


# Giving a voice to patient experiences through the insights of pragmatism

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## Abstract

As a philosophical position, pragmatism can be critiqued to distinguish truth only with methods that bring about desired results, predominantly with scientific enquiry. The article hopes to dismiss this oversimplification and propose that within mental health nursing, enquiry enlightened by pragmatism can be anchored to methods helping to tackle genuine human problems. Whilst pragmatists suggest one reality exists, fluctuating experiences and shifting beliefs about the world can inhabit within; hence, pragmatists propose reality has the potential to change. Moreover, pragmatism includes being cognisant of what works to whom reality concerns, making reality context-driven, with a view to understand how actions shape experiences so what is generated has usefulness. Hence, it somewhat follows pragmatism can inform mental health nursing, after all, nursing is a discipline of action, and awareness is needed in how actions produce experiences that patients find helpful. Given the principles of recovery are preferably adopted in mental health care, the paper will explore how pragmatism can help nurses move towards that goal; specifically, with patients voicing their experiences. This is because like pragmatism, recovery subscribes to hope that reality can progress, and through meaningful experiences and beliefs, patients have expertise about personal difficulties alongside how life may flourish, despite mental illness.

## KEYWORDS

mental health nursing, open-mindedness, patient experiences, pragmatism, recovery

## 1 | INTRODUCTION

Giving a voice to patient experiences through the insights of pragmatism will be explored through three phases. Firstly, recovery will be presented to highlight the significance of sharing personal

experiences in mental health care. Thereafter, a sketch of pragmatism will be provided setting out three associated themes, namely pluralism, fallibilism and meliorism to add contextual meaning surrounding how attentiveness towards patient experiences may be enlightened by pragmatism. The paper will then investigate these

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themes amongst other related pragmatic ideas in how nurses can aid patients to share personal experiences that might lead to improving their mental health care.

## 1.1 | Recovery

The notion of recovery from mental illness has increasingly become conceptualized not as an end point, achieved through a process of treatment and cessation of symptoms, but as the journey itself (Slade, 2009). More specifically, recovery is understood to be a process of moving towards experiencing personal satisfaction in life, as defined by the individual, and regardless of the potential continuation of symptoms of the illness (Gilbert et al., 2013). For example, the development of attributes such as empowerment, hopefulness and self-determination over time, even in the context of continuing difficulties caused by the illness, can be understood to be 'recovery' (Okamoto & Tanigaki, 2018).

The assimilation of the aforementioned perspective, and adoption of 'recovery-oriented practices' are also increasingly prominent and widely accepted standards of care within the UK and international mental health services (Holley & Gillard, 2018; Mental Health Taskforce to the NHS in England, 2016). However, this perspective is not without critique and has a complex relationship with the apparatus of biomedicine. Critics have specifically pointed to the difficulties some patients experience in embarking on any journey of development until acute illness is reduced—for example through the use of pharmacological treatments (Davidson & Roe, 2007). This critique, and the subsequent debate, has given rise to a dichotomous conceptualization of recovery, whereby 'clinical recovery', which is conceptualized as being led by clinicians, is seen as distinct from 'personal recovery' led by patients (Slade, 2009).

Mental Health Taskforce to the NHS in England (2016) has proposed that, instead of a dichotomous conceptualization of recovery, mental health care could acknowledge and to some extent synthesize clinical and personal recovery. This vision is one of clinicians and patients collaborating, sharing expertise and an open-mindedness towards patient narratives in what enriches a quality of life (Mental Health Taskforce to the NHS in England, 2016). The latter incorporates 'expertise by experience' which has seen growth as part of service delivery. Not only is the patient's voice pivotal with planning care but includes roles whereby those with lived experiences of mental illness offer consultation to services, or the employment of peer support workers who refer to their own experiences of mental ill health in their work with patients (Mathison et al., 2016). In light of these trends, there is increasing evidence that the building and maintaining of interpersonal connectivity can, even by itself, be an agent for change and advance a patient's hope in abilities to lay the foundations of their recovery. Hence, exploring nurses attending to personal experiences has significance, given the recovery journey can in part be conceived through perspectives in how patients envisage the world they inhabit (Mathison et al., 2016).

