

The Potential of Written and Spoken Word Poetry to Support Meaning Making and Recovery for People who have Experienced Psychosis

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Abstract

Background

As a medium of communication, poetry can evoke, narrate, and translate lived experience into words. Although there is a body of research that has examined how poetry might be beneficial as an intervention for people with mental health problems, there remains a dearth of research exploring the therapeutic potential of poetry for people who have experienced psychosis. The biological paradigm of mental illness, which has traditionally orientated the treatment of psychosis is currently in a state of crisis, providing the opportunity for novel and potentially poetic alternative paradigms to emerge.

Method

A conceptual review explored the relationship between poetry and psychosis in existing literature. This produced a conceptual framework, which was then developed empirically by undertaking narrative interviews with adults with lived experience of psychosis, who read and/or write poetry, and mental health practitioners who use poetry within their therapeutic practice. Nineteen participants were interviewed, sixteen people with lived experience of psychosis and three mental health poetry practitioners. All interviews were audio recorded and inductive Labovian narrative analysis was conducted on all transcripts. Empirical data was also produced, in the form of workshop notes, plans and outputs, through the development and delivery of a novel creative writing workshop series titled *Surviving by Storytelling*. The authors reflected on collected artefacts to describe the most critical concepts

developed from these workshops. Poetry has also been used as a reflexive tool throughout all stages of the research.

Results

The conceptual review proposed a relationship between poetry and psychosis consisting of three domains, psychotic language as meaningful poetics, poetry as an expression of psychosis, and poetic exchange is therapeutic practice. The interview study produced 4 themes: i) the unsayable becoming sayable; ii) poetry supporting discovery, play and meaning making; iii) relational expression through poetry; and iv) poetry and recovery. These findings, alongside insights emerging from the Surviving by Storytelling project in relation to how to successfully design workshops, the process of creating a safe space and how to position oneself as a facilitator were utilised to generate the poetic interpersonal model for psychosis, comprised of three phases. These are: i) tuning into the poetic wavelength, ii) expressing and reflecting, and iii) poetic narration and re-authoring.

Conclusion

The thesis sets out a contribution to new knowledge and a more poetic understanding of psychosis based on the key ideas that: i) poetry has meaning making potential for people who have experienced psychosis in narrating their stories, both in terms of introspection and as a medium for communicating lived experience to others, ii) psychotic utterances can be considered as meaningful poetics, that is, psychosis can be reconceptualised as meaningful poetic

communication, often associated with the narration of something unsayable or pre-communicable, iii) poetry has the potential to offer new ways of working for those within mental health services to more effectively tune in to, what the author terms, 'the poetic wavelength', and more effectively appreciate what is being communicated through psychotic utterances.

Resultant published peer reviewed journal articles

Pearson, M., Rennick-Egglestone, S., & Winship, G. (2020). How Can Poetry Support the Understanding of Psychotic Experiences? A Conceptual Review. *Journal of Recovery in Mental Health*, 3(1).

Pearson, M., Rennick-Egglestone, S., & Winship, G. (2022). The poetic wavelength – a narrative interview study exploring the potential of poetry to support meaning making and recovery following psychosis. *Psychosis*, 1-12.

Pearson, M., Rennick-Egglestone, S., Winship, G., The biological paradigm of psychosis in crisis – A Kuhnian analysis. *Nursing Philosophy* (in press).

Resultant conference presentations

Pearson, M., Rennick-Egglestone, S., & Winship, G. (2020). How can poetry support the understanding of psychotic experiences? – A conceptual Review. *9th International health humanities conference. Online, 23 October – 15 November, 2020*. Online: International Health Humanities Network.

Pearson, M., Rennick-Egglestone, S., & Winship, G. (2021). The potential of poetry to facilitate meaning making and recovery for individuals who have experienced psychosis: the story so far. *27th International MHNR Conference, 9-10 June, 2021*. Online: Mental Health Nurse Academics UK.

Hardy, S., Pearson, M, Winship, G. (2022). The Poetry of Communication – New Interpersonal Frontiers for MHN. *28th International MHNR Conference, Oxford, England, 8-9 September, 2022*. Oxford: Mental Health Nurse Academics UK.

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CONTENTS

| | |
|---|-----------|
| REFLECTIVE FOREWORD: POETIC POSITIONING AND | |
| INTRODUCTION TO THE AUTHOR | 11 |
| Overview of chapters | 16 |
| CHAPTER 1: INTRODUCTION – PSYCHOSIS, POETRY, AND RECOVERY | |
| | 20 |
| Chapter Synopsis..... | 20 |
| Psychosis: An exploration of terms | 20 |
| Recovery, meaning making and psychosis..... | 23 |
| The potential of poetry and poetry therapy in relation to psychosis | 26 |
| CHAPTER 2: THE BIOLOGICAL PARADIGM OF PSYCHOSIS IN CRISIS – | |
| A KUHNIAN ANALYSIS..... | 29 |
| Chapter synopsis | 29 |
| Background to the paradigmatic crisis | 30 |
| The Origin of the Biological Paradigm..... | 35 |
| The Anomalies to the Biological Paradigm | 37 |
| The contemporary paradigmatic crisis | 45 |
| The Revolution and the implication for mental health nursing practice | 47 |
| CHAPTER 3: CONCEPTUAL REVIEW: CAN POETRY SUPPORT THE | |
| UNDERSTANDING OF PSYCHOTIC EXPERIENCES? | 52 |
| Chapter Synopsis..... | 52 |
| Design of conceptual review | 54 |
| Results..... | 57 |

| | |
|---|------------|
| Conclusions: Limitations and implications..... | 69 |
| Strengths and limitations..... | 71 |
| Implications for practice | 71 |
| CHAPTER 4: METHODOLOGY AND RESEARCH DESIGN..... | 73 |
| Chapter synopsis | 73 |
| Narrative Inquiry..... | 74 |
| Research through Design: Surviving by Storytelling | 80 |
| Poetic reflexivity | 82 |
| Ethical Approval | 83 |
| Narrative Inquiry: Research Design | 94 |
| CHAPTER 5: NARRATIVE INQUIRY – LABOVIAN ANALYSIS AND | |
| RESULTS | 107 |
| Chapter Synopsis..... | 107 |
| Data analysis | 108 |
| Results..... | 110 |
| The unsayable becoming sayable..... | 112 |
| Play and discovery..... | 115 |
| Relational expression through poetry..... | 120 |
| Poetry and Recovery | 127 |
| Discussion of Results..... | 134 |
| Conclusion | 145 |
| CHAPTER 6: POETIC TRANSCRIPTION..... | 148 |
| Chapter Synopsis..... | 148 |
| The Process of Poetic Transcription | 149 |

| | |
|---|------------|
| Poetic Transcription: Participant Data | 150 |
| Discussion | 156 |
| CHAPTER 7: SURVIVING BY STORYTELLING | 159 |
| Chapter Synopsis..... | 159 |
| Research through Design (RtD): Surviving by Storytelling..... | 160 |
| Findings | 162 |
| Discussion | 175 |
| CHAPTER 8: THE POETIC INTERPERSONAL MODEL FOR PSYCHOSIS | |
| | 178 |
| Chapter Synopsis..... | 178 |
| Developing the Poetic Interpersonal model for Psychosis (PIP) | 178 |
| The model: Poetic Interpersonal Model for Psychosis (PIP) | 181 |
| Phase 1: Tuning in to the Poetic Wavelength | 182 |
| Phase 2: Expressing and Reflecting | 190 |
| Phase 3: Poetic Narration and Re-authoring | 202 |
| Limitations and Further Development of the Model..... | 213 |
| CHAPTER 9: POETIC REFLEXIVITY | 215 |
| Chapter Synopsis..... | 215 |
| Reflexivity in Research: Background | 215 |
| Poems..... | 218 |
| CHAPTER 10: CONCLUSIONS | 228 |
| Chapter Synopsis..... | 228 |
| Key findings | 228 |

| | |
|--|------------|
| Recommendations | 248 |
| REFERENCES | 260 |
| APPENDIX A: INTERVIEW SCHEDULE | 329 |
| APPENDIX B: SURVIVING BY STORYTELLING WORKSHOP NOTES . | 333 |
| APPENDIX C: ONLINE POETRY WORKSHOP PLAN | 334 |
| APPENDIX D: POSTCARD PHOTO | 337 |
| APPENDIX E: EXAMPLE OF PARTICIPANT INFORMATION SHEET | 338 |
| APPENDIX F: EXAMPLE PARTICIPANT CONSENT FORM | 346 |
| APPENDIX G: DATA ANALYSIS CODEBOOK (NODES)..... | 349 |
| APPENDIX H: INITIAL THEMES | 365 |

REFLECTIVE FOREWORD: POETIC POSITIONING AND INTRODUCTION TO THE AUTHOR

Positioning as a mental health nurse

As a mental health nurse, I have known and worked with many people who have been described as experiencing psychosis. Some have experienced brief acute episodes, and some have experienced a lifetime of distress. Much of my clinical career has been in a system that has attempted to treat psychosis within a biological paradigm, with varying degrees of success. On reflection, many people have requested and benefited from pharmacological interventions, such as a man who developed an acute psychosis following a traumatic event abroad. For this individual, the introduction of a pharmacological treatment helped him to gain some initial control of his symptoms and experiences, thus enabling him to continue to engage meaningfully with his social network. However, there are also many people for whom these medications compounded a sense of helplessness and affliction. I can recall working with another young man who believed that he was living in a simulation, constructed by some sort of higher power. For this man, not only did the medicalisation of his experiences not effectively support his recovery, but in many ways created a further philosophical distance between himself and those within the mental health service charged with supporting him. The forced use of medication deepened, for him, a sense of being misunderstood and reinforced his sense of isolation.

It is these reflections and clinical experiences which led me to consider whether these interventions, aimed at promoting recovery, alienated individuals further, restricting the potential opportunities for therapeutic

dialogue. Moreover, I became increasingly aware of the role or complicity of mental health nurses in supporting this alienation through the administration of these interventions. These tensions within the role of the mental health nurse are not new, as there has long existed debate around what should be the role of the mental health nurse (Barker, Jackson, & Stevenson, 1999). These debates have only intensified in recent years as the profession continues to be torn between biological and medical traditions and novel recovery based approaches (Mountain & Shah, 2008).

It is within this ambiguity that I have always been drawn to the 'word craft' of mental health nursing (Bowers, Brennan, Winship et al., 2010; Winship, 2013), and the way in which words and language have both the power to sooth and calm but also to enrage and distress. Words not only shape our own experiences but can echo with and shape the experiences of others. However, I have frequently found myself working with people for whom there might be no way of forming their experiences into words, or those who narrate their experiences so powerfully as to leave me struggling to articulate a response. This interest in words is what ultimately led to my curiosity in poetry. As a nurse, I have helped to facilitate groups that have utilised poetry as a therapeutic undertaking for those experiencing trauma, distress, or stress in their lives. It is in these environments I have observed the immense power of poetry to draw people together, and to formulate experiences in a way which had previously been pre-communicable or unsayable.

It is this ability to give words to experiences, to support the authorship of a meaningful narrative that strikes me as important, and often absent, in relation to psychosis. Too often, I have witnessed how the narrative of

experiences described as psychosis can be appropriated and authored primarily by professionals, resulting in service users' voices being lost. Service users are presented with a narrative of 'chemical imbalance' which is often reinforced by broader society, a narrative which seems to me to fail to honour the lived experiences of many people who have experienced psychosis. In suggesting this I do not aim to venerate psychosis, but rather suggest that we need stories to make sense of the world and that there might be stories being silenced within mental health services which could give significant meaning and understanding to experiences described as psychosis.

Positioning as a teacher in higher education

There has long been a debate within nurse education as to whether, as nurse educators, we are teaching an art or a science (Norman & Rylie, 2018). The 'Project 2000' scheme shifted the focus of nurse education away from working within hospitals or healthcare services and relocated training to institutes of higher education, enabling nurse education to become education led rather than service led (Howard, 2001). Whilst this represented an opportunity for nurse education to more robustly embrace the arts, this educational space has remained contested with much debate around what the focus should be within nurse education and how mental health nurse education can adequately adapt to consider the myriad ethical and moral dilemmas faced by pre-registration students (Ion, Patrick, Chouliara et al., 2020).

In recent years, with the release of the updated Nursing and Midwifery standards for pre-registration education (2018a), the focus of nurse

education appears to have shifted significantly towards gaining proficiency in a variety of generic clinical skills, requiring students to demonstrate their ability to perform tasks such as administering medication, inserting catheters, and undertaking physical healthcare assessments. This increasing generic approach to nurse education, prescribed by the Nursing and Midwifery Council has resulted in significant challenge from those within the mental health field of nurse education, arguing that the current standards are diluting the specialism of mental health nursing and resulting in a less meaningful education experience for student mental health nurses (Warrender, 2022).

My experience as a teacher in higher education over recent years is that as the requirements of nurse education have shifted towards increasingly generic content, it has also shifted much more towards the science of nursing and away from the art. In doing so, this has prioritised the demonstration of competence in observable clinical skills rather than the promotion of wider personal and professional development. Biesta (2015) argues that those working in education need to consider the tension between good education and effective education, identifying that whilst education might be effective in enabling a student to achieve a qualification, or in this case proficiency in a physical skill, this is not to be confused with good education which is about much more, such as developing professionally and socially within a field of practice.

Therefore, I feel it is essential to maintain the place of the arts within nurse education in order to promote good education, especially in response to the increasing recognition of the potential contribution of the field of health humanities to nurse education (Crawford, Brown, Baker et al., 2015). My

experience is that bringing poetry into the classroom facilitates a different, often richer, dialogue than what might have been possible otherwise. In writing this, I am reminded of a seminar in which I asked students to undertake a writing exercise based on the exploration of an emotion. One wrote about sadness using the metaphor of a drill underwater. The student stated that the drilling was always happening, reflecting on the way in which certain traumas can leave a lasting impression upon a person. However, the student commented that the drill could not always be heard, as when the water level was high it drowned out the noise. Unfortunately, this water level is not consistent and in life the water level occasionally drops, and the noise created by this drilling was experienced. This is an example of a poignant metaphor which served as a starting point for a rich discussion about the experience of sadness on a deeply human level. Moreover, this is an example of a discussion which may have been difficult to generate without the use of poetry to support the initial engagement with the topic.

Whilst this thesis is not directly focused on nurse education, I am interested to see how the knowledge I gain from undertaking this research can inform my teaching practice and help inform nurse education more widely. At this time of great debate about the future of mental health nurse education, my sense is that the arts and humanities have an important contribution to make to this debate and in orientating the future of mental health nurse education.

Positioning as a writer

Personally, I do not consider myself a poet, but I have written poetry for many years, often choosing not to share this with anyone. I have always found this process of writing to be valuable both in terms of achieving catharsis

(Kosmicki & Glickauf-Hughes, 1997) and achieving a greater understanding of what I am experiencing emotionally. I also enjoy attending poetry events and reading or listening to the poetry of others, often finding that much of the shared content relates to mental health or emotively charged experiences for the writer. These experiences have raised a sense of curiosity within me regarding the potential of poetry as a therapeutic activity, I do not assume that writing poetry works for everyone, simply because of my individual experiences. In fact, there are frequent examples of famous poets, who serve as perfect illustrations of the way in which the therapeutic potential of poetry can all too often remain elusive, leaving poets continually wrestling with their tormenting muses (Shaddock, 2006).

All these experiences have led me to aspirations of developing a research agenda exploring the relationship between poetry and psychosis. It is my hope that the work undertaken in this thesis represents the start of a research journey and ultimately this research can have a meaningful impact on the lives of people experiencing psychosis.

Overview of chapters

In seeking to better understand the therapeutic potential of poetry the remaining chapters of the thesis develop and build towards generating new knowledge about the relationship between psychosis and poetry.

Chapter 1 will provide an introduction and background to some of the key concepts underpinning the thesis and the field of enquiry. The chapter will consider the term psychosis and how this term will be utilised within the thesis. The chapter will then explore the notion of recovery in relation to

psychosis, considering how the term is used within contemporary mental health care. Finally, the chapter will introduce the therapeutic potential of poetry and consider why poetry may be able to offer therapeutic benefits for people who have experienced psychosis.

Chapter 2 examines how the biological paradigm for understanding experiences described as psychosis has largely remained dominant since the late 18th and early 19th century. This chapter has utilised Kuhnian philosophy and the notion of scientific revolutions to explore the way in which this paradigm has been challenged over recent decades. The chapter proposes three specific anomalies which have occurred within the biological paradigm and argues that contemporary mental health services are existing at a time of paradigmatic crisis. This state of crisis is observable in the proliferation of competing theories which are currently challenging for dominance in relation to psychosis.

Chapter 3 presents a conceptual review exploring the relationship between poetry and psychosis, based on a synthesis of existing literature. The review generated a conceptual framework consisting of three domains: psychotic language as meaningful poetics, poetry as an expression of psychosis and poetic exchange as therapeutic practice. The conceptual framework proposes that not only can psychosis be understood as meaningful poetics, but also that poetry may offer meaningful linguistic opportunities to aid the expression and narration of self and experiences.

Chapter 4 outlines the methodologies and methods utilised throughout the remainder of the thesis to develop the findings of the conceptual review.

Firstly, data was collected in the form of participants' stories through

interviews with two groups of participants; people with lived experience of psychosis who read and/or write poetry, and mental health practitioners using poetry in their therapeutic work with people who have experienced psychosis. Secondly a research through design methodology was utilised to develop knowledge from the Surviving by Storytelling project, which has been designing and delivering poetry and mental health workshops since 2018.

Chapter 5 presents the process of analysis which was undertaken on the data gathered through narrative interviews. The results of this analysis found four themes within the data: The unsayable becoming sayable, play and discovery, relationship expression through poetry, and poetry and recovery. The insights gained through this empirical research, when considered in conjunction with the conceptual review within chapter 3 provides the basis for the generation of a conceptual therapeutic model, which could be operationalised within contemporary mental health services.

Chapter 6 presents an alternative representation of some of the data presented in the previous chapter. This alternative presentation primarily serves as a reflective process and a way of ensuring that the lived experience of participants within this research are not lost in the wider thesis. The approach of poetic transcription was not undertaken with all data, but rather a small number of participants' narratives were selected randomly to be poetically transcribed. The poems produced within this chapter present an embodied representation of participant narratives which may be difficult to otherwise represent fully within this thesis.

Chapter 7 details the knowledge generated by applying the research through design methodology to the Surviving by Storytelling project. The project

primarily focuses on the development and delivery of poetry workshops which explore mental health and personal narratives. This chapter details the knowledge produced from reflecting on the process of developing and facilitating these workshops and considers the way in which this knowledge can be applied to future therapeutic innovations or workshops.

Chapter 8 integrates all the knowledge from previous chapters and presents an innovative model utilising poetry to work therapeutically with those experiencing psychosis. The PIP model is comprised of three phases: i) tuning into the poetic wavelength, ii) externalising and evaluating, and iii) poetic narration and re-authoring. Whilst the model has the potential to improve clinical practice and impact the lives of people experiencing psychosis, it remains in the early stages of development. Therefore, the chapter also contains some recommendations for further development of the model.

Chapter 9 examines the way in which reflexivity was adopted throughout the PhD process. Reflexivity is an essential element of qualitative research (Ahmed, Hundt, & Blackburn, 2011), and poetry, in keeping with the narrative focus of the thesis, has been utilised as a reflexive tool throughout the PhD journey. This chapter presents and explores three poems written by the author at different stages of the thesis.

Finally, chapter 10 offers a summary of the significant thoughts, reflections and conclusions which have been generated through the thesis and explores the relevance of these conclusions to both academia and clinical practice.

CHAPTER 1: INTRODUCTION – PSYCHOSIS, POETRY, AND RECOVERY

Chapter Synopsis

This chapter will orientate the reader to the field of enquiry, introducing key concepts and grounding the relevance of this thesis, both in academia and mental health clinical practice. The chapter specifically explores the term 'psychosis' and considers the emergence of the concept and the potentially problematic use of the term within contemporary mental health care. The chapter then explores the notion of recovery in relation to mental health care, considering the 19th century origins of humanistic interpersonal ways of working and the contemporary debates in relation to the utility of the term 'recovery'. Specifically, the chapter will consider what recovery means in relation to psychosis. Finally, the chapter details the therapeutic potential of poetry to support meaning making and recovery for people who have experienced psychosis, considering the wider evidence base in relation to poetry therapy.

Psychosis: An exploration of terms

The term psychosis has been used within medical parlance since the 19th century (Gale, Robson, & Rapsomatioti, 2013) and remains a frequently used term, embedded within diagnostic terminology (American Psychiatric Association, 2013). The term psychosis is often used within healthcare as an umbrella term to group a collection of perceived symptoms such as unusual beliefs, hearing voices or experiencing sensory perceptual changes (Saugstad, 2008). However, there remains significant variation in the approaches used to define diagnoses within clinical practice (Oliver D.

Howes, Rob McCutcheon, Ofer Agid et al., 2017), often in response to the lived experience of these phenomena being significantly varied and existing across a continuum (Navarro-Mateu, Alonso, Lim et al., 2017). Moreover, many of those who might have experienced what is termed psychosis, do not use this word to refer to their experiences (Bergström, Seikkula, Holma et al., 2019).

Traditionally within healthcare, psychosis has been conceptualised biomedically, that is to say, it is considered to be the result of an inner physiological anomaly. This conceptualisation eventually developed into the dominant dopamine hypothesis, which proposes that dopamine transmission is central to the development of psychotic symptoms (Kapur, Mizrahi, & Li, 2005). This biomedical orientation remains the dominant model guiding treatment and healthcare service provision within much of Western Europe, observable in treatment guidelines (NICE, 2014) and consistently increasing prescription rates of antipsychotic medication (Roberts, Neasham, Lambrinudi et al., 2018). Interestingly, higher rates of antipsychotic prescriptions are associated with areas of higher social deprivation (Heald, Stedman, Farman et al., 2020), perhaps indicating how engrained the biomedical perspective of psychosis is within society, in which the default position is to medicate this phenomenon as an illness rather than considering it as a response to social, environmental or interpersonal trauma.

The contemporary application and validity of the term psychosis remains contentious as a growing number of voices argue this term is problematic, reductive, and potentially fails to consider the myriad factors which might influence the emergence of experiences described as psychosis (Auxéméry,

2016; Johnstone, 2020; Longden, 2017). This is observable in the emergence and proliferation of new and radical frameworks for understanding mental illness and psychosis, such as MAD studies. MAD studies is a meld of activism and academia, led by people with lived experience, reclaiming the term madness (Beresford, 2020). The reclamation of the term madness can perhaps be seen in response to what Fricker (2007) terms hermeneutical injustice, that is a process by which one group is excluded from shared meaning making. This process of injustice can be considered as relational whereby, certain people and populations can become silenced or constrained as their knowledge and insight is considered irrelevant (Medina, 2012). In relation to psychosis, this hermeneutical injustice is often perpetuated through the terminology used to describe experiences and the stigmatising labels that can be attributed to people (Read & Dillon, 2013).

In research literature, there remains a significant lack of consistency with as many as seven different terms, such as psychotic-like symptoms, psychotic continuum and attenuated psychotic symptoms being used to capture experiences described as psychosis (Seiler, Nguyen, Yung et al., 2020). Moreover, Crepaz-Keay and Kalathil (2022) argue that the majority of literature in this field is written about those who are described as mad, by those who do the diagnosing and those who study them. Whilst the accuracy of this claim might be difficult to verify as not all researchers will self-disclose their lived experience (Yeo, Rennick-Egglestone, Armstrong et al., 2021), the claim does highlight a tension in terms of how research can meaningfully engage with the narratives of individuals without colonizing their experiences

(Russo & Beresford, 2015). In this context the term psychosis appears to be problematic and as a potential conduit for epistemic injustice (Kidd & Carel, 2017) when trying to engage meaningfully with individuals and their unique narratives.

Having set out a critical reflection on the term psychosis, it is still important to recognise that the term does provide an organising discourse which sets out various positions in relation to specific phenomenon (Sen, 2009). There are those who argue that by denying or undermining the existence of structuralist terminology, such as diagnostic criteria, there is a risk of devaluing the cultural understanding of health, therein limiting the potential of a culturally sensitive approach to suffering (Illich, 2003); and for some people, psychosis can involve extreme suffering as the 'soul cowers to the mind' (Lapum, 2016, p. 17).

The thesis proposes to utilise the term psychosis as a signifier of a culturally understood collection of symptoms. In doing this, the work does not seek to endorse or necessarily support the use of diagnostic terminology, nor does it ignore the potential epistemic justice resulting from medicalisation (Wardrope, 2015). However, the term 'psychosis' can serve to orientate others to the research within the field of social and health sciences whilst simultaneously seeking to move beyond this term, by engaging meaningfully with the narratives of participants (Kurs & Grinshpoon, 2018).

Recovery, meaning making and psychosis

The notion of recovery in relation to mental health could arguably be traced back to the early 19th century and the work of William Tuke, pivoting away

from a medical model of treating people who experienced mental illness towards a more humanistic philosophy. This new approach pioneered moral therapies based on humanistic philosophies and a psychosocial approach (Charland, 2007). This was perhaps the first example of a large-scale fundamental shift away from attempting to cure people by solely reducing symptoms and moving towards a more holistic focus; helping people be who they are, in the most meaningful way to them (Browne, 2006).

Many of the same principles which underpinned Tuke's work, such as growth and rediscovering a sense of oneself have continued to guide the philosophy of recovery (Fardella, 2008), often driven and perpetuated by service user self-advocacy groups, seeking to challenge the dominant professional mental health systems (Roberts & Wolfson, 2018), and demanding to be heard and seen as equal (Gehart, 2012b). In contemporary mental health discourse, the idea of recovery has become omnipresent (Crawford, Lewis, Brown et al., 2013; Egeland, Benth, & Heiervang; Pincus, Spaeth-Rublee, Sara et al., 2016; Slade, 2009; Stickley & Wright, 2011a; Stickley & Wright, 2011b). However, the specifics of recovery orientated practice can remain quite obtuse (Whitwell, 2018), arguably due to a lack of consensus in relation to what constitutes recovery from the perspectives of practitioners, researchers, and people with lived experience (Egeland, Benth, & Heiervang, 2021).

