Using Dyadic Interviews to Explore Recovery as Collaborative Practices: Challenging the Epistemic Norm of the Single Person Perspective

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Abstract

The method dyadic interviews involves interviewing a pair of participants, focusing explicitly on the interaction between them and how it develops data. Dyadic interviews with persons who are involved in ongoing, working relationships can be a feasible means of exploring research topics that are related to collaboration and collaborative practices. The concept of recovery is considered highly relevant to different kinds of relationship-based practices, involving a person and context centered shift within the field of mental health. What is referred to as recovery-oriented practices, is best understood as developed through collaboration. This involves a shift in the understanding of who beholds the expert knowledge and what knowledge "is," acknowledging the importance of including different types and sources of knowledge when new knowledge is to be developed. In this paper we explore how dyadic interviews with pairs consisting of mental health service users and professionals can facilitate co-created knowledge about recovery as collaborative practices through collaboration. We argue that dyadic interviews can enable development of dialogic and collaborative knowledge, potentially blurring and challenging boundaries between knowledge-bases and roles.

Setting the Scene

Eric: The way I think about it is that you have been the one in charge ... and then sometimes it is important to move a little bit outside the comfort-zone and ... maybe just see if you could push it a little.

Frank: You're good at that, being clear and to the point ... Like "Ok, we need to talk about this now." And then we talk about it, and then we move on. Yes.

Eric: We have, in a way, found "our thing."

This little exchange took place in a *dyadic interview* conducted as part of a research project exploring mental health recovery as collaborative practices. A *dyad* is a group of two people. The two persons making up the dyad in this particular interview were a mental health service user, "Frank," and a mental health professional, "Eric." (Frank and Eric are not their real names and information about them has been altered). Frank has been a user of diverse mental health services for many

years. He lives in his own apartment and currently receives home-based services from a local community mental health team. Eric is a mental health nurse who works in a community mental health team. He has long and varied experience with working in different kind of services within the field of mental health. The service in question here is located in a medium-sized Norwegian municipality that has mandated that all their services within the field of mental health and substance abuse should be recovery-oriented. Frank and Eric have collaborated for approximately four years, usually meeting once a week. By

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letting Frank and Eric set the scene for this paper, we hope to raise at least three issues related to exploring mental health recovery as collaborative practices: the importance of context, how experiences are developed and given meaning through interaction, and whether dyadic interviews could be one way of developing contextual and collaborative knowledge.

Introduction

In qualitative research that aims to explore experiences related to receiving or providing health services, focus groups and individual interviews are often the preferred methods for generating data. In contrast to what is mostly the case in individual interviews, dyadic interviews focus explicitly on the interaction between the participants and how it generates data. Dyadic interviews differ from focus groups as they typically produce a closer connection and interaction between the participants (Morgan, 2016).

In this paper, we advocate the use of methods that are closely connected with the aim of a particular study. We suggest that dyadic interviews with persons who are involved in ongoing working relationships can be a feasible means of exploring research topics that are related to collaboration and collaborative practices. We thereby also suggest that recovery-oriented practices in the field of mental health are best understood as co-created and developed through collaboration (Kidd, et al., 2015; Ness et al., 2014; Waldemar et al., 2019). The aim of this paper is to explore how dyadic interviews can be an appropriate method for exploring experiences with mental health recovery as collaborative practices.

Recovery as Collaborative Practices

The concept of recovery is considered highly relevant to different kinds of relationship-based practices in the fields of mental health and social work (Lindvig et al., 2019). Recovery involves a person- and context-centered shift within the field of mental health and thus, more attention is brought to societal and contextual factors in people's lives. More aptly, this can be described as a movement away from an individualistic, biomedical perspective on mental distress and treatment, which seeks to identify the biological basis of symptoms. Once determined, the symptoms can be addressed through professional treatment and there is an assumption that they will decrease and hopefully finally disappear (McCabe et al., 2018). Rather than focusing on the absence of symptoms as the ultimate goal, and treatment as a task to be carried out by professionals, recovery focuses on regaining control over one's life through one's own efforts and with support from professional and informal networks. Thus, subjective experiences of recovery and improved quality of life may not necessarily be in line with a more clinical understanding of recovery with a focus on symptom relief symptom (Davidson et al., 2010; McCabe et al., 2018). In our understanding, recovery holds that people living with persistent and severe mental health challenges are the experts in their own recovery Furthermore, in looking at recovery as social and contextual processes, we are more interested in the

multifaceted consequences of mental health issues on people's everyday life (Brekke et al., 2018; Paton et al., 2018; Price-Robertson et al., 2016). Though recovery-oriented practices has become an accepted and widely used term in mental health guidelines during the past two decades, the roots of recovery go further back. "The civil rights movements from the 1960s onwards constituted the greatest driving force, based on ideas of self-help, empowerment and human rights. Recovery can thus also be seen as a political reaction against suppression, stigma and unsatisfactory services that focus on maintenance and compliance with treatment" (Hummelvoll et al., 2015, p. 3). Thus, recovery challenges professional knowledge and power as well as individualistic understandings, positioning it within a critical mental health tradition. Due to its subjective, collaborative and relational nature, we understand recovery as a processual and open concept that cannot be "implemented" in services. Rather than viewing recovery as something measurable and standardized, we position ourselves within an understanding of recovery-oriented services as most aptly developed through collaboration between various groups of stakeholders, taking the local context into account (Karlsson & Borg, 2017). In line with this positioning, we also suggest that developing more collaborative understandings may serve the purpose of promoting resistance against the dominance of purely individualistic and clinical understandings of recovery (McCabe et al., 2018).