## 2 | SKETCH OF PRAGMATISM

Pragmatism has a rich contested history with recent resurgence in its popularity consisting of voluminous journal articles, texts and book chapters (Lamb, 2019). The philosophical position is more than a way to comprehend how truths are realized, it involves modes to think about the world surrounding ethics, education, politics and religion to name a few (Cojocaru, 2020; Spencer, 2019). Essentially pragmatism aims to understand the philosophical enquiry required to lessen social problems identified via human experiences (Schneiderhan, 2013).

Pragmatism rejects some tenets of earlier philosophies, notably Cartesian Foundationalism which assumes unequivocal 'innate ideas' come into being to ascertain what is true (Margolis, 1977). In contrast, pragmatists believe discussion and investigations are pivotal to envisage truths and discard errors; this allows for reality to be shaped via action to seek explanations contingent on context (Ormerod, 2006). Hence, rather than verify fixed beliefs in what constitutes reality, pragmatists are interested in how actions generate first-hand possibilities for people, with focus on ameliorating social problems in everyday life, as these are seen central to philosophical concerns (Bernstein, 2013).

Pragmatism originated in the United States around 1870 traced to the literature of Charles Sanders Peirce, who somewhat indebted to Kant, capitalized on the word 'Praktische' which touched upon the limitations of the mind when comprehending reality beyond human senses (Ormerod, 2006). In the early 20th century, writers such as William James and John Dewey saw pragmatism involve experiences in ways to perceive the world, alongside collective beliefs in what the world entails (Putman, 2017). Although James gravitated towards embryonic ideas associated with pragmatism, whereby existence of a physical world could somewhat be independent of the mind; both authors agreed it was conceivable that experiences form part of reality, whilst reality has to have a degree of usefulness for it to be known (Spencer, 2019). For this reason, actions are pivotal so experiences can be shaped to have utility. Indeed pragmatism draws on the ancient Greek 'pragma' to literarily mean 'action' (James, 1907:2010). Dewey (1896) perhaps encapsulated this best with a critique of the reflexive arc in how reactions are more than mechanistic processes made by corporeal functions. Instead, people are active players in determining their responses by bringing set behaviours and expectations drawn from previous learning, thus enables building upon previous experiences to make sense of current situations (Dewey, 1896). Moreover, learning may have utility by how it relates to the person's understanding of the world, suggesting such enquiry is likely to be meaningful and put to some use into how to react to things.

### 2.1 | Pluralism

Pluralism is a pragmatic tenet that began loosely tied to a critique of Hegel's absolute idealism (Bernstein, 2016). Broadly, absolute

idealism surrounds the proposition that all ideas can be categorized under particular definitive concepts, and accordingly, James (1943) proposed it can stifle the conceptual freedom to cultivate novel ideas. Although sometimes misconstrued that all claims about the world are valid to achieve a desired outcome, pragmatists suggest pluralism involves different apertures to view reality regardless if cut from the same cloth. It moves beyond dualistic reasoning that phenomena have opposites that conflict, notably the Cartesian mind–body split (Spencer, 2019). Instead people have different experiences, and since every meaningful experience is one account where many are possible, a single account, by definition, cannot be the complete interpretation of a phenomenon (Misak, 2005). Hence, commonalities are required to move past dualistic arguments in what is right and wrong (Spencer, 2019).

Given that pluralism can be explained through the existence of contrary ideas, debate exists if pragmatists can truly be pluralistic, after all, hope is held for some consensus between diverse ideas (Alisse & Aikin, 2005). Nevertheless, from a pragmatic point of view hope need not be fulfilled, as hope towards something reflects a reality in itself, and what is important is the continuity of collective discourse even without agreement. By way of democracy, Dewey looked to the ‘mode of associated living, of conjoint communicated experience’ (Dewey, 1916:1985:93). That is, despite disagreement, commonalities involving democratic ideas have been shaped since its inception and will continue to do so without necessarily achieving a satisfactory conclusion (Caspary, 2018). Moreover, it is seemingly worthier to engage in discussion tolerating difficult and diverging views about democracy, as Dewey illustrates, the alternative could give rise to extremes, notably oppressive conformity or intimidation of an oppositional struggle (Dewey, 1916:1985; Hildreth, 2009).

