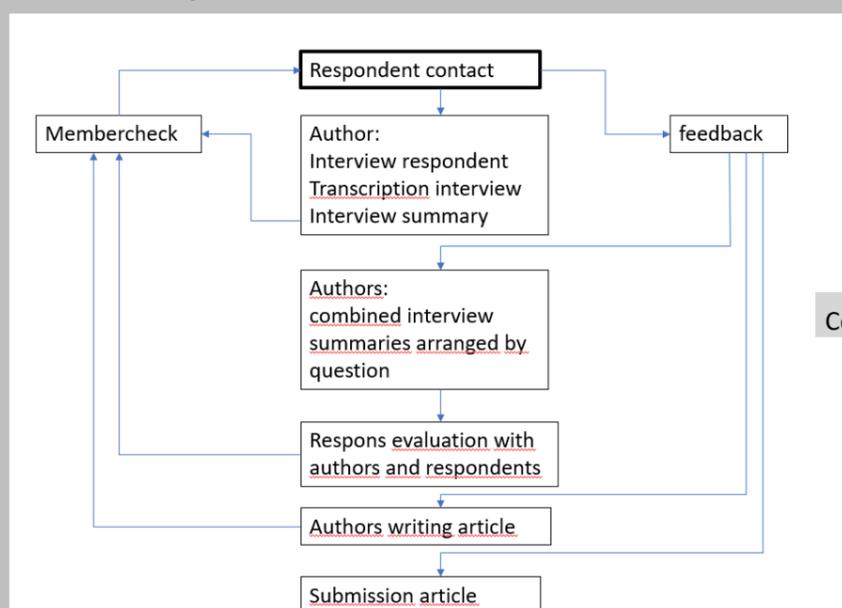
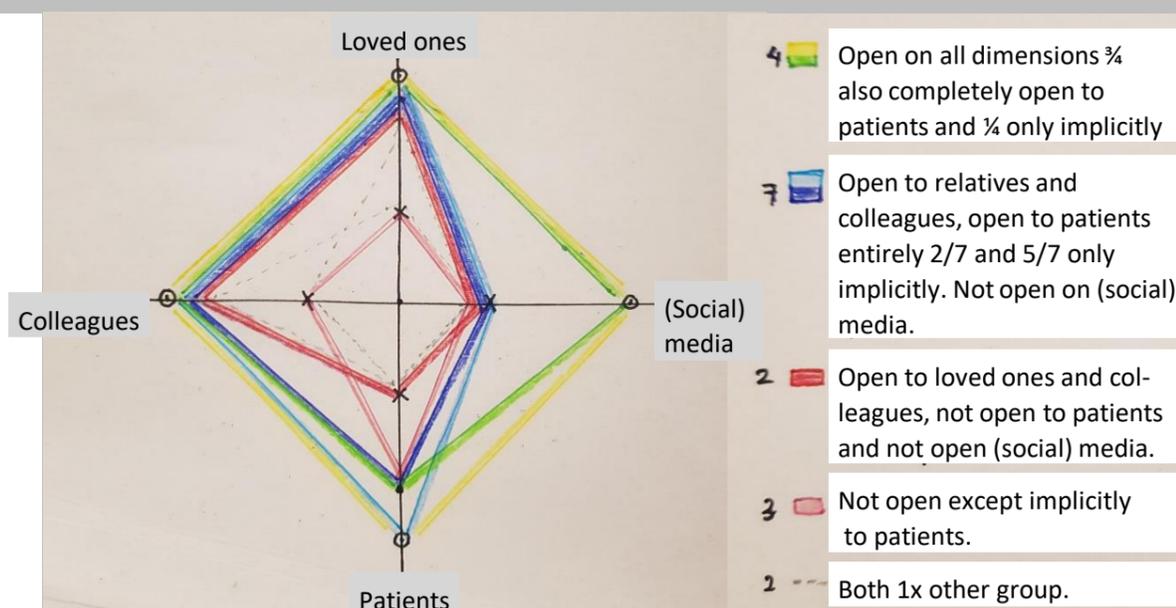


Figure 2: Openness by participating psychiatrists about experiential knowledge.



Results:

Personal experience with psychiatric disorders were diverse and some respondents had dual diagnoses; mood disorder N=14, anxiety disorder N=8, eating disorder N=2, developmental disorder N=1 and personality disorder N=1. Domains in which participating psychiatrists are open are diverse (figure 2).

Almost all respondents use lived experience implicitly in their contact with patients which makes the contact more equal and strengthens the treatment relationship. When explicitly using personal experience in contact with patients, thought should be given beforehand to the purpose, the timing, and the amount of disclosure. The psychiatrist should be able to look at his own experiences with sufficient distance and should take patient factors into account. For example: it is important that patients are able to put themselves in another person's shoes as well as to be able to deal with boundaries.

When working in a team, it is advisable to discuss the psychiatrist's use of experiential knowledge with the team in advance. In order to use knowledge of experience explicitly in contact with colleagues, it is important to have an organizational culture that appreciates openness, safety and stability in the team. Current professional codes of conduct emphasize mental stability and do not necessary leave room to disclose personal distress, as part of experiential knowledge. Organizational interests also play a role: people work in positions that depend on each other, and openness about lived experiences can lead to conflict situations and job loss.

Respondents unanimously indicated that using personal experience in the role of psychiatrist is preceded by a personal consideration and that it is a personal choice to use knowledge of experience explicitly. By knowing well in advance what the concerns are when using personal experience, the psychiatrist's own vulnerability can be monitored. Here, self-reflection and a peer consultation group with colleagues can be helpful to safeguard one's own boundaries well.

Conclusion and Discussion:

There are many points of interest in the use of experiential knowledge in the role of psychiatrist and it takes time, reflection and deliberation to learn to use experiential knowledge competently. It is necessary to professionalize the use of personal experiences. Self-reflection and peer consultation with colleagues with lived experiences can be helpful to carefully weigh concerns and to determine how to adequately harness lived experiences.