In the development of recovery-oriented services, recognizing the person receiving services as the expert involves a relationship with professional helpers based on the core values of power balancing, role-blurring, negotiating competencies and focusing on processes rather than clinical outcomes (Ness et al., 2014; Waldemar et al., 2019). Thus, partnerships and collaboration are key features in developing recovery-oriented services. This means that in recovery-oriented practices, professionals as well as service users are recognized as encompassing a variety of roles. Rather than being "expert and helper" and "help-receiver," they are considered collaborators, working together in a relationship, co-producing helpful help (Kidd et al., 2015; Ljungberg et al., 2015; Ness et al., 2014).

Recovery-oriented practices involve a shift in our understanding of who holds expert knowledge and what knowledge "is." This understanding acknowledges the importance of including different types and sources of knowledge when developing new knowledge. Thus, knowledge is understood as contextual and constructed through collaboration and dialogue (Crotty, 1998; Klevan et al., 2018; Sullivan, 2012). Nonetheless, the development of more person-centred and collaborative approaches in mental health is also inextricably connected to power issues (Kidd et al., 2015). An important issue at stake in developing recovery-oriented services is whose understanding of recovery "counts." Previous research on the topic indicates that services users often seem to internalize professionals' understandings of what recovery is and what recovery-oriented collaboration can involve (McCabe et al, 2018). There is also a risk that the personal experiences of and perspectives on mental health services expressed by

service users are overshadowed by professional voices (Tomlinson & De Ruysscher, 2019).

Understanding recovery as collaborative practices has implications for the research process and choice of research methods. An important premise for exploring collaborative practices could involve regarding collaboration as a core value of the research method used and comprehending collaboration as something people constantly *do*—including when talking about how they understand and experience collaboration.

Collaborative Knowledge Development Through Dialogue

"Collaboration is the act or process of "shared creation" or discovery. [It] involves the creation of new value by doing something new or different" (Thomson & Perry, 2006, p. 22). Collaboration can aptly be described as iterative, a sort of becoming, rather than a linear process with a defined beginning and end. Thus, collaboration evolves and develops as people interact over time and involves shared creation or co-creation of understanding. It enables and presupposes a dialogic understanding of knowledge, suggesting that knowledge is developed through personal participation in a dialogue between one's own ideas and those of others (Sullivan, 2012). Thus, collaboration involves much more than simply working together.

The shift towards more collaborative and recovery-oriented practices recognizes the importance of including diverse knowledge bases. As such, it can be argued that there is also an epistemological turn, opening up for more unfinalized and co-created understandings of how we develop knowledge. Flyvbjerg (2001), following Aristotle, describes three types of knowledge: *episteme*, *techne*, and *phronesis*. Episteme is often translated as "scientific knowledge" and refers to the rational and theoretical knowledge that is absolute, proven and invariant within time and space. In social sciences research, such knowledge can be argued to be equivalent to evidence-based research and practice and thus corresponds to the modern scientific ideal.

Techne represents the practical side of knowledge and is often translated as "art" in the sense of "craft." The objective of this kind of knowledge is the rational application of technical knowledge based on a conscious goal. In contrast to techne, phronesis, while also a practical kind of knowledge, is closely connected to value judgment. Phronesis is difficult to define, but is often translated as "practical common sense" and emphasizes practical ethics, incorporating a moral cause and intention to act for the best (Jenkins et al., 2019; Pitman & Kinsella, 2019). It is based on practical value-rationality and is processual and context-dependent, prioritizing particularity rather than universal rules. Phronesis is commonly associated with practical wisdom and is a kind of knowledge that is based on experiences. Flyvbjerg (2006, p. 221) argues that phronetic knowledge needs to be put to the fore within the social sciences: "In the study of human affairs, there appears to exist only context dependent knowledge, which thus presently rules out the possibility of epistemic theoretical construction." However, phronetic knowledge is often "under siege" and is judged and valued based on standards more suited to evaluating epistemic knowledge.

Phronetic knowledge is of considerable value when developing recovery-oriented practices. A substantial number of previous studies exploring recovery and recovery-oriented services have focused on so-called lived experiences through the voice of the service user (Tomlinson & De Ruysscher, 2019). However, many qualitative research approaches are criticized for paying too little attention to how "voice" is also contextually situated (Frank, 2010; Grant, 2014; Voronka, 2019). McCabe et al. (2018) argue that recovery is not a stable and coherent state of being. Rather, it is contextual, and experiences of recovery therefore change over time and in relation to context. Furthermore, so-called recovery stories risk being interpreted and deployed within prevailing meta-narratives of what recovery and recovery-oriented services are (Voronka, 2019).