Another approach to pluralism involves orientation towards fallibility, considering that humans make errors about beliefs, whilst discerning personal mistakes, helps to cast light on different points of view (Bernstein, 2005). Hence, through open-mindedness, people may uncover by what means pluralistic ideas may coexist, although contingent perhaps on navigating views that clash with their deeply held beliefs. In addition, the function of pluralism varies amongst pragmatists. It can be utilized to make some sense of reality, in that multiple beliefs exist and when verified by experiences, there is reason to trust a particular belief relates to reality in some unspecified way (Spencer, 2019). Alternatively, multiple experiences may interweave into a shifting pluralistic reality, and despite the richness of possibilities, experiences that evoke meaningfulness are likely to resonate, as they relate somehow to the world the person inhabits (Spencer, 2019). What follows, is that beliefs have utility when confirmed by experience, whilst experiences may have momentary use, they are nevertheless built upon and progressed through discovering meaning amidst different experiences. Accordingly, Dewey (1941) employed the term ‘warranted assertibility’ to emphasize this ever-evolving nature of human beliefs and experiences, in which open-mindedness lends itself to what has utility alongside tolerance, that ideas about the world may change (Putnam, 1981).

## 2.2 | Fallibilism

Whilst pluralism involves building upon different experiences to generate meaning, what is meaningful can also be open to scrutiny in light that the world is ever-changing (Margolis, 1998). Hence, the aforementioned fallibility has place within pragmatism as a form of analysing meaning, for accordingly, there can be doubts about fixed conventions, and worldly accounts such as scientific and religious, may be imprecise (Stuhr, 2000). Furthermore, since experiences are in a constant state of flux, existence cannot be seen in its entirety, and even if this were true, pragmatists doubt if such knowledge would be accurately applied (Seigfried, 1976). Because fallibilism sits within notions of an inconstant world, it has been critiqued to not pertain to any absolute truth. However, this is somewhat a misunderstanding, for what is kaleidoscopic are experiences, whilst beliefs are not obligated to change but alternatively, have the potential to do so (Spencer, 2019).

According to Peirce (1877), the purpose of thought is to produce beliefs, which materialize as truths when verified by experience. As such, beliefs emulate tools to cohere human experience with the real world. This might contradict fallibility, in that beliefs are generated to reduce doubt whereby habits of action are produced. In one way this suggests reality becomes fixed if it were not for the caveat that experiences can also shape doubt about beliefs (Peirce, 1877). Thus, pragmatists recognize the power of enquiry lies not in its ability to uncover absolute truths, but in its ability for experiences to falsify beliefs, and replace these with new ones that better explicate earthly phenomena (Humphreys, 2019). It somewhat follows therefore that doubts in a pragmatic vein are catalysts to engage in enquiry when beliefs are challenged. However, errors might be stifled to lessen internal conflict, and when not reconciled, shocks can arise in the form of ‘reality checks’ (Spencer, 2019). Equally, there is no guarantee that despite enquiry, newly forged beliefs will be infallible. Nevertheless, pragmatists see fallibilism in terms of discerning what might be inconstant truths, even without satisfactory outcome; punctuated with hope that progress is possible from the experiences generated from enquiry (Seigfried, 1976).

In keeping with enquiry, approaches said to exist in the era of Peirce include deduction and induction (Peirce, 1903/1998). Much like Foundationalism, deduction involves the use of absolute truths (such as physical laws) to determine what is true (Staat, 1993), however, intractable ideas can limit options to discover new possibilities (Peirce, 1903:1998). In contrast, induction seeks patterns to test a hypothesis, to reveal if a belief has utility by the pattern resembling some truth (Staat, 1993). Nevertheless, inferred patterns might be incorrect; hence, induction is not flawless (Peirce, 1903:1998). In acknowledging people have rich beliefs about the world that stimulate enquiry, whilst experiences from enquiry may challenge beliefs, Peirce suggested a third mode of reasoning, namely Abduction (Peirce, 1903:1998). Abduction recognizes hypotheses are frequently shaped by experiences, and subsequently, open-mindedness helps facilitate unconventional thinking. This is to cultivate different understandings in how findings impact on beliefs, whilst

attempt is made to unravel experiential meanings derived from enquiry (Burks, 1946). Through abduction, beliefs about the world can be questioned via findings, yet to verify, findings need to cohere in some way to more conclusive beliefs (Peirce, 1903:1998). Hence, abduction is somewhat an interplay between deduction and induction. But rather than seek absolute truth or verify something is true, abduction involves progressing insight into how truth might be realized within the parameters of existing knowledge (Spencer, 2019). That is, it is likely with further enquiry, different understanding of the phenomenon may materialize (Burks, 1946).

