

The Nature of Self-Directed Learning and Transformational Learning in Self-Managing Bipolar Disorder to Stay Well

Wendy A. Francik
Texas State University

Follow this and additional works at: <http://newprairiepress.org/aerc>



Part of the [Adult and Continuing Education Administration Commons](#)



This work is licensed under a [Creative Commons Attribution-Noncommercial 4.0 License](#)

Recommended Citation

Francik, Wendy A. (2013). "The Nature of Self-Directed Learning and Transformational Learning in Self-Managing Bipolar Disorder to Stay Well," *Adult Education Research Conference*. <http://newprairiepress.org/aerc/2013/papers/18>

This is brought to you for free and open access by the Conferences at New Prairie Press. It has been accepted for inclusion in Adult Education Research Conference by an authorized administrator of New Prairie Press. For more information, please contact cads@k-state.edu.

The Nature of Self-Directed Learning and Transformational Learning in Self-Managing Bipolar Disorder to Stay Well

Wendy A. Francik, Texas State University, San Marcos, USA

Abstract: Experiences in learning to stay well with bipolar disorder were explored. Participants' descriptions illustrated how self-directed learning and transformational learning transpired in self-management. Acceptance and making meaning of bipolar disorder prompted learning autonomy. Adult learning experiences, learning resources, taking ownership, and taking action facilitated the dynamics of learning.

Exploring the Nature of Adult Learning Experiences

The purpose of my dissertation research was to explore the nature of self-directed learning and transformational learning experiences among adults with bipolar disorder learning to self-manage to stay well. When learning, individuals do not passively appropriate knowledge. They learn as active participants in the process of constructing meaning and transforming understanding (Candy, 1991). A central tenet of constructivism is individuals trying to give meaning to or to construe perplexing events or circumstances in their lives. Constructivism identifies the source of meaning as existing within individuals rather than emerging from external sources such as books or the media (Mezirow, 1991). This tenet underlies the theoretical frameworks of transformational learning theory and self-directed learning theory.

Literature Review

A review of previous research highlighted how personal experiences with self-directed learning and transformational learning facilitated individuals' learning to self-manage HIV, Methicillin-resistant *Staphylococcus aureus* (MRSA), prostate cancer, and breast cancer to maintain their health (Baumgartner, 2001; Courtenay, Merriam, & Reeves, 1998; Courtenay, Merriam, Reeves, & Baumgartner, 2000; Rager, 2003; Rager, 2004; Rager, 2006; Rhode & Ross-Gordon, 2012). In addition, participants in a study examining self-management of bipolar disorder identified educating one's self as important for staying well (Russell & Browne, 2005).

Methodology

Through my research, I explored how self-directed learning and transformational learning experiences came about among persons self-managing bipolar disorder. Three research questions focused on those experiences prompting individuals to learn about their diagnosis of bipolar disorder, personal experiences with learning to self-manage their illness, and personal learning experiences contributing to strategies for staying well.

Purposeful sampling with criteria enabled selecting a homogeneous sample of participants to ensure recruitment of individuals. I sent recruitment letters to 67 licensed psychologists and psychiatrists in Central Texas, from whom I requested assistance in distributing a recruitment flyer to their clients with bipolar disorder meeting the research inclusion criteria. As a result, I recruited 12 potential participants, among of whom 7 individuals and I voluntarily participated in an audio-taped interview. These male and female participants' ages ranged from 25 to 67. Seven participants (including myself) were Non-Hispanic White and one participant was Hispanic.

The research method was heuristic inquiry and consisted of six phases (Janesick, 2000; Moustakas, 1990; Patton, 2002): (a) initial engagement, (b) immersion, (c) incubation, (d) illumination, (e) explication, and (f) culmination. The heuristic process permitted my being embedded in the conversations about learning how to self-manage bipolar disorder as both researcher and participant. The analytic process involved open coding, which allowed for the identification of terms and categories in meaning units within transcripts. Axial coding facilitated the clustering of categories through contrast and comparison (Strauss & Corbin, 1998).

Findings

During the interviews, the participants talked about living with and self-managing their bipolar disorder to stay well. Each participant's journey of learning about the diagnosis of bipolar disorder was unique. However, a commonality was experiencing challenges, victories, and insights when learning to manage their bipolar disorder.