Despite what could be understood as an epistemological turn in mental health services, recognizing service users as "knowers" and contributors to knowledge development and putting experiential and phronetic knowledge front stage, there is still the risk that this contribution will be rejected in favor of epistemic knowledge. "What is considered to be 'true' knowledge is influenced by the power relations in our society and culture. Professional knowledge, gained through education and learning, has a higher status than 'experiential' knowledge thus shaping mental health research and services in its image" (Faulkner, 2017, p. 114). We would also argue that drawing a distinct line between phronetic knowledge as belonging to service users and professional knowledge as belonging to professionals is a simplification. In their practices and collaboration, professionals also draw on phronetic knowledge, developed through personal and professional experiences (Pitman & Kinsella, 2019). Thus, understandings and boundaries of different knowledge bases can be elusive and entangled and could entail what Kogstad and colleagues (2014) refer to as *epistemological tensions*. These tensions are also present in a paradox highlighted by Pitman and Kinsella (2019); despite the emerging call for phronetic knowledge in multiple fields within health and social care, the grounds for such knowledge have become increasingly complex and hostile.

The complex, interchanging and relational nature of recovery calls for research approaches that can bridge possible tensions and contribute to the understanding of recovery as a set of collaborative understandings, processes and practices. The need to further develop approaches to qualitative inquiry with the aim of capturing contextual, relational and processual experiences such as recovery is evident. Dyadic interviews, with their focus on interaction as a means of generating knowledge, could facilitate co-created knowledge *about* collaboration *through* collaboration.

Dyadic Interviews

Put simply, the dyadic interview method involves interviewing a pair of participants, who can either share a pre-existing relationship or be strangers. The interview focuses the interaction between the two, and the comments of each participant draw

forth responses from the other. The goal is to get the pair of participants to converse about a topic in ways that generate relevant data (Morgan, 2016; Morgan et al., 2016). The pairs can be homogenous or heterogeneous in terms of roles and/or how they relate to the research topic. We would also argue that the pairs can be homogenous or heterogeneous regarding which knowledge base they use as their foremost source of knowledge. Morgan (2016) emphasizes the necessity of some degree of common ground as a basis for conversation in dyadic interviews.

Dyadic interviews can also *add* to this common ground through mutual exploration of experiences related to a topic or, as we would argue, *how* the participants explore the topic. In our understanding, this is perhaps one of the most interesting and unique aspects of dyadic interviews. Through the interaction and conversation between the two persons in the pair, new meaning and understandings can be co-constructed. The two participants also have the possibility to challenge each other, including the "truths" and understandings the other possesses and how these came to be.

In addition to making it possible to bring two stories from two separate participants to the fore, dyadic interviews can also provide new and co-constructed stories, developed and constructed through the interaction between the two participants (Reczek, 2014). Hence, dyadic interviews can add to the body of research exploring co-construction of knowledge within the field of practice development, through knowledge constructed based on a diversity of roles and knowledge bases (Borg et al., 2012).

Grounded in an understanding of knowledge as co-created, dyadic interviews could be argued to be based on a *relational epistemology* where the research participants experience the world subjectively and intersubjectively. "The relationship the participant has to themselves, each other, and the world is central to the development of a dialogue that draws on each participant's knowledge to encourage transformations in understandings" (Kidd et al., 2015, p. 40). The dyad is influenced by the personal characteristics and experiences of the participants and, simultaneously, by social and cultural norms.

The concept of bringing participants together to share experiences on a topic of common ground creates a shared space for the development of new knowledge. Knowledge is created in the space between the two, through the meeting between the persons, their experiences and the diverse knowledge bases they work from. Thus, the dyad can be understood as what Cohen (2018) refers to as a *centerless structure*, where both sides depend on the other for their survival, with the dyadic structure collapsing if one of them withdraws

We suggest that the dyadic interview, with its recognition of the two parts as mutual and equally important contributors, might be especially productive in adding to the exploration and development of collaborative practices like recovery.

Procedures in Current Study

This paper is part of a larger study that aims to explore what recovery orientation of services involve in terms of collaboration between service-users and professionals.

In the current study, we recruited participants with mental health and/or substance abuse challenges who received services from community-based services in a Norwegian municipality. Eight recruited service users, all of whom were receiving community mental health services, were asked to invite the person whom they defined as being their most important helper from the service from which they were receiving help to be interviewed with them in a dyadic interview. The person had to be employed in the community mental health and substance abuse services, but apart from that, there were no specified criteria regarding profession or nature of the helping relationship.

Thus, the dyads/pairs consisted of service users and professional helpers who already had a relationship. Asking the service user to identify and invite the person they considered their most important helper was an important part of the procedure. In relationships that can be considered asymmetrical, this procedure can reduce inequality whilst also granting people the right to have a voice (Caldwell, 2014). The service users also chose where the interview would take place. All interviews were conducted jointly by the first and second authors. The first author has a traditional clinical and academic background within the field of mental health, with long clinical experience. The second author has so-called double competence, including a formal education and clinical experience as a social worker, in addition to lived experiences with mental health issues.