### 2.3 | Meliorism

In the midst of a pluralistic world, capacity exists to be receptive to genuine possibilities in which human action make differences, be it for better or worse (Stuhr, 2000). In terms of 'worse', actions generate tragedy, whilst 'better' involves meliorism, a philosophical hopefulness that improvements are at least possible. This opposes notions surrounding optimism and pessimism. Whereas optimism is understood as improvements that materialize without action, pessimism views the world beyond saving (James, 1907:2010). Along these lines, reality is credited with innate emancipatory or constraining power rendering the need for human action impotent (James, 1907:2010). Alternatively, meliorism is illuminated by hope that progress is possible but not inevitable. As a result, purposeful action is undertaken in the spirit of hopefulness even without the guarantee of success (James, 1897:2017). Since human actions contribute to the plurality of the world, a suggestion is that a corollary of pluralism is humanism. Meliorism therefore holds pluralism and humanism somewhat together through the hope better lives can be cultivated via various human endeavours. This is whilst new ideas thrive in the fertile ground of fallibility, by transcending personal beliefs or indeed bias, to shape a reality that has utility beyond oneself (James, 1897:2017).

Whilst Dewey envisaged civic action as the ethical heart in harnessing meliorism, Richard Rorty, another prominent pragmatist eschewed the idea meliorism aspires for something more than the reciprocity and solidarity that emerges out of having collective experiences (Schneiderhan, 2013). As such, hope has ability to bind people together. But social connectivity is not necessarily an end in itself; rather, it generates platforms which can empower democratic enquiry (Voparil, 2014). Rorty (1989) points out that given the plurality within the world, the end point of actualizing an ideal democratic process through enquiry is uncertain. However, this need not paralyse progress, as doubt generates questions and creativity to utilize democratic practices in different ways and, subsequently, may reveal alternative routes to alleviate social concerns via enquiry (Voparil, 2014).

What is worked towards, according to Rorty, is a position of a Liberal Ironist. Liberalism is not only the belief in autonomy and civil liberties but countering cruelties that impact on these principles (Rorty, 1989). Hence, the liberal makes strong ethical judgements

about certain types of behaviour, yet the ironist, involving pluralism and fallibility, recognizes others may have different opinions; thus, debate is one way of meeting a middle ground that might lead to improving life (Rorty, 1989). In this sense, hope is transformative whilst utility is contingent on contextual conditions, alongside forming meaningful experiences between people (Curtis, 2016). Hope could also be seen as an orientation that despite its ambiguity, things move into a general direction that coheres to inner beliefs and desires, driven by the pragmatic notion that everyone has a purposeful place in society (Ormerod, 2006). To that end, pragmatists propose all voices, if not forcefully opposed to others, have the right to be heard. The latter, in particular, resonates to recovery, given that care informed by patient experiences is a significant part of its practices. Subsequently, to further understand the relevance of pragmatism, the ways mental health nurses may enable the patient's voice alongside the benefits to care will be explored drawing on the aforementioned pragmatic themes.