Deegan (1996, p. 92) argues that "The goal of recovery is not to become normal. The goal is to embrace our human vocation of becoming more deeply, more fully human". Recovery orientated practice is not simply a set of tools to be utilised in clinical practice; it is a paradigm, a fundamentally different way of perceiving mental health than offered by the medical model

(Gehart, 2012a). Slade (2009) provides a helpful distinction between clinical recovery and personal recovery. Clinical recovery refers to something which might be considered objectively measurable, such as through outcome measures (He, Fang, Huang et al., 2021) and generally assessed by someone considered to be an expert. This notion of clinical recovery can be seen as at odds with the concept of personal recovery, which, at essence, remains a personal and idiosyncratic process, transcending the sole focus of symptom reduction and involving changing 'one's attitudes, values, feelings, goals skills and/or roles' (Anthony, 1993, p. 15).

Despite historical pessimism about the possibility of recovery for those who have experienced psychosis, the importance of a recovery approach for people who have experienced psychosis has been endorsed and validated by the World Health Organisation (Hopper, Harrison, Janca et al., 2007). This is not to say that people who have experienced psychosis will experience total remission of symptoms, although many do (Eisenstadt, Monteiro, Diniz et al., 2012; Forde, Peters, & Wittkowski, 2020), or that their life will not remain impacted in profound and multiple ways (Green & García-Mieres, 2022; Harrison, Hopper, Craig et al., 2001), but rather acknowledging that they can achieve a meaningful and resilient life regardless of what might be considered symptoms or disabilities (Crawford et al., 2013).

An individual recovering from psychosis faces significant challenges, perhaps the most complex of which is appraising and making sense of what has happened to them (Chen, Tam, Wong et al., 2005). The process of meaning making has been established as a consistently important element within conceptual frameworks relating to recovery (Leamy, Bird, Le Boutillier et al.,

2011; Resnick, Fontana, Lehman et al., 2005) and can be described as an individual's abilities to create meaning from stressful events in the form of more coherent, emotionally expressive, and reflective narratives' (Sales, Merrill, & Fivush, 2013, p. 97).

The range of experiences that might be termed psychosis are often unpredictable, highly idiosyncratic and associated with a significant amount of suffering and distress for an individual (Putnam, 2018; Torrey, 1985). Psychosis has the potential to fundamentally challenge previous experiences of the world, and one's identity, as coherent, predictable, and understandable; resulting in an absence of meaning (Park, Edmondson, Fenster et al., 2008). Therefore, the narratives constructed in relation to those phenomena, are often important in understanding and ascribing meaning to the experiences (Bergström et al., 2019). Meaning making provides the opportunity to integrate experiences within a sense of identity which has been profoundly impacted by experiences of psychosis (O'Keeffe, Sheridan, Kelly et al., 2021).

The potential of poetry and poetry therapy in relation to psychosis

The concept of poetry as a therapeutic tool, originates from a convergence of several theoretical, practical and philosophical fields (Mazza, 2017). The principles of poetry therapy echo those emphasised in the 'narrative turn' (Pohl, Punzi, & Berwald, 2018, p. 91) taken by social research (Goodson & Gill, 2011), and contemporary mental healthcare in response to the emerging evidence base supporting narrative therapeutic practices (Croom, 2015; Dent-Brown & Wang, 2006; Roe & Garland, 2011). Poetry therapy, now a recognised therapeutic practice, utilises poetic reading and writing, rich in the

characteristics of metaphor, symbolism and metre (Lorenz, 2020), and is underpinned by an emerging and increasingly robust evidence base (Bolton & Ihanus, 2011; Chavis, 2011; Mazza, 2017; Sagi, 2021). Poetry therapy has demonstrated psychological benefits for a range of individuals, such as those experiencing depression (Fraser, 2011), addiction (Springer, 2006) and physical health problems (Daboui, Janbabai, & Moradi, 2018).

Jefferies and Pepper (2005) suggest that one of the most fundamental aspects of poetry is its ability to connect individuals to themselves and to what it means to be human. Poetry resonates with the way identity is shaped, maintained and transformed through our narratives (Faulkner, 2009), a process that has the potential to be especially poignant for those who have experienced psychosis, characterised as a disturbed perception of one's self within their personal, environmental and social context (Estroff, 1989). The therapeutic potential of poetry in relation to psychosis remains under researched and thus potentially undervalued. However, previous research exploring the potential of poetry as a tool within psychodynamic psychotherapy has pointed to the potential effectiveness of poetry in supporting meaningful, therapeutic, metaphor based dialogues (Hallowell & Smith, 1983; Tamura, 2001).

Additionally, Bembrly, Zentgraf, and Baffour (2013) found that poetry groups have the potential to support and enhance social skills for people who have experienced psychosis.

The use of poetry to support recovery from psychosis, is a significant divergence from the dominant treatment protocols which rely heavily on interventions such as pharmacotherapy (NICE, 2014). Whilst there is an evidence base for the symptom relieving effect of pharmacological

treatments (Adams, Bergman, Irving et al., 2013; Leucht, Tardy, Komossa et al., 2012a), the response to such treatments remains diverse (Demjaha, Lappin, Stahl et al., 2017), with pharmacological interventions consistently associated with multiple, potentially debilitating, side effects (Correll & De Hert, 2013) and high levels of discontinuation (Lieberman, Stroup, McEvoy et al., 2005). Moreover, these interventions fail to support the process of meaning making following an experience of psychosis, instead exposing individuals to what Victor Frankl (1963) described as the existential vacuum within mental health care. A vacuum in which meaning making processes become inhibited in the face of iatrogenic messages conveying an understanding that experiences of psychosis are the result of incompetence, disturbance or a 'broken brain' (Lysaker, 2018, p. 4).

This research seeks to explore the potential to move away from the traditional symptom reduction paradigmatic view of psychotic experiences (van Os, Guloksuz, Vijn et al., 2019). Lucas (1993) proposed that rather than being incoherent, psychotic communication exists on what he calls the 'psychotic wavelength' (Lucas, 1993 pp. 15), going on to propose that it is the role of professionals to develop acuity to this wavelength to understand the meaning of what is being conveyed. This work seeks to ask the question of can poetry support this process of 'tuning in', enabling these phenomena to be acknowledged as meaningful expressions and conveying deeply personal narratives (Leonhardt, Kukla, Belanger et al., 2018).

CHAPTER 2: THE BIOLOGICAL PARADIGM OF PSYCHOSIS IN CRISIS – A KUHNIAN ANALYSIS

Chapter synopsis

The philosophy of Thomas (Kuhn, 1962) proposes that scientific progress involves periods of crisis and revolution in which previous paradigms are discarded and replaced. Revolutions in how mental health problems are conceptualised have had a substantial impact with the field of mental health and on the work of mental health nurses. However, despite numerous revolutions within the field of mental health, the biological paradigm has remained largely dominant within western healthcare, especially in orientating the understanding and treatment of psychosis.

This chapter utilises concepts drawn from the philosophy of Thomas Kuhn to explore the impact of what Kuhn terms 'anomalies' within the dominant biological paradigm which continues to dominate much of the discourse in relation to psychosis. The chapter will focus on three specific anomalies which have been termed by the author: the anomaly of the meaningful utterance, the anomaly of complex aetiology and taxonomy, and the anomaly of pharmacological inefficacy in recovery. The chapter will argue that the combination of the anomalies has contributed to an ongoing paradigmatic crisis in relation to the understanding of psychosis. This crisis is directly observable in the competing ontological and epistemological philosophies which underpin contemporary treatment guidelines. However, this crisis may provide unique opportunities for mental health nurses to embrace novel

theories and develop nursing practice accordingly, with models of practice that move beyond the orthodoxy of a biological paradigm. It may be that poetry and poetry therapy have a unique contribution to make in generating a new shared language and presenting new opportunities for working therapeutically with people experiencing psychosis.

Background to the paradigmatic crisis

Evidence based practice is described as an approach to healthcare that emphasises the practical application of the findings of the best available current research (Puljak, 2022). This approach is built on a metanarrative that scientific developments in healthcare occur in a cumulative manner, with incremental movement towards the resolution of a problem or question (Grant, 2016, p. 196). However, Kuhn (1962) proposes an alternative conceptualisation arguing that scientific development is defined by epochs of ongoing creation, crisis and revolution within paradigms comprised of dominant ideologies and theories, whereby progress is defined not by the discovery of new knowledge, but rather by the eradication of hypotheses.

It is these dominant paradigms which ascribe epistemologies and delineate what can be considered legitimate knowledge (Stevenson & Beech, 2001).

The field of mental health is certainly not exempt from such paradigmatic struggles, or the impact of such paradigms on practice (Thomas, Bracken, & Timimi, 2012). An example of one revolution in psychiatry can be observed in the classification and subsequent declassification of homosexuality as mental illness (Carr & Spandler, 2019), a revolution which remains ongoing in some parts of the world (Immigration and Refugee Board of Canada, 2007).

Another example would be the closure of the UK's large asylums in the

1990s, a transition in which old forms of institutional care were largely rejected in favour of an expanded focus on care in the community (Novella, 2010).

These revolutions have involved struggles, often perpetuated by activism by those outside of health services, sustained by competing discourses with ethical, moral and logistical arguments in relation to areas of contestation within mental health nursing (Hopton, 1997; Hui & Stickley, 2007; Luidstrom, 1995; McCrae, 2019), seeking to catalyse paradigm progression (Dietrich, 1976; Jones, Bennett, Lucas et al., 2007; McCann & Brown, 2019). However, the success of revolutions is often defined by influence within pedagogy, observable in the way in which those newly entering a profession might struggle to comprehend a time when practice was not orientated by the current dominant paradigm (Hyslop-Margison, 2009; Kuhn, 1962). For example, in relation to the closure of large asylums, those now entering pre-registration mental health nursing training could scarcely conceive of the notion of care occurring within this context. In contemporary discourse the notion of the asylum is often presented as an artefact of past psychiatric failures; despite the potential of contemporary acute mental health wards to be less therapeutic than their predecessors (Doncliff, 2017).

Despite numerous revolutions within the field of mental health, the biological and medical orientation of the field has remained consistent, despite criticism, including a recent report from the special rapporteur of the United Nations, that an over reliance on this paradigm has promoted paternalistic practices and potentially eroded therapeutic relationships (Pūras, 2019). In relation to psychosis, the biological paradigm, purports that experiences

described as psychosis can be medically diagnosed and managed through the use of medications (American Psychiatric Association, 2013). This remains the prevailing ideology within UK, and western mental health services, despite evidence contradictory to the theoretical understanding of the biological hypothesis (Moncrieff, Cohen, & Porter, 2013; Ranasinghe & Sin, 2014; Samara, Dold, Gianatsi et al., 2016), and the potentially limited benefit of pharmacological interventions (Wunderink, Nieboer, Wiersma et al., 2013), with some evidence even suggesting improved recovery rates for those with limited or no access to western psychiatric interventions (Jablensky, Sartorius, Ernberg et al., 1992; Leff, Sartorius, Jablensky et al., 1992). Therefore, unsurprisingly there continues to be much debate in relation to biological orientated classifications, treatments and if either should exist at all (Read & Dillon, 2013).

Defining the concept of the paradigm is notoriously difficult (Pirozelli, 2021). Therefore, in attempting to define what is meant by *the biological paradigm*, the paper draws on the work of Masterman (1970, p. 66) who described Kuhnian 'Sociological paradigms' as 'a set of scientific habits' which are based on a past scientific achievement and serve to orientate all those working within the paradigm as to what the salient problems are and how these problems can be further researched and understood. This ongoing scientific problem solving is termed by Kuhn (1962) as 'normal science'.

In applying this definition to the concept of the biological paradigm of psychosis, the initial scientific achievement can be considered in the work of Emil Kraepelin (1898) who developed and proposed the initial nosological criteria for psychosis and proposing an aetiology resulting from abnormal

biological processes. As reported by Scull (2011, p. 5) 'by the end of the late 19th century, with equal certainty, the professional consensus was that the mad and mentally infirm were a biologically defective lot'. Therefore, the normal science that followed, is observable both within research, which focuses on understanding the biological origins of this condition, and also within psychiatric practice such as the development of pharmacological treatments (American Psychiatric Association, 2013; Morrison, Taylor, & McGuire, 2019).

In considering the impact of this biological paradigm of psychosis on the 'normal science' of clinical mental health practice, similarity can be drawn between the notion of the paradigm and the concept of the 'episteme' proposed by Foucault (1966). An episteme can be understood as 'the prevailing conceptual framework that orders the understandings of an object or topic of interest' (Clinton & Springer, 2016, p. 122). Therefore, those working within mental health services, including mental health nurses, are orientated towards working within a conceptual framework. A framework that establishes psychosis as a phenomenon which can be understood primarily as a biological illness. This serves to establish the boundaries of clinical practice and emphasises the prioritisation of 'symptoms and medication' (Cleary, Horsfall, O'Hara-Aarons et al., 2013).

The term 'Anomalies', as suggested by Kuhn (1962), can be considered as results or experiences which fail to be explained by the dominant paradigm. This is not to necessarily suggest that anomalies are particularly rare. In fact, many minor anomalies, when they do occur, might be viewed as unremarkable in the broader context of the paradigm's supporting evidence,

especially as people will often seek to hold onto existing beliefs, rather than revise their theoretical understanding (Guilhot, 2015). Nevertheless, anomalies represent the genesis of discovery, a complex process which involves 'recognising both *that* something is and *what* it is' (Kuhn, 1962, p. 55). However, it may become impossible for some discoveries to be accommodated by the existing paradigms, potentially because of the extraordinary nature of the finding or as the result of a series of discoveries coalescing into an overall result, too anomalous for the current paradigm to reconcile. It is this development of an overwhelming series of anomalies which prelude a paradigmatic crisis.

This chapter will examine the dominant biological paradigm in relation to psychosis, utilising the lens of Kuhnian philosophy. The philosophy here is drawn from a practical application, that is, philosophy can exist at the intersection of thinking and doing (Jankunis, Dahlke, & Jantzen, 2021) and needs to be practically engaged in real world challenges (Habermas, 1992). The chapter will focus the emergence of the biological paradigm in relation to psychosis, and the subsequent anomalies that have challenged this dominance, specifically considering three anomalies, the emergence of dynamic psychiatry, antipsychiatry and the hearing voices movement. This is not intended as an exhaustive list of anomalies to the biological paradigm; however, this chapter argues that that these major anomalies have combined and coalesced to create a state of paradigmatic crisis, demonstrated by the creation and proliferation of competing theories and paradigms, and placing mental health nurses at the centre of a potential revolution.

The Origin of the Biological Paradigm

Kuhn (1962, p. 10) introduces 'the route to normal science', as a term to describe the formation of a paradigmatic foundation in order to define the parameters for future research, study or practice. In relation to the biological paradigm of psychosis, the foundation for what would become the field of psychiatry was established during the 18th century (Ellenberger, 1994) as enlightenment style thinking prescribed the importance of exploring and categorising physiological pathologies, thought to be the genesis of psychosis or madness (Read & Dillon, 2013). However, prior to the 19th century, there is little recorded documentation relating to the biological paradigmatic perspective of psychosis (Hare, 1988), such experiences were often conceptualised as spiritual or demonic possession (Porter, 2003). The 19th century saw the rise of the asylum and the recognition of psychiatry as a medical speciality, growing from the previously marginalised groups of alienists working within the asylums (Porter, 2003). This rise in medical and academic credibility required evidence of scientific legitimacy, and the desire for such credibility is an observable catalyst in the genesis of the biological paradigm of psychosis (Read & Dillon, 2013). The term psychosis, began to be used interchangeably from the middle of the 19th century to refer to madness (Gale et al., 2013) and remained despite the developments in psychiatry. In the latter half of the 19th century when Emil Kraepelin formalised and introduced the concept of dementia praecox, evolving the term from the previously accepted diagnosis of 'dementia' within medical parlance, a term which was used to classify individuals who experienced chronic mental illness (Gottesman, 1991).

The term 'psychosis' eventually replaced the term insanity as a generic term used to describe the mental illnesses which fitted within the diagnostic framework of dementia praecox (Berrios, Luque, & Villagrán, 2003). Kraepelin (1898) emphasised an aetiology initially occurring during adolescent or early adulthood, resulting directly from biological or neurological changes to the brain. The prognosis specified a progressive, continual decline of the individual's mental health; even those who might recover short term would ultimately deteriorate as the illness developed. Kraepelin designated the two broad categories of symptoms observed in people diagnosed with psychosis, as the presence of bizarre, disordered thoughts and a degradation of volition and motivation (Snowden, 2008). Moreover, Kraepelin was forthright in his description of the individual experiencing psychosis as being unable to provide useful or meaningful insight into their experience, as their language and sense of relation to the world around them became disconnected (Kraepelin, 1898).

Whilst some of the criteria and understanding of psychosis have been adjusted as psychiatric discourse developed (Ashok, Baugh, & Yeragani, 2012), this initial classification, established by Kraepelin, was as influential to psychiatry as Newton was to physics (Bentall, 2004). It is this classification, born out of a time when the priority of psychiatry was not so much to understand the experience of psychosis, but rather to classify the disorders or diseases being displayed (Porter, 2003). This priority can be understood as a reaction to scientific imperative to classify and the sociological tendency for groups to look to those in power to provide answers and reassurance

(Rogers & Pilgrim, 2014). To this end, the biological paradigm is effective in providing a sense of understanding and certainty (Szasz, 1961).

The Anomalies to the Biological Paradigm

The Anomaly of the Meaningful Utterance

Antonio, Monteiro, Zagalo-Cardoso et al. (1993, p. 30) propose that 'to understand or not understand is an alternative very often decided not by the nature of the illness but by the power struggles fought amongst mental health professionals and between them and their patients'. Traditionally, within the biological paradigm, the notion of attempting to understand the phenomenological position of the individual described as experiencing psychosis was perceived as a futile endeavour. Those experiencing psychosis were deemed to be incoherent and thus incapable of conveying tangible information (Bentall, 2004). Despite evidence to the contrary, proposing that psychosis is a meaningful response to environmental stressors or trauma (Bentall et al, 2012., Corsten and Longden, 2013), this reluctance to engage with psychosis continues to influence psychiatry as professionals may remain reluctant or uncertain how to engage in dialogue with service users about their psychotic symptoms (Farrelly & Lester, 2014; McCabe, Heath, Burns et al., 2002; McCabe & Priebe, 2008).

Examples of anomalous meaningful utterances have been observable since the early 20th century, especially within the field of dynamic psychiatry. Pierre Janet had pioneered the development psychological frameworks (Crabtree, 1993, 2003) and Sigmund Freud, amongst others, was refining and pioneering psychotherapeutic techniques, fuelling the diversion and

separation from the dominance of the medical model at that time (Ophir, 2015). In his publication of *The Red Book*, Carl Jung (2009) noted his own, quasi-psychotic experiences, explaining these as the mind attempting to compensate for what has not or cannot be recognised consciously (Gale et al., 2013). Jung emphasised the responsibility of the therapist to try to understand the meaning behind the psychosis (Cavalli, Hawkins, & Stevns, 2014), suggesting that there was little validity in a model which failed to consider such phenomena as a reaction to events endured by an individual (Cavalli et al., 2014; Jung, 1963; Lacan, 1981/1993). In his thesis, Lacan (1932), a psychiatrist and psychoanalyst, documented his work with Aimee, proposing that her utterances and presentation, are understandable within the context of other biographical information. In documenting the eruption of the unconscious into the real world through discourse and language, Lacan argued that the language of the individual is the key resource in attempting to reach a deeper level of understanding in relation to psychosis (Benvenuto & Kennedy, 1986).

In the 1940s and 1950s this focus on language and talking cures continued to proliferate into wider psychiatric practice. Pioneering mental health nurse Annie Altschul worked alongside psychiatrist Maxwell Jones in establishing alternatives to pharmacological treatments, such as group psychotherapy which laid the foundation for future therapeutic communities (Jones, 1942; Winship, Bray, Repper et al., 2009). In the 1960s the psychiatrist R.D Laing (1960b), railed against what he considered to be a myopic view of psychosis within psychiatry, a view in which utterances are pathologised rather than understood. Laing opened the therapeutic community named Kingsley Hall,

which against the orthodox psychiatric paradigm, encouraged individuals to voyage into their psychosis, proposing that this practice would result in greater understanding of the self and the birth of a new ego (Scull, 2014). Whilst accounts of Kingsley Hall suggest a complex environment (Chapman, 2021), individual narratives provide an insight into the way in which people were able to journey into madness to discover meaning (Barnes & Berke, 1971; Chapman, 2020). Moreover, the influence of Laing's conceptualisation of symptoms of psychosis as intelligible and meaningful can be observed within future therapeutic approaches such as by approaches such as open dialogue (Marlowe, 2015).

Specifically in relation to the experience of hearing voices, Romme & Esher (1989) challenged the biological paradigm in publishing their interviews with 20 voice hearers, who were not receiving mental health services, and not acutely unwell despite an absence of psychiatric input. These interviews directly challenged the reductionist notion that voice hearing is a pathological symptom requiring elimination; and since the time of its inception, the hearing voices movement and its associated network has spread around the globe (James, 2001) developing increasing robust anomalous empirical data to support the assertion that voice hearing can represent a protective mechanism, transforming uncontrollable, unspeakable internal conflict into an external manifestation (Corstens et al, 2012).

The Anomaly of Complex Aetiology and Taxonomy

Aetiologically, from a biological perspective, psychosis is conceptualised as something which originates within individuals, a form of brain disease or

biological irregularity. This taxonomy fails to reflect either the diversity of experiences described as psychosis (Guloksuz & van Os, 2021), or the multiple complex factors associated with aetiology of psychosis (Moncrieff & Middleton, 2015). However, since its Kraepelinian inception, this perspective has orientated psychiatry towards an understanding of psychosis as a discrete disorder originating from a biological or neurochemical abnormality (Broome, 2013; Ebert & Bär, 2010; Read & Dillon, 2013).

As biological science has progressed, the techniques available to study the brains of people who have experienced psychosis have improved significantly, moving from the postmortem examinations of Kraepelin (1913) and Alois Alzheimer (Hippius & Müller, 2008) to the MRI scans and voxel-based morphometry of contemporary medicine (Bentall, 2004; Palaniyappan, Maayan, Bergman et al., 2015). In recent years investigations have focused on exploring the potential influence of factors such as inflammation (Martinez-Cengotitabengoa, MacDowell, Alberich et al., 2016) and epigenetics (Pidsley & Mill, 2011). However, despite these developments, there remains an absence of an identifiable pathology underpinning psychosis, which can be understood in isolation from an individual's social and psychological experiences. Even the central pathophysiological role of dopamine dysfunction has recently been called into question, following a meta-analysis revealing that there was no evidence of variability in neurochemical measures between those identified as high risk of psychosis and control groups (McCutcheon, Merritt, & Howes, 2021). In contrast, emerging evidence continues to highlight the previously ignored impact of

childhood traumas on the development of psychosis in adults (Bebbington, 2009; Read & Bentall, 2018).

The rate of schizophrenia has traditionally been reported as just under 1% of the population (Stilo & Murray, 2010). However, this 1% statistic is itself anomalous owing to its reported uniform prevalence across populations, locations and cultures, making schizophrenia unique amongst diseases (Murray, 2008). Moreover, this general statistic fails to capture the heterogeneity and idiosyncratic nature of experiences of psychosis (Cicero, Jonas, Li et al., 2019). Meta-analyses have shown that psychotic experiences such as hearing voices or experiencing paranoia, may be experienced by approximately 8% of the general population (Linscott & van Os, 2012; van Os, Linscott, Myin-Germeys et al., 2009), with certain psychotic features such as paranoia experienced at a significantly greater prevalence (Bebbington, McBride, Steel et al., 2013). Moreover, there is increasing evidence suggesting that psychotic symptoms might be more prevalent within society amongst those who do not have a clinical psychotic diagnosis (Kelleher, Keeley, Corcoran et al., 2018; Murray & Jones, 2012; Peters, Ward, Jackson et al., 2016), and are not in contact with mental health services (McGranahan, Jakaite, Edwards et al., 2021).

Diagnoses such as schizophrenia or psychosis have been contentious topics since their inception (Geekie & Read, 2009), despite updates and reviews of diagnostic manuals continuing to attempt to refine the diagnostic validity for psychosis. However, narratives of scientific progress are arguably founded on clinical judgement, legitimatised by those making the diagnosis (Rogers & Pilgrim, 2014), rather than empirical evidence (Ross, 2014). This critical

discourse is perpetuated by research suggesting a lack of reliability in the traditional biological diagnostic criteria for those diagnosed with psychosis (Dalby, Morgan, & Lee, 1986; Harrow, Goldberg, Grossman et al., 1990; van Os, Gilvarry, Bale et al., 1999), and an increasing argument that psychosis needs to be considered in relation to a transdiagnostic spectrum of human experiences (Guloksuz & van Os, 2018). Moreover, some argue that rather than creating a shared language, diagnostic manuals have created 'epistemic blinders' which dominate the thinking in relation to psychosis (Hyman, 2010).

The Anomaly of Pharmacological Inefficacy in Recovery

The term recovery is complex, requiring an understanding of the difference between 'clinical recovery' and 'personal recovery' (Anthony, 1993; Mitsunaga-Ohmuro & Ohmuro, 2021). Traditionally, within the biological paradigm, the notion of recovery in relation to psychosis has primarily focused on clinical recovery. Remission of perceived symptoms is considered as a key indicator of recovery, as opposed to the idiosyncratic process of personal recovery, involving individuals recovering a sense of self and purpose beyond the limits of illness (Slade, 2009). In pursuing clinical recovery, pharmacology has been an essential resource within the treatment portfolio of psychiatry (Whitaker, 2011), offering pharmacological interventions for those experiencing psychosis, as supported by the existing biological paradigm (Ban, 2007).