The pairs in the study were what Morgan (2016) refers to as heterogeneous pairs, meaning that the persons in the pair were recruited because they had different roles and thus could provide different perspectives. The interviews focused on collaboration based on the assumption that experiences of and with collaboration constituted their common ground. With their different roles as provider and receiver of services within the field of mental health and substance abuse, both persons contribute to collaboration. Understanding recovery as a joint project, we view this collaboration as crucial for recovery to take place.

The choice of dyadic interviews as a method emphasizes the interaction *between* people; it enables the generation of data that illuminates the construction and negotiation of what collaboration in the framework of recovery-oriented practices *can* be (Morgan, 2016). The method, in our understanding, is also an example of collaboration in practice as the very act of taking part in an interview together is an interactive process. As such, we suggest that the interview topic of collaborative practices and the interview method, which itself relies on collaboration, complement and inform each other.

Ethics

The study was carried out in accordance with regulations of the Norwegian National Research Ethics Committee. Due to the nature of the study, the ethics committee concluded that the study did not require formal ethics approval (2019/412). The Norwegian Centre for Research Data approved the study (2019/595084). Written informed consent was required before participation in the study, and data were made anonymous during the transcribing process. Participants have been given

pseudonyms and any details in the material that could disclose their identities have been omitted or rephrased. We informed participants that they could withdraw at any time, without any negative consequences and encouraged them to get in touch with the first author if they needed additional information or experienced any discomfort after the interviews.

The creation of pairs in dyadic interviews needs to be addressed in ethical terms. As with all methods, dyadic interviews have their possible ethical strengths and limitations. A particular concern in this study was that the participants in the pairs had an ongoing relationship with defined roles as helper/professional and help-receiver/service user respectively. This kind of relationship is commonly regarded as asymmetrical in terms of power, and it could thus be argued that participants might feel that the dyadic nature of the interview prevented them from talking freely.

Another issue was related to the fact that the pairs would continue their relationship and collaboration after the interview. Thus, how the interview might affect their subsequent relationship was a possible concern. These issues were raised openly at the start of each interview, and the interviewers underscored the importance of mutual confidentiality, meaning that what was discussed in the interviews would remain between the participants. However, we believe that these ethical concerns could also be perceived as ethical strengths and possibilities. As previously described, asking the service user to invite their professional of choice to participate in the interviews can be seen as a way to counteract the roles and positions that are commonly assigned to people. It could also be perceived as contributing to a sense safety, given that the interview setting is unfamiliar to many. Furthermore, inviting people to share their experiences on an important topic is also a recognition of their competence and the impact of experience-based knowledge (Borg & Kristiansen, 2009).

Research ethics are not solely about confidentiality and protecting people but also need to consider the importance of inviting groups who have often been regarded as vulnerable and in need of protection to express themselves: *"Research ethics do not only have a procedural and general side with an intention of safeguarding the participants at a group level. Ethics also have a subjective side and a relational side, implying the need to consider the unique participant as a meaning-making subject"* (Klevan, 2017, p. 52). Inviting people to give voice to their thoughts and opinions and make choices on their own behalf can be understood as an ethical act of empowerment and recognition. Defining people as "vulnerable" and not capable of making choices for their own good can be paternalistic and possibly unethical. For this reason, it may well be argued that giving people the opportunity to explore and possibly challenge dominant roles, knowledge and practices in the field of mental health could be defined as an ethical research purpose (Lincoln & Cannella, 2009).

Illustrative Results

As the main aim of this paper is to look at the use of dyadic interviews as a method to explore collaborative practices, we will not focus on the substantive conclusions of the study. Rather, we want to illustrate some of the possibilities and advantages of dyadic interviews using examples from our data material. Dyadic interviews can enable the sharing and comparing that focus groups are known for (Morgan, Eliot, Lowe & Gorman, 2016). However, we suggest that when it comes to exploring relational topics, the interaction and dynamics of dyadic interviews can go beyond that of focus groups. In particular, we want to show how dyadic interviews can enable the construction of new and shared, yet multi-faceted, understandings of recovery-oriented collaboration between participants who *already* share a collaborative relationship. This is not to say that the interviewers are not part of the interaction and knowledge construction, but exploring this issue goes beyond the scope of this paper (Morgan, 2016). The examples illustrate how co-construction of knowledge appeared to occur naturally and mutually between the participants, without explicit intervention from the interviewers.

As an example, we have used two excerpts from a dialogue between the service user "Frank" and his chosen mental health professional "Eric" who were introduced earlier in the paper. Frank and Eric were not chosen because they are a "typical" or "representative" dyad, concepts that, in our experience, do not adhere well with ideas of subjective, unique and collaborative knowledge. Other dyads in our data material would highlight different experiences and understandings of collaboration. However, Frank and Eric have a lot of experience in their respective "roles" and with collaboration. Thus, we see their experiences and ways of dialoging as useful to illustrate how a dyadic interview can enable the generation of knowledge on recovery as a set of collaborative practices.

The two excerpts below have been chosen because they illustrate various aspects of the collaborative nature of recovery. We have reflected on each excerpt and on how, in our understanding, the dialogue and interaction between Eric and Frank elaborate on recovery as collaborative practices.