Emerging Themes

Through exploration of the research questions, 14 themes emerged. The themes identified the key experiential events among participants learning to self-manage bipolar disorder to stay well. Transpiring through their experiences were events involving self-directed learning and transformational learning.

Question one. Three emerging themes captured the catalysts for learning, the focus of question one. Finally knowing what was wrong with their health, removed the uncertainty about the illness taunting them generally for many years. One participant, Walter, expressed what others also experienced: "And finally, I knew what was the matter with me. . . . I was so happy to have something to call it."

Knowing prompted most participants to begin learning about bipolar disorder and to begin understanding what the diagnosis meant to them. Their trying to gain an understanding of bipolar disorder corresponded to seeking familiarity with a subject through self-directed learning and reframing or reinterpretation of mental illness symptoms (Candy, 1991; Mezirow, 1991).

All participants came to recognize acceptance of their diagnoses as a critical prompt toward initiating learning about bipolar disorder. They were "willing and able to exert a degree of control over aspects of his or her learning situation, and likewise that the acceptance and exercise of such responsibility would be taken to indicate high level of personal autonomy" (Candy, 1991, pp. 20-21). Experiencing autonomy allowed them to act in their own best interests by self-directing their learning.

Several participants described how proactive behavior prompted self-directed learning about bipolar disorder. Through the means of self-directed learning, their independent methods promoted personal independence to become familiar with and gain knowledge about bipolar disorder (Candy, 1991). Becoming familiar with bipolar disorder included a chance to reframe or reinterpret the symptoms of mental illness that had complicated their lives for year.

Question two. Four themes emerged from discussions about question two, how participants learned to self-management their bipolar disorder. Participants discussed how barriers blocked or delayed their entrance into self-directed learning. Barriers delayed the emergence of a self-directed learner who could begin to construct a path to making sense of the world and a personal system of meaning (Candy, 1991).

Participants identified useful resources for learning. These resources were literature, the Internet, formal mental health services, and personal narratives. Choice of resources involved participants actively self-directing the selection and use of these resources, both non-human and human (Candy, 1991).

Participants also discussed how personal motivation and experiences drove their learning. Their personal motivation catalyzed actions that suggested self-directed and transformational learning experiences. A participant, Zoe, said, “You have to be like proactive. I guess you have to say not reactive. You have to find what works best for your body, and tell the doctor about it, and insist on it.” As with self-directed learning, increased control of learning led to increased satisfaction with the learning outcomes (Candy, 1991). In addition, some participants described transformational learning experiences that led to questioning and revising their perspectives on self-managing their bipolar disorder (Cranton, 2006).

Question three. The focus of question three was on how participants learned personal strategies to stay well. Seven emergent themes highlighted these strategies. Critical reflection about the challenges of self-managing bipolar disorder provided a means through which to assess past experiences in order to take responsibility and ownership for future actions. Participants described how poor personal choices, the complexities of bipolar disorder, and psychotropic medications presented challenges to staying well.

Taking greater ownership and being personally proactive were necessities for staying well. “And then you did need to go out and educate yourself. You need to empower yourself with that information. . . .” explained participant Willow. To own their wellness, participants reflected to critically assess their circumstances and move forward with personal actions. “Reflection is the process of critically assessing the content, process, or premises of our efforts to interpret and give meaning to an experience” (Mezirow, 1991, p. 104). Experience taught participants to actively not passively engage in self-managing to stay well. By actively engaging, participants acted proactively and empowered their self-management of bipolar disorder.

Participants identified a variety of personal strategies for learning to stay well with bipolar disorder in their daily lives. Participants’ discussions about gaining knowledge and mastery of their strategies resonated with self-concept of themselves as independent, self-directing persons (Knowles, 1975). Learning personal strategies resulted from continuously revisiting and reinterpreting their learning experiences (Mezirow, 1991).

Some participants described staying well with bipolar disorder as an act of maintaining balance to stay well and alive. These participants spoke of finding their sense of balance through what they uniquely described as level time, down shifting, or taking the driver’s seat. In addition, thoughts of killing themselves emerged spontaneously for some participants, who recognized resisting the impulse as critical to staying alive.

Discussion

Findings from the current research reveal how individuals with bipolar disorder can learn to self-manage to stay well. As illustrated in Figure 1, participants shared common key events in learning to self-manage bipolar disorder. Personal commitment to learning was essential for staying well. Commitment emerged from making meaning of the diagnosis, accepting of the diagnosis, and taking ownership of learning how to stay well. Transformational learning and self-directed learning surfaced from participants’ personal experiences in learning how to self-manage bipolar disorder.