The majority of the early pharmacological treatments for psychosis arose following the serendipitous observation of a surgeon using the newly synthesised drug Chlorpromazine, as an anaesthetic agent (Laborit et al,

1952). The observation that the tranquillity evoked by this drug might have applications within psychiatry was adopted quickly into the biological paradigm with administration to patients beginning in 1952, despite the mode of action remaining unknown until 1963, when the blockade of dopamine receptors was first identified as the predominant mode of action for these medicines (Carlsson and Lindqvist, 1963). In recent years, the use of these medications has becoming increasingly frequent (Royal College of Psychiatrists, 2018), arguably perpetuated by the biological narrative of psychosis as an illness located within the individual, requiring a cure, has permeated broadly into society, (Szasz, 1998; Whitaker, 2011).

As suggested by Morrison, Hutton, Shiers et al. (2018, p. 83) 'the efficacy and effectiveness of antipsychotics to produce clinically meaningful benefits for people with psychotic disorders have been overestimated'. This overestimation has arguably orientated mental health nursing practice towards prioritising the administration of medication, despite the potential for re-traumatisation (Bull, 2018). A World Health Organisation (WHO) study undertaken in the 1990s compared outcomes for people diagnosed with schizophrenia in 'developed' and 'undeveloped' countries. The results showed higher recovery rates from schizophrenia in 'undeveloped' countries and whilst the WHO did not identify a specific cause for this anomalous finding, it is notable that 'undeveloped' countries generally had less access to pharmacological resources and tended to not maintain people on antipsychotic medications for extended periods of time (Jablensky et al., 1992; Whitaker, 2004). Since this seminal WHO study, new antipsychotic medications have been introduced. However, these have been shown to be

no more effective than traditional antipsychotics (Leucht, Corves, Arbter et al., 2009; Lewis & Lieberman, 2008; Lieberman et al., 2005).

This is not to say that antipsychotic medications cannot have a meaningful impact. In the short term, people can benefit from antipsychotics and these medications may also offer some protection against relapse (Ceraso, Lin, Schneider-Thoma et al., 2020; Leucht, Hierl, Kissling et al., 2018; Leucht, Tardy, Komossa et al., 2012b). Moreover, a recent Cochrane systematic review found that maintenance antipsychotics prevent relapse to a much greater extent than placebo up until two year follow up (Ceraso et al., 2020). However, there is also evidence to suggest that early dose reduction of antipsychotic medication may lead to improved long-term outcomes (Wunderink et al., 2013) and that those who experience remission during the first two years may endure longer term social disability, often resulting from severe and debilitating side effects of medication (Moncrieff, Lewis, Freemantle et al., 2019; Wiersma, Wanderling, Dragomirecka et al., 2000). Antipsychotics have also shown to be ineffective for the significant number of individuals classed as 'treatment resistant', for whom multiple antipsychotics medications have failed to provide meaningful benefit (Dempster, Li, Sabesan et al., 2021) and psychosocial interventions appear to be more effective augmentative treatments (Ranasinghe & Sin, 2014). For this group of people, higher doses of antipsychotic medications may offer little benefit as despite a total blockage of dopamine D2 receptors, no relief or lessening of their psychotic symptoms is experienced (Samara et al., 2016). Clozapine is established as an efficacious treatment for refractory schizophrenia.

However, a Cochrane review highlighted that in relation to Clozapine

efficacy, data capturing quality of life and cognitive function remains limited (Asenjo Lobos, Komossa, Rummel-Kluge et al., 2010). Moreover, a subsequent meta-analysis reported insufficient data is available in relation to which antipsychotic medications are more efficacious for treatment resistant psychosis (Samara et al., 2016).

Conversely, there are interventions such as Soteria houses and peer support groups which report positive emotional, social and psychological outcomes for people who are experiencing psychosis, without any formal pharmacological intervention (Beavan, de Jager, & dos Santos, 2017; Calton, Ferriter, Huband et al., 2007; Longden, Read, & Dillon, 2018). The epitome of developments in this area is perhaps the introduction of a 'medication free' hospital ward in Norway (Nyttingnes & Rugkåsa, 2021), which appear to be more appealing to service users (Oedegaard, Davidson, Stige et al., 2020; Standal, Solbakken, Rugkåsa et al., 2021), although data on efficacy is currently minimal.

The contemporary paradigmatic crisis

The repeated challenges to, and anomalies within, the traditionally dominant biological paradigm have induced what could be viewed as a Kuhnian state of crisis. That is not to say that the dominance of the medical model has receded, in fact recent years have seen the development and publication of the most recent diagnostic manual (Ecks, 2015). Moreover, it remains likely that those accessing mental health services due to experiencing what might be considered psychosis, are likely to be offered treatment guided by the biological paradigm (Taylor, Paton, Kapur et al., 2015); treatments that have arguably become more refined in recent years, evidenced by the introduction

of second generation antipsychotics and their potential for a more tolerable side effect profile (Peluso, Lewis, Barnes et al., 2012). However, ongoing paradigmatic dominance should not be misconstrued as conceptual or paradigmatic superiority (Rogers, 2014), particularly as even those receiving the more innovative pharmacological treatments might experience few wholesale real world benefits (Geddes, Freemantle, Harrison et al., 2000; Keefe, Bilder, Davis et al., 2007).

Interestingly, for those working within contemporary mental health services, the notion of working within a crisis might well appear bizarre as they remain unaware of the existence of the competing discourses. Kuhn (1962) suggests that for many, revolutions are invisible as understanding is shaped by the dominant narratives, emerging from those in authority and disseminated through education. However, the state of crisis can become visible as witnessed by 'increasing vagueness and decreasing utility' of existing paradigms evidenced by the proliferation of new and novel theories into an established, once unassailable discourse (Kuhn, 1962, p. 71). An example of this proliferation is observable in the current clinical guidelines for the treatment of psychosis, published by the National Institute for Health and Care excellence (NICE, 2014). These guidelines currently recommend antipsychotic pharmacological treatment, cognitive behavioural therapy and family therapy. All of these treatments, whilst potentially effective (Jauhar, McKenna, Radua et al., 2014; Kahn, Fleischhacker, Boter et al., 2008; Seikkula, Aaltonen, Alakare et al., 2006) offer different ontological and epistemological understanding of psychosis, representing a microcosm of the current confusion in the field.

In acknowledging this potential crisis, one also acknowledges an 'essential tension', between the safety of remaining working within the confines of existing paradigms or taking a risk in developing new theories and ways of understanding (Kuhn, 1977). This tension is likely to only increase as increasing numbers of those working within mental health services endorse a variety of theories and models in relation to psychosis (Harland, Antonova, Owen et al., 2009). Whilst risk taking might be uncomfortable, scientific revolutions can only be resolved through exploration, debate and experiments within and between paradigms (Kuhn, 1962). However, there remains hesitance within practice to engage critically with the biological paradigm of psychosis, potentially reinforcing established approaches, discrediting novel approaches, and negatively impacting clinical practice (O'Donoghue & Crossley, 2020).

The Revolution and the implication for mental health nursing practice

Whilst the notion of revolution could be considered somewhat reductive, as it fails to consider the much more nuanced development of scientific knowledge (Levine, 2010); the term revolution is deliberately loaded with political associations within Kuhn's writing, making explicit the relationship between science and politics (Kuhn, 1962). In the political space, revolution is understood to be the result of an overwhelming sense that institutions, and the narratives which permeate from them, are no longer adequate to meet the demands of wider society. The history of nursing has been shaped by revolutions, forged in the discourses of competing social, political and ethical forces (Raiesifar, Firouzkouhi, Fooladi et al., 2016).

Revolutions seek to change the way in which society is structured or challenge the prevailing ideology within a society. It is a similar sense of dissatisfaction with existing rhetoric that has consistently driven previous revolutions within mental health systems, ranging from the establishment of the alleged lunatics friend's society in the early 19th century (Hervey, 1986) to contemporary service user or recovery movements seeking to challenge social injustices (Brosnan, 2012). In considering the closure of the large asylum hospitals, one must understand that this is not simply about the relocation of individuals from one space into another. This closure represents a societal recognition of a group of people who were quite literally placed outside of society (Killaspy, 2007).

Kuhn (1962) emphasises that the transition between paradigms is not straightforward and is marked by ongoing dialectics and struggles between competing ideologies and theoretical understandings. The competing theories are now myriad in relation to the understanding of psychosis (Cooke, 2017). However, a paradigm is more than just a theory, it is a way of viewing the world (Elad-Strenger, 2013), and so it is understandable that such a change could be experienced as challenging to one's identity and sense of self. For mental health nurses, revolutions can be experienced as very disorientating times, as nurses try to understand their role and place within the emerging paradigm (Hein & Scharer, 2015; Holmes, 2006).

In describing mental health nursing in the 1960s, Nolan (2020) described a period of great social change wherein many individuals left mental health nursing, being unable to reconcile the disparity between romanticised rhetoric of the psychiatric paradigm of the time, and the experienced reality of

oppression and indifference within the psychiatric systems. It is whilst working within these dominant paradigms that mental health nurses can be considered potential 'conduits for ideological powers' (Grant & Gadsby, 2018, p. 2), and consequently could have a significant role in either proliferating existing paradigms or driving revolutions as activists and revolutionaries (Morin & Baptiste, 2020).

Competing paradigms are often characterised by an inability to create a shared language which is mutually comprehensible (Kuhn, 1983). This difficulty in creating a shared discourse around psychosis is perhaps reflective of the shift from a realist, positivist understanding of psychosis to one which adopts a more relativist position, in keeping with the novel ideologies which have developed over the late 20th and 21st century, placing increasing importance on the narrative of the individual, whether this be the hearing voices movement (Romme & Escher, 1989), the recovery movement (Anthony, 1993; Slade, Amering, Farkas et al., 2014) or the field of health humanities (Crawford, Brown, Baker et al., 2015). All of these exemplars have moved towards a phenomenological understanding of psychosis, reclaiming the narratives, conceptualising psychotic experiences as psychologically defensive responses (Beavan, 2011) and emphasising the importance of meaning making and finding a new language with which to explore and understand these experiences (Corstens and Longden, 2013).

In this search for a new language, there is an observable commonality between each of the anomalies identified within this chapter; that of valuing the voice of individuals, a voice which has historically often been silenced or discredited. Engaging with these voices' echoes what Watson (2020, p. 699)

refers to as 'sacred activism', in which nurses transcend conventional knowledge or approaches, in search of more humane analysis and action. In mental health nursing, such transcendence can be observed in the legacy of nurses such as Hildegard Peplau, Eileen Skellern and Annie Altschul (Winship et al., 2009). This activism by mental health nurses, working within contemporary practice, both subject to and potential revolutionary within this ongoing crisis, resonates significantly with what Mannheim (1951) describes as integrative behaviour. Integrative behaviour is not simply about passive compromise, accepting the multitude of competing paradigms; rather it forces individual to utilise creative energy, exposing themselves to differing paradigms in order to discover new ways of being. This requires mental health nurses to listen, not only to listen to the dominant paradigm but to immerse themselves within the chaos of the crisis, embrace the uncertainty and develop a critical awareness of the paradigms which might be driving their practice and the future revolutions.

In searching for this new language and attempting to facilitate richer more humane dialogues, poetry offers a unique contribution. Poetry can contain complex emotions, thus supporting the expression and development of self-identity (Carvalho, da Fonseca, & de Melo Tavares, 2021; McGarry & Bowden, 2017). Poetry resonates with the way identity is shaped, maintained and transformed through our narratives (Faulkner, 2009), a process that has the potential to be especially poignant for those who have experienced psychosis, often characterised by a disturbed perception of one's self within their personal, environmental and social context (Leader, 2011). In mental health settings, poetry might hold the potential to promote greater

understanding and dialogue in relation to psychosis by supporting practitioners to, as Lucas (1993) describes, tune into the psychotic wavelength.

CHAPTER 3: CONCEPTUAL REVIEW: CAN POETRY SUPPORT THE UNDERSTANDING OF PSYCHOTIC EXPERIENCES?

Chapter Synopsis

The suggestion of a relationship between creativity and mental health problems has endured throughout modern psychiatry (MacCabe, Sariaslan, Almqvist et al., 2018). Poets specifically have long been associated with psychosis (Holm-Hadulla, Roussel, & Hofmann, 2010; Mason, Mort, & Woo, 2015), often seeking to cultivate and explore these experiences (Darcy, 2017); and tragically, occasionally failing to find their 'writing cure' (Kaufman & Sexton, 2006). Sigmund Freud, who arguable wrote very poetically (Curtis, 2013), was significantly influenced by the poets such as Goethe and proposed that both the poet and the psychoanalyst are drawn to similar existential examinations of life (Kristiansen, 2013). Moreover, Wilkinson (2009) proposes an analogous relationship between poetry and psychotherapy in that both explore relationships between oneself and one's lifeworld; both are rich in metaphor and meaning, and both are seeking to express the pre-communicable.

However, despite some innovative work exploring the therapeutic potential of creative writing (Synnes, Romm, & Bondevik, 2021), the potential of poetry in relation to psychosis remains under researched and potentially under appreciated. The use of poetry to support recovery from psychosis remains a significant divergence from the dominant treatment protocols which are generally orientated towards pharmacological intervention, as is reflected in

contemporary healthcare guidelines, such as those in the UK (NICE, 2014).

This chapter will present a conceptual review which seeks to lay the foundation for future field work and data collection within the thesis by exploring the relationship between poetry and psychosis, based on a synthesis of existing literature. The aim of a conceptual review is to identify 'a network...or interlinked concepts that together provide a comprehensive understanding of a phenomenon or phenomena' (Jabareen, 2009, p. 51).

The conceptual review focuses on exploring the relationship between poetry and psychosis and in doing so will seek to identify the key constructs and their potential relationships (Miles & Huberman, 1994). Unlike a systematic review, the purpose of the conceptual review is not to try and present facts but rather to offer interpretations based on an inductive process of engaging with a range of literature (Levering, 2002). However, this does not mean that the process of conducting the review is not undertaken in a systematic manner. The stages of a conceptual review involve mapping a spectrum of multidisciplinary data sources, reading and categorising data, identifying concepts, deconstructing concepts, integrating concepts and synthesising the concepts into a framework before validating the framework to ensure its validity (Jabareen, 2009).

The review, based on this process and also influenced by the concept review guidelines outlined by Lilford, Richardson, Stevens et al. (2001) will help to orientate the future stages within this thesis. However, there is a risk that focusing solely on such research silences the voice of those experiencing psychosis due to their lack of participation in research (Evans, Rose, Flach et al., 2012). Therefore, stages two and three aim to further develop the

conceptual framework by firstly engaging with people who have experienced psychosis or are utilising poetry within their therapeutic practice when working with people experiencing what might be described as psychosis.

The review detailed within this chapter has subsequently been published in the peer reviewed Journal of Recovery in Mental health: Pearson, M., Rennick-Egglestone, S., & Winship, G. (2020). How Can Poetry Support the Understanding of Psychotic Experiences? A Conceptual Review. Journal of Recovery in Mental Health, 3(1).

Design of conceptual review

It is the aim of conceptual reviews to explore variations in the understanding of phenomena, presenting concepts not as individual abstract entities, but as situated within a network of meanings (Ayala, 2018). Therefore, this conceptual review did not seek to review all papers, but rather, due to the complexity of the topic, to explore the relationship between poetry and psychosis by searching and synthesising a range of evidence from a variety of disciplines, ensuring safeguards were established to help prevent bias (Lilford et al., 2001).

The initial stage of the present review involved searching for literature using established databases. The researchers selected the databases: the cumulative index to nursing and allied health literature (CINALHL), PsycINFO and the applied social sciences index and abstracts (ASSIA) in order to ensure there was a range of literature from health sciences, medicine, psychology and social sciences. One additional search was also undertaken

within the journal of *Poetry Therapy* due to the specific focus of the journal and its significant relevance to the focus of the review.

The terms 'psychosis' and 'psychotic disorder' were chosen as these represent the transdiagnostic terms for a much larger group of sub diagnoses (van Os, 2015). The transdiagnostic terms consider mental illness and diagnoses as existing on a spectrum thus encompassing the idiosyncratic symptoms, which might be experienced by individuals. Furthermore, the term psychosis is observed within contemporary diagnostic frameworks to reflect a range of mental health problems (World Health Organisation, 1992). The inclusion of schizophrenia followed the observation that the majority of research in this field has focused on the diagnosis of schizophrenia, as opposed to other psychotic disorders (van Os, 2015). The terms poetry, poetry therapy and poet* were used to focus the search within the interests of this literature review. Identical search terms were used in all searches undertaken across the databases, utilising the search terms 'psychosis OR psychotic disorder OR schizophrenia AND poetry OR poetry therapy OR poet*'.

Once duplicates had been removed, the results were then initially filtered by excluding results that were not available in full text, in English or were not peer reviewed. Following this initial filtering of results, the abstracts of the remaining papers were studied, and further exclusions were made based on relevance to the focus of the review; for example, some papers were excluded due to not relating to psychosis but rather focusing on other specialisms such as learning disabilities, neurodiversity or nurse education.

Following the initial database search, a library search was undertaken, using an online search engine to identify texts associated with the emerging key theoretical concepts related to the topic. This included psychosis, semiotics, health humanities, creative practice, art therapy and psychotherapy. This data was then augmented by a further search for grey literature, initially involving searching the archives of keynote presentations delivered at the National Association of Poetry Therapy annual conference. Additional grey literature was also highlighted through consultation with supervisors who identified some key texts relating the field of enquiry. To enhance the breadth of the review an online search was also conducted using internet search engine 'Google' to find blogs and online forums. As search engines do not have equivalent searching intricacies to databases, it was not possible to repeat the database search with identical key words and inclusion/exclusion criteria. Therefore, a search for psychosis AND poetry was undertaken. The results from this search highlighted a series of blogs associated with both poetry and mental health. The content was primarily people sharing their poems accompanied by stories and background to the poems. As the work recognises the individual experience of psychosis and poetry, it was relevant and important to include data available through blogs in order to gain some insight into the lived experience of psychosis in relation to poetry. Moreover, the knowledge gained from these blogs and forums is distinctly different and as such can provide an insight from online communities, adding new voices to academic discourse (Harricharan & Bhopal, 2014).

The data collected through the review was subject to an inductive analytic process influenced by a narrative review approach (Popay, Roberts, Sowden

et al., 2006) and a thematic analysis (Braun, 2006). In accordance with the narrative review guidance, attention was given to not over combining concepts due to the risk of losing discreet concepts. Rather the process focused on identifying the themes within the literature and exploring the relationships between these concepts. As with narrative reviews, the purpose of the results was to synthesise the evidence found within the review and present this in a way that represented the broad perspectives on the topic. Therefore, the initial synthesis was undertaken by the author, who identified the common theme and then synthesised into domains, which represent the elements of the conceptual framework. Once the initial domains had been developed, the domains and the elements contained within each domain were discussed with PhD supervisors GW and SRE due to their expertise in health humanities, creative practice, and narrative approaches. Following these discussions, the domains were then developed further through a process of discussion and deliberation regarding further sources of data which could be accessed to support the development of the framework. Furthermore, these discussions helped to refine the framework, defining the individual elements of the structure and identifying the distinct elements of each domain.

The final framework is presented as narrative descriptions of each domain, with each domain containing all the sources retained from the literature review which formative in its development.

Results

The following domains represent the conceptual framework generated following the synthesis of data gathered in the literature review. The

framework consists of three domains: psychotic language as meaningful poetics, poetry as an expression of psychosis and poetic exchange as therapeutic practice.

Table 1 - Conceptual review domains

| Conceptual review domains | Sub themes within domain |
|---|--|
| Psychotic Language as meaningful poetics | <p>Meaning within psychotic experiences</p> <hr/> <p>Psychosis as a medium of expression</p> <hr/> <p>Psychosis as an exercise in linguistic meaning making</p> <hr/> <p>Coherence within poetics</p> |
| Poetry as an expression of psychosis | <p>Narratives as central to identity and understanding experiences</p> <hr/> <p>Restricted narrative expression for those who have experienced psychosis</p> <hr/> <p>Poetry as carnivalesque language</p> <hr/> <p>The potential for co-narration of self with others</p> |
| Poetic Exchange as therapeutic practice | <p>Analogous relationships between poetry and psychotherapy</p> |

| |
|---|
| Language as key to understanding |
| Psychosis as a semiotic process |
| Metaphors as a bridge between external and internal realities |

The first of these domains relates to the way in which meaning making can be undertaken and achieved when working with individuals who have experienced psychosis. The second component focused on the linguistic theory underpinning the way in which poetry might present new linguistic opportunities to aid the expression and narration of self and experiences. Finally, the third component focuses on the way in which poetry is or could be used within psychotherapeutic clinical practice.

Psychotic Language as Meaningful Poetics

Psychotic speech has historically been viewed as unstable, and representative of the chaotic thought disorder experienced by an individual experiencing psychosis (Bleuler, 1982). However, this reductive hypothesis fails to consider that whilst people who have experienced psychosis often communicate in idiosyncratic linguistic terms, these terms are rich in emotive content (Chouvardas, 1996). The significance of acknowledging psychotic speech as an expression of meaningful communication is further emphasised when psychotic phenomena are observed not as a biomedical pathology, but as an expression of distress (Leonhardt, Hamm, Fogley et al., 2015; Lonergan, 2017; Longden, Madill, & Waterman, 2012; Longden & Read,

2016), an expression which is often communicated in response to profound trauma (Bentall, Wickham, Shevlin et al., 2012; Shevlin, Dorahy, & Adamson, 2007; Veijola, Mähönen, Nordström et al., 2016).

Whilst previous research has attempted to explore psychotic speech, this is often with a focus on observing underlying pathologies (Fineberg, Leavitt, Deutsch-Link et al., 2016). Much of the recent investigations in this area have focused on the potential of language features to align with specific diagnostic criteria (Junghaenel, Smyth, & Santner, 2008). Whilst providing some interesting insight into lexical markers and potentially contributing some diagnostic orientation (Fineberg et al., 2016), this field of research offers little in the pursuit of understanding the psychotic experience or supporting those who have experienced psychosis to make meaning from their experiences.

Whereas, when the linguistic system is approached as the primary system through which individuals make sense and meaning of their experiences (Anderson & Goolishian, 1988), those experiencing psychotic symptoms can be viewed not as passive victims, afflicted by a disorder, but rather individuals who are engaged in an ongoing meaning making process (Leonhardt et al., 2015). Unfortunately, a considerable barrier preventing individuals from completing this process is the manner in which psychotic speech is likely to be dismissed as incoherent within contemporary mental health clinical practice (Rodriguez-Ferrera, McCarthy, & McKenna, 2001).

The notion of coherence, referring to the quality of being logical, rational and reasonable are often qualities that are required within narratives whether those be personal or otherwise. Mandler (1984) suggests that the majority of stories, within society, follow a similar plot line, in which one event is

triggered by the next. However, a narrative which seems unimaginable is likely to be experienced as equally as incoherent as one which lacks the structural composition (McAdams, 2006). It could be argued that any narrative which tries to truly reflect the complexity of life will be incoherent, as life itself is often incoherent (Gergen, 1991). However, traditionally within psychiatric discourse chaotic narratives are viewed as an indicator of illness and disorder within the mind (World Health Organisation, 1992) or a lack of education (Lysaker & Lysaker, 2001).

McAdams (2006) asserts that the problem of coherence is ultimately perpetuated by the concern that one is not being understood. If the narrative that is being conveyed is not being understood, then the narrator is likely to recognise a futility in continuing the storytelling process, instead withdrawing from conversation (Adamson & Frick, 2003). Equally, the sense of futility may also pervade the mind of the interlocutor within the conversation. The interlocutor often fails to understand what is being conveyed whilst simultaneously being highly cognisant of the emotive haemorrhaging experienced by the narrator (Salvatore, Conti, Fiore et al., 2006). The result is an interlocutor oscillating between a position of confusion and care giving, with the likely result of both positions becoming ineffective.

The lack of a shared philosophical vocabulary is a significant factor in the labelling of a narrative as incoherent. The notion of coherence requires accepted linguistic parameters to designate what is considered rational in relation to an accepted positivist perspective (Fiumara, 2005). However, such a literal approach to language fails to engage with abstract concepts, and narrating abstract concepts is often at the heart of understanding and

narrating psychotic experiences. Therefore, the potential for expression becomes restricted as individuals find themselves unable to express their experiences within socially accepted parameters (Fiumara, 2005).

Interestingly several of the characteristics within what might be considered incoherent speech, such as loosening of association, are observed within poetry. Furthermore, when observed within poetry these features are not only viewed as coherent but are imbued with significant artistic and personal meaning (Chouvardas, 1996). Therefore, it may be that poetry offers a medium through which psychosis and psychotic narratives can be expressed. To accept and engage with the meaning expressed through poetry is not an exercise in striving for coherence, but rather represents an opportunity to engage with the incoherent and embrace the psychotic communication as another voice within the dialogue (Seikkula, 2002).

Unfortunately, such an embrace of the incoherent is somewhat counter intuitive within dominant contemporary psychiatric paradigms. To work with incoherence is to work with uncertainty and uncertainty is historically a topic which mental healthcare has struggled to reconcile, especially in the face of advances in other medical fields in which increasingly precise diagnoses can be generated (Wise, 2017). This 'tyranny of certainty' leads to the use of words becoming narrow and restrictive (Heath, 2001, p. 65). However, Strauss (2017) described uncertainty theory as a way of being, in which individuals acknowledge their own lack of certainty in a given situation, emphasising that they may be unsure where to look for answers to a particular question, and, in turn, free themselves to question and explore. It is the acceptance of not knowing which enables meaningful broad inquisition,

not restricted by the boundaries of more prescriptive models such as the medical or social model (Melia, 1984).

Poetry as an Expression of Psychosis

Whilst the importance of narratives has become increasingly ubiquitous in contemporary mental health discourse, observable in the emergence of specialities such as health humanities (Crawford et al., 2015) and narrative therapy (Carr, 1998), the notion of narrative within the human experience is historically omnipresent. In essence, all poems are small stories (Levine & Levine, 1999), and Niles (2010) emphasises that humans are natural storytellers, suggesting that the term 'homo narrans' to emphasise the role that narratives play within society. In fact, it is perhaps the ability of humans to engage so enthusiastically with shared narratives in order to define lived time which is one of the defining attributes of human society (Bruner, 1987).