Excerpt 1

In this excerpt from their interview, Frank and Eric discuss how they have developed their own ways of collaborating, regardless of what the expectations and routines of the service Eric works for may be. In their understanding, collaboration appears to be a unique process that finds its own ways in its own time:

Frank: I was really ill, you know, when I first met "Eric." But things like that, that I have actually received support when I have felt the need for it, instead of feeling that I have to fight to get someone to accompany me to the grocery store and things like that. It has been more like, let's just do it. Because that's what you need. But I know there has probably been some discussions in your team, about that.

Eric: It hasn't been a major problem, but you know, people do question . . . "Do you, do you <u>drive</u> him to the store to buy groceries? What's the deal with <u>that</u>? Why do you do

that? You're supposed to have therapeutic conversations, to work towards defined goals." But sometimes you need to take a detour. Right? Or do something totally different. Because I saw that it wasn't working. You were in a really dark place, and you said something about what you needed. And then I'm thinking, well then, we'll just do that.

Frank: I was kind of stressed, in the beginning. Because I had been allocated one hour of help from the service every week. And I'm kind of conscientious and concerned about following the rules . . . And like, how to talk about or get the things I needed help with done during that time . . . But now I'm more relaxed. I trust that Eric will tell me when he needs to leave.

Through mutual exploration of how their collaboration came about, this excerpt shows how the dyadic interview facilitates the development of new and shared understandings. The two men dialogue on the topic, without interference from the interviewers. Eric has the possibility to respond to Frank's worries about how their way of collaborating may have caused discussions and difficulties at Eric's workplace. Eric elaborates further on the topic, suggesting that collaboration sometimes involves taking what he refers to as "a detour." Following that, Frank gets to confirm Eric's understanding of the necessity of detours and of moving outside the framework, while also expanding on Eric's thoughts by bringing in mutual trust as an important prerequisite for recovery-oriented collaboration. Through the process of sharing and building on each other's thoughts and experiences, Eric and Frank allow us to gain insight into the many-faceted aspects of collaboration and recovery.

The dialogic nature of the dyadic interview enables the participants to inspire and encourage each other to elaborate further on the topics. Furthermore, it gives the two men the possibility to remind each other of details and nuances that have been important to them and their collaboration. Through their interaction, they recall shared situations and apparently "small things" that they have found meaningful, like, for instance, Eric's reasoning behind the importance of driving Frank to the store. The interview sparks off a dialogue on collaboration as an ongoing process where the utterings of one participant elicit thoughts in the other, who, expressing these thoughts, elicits further reflections from the dyadic partner. As such, the dyadic interview can be argued to inform spirals of reflection. The back-and-forth movement of the dialogue between Eric and Frank, alternating between question and answer, between old and new understandings, contributes to the making of shared knowledge and possible new ways of understanding themselves, the other and what is going on between them. The reflections also point *forward* in time through Frank's words about being more relaxed and trusting that Eric will "tell him when he needs to leave," thus recognizing how collaboration appears to be a unique and ongoing process.

Excerpt 2

In the second excerpt, Frank and Eric explore how their relationship and its mutuality has developed during the period of time that they have collaborated.

Eric: I have never really thought about, during the past two or three years, that I'm the professional. I don't go around thinking about that. It's like I say, we are equal. You're as skilled as me. I mean, really. You know yourself best.

Frank: Yes, yes.

Eric: And maybe occasionally, I manage to drag something out of you, which you haven't been able to express, right.

Frank: But you are really good at that. At making me think and reflect on things.

Eric: But then you kind of bring it back to me as well, and that's nice.

Frank: The coolest thing is that Eric can suddenly come to me one day and say, damn, I just learnt this and that. He really gives me motivation because, in a man's world it's not common to . . . meet people who can say, "I realized that I have been getting it wrong all the time." And that's really interesting for me. It's really cool. And it motivates me to want to change things, you know. Like, it's never too late to learn something new!

Eric: I just think that we get so much further by not . . . like you are there, and I am here. I mean damn, we are both human beings. We both possess a lot of experience, right. So over time, the two of us have really reflected on a lot of strange things!

Frank: Yes, you're damn right about that! (laughter)

In this dialogue, Eric and Frank dwell upon what they have learnt from each other through their relationship and how just the mere fact of spending time together over the years has changed how they understand themselves and one other. Eric challenges his expert role as a "knower" and professional, as well as what is typically considered the "best" knowledge, implying that collaboration is about both parties bringing knowledge to the fore. Moreover, his understandings of knowledge and professionalism are supported by Frank, who takes the opportunity to elaborate further on what sharing and nurturing experiences from everyday life means to their relationship and collaboration. Thus, the dialogic interview enables confirmation and further nuancing of what collaboration could involve.