A proactive approach empowered actions and led to autonomous decisions for staying well. Through self-directed learning, participants identified best practices for caring for self and informing treatment decisions. Reframing of personal experiences facilitated gaining new perspectives.

Engaging others in conversations made personal narratives about living with and self-management of bipolar disorder available as learning resources and personal stories to embrace. Stories of self or stories about others emerged as teaching moments through transformational learning and self-directed learning. By engaging others in the narratives of self, participants witnessed new views and dimensions of learning how to self-manage their bipolar disorder to stay well.

Conclusions

Learning to stay well with bipolar disorder is possible according to the findings from the current research. Participants' descriptions of personal experiences serve as examples of what learning to stay well requires. First, staying well requires a commitment to learn how to self-manage bipolar disorder. Second, staying well requires a proactive approach toward learning to stay well. Third, staying well requires engaging others in conversations about the experiences of living with and managing bipolar disorder.

Recommendations for practice

Five recommendations for practice are relevant to individuals with bipolar disorder, mental health professionals, educators, and others seeking to locate the information and identify practices to facilitate attaining and maintaining wellness in managing bipolar disorder. First, recognize acceptance of a diagnosis of bipolar disorder presents a major hurdle. To arrive at a place of acceptance, mental health professionals and educators can guide individuals with bipolar disorder in sifting through and reflecting on their personal experiences with and the meaning of bipolar disorder in their lives. Second, mental health professionals and educators should identify strategies to encourage the development of competence in self-directed learning. Though participants experienced self-confidence and personal autonomy toward learning to self-manage bipolar disorder, other individuals may not experience confidence toward self-instruction in the context of managing bipolar disorder. Personal autonomy toward self-determining what to learn is largely situation specific (Candy, 1991).

Third, results of the current research highlight how personal experiences with self-directed learning and transformational learning resulted in the enhancement of participants' to self-manage their health. Mental health professionals and educators should create opportunities to promote personal autonomy and empowerment in learning to self-manage bipolar disorder to stay well. Fourth, personal stories or narratives served as a valuable means for participants in this research to reflect on and share their personal experiences of living with bipolar disorder and learn from other's experiences. Mental health professionals and educators should create an environment in which individuals feel safe in sharing their narratives and learn to reflect on the meaning of their narratives. Finally, since learning to self-manage bipolar disorder requires a lifelong commitment, mental health professionals and educators could promote the use of personal plans for staying well.

Recommendations for research

The exploratory nature of the current research provides an opportunity to expand upon what was explored and how it was explored. First, by limiting recruitment of potential participants through licensed psychologists and psychiatrists, a large pool of potential participants was lost. Expansion of recruitment through primary care physicians could be a helpful strategy in recruiting more participants. Second, future research could expand the recruitment the criteria to include individuals with bipolar disorder who may or may not engage in activities to learn how to stay well. Interviewing individuals not engaged in learning activities may provide further understanding about personal choices or approaches for informing

treatment and management of bipolar disorder. Third, use of a life history or biographical method would allow a researcher to gain greater understanding about the personal life context in which individuals learn to self-manage bipolar disorder. In tandem, the use of narrative analysis would facilitate discovering how an individual has constructed meaning through life events framing events around learning to live with and manage bipolar disorder. Rossiter and Clark (2007) state, “Perhaps most relevant to adult learning is the empowering realization that to critically reflect on one’s life story is to claim the authority to rewrite it” (p. 25).

