Author’s response to reviews

Title: Ontological security and connectivity provided by pets: A study in the self-management of the everyday lives of people diagnosed with a long-term mental health condition

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Author’s response to reviews:

Dr Sharon Lawn
BMC Psychiatry

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Dear Dr Lawn

RE: Article resubmission: Ontological security and connectivity in an uncertain world: A study of pets in the management of the everyday lives of people diagnosed with a long-term mental health condition

Thank you for your email dated the 19th of August 2016 and for the helpful set of comments. We have revised the manuscript in line with the comments from the two reviewers (changes highlighted in yellow), which we feel has strengthened the manuscript. Please find below a point-by-point response to each comment detailing how we have addressed each point.
Reviewer 1:

This is a well-executed study about an important and overlooked issue. Its findings have important implications for mental health service delivery and care generally. There are, however, a number of revisions required in order to improve the paper and make its ideas more accessible to a wide readership. One of the most important of these revisions is to provide a clear definition of 'ontological security' and 'ontological depth', upfront in the paper. It is referred to at several points in the results section, but the statements fail to facilitate meaning because, without a clear definition, they come across as rhetoric. I think you should also provide an explanation of 'social capital' (line 97) and 'bridging capital' (line 90) and 'weak tie' connections (line 91), for similar reasons. There are a number of grammatical errors that could have been picked up via a more rigorous proof read prior to submission.

Response: We have now added definitions of ontological security, weak ties and social capital into the background section. We have removed references to bridging capital and ontological depth to make the manuscript more accessible to wider readership as suggested by reviewer one. We have also proof read and addressed grammatical errors.

Other comments as follows:

p.4 line 79 - refs 3 and 4 are quite dated. Are there newer ones to add here?

Response: We have now updated the highlighted references to include more recent references to support these points.

p.5 line 118 - comma not needed between 'those which'. This statement would also benefit from a broader reference to support it.

Response: Sentence removed and integrated with broader point and reference.
p.6 line 134 - 'elicit an understanding'

Response: revised accordingly.

p.6 I don't think you need the ethics information here, given that there is a dedicated space for it at the end of the manuscript.

Response: removed ethics information as suggested.

Line 143 - 'The methods are reported…’ not 'will be'
You could tell us a bit more about Corbin and Strauss’s notion of illness work and their study

Response: We have added in the Corbin and Strauss original framework as an additional table for contextual purposes and some explanatory text which has been embedded in the manuscript.

p.8 line 174 - 'there' should be 'they'

Response: Revised.

Line 175 - explain what you mean by 'secondary mental health services'. I assume community-based mental health services where the person receives some sort of case management over an extended period.

Response: Revised secondary mental health services to community-based mental health services.
Line 177 - 'two study locations' is confusing. It reads as if the person had to be in receipt of care from two places. Also, you could define 'severe mental illness' and give examples.

Response: Have revised two study locations to 'one of two' study locations for clarity. We have also provided examples of the diagnoses of severe mental illness (e.g. Schizophrenia and Bipolar disorder) by way of defining the labels of severe mental illness attributed by services to our respondents.

p.9 line 207 - check 'of work this way' I think it is the end and start of a sentence?

Response: This was the end and start of a sentence and I have revised accordingly.

Line 210 - how were the transcripts allocated to members of the research team, or was this random?

Response: Allocation was by alternate transcript and this is now clarified within the text.

Line 219ff - if 'practical, emotional and biographical' are drawn from Corbin and Strauss, then you should probably cite them here. I wonder if some sort of figure would be useful to demonstrate the framework analysis process?

Response: Reference added and references made to tables 1 and 2. Table 2 is an additional table detailing the illness work framework in response to a previous comment which should further illuminate the analysis process.

p.10 line 228 - I also wonder if an example of a network diagram here would be useful, given the social network analysis is an important emerging method in this field.
Response: We have now added an example (anonynised) of a network diagram included in this study. We have also included a description of this network within the manuscript for the reader’s benefit to address the reviewer’s helpful comment.

p.11 line 262 - 'networks out-with'? typo?

Response: Amended to which were different to.

p.13 line 320 - should this be 'family'?

Response: Amended to friends and family.

p.20 line 474 - you refer to 'behavioural activation' in this biographical section, but wouldn't this fit better with the practical illness work in the section before it?

Response: I have now amended this to more accurately reflect the theme of providing routine for participants rather than behavioral activation. Exercise was one way of providing routine associated with identity and not the focus of the theme.

Line 478ff - this sentence needs more explanation

Response: Agree this sentence doesn’t really fit here so have removed.

Line 486ff - check the grammar in this sentence

Response: Sentence redrafted within the manuscript.
Line 492 - 'found previously' suggests a discussion and reference - remove from this section

Response: Found previously removed.

p.22 line 525 - 'made participants that' - missing words here?

Response: Yes, missing the word ‘meant’. Have revised the sentence within the manuscript.

Line 540 - 'In line with previous research' suggests a discussion and reference - remove from this section. The sentence is also unclear.

Response: Removed the reference to previous research and rewritten the sentence for purposes of clarity.

p.25 line 594 - check reference style re Giddens. Also, it looks like Giddens should have been referred to much earlier in the introduction, as part of defining 'ontological security.'

Response: In line with previous comments Gidden’s definition of ontological security is now included in the background section and appropriate reference number applied and included.

Line 604 - very long sentence which makes its meaning unclear. Step through the ideas better please.

