

Embracing the complexity of lived experiences in psychiatry research: Reflexivity, cultural sensitivity, and emergent design

Zhan-Shuo Xiao, Heng Zhou, Yi-Lin Jiang, Narina A Samah

Specialty type: Psychiatry

Provenance and peer review:

Invited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's classification

Scientific Quality: Grade B

Novelty: Grade C

Creativity or Innovation: Grade C

Scientific Significance: Grade B

P-Reviewer: Yıldız A

Received: September 30, 2024

Revised: October 30, 2024

Accepted: November 14, 2024

Published online: December 19, 2024

Processing time: 57 Days and 13.3 Hours



Zhan-Shuo Xiao, Department of Dermatology, Guanganmen Hospital, China Academy of Chinese Medical Sciences, Beijing 100053, China

Heng Zhou, Department of Student Affairs, Chongqing Medical University, Chongqing 400016, China

Yi-Lin Jiang, Narina A Samah, School of Education, University Teknologi Malaysia, Johor Bahru 81310, Johor, Malaysia

Co-first authors: Zhan-Shuo Xiao and Heng Zhou.

Co-corresponding authors: Yi-Lin Jiang and Narina A Samah.

Corresponding author: Yi-Lin Jiang, School of Education, University Teknologi Malaysia, Skudai, Johor Bahru 81310, Johor, Malaysia. yilinjiangs@foxmail.com

Abstract

This article examines the critical integration of reflexivity, cultural sensitivity, and emergent design in qualitative psychiatry research focused on lived experiences. While quantitative methods offer essential clinical insights, qualitative approaches provide a deeper understanding of the emotional, psychological, and social dimensions of mental health. Reflexivity enables researchers to remain aware of how their personal biases and professional backgrounds shape data interpretation. Cultural sensitivity ensures that mental health conditions are understood within their broader cultural contexts, helping avoid misrepresentation and promoting authentic participant expression. Emergent design offers flexibility in adapting the research process to evolving themes, particularly in the dynamic and multifaceted realm of psychiatric conditions. Together, these principles promote ethically sound, participant-centered research that captures the full complexity of lived experiences. The article also highlighted the practical implications of these principles for enhancing both academic knowledge and clinical practice in psychiatry.

Key Words: Reflexivity; Cultural sensitivity; Emergent design; Qualitative research; Psychiatry; Lived experiences; Mental health; Patient-centered research

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Core Tip: The core message of this article was that the integration of reflexivity, cultural sensitivity, and an emergent design approach is crucial to capturing the full complexity of lived experiences in qualitative psychiatry research. Reflexivity ensures that researchers maintain awareness of how their own biases and professional identities shape the research process. Cultural sensitivity facilitates a more comprehensive understanding of how mental health is influenced by cultural norms and beliefs. Emergent design introduces flexibility, enabling the research to adapt to unforeseen themes and the participants' evolving narratives. Collectively, these principles foster ethically responsible and deeply insightful research in psychiatry.

Citation: Xiao ZS, Zhou H, Jiang YL, Samah NA. Embracing the complexity of lived experiences in psychiatry research: Reflexivity, cultural sensitivity, and emergent design. *World J Psychiatry* 2024; 14(12): 1793-1796

URL: <https://www.wjgnet.com/2220-3206/full/v14/i12/1793.htm>

DOI: <https://dx.doi.org/10.5498/wjpv14.i12.1793>

INTRODUCTION

We carefully reviewed the recently published study, "Nurse anesthetists' perceptions and experiences of managing emergence delirium: A qualitative study" in the *World Journal of Psychiatry*[1]. The study employed a descriptive phenomenological approach to effectively investigate the real-world challenges faced by anesthesia nurses in managing emergence delirium. Through semi-structured interviews, analyzed using Colaizzi's method, the research offered critical insights into cognitive gaps, work-related pressures, and systemic challenges in the management of emergence delirium. This study also stimulated reflection on the broader application of qualitative research in psychiatry.