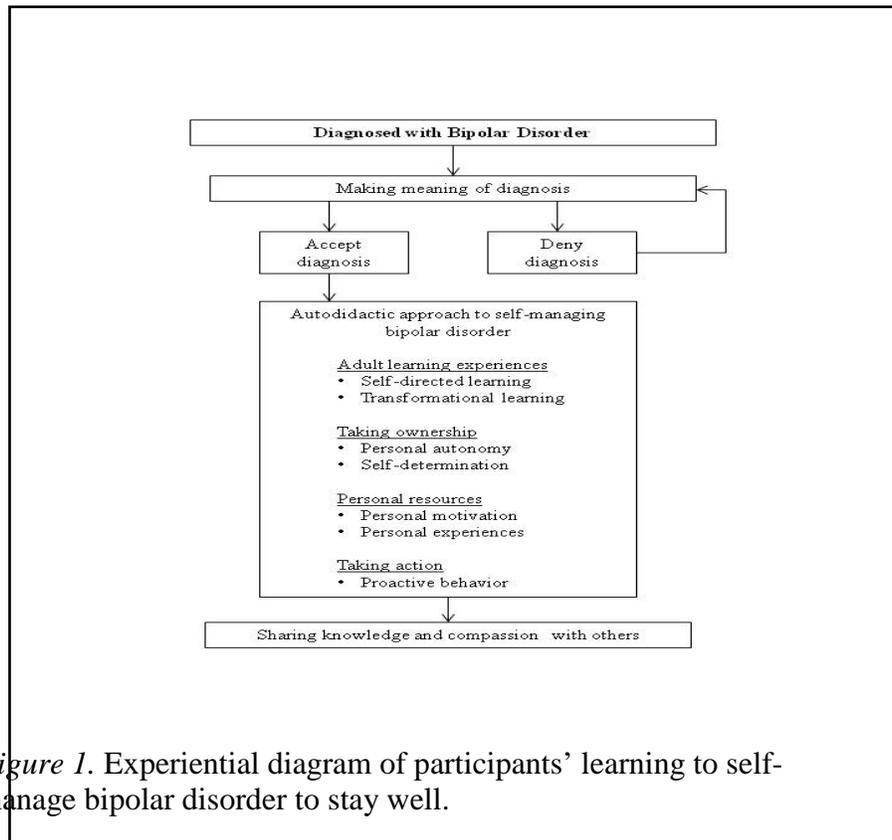


Figure 1. Experiential diagram of participants’ learning to self-manage bipolar disorder to stay well.

References

- Baumgartner, L. M. (2001). Living and learning with HIV/AIDS: Transformational tale continued. *Adult Education Quarterly*, 53, 44-58. doi: 10.1177/074171302237203.
- Candy, P. C. (1991). *Self-direction for lifelong learning*. San Francisco, CA: Jossey-Bass.
- Courtenay, B. C., Merriam, S. B., & Reeves, P. M. (1998). The centrality of meaning-making in transformational learning: How HIV-positive adults make sense. *Adult Education Quarterly*, 48, p. 65, 20 p., Retrieved June 30, 2006, from EBSCO database.
- Courtenay, B. C., Merriam, S. B., Reeves, P. M., & Baumgartner, L. (2000). Perspective transformation over time: 2-year follow-up study of HIV-positive adults. *Adult Education Quarterly*, 50, 102-119.
- Cranton, P. (2006). *Understanding and promoting transformative learning* (2nd ed.). San Francisco, CA: Jossey-Bass.
- Janesick, V. J. (2000). The choreography of qualitative research design. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed. pp. 379-400). Thousand Oaks, CA: Sage.
- Knowles, M. S. (1975). *Self-directed learning: A guide for learners and teachers*. Chicago, IL: Association Press.
- Mezirow, J. (1991). *Transformative dimensions of adult learning*. San Francisco: Jossey-Bass.
- Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Newbury Park, CA: SAGE Publications.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd). Thousand Oaks: CA.
- Rager, K. B. (2003). The self-directed learning of women with breast cancer. *Adult Education Quarterly*, 53, 277-293.
- Rager, K. B. (2004). A thematic analysis of the self-directed learning experiences of 13 breast cancer patients. *International Journal of Lifelong Education*, 23, 95-109.
- Rager, K. B. (2006). Self-directed learning and prostate cancer: A thematic analysis of the experiences of twelve patients. *International Journal of Lifelong Education*, 25, 447-461.
- Rhode, R. E., & Ross-Gordon, J. (2012). MRSA model of learning and adaptation: A qualitative study among the general public. *BMC Health Services Research*, 12, 1-9. doi:10.1186/1472-6963-12-88.
- Rossiter and Clark (2007). *Narrative and the Practice of Adult Education*. Malabar, FL: Krieger Publish Company.
- Russell, S. J., & Browne, J. L. (2005). Staying well with bipolar disorder. *Australian and New Zealand Journal of Psychiatry*, 39, 187-193.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research*. Thousand Oaks, CA: SAGE.