Response: I agree, a very long sentence. I have cut this paragraph down and merged with a previous one to avoid duplication.

p.26 line 621 - 'contrast with/to previous’?
Response: Changed to contrast with.

p.28 line 675 - ‘utilization of an established theoretical framework’ (Corbin & Strauss’s Illness Work)

Response: Changed as suggested.

p.31 Table 1 should have the source of the definitions as a label at its base ie. Corbin & Strauss? Are these direct quotes or your words?

Response: Reference added to each table.

Reviewer 2

Thank you for the opportunity to review this work I think the study is important and should be published, because:

* as stated, the unique and potentially powerful role of pets in relationships, wellbeing and recovery is under investigated and under-recognised, and

* the interviews were rich and provided valuable articulation of the above and related experience, relationship and meaning making.

However, my appreciation of the work is thrown somewhat by the lack of consistency in researcher positioning and the representation of whose meanings are to be conveyed, as expressed through the manuscript. I have attempted below to explain the uncertainty that I experience with aspects of the findings and discussion, as they stand.
On one hand, respectful adoption of the participant perspective seems evident in the tabled descriptions of kinds of work that were explored at interview - I note that this table conspicuously does not refer to illness or chronic illness. On the other hand, the language of chronic illness and illness work features in sections of the writing, including as one analytic/thematic subheading: 'emotional and illness work'. It is unclear if the headlined language of 'illness work' from medical sociology was put directly to participants, ie if the scope and direction of the analysis is in keeping with either the perspectives or the expectations of participants. Likewise, the terminology of 'broken identity' does not obviously arise from the data as presented, but is perhaps assumed, and may derive from a clinical perspective or earlier sociology, and indeed this concept may not be consistent with the data of participant interviews.

So I find that the researcher/s positioning/s implicit in language used in the paper to be troublesome; inconsistent and inadequately accounted for.

I appreciate that the traditional sociological language of 'Illness work' has salience for many people who are self-managing an ongoing illness or a recovery from illness. The seminal paper (strauss & corbin 1985) makes reference to persons managing at home post-stroke or post spinal injury, for example. However this same notion of illness work is not without problems when applied in a mental health care context, where people (including likely some of the study participants) may not own the idea of many social experiences and troubles as 'illness' or as chronic illness. There is one data extract where a participant refers to mental illness experience (ID1 p14), and so in this instance the idea of illness work may be a concept that accords with the participant view. However, overall the data presented attests to a sense of stigma or discrimination experienced by participants, that may also be unwittingly under-recognised or overwritten by the researchers' ready designations of illness.

More specifically, the language used in analysis of participant relationships with pets, for example as 'enmeshed', is most probably not consistent with the emic view of extracts and narratives. This somewhat discrediting analysis possibly would not be recognised or welcomed by the participant/s in question. Likewise, introducing the psychodynamic notion of projective identification is clearly a researcher driven perspective that did not evidently accord with the participant's meaning, as displayed in the relevant extract about a participant's relationship with a bird. So I find that the researcher/s positioning/s and language used in the paper to be inconsistent, inadequately accounted for and in a few places mildly pejorative.
The extracts seem to indicate that participant perspectives on the many benefits of pets were predominantly oriented to enhancing life rather than to providing therapy (such as 'behavioural activation' or 'distraction from acute symptoms' that are noted).

So even though the concerns I have detailed relate to aspects of the findings and discussion, it may be that the issue is redressed through additional explanation and reflexivity via in the methodology.

I suggest that the approach to analysis and language use could be explicitly improved in one of two ways:

The findings and discussion could be reviewed with careful and consistent application of the lens of the participant perspectives, as these perspectives are evident and interesting in the rich narratives.

Or

The method, findings and discussion could include an explicit account of the theoretical/clinical overlay that is applied, for example to enable the participant statement that the budgie has PTSD to be reconsidered by researchers and represented at PI.

I note that the methods section does not accord with COREQ guidelines as yet, ie does not include reflexive details about the interviewers/researchers doing the analysis, the researchers' lens, or their relationship to interviewees.

The method could at least include a reflexive statement about the clinical frame of researchers and some of the concepts.

The authors could also state their position in relation to the contested view in sociology of health that mental illness is/is not equivalent to physical illness.

Given the analysis shows a strong sense of personal agency in the network relationships with pets, it would probably make sense to refer in the title to this relational work as "Self-management" rather than "management" of mental illness.

Response – We have amended the title to self-management as suggested and made this distinction clear in the abstract.
Response: I have reviewed the findings and discussion in line with reviewer 2’s comments. We have reviewed and re-articulated our position in a way that is more consistent with our stated approach to self-management support and social network analysis. We have highlighted our position in relation to Capabilities theory and clarified that the illness work categories were used as a framework to analyze the findings. As such, these categories were not put directly to participants but instead used to code the data as per the methods associated with framework analysis. We have also included a list of prompt questions which should reassure the reviewer in this regard. As discussed throughout the manuscript, this framework worked well as a lens through which to look at the data to examine the role of pets within the personal communities of those with mental illness. I have removed references to broken identify and referred instead to stigma more akin to perspectives of participants in line with reviewer 2’s comments. I have also removed the term enmeshed as suggested by reviewer 2.

I have also included a reflexive statement about the clinical frame of researchers in the methods section and a paragraph about the authors’ position in relation to the parity between mental and physical health conditions within the discussion section as suggested by reviewer 2.

I hope these revisions meet with your approval and I would like to thank the reviewers for their helpful contributions to the article. Should you have any further queries, please do not hesitate to contact me.

Yours sincerely,

Dr Helen Brooks
Research Fellow