It is the primacy of narratives, and their potential to oppress and dominate lives, which is at the forefront of theory associated with narrative therapy (Carr, 1998). Whilst it could be argued that all therapy is a linguistic undertaking (Anderson & Goolishian, 1988), a narrative therapeutic philosophy hinges on the concept that narratives incorporate the process of 'life making', in which not only do we tell our stories, but we can become our stories (Bruner, 1987). It is the construction and becoming of these narratives that remains paramount in the recovery process of individuals who have experienced mental illness (Johnstone, 2018; Schweitzer, Greben, & Bargaquast, 2017). However, it is also a breakdown in these stories, in the way in which narratives orientate us to the world, where the genesis of

psychotic disorders might be found, arising from a time when the incongruence between our established stories and our objective reality becomes overwhelmingly distressing (Rogers, 1959). It is in these psychotic states when the sense of self, which Parnas and Handest (2003) propose is inexorably intertwined with lived experience, is described as becoming diminished, no longer stable or undefined in some way (Parnas & Handest, 2003).

In reconstructing identity and narrative, it is those individuals living with psychosis who may face the greatest difficulties. Firstly, it is in breaking free of the social poetics and stigma associated with a diagnosis (Holmes, 2001), and secondly in identifying and utilising linguistic resources capable of conveying such complex subjective experiences (Hardest, 2002). Therefore, it is a medium such as poetry which has the potential to resonate deeply with personal experience (Furman, 2003), whilst simultaneously offering individuals a wider range of linguistic tools (Reiter, 2017), that may be therapeutically beneficial. The creation of narrative is not simply about the reconstruction of identity, but also represents a process of bearing witness to traumatic events, offering the potential for reintegration of the trauma within a sense of self (Thomas & Longden, 2013). The use of poetry in such a way is encapsulated by the work of Hoeweller (2012), who within his online blog, describes the use of poetry as a tool to convey and understand the terror and complexity of his psychotic experience.

It is possible that the allure of poetry as a medium to convey such complex experiences arises from its potential to exist as, what Bakhtin (1984) terms, carnivalesque linguistics. Similar to the way in which those experiencing

psychosis may create neologisms or play with words (Chadwick, 2012), carnivalesque language can be considered that which exists outside of established truth and order, and in some ways can be seen as a rebellion against the traditional confines of language (Blackledge & Creese, 2009). Furthering this notion of carnivalesque language, Bar-Am (2015) argues the importance of the notion of magical realism within the therapeutic sphere. This literary genre, containing magical and supernatural events interwoven with objective reality, into personal narratives has the potential to embrace elements of both poetry and psychotic experiences. Bar-Am (2015) suggests that this approach to understanding the elements of narrative, which cannot be understood within the confines of socially normalised structures, emphasises that by positioning oneself within a post-modernist understanding of narratives one can engage with the experienced narrative as objective truth regardless of wider cultural norms. It is this full expression of a personal narrative which is key to the therapeutic process (Kaufman & Sexton, 2006).

However, one must consider if a personal narrative is ever entirely created by one author as all utterances can be considered a response to previously encountered language (Bakhtin, 1984), perhaps all narratives can be considered as originating from the dialogical and experiential rhizome. As we engaged in therapeutic meaning making dialogue, those involved may transition from being in the dialogue to being the dialogue, in which meaning is co-created (Crisp, 2018). This notion of co-creation and co-narration is also commented on by Kristeva (1980) who suggests that upon starting narration the subject of the narration becomes transformed into 'neither

nothingness nor anybody, but the possibilities of permutations' (pp 74). In order for narration to commence the individual must first experience emptiness, a blank space in which the subject is created in collaboration with the addressee. It is the individual, who through this process of narration, formulates themselves as both the subject within the narration and as the subject of the utterance. This process of self-destruction and self-creation is one that is arguably omnipresent in mental health services as individuals seek not necessarily recovery, but rather discovery and post traumatic growth following mental illness (Rothenberg, 2006).

Poetic Exchange as Therapeutic Practice

The relationship between psychotherapy and poetry is one which continues to evolve but appears inexorably linked (Evans, 2009). Freud is cited as saying that it is poets who discovered the unconscious and not psychoanalysts (Berman, 1985). This apparent relationship has led some to comment on the analogous qualities of both poetry and psychotherapy. Amir (2017) suggests, using the terminology of music, that both poetry and psychotherapy work within the internal dialectic of tonal and atonal space within the psychic space of individuals. Wilkinson (2009) develops this notion further, suggesting that poetry and psychotherapy share three dimensions which overlap. Firstly, both are involved in experiences that are perhaps pre communicable. Secondly, both have a relational dimension in which individuals reflect on the way in which they relate with and attach to others and their environment. Thirdly, both poetry and psychotherapy are rich in metaphor and symbolism. It is perhaps this last dimension, the one associated with meaning (Wilkinson, 2009), which is most relevant in

consideration of the potential of poetry to support those who have experienced psychosis to understand their experiences. Moreover, it is this focus on meaning which emphasises the deeper exploration of language, beyond the immediately comprehensible.

Jacque Lacan was one of the first to operationalise semiotic theory in order to understand the metaphorical and symbolistic content within psychotherapy (Lacan, 1981/1993). The fundamental ontological position of semiotics is that language can and should be understood as a system of signs, expressed through a relationship between signifiers and signified (Berger, 2014).

Signifiers are the words, sounds or images that generate the concept and the signified is the concept, which is generated. This semiotic process is occurring perpetually, in which all individuals are practising semioticians, that is reading signs in order to understand and interact with other people, culture and society (Berger, 2014). However, despite the structuralist origins of semiotic theory asserting that personal narratives are inescapably shaped by larger forces outside of the individual's control, a distinction should be made between the system of signs which formulates language, some of which exist externally to the individual (Derrida, 1967; Tew, 2017), and the process of meaning making which exists internally and is created within the mind of the individual (Riffaterre, 1984).

It is this meaning making process, and the semiotic content within the language utilised within the process, which has the potential to hold therapeutic value. For Lacan, it is language, which is primarily the resource for psychoanalysis, and so much attention must be devoted to the analysand's use of metaphor and metonymy, the exchange of one word for

another. This use of language, potentially driven by the Freudian mechanisms of condensation and displacement (Dor, 2013), represents more than simply a choice of words, but rather signifies how one sees the world (Lakoff, 1980). Furthermore, it is a breakdown in this semiotic process that results in the development of psychotic phenomena. Kristeva (1980) goes further and suggests that psychosis arises from 'the borders where signification vanishes'. Herein, the authors suggests that if or when language fails to contain an experience or phenomena, individuals can be pulled into a psychic void, symbolised by semiotic chaos.

This chaos may also be observed in the way, during psychosis, the use of metaphor may shift from figurative representation to more concrete experience as an individual struggles to distinguish between thoughts, feelings and perceptions (Garrett, 2016). This articulation of metaphors in literal terms may, in turn, result in the metaphor being heard literally by the addressee (Kitayama, 1987). However, in order to understand these experiences, one must build a bridge between the idiosyncratic meaning produced by the individual and the broader shared understanding of the words and metaphors within a broader culture or environment (Kitayama, 1987; Mould, Oades, & Crowe, 2010). This position of emphasising the importance of looking beyond the initial experience of the language is also evident within poetry. Riffaterre (1984) suggests that when working with poetry one must first hurdle the obstacle of mimesis, rejecting the initial, obvious relationship of words to reality, in order to search for deeper, perhaps more esoteric meanings. This approach of searching for the more

opaque meanings, may require an acceptance of different realities existing simultaneously as experienced by different individuals (Posner, 2011).

Whilst this ontological underpinning has the potential to offer a more therapeutically responsive dialogue, as it has no agenda and embraces uncertainty, one must also consider the potential for the therapeutic space to become distorted due to a lack of boundaries. An engagement with poetry, just as in psychotherapy, is an enactment, an unconscious process undertaken by two individuals (Wilkinson, 2009). Therefore, there is the potential for the words and experiences of the author and reader/ interlocutor to become intertwined (Kaul, 2018) or for the reader/ interlocutor to annotate the poem and the subsequent meanings that come from their own experiences (Díaz de Chumaceiro, 1996a, 1996b). It is these moments that both parties may succumb to the allure of the affective fallacy, whereby individuals may conflate the poem or poetry itself and their own emotive response (Wimsatt & Beardsley, 1949).

Conclusions: Limitations and implications

The conceptual review outlined in this chapter proposes a relationship between poetry and psychosis consisting of three domains, psychotic language as meaningful language, narratives, psychosis and poetry and psychotherapeutic practice and poetry. This novel conceptualisation represents a departure from traditional biomedical paradigms and a refocusing on the significance of individual narratives and poetics, proposing that not only can psychosis be understood in terms of poetics, but also that such a poetic undertaking might hold significant therapeutic value (Mazza, 2017). Lucas (1993) proposes that in order to fully understand psychotic

communication, one must become tuned into the psychotic wavelength. The domains identified within this chapter, perhaps develop this notion further, proposing a poetic wavelength: a wavelength upon which both narrator and interlocutor are able to utilise poetry to narrate, understand and make meaning of psychotic experiences.

Poets have long wrestled with their tormenting muses (Berlin, 2008; Shaddock, 2006), and psychosis should not be venerated as a source of poetic inspiration. However, if psychosis, can be considered a form of poetry, in which the use of metaphor and metonymy are purposeful and not disordered (Lakoff, 1980), then perhaps the need for, and focus on, coherence is reduced. Moreover, this fresh assessment of psychotic speech enabled the narrator and interlocutor to engage in potential semiotic, psychological and linguistic processes in a more inquisitive manner, accepting the uncertainty and seeking dialogue.

There is an acceptance that the restoration of personal identity is crucial in the recovery process following psychosis (Hampson, Watt, & Hicks, 2019). It is often through the construction of narratives that individuals can arrive at such an understanding of their experiences and identity (Bruner, 1987). However, the limitations of formal language may at times restrict the expression of experiences as complex as psychosis (Hardest, 2002). Whereas poetry with its metaphor and semiotic laden stanzas may offer a medium through which an individual can not only craft their narrative but also shift the discourse into a form which holds the most meaning for them (Frank, 2013).

Strengths and limitations

The initial searches undertaken in order to identify literature, were not undertaken in an attempt to identify all literature associated with the topic, as would be the case in a systematic review. Rather the searches aimed to synthesise literature from a range of topics across a range of disciplines. However, it could be argued that the search terms used were rather broad and specific, seminal pieces of literature might have been missed.

Furthermore, although the research involved all three members of the team, the initial searches and primary synthesis was undertaken by one member of the team, which again, might have increased the potential for literature to be missed during the search process.

The search for grey literature also aimed to capture some of the voices of those with lived experience of psychosis. However, there is a limitation to how generalisable the experiences of people are who document their experiences online, especially considering the idiosyncratic and complex phenomenon of psychosis. Furthermore, there was limited collaboration with people with lived experience of psychosis in the development of the conceptual framework which might have further increased validity (McLaughlin, 2010).

Implications for practice

The majority of contemporary mental healthcare services, especially within Western Europe and North America, despite the identified shortfalls in this model (Sedler, 2016), continue to rely on the biomedical paradigm when working with those who are described as experiencing psychosis (NICE,

2014). However, for many individuals, this biomedical understanding of their experiences lacks meaning and may be further stigmatising (Jenkins & Carpenter-Song, 2008; Mueser, Lu, Rosenberg et al., 2010). Therefore, this conceptual framework seeks to advance the discourse in relation to psychosis, considering novel ways in which this phenomenon can be understood. It is the purpose of conceptual reviews to not only systematically identify existing phenomena but also to guide further enquiry within the empirical world (Blumer, 1954). Therefore, the conceptual framework presented in this chapter might serve to act as a foundation for further research, providing a conceptual orientation to guide further enquiry into the therapeutic potential of poetry for those who have experienced psychosis. Moreover, psychosis remains a complex phenomenon, especially in relation to how mental health services can effectively support those who have experienced psychosis in their recovery. For those working therapeutically with individuals who have or are experiencing psychosis, this conceptual framework might provide the basis for further poetic enquiry within their work, enabling a more polyphonic approach to understanding psychosis, which see past the immediate meaning of language and hurdle mimesis to consider the poetics of psychosis. Whilst the conceptual review does not prescribe specific activities to be undertaken by practitioners, it does provide an initial orientation to the way in which language and poetry could be utilised therapeutically within mental health services and therapy more broadly.

CHAPTER 4: METHODOLOGY AND RESEARCH DESIGN

Chapter synopsis

This chapter will describe the methodologies and research designs utilised within the thesis to explore the potential of poetry to support meaning making and recovery for people who have experienced psychosis. The previous chapter has proposed a conceptual framework in which poetry and psychosis can be situated. This conceptual framework provides the basis for the empirical research which will now be detailed within this, and subsequent chapters. Primarily the research will focus on answering two questions: i) Can written and spoken word poetry support meaning making in relation to psychosis? ii) Does this process of meaning making help people who have experienced psychosis in their recovery?

To answer these questions, the research has adopted two distinct but related methodological approaches, both of which are supported by poetic reflexive practice:

1. Narrative Inquiry - Narrative Inquiry, as a methodology, draws on a variety of underpinning epistemological positions, and arguably finds its origins within the field of anthropology (Clandinin, 2007). The construction of narratives is a form of meaning making and thus the stories which individuals create can provide an insight into the way in which lived events have been experienced and understood (McAdams, 1993). The focus on narrative inquiry, as opposed to other qualitative methodologies, is grounded in the notion that narrative

approaches focus both on *what* is told, and also *how* it is told (Reissman, 2008).

2. Research through design (RtD) - RtD has its origins in research through art methodologies and, similar to action research, is not solely concerned with the cognitive domains of research but also with expressive actions, impacting directly upon the world (Frayling, 1994). RtD considers research to be an iterative process, valuing the knowledge which is gained as a product of designing and creating new things. Frayling (1994) describes this approach as being concerned with 'artefacts rather than artifacts, deeds not words', it is both the experience of creating and the output itself which represent sources of knowledge (Zimmerman, Forlizzi, & Evenson, 2007).

Narrative Inquiry

The term narrative has become somewhat ubiquitous, with some commenting that the term has become diluted within popular discourse (Reissman, 1997). In the context of research, the term tends to be used rather broadly (Overcash, 2004), resulting in criticism for failing to establish a systematic structure (Higgins & Green, 2011). Therefore, within the context of this research it is important to explore and make explicit the underpinning ontological and epistemological foundations for the research, drawing on phenomenology, social constructionism, and critical realism.

Narrative research finds many of its origins in phenomenology, in which the researcher is attempting to understand the lifeworld of participants (Englander, 2016). This insight into the experiences of individuals and groups is essential in health and social sciences (Wojnar & Swanson, 2007), and

arguably, phenomenology in general, is reliant on narratives, as people require narratives and stories to express lived time (Ricoeur, 2010).

However, one cannot necessarily view narratives as simply an individual's reflections on an event, created within their own mind. Narratives, and utterances more broadly, are social in nature (Luft & Overgaard, 2012), and thus are active conversational forces in shaping meaning for the individual, whilst also offering reflections on the meta-narratives within a given society.

This assertion of narrative as societally situated, resonates significantly with the tenets of social constructionism, an epistemology that suggests knowledge can be viewed as shaped by existing social norms and structures (Potter, 1996). Social constructionism advocates the importance of exploring these social constructs so that we can gain an insight into the way in which power is flowing through a particular society, in the form of language, shaping the meaning of experiences. Therefore, social constructionist and post-modernist approaches to research often represent a critique of the dominant ideology within a system or society, emphasising a multiplicity of forms existing within a socially constructed world (Grbich, 2004). At the micro-level, social constructionism asserts that our social discourse, or narratives, are transformative, that it is through our relations with others, and through our narratives that we construct and reconstruct our experiences (Cruikshank, 2012).

This notion of self and societal creation through language, has the potential to lead to a profoundly relativist perspective, in which it is accepted that reality as an objective entity does not exist, and that each individual is exposed to only their own narrow window of experience and reality creation

(Baghramian, 2004). The critique of such an approach is that by emphasising and focusing on a multiplicity, the research will ultimately lead to a place of overwhelming alternatives and subsequent 'social and personal paralysis' (Parker, 1998, p. 22). Moreover, there are potential moral and epistemological paradoxes raised, especially when trying to explore traumatic, political or sociological phenomena within this context (Parker, 1998). For example, how can one research poetry and psychosis, if psychosis is considered as not existing as a stable phenomenon outside of the multiplicity of individuals' experiences.

In the case of this research, this tension is observed by adopting a critical realist inspired position in relation to narrative creation, in which the research acknowledges that psychosis exists, in a realist sense, as a phenomenon, with observable features and components. However, the research also simultaneously promotes the notion that the individual's narrative may represent the only true source of understanding as to the lived experience of psychosis. This approach highlights the potential for social constructionism and critical realism, which can be contradictory in nature (Cruickshank, 2012), to offer complimentary philosophies, especially in relation to micro-level social constructionism (Bhaskar, 1993). This philosophical position also recognises the potential political nature of personal narratives, as divergences from the paradigmatic traditions within a particular social space. However, in prioritising the narratives of individuals, some may query validity of data collected, suggesting that sources of information which might be erroneous as narratives are often subsequently imposed following experience and thus must be subject to critical reflection (Meretoja, 2014).

This raises an interesting issue regarding truthfulness and narratives. Spence (1982) proposes there is a difference between narrative truth and historical truth. This is not to suggest that people are not truthful in their accounts of experiences, but rather that their understanding of experience is not universal and is shaped independently, through language and social discourse (Wertz, Charmaz, McMullen et al., 2011). Therefore, since the idea of objectivity is viewed as an unachievable goal, (Abma, 2002), narrative research is not necessarily focused on the notion of truth but rather on the idea of verisimilitude, a quality of accurately capturing a lifelike experience of individuals within their lifeworld (Bruner, 1986). A narrative can be considered an active reconstruction of events in the process of meaning making and understanding. However, for the narrator, there are of course decisions to be made in relation to what content is shared and included within the plot of the story (Abma, 2002; Carless & Douglas, 2017).

A positivist epistemology has historically orientated much of the research and practice within the field of mental health and psychiatry (Porter, 2003). The result of this, in relation to narrative, has been the creation of dominant universal narratives which attempt to shape the global understanding of phenomena, as observed in the creation of diagnostic manuals such as the DSM-V (American Psychiatric Association, 2013). Whilst some might argue that the development of classification and diagnoses are essential in improving care, knowledge and evidence based practice (Galatzer-Levy, 2014; Melnyk & Fineout-Overholt, 2011), such narratives reach far beyond the psychiatrists' office. These 'master narratives' represent more than just a script, they offer ways of evaluating oneself against the moral, ethical and

archetypal myths within one's society (Fivush, 2010). It is these master narratives which can become transposed into 'common sense' (Burr, 2015), defining what 'should be' and prescribing orientations and behaviours in keeping with the culturally shared beliefs (Freeman, 2007).

The influence of these master narratives in relation to mental health is firstly that experiences can become re-authored to reflect the dominant narrative. Language cannot be observed as a neutral space, and within any society, group or individual there will be competing discourses shaping the understanding of an event or experience (Burr, 2015). However, power flows through the language, especially in healthcare, resulting in a state of medical surveillance, wherein all in a sociality are constantly monitored and assessed against the accepted normal state of health (Armstrong, 1995). In relation to psychosis, one might suggest the master narrative has been established since Emil Kraepelin first proposed the notion of dementia praecox (Porter, 2003). Although the discourse has developed, the field of psychiatry remains bound within the linguistic history and limitations (Scheibe & Barrett, 2016). Moreover, it is this linguistic history which lays the foundations for contemporary understandings, as nuance is lost, and ideas become crystallised. As Sarbin (1990b) suggests that the metaphors within our language can become a literal representation, these myths then become universally accepted within the dominant narrative. In this context, experiences of what might be considered to be psychosis, become reduced to pathological processes, in what Kirmayer (2003, p. 169) describes as a 'failure of imagination'.

Secondly, these grand narratives hold the potential, often exercised, to silence competing perspectives. Moreover, it is these narratives which shape the parameters for what can be considered legitimate discourse around a phenomenon. This has the potential to be particularly problematic for those who have experienced psychotic like experiences, as individuals may be faced with the need to accept a biomedical narrative for their experiences (Armstrong, 1995), abandoning alternative narratives and preventing further meaning making (Fox, 1992). As Fiumara (2005) states, the reduction of life experiences to the ontogenetic perspective reduced language to purely a form of communication, attributing characteristics within a taxonomy, rather than considering language to be a process of creating meaning. Thus, as Aristotle spoke of denying slaves complex and rich vocabularies (Fiumara, 2005), those who have experienced psychosis are denied the opportunity to express their experiences meaningfully. As a result, the individual's communication of that distress becomes split off and unrecognised in favour of the narrative which shapes the experience within the context of neurotransmitter imbalance (Greenwald, Ben-Ari, Strous et al., 2006).

It is within this context that narrative approaches to research can be seen as political, emancipatory endeavours (Skultans, 2003). Narrative research seeks not to simply gather information but to engage with participants holistically in trying to understand their world. The research does not enforce a discourse but rather seeks to elicit the discourse of the individual in whatever way is most authentic, in an attempt to bridge an understanding between previous experiences and contemporary understanding (Kirmayer, 2003). Sarbin (1997) highlights the importance of the *believed-in imagining* a

term used to describe the ability for humans to create worlds separate from, or in contradiction with our environment. It is within this space that narrative research situates itself, within the created world of the individual, but also acknowledging that new spaces are being created within the research, within the interview and between individuals.

Research through Design: Surviving by Storytelling

The practice of research through design (RtD) is well established within fields such as human computer interaction, in which the relationships between humans and their material world is examined (Rocha, Tomico, Tetteroo et al., 2021). The process of RtD is characterised by the exploration of both problems and solutions; new knowledge is generated through the iterative process of designing and making things (Zhu, Hedman, Feng et al., 2017; Zimmerman et al., 2007). Dow, Glassco, Kass et al. (2010), describe this as a trial-and-error approach, wherein emphasis is placed upon developing a range of solutions rather than trying to focus on the perfect solution.

Research through design is a methodology which originates from research through art (Frayling, 1994) and focuses on the generation of knowledge through the process of reflecting on a design process and the artefacts produced as a result of that process (Frayling, 1994). In this thesis, research through design is used to generate knowledge from the Surviving by Storytelling project; a series of poetry and creative writing workshops specifically developed and delivered focusing on mental health. These workshops are based on narrative therapeutic approaches (White, 2007b), and provide a space for people to explore their personal biographical narratives and share their stories in relation to mental health.

RtD provides researchers with the opportunity to approach situations with uncertainty whilst remaining a legitimate method of inquiry (Zimmerman, Stolterman, & Forlizzi, 2010). This acceptance of uncertainty is helpful when undertaking research related to the humanities, as Archer (1995) suggests that there is no objective research within the humanities. However, due to the subjective nature of all activity, emphasis should be placed on the importance of the researcher clearly stating their 'ideology'. This term is used to refer to the interpretive or epistemological system which underpins the way in which the researcher is making sense of their observations. The ideology within these workshops is that of narrative and social constructionism, as discussed earlier in this chapter, prioritising the importance and value of narratives within people's lives. As Sarbin (1986) states, life is experienced through stories and narratives; and this is the underpinning philosophy of *Surviving by Storytelling*. Frank (1997) described this as the way in which people who are ill are wounded, not just in their mind or body but also in their voice. Therefore, storytelling represents a way of recovering this voice.

This notion of research through this process is occasionally criticised as not fitting within the broader epistemology of science in which observation and analysis of the natural world is often the priority, with replicability and prediction considered important (Clarke, 2018). However, as this narrow concept of research is reductive and doesn't reflect the value of the knowledge which can be generated through a method such as research by design which is 'not systematic hypothesis, or structures of thought or orderly procedures, but potting shed, hit-and-miss, sorry I blew the roof off but you know how it is darling, craft work' (Frayling, 1994, p. 2)

Poetic reflexivity

Throughout the PhD process the author has engaged in reflexive poetic practice. This process of reflexive practice echoes the tenants of journaling in facilitating inner dialogues and supporting the development of meaningful reflection (Kaufman, 2013). A researcher is narrator of their experience within their project (Elliott, 2005a), and as with participants within research, it is through liberating and narrating experiences, that these can be explored further. The process of writing poetically, in constructing language differently, requires the authors to search for new meanings, rejecting previous utterances as insufficient to capture lived experience (Connor-Greene, Murdoch, Young et al., 2005).

Both poetic writing and research practice require individuals to be able to synthesise information and see issues in new ways, analysing issues within the context of deciding how to proceed and communicate in expressing their ideas to others (Connor-Greene et al., 2005; Sternberg, 2003). Therefore, this reflexive process can be considered as not only a process in enhancing the rigour of the research, but also a process in supporting the researcher, particularly for an early career researcher, to develop their identity (Seaborne, 2020).

This process of journaling can be undertaken both concurrently as emotions emerge whilst undertaking the research or retrospectively in order to record thoughts and feelings (Rager, 2005). However, it is recommended that reflexive journaling be commenced early with the research as to embed it within the research process (Sharma & Rickly, 2018). In this research, the author has been writing poetry for many years, and is comfortable with the

introspective examinations which often accompany writing poetry (Podkorytova, 2019). However, in order to transfer these existing skills into the context of the PhD, the author began to keep a journal specifically for reflexive notes in relation to the PhD.

The researcher utilised some of the principles of ethnographic data collection in making jotting as the research progressed at what felt to be key moments or moment which were experienced with significant emotional resonance, which served a fragments or memory which could be returned to later (Emerson, 2011). The author would then return to these fragments regularly throughout the PhD process, particularly during the months of data collection, and use these notes as inspiration for undertaking further writing. This further writing was often initially undertaken as what might be termed as 'free writing' or 'automatic writing'.