The dynamic interaction in the dyadic interview allows for each participant to acknowledge the other as a knower, a contributor and a person. The line between helper and help receiver appears to be blurred in the interview, as both men seem eager to praise and recognize their partner and what he brings into the collaboration. For instance, the interaction in the interview enables Frank to verbalize how Eric's use of experience-based knowledge is crucial to him. Eric then replies to Frank's appraisal of him and acknowledges that Frank *also* has a lot of experience. Through the dialogue, they explore the importance of both of them bringing their lived experiences and everyday life into the collaboration and how this appears to enable

collaboration on more equal terms. It becomes evident that they are both important contributors. The "give and take" in this part of the dyadic interview also showcases how the collaboration between Frank and Eric is about reciprocity and, at a basic level, just enjoying spending time in each other's company. It is about inviting the other into one's life and creating shared and unique little moments. Being interviewed together also enables the use of shared humor, showing how laughter and having fun together can be important elements of collaboration. The somehow serious topics of relationships and collaboration appear to be brought "down to earth"—and yet perhaps also further exemplified—by their humorous exchange and joint laughter at the end of the excerpt.

Discussion

In this paper, we explore the use of dyadic interviews in exploring recovery as collaborative practices. We have chosen to let the interaction between the helper Eric and the help receiver Frank serve as an example. When exploring help and helpful practices in the field of mental health and substance abuse, how we understand help is crucial for how it is practiced. A distinction can be drawn between understanding help as something that "is" or something that is "created" (Klevan et al., 2018). Though this distinction can be seen as merely a detail of ontological and epistemological interest, we would argue that it has a profound impact on how help is understood and carried out. Furthermore, it also impacts the understanding of what constitutes knowledge and how knowledge is developed. Understanding help as something that is created allows us to recognize the contextual and collaborative sides of help and helpful practices. Help is then understood as connected to co-constructing understandings and solutions appropriate to individuals in their particular contexts. Thus, helpful practices are not fixed but rather are in progress. Helpful practices can be regarded as being co-created between the service user and the helper in each unique case and context rather than being about the helper doing something to someone based on predefined understandings of help as something that "is." As such, and as Frank and Eric also show, the knowledge that is developed may challenge local practices and standard guidelines of best practice. It may also challenge the professional role and expand what is understood as professional knowledge, showcasing how also the professional works on a variety of knowledge bases. This involves the use of contextual and practical wisdom, grounded in Eric's moral conviction of "doing good," sometimes in spite of the practices at his workplace.

Understanding recovery as collaborative practices involves continuously co-constructing what help can be and, hence, finding research methods that facilitate exploration of the contexts and dynamics of what is defined as recovery-based collaboration. It can be argued that this allows for a more democratic development of knowledge, acknowledging the right of service users to be providers of knowledge and of professionals to use their phronetic knowledge, recognizing the inclusion of experience-based knowledge as crucial.

Furthermore, this can also combat the risk of what Fricker (2007) calls "epistemic injustice," referring to incidents where a person is wronged or insulted in their capacity as a knower. Epistemic injustice is commonly connected to social injustice and hence to the relation between power and knowledge, whereby certain groups of people are more entitled to be acknowledged as knowers than others. In the field of mental health, the tendency to marginalize and ignore what we, in this paper, previously referred to as lived experience is well known (Karlsson & Borg, 2017; LeBlanc & Kinsella, 2016). Current guidelines regulating the field of mental health and substance abuse determine that services should be recovery-oriented (Helsedirektoratet, 2012, 2014). Yet when recommendations are presented in binding national guidelines, they are rated according to their knowledge base. On top of this hierarchy are systematic meta-analysis and randomized controlled trials (Helsedirektoratet, 2012). To us, this seems just one example of a practice that may result in epistemic injustice and what Kogstad and colleagues (2014) call epistemological tensions.

However, through inviting the service user voice and experiential knowledge into the development of further knowledge there is still a risk that the subjective and experiential knowledge is object of epistemic injustice. The tendency to treat service user knowledge as something totally different than professional knowledge could contribute to a further "othering" of the knowledge and leaving it in the shadows while the "real" knowledge is the one that will be allowed to impact the development of the field. On the other hand, understanding professional knowledge as the more rational and scientific one, based mainly in theoretical and scientific knowledge, could also entail a limited base in which to build further knowledge and professional roles. It could limit the leeway of professionals, possibly de-valuing relational and moral reasoning and practices as "non-professional" (Jenkins et al., 2019). Thus, the binary between expert and service user knowledge can prevail.

We suggest that dyadic interviews can be a possible way to invite pairs of service users and service providers to co-construct understanding and new knowledge on topics on which they share common ground. Exploring practices that are relational could serve as a common ground, as such practices depend on the contributions based on the experiences of both persons. Furthermore, experiences drawn from the use of dyadic interviews in the current study indicate that when co-exploring subjects of common ground, both participants seem to work from and share diverse kinds of knowledge. Their mutual recognition and further exploration of these experiences contribute to nuanced and sometimes new understandings for the participants.

Given this dynamic, we also suggest that it would be interesting to explore what happens between the participants after the interview. How do the understandings shared and developed in the interview affect their future collaboration? In addition to hopefully contributing to research that works on diverse and entangled experiences and knowledge bases, and that can provide richer and more contextual data that can contribute to the further development of relational practices, we suggest that

the very act of participating in dyadic interviews may develop practice. Dyadic interviews may also represent one way of counteracting epistemic injustice and epistemological tensions, and may thus of challenge epistemic norms (Fricker, 2007; Kogstad et al., 2014).