In psychiatry, qualitative research plays an indispensable role in capturing the complex, subjective experiences of both patients and healthcare providers, which is essential for understanding individuals in their full, multifaceted dimensions [2]. While quantitative methods contribute essential data on clinical outcomes, they often overlook the emotional, psychological, and social dimensions of mental health. Lived experiences (personal narratives of individuals dealing with psychiatric conditions) offer crucial insights that are vital to improving both clinical practice and patient care[3]. However, to conduct qualitative research effectively, it is critical to integrate three key principles: Reflexivity; cultural sensitivity; and emergent design[4,5]. These principles ensure that qualitative research remains flexible, contextually relevant, and ethically sound. This article explores the significance of these elements in psychiatric research, provides practical recommendations, and emphasizes their essential role in generating meaningful and impactful findings.

REFLEXIVITY: CRITICAL PRACTICE FOR MITIGATING BIAS IN PSYCHIATRY RESEARCH

Reflexivity, or the practice of critically reflecting on one's own biases, assumptions, and professional identity, is a fundamental component of qualitative research[6,7]. In psychiatry, where researcher-participant dynamics can be deeply influenced by power imbalances, reflexivity is especially critical[8]. Researchers should consistently evaluate how their professional background, personal experiences, and mental health paradigms influence their interpretation of data and interactions with participants. Notably, clinician-researchers may adopt different stances during reflexivity, depending on whether they are functioning in their role as a researcher or a clinician.

For instance, a psychiatrist conducting research on the experiences of patients with depression may interpret patient narratives through a clinical lens, focusing on symptoms and treatment adherence while potentially overlooking the emotional burden of living with depression, such as feelings of isolation, hopelessness, or stigma. By engaging in reflexive practices, such as maintaining a reflexive journal, the researcher can identify and mitigate these biases, ensuring a more comprehensive understanding of the patient's lived experience[7].

Moreover, reflexivity encompasses the researcher-participant relationship[9]. In psychiatric contexts where participants may feel vulnerable or deferential to the authority of the researcher reflexivity encourages mindfulness regarding how these dynamics shape the dialogue. For example, a participant may provide responses they believe the researcher wants to hear, particularly if the researcher also serves as their clinician. Through reflexive practice, the researcher can create a more open and authentic environment for participants to express themselves freely, thus safeguarding the integrity of the data collected[5,7].

CULTURAL SENSITIVITY: KEY TO UNDERSTANDING LIVED EXPERIENCES ACROSS CONTEXTS

Mental health is deeply embedded in cultural contexts, and cultural sensitivity is crucial to capturing the lived experiences of psychiatric patients[10,11]. Psychiatric conditions are understood, treated, and stigmatized differently across cultures, making it essential for researchers to approach their studies with cultural awareness of these variations.

For instance, in some cultures, mental illness may be framed as a spiritual issue or moral failure, while in others, it is regarded as a medical condition requiring treatment[12]. A researcher conducting interviews in a culture where mental illness is stigmatized may find that participants underreport or conceal their symptoms out of fear of social repercussions

[13]. In such cases, researchers must design their interview guides to be culturally sensitive, enabling participants to express their experiences in culturally congruent ways.

To enhance cultural sensitivity, researchers should collaborate with cultural intermediaries, such as community leaders, cultural experts, or local mental health advocates[5,15]. These intermediaries can offer valuable insights into culturally appropriate language, communication styles, and thematic elements for interviews. For example, when studying post-traumatic stress disorder among immigrant populations, cultural intermediaries can provide critical guidance in understanding the trauma of migration, acculturation stress, and discrimination. These experiences often differ across cultural groups, and the involvement of intermediaries ensures that the research approach is tailored to the unique context of each population.

Additionally, researchers should recognize that mental health conditions are often stigmatized differently in collectivist *vs* individualist societies[14]. In collectivist cultures, mental illness may be regarded as a family issue rather than an individual problem, influencing how participants discuss their experiences. Culturally sensitive research enables the researcher to navigate these nuances, ensuring a more authentic representation of participants' mental health journeys.