Ethical Approval

The research proposal was submitted to the School of Education research ethics committee at the University of Nottingham for approval prior to conducting any fieldwork or data collection as detailed in chapter five. This process of ethical review helps to ensure that the safety of all participants has been considered within the research. Whilst all topics are potentially sensitive and have the potential to cause distress (Elam & Fenton, 2003), this research will involve working with people who potentially experience severe and enduring mental health problems, creating a situation where they might discuss potentially traumatic experiences and thus the risks or distress are increased (Carlsson, Blomqvist, & Jormfeldt, 2017). Therefore, significant consideration has been given to ensuring the safety and emotional well-being

of participants and those conducting the research. It is important to emphasise that ethical approval was only sought in relation to the narrative inquiry component of the research. This component of the research involved human participants and obviously required ethical approval. However, the Surviving by Storytelling workshops were not designed as a research activity, nor was data collected from the participants as all the data included in the thesis is generated through the reflections of the author based on their experiences of facilitating these workshops.

Following the original application to the university ethics committee, four issues were raised which are relevant to discuss further within this chapter:

1. Vulnerability of participants
2. Working with distressing topics
3. Suitability of supervisors
4. Confidentiality in relation to anonymity

All of these points were addressed leading to favourable ethical approval and examples of the participant information sheet and participant consent form for the narrative inquiry interview study can be found in appendix E and appendix F. However, all the four points identified by the ethics committee merit further attention and will now be discussed in further detail.

Vulnerability of Participants

Despite the identification of vulnerable groups within the research remains an essential part of research ethics, there remains much debate regarding who should be considered vulnerable and how those identified as vulnerable might be safeguarded (Wendler, 2017). Vulnerable people might be

considered those who are at increased risk of any harm (Coleman, 2009). However, such a broad approach to the concept of vulnerability could be considered somewhat reductive, failing to consider the more nuanced aspects of vulnerability. Moreover, such a position might lead to a proposition in which every human subject should be considered vulnerable (Kottow, 2004). In relation to research, Wendler (2017) suggests that vulnerability in research be considered in relation to consent, risk, and justice.

Critically, the aspect of vulnerability relates directly to the safeguards which need to be put into place by the researcher, and undoubtedly the research community needs to have clear guidelines in place to ensure the welfare of vulnerable groups in relation to research (Smith, 2008). However, it is equally important to consider the importance of including vulnerable people in research as many groups considered to be vulnerable might have historically been avoided by researchers due to a lack of guidelines in relation to research or the group being too difficult to access. The result of this is that the voice of this group of people is silenced within the research (Ketefian, 2015), compounding existing social marginalisation (Griffiths, Wood, & Birchwood, 2018).

One of the concerns raised by the ethics committee was in relation to the ability of the participants with existing mental health conditions, especially those who have experienced what might be described as psychosis to fully consent and understand the potential distress resulting from engaging in research. These concerns perhaps reflect broader assumptions within western society, especially in relation to people who have mental health problems, particularly in relation to deficits of competence and capacity

(Lapid & Ho, 2020). Moreover, some might argue that those who experience psychosis, particularly during an acute phase, may lack skills in relation to social cognition, potentially resulting in unformed judgements, such as entering into a research study without fully understanding the demands and implications of this activity (Grossman & Bowie, 2020). However, when discussing people who have experienced psychosis, one is discussing a highly heterogeneous group and that the label of vulnerability could be viewed as potentially patronising or insulting, especially as these notions of vulnerability often reflect broader opinions about particularly groups more broadly within a society (Ensign, 2003). Vulnerability is a broad term encompassing a variety of situation and intrinsic factors; often the notion of vulnerability is appropriate primarily as a result of the social factors impacting an individual's life or sense of agency (Ensign, 2003; Grady, 2009). Therefore, there is increasing acknowledgement that there is a need to move away from categorising people or groups as vulnerable to a more analytic approach in which the nature and sources of vulnerability are explored in greater depth (Racine & Bracken-Roche, 2019).

When conducting interviews with groups that might be considered vulnerable, there often remains a fear regarding the potential of opening a 'can of worms' (Goldhill, 2016). However, qualitative research often focuses on populations who might be considered vulnerable by broader society (Ensign, 2003) and thus opening this can of worms might be essential to gathering meaningful data. Whilst it could be asserted that the author, as a mental health nurse, is experienced in having difficult conversations and working within compassionate ethical parameters (Barron, Deery, & Sloan, 2017), Ensign

(2003) suggests that in attempting to achieve rich data, a researcher can become allured by voyeuristic tendencies. This tendency perhaps highlights what Barker and Davidson (1998, p. 98) refer to as 'The myth of Altruism', referring to the way in which many of those working within healthcare, especially mental healthcare, are driven by a need to meet their own desires as well as help others.

Interesting, it is also important to consider the drives which might attract people to engage with the research. Much of the debate around the compensation is focused on the notion of financial payment (Collins, Strike, Guta et al., 2017), which remains a controversial issue (Pandya & Desai, 2013). However, there is perhaps also an issue to be explored around the potential for compensation in the form of improvements in mental health, as observed previously in research (Felsher, Wiehe, Gunn et al., 2018). This compensation may be more significant for marginalised groups, such as those who have experienced psychosis, as the provision of a non-judgemental space to explore their experiences might be rather rare (Mitchell, Wellings, Elam et al., 2007). However, this does increase the risk that participants might conceptualise the research interview as an element of therapy, resulting in a blurring of the lines between researcher and therapist (Moyle, 2002).

Working with Distressing Topics

Whilst the researcher has worked within mental health services for many years and is experienced in engaging in difficult and distressing conversations, it is important to resist complacency and to consider the

different role of researcher from mental health professional. The initial feedback from the ethics committee emphasised the importance of consideration, in relation to the focus of the research relating to potentially distressing topic, of psychosis and the lived experience of psychosis.

Lee (1993) identified three potential domains within which sensitive topics might be identified. Firstly, sensitivity due to the topic being intrusive and the participant potentially finding such a topic difficult to explore. Secondly, sensitivity arising from the potential of perceived risk of being discredited and thirdly sensitivity arising from power imbalances. As this piece of research has the potential to touch of all three of these domains, all will be explored further.

The first domain of intrusion is perhaps the most ubiquitous within research; the need not to intrude into private areas of discussion. The conversations occurring within the research interviews might concern experiences, which participants have not discussed before and therefore might not have immediately accessible words to contain their experiences. This is especially important in relation to this research, as narrative research assumes that there are internal experiences and phenomena which can be effectively expressed through narrative (Andrews, Squire, & Tamboukou, 2008).

In considering the risk of intrusion, the research will ensure that all participants provide informed consent prior to participating in the research. This process ensures that participants understand the research prior to sharing their narratives (Clandinin, 2007). Furthermore, this also provides the opportunity to discuss confidentiality with the participants. Whilst researchers will ensure confidentiality for participants, it is possible that some participants

may wish to remain identifiable, due to the person nature of their story and their reluctance to relinquish the narrative to be analysed without their association.

The notion of being labelled as discreditable, relates to the manner in which participants might fear disapproval or repercussions following revealing their thoughts and feelings to the researcher. The notion of credibility could be observed as closely aligned to the notion of coherence, in which historically the experience of psychosis is viewed as symptomatic of incoherent thought (Bleuler, 1982). If participants have experienced scenarios in which their experiences and their narratives have been observed primarily through a biomedical reductionist lens, then there is the potential for those individuals to present as hesitant to disclose their experiences. Lee (1993) identifies that such feeling might be especially heightened if the content of the interview is not one which is frequently observed within public discourse. For some individuals there may be limited opportunities to discuss their experiences of psychosis, and some might be reluctant to do so, especially considering the prevalence of shame amongst individuals who have experienced psychosis (Michail & Birchwood, 2013). This fear is not only relevant to the process of data collection within the interview but also must be considered within the context of data analysis, where there is the potential for meanings to become lost if narratives become fragmented (Elo, Kääriäinen, Kanste et al., 2014).

Finally, in relation to the notion of power imbalance, the first consideration is how the position of the researcher might be considered one of power and secondly, how the individual might have experienced sharing their thoughts and experiences within such hierarchical relationships. Participants may feel

that they have little control over the research, similar to the way in which individuals have experienced powerlessness in relation to their own mental health within the psychiatric system (Gehart, 2012b). This sense of powerlessness can potentially result in re-traumatisation of the participant during the interview (Moyle, 2002).

Suitability of Supervisors

An interesting component of the feedback related to ethic committee's query of the research supervisors with the initial feedback highlighted that the supervisory team was not composed of two medical professionals with clinical experience to guide the research. This was proposed as a potential weakness due to the focus of the research involving participants with mental health problems. As a team, this was considered to be an interesting, if a rather surprising assertion. Whilst the skills mix of supervisors and supervisees is essential in PhD research (Geraghty & Oliver, 2018), the notion that the supervisors required a medical background appears to be an erroneous reflection based on historical traditions of medically trained staff representing the leaders within research (Braidford & Terry, 2015). The suggestion of benefit from medical leadership within this research is particularly interesting when considered in the context of completing epistemological paradigms within the field of mental health, relating to who is considered to be an expert and hold legitimacy within the field (Basset, Newton, Beales et al., 2013; Becker, Sempik, & Bryman, 2010; Prytherch, Lea, & Richardson, 2018).

This history of medically orientated research is ubiquitous within the field of mental health, often dominating the discourse, as observed within diagnostic and treatment manuals (American Psychiatric Association, 2013; World Health Organisation, 1992). However, this traditional hierarchy of expertise and knowledge within the field of mental health has long been critiqued, often building on the arguments of the antipsychiatry movement (Szasz, 1961). In making this connection there is perhaps the tacit assumptions that this research is considered antipsychiatry. However, this term is somewhat reductive in understanding an epistemological position, with the original movement containing a myriad of social, political and humanistic perspectives (Oakley, 2017).

Confidentiality in Relation to Anonymity

The initial ethics application form, submitted to the committee, suggested that anonymity would not be enforced upon participants should they wish to be identified within the research. In particular the issue raised by the ethics committee was in relation to the research plan stating that whilst anonymity would be provided to participants, the option would also be available for participants to be named within the research if they did not wish to be anonymised. This notion was commented on by the panel who found this degree of flexibility to be troubling and suggested that the research adopt a more unilateral position in relation to anonymity within the research. This comment from the panel suggested that this unilateral approach to enforcing anonymity would be preferable. However, the concept of confidentiality has been acknowledged as potentially complex, with Tilley and Woodthorpe

(2011) suggesting that anonymisation may not always be desired or appropriate depending on the type and focus of the research.

The concept of confidentiality is linked closely to the principle of anonymity within research (Wiles, 2013) and it is easy for a researcher to fall into 'taken-for-granted' social norms of conducting research (Riessman, 2005), such as the dogma which normalises the process of anonymisation as an 'unwritten assumption' within qualitative research (Ní Laoire, 2007). There is the general understanding that maintaining confidentiality and anonymity cannot always be ensured, particularly if, for example, the participants share something within the research, which requires the researcher to act in order to preserve the safety of the participant or wider public (Gibson, Benson, & Brand, 2013; Leyva-Moral & Feijoo-Cid, 2017). However, outside of example explicitly relating to the safety of participants, there are times when research requires a much more nuanced understanding of anonymity is required within research ethics (Burles & Bally, 2018).

Kelly (2009) challenges this notion of research adopting anonymity as the default position, suggesting that the offer of anonymity might be impossible to provide in some cases and undesirable in others. Moreover, research participants have also been shown to have varying views on the subject of anonymity (O'Reilly, Karim, Taylor, & Dogra, 2012), with some research participants preferring not to be given a pseudonym or be anonymised within the research (Corden & Sainsbury, 2006). Therefore, one must consider the relationship between the participant and the story that they have chosen to provide as part of the research, as by imposing anonymity, particularly in the process of reporting qualitative data, such as quotes in text, one runs the risk

of enforcing a separation between the participant and their story (Coffey, Beverley, & Paul, 1996; Gerver, 2013). This power to rename someone participating in research should not be underestimated by researchers (Hurst, 2008), as failing to consider the process of renaming participants is 'at best thoughtlessness and at worst a type of abuse' (Lahman, Rodriguez, Moses et al., 2015, p. 449).

Lahman et al. (2015) suggests that when considered the issue of anonymity, and the identification of individuals within research there are three main considerations: relational considerations, developmental considerations and economic considerations. The issue of relational considerations suggests that although the participant might have consented to be identified within the research, those associated with the individual, who might be identifiable with their narrative, such as family, friends and colleagues have not consented to this process (Mellick & Fleming, 2010; Ní Laoire, 2007). Therefore, the researcher must consider the potential impact on those associated with the participant. Developmental considerations suggest that the researcher considers how the decision to disclose identity within research might shift over time; perhaps the person's life situation might change, and they might start to regret having their personal information viewable within the public sphere.

This is a significant consideration within this research, due to the potential assumptions and stigma around mental illness which continues to pervade western society (Corrigan & Watson, 2002; Van Beveren, Rutten, Hensing et al., 2020). These assumptions also tend to be more severe in relation to mental health problems such as psychosis or schizophrenia, especially in

relation to the prognosis and character of the condition (Angermeyer, Millier, Rémuzat et al., 2014; Harangozo, Reneses, Brohan et al., 2013; Schomerus, Matschinger, & Angermeyer, 2013) and regarding the potential treatment options available to an individual (Magliano, Read, Sagliocchi et al., 2013). However, it could be argued that by humanising these narratives, the researcher can support a move towards a more social or psychosocial understanding of psychosis, which has been shown to reduce stigma for those experiencing psychosis (Read, Haslam, Sayce et al., 2006).

In considering these factors and the complexity associated with this issue, especially where some consider anonymity to be a matter of degree as opposed to a binary choice of identifiable or non-identifiable (Hammersley, 2012) it was clear that a more flexible and egalitarian approach was required within the research. However, in offering this flexibility and in particular, offering the option for participants to be named, one must consider that there is a greater level of control afforded to the participant over the final outcome of the research. Whilst such a collaborative approach might support a reduction in potential power imbalances within research between researcher and participant, the danger here is this increased power afforded to participants might also impinge upon the researcher's freedom (Ní Laoire, 2007).

Narrative Inquiry: Research Design

The primary method of collecting empirical data within this research is the undertaking of narrative interviews. The interviews aim to capture a sense of the participant's story in relation to their experiences of mental health, psychosis, and poetry. This approach conceptualises narrative interviews as

not simply a series of responses to questions, but rather as the development of a deeper discourse (Mishler, 1991) in which both parties are collaborators. Therefore, the role of the interviewer is not simply about asking the questions but facilitating the elicitation of narratives. Moreover, narrative interviewing can be considered distinct from other methods of interviewing in that narrative interviews focus on the story rather than seeking to explore specific questions or agendas (Ziebland, 2013). Narrative interviews seek to avoid freezing 'events in an ever-reading present' (Sarbin, 2000, p. 258) but rather considers narratives as constantly evolving processes of meaning making, which can be explored within the interview. Reissman (1993) comments that people are natural storytellers and so embracing such an interview strategy requires interviewers to relinquish a level of control and embrace the uncertainty within the interview (Riessman, 2008). This approach, echoing the ethos of the uncertainty theory (Strauss, 2017), has the potential to broaden the discussion and offers opportunities for deeper and more meaningful dialogue. However, there is perhaps a tension here in that whilst the researcher is interested in stories, there is also an implicit need to extract certain data from the interview and thus if the interview fails to achieve this purpose it is arguably not fit for purpose (Bold, 2012). In acknowledging this tension, the researcher must also confront the issues that exist in relation to power within the interview. It is complex for an interviewer to fully respect the voice of participants whilst also exerting interpretive authority over their utterances (Clandinin, 2007). Moreover, the assumption that all participants are arriving, eager to share their story is likely to be erroneous and such a position has the potential to pressurise participants (Riessman, 2008).

The process of paying attention to the stories of others might represent a significant departure from traditional methods within qualitative interviewing (Mishler, 1991). If an interviewer is to fully engage with a narrative, then it is essential that the interviewer shapes the interview to provide the participant with freedom to express their narratives, without the limitations of overly structured questions or repeated interruptions or questions (Elliott, 2005a). Language can be considered the primary tool with which people approach the task of meaning making, and the dialogical nature of narrative research provides the opportunity for the researcher to engage with and explore narratives that might challenge culturally or socially accepted stories or mythologies (Carless & Douglas, 2017).

Sampling, Approach, and Recruitment

Successful sampling is essential to valid and robust qualitative research, and yet what constitutes successful sampling is a contentious issue (O'Reilly & Parker, 2012). This research utilised a purposive sampling approach, which although can often result in small sample sizes (Barratt, Ferris, & Lenton, 2015), is a beneficial approach when trying to research specific groups, especially those which might be marginalised (Peterson, Reisinger, Schwartz et al., 2008). In this case of participants within this research, people who have experienced psychosis can certainly be considered a marginalised group due to the level of stigmatisation which continues to pervade society (Burke, Wood, Zabel et al., 2016; Goodwin, 2014).

The sampling strategy has to align to the epistemological and ontological orientation of the research (Campbell, Greenwood, Prior et al., 2020), which

in this case was a focus on the narratives and stories of participants. Lucas (2014) described the social world as 'lumpy' using the analogy of a landscape with complex topography to describe the way in which people and phenomena may be spread out or clustered, and subject to various forces within their social world. Therefore, purposive sampling has the potential to illuminate the narratives of specific people who may hold different and specialist views or insights into unique problems or phenomena (Campbell et al., 2020), which in this case is psychosis.

The research identified prospective participants as those within one or both of the following two categories:

1. An individual with lived experience of psychosis who is reading or writing poetry.
2. A mental health or poetry practitioner who is actively using poetry in their therapeutic work with people who have experienced/ are experiencing psychosis.

In relation to the participants with lived experience of psychosis, a decision was made to not require participants to have a particular diagnosis.

Diagnosis remains a contentious issue within mental health research as the heterogeneity within diagnostic criteria has led some to describe diagnosis as 'scientifically meaningless' (Allsopp, Read, Corcoran et al., 2019, p. 15).

Some of this debate associated with diagnosis is arguably more intense in relation to psychosis, where the boundaries between different conditions have historically been poorly defined and continue to become easily blurred (Keshavan, Clementz, Pearlson et al., 2013). However, the decision to not

include a diagnostic requirement from participants does present both strengths and weaknesses for the research.

Diagnosis is often utilised as a label to differentiate and distinguish groups and individuals both within clinical healthcare practice and research. This ability to differentiate people is potentially very helpful in qualitative research and especially when using purposive sampling, as researchers need to ensure that the participants fit within the desired sample demographic. In this way, the use of diagnosis can be helpful in identifying a discrete group of people. Examples include the study conducted by Hui, Lo, Chan et al. (2018), where a diagnosis of schizophrenia or non-affective psychosis was used to identify people suitable to be interviewed regarding their perception of relapse in psychosis. Another example of this approach can be observed in the study by Brooke, Gucciardi, Ntoumanis et al. (2020), where recruitment was focused on people receiving support from early intervention in psychosis services within the NHS, and thus all participants held a diagnosis of first episode psychosis.

As shown in these pieces of research, the utilisation of diagnosis enabled the researchers to recruit specific participants. However, diagnosis also has the potential to act as a barrier in recruiting people to research by serving as a cue for stereotyping and stigma (Corrigan, 2007; Garand, Lingler, Conner et al., 2009). A complex relationship with diagnosis, or not agreeing with an assigned diagnosis, may present a barrier for people to engage with research, especially if people feel stigmatised because of receiving a particular diagnosis (Garand et al., 2009).

There may also be a question regarding the accuracy of utilising diagnosis as a requirement due to the questionable validity and reliability of diagnosis as a construct. Diagnoses such as schizophrenia or psychosis have been contentious topics since their inception (Geekie & Read, 2009), and increasingly the term psychosis is being thought to refer more to a continuum rather than a specific discrete condition (van Os et al., 2009). Despite updated diagnostic manuals being regularly published, the application of a diagnosis to classify a person's experiences remains arguably founded on clinical judgement, legitimatised by those making the diagnosis (Rogers & Pilgrim, 2014), rather than empirical evidence (Ross, 2014).

Meta-analytical data has shown that for conditions such as first episode psychosis there is diagnostic stability (Fusar-Poli, Cappucciati, Rutigliano et al., 2016). However, for other diagnosis such as prodromal syndrome, this diagnosis may be inaccurate as the majority may not go on to develop psychosis (McGorry, 2011). Therefore, there is the potential for significant harm if purely relying on diagnosis as a criterion, as those wrongly diagnosed may then be exposed to treatments, therapies, or research which are not only inappropriate but also reinforce a narrative and a certain diagnosis upon the person (Raven, Stuart, & Jureidini, 2012).

As this piece of research was not seeking to attract participants from within a health service, but rather within society as a whole, there is evidence to show that large numbers of people are experiencing psychosis and never accessing mental health services (McGranahan et al., 2021). Thus, requiring a diagnosis to participate in the study would have potentially resulted in the

silencing of people who are not receiving mental health services but have important stories to tell as part of this research.

There is also a sense in which a diagnostic label has the potential to homogenise a diverse group (Corrigan, 2007), an approach which is antithetical to engaging meaningfully with the narratives of individuals. Humans have always required labels in order to understand and craft the stories about the things that affect them (O'Reilly, 2017). However, there is the danger that diagnoses set the parameters for this story by framing an experience within the context of a medical and pathologised discourse (Strong, 2012). Therefore, the use of terms such as 'experiences described as psychosis' was utilised to try and attract people from a range of backgrounds who may give a variety of names and stories to their experiences. This consideration of language is well documented within health research, with examples such as Garand et al. (2009) stating they use terms such as 'changes in thinking' rather than 'mild cognitive impairment' in order to engage with participants sensitively and in a non-pathologising manner.

Once ethical approval was granted, recruitment was planned to commence in early 2020. However, due to the impact of COVID-19, the process of recruitment had to be redesigned with a transition to entirely online recruitment and data collection. Before the pandemic, conducting research online was becoming increasingly popular (Barratt et al., 2015), even within qualitative research (Gray, Wong-Wylie, Rempel et al., 2020). However, it does raise some potential issues in terms of accessibility for participants.

Recruitment was initially undertaken through social media, via sharing an advert on Twitter. This was then followed by targeted advertising of the

research through various poetry, mental health, and creative writing groups. Specialist organisations within the UK, working with people experiencing what might be described as psychosis (such as MIND, Hearing voices network, and National Paranoia Network) were also contacted to request that they disseminate the research through their networks.

In some ways, the shift to online researching may enhance accessibility for participants due to removing geographical boundaries or transport barriers and thus enable greater participation opportunities (Lo Iacono, Symonds, & Brown, 2016). This is certainly true to an extent within this research as participants were able to be interviewed from various countries across the world. Moreover, as people with mental health problems are potentially more socially isolated than their peers (Wang, Lloyd-Evans, Giacco et al., 2017), removing the geographical barrier to participation is potentially highly significant.

Also, there is perhaps an interesting comparison to be made with online mental health services, in that there is some debate around the potential of online mental health therapies being more attractive to people experiencing a higher level of perceived stigma (Crisp & Griffiths, 2014; Klein & Cook, 2010). Therefore, perhaps the opportunity to participate online may recruit people who may otherwise not wish to engage with research, especially as the stigma associated with health problems is an identified barrier in recruitment (Mitchell, Bragg, Moldovan et al., 2021).

However, to take part in online interviews, the participants would be required to have a degree of competency using digital communication technology. Anecdotally, this did become an issue with one potential participant who

made contact via telephone to enquire about participating in the research. During this initial discussion, the participant identified that they would not know how to access their emails to locate the participant information sheet, neither were they sure how to use communication technology such as SKYPE. Whilst support was offered and the participant stated that they would attempt to access the forms and make contact should they have further problems, no further contact was received from the potential participant, and it was felt not to be appropriate to contact them again due to the level of anxiety which seemed to be induced by the notion of needing to utilise this technology. Whilst this is only one anecdote from the data collection process, it perhaps does illustrate the potential concerns that people can have in relation to technology, which are echoed within wider research (Shapiro, Lee, Wyman Roth et al., 2017).

These potential problems are then compounded by the increased potential for people with severe and enduring mental health problems to have a lack of access to secure housing or electronic equipment (Isaacs, Beauchamp, Sutton et al., 2019). Therefore, consideration was given to the potential of some voices being lost during the recruitment process due to a hesitancy or an inability to engage with the research within the online space.

Data Collection

Individual narrative interviews were undertaken with the two identified groups of participants. Twenty participants were successfully recruited into the research, with nineteen of those participants being taken forward to data analysis. The reason for excluding one of the interviews was due to a

participant disclosing during the interview that whilst they had experienced various mental health difficulties, they had not experienced psychosis, and thus they were ineligible for the study. In the remaining sample of nineteen, sixteen people had lived experience of psychosis and three were mental health or poetry practitioners. Those with lived experience all reported previous experiences of psychosis ranging from brief episodes to more chronic experiences involving numerous acute episodes and significant involvement with mental health services.

Participant recruitment was stopped at the point where data saturation was achieved. This achievement of data saturation is considered the gold standard in determining adequate sampling sizes and can be described as the point at which no new information or themes are observable in the data (Guest, Bunce, & Johnson, 2006); a point some have referred to as information redundancy (Braun & Clarke, 2021; Lincoln & Guba, 1985). This is not to say that new information might not emerge in further interviews, but rather to acknowledge that the categories emerging from the data and the relationship between these categories is fully accounted for within the existing research data (Green & Thorogood, 2004).

Therefore, whilst the number of participants may vary considerably between different qualitative methodologies, sufficient sampling should be concerned with depth of knowledge rather than frequency or total number of data points (O'Reilly & Parker, 2012). The priority should be to establish a rich set of data, enabling a phenomena to be studied in depth and detail (Tuckett, 2004). Therefore, the point of saturation cannot be determined prior to data collection and analysis (Braun & Clarke, 2021). Intertwining data analysis and

data collection, as was done within this study, can help to identify data saturation (Bragaru, Van Wilgen, Geertzen et al., 2013).

The interviews were all conducted by the author of the thesis and all participants were interviewed following the interview schedule detailed in appendix A. Each interview began with participants being asked to provide the interviewer with their story in relation to poetry and psychosis. There were then follow up prompts to this question which were utilised by the interviewer if these were relevant and appropriate. The other questions were designed to support the development of the narrative, such as inviting participants to reflect on their relationship with poetry throughout their life. The approach to developing narratives within an interview is to introduce questions in a manner that reflects a potential chronicity of events, thus orientating the participant and providing opportunities for the interviewer to prompt or ask further questions as required (Riessman, 2008).