A possible way to use and develop dyadic interviews going forward could be through the exploration of shared and collaborative practices. Rather than exploring experiences as separate stories, dyadic interviews can explore how people make sense of such experiences together. A safe and inviting atmosphere in the interview setting and a trusting relationship between the participants may serve as important prerequisites for knowledge development and collaboration to take place. Dyadic interviews can enable pairs to share and inform each other, working from a variety of knowledge bases. By using this multiplicity of knowledge bases, the current study indicates that not only boundaries between knowledge bases are blurred, but also the traditional role boundaries between service users and professionals.

Dyadic interviews with people in established relationship focus on what happens *between* two people and how understanding is constructed between them. As such, the approach can also expand on and challenge ideas about "voice" in qualitative inquiry, demonstrating that voice is not necessarily a direct pipeline to people's "true" experiences (Grant, 2014; Jackson & Mazzei, 2013). Rather, these interviews suggest that voice can be more aptly understood as contextual, relational and co-created, expressing "truths" and knowledge that are unstable and in the making.

Final Reflections

The development of mental health services needs to take different knowledge bases and understandings into account. Rather than two stories from two separate worlds informing research and practices, dyadic interviews can enable the development of dialogic and collaborative narratives of how collaboration may come about. We suggest that dyadic interviews have an unfulfilled potential for exploring relational topics, showcasing how knowledge development is contextual and relational. If we regard recovery as relational and collaborative, the use of dyadic interviews can be one way of providing useful insight into the further development of recovery-oriented research and practices.

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References

Borg, M., Karlsson, B., Kim, H. S., & McCormack, B. (2012). Opening up for many voices in knowledge construction. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, *13*(1).

Borg, M., & Kristiansen, K. (2009). *Medforskning–å forske sammen for kunnskap om psykisk helse* [Co-research: Doing research together for better knowledge about mental health]. Universitetsforlaget.

Brekke, E., Lien, L., & Biong, S. (2018). Experiences of professional helping relations by persons with co-occurring mental health and substance use disorders. *International Journal of Mental Health and Addiction*, *16*(1), 53–65. https://doi.org/10.1007/s11469-017-9780-9

Caldwell, K. (2014). Dyadic interviewing: A technique valuing interdependence in interviews with individuals with intellectual disabilities. *Qualitative Research*, *14*(4), 488–507. https://doi.org/10.1177/1468794113490718

Cohen, T. (2018). The dyad as a centerless structure: A philosophical, sociological and psychoanalytic study. *Integrative Psychological and Behavioral Science*, *52*(4), 546–564. https://doi.org/10.1007/s12124-018-9443-9

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. SAGE.

Davidson, L., Tondora, J., & Ridgway, P. (2010). Life is not an "outcome": Reflections on recovery as an outcome and as a process. *American Journal of Psychiatric Rehabilitation*, *13*(1), 1–8.

Faulkner, A. (2017). *Knowing our own minds: The role and value of experiential knowledge in mental health research. [Unpublished doctoral dissertation]*. City, University of London.

Flyvbjerg, B. (2001). *Making social science matter: Why social inquiry fails and how it can succeed again*. Cambridge university press.

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative inquiry*, *12*(2), 219–245.

Frank, A. W. (2010). *Letting stories breathe: A socio-narratology*. University of Chicago Press.

Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press.

Grant, A. (2014). Troubling "lived experience": A post-structural critique of mental health nursing qualitative research assumptions. *Journal of Psychiatric and Mental Health Nursing*, *21*(6), 544–549. https://doi.org/10.1111/jpm.12113

Helsedirektoratet. (2012). *Nasjonal faglig retningslinje for utredning, behandling og oppfølging av personer med samtidig rus- og psykisk lidelse–ROP-lidelser [National guideline for the assessment, treatment and social rehabilitation of persons with concurrent substance use disorders and mental health disorders]*. Directorate of Health.

Helsedirektoratet. (2014). *Sammen om mestring: Veileder for lokalt psykisk helsearbeid og rusarbeid for voksne [Coping together: Guidelines for local mental health and substance use services for adults]*. Directorate of Health.

Hummelvoll, J. K., Karlsson, B., & Borg, M. (2015). Recovery and person-centredness in mental health services: Roots of the

concepts and implications for practice. *International Practice Development Journal*, 5, 1–7.

Jackson, A. Y., & Mazzei, L. A. (2013). Plugging one text into another: Thinking with theory in qualitative research. *Qualitative Inquiry*, *19*(4), 261–271. https://doi.org/10.1177/1077800412471510

Jenkins, K., Kinsella, E. A., & DeLuca, S. (2019). Perspectives on phronesis in professional nursing practice. *Nursing Philosophy*, *20*(1), e12231.

Karlsson, B., & Borg, M. (2017). *Recovery: tradisjoner, fornyelser og praksiser [Recovery: Traditions, renewals and practices]*. Gyldendal Akademisk.