## 3 | PATIENT EXPERIENCES

Despite recovery-oriented practices subscribing to patient and nurse collaboration, tensions can exist surrounding who possesses expert knowledge. The value of expertise may gravitate towards professional credentials and grasp of particular research such as involving experimental or observational designs (Davies et al., 2006). Whilst these proficiencies inform care, personal accounts in what is helpful risk being relegated to the periphery of legitimate knowledge (Noorani, 2013). This is seen further with the classification of mental disorder, whereby value can be placed on hyponarrativity, in that life experiences are of less importance than the objective aridity of categorizing symptoms (Hauptman, 2015). Such detachment might be necessary to isolate symptoms from conjecture to produce impartial findings about treatments (Hoffman, 2015). Moreover, orientation of patients can be hindered by mental health difficulties, suggesting issues, notably with perceptions of reality and ownership of behaviours, can impact on personal experiences (Tekin, 2014). However, given the pragmatic vein surrounding plurality, this could have bearing to individuals living through mental disorders. Hence, it is possible there is little generality in how mental illnesses are personally experienced, whilst varying degrees of disorientation can occur that change overtime (Davies et al., 2006). In light of these conceivable temporal or situational states of being, there does appear some space for meliorism, particularly in the hope that by listening to personal experiences, possibilities arise in how to help patients lessen difficulties and improve their recovery (Llewellyn-Beardsley et al., 2019).

Through narrative enquiry, pragmatists have hope that dialogical spaces open to reveal the social difficulties a person is experiencing (Addams, 1963). Narrative enquiry is a way of understanding, organizing and communicating experiences, and in part surrounds the act of storytelling, as the world is 'full of partial stories that run parallel to one another, beginning and ending at odd times' (James,

1907:2010:71). Within enquiry relating to pragmatism, it can include living via our stories, telling stories of experiences, and modifying stories by retelling and reliving the story (Bourbonnais & Michaud, 2018). Storytelling also entails a dialogical co-construction between people, in which a narrative unfolds yielding possible opportunity (Colapietro, 2013). That is, a terrain consisting of the patient's difficulties might be narrated, and as such, features within the terrain might be explored to ameliorate difficulties and aid life (Bergner, 2007). However, mental illness can impact on shared notions about ordinary living between the patient and nurse. Nevertheless, exploring how narratives resonate to the world of the patient despite appearing unfamiliar may highlight clues in what aids recovery. Through particular care practices such as active listening and participation, it can bring about what pragmatists call the method of 'sympathetic interpretation' (Addams, 1895/2001). The latter specifies that 'one must really engage the people involved in the problematic situation at hand and work to construct a narrative that gives meaning to the experience and proposes ways of making the situation better' (McKenna & Pratt, 2015: 50).

### 3.1 | Attentiveness

Given sufficient freedoms, pragmatists hold that individuals possess the potential for personal growth. Recovery, like pragmatic ideas about channelling democratic enquiry, posits interpersonal relationships are key to unlock human potential (Moen, 2015). This is important, as a nurse and patient can have individuality and/or uniqueness between them making communication necessary to build understanding. With patients having freedom to share their voice, the resultant social connectivity can be fulfilling, whilst appreciation for different views involving the reality of the patient may aid enquiry but also a sense of belonging (Baker, 1992). The latter is of significance since social isolation impacts on mental health whereas belonging, involving occupation of valued social roles, exercise of personal authority, and development of a positive self-identity, contributes to life being more meaningful (Barut et al., 2016).

An open-mindedness with possibility that fallibility and plurality exist in how narratives are comprehended, may aid collaboration (Song, 2018); that is, through an abductive vein, nurses can come with knowledge about illnesses and associated difficulties. In addition, knowledge is also held in what might be generally helpful to lessen mental distress (Mirza et al., 2014). However, this knowledge has utility insofar it has meaningfulness to personal experiences; hence, life experiences are required to be understood so patients can see the utility of care by how it relates to what they see as meaningful (Ottens et al., 1995). Along these lines, what has utility surrounds conversations that resonate with the patient's life, and nurses being prepared that it might not, may help to explore other meaningful options (Mirza et al., 2014).

Being that Dewey (1910) proposed experiences and self-awareness form part of a method of enquiry, nurses allowing for doubt within their insights about patient experiences might promote

care opportunities (Calcaterra, 2017). Rather than the nurse being the all-knowing expert, doubt illustrates the provisional nature of knowledge. Indeed, experiences might be better understood by cultivating '...deep-seated and effective habits of discriminating tested beliefs from mere assertions...[and] develop a lively, sincere, and open-minded preference for conclusions...' (Dewey, 1910:28). An extensive body of research exists involving preconceived ideas about diagnoses like borderline personality disorder and schizophrenia, largely through examining the beliefs of mental health professionals (Merino et al., 2018). Hence, awareness that such ideas could be fallible, whilst attentiveness involving pluralism inasmuch there are many ways to improve life, might expand recovery opportunities (Kaag, 2010).