As all interviews took place either via video call or telephone, this did increase the potential for a perceived lack of interpersonal connection between interviewer and interviewee (Blakemore & Agllias, 2020; Seitz, 2016). Therefore, at the start of each interview, the interviewer made sure to spend some time introducing themselves both as a researcher and a writer of poetry. This process was felt to be important in establishing a rapport with participants and establishing the researcher's insider/outsider status (Gair, 2012).

Whilst this piece of research is not the first to undertake narrative interviews which are not face to face, such approaches are often considered to be second best (Holt, 2010). This is despite technological improvements

supporting the use of online methods of data collection (Deakin & Wakefield, 2014). Online interviewing is complex especially as the researcher may need to manage additional concerns from participants who may feel less confident online, especially if they are less technologically knowledgeable or if they have concerns around confidentiality or anonymity (Hooley, 2012). Lo Iacono et al. (2016) propose that these additional problems make researching potentially distressing topics more complex when done online, especially as online interviews can be subject to poor visual or audio quality or the call stopping or pausing which might negatively impact the conversation (Seitz, 2016).

This reluctance towards the online interviewing space is perhaps more understandable when considered within the context of the narrative paradigm. The elicitation of narratives is not necessarily an easy or straightforward process, often requiring the interviewer to be flexible and encouraging without overly prejudicing the response of the interviewee (Bold, 2012). However, negotiating these difficult interpersonal spaces is often found more difficult online, due to a perceived lack of connection and a degradation of the ability to read non-verbal cues (Blakemore & Agllias, 2020; Seitz, 2016).

The process of narrative interviewing can be considered an emotional labour, exposing, and influencing the human qualities of both interviewer and interviewee (Beuthin, 2014; Pederson, 2013). Therefore, in conducting the interviews online, it is essential to create a space which fosters that emotional connection. Such an endeavour is analogous to much of the work within mental health nursing where an ability to communicate and create

therapeutic relationships is central to therapeutic practice (Isobel & Delgado, 2018). Moreover, for many mental health nurses, qualitative or narrative research might resonate not only with their values but also with their skills in practice, specifically in relation to the use of self, the creation of relationships and a willingness to tolerate uncertainty (Cutcliffe & Goward, 2000).

CHAPTER 5: NARRATIVE INQUIRY – LABOVIAN ANALYSIS AND RESULTS

Chapter Synopsis

Labovian analysis orientates the researcher to understand the interview transcripts as representations of embodied stories and proposes that these stories can be understood in terms of underpinning narrative components, present within all stories whether factual or fictional (Andrews et al., 2008; Patterson, 2008). Through this process of identifying the components of participants' narratives the researcher is then able to focus on specific details within the participant narratives, specifically the evaluative components.

These are the elements of the story wherein the author details the meanings which they have constructed as a result of their experiences (Labov, 1972).

Moreover, by focusing on particular elements of the participants' narratives, this enables the researcher to making comparisons across the biographical narratives gained from participants, establishing themes and considering similarities and differences (Riessman. C, 2008).

This chapter will detail the process of Labovian analysis which was undertaken on the data gathered from the narrative interviews conducted with people with lived experience and people using poetry within their therapeutic practice. The results generated from this analysis are then presented as four themes containing associated sub-themes. Each theme will be explored individually, supported by quotations gathered during data collection. The chapter will then explore these results within the context of the broader evidence base.

Data analysis

A total of nineteen participants were recruited and interviewed, all of which provided informed consent and all of which were interviewed. The interviews took place either via video call or phone and all were audio recorded. The aim of these semi-structured interviews was to gather people's stories of their experiences in relation to psychosis and poetry. All of the interviews were audio recorded, and subsequently transcribed using the University of Nottingham automated transcription service. The transcriptions were and then reviewed against the source audio to correct errors and pseudonymise the data. This initial correction process was also considered an important stage of analysis through immersion within the data (Bold, 2012). The data was then subjected to narrative analysis utilising NVivo. The narrative analysis was based on Labovian analysis which proposes that personal narratives can be understood as stories, underpinned by five structural components, as shown below in table 1 (Andrews et al., 2008; Labov, 1972).

Table 2 – Components of Labovian Analysis (Labov, 1972)

| Stage | Labovian Title | Description |
|--------------|-----------------------|-------------------------|
| 1 | Abstract | What the story is about |
| 2 | Orientation | Who, when where |
| 3 | Complicating action | Then what happened |
| 4 | Evaluation | So what? |
| 5 | Result | What finally happened? |

Labovian analysis considers written stories, in this case interview transcripts, as not simply research data, but as representations of personal experiences

(Patterson, 2008). The analytical structure also enables the researcher to focus on specific aspects of the individual's story. The analysis focused on components 2-4, identifying the evaluative content within the narratives, is common when focusing on meaning making processes within narratives (Yardley, Kinston, Lefroy et al., 2020), especially those associated with emotionally laden topics (Romano, Dolores Porto, & Molina, 2013). This process was undertaken alongside data collection, following the method of constant comparison analysis, in which the interviews were analysed individually as data was collected, rather than waiting for all data to be collected prior to commencing the process of analysis. The approach of constant comparison analysis originates from the field of grounded theory (Strauss, Corbin, Denzin et al., 1994) and enables the researcher to develop the research and consider specific avenues to further research, in order to refine the data being collected. It is this process which enabled both data collection and analysis to remain an iterative process (Creswell & Poth, 2016). This process also helps to refine the interview questions themselves by uncovering trends which need further exploration within the stage of data collection (Lewis, Seponski, & Camp, 2011).

The process of analysis was inductive and firstly involved the author reading through and familiarising themselves with the data. Once familiarised the researcher began to code each interview transcripts using NVIVO, developing a digital codebook (see appendix G for a list of codes produced during this stage of analysis). These codes highlighted interesting and noteworthy elements of the narratives that related to stages 2-4 of the Labovian model. Once the evaluative components within each narrative had

been identified these were then compared across the data set and developed into initial themes (Appendix H). The purpose of narratives themes is to generate shared categories across participants' narratives, which reflected similar or shared meanings (Riessman, 2008). As narratives gathered within research are complex (Livholts, 2015), the focus during the analysis was not to overly combine the themes, but rather establish a framework which meaningfully represented the narratives within the data. These initial narratives were then refined through discussion and supervision with the supervision team. The initial draft of the findings was then shared with participants via a follow up phone or video call. During this call the participants were firstly presented with the initial emerging themes, detailed on a PowerPoint slide, which was either shared with them digitally or read aloud depending on participant's preference. Participants were then consulted on their initial thoughts and reflections in relation to these themes and any resonance of the themes to their experiences. During this time the researcher made further notes to refine the analysis. This feedback helped to refine the themes by reiterating the components which were felt to be most salient to participants.

Results

The results yielded four narratives within the data, each comprised of smaller narrative components. These are presented below in Table 2:

Table 3: Results: Narratives and Narrative components

| Narratives | Narrative components |
|---|--|
| The unsayable becoming sayable | The struggle to give voice to psychosis |
| | Metaphor and metre enabling expression |
| Play and discovery | Poetry as play |
| | Discovery of new meanings through poetry |
| Relational expression through poetry | Supporting expression in social networks |
| | Limited space for poetry in mental health services |
| | Carnavalesque communication |
| Poetry and recovery | Poetry and acute distress |
| | The role of poetic artefacts |
| | Poetic narration of preferred identities |

The unsayable becoming sayable

The Struggle to Give Voice to Psychosis

Schick Makaroff (2013, p. 485) defines the concept of the unsayable as ‘that which is not expressed yet alluded to through language and may be conscious or unconscious’. Whilst an element on the unsayable might be ever present within general discourses, during individual struggles to linguistically represent a thought or feeling (Schick Makaroff, Sheilds, & Molzahn, 2013), such a struggle against language is exacerbated when attempting to capture or narrate distressing or traumatic events (Busch, 2020). Participants spoke of not knowing how to give voice, or how to accurately describe their experiences, especially during the early stages of psychosis.

“I literally was like the words couldn’t come out my mouth and that was like a thing I was like I need to...I need to figure out what that is like. I can’t speak about this.” (Participant 14)

“I wanted to say something but don’t know how to say it in like normal person speak” (Participant 2)

Humans utilise language to appraise situations and emotionally regulate themselves (Kircanski, Lieberman, & Craske, 2012). However, participants commented that language felt inadequate or inaccessible when describing these experiences and there was also a sense in which capturing these experiences in language remained a challenge:

“...when I'm trying to write the weird stuff as a poem and it's because, I'm doing it because I can't figure out how I would ever verbalise what exactly is going on in my head...” (Participant 7)

“...lot of the time it's like it's a bit like, I guess dreams...yes, sometimes you can't explain exactly what was happening in your dream because it's something really uncanny or unnatural that can't exist, or you know when people say things like, well, I was me, but I was also you in my dream and you know stuff like that. You can only hold it in your head. There's no, it's really hard to explain it” (Participant 7)

This unsayable quality of these experiences was sometimes associated with significant fear in relation to exploring and verbalising these experiences:

“Once when you lose your mind, it is so unnerving. Scary that your brain could actually turn you, or so you think into something else...that's very, very scary” (Participant 9)

“...in psychosis, we always fear touching the deepest sufferings of a person, right, psychosis is a form of protection of suffering, and if we break their barriers they might explode, but we have to touch them every once in a while. We can't just pretend that they're not there” (Participant 17)

Metaphor and Metre Enabling Expression

Participants indicated a sense in which reading or writing poetry made such experienced more accessible, or more bearable, especially for those which

were acutely, emotively charged. Participants spoke of the importance of some of the devices and techniques within poetry which supported expression in a way which enabled communication. For some participants the structure or metre within poetry was significant:

“I quite like using haiku...it's just thinking specifically about the word choices. Cause you got so few syllables you really have to think about what you want to say” (Participant 2)

“It [poetry] says so much about such big things and it says so much about what is it like you say it's a massive issue and it's so complex and it's so complicated and there are so many streams and strands through it all that you'll never get to the bottom of all of it. But you can put little bits of it down. I think. I think that's what I'm trying to say. You can put little bits, little snaps of it all, and you know that helps at this time” (Participant 6)

Other participants, however, spoke of the way in which metaphor enabled the expression of thoughts or experiences which couldn't be captured in any alternative way:

“I had been in hospital and...I think they fucked up my blood, like I had so many cannulas in my arms that there was a massive bruise running from my hand up to my elbow...How do I verbalise what I'm thinking about this horrible thing on my arm and all I could think was that it's like a bruised snake that is crawling in me and I'm always going to know it's there. But even when the bruise disappears. Everyone else will think I'm better, but I know that it'll always be part of me be in me and that sort of thing.” (Participant 7).

These quotes are perhaps an example of what Wittgenstein (1919/1997) described as the difference between saying and showing, in that what cannot be uttered directly is expressed within the utterance:

“Unexplainable in normal terms, metaphor is the only way and then people go wow. That sounds amazing when actually that is the reality, and it perfectly sums it up. Whereas if you were trying to describe it in a conversation. You'd never get the right words out, and you would almost always be misunderstood” (Participant 18)

However, despite these opportunities for self-expression, participants emphasised that this process remained extremely powerful and has the potential to overwhelm or negatively influence mental health:

“I have tried to force it...I drank two bottles of wine, I wanted to write a play for my mother, God rest her and I just opened a Pandora's box that was like horrific” (Participant 12)

“I think about when I'm quite high, in like a bipolar ish sort of way, it's that speed of thought. Everything just got like, you're thinking really fast to get...and poetry lend itself to that rhythm” (Participant 5)

Play and discovery

Poetry as Play

Participants spoke of the way in which poetry could be playful and represent a space in which people could be creative with ideas and linguistics, playing with various ideas and fantasies. Such opportunity for play might be rare for people experiencing psychosis, who may be concerned that not speaking

literally, especially within a society which prioritises reason, could be misinterpreted as irrational and indicative of a mental illness (Fiumara, 2005):

“You don't have to write something that is definitely the case. You can write about it and play with those ideas and see what comes out and see what makes sense” (Participant 4)

“I could imagine, for example, I was an artist or something...think [how] I would feel like if I was an artist, like if I was a painter” (Participant 13)

This notion of poetry and play appears to relate to the idea of potential space, proposed by Winnicott (1971), in that both poetry and play can be conceptualised as an intermediate space, existing on the border between internal and external realities; providing the opportunity to reconcile fantasy and reality (Zeligman, Smith, & Tibon, 2012):

“It's so much like it's just the mixing. The poetry is the mixing pot, and then afterwards you can kind of start to figure out what it means” (Participant 14)

*“I think poetry can allow us to engage with the unsaid, the difficult, challenging the beautiful, the lovely and downright bloody ridiculous”
(Participant 12)*

Participants also spoke of poetry, in relation to the re-narration of experiences and associated emotions. In certain cases, this seemed associated with regaining a sense of agency in relation to past experiences and traumas:

“Put that anger as a character and it would become the woodsman...and I can do whatever I want to...killed off by a lion, or he can become powerless

at the end where he could be left as the perpetrator in that poem...because [he is] now no longer in here, he's now the woodsman" (Participant 9)

Moreover, poetry was reported to contain and potentially externalise experiences, preventing experiences becoming overwhelming and offering potential catharsis:

"I've heard voices, or I felt like I've got loads of spiders crawling up me and stuff and being able to compartmentalise that, in a way that feels OK to do so almost takes away the chance that it's going to be repetitive and recurring thing because by writing about it, you're all. You're accepting it because you're writing it down" (Participant 18)

"I had to write that shame out. It had to come out. It was just like I had some people I could talk to about it, but I needed something physical like I needed something intangible that you know" (Participant 9)

This containment then has the potential to support further exploration of experiences and also a potential empowering experience:

"Bringing that pain out in a poem is really helpful to just put it all down and see it, and see it and understand and I think pain on the inside is such deep trauma" (Participant 9)

"I find that expressing things of paper enables you to get feelings out like I can go and things like that which is empowering" (Participant 6)

Discovery of New Meanings Through Poetry

The notion of self-discovery is often discussed in relation to recovery in mental health (Hopkins, Foster, & Nikitin, 2018; Turner, Lovell, & Brooker, 2011), and participants spoke of how reading or writing poetry had led to discoveries and enabled a process of introspection:

“Well I think until you put the first line down, you don't really know where the poem is going...you start with a line and you write and you see how it goes.

You discover something as you're writing” (Participant 3)

This appeared particularly relevant in relation to trauma and the way in which poetry was described as supporting a process of giving voice to experiences which had previously been avoided:

“I described him on the paper and from that night just writing that I absolutely knew that I knew that they came from my sexual trauma as child...poetry and writing allowed me to see that I wasn't like crazy really. I was having my response to something that I just couldn't work out. I was having a response because I had never had any language to that. I did not understand.”

(Participant 9)

“I think I just allow space for thought kind of comforts you whilst you're processing and thinking. Instead of just feeling like you on your own. You're not on your own because you've got this poem guiding you through”

(Participant 15)

Moreover, there appeared to be an element of acceptance and validation within this poetic process. Participants reported narrating their experiences

meaningfully, striving toward more holistic understandings of their experiences:

“For me it's not so much processing trauma that poetry does, although it does do that. It's about affirming, affirming the things that everything else is encouraging you to dismiss is negative. Unacceptable bits whatever they may be including, most importantly, the matter what gets called psychosis”

(Participant 10)

“I've written it down now, I can look, as an adult, at that traumatic event and go, that was bloody awful. No wonder [I] felt so much fear and so much shame an but it's okay because I'm in control now” (Participant 18)

“I described him on the paper and from that night just writing that I absolutely knew that I knew that they came from my sexual trauma as child...poetry and writing allowed me to see that I wasn't like crazy really. I was having my response to something that I just couldn't work out. I was having a response because I had never had any language to that. I did not understand.”

(Participant 9)

However, participants also spoke of understanding the risks and the benefits of this process, particularly in relation to the risk of re-traumatisation when attempting to explore memories through poetry:

“Sometimes writing about a traumatic event is really bloody hard because you end up triggering, but there is also merit” (Participant 18)

Relational expression through poetry

Supporting Expression in Social Networks

Family and social networks are often an important element in recovery, especially for people who have experienced psychosis (Pinto, 2006), and who often have smaller networks comprised of connections perceived as lower quality (Palumbo, Volpe, Matanov et al., 2015a). Participants reported significant difficulties in relation to sharing their experiences with others, particularly because they often feared the response which could arise following any disclosure of their experiences to those within their social network:

“Poetry because it’s no longer just, but you know a form of self-expression. It’s now also a form of communications and that makes a massive, massive difference” (Participant 4)

“That’s always been my issue since I was a teenager, since after when I was 18 - that people would think I was mad again” (Participant 5)

“I was very, very psychotic. Although I wasn’t letting that out of the bag at the time...just little bits and pieces were kind of slipping out...” (Participant 9)

However, despite this trepidation, poetry is reported as having aided communication between individuals and their social networks. For some participants, poetry reportedly enabled them to communicate their experiences in a way felt to be more holistic and understandable to others:

“I guess poetry then gives you that way of creating, with words that experience and being able to see it” (Participant 8)

“It’s like it’s because you can think about how you choose your words in poetry is kind of like you can say what you want to say. You can think about it beforehand and plan it and like then when it’s finished like you know it’s exactly what you want it to say” (Participant 2)

*“People understood exactly what I was saying when I was writing the poetry”
(Participant 11)*

This was felt to be particularly important in challenging pre-existing ideas and stigmas in relation to people who experience what might be described as psychosis:

“It also helped breakdown some of the assumptions...then this is one of the reasons I wrote one of my most popular poems which is about psychosis because people have assumptions” (Participant 4)

“Yeah, I very quickly like no one gonna listen to you like that you need another strategy...I’m going to a safe person who is willing to go, I don’t know what you’re saying...you’re really scaring me but can we go for a walk? Whereas poetry, people want to read it all. So if I wanted someone to know something well, mother fucker, I’m putting that poem here” (Participant 9)

Limited Space for Poetics in Mental Health Services

In contrast to the way in which poetry seemed to have supported communication with social networks, participants spoke of having no

experience or opportunity to express themselves through poetry when working with mental health services:

“I've never really had poetry – like the interaction between poetry and the mental health professionals. I've not really had that experience” (Participant 2)

“Even the psychologist and a psychiatrist I was working with would look at me with their eyes wide and say wait a minute, You're talking about self-identity, you're talking about pain, you're talking about death, love, sex with mental health patients” (Participant 17)

As a result of this perceived disinterest in poetry, at times it seems like the voice of the individual can become lost within the mental health system:

“It always seems about their agenda rather than help, rather than what I've written, and about my agenda” (Participant 8)

“They felt like they had to control that space, which made me worse and then later embarrassed and then not wanting to talk about. And of course people come back to you when you come again. Can we talk about how you want to cut your own voice box? I'm not there now and I'm finding it really hard to connect to that, so if you wanted to know that you should have asked me that day because I can tell you it would have spewed out of me why I wanted to do that and they would have made some sense if you had allowed those utterances to just come out” (Participant 9)

Participants spoke of a perceived resistant to poetic discourse within psychiatric services, both in relation to the way that the poetry would be

received but also in the way I which poetry might be conceptualised within a psychiatric framework:

“...once you have the label, virtually everything. Everything here at all, if there's unlikely, becomes an auditory hallucination, and anything unlikely within the physical realm becomes a delusion, a delusion of grandeur”

(Participant 1)

“I think what people in psychiatry need to do is they need to stop trying to over a fucking analyse the work of artists and poets...and if that half a brain that allowed him to negotiate those torrents safely” (Participant 12)

Participants also highlighted the potential for poetic content to be misunderstood and pathologised in terms of risk:

“...they would probably panic about that and think is she suicidal, we need to do this and she needs to do that...” (Participant 8)

This trepidation around poetry during acute psychotic states was also reinforced to one participant during their time in hospital:

“I asked about creative writing classes on the ward or creative writing groups, and they wouldn't do it. And the reason they gave for not doing it is because when you're in that place, it can bring too much stuff up for you. And it's not always the safest thing to do” (Participant 6)

This potential psychiatric reductionism was perceived as somewhat antithetical to the poetic position. Participants spoke of the way in which a creative or poetic space created opportunities for shared meaning making, rather than meaning being imposed by one party on the other:

“You're explaining, you know about the bruised Snake on your arm by explained that too, like a group of English students they just like, Erm, interesting, yeah, I get that. If you explain it to you psychiatrist, he's like, yeah, yeah, so we're going to increase your quetiapine by like 150mg”

(Participant 7)

“It hadn't occurred to me but maybe, you could set up the medical and the poetic...”

The medical is positively weighted in terms of reducing to meaninglessness, whereas the poetry. Does the opposite”. (Participant 10)

Carnavalesque Communication

Bakhtin (2010) introduced the term Carnavalesque communication, to refer to speech which is outside of the social norms; speech which often defies the traditional linguistic rules and challenges the notion of coherence. This Carnavalesque quality was observable within the narratives of participants:

“...there is a lot of chaos in all the arts, but in poetry there seems to be a need more of it because we use language so prosaic, like so much this time, so there has to be some kind of move deliberately towards chaos”

(Participant 10)

Participants spoke of poetry being steeped in meaning, despite this meaning not necessarily being immediately obvious to a passive reader or listener:

“I think it's not just about it sounding coherent...but like the ning nang nong, they've almost got a driving logic all of their own” (Participant 19)

“I don't really struggle to communicate other things through normal words. So, but I think because it has such a big impact on my life, my mental health, um, that um. It's just sort of there when, like what we said before when you can't find normal words if they don't do, then you know sometimes I'll write something down or jot a poem” (Participant 2)

In sharing these poems, often within poetry groups, there wasn't a need to communicate in a way which was restricted by traditional notions of coherence or rationality:

“Poems aren't rational, they aren't like a rational thing, and it's almost like before I've rationalised the feelings I'm having, it's a way of sharing them with the people around me” (Participant 14)

“Because I'm like middle age now and I've gotta be all sort of like fit into this box of like a serious person, I feel like I can't express myself in that way anymore. So writing I think it's like taken that place if you know what I mean” (Participant 5)

Participants spoke of sharing or reading poetry within poetry groups or settings and not needing to edit their ideas or thoughts in order to meet a societal ideal of structure within narrative:

“That is why I think I was always so into poetry...in front of a creative audience you could do anything pretty much and...You'd have a, like millions of different responses from people, But that's OK coz people expect to receive whatever it is that you presented to them as a kind of thing that everyone is going to have a different reaction too, and it's accepted as soon as you've done that” (Participant 7)

“he'll [another member of a poetry group] sometimes touch on something that's really slightly surreal, and he worried about it, you know he thinks so people won't understand what I'm trying to say and actually the group members really appreciate hearing his work because it's so different from anything they could have conceived of themselves” (Participant 4)

For some people there seemed to be an emphasis on authentic communication when expressing themselves through poetically. This seemed to particularly relate to the way in which people would engage more eagerly or readily when dealing with poetry:

“If we're talking in conversation and I say Christ, I feel like crap. I actually feel like I'm dying. Somebody would say to me while you're over exaggerating. If I wrote that in a poetic way everyday to tell me it was beautiful. Yeah yes, yeah it normalises it beautifies without glamorising the human condition in such a way that emote people to feel just a tenth of the pain” (Participant 18)

However, participants also recognised the complexity that can arise within poetry groups. Whilst these spaces have the opportunity to be very healing, they can also place people in a vulnerable situation and have a negative impact on their mental health:

“I think with all communities there is always a version of those communities that is quite toxic. But... It's such an empowering experience when you are sharing a piece of you in a in a community” (Participant 18)

“So a lot of people will say that the only thing that's helped them is like the mental health self-help groups and I've run some of those groups and I know

how powerful that can be, but if that person doesn't have a way to express what's going on with them outside of those groups... they struggle"

(Participant 4)

Poetry and Recovery

Poetry and Acute Distress

Participants spoke of the way in which their engagement with poetry fluctuated throughout their life, often in relation to their mental health. Interestingly participants described an absence of writing or an inability to write poetry during acute periods of psychosis:

"I think there's a period of intensity and the most intense bit is when I would class myself as very unwell I'm unlikely to be writing, at the moment of the peak of being very unwell" (Participant 7)

"When you are in an acute phase, you can't think of anything that might help you. You're just in this kind of really kind of mentally numb space"

(Participant 4)

Some participants even went as far as to refer to their speech at those times in quite critical and disparaging terms:

"So it when it became that extreme...then [the poetry] became quite unintelligible, really, noticeably more chaotic anyway, so it was expressing the suffering that I was experiencing but not; it wasn't too concerned if you might read it" (Participant 10)

“You descend into such psycho babble that doesn't make sense. You stop kind of using language itself” (Participant 1)

Moreover, others suggested that engaging with poetry might be quite dangerous during a period of acute psychosis:

“I remember my psychosis or patterns and signs and absolutely everything I saw and looked at and listened to...I just think a poem could be really damaging because they're quite powerful things...and I think if you gave it to somebody that's in a paranoid psychotic episode...people are going to read into it in the way that, well, you can't. You can't predict how the psychotic brain will react” (Participant 15)

However, participants spoke of reengaging with poetry, following this acute period. Initially for some this was to help cope with significant levels of distress:

“I came up with the plan and Pythagoras...I'd make words out of that word. And you know, that means something and I'd say them in order, to me this [was] poetry...and I would collect them. And you know, I've read them back to myself during the night, so I remember what I survived because then I think I'm such a survivor” (Participant 9)

“I think it just allows space for thought kind of comforts you whilst you're processing and thinking. Instead of just feeling like you on your own. You're not on your own because you've got this poem guiding you through” (Participant 15)

Other participants emphasised the reengagement with poetry as starting the process of narration and meaning making:

“I think I think the space within poems themselves allows, you know, it’s more like meditation...I think it brings to mind a lot” (Participant 15)

“I think with anything kind of when you are in a mental health unit, you kind of, a lot of things get taken away from you, I guess when you have things taken away it is like finding your own voice again” (Participant 2)

The Role of Poetic Artefacts

Participants spoke of poetry existing as artefacts, often representing times of significant change or fluctuation in their mental health. Often the purpose of these artefacts was to commemorate the difficult or challenging times, and this seemed to be particularly important in the context of individual recovery:

“If you’re writing poetry it’s a snapshot of your recovery so you could have a collection of poems that you’d written and it would reflect a pattern of how you’ve gone through that recovery process” (Participant 6)

Moreover, there was a sense of affirmation in some of the poetic writing, a sense of holding onto the meaning of the experience:

“This thing, whatever it was that I had...were valuable and even if they were difficult for a doctor, or for an ordinary person to get their head round... even the suffering involved was valuable” (Participant 10)

“When I read it back, it helps me makes sense of where I have been at that time” (Participant 5)

Participants spoke of the way in which poetry and these poetic artefacts might reflect the way in which their identity has evolved or developed throughout their recovery. In this way poetry supported people to narrate their

identity and their relationship with the psychotic phenomena they had experienced.