Kidd, S., Kenny, A., & McKinstry, C. (2015). Exploring the meaning of recovery-oriented care: An action-research study. *International Journal of Mental Health Nursing*, *24*(1), 38–48. https://doi.org/10.1111/inm.12095

Klevan, T. (2017). *The importance of helpful help in mental health crises: Experiences, stories, and contexts—A qualitative exploration [Doctoral thesis]*. University of South-Eastern Norway, Kongsberg, Norway.

Klevan, T., Karlsson, B., Ness, O., Grant, A., & Ruud, T. (2018). Between a rock and a softer place—A discourse analysis of helping cultures in crisis resolution teams. *Qualitative Social Work*, *17*(2), 252–267. https://doi.org/10.1177/1473325016668962

Klevan, T., Sjåfjell, T. L., Borg, M., & Karlsson, B. (2018). *«Det er litt som et eget språk». Erfaringsmedarbeideres forståelser og bruk av erfaringsbasert kunnskap i samarbeid med brukere i psykisk helse- og rustjenester. [Peer support workers understandings and use of experience based knowledge in their collaboration with users in mental health- and substance abuse services]*. SFPR.

Kogstad, R., Ekeland, T. J., & Hummelvoll, J. K. (2014). The Knowledge concealed in users' narratives, valuing clients' experiences as coherent knowledge in their own right. *Advances in Psychiatry*, *2014*. https://doi.org/10.1155/2014/786138

Leblanc, S., & Kinsella, E. A. (2016). Toward epistemic justice: A critically reflexive examination of 'sanism' and implications for knowledge generation. *Studies in Social Justice*, *10*(1), 59–78. https://doi.org/10.26522/ssj.v10i1.1324

Lincoln, Y. S., & Cannella, G. S. (2009). Ethics and the broader rethinking/reconceptualization of research as construct. *Cultural Studies <-> Critical Methodologies*, *9*(2), 273–285. https://doi.org/10.1177/1532708608322793

Lindvig, G. R., Larsen, I. B., Topor, A., & Bøe, T. D. (2019). 'It's not just a lot of words'. A qualitative exploration of residents' descriptions of helpful relationships in supportive housing. *European Journal of Social Work*, 1–13.

Ljungberg, A., Denhov, A., & Topor, A. (2015). The art of helpful relationships with professionals: A meta-ethnography of the perspective of persons with severe mental illness. *Psychiatric Quarterly*, *86*(4), 471–495. https://doi.org/10.1007/s11126-015-9347-5

McCabe, R., Whittington, R., Cramond, L., & Perkins, E. (2018). Contested understandings of recovery in mental health. *Journal of Mental Health*, *27*(5), 475–481. https://doi.org/10.1080/09638237.2018.1466037

Morgan, D. L. (2016). *Essentials of dyadic interviewing* (Vol. 13). Routledge.

Morgan, D. L., Eliot, S., Lowe, R. A., & Gorman, P. (2016). Dyadic interviews as a tool for qualitative evaluation. *American Journal of Evaluation*, *37*(1), 109–117. https://doi.org/10.1177/1098214015611244

Ness, O., Borg, M., Semb, R., & Karlsson, B. (2014). "Walking alongside": Collaborative practices in mental health and substance use care. *International Journal of Mental Health Systems*, *8*(1), 55. https://doi.org/10.1186/1752-4458-8-55

Paton, J., Horsfall, D., & Carrington, A. (2018). Sensitive inquiry in mental health: A tripartite approach. *International Journal of Qualitative Methods*, *17*(1). https://doi.org/10.1186/1752-4458-8-55

Pitman, A., & Kinsella, E. A. (2019). A place for phrónesis in professional practice: A reflection of turbulent times. In J. Higgs (Ed.), *Practice Wisdom* (pp. 57–68). Brill Sense.

Price-Robertson, R., Obradovic, A., & Morgan, B. (2017). Relational recovery: Beyond individualism in the recovery approach. *Advances in Mental Health*, *15*(2), 108–120. https://doi.org/10.1080/18387357.2016.1243014

Reczek, C. (2014). Conducting a multi-family member interview study. *Family Process*, *53*(2), 318–335. https://doi.org/10.1111/famp.12060

Sullivan, P. (2012). *Qualitative data analysis using a dialogical approach*. Sage.

Thomson, A. M., & Perry, J. L. (2006). Collaboration processes: Inside the black box. *Public Administration Review*, *66*, 20–32. https://doi.org/10.1111/j.1540-6210.2006.00663.x

Tomlinson, P., & De Ruysscher, C. (2019). From monologue to dialogue in mental health care research: Reflections on a collaborative research process. *Disability & Society*, 1–16. https://doi.org/10.1080/09687599.2019.1680345

Voronka, J. (2019). Storytelling beyond the psychiatric gaze. *Canadian Journal of Disability Studies*, *8*(4), 8–30. https://doi.org/10.15353/cjds.v8i4

Waldemar, A. K., Esbensen, B. A., Korsbek, L., Petersen, L., & Arnfred, S. (2019). Recovery-oriented practice: Participant observations of the interactions between patients and health professionals in mental health inpatient settings. *International Journal of Mental Health Nursing*, *28*(1), 318–329. https://doi.org/10.1111/inm.12537