In the context of the aforementioned, notions involving absolute idealism in psychiatry are to an extent opposed. Rather than the disorder being the sole cause for all problems, patients might find utility in care when there is recognition from nurses that some difficulties derive from beyond the condition itself (Oulis, 2008). For example, stigma associated with mental illness can impact on mental health (Nowak, 2019). Moreover, what improves life might include more than reducing the symptoms of the illness, particularly as attention on the patient's family and relationships, occupation, social contacts and lessening financial problems can influence having a meaningful life (Slade, 2009). Given what has utility is somewhat curated via beliefs about the world; an open-mindedness involving plurality and fallibility may elicit narratives involving such beliefs, whereby nurses accommodate different perspectives, and thus, shape dialogue that patients perhaps find meaningful (Calcaterra, 2017; Capps, 2019). However, just as it is impossible to understand all our inner thoughts, likewise part of the patient's private life will remain impenetrable, requiring an acceptance that 'in every being that is real there is something external to, and sacred from, the grasp of every other' (James, 1897:2017: 111).

### 3.2 | Tolerance

Tolerance could be seen as the interplay between plurality and fallibility in shaping understanding in what is difficult and helpful for patients (Holma, 2012). It is a pragmatic response to the genuine need for people to coexist despite having disagreements. Acceptance of others in some form is required, as pragmatists propose diversity cannot be suppressed by asymmetrical political power or philosophical arguments (Horton, 1987). Whilst there are disagreements in what constitutes authority of some beliefs, opposition is unlikely to result in disputed opinions being banished from the reality of others. In a pragmatic vein, tolerance draws not on metaphysical or moral positions owing to disagreements between theories. In contrast, pragmatists dispute the way intolerance can materialize out of conflicts about which theory is correct (Misak, 2000). Hence, pragmatists embody that human diversity is simply part of living obligating a degree of tolerance, as in general, humans have need for free and peaceful coexistence (Grčić, 2000). Essentially, tolerance is

a pragmatic political value, in which pluralism and fallibility broaden our window of perception and expand the parameters of enquiry in a bid to build cooperation amongst people (Fiala, 2002).

As pragmatists suggest some thoughts are impenetrable to others (James, 1897:2017); tolerance could be viewed in terms of leaving people alone when not causing harm (Fiala, 2002). Whilst non-interference can be well-intentioned, pragmatists such as Addams and Rorty see tolerance more with connecting with others to enrich understanding and revise personal biases (Miller, 2003). Indeed, attending to experiences appears a condition for care, as to avoid experiences that convey mental distress is likely unethical. Concerning nursing, this appears to involve unprejudicedness and relational empathy, with efforts to build a sense of connection to see where the other is coming from and to put oneself in the shoes of the patient (Brown et al., 2014). Each inner world contains within it, a portion of truth, relevant to the patient's life despite mental health difficulties, and wrestling to understand these can yield ethical knowledge in how nurses may aid recovery. That is, nurses learn from interactions with patients in how to expand a repertoire in what helps, whereby choices are made contingent on what emerges out of the relationship (Wiley, 2006). This might involve the pragmatic notion of 'choice-inclusive facts', for despite some commonalities surrounding human needs, the extent care is informed by choices relevant to the patient's world will shape the perceived utility of the nursing intervention (Lachs, 1995).

### 3.3 | Interpersonal relationships and self-cultivation

Personal fulfilment can be worked towards by patients having active involvement in their care. This might arise from the interpersonal relationship and may ameliorate the lack of social participation that some people encounter living with mental illness (Simpson et al., 2016). Essentially the relationship gives feedback that the personal experiences of the patient matter. The implications are what is meaningful is interpreted and internalized by the patient founded on and formed via the intersubjective relation with the nurse, and for Dewey, the focus is on context (Anderson, 2018). This is to highlight personal problems and helpful ways forward, as these are things inherent to the patient's life and intrinsically relates to their way of being and thinking (Pappas, 2015). Through relatedness as fellow human beings, reciprocation can materialize, involving perhaps satisfaction for the nurse with helping another whilst the patient may build or recuperate a sense of self lost possibly to mental illness (Sandhu et al., 2015). The patient is also able to evolve their self-worth, as the self is experienced in relation to another, that is the nurse, to understand the self, giving a microcosm example of their potential to have a purposeful role within social situations (Calcaterra, 2017). In this way, it furthers interconnection amongst things rather than dualism, as pragmatists see continuity between personal growth and a flourishing society (Uffelman, 2011). Moreover, care resonates with pragmatic notions surrounding