“...you’re processing your feelings and it really does help as a coping mechanism and as a strategy to manage your symptoms and to explore themes. Because if you look back on your poetry you will often find that you repeat certain themes and you can pick those out and then work on those particular things” (Participant 18)

“Kind of revisiting that has helped me a lot as well, because it’s like it’s still acknowledging that where you came from and what still there. But you’re also seeing the progress and where you’re not now and I think it helps other people as well when you when you can express clearly” (Participant 4)

Moreover, for some participants these poetic artefacts appeared to serve as ceremonial markers in the process of their recovery:

“So like this kind of happened and then it’s like I wiped the slate clean and I was writing poetry about kind of...like that and there being like an empty like empty corridors. I could start populating with new things” (Participant 14)

“If you writing poetry it’s a snapshot of your recovery so you could have a collection of poems that you’d written and it would reflect a pattern of how you’ve gone through that recovery process” (Participant 6)

However, participants identified that these artefacts continued to hold significant power and could still negatively impact mental health, if they were not engaged with respectfully:

“When you're looking through experiences again, it can put you in vulnerable place and a lot of things can come back to you. So I think it is, it's a fine line I guess” (Participant 2)

“Kind of digging through stuff I guess can be quite like unsettling I guess. So I did kind of have a few dips like specifically around poetry sessions, so I think you've kind of got to be careful” (Participant 15)

Poetic Narration of Preferred Identities

The notion of a preferred identity can be conceptualised as an alternative story, or an ‘anti problem’ story (White, 2007a). A story which an individual is able to develop as an alternative to the negative story, which might have come to dominate their life. The development of these narratives of preferred identities often involve a process of reclaiming identity, and the role of poetry in this process was highlighted by participants:

“When you've been seriously ill like I've been, you are nothing, you are far too little to work... and the world doesn't want me but... Now I can say I was a poet and a singer songwriter” (Participant 3)

“The first time I ever wrote was about an old factory and everything drawing to a stop... My mum and dad, they both had long term mental health problems themselves and stuff...and I remember writing that, again it was about history and identity. I had a very strong identity” (Participant 6)

These preferred narratives also appeared to become thickened through their experiences of sharing poetry with others:

“I don't see the poetry, as a manifestation of my insanity or madness. I mean, I love the notion that Lewis Carroll, you know, captured the idea of, you, know the Mad Hatter, saying to Alice in Wonderland. You know, he says, I'm bonkers and Alice replies and all the best people are” (Participant 12)

“I think it is really powerful because you like the ones that even though you can't see what's going on in the minds of the audience like you kind of know that that focused on what you're saying, so I would hope that it would kind of resonate with at least a couple of people” (Participant 2)

For some participants, these preferred narratives had an intrinsic relationship with their religious or spiritual beliefs:

“The idea of spiritual experiences and what gets classified as mental illness? I think the same thing about poetry, it is the spiritual phenomenal...”
(Participant 10)

“The poetry really has sprung from really a sort of deep faith. A deep Christian faith” (Participant 3)

“I published some of my poems in this one book...a collection of all poems, sacred poems, but then I let someone read it and they said no. You should call this a collection of poetic homilies” (Participant 11)

Participants spoke of the way in which being able to express thoughts and feelings through these poems had helped to develop their sense of self-esteem and self-worth:

“You know I'm always going to be ill I'm always going to be hearing voices which I do, and I don't think that's going to change, so you can recover a

sense of self-esteem through forming friendships and, um, that sort of thing”

(Participant 3)

“It was published in the book, that was like, quite a boost to my mental health” (Participant 8)

“...gaining self-confidence and being able to express their fears, their dreams, their hopes, their feelings in general” (Participant 16)

Furthermore, for some people there was a desire to support and help others who might also be experiencing what could be described as psychosis. This was a desire to use poetry to foster a sense of community and safety for others who might be experiencing similar problems:

“You sort of start to get really realised that your words have power and that you sharing your story gives other people the ability to share theirs”

(Participant 4)

“I think we're giving people a community. We're giving people a home. We're giving people a safe place” (Participant 18)

“What I wanted to say it to my friends and my brothers and sisters, my mental ill brothers and sisters that I care about a lot. You know, to say look, it's okay to expressed anger. It's okay to delve deeply into your thoughts and express things and we need to do that. Partly sort of - saying this is shocking, but it may be shocking, but it could also be very healing for people, for me and for other people as well” (Participant 3)

Discussion of Results

The Unsayable Becoming Sayable

The process of self-disclosure and therapeutic communication is ubiquitous across the majority of the 'talking therapies' (Purton, 2014) and in this vein, both poetry and psychotherapy seek to support people to give words to experiences, thoughts or feelings which have thus far remained elusive. Wilkinson (2009, p. 2) argues that fundamentally both poetry and psychotherapy are dealing with the 'pre-communicable', and the data collected within this research suggests the potential of poetry to support in the giving voice to these pre-communicable aspects of experiences associated with psychosis. Poetry is often orientated primarily by that which cannot be said (Franke, 2014) and thus for people who have experienced psychosis, appears to support an ongoing process of attempting to represent unsymbolised experiences and unassimilated aspects of the self or story (Kirshner, 2014). However, this expression through language remains complicated, especially for those who have experienced trauma (Andersen, 2008). Buber (1965/1998) speaks of striving towards language, recognising the struggle to find adequate language when expressing oneself. This struggle in narrating an experience, struggling towards language in the context of psychosis, could also be considered a struggle towards identity and meaning making (Combs & Freedman, 2012).

In this process of narrating problems or experiences, poetic devices such as metaphor appear to offer significant therapeutic potential. Whilst metaphors are traditionally associated with ubiquitous conceptual domains such as love,

loss or time (Lakoff & Johnson, 2008), the choice and use of metaphor remains an idiosyncratic and highly significant process, especially in relation to health, illness (Potts & Semino, 2019) or the representation of inner states (Charles & Felton, 2020). Participants spoke of the indirect way in which they could explore topics via the use of metaphor, when engaging with distressing or difficult topics. It is through metaphor that people are able to transpose schemas from known and familiar areas of their life onto new, previously unknown domains (Fiumara, 2005). In this way metaphor is understood as not merely an element of communication, but as an active enactment in relationships with others and surrounding environments (Gibbs, 2019). This active process is potentially highly significant in relation to psychosis, offering opportunities for individuals to respond to the world through language, as part of a semiotic process.

Lacanian psychotherapy suggest that many of the experienced symptoms can be understood as a breakdown in the semiotic relationship between the signifier and the signified (Redmond, 2013), resulting in the separation between symbolic meanings and referential objects within an individual's reality, as observable within the speech of people experiencing psychosis (Benvenuto & Kennedy, 1986). Therefore, Leader (2011) proposes that the function of metaphorical neologisms can be an attempt to anchor signifiers, preventing further drifting and disorientation.

Play and Discovery

Poetry and the arts enable an individual to communicate both the rational and the irrational (Sarraf, 1998), and this seems to be reflected in the playful

nature with which some participants discussed poetry. Runco (2009, p. 184) proposes the notion of writing as 'adaption' suggesting that 'Writing is...not just the recording of ideas; it is a way of interacting with ideas'. The way in which poetry appears to offer a space for interacting with ideas, also appears to reflect the way in which this process offers the potential for growth, as discussed by Donald Winnicott (1971) when proposing that play is a process through which the formation of identity occurs for the infant.

Winnicott (1971) proposes that the essential aspect of play is the creation of what is referred to as 'potential space', that is a space that exists between the inner psychic world of the individual and the external reality in which the individual exists. In this space it is the individual who is able to project aspects of their own dream reality onto the external reality, incorporating external objects and interacting with them within the boundaries of this dream reality. Whilst the conception of potential space was linked to the notion of child development, this idea of the importance of play and potential space has been developed further to include other areas of adult life such as spirituality and computer games (Kriss, 2019; Simmonds, 2018). Moreover, there appears to be something analogous between this idea of potential space and the dialectic between a poem and the reader/writer during which a multiplicity of meanings and realities are explored through a semiotic process (Riffaterre, 1984).

Interestingly, as reported by participants alongside this process of play, poetry also appears to facilitate externalisation of problems. This notion of externalisation is one which is often considered significant within the process of narrative therapy, through which the person is supported and encouraged

to identify, objectify and potentially personify the problem in order to establish the problem as external to and in relationship with themselves (White & Epston, 1990). There is also an interesting play element to this process of externalising, such as supporting children to create names and personalities for concerns within therapeutic contexts (Banting & Lloyd, 2017). Moreover, when acutely experiencing what might be described as psychosis an individual's sense of themselves can become disturbed, as the individual struggles to understand what is internal and external to themselves as an object (Fuller, 2013). At such a time, the individual may experience a diminished ability to undertake metacognitive thinking; that is, thinking about their thinking (Schwannauer, 2013). This might result in an impairment in understanding their own mental states but also in distinguishing their own thoughts and actions from external stimuli. Therefore, one wonders if poetry is serving some purpose in helping to re-establish these boundaries for the individual. Narrative therapeutic models promote this importance of externalising as shifting from a position of viewing oneself as being the problem to a new position which recognises that the problem is the problem (Turns, Turns, Kimmes et al., 2014).

Relational Expression Through Poetry

Participants spoke of the way in which poetry had also supported them in being able to share their experiences with those around them and in their social networks. This appears particularly important when observed in the context of the sense of fear reported by participants in relation to the potential response from others, a fear arguably supported by a largely stigmatising discourse in relation to psychosis (Harris, Collinson, & das Nair, 2012).

Although stigma remains common for people who experience mental health problems, psychosis remains associated with increased stigma (Ahmed, Birtel, Pyle et al., 2020). This is often associated with a broader stereotype of people who experience psychosis as dangerous and existing outside of society (Goodwin, 2014). This level of perceived stigma is also associated with potentially increased psychotic experiences (Burke et al., 2016), and increased hesitancy in accessing services (Mueser, DeTore, Kredlow et al., 2020). Moreover, this process of othering directly feeds into the social defeat theory of psychosis, which proposes that the experiences of being excluded and marginalised may play an important causative role in the genesis and maintenance of what might be considered psychotic symptoms (Kamens, 2019; Selten & Cantor-Graae, 2018)

Families and broader social networks provide a key resource in a person's recovery from psychosis (Bowman, Alvarez-Jimenez, Wade et al., 2014; Norman, Malla, Manchanda et al., 2005; Sündermann, Sündermann, Onwumere et al., 2014). However, people described as experiencing psychosis tend to have smaller social networks, which are likely to be largely comprised of their family members rather than wider friends or acquaintances (Palumbo, Volpe, Matanov et al., 2015b). Whilst there are potentially multiple drivers which might impact the dynamics of an individual's social network (Tee, Priebe, Santos et al., 2020), one of the dominant factors influencing social disengagement appears to be the fear of responses from other people, or a lack of confidence in expressing oneself to others (Harley, Boardman, & Craig, 2012). In considering the use of poetry within this context, participants spoke of poetry as a way of communicating and giving words to a feeling or

thought in a way understandable to others. In the context of group work, poetry can be observed to contain themes which are universal, themes which resonate with a complex experience of being, which is often what draws people to poetry when needing to express or commemorate a trauma (Certo, Apol, Wibbens et al., 2012). Therefore, in providing a group with universal symbols, there might be the potential to foster a shared language.

To this extent, many family or social network based psychotherapeutic practices focus on helping to create a meaningful dialogue around the topic of psychosis, in order to move the focus of psychosis away from a phenomena which is occurring purely within one person's head, to be considered as something that is also happening between people (Seikkula & Olson, 2003). Shared creative practices such as drawing, sculpting and letter writing have previously been shown to hold some potential therapeutic value for families in exploring psychosis, in a relational sense using imagery and metaphor (Asen & Scholz, 2010; Loh, Liang, Lee et al., 2021).

In contrast to the dialogical opportunities which poetry might promote within social networks, participants spoke of limited opportunities for poetry when engaging with mental health services. It would appear, from the reports provided by participants that their poetic expressions would be misunderstood or ignored within the dominant discourse of mental health services. Therefore, consideration should be given to how individual poetic narratives can exist within and challenge larger competing discourses which may potentially misrepresent the individual's experiences (Dolman & Spurrier, 2016). A discourse can be understood as a 'set of meanings, metaphors, representations, images, stories, statements and so on' (Burr,

1995, p. 32) which serve to construct the reality of an event, person, object or phenomena as a way of seeing the world. This notion of discourses and the underpinning social constructionist philosophy emphasises that multiple versions of experienced reality are legitimate (White, 2004b), and language is a central tool in this construction of reality.

In mental health services the language most ubiquitous is that associated with the vocabulary of medical models of understanding phenomena (O'Reilly, 2017). The term medicalisation refers to a social process through which medical vocabulary is used to construct the dominant orientation towards a particular issue or problem (O'Reilly, 2017). Whilst some imply that medicalisation, as a process is neither good nor bad (Conrad, Mackie, & Mehrotra, 2010), when language is considered as constitutive of, and not merely representative of the world, this process becomes increasingly important (Martins, McNamee, & Guanaes-Lorenzi, 2017). This is especially when considered in relation to power, as a position of power might afford an individual the potential to significantly impact the social construction of others (Dreher, 2016), and in relation to psychosis, potentially impose a meaning upon the experience.

This issue of power is reflective of what Foucault (1965) named as modern power, the ability to set the metanarrative of 'normal' to which others feel the need to conform. Sarra (1998) suggests that those working within mental health services might find the proximity to madness an unfordable experience, and thus find ways of separating themselves from services as if to segregate the mad from the sane reaffirms power imbalances. These power imbalances are likely to be acutely experienced by those who

perceived themselves to have less social capital and thus marginalised from and subject to the dominant discourse (Gächter, Savage, & Torgler, 2011).

In relation to the idea of co-narration, the ideas of social constructionism lead to a perspective where an individual can be seen as never solely authoring or narrating their own life or identity, because this is being done in a relationship with others (White & Epston, 1990). Therefore, in the process of engaging with a mental health service, there is the potential for one to become co-narrated through medicalised language, diagnosis or simply by proximity to the service itself (Harris et al., 2012). However, the presence of phenomena described as psychosis and the potential unknowability of such phenomena often causes others to make assumptions (Philips, 2012), which could potentially lead to significant discomfort if one feels that their experience is being narrated in a way which does not resonate with their perception. This is not to suggest that the medicalised discourse is necessarily incorrect or inadequate. However, it does have the potential to produce totalising statements which fail to recognise the multi-storied nature of people's lives (White, 2005).

Participants identified the way in which poetry provided a way to express their experiences and their thoughts outside of the mental health paradigm and thus be able to resist the co-narration of these objects. In this sense poetry might represent a form of resistance, a way in which people are seeking to give voice to their own unique and potentially marginalised perspective (Hawkins & Certo, 2014). There is a history of poetry, as a form of resistance to pushing back against perceived dominant narratives and

forces within a society (Getz, 2002; Kalra & Butt, 2019); this poetry often served to unite marginalised voices (Plys, 2020).

The notion of the Carnavalesque was first proposed by Bakhtin (1984) to represent a linguistic space in which the alternative, different or idiosyncratic are celebrated. In relation to the data gathered in this research, it appears that poetry, and particularly sharing poetry within groups represented an opportunity for Carnavalesque language, a space in which people were able to express their experiences freely, without the need to defer to larger cultural metanarratives. Kristeva (1980, p. 5) writes of poetry as being an 'otherness of language' as it is less concerned with the rationality of objects and concepts, and there exists a history of the Carnavalesque within poetry and literature (Armstrong, 2012; Nwokah, Hernandez, Miller et al., 2019; Procházka, 2011) at times purposely positioned as a transgression against dominant cultural paradigms (Bruner, 2005).

However, it is important to stress that the Carnavalesque is not simply about transgression or rebellion, although this might well be an element, it is also about the way in which the Carnavalesque nature of literature creates a different space for engaging with difficult topics. Greenwood (1991) perhaps gives a wonderful representation of the Carnavalesque in emphasising the importance of what they refer to as 'taking the piss' within creative psychotherapy groups. It is suggested that this process of 'taking the piss' enabled the groups to defuse and hold what might otherwise have been unbearable tensions.

When listening to the participants there appeared to be a sense that when sharing their poetry within a poetic or artistic space, their audience were far

more accepting and curious than in outer areas of life, for example within healthcare services. Traditionally the utterance of those experiencing what might be termed psychosis were considered to 'denote rather than connote' (Leader, 2011, p. 108), meaning that the language of those individuals has historically been thought of referring to a primary socially understood meaning rather than suggest additional meaning. There also seems to be a freedom here from the need to be coherent, in a sense that coherence is determined by an interlocutor and thus one's utterances must be understandable, yet risk being labelled as insignificant. Poetry, like most art is an expression which does not need to be coherent, as its primary purpose is that of expression, as proposed by Benjamin (2015, p. 60) 'Art posits man's physical and spiritual existence, but in none of its work it is concerned with his response. No poem is intended for the reader, no picture for the beholder, no symphony for the beholder'.

In discussing some of the most famous literary characters described as 'mad' Philips (2012, p. 173), describes the portrayal of these characters as 'mad in a way that most mad people can never be, but need to be'. This is to say that they have the attention of those, that others are captivated by their words and thus their utterances cannot be dismissed, proposing that if characters such a Macbeth of King Lear existed within contemporary western psychiatry systems, they would have been overwhelmed by professionals seeking to medicate them, and their stories might never have been heard. Therefore, when considering the place of theatre, to listen to the accounts of others, 'the theatre has always been the real antipsychiatry movement' (Philips, 2012).

Poetry and Recovery

The participants identified how their relationship with poetry had changed over time, and certainly in between times of what might be considered acute psychosis and times of recovery. There might be some correlation to existing models suggesting the potential progress of psychosis as consisting of three stages, the prodromal, the first episode and the long-term chronic illness (Agius, Goh, Ulhaq et al., 2010). Despite this model perhaps seeming somewhat reductive in considering the complex human experience that is psychosis, it perhaps does represent the potential stages which might be experienced by an individual as they move through their journey with psychosis. The notion of these stages is also supported by the 'Surviving, existing or living' model (Fuller, 2013), which suggests a three-stage focus for working with people who are experiencing psychosis, based on the notion that individual's will move from their most acute phase (surviving) through and initial period of stabilisation (existing) and into a period of recovery (living).

Fuller (2013) argues that the importance of defining these stages is to ensure that appropriate treatment and support is provided to an individual at each stage, especially as those described as acutely unwell might lack the available psychological resources or attention to engage in complex therapeutic endeavours, resulting in worse health outcomes (Silverstein, Menditto, & Stuve, 2001). Interestingly, participants within the research spoke of either not writing, or a change in their relationship with poetry during what could be called acute periods, such as immediately following admission to hospital. This might be explained as a result of reduced self-reflective

capabilities at this time, as a result of a reduced or unstable sense of self.

The presence of this ontological insecurity, as described by Laing (1960a), acknowledges that people experiencing psychosis, especially within a chronic context might experience a profound diminishment of their ability to narrate their life and identity (Lysaker, Wickett, Campbell et al., 2003).

The participants spoke of the way in which the poems represented artefacts of their journey through and with psychosis. Poetry, and arguably art in all its forms, is an activity producing relationships with the world, whilst also existing as an object within larger narratives (Bierschenk, 2020). In relation to personal narratives, the notion of personal recovery is accepted as a deeply personal experience that transcends the notion of symptom reduction (Anthony, 1993). This focus on meaning and the importance of personal meaning making is conceptualised in a variety of ways, ranging from a general orientation of life and self to specifically understanding causality and appreciating why certain event might have occurred (Park & Folkman, 1997). Suffering is arguably a universal aspect of human experience and so meaning making is the phenomenological process of giving meaning to suffering (Brencio, 2015). The process of meaning making is an especially important element in recovery from psychosis, as psychosis is described as a condition characterised by a deficiency in meaning (Adler, Harmeling, & Walder-Biesanz, 2013; Eneman, Vanhee, Liessens et al., 2016).

Conclusion

In conclusion results generated four integrative themes, the themes are: the unsayable becoming sayable; poetry supporting discovery, play and meaning making; relational expression through poetry and Poetry and recovery. Whilst

there remains ongoing debate in relation to the efficacy of arts based therapies for people experiencing psychosis (Crawford, Killaspy, Barnes et al., 2012; Montag, Haase, Seidel et al., 2014; Richardson, Jones, Evans et al., 2007), the results from this research provide an insight into unique therapeutic potential of poetry to help give voice to and make meaning from psychosis.

Buber (1965/1998) speaks of striving towards language, recognising the struggle to find adequate language when expressing oneself. In this struggle, it appears that poetic devices such as metaphor and metonymy can potentially support expression and narration of experiences. Fiumara (2005) suggests that it is through metaphor that people transpose schemas from known and familiar areas of their life onto new, previously unknown domains and thus the creation of meaningful poetics may represent an active meaning making process. However, poetic undertakings appear to be more difficult during periods of acute psychosis as the individual's sense of themselves might become greatly diminished, experiencing what Laing (1960a) described as ontological insecurity. Foucault (2013) describes madness as a void from which art, creation and meaning can emerge and perhaps this void can be observed during these acute periods when the poetic voice is reduced as metacognitive abilities also become diminished (Schwannauer, 2013), resulting in a profound impoverishment of an ability to narrate self, life and identity (Lysaker et al., 2003).

Further research is required to understand how poetry can be utilised appropriately at different stages in recovery, considering potential fluctuations in an individual's ability to narrate their life and identity (Lysaker et al., 2003).

Insights gained through this research, in conjunction with the conceptual review presented in chapter 3 may provide the basis for the generation of a conceptual therapeutic model, which could be operationalised within contemporary mental health services. Read (2019) argues that what links the most effective approaches to working with people who experience psychosis, is a humane understanding that validates the person's psychosis as meaningful and inextricably linked to their experiences. Therefore, the foundations of this model might be found within poetry therapy and narrative therapy (Mazza, 2017; White, 2007b), emphasising that psychosis can be a meaningful experience, but also one which has the potential to be profoundly distressing and difficult to adequately narrate.

CHAPTER 6: POETIC TRANSCRIPTION

Chapter Synopsis

The previous chapter detailed the process of Labovian analysis and the associated results. This chapter will present an alternative representation of a small amount of the data collected during the narrative interviews. This alternative approach is termed poetic transcription and will be detailed within this chapter. The inclusion of this chapter within the thesis was felt to be important in ensuring that the wholeness of the participants narratives was not lost.

This loss of wholeness is common in academic papers which utilise forms of thematic analysis wherein the narrative of individuals can become lost (Riessman, 2008). The search for shared or contrasting experiences across a group of participants results in the narratives becoming dissociated from the individuals, and whilst potentially offering academic rigour might fail to achieve any emotional resonance (Adame, Leitner, & Knudson, 2011).

Therefore, the aim of this chapter is to try and prevent the narratives which have been collected through this research becoming disembodied from their authors.

Elliott (2005b) suggests that the researcher enters a moral relationship with participant, which is not solely related to data collection but spans the whole process of research. Therefore, within this relationship, consideration should be given to whom the data belongs (Simons, 2009), as narratives are considered a central process in the way that individuals make meaning from the world and construct their identity; the deconstruction of these narratives

may significantly impact an individual's sense of self (Borland, 1991). This is perhaps increasingly important as narrative research is often utilised in attempting to represent the voices of marginalised groups (Holloway, 2007), and where researchers seek to represent and emphasise the transformative, subversive or unique quality of these narratives, without being cognisant that participants may not perceive their narratives in this way (Holloway, 2007).

Whilst poetry and poetic research is more established within social sciences (Prendergast, 2009; Stapleton, 2021), it remains often underutilised in fields associated with health, (Nichols, Biederman, & Gringle, 2014). Poetic transcription has been defined as 'the creation of poemlike compositions from the word of interviews' (Glesne, 1997, p. 202), and is underpinned by a desire to represent research data in a poetic form, outside of the traditional presentation of qualitative data.

The process of poetic transcription, also termed poetic condensation (Ohlen, 2003), does not attempt to include all elements of the narratives but rather to focus on the critical elements of the narrative (Nichols et al., 2014), with the aim of representing a more embodied sense of the narrative (Ohlen, 2003). Poetry and the poetic representation of data enables the reader to relate to the words with greater depth, as the reader is able to relate to the lived experience more fully through the use of metaphor and imagery (Kirmayer, 2000).

The Process of Poetic Transcription

Poetic representations of data within research have a significant history (Richardson, 1992). However, there remains few guidelines in relation to how

this could or should be undertaken. Glesne (1997) describes a process which starts out with a commitment to only use the words of the research participant. This is usually a process of working through the transcript in chronological order before deciding on words or blocks of text that can be removed in order to refine the content, and develop the transcriptions into stanzas, similar to the method of analysis suggested by Gee (1991).

This approach of refining into stanzas has the potential to highlight aspects of the data which might have been ignored when encountering the data in its initial composition (Burck, 2005). This new composition can present the essence of what is being expressed whilst maintaining the complexity of the person and their personal narrative (Glesne, 1997). It is not a matter of selecting the correct stanza, or poetic content to represent data, nor should the priority particularly be on seeking to ensure consistency in the response from the reader, as poetry will inevitably evoke different interpretations from different people based on their own lived experience (Brady, 2005). The priority is to present data which evokes a sense of the lived experience of participants. Therefore, four participants have been selected to present some further details in relation to their narratives.