EMERGENT DESIGN: NAVIGATING THE COMPLEXITIES OF LIVED EXPERIENCES

Psychiatric conditions are dynamic and multifaceted, rendering a rigid research design unsuitable for qualitative studies on lived experiences. An emergent design approach allows researchers to maintain flexibility and responsiveness to evolving data, adapting their methods to capture the full complexity of participants' experiences[5].

For example, a researcher studying patients with bipolar disorder may initially focus on manic and depressive episodes[16]. However, during interviews, participants may repeatedly raise concerns about the social isolation they experience between episodes or their difficulties with medication side effects. An emergent design would enable the researcher to adjust the interview questions or analysis framework to delve deeper into these unforeseen yet significant themes. This adaptability is especially crucial in psychiatric research, where individual variations in illness experiences are pronounced.

Moreover, emergent design strengthens ethical accountability[5]. In psychiatry, participants may experience distress while discussing their mental health, and an emergent approach allows the researcher to adjust the pace or direction of the interview to prioritize the participant's emotional well-being[17,18]. For instance, if a participant becomes visibly uncomfortable when recounting traumatic experiences, the researcher can pause or redirect the conversation to less distressing topics. This flexibility guarantees that the research remains both participant-centered and ethically sound.

Emergent design also enhances the richness of data collection, with semi-structured or unstructured interview guides being particularly useful in providing the necessary flexibility for such adaptations[5]. As new themes arise, the researcher can adjust the scope of the study to further explore these areas, allowing for a more comprehensive understanding of lived experiences. For instance, a study on schizophrenia may uncover participants' greater concern for the social stigma of their condition than for the symptoms themselves. An emergent design permits the researcher to pivot and investigate this issue in greater depth, thereby capturing a more nuanced view of the patient's experience.

CONCLUSION

Qualitative research on lived experiences in psychiatry necessitates a focused approach to reflexivity, cultural sensitivity, and emergent design to ensure meaningful, participant-centered results. Reflexivity enables researchers to maintain awareness of how their positionality influences the research process, cultural sensitivity ensures that mental health experiences are understood within their broader cultural contexts, and emergent design allows the study to adapt to the dynamic nature of psychiatric conditions. Together, these elements cultivate a deeper and more nuanced comprehension of mental health and offer valuable insights that can inform both academic knowledge and clinical practice. By embracing these principles, researchers are positioned to contribute to more compassionate, contextually grounded, and ethically sound psychiatry research.

FOOTNOTES

Author contributions: Jiang YL wrote the original draft; Xiao ZS and Samah NA contributed to conceptualization, writing, reviewing, and editing; Xiao ZS, Zhou H and Jiang YL participated in drafting the manuscript. All authors read and approved the final version of the manuscript. All authors participated in critical discussions regarding the paper's structure, focus, and theoretical alignment. Designating Jiang YL and Samah NA as co-corresponding authors is appropriate due to their complementary roles and leadership in the study. Samah NA, as the primary supervisor, provided foundational guidance and inspiration for the research, especially in shaping its focus on cultural sensitivity and addressing complex lived experiences in psychiatry. Jiang YL offered critical contributions to methodology and data analysis, ensuring the study's adherence to rigorous reflexive practices. Their joint expertise and continuous oversight were vital in fulfilling the research objectives, making their co-corresponding authorship essential. The co-first authors, Xiao ZS and Zhou H, collaboratively conceptualized the research framework and jointly completed the organization and refinement of the manuscript.

Conflict-of-interest statement: All authors have no conflict of interest.

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Country of origin: Malaysia

ORCID number: Zhan-Shuo Xiao 0000-0002-3181-6454; Heng Zhou 0009-0007-6222-3292; Yi-Lin Jiang 0000-0002-0381-2974; Narina A Samah 0000-0002-5274-3880.

S-Editor: Qu XL

L-Editor: A

P-Editor: Yu HG

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