self-cultivation whereby self-determination is developed, owing to synchronizing care to what is meaningful to the patient, notably in what constitutes helpfulness (Bachkirova & Borrington, 2019).

Self-cultivation seemingly has strong attachment to recovery in which meliorism also presents itself. This involves patients having an internal shift from hopelessness to hope, by having an active voice within their care, notably drawing on personal experiences to inform decision-making and care planning (McKenna et al., 2014). Hence, the patient begins to hold hope, in their own potential and strengths to develop a life that is meaningful (Bird et al., 2014). According to Dewey (1910), alienation that might befall people, for example with mental illness, are problems which philosophy should direct its efforts, and interconnectivity, may to a degree lessen such issues (McDermott, 1983). Subsequently, catalysts for self-cultivation, in which hope is developed in abilities to have a better life may derive from the openness of communication and interchange of ideas within meaningful relationships (Knee et al., 2003). As Dewey and Tufts (1932: 383) wrote, 'In the degree in which there is genuine mutual give and take [views expressed] are seen in a new light, deepened and extended in meaning, and there is the enjoyment of enlargement of experience, [and] of growth of capacity'. James (1900) portrayed this perhaps best in the form of two questions going to the heart of what pragmatists might call the "personal concept of justice' (Rondel, 2017:315). The first question asks what life is like, when not receiving treatment one is entitled to. This involves paying attention to those who live through difficulties that a person, such as a nurse, is committed to address (Rondel, 2017). The second question surrounds actions undertaken, when committed to justice for all individuals (Rondel, 2017). This might start with introspection; building open-mindedness and active tolerance towards others, despite the possibility that conflicting views about the world can be held by people (Stuhr, 2000).

## 4 | CONCLUSION

The paper has to some extent shown that rather than allowing for virtually every idea to bring about anticipated results, pragmatism can involve specific methods to further open-minded enquiry into the genuine needs of people. In particular, these methods resonate with engaging people with mental health difficulties with a view to cultivate their recovery. Despite critique that knowledge requires to be tested against some objective truth, pragmatists do believe in the stability of beliefs surrounding the world, yet beliefs can equally be open to revision. This is markedly in the context of developing self-awareness about the plights of others and what aids their life, after all, it is doubtful, and there can be a complete knowledge of all personal needs which might lessen mental health difficulties.

Rather than adopt a relativist position in that multiple realities exist; pragmatism suggests different perspectives can be held within one ever-evolving world. Hence, whilst there are commonalities with approaches that ameliorate mental distress, experiences may also raise doubt about their utility. Moreover, mental illness is

somewhat open to subjectivity despite a biomedical background in what constitutes and alleviates mental ill health. That is not to suggest this background is banished in light of different mental health experiences. Alternatively, and similarly to pragmatism, practices relating to recovery support the coexistence of different understandings, specifically clinical and personal perspectives involving mental illness. This is with a caveat that efforts are made to align care to what is meaningful to the patient. If not, it seems futile that treatment is endured only for it to be likely rejected once the person is not under mental health services. It is hoped therefore this paper has enlightened in how pragmatism can inform about attending to patient experiences, particularly surrounding tolerance and open-mindedness. Notwithstanding the impact from mental illness, expressed experiences may still highlight ways to enrich recovery. At the very least, the conversations that arise are potentially therapeutic, even with the presence of different worldviews, which notably can, but is not limited to, the veracity about the mental illness itself.

### CONFLICT OF INTEREST

All authors agree there are no conflicts of interest identified in the production of this article and that they consent to be authors of this article owing to their contribution.

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