Poetic Transcription: Participant Data

To demonstrate the potential of poetic transcription, the method was applied to four selected transcripts:

Participant 1

I've not really written many,

Probably 6 max,
Reactionary to those stressors,
Running around London at night,

Steer clear of homosexuals,
I just wrote it,
Public library computer,
I just did it,

Sectioned,
Not for any violence,
Or harm to myself,
Or others,

Just speaking kind of psychobabble,
Laughing at myself,
Lost the ability to communicate,
Just laughing at myself,

I'm happily married,
Family and friends that are homosexual,
I guess it served a utility at the time,
No punctuation, just a full stop at the end,

Once you've got the label,
Anything unlikely becomes a delusion,
You end up just giving up,
What's real,

Kind of like Catholicism has confession,
Like a bit of vindication
Getting something out,
Getting something out of it,

This participant was a young man who had been hospitalised some years earlier due to his experiences of what were termed to be psychosis. He spoke of his admission as 'a kind of mania' in which he found himself running around his then home city and stated that at the time he felt compelled to go to a public library and write a poem, a poem which he reports was particularly bizarre and he couldn't understand, as it seemed to contain some content which was rather antithetical to his general beliefs in the world. He spoke of his times in hospital and subsequent discharge, and many of his poems

seem to be written in response to conversations or interactions with others he had met during his recovery journey.

At the time of the interview, he was living with his wife at home, having not experienced an episode described as psychosis for many years. In terms of ongoing poetic involvement, he reported a sense that poetry remains seen as a rather elitist endeavour. In his experience he has previously been rebuffed when suggesting the benefit of poetry groups in his local area. He spoke of continuing to make notes on his phone in order to record the thoughts that occurred to him during the day rather than explicitly or purposefully writing what he considered to be poetry.

Participant 17

Truth was not my objective,
Self-expression,
Self-esteem,
Creation of dialogue,

The first time they used glasses,
Have you ever used a mask?
Self-identity,
Though topics,

You're talking about self-identity,
you're talking about pain,
you're talking about death,
love,
sex,
with mental health patients?
Yes, I am.

Great moment of dialogue
lady who would constantly cried
we were reading this poem
Come and listen, Come and listen coz we're talking about you

Psychosis shelter for their pain
beautiful moments
Poetry gave us the symbols
We could talk

This participant is a mental health practitioner who spoke of working within mental health services for many years with a particular specialism in philosophy, often co-ordinating what he called philosophy laboratories. He spoke of working with groups of people, including people who had diagnoses of schizophrenia, or had been described as experiencing psychosis. In his philosophy practice he spoke of using a range of art and creative practice 'tools', including the frequent use of poetry. He spoke of the way in which the use of poetry within the groups helped to facilitate conversations and helped people to engage with concepts that might feel less accessible to them, such as love, death and their sense of identity.

Participant 15

I was very poorly,
For a fair few years,
But poetry has become apparent in my later life,
A really positive implements on well being,

An episode, a couple of Januarys ago,
I was with a stack of books next to me,
It's definitely poetry,
A big stack of poetry books

I'm not a writer,
I'm an organiser,
Organise and enjoy,
Rather than express myself creatively

I find it easier to get lost in a poem,
More time to sit with them,
Poetry's calming
Reflective distraction,

All sorts of things I wouldn't want to think about,
Bring them to mind,
Not runaway from them immediately,
Poem, kind of comfort blanket,

Poetry is more subtle,
Sit down,
Let's have a little think about this line,

Shall we?

Comforts you,
Instead of feeling on your own,
You've got this poem,
Guiding you through,

Poem could be really damaging,
Powerful things,
Give it to someone in a paranoid, psychotic episode,
You can't predict

This participant was the only participant with lived experience who solely engaged with poetry through reading and was open about the nature of not writing poetry. However, he believed that the reading of poetry had benefitted his mental health significantly. He reported that following a deterioration in his mental health he had found himself in an inpatient hospital and during that time the primary source of support was books of poetry. Whilst he has not experienced another episode which could be described as psychosis for many years, he continues to read poetry and spoke of the way in which he feels poetry supports him to access thoughts and emotions that might otherwise feel overwhelming. However, whilst he remains passionate about poetry, he also proposed a sense of trepidation in relation to the potential damage of poetry, if 'the wrong poem' was given to somebody who was acutely distressed.

Participant 9

My childhood was very uneven,
Attachment
Abandonment,
That sort of stuff,

My first run in with mental health at 14,
Very psychotic,
Wasn't letting it out of the bag,
She's just a young teenage girl seeking attention

First baby at 15

Demons in the baby
I would write little poems
Helped me not to feel scared,

Nearly 17,
I have a toddler,
Locking up the house,
I made it through another night,
I didn't die,

Collect them,
I read them back to myself,
I survived,
I'm such a survivor

I started to work on the trauma
Little bits of psychosis
I think I've got better at managing it,
Abuser,
I'm making him really ugly in poetry,
Fairy tales,
Everything in my favour,

Bringing that pain out in a poem,
See it,
Such
Deep
Trauma,

What the fuck are you doing?
I'm a mess,
Fuck you,
I gotta get better for you,

No one is going to listen,
Need another strategy,
Poetry - people want to read it,
Mother fucker, I'm putting that poem here

This participant took part in the research from Australia. She spoke of a difficult childhood during which she experienced a significant amount of sexual and emotional abuse. She reported that her first contact with mental health systems was at the age of 14, however, described mental health services as dismissive. Her next contact was at 15 following giving birth to her first child and experiencing extremely distressing psychotic phenomena, such as believing that there were demons within her child. She described the

following years of her adolescence and early adulthood as continuing to be a difficult, during which time she experienced further abuse and engaged in what she described as risky sexual behaviours. She spoke of poetry as being something which had been in her life, to some extent, for a long time; however, writing poetry had become increasingly important as she had got older and began trying to make sense of her past experiences and make changes in her life. She also detailed the way in which she found it easier to communicate with other using poetry.

Discussion

A characteristic of poetry is its ability to condense narratives and evoke meaning (Ohlen, 2003). Poems can be powerful in engaging readers from different audiences, providing previously hidden insights into lived experiences (Huddleston, 2012; Keith & Endsley, 2020). Poetic representations of data within research have the potential to increase empathy with participant narratives and increase levels of understanding (Poindexter, 2002). Arts based research has a tradition of exploring and portraying intimate subjects (Sanders & Lamm, 2022) and as suggested by Romero (2020, p. 212) 'arts based research requires us to think with feelings'. It is perhaps this *thinking with feeling* that can lead to reflection on what might have previously been considered 'settled certainties' within the social world and thus may be the first step in questioning these certainties and enacting change (Smart, 2017).

Poetry can provide a way to represent complex narratives, especially narratives exploring identity and the struggle against dominant societal discourses (Cosantino, 2021). Additionally, the shift towards poetic

representations of participant narratives has the potential to disrupt the assumption that research participants are objects rather than agentic authors of their own narratives (Mercer-Mapstone, Guitman, & Acai, 2019).

Parr (2017) writes of the importance of those working within arts and health to self-interrogate in order to prevent the development of over simplistic models or inadequate language. Therefore, whilst these poems might evoke a state of 'thinking with feeling' (Romero, 2020) it is important that these feelings do not cloud the critical appraisal of the value of this process or the utility of the output.

The primary criticism is that of trustworthiness; considering whether or not the poems produced following the method of poetry transcription can be considered a trustworthy representation of data collected within research (Lahman, Geist, Rodriguez et al., 2010). However, in considering this issue of trustworthiness it is perhaps helpful to reflect on the epistemological underpinnings of narrative research. Parker (2005, p. 82) seeks to address this directly in stating that 'narrative research does not discover what the empirical truth is but rather how someone makes sense of an event...so that it becomes truth to them'. Moreover, Glesne (1997) argues that the transcripts produced through narrative research are not reproducible as they are representative of the dialogue between the participant and the interviewer. Therefore, the inclusion of this chapter was felt to be important not because these poetic transcriptions necessarily represent an empirical truth within the data but rather offer a way of poetically witnessing (Canniford, 2012) the complexity within the narratives and more directly honouring the embodied stories of participants.

In conclusion, this chapter has presented four poems which have been generated through the process of poetic transcription, a novel and perhaps quite radical approach to data presentation (Keith & Endsley, 2020), aimed at preventing the narratives collected during the research from becoming disconnected from their authors. Dewey (1938, p. 3) proposes that when presenting findings of narrative research, the aim should be to “restore continuity between the refined and intensified forms of experience that are works of art, and the everyday events, doings and sufferings that are universally recognised to constitute experience”. The process of poetic transcription also aims to restore this continuity, by presenting a more embodied representation of the participants and their voices (Gasson, Sanderson, Burnett et al., 2015).

CHAPTER 7: SURVIVING BY STORYTELLING

Chapter Synopsis

This chapter documents the process of research through design undertaken to generate knowledge from the Surviving by Storytelling project. The primary aim of the project was to co-design and implement a series of poetry and creative writing workshops, exploring topics related to mental health. The focus of the workshops was to support individuals to express their narratives through poetry. Moreover, the project sought to offer the opportunity of poetic practice to communities who might ordinarily be excluded from accessing creative opportunities, such as those with mental health problems or learning disabilities. The secondary aim of the project was to create and foster a network of people who all had an interest in poetry, creative writing, and mental health. A network comprised of academics, poets, mental health practitioners and service users. The knowledge generated from this project has helped to develop the author's knowledge and skills in facilitating poetry workshops and also helped to generate a conceptual framework for safely delivering poetry workshops which explore the topic of mental health.

All the workshops were co-produced by the author working alongside other poets and facilitators. The two main co-facilitators are Anne Holloway and Helen Foster. Anne describes herself as a poet and spoken word performer who uses straightforward language to share stories, evoke memories and prompt an emotional response, creating snapshots of our lives. Anne is the founder of the independent publisher Big White Shed, a former co-director of the spoken word group 'Mouthy Poets', and Creative Director of Nottingham Poetry Festival 2021/22. Anne works in the wider community to promote

poetry and the power of words to improve mental wellbeing and increase confidence, believing we are all poets. Helen describes herself as writer and researcher, with extensive experience in creative writing and poetry therapy. Helen describes her practice as mindfulness based and aiming to deliver workshops that gently spark the imagination of those who attend.

Due to COVID-19 the workshops were delivered on-line. The move to online engagement was utilised by many practitioners working within both the arts and health services. Examples of digital strategies include the use of apps to support mental well-being during the pandemic (Alexopoulos, Hudson, & Oluwatomisin, 2020; Reyes, 2020), the digitalisation of cultural resources such as museums (Noehrer, Gilmore, Jay et al., 2021) or the transition to online spaces for psychotherapy (Weinberg, 2020). However, unlike some of these existing projects which were transitioned to online spaces, the Surviving by Storytelling project was very much in its infancy at the time the pandemic occurred. Therefore, this chapter will utilise the principles of research through design to reflect upon the process of designing these workshops in order to generate knowledge which, alongside the other knowledge gained within the thesis can contribute to the development of further workshops or therapeutic interventions using poetry in the future.

Research through Design (RtD): Surviving by Storytelling

RtD is characterised by considering research as an iterative process, valuing the knowledge which is gained as a product of designing and creating new things; it is both the experience of creating and the output itself which represent sources of knowledge (Zimmerman et al., 2007). The stages of RtD can be considered as analogous to that of action research, as it is

comprised of four distinct iterative stages of a learning cycle; planning, acting, observing, and reflecting (Lewin, 1951). The planning and acting phasing of *Surviving by Storytelling* has been ongoing since the inception of the project in 2018.

Since that time the project has delivered approximately 30 different workshops. As these workshops have progressed, each workshop has provided new learning opportunities, which have influenced the design of subsequent workshops in keeping with the research through design approach (Kleinsmann, Maier, van Dijk et al., 2013). Moreover, following each workshop the facilitators, usually the author and another poet, have sought informal evaluations from attendees and engaged in reflexive discussions to fully evaluate the workshops.

The outputs of the RtD process are artefacts, systems or conceptual frameworks (Gaver, 2012). Examples of the outputs from the project can be found in the appendices; an example of workshop notes can be found in appendix B, a plan for an online workshop can be found in appendix C and an example of some postcards that were produced following a series of workshops can be found in appendix D. These outputs have been utilised in the reflective process to generate knowledge in relation to how poetry and mental health workshops can be facilitated online.

In reflecting upon these artefacts, the concept of the annotated portfolio, proposed by Bowers (2012), was utilised to bring together the various artefacts from the project into a more systematic body of work. This involved looking through all the artefacts generated from the project and starting to make connections between them, considering them all as mutually informing.

This process was supported through reflective dialogues with supervisors and others working within the field of poetry and creative writing. An example of such dialogue took place at the Nottingham poetry festival in 2022, where the author was part of a panel discussion exploring 'The power of poetry'.

In developing these reflections into concepts, the author was influenced by the idea of 'Strong concepts' proposed by Höök and Lowgren (2012). The term 'Strong concepts' is used to describe 'design elements abstracted beyond particular instances which have the potential to be appropriated by designers and researchers to extend their repertoires and enable new particular instances' (Höök & Lowgren, 2012, p. 23:25). The criteria for achieving a 'Strong concept' include whether the concept is novel and defensible, that is to say that the emerging concept is able to contribute something original to the existing fields of knowledge and is grounded both empirically and theoretically.

Findings

The research through design process has generated five conceptual domains which appear highly salient in relation to these workshops. These are: Poetry workshops should be therapeutic, but not psychotherapy; creating a safe space for stories to breath; Facilitators should consider their positioning in relation to attendees; managing the potential harms of poetry; and managing the loss of interpersonal symbols and spaces.

Poetry Workshops Should Be Therapeutic, But Not Psychotherapy

Throughout the design process of all the workshops, the tension of the workshops being therapeutic without necessarily being a distinct form of

psychotherapy was often discussed. For some of the co-facilitators this was a particular concern as, whilst they were poets with significant experience of facilitating groups, they did not hold any formal mental health training, nor did they feel particularly confident in managing high levels of distress from attendees. It was also felt to be essential to manage the expectations of those attending, many of whom may also be receiving mental health services or be on waiting lists for psychological therapies. Conversely, the workshops were considered by all facilitators to be uniquely therapeutic and previous feedback had confirmed that many attendees experienced significant psychological benefits from attending the workshops.

The definition of what can or cannot be considered psychotherapy may well change dependant of the core components underpinning a particular psychotherapeutic epistemology (Parker, 2015); whether this be a focus on the unconscious, as present within psychoanalysis (Irtelli, Marchesi, & Durbano, 2021), or the attention given to the function of behaviour or impact of automatic thoughts or in cognitive behavioural therapy (Tarrier & Johnson, 2016).

The exercises and techniques used within the Surviving by Storytelling workshops were heavily influenced by the principles of poetry therapy (Mazza, 2017) and narrative therapy, especially the work of White (2007a). However, during the preparation and delivery of the workshops, significant consideration was given to the issue of how to present and advertise the workshops in relation to their therapeutic potential. The crucial issue is a question of whether the workshops could be considered a form of psychotherapy. On one hand the workshops contain many of the core

components that might be experienced by people attending formal group narrative or poetry therapy. The fundamental assumption within any 'talking cure' (Vehviläinen, 2019) is that people need to be provided with the space and opportunity to explore their subject experiences, and these workshops certainly provide this opportunity. Moreover, one of those facilitating the workshops is a qualified and experienced mental health professional, working alongside experts in poetry, creative writing, and health humanities, all of whom were working in a manner underpinned by many of the core conditions outlined by Rogers (1967) such as empathy, congruence and unconditional positive regard.

However, the workshops are not delivered following a discrete or specific psychotherapeutic structure. Also, the workshops and the project more broadly, are not supported by any broader clinical and supervision infrastructure which one might expect within a dedicated psychotherapeutic service (David & Cristea, 2018). This became a discussion which was fundamentally about the safety of those who attended the workshops. Even well-established evidence based psychotherapies can carry risks for those who attend (Paveltchuk, Mourão, Keffer et al., 2022) and concerns about the ability to manage these risks within a digital or online space can be challenging (Hall, Bartley, Wenk et al.).

After weighing up these considerations, the decision was made to clearly position these workshops as not being a form of psychotherapy. This is not to say that the workshops were not considered to be therapeutic, far from it, the feedback from those who attended would suggest that they were found to be very therapeutic. Moreover, there is evidence to suggest that the creative

process itself, without the addition of art therapy or psychotherapeutic techniques can have a significant and sustained impact of mental well-being (Argyle, 2020). Equally it is true that time spent in formal psychotherapy, formally constructed within the context of talking to another person called a therapist, may not be experienced as therapeutic (Burnham, 2005).

The decision to not label the workshops as psychotherapy also presents several opportunities for the facilitators, especially as once framed as a form of psychotherapy, the potential content might become restricted in order to adhere to methodological or procedural orthodoxy. Aigen (2005) discussed a sense of frustration with their work as a music therapist, finding that the therapy itself was a restricted practice. It was only when the therapeutic practice was taken out of the clinic room and into the community and distinguished from dominant music therapy models that the practice felt person centred.

The provision of psychotherapy is far from an exact science with individual outcomes often varying significantly (Tracey, Wampold, Lichtenberg et al., 2014). Moreover, Ratnayake (2022) argues that similar to psychiatry, psychotherapy also has the potential to medicalise and pathologise ordinary human experiences. Therefore, removing the workshops from the classification of psychotherapy may have made them more appealing to people who may not be comfortable with the idea of engaging with formal psychotherapy, either because they do not feel that they need psychotherapy, or perhaps because they have experienced psychotherapy before and not had a positive experience.

Creating a Safe Online Space for Stories to Breathe

Whilst the workshops focused on poetry and creative writing, the name Surviving by Storytelling was given to the project as this was felt to be the fundamental purpose of the workshop; to enable people to survive the various traumas of their lives by providing a space for them to narrate and share their stories. When reflecting on the process of designing the workshops, this process was felt to be captured most appropriately by Frank (2010, p. 3) who writes of the importance of letting stories breathe, writing that: “Stories work with people, for people and stories always work on people...stories breathe life not only into individuals but also into groups that assemble around the telling and believing of certain stories”.

This notion of stories working on groups and not just individuals seemed to certainly be true during this project as people would consistently share stories which would resonate with the wider group and the facilitators. In order to achieve this, the facilitators tried not only to support attendees to feel confident and comfortable to share their thoughts, reflections and creative outputs, but also facilitate the group in a way that fostered dialogical responses to these disclosures. These dialogical responses must not be judgemental, but rather be guided by a sense of curiosity not only about the individuals' stories but also about their experiences of reconnecting with that story now, within the context of the group.

Unfortunately, many of the participants might have had few opportunities to share their stories due to experiencing what might be termed severe and enduring mental health problems. During the COVID-19 pandemic there was

simultaneously limited evidence regarding how best to minimise the impact of quarantine and social isolation and a heightened appreciation, especially amongst mental health professionals, of how vulnerable this group might be during this time (Anees Bahji, Paxton Bach, Marlon Danilewitz et al., 2021; Sukut & Ayhan Balik, 2021). Therefore, it was felt that the opportunity to attend an online space had the potential to serve as a way to prevent a sense of increased loneliness, especially during a time when access to other therapeutic health services may have been limited (Miller, Mehak, Trolino et al., 2022).

It is the process of being part of the group which can allow stories to breathe and promote the associated therapeutic benefits (Argyle & Winship, 2015; Fuchs, 2006). A key function of poetry groups is often the opportunity to discuss and share emotions within a safe and supportive environment (Chamberlain, 2019). This is similar to the way in which Many, Kronenberg, and Dickson (2016, p. 717) describe the creation of a 'nest of emotional safety' within psychotherapy to refer to the way in which people craft a place of perceived safety in relationships with others around them. A sense of safety is a universal need and one which is essential to the success of any intervention or process which might be considered to have therapeutic potential (Mair, 2021).

Whilst there is evidence to suggest that creative practice programmes can be successfully adapted to online delivery (Levy, Spooner, Lee et al., 2018), the creation of a space online is potentially complex, especially as online communication can lead to decreased sense of empathy (Konrath, O'Brien, &

Hsing, 2011) and for some people increased feelings of loneliness and isolation (Pinker, 2014).

When poems are shared within a group, these evoke a range of responses, reflections, projections and feelings from those listening (Fuchs, 2006).

Poetry can support others to gain an insight into the internal world of others (Jones & Betts, 2016), but this may mean engaging with difficult and potentially highly distressing topics (McGarry & Bowden, 2017). In order for the workshops to function optimally, these narratives should be met with compassion and without judgement (McKim, 2006). However, compassion is not just something which is individually expressed but something which is nurtured within a space, amongst people through their shared relationships (Spandler & Stickley, 2011). In these online spaces this process of nurturing may be inhibited as people find it difficult to assert themselves or can easily not feel part of a conversation (Gordon, Solanki, Bokhour et al., 2020).

Facilitators Should Consider Their Positioning in Relation to Attendees

Throughout the workshops it is important to consider how the facilitators position themselves both in relation to the other attendees and in relation to the concept of poetry and mental health. During the Surviving by Storytelling project the facilitators were mindful of not positioning themselves as experts, as this may have created a false separation between the facilitators and those attending the workshops. This potential divide may suggest that those who attend the workshops are in need of support or psychotherapeutic activities or need guidance on how to write creatively, whereas those delivering the workshops are mentally well, experts in poetry who are only

there to deliver an intervention. The facilitators were keen to stress that they did not consider themselves experts, and one co-facilitator used the term 'writing to express not to impress' to describe the way in which nobody within the group was being judged by the facilitators on the perceived quality of their creative writing. The facilitators positioned themselves as having experience in the fields of mental health and creative writing, but primarily as fellow writers who were also being influenced and shaped by the group. This is an ethos which resonates with the concept of creative practice as mutual recovery (Crawford et al., 2013), in which all those involved in a project grow as a result of being alongside each other through the creative process.

The concept of creative practice as mutual recovery is built on the understanding that creative processes are based on mutual, reciprocal interactions and that positive impacts on well-being are, in part, due to the process of sharing an experience with others (Argyle, 2020). Therefore, all who are present within the group are considered to have benefitted from the process, including those who might be leading or facilitating the group (Jensen & Lo, 2018). In this context the facilitator is recognised as a complex being, who is bringing their own history, trauma and struggles into this relationship (Engel, Zarconi, Pethtel et al., 2008).

The response of facilitators throughout the workshops was also carefully considered. Frequently during the workshops, attendees would produce work which held significant emotional resonance and the facilitator felt compelled to make further enquiries or offer reflections which the aim of developing the dialogue further. However, frequently this was felt inappropriate as the facilitator was not confident that they would be able to manage or contain the

potential emotional outpouring, should the person become distressed as a result of this further exploration.

The potential vulnerability of people attending the workshops, relates to this notion of Surviving by Storytelling, that people attending the workshop might have experienced some sort of disruption to the narrative of their life, finding themselves within a new lifeworld. Engel et al. (2008) writes of people finding themselves within the 'wreckage' of their narratives, seeking a way out. During these times, it may be those offering health care or therapeutic interventions who are perceived as having the power to guide the person from this wreckage (Brody, 1992). Therefore, it is understandable that some people they may be seeking some significant therapeutic intervention within the workshops. However, as stated earlier, these workshops were not designed to be group therapy, and one must be mindful of the risks of promoting greater introspection from attendees. Kearney (2002) suggests that stories transport us to other times or locations; however, for some attendees, this journey may be significantly distressing. Moreover, it is likely that there are some aspects of individual narratives that people do not wish to share within the group or with the facilitator and to enquire about these would perhaps be experienced as invasive (Engel et al., 2008).

Managing the Potential Harms of Poetry

Exploring difficult personal experiences or existential crises are often fundamental components of both psychotherapy and writing poetry (Wilkinson, 2009). Within psychotherapy this exploration is considered to be worth the potential risks of increasing a person's level of distress or causing

them to be re-traumatised through therapy (Reeves, 2015). In relation to poetry, Bolton and Latham (2004, p. 106) suggest that all poems serve to break a silence which had previously never been overcome; arguing that 'poetry can only be written from the otherwise most difficult to reach parts of oneself and one's world'. In both of these endeavours, whether engaging in psychotherapy or writing poetry, there is an argument that one needs to explore distressing experiences and aspects of one's life in order to gain new insights and make meaning from experiences (Holmes, 2008; Pennebaker & Smyth, 2016).

This process of introspection, whilst potentially highly therapeutic, is also associated with significant risks for those undertaking this exploration, particularly if individuals begin to feel overwhelmed and unable to contain the now heightened levels of distress which have been evoked (Nutt & Sharpe, 2008). McKim (2006) suggests that poems bring us close to our imaginations and memories, and whilst this can be pleasurable it also has the potential to be distressing and potentially overwhelming. Therefore, a significant amount of consideration was given to how can the activities and exercises which are utilised within the workshop be presented and undertaken in a manner which is safe for the participants, but which is still powerful and fosters a creative and introspective milieu.

Narrative based practices have been described as 'Conversations inviting change' (Launer, 2018). In this sense, narrative conversations or approaches are not considered primarily as interventions or problem solving mechanisms, but rather a way of creating spaces and opportunities for people to consider their problems or experiences from different perspectives. In designing the

exercises, the decision was to position these in a similar way, as invitations to write and explore. This notion of the invitation was considered important as the workshops were designed not to illicit any particular content or reflections from participants, but rather to offer them the opportunity to explore their experiences and narratives within the space of the workshop.

The facilitators did consider the potential of trying to ensure that the workshops did not focus on anything explicitly distressing, primarily by focusing the workshops on exploring positive aspects of people's lives and experiences. For example, the poetry prompt of 'Imagine the concept of a mirror, reflecting images and aspects of ourselves. Pick an object within your house which is not a literal mirror, but which reflects a part of your sense of who you are' could be changed to 'Imagine the concept of a mirror, reflecting images and aspects of ourselves. Pick an object within your house which is not a literal mirror, but which reflects a positive aspect of your life'. However, this approach was considered to be impossible to enact and rather counter-intuitive to the ethos of the project, as it is difficult to ensure that no activity has the potential to trigger distress in an attendee as even a topic which the facilitators consider to be benign can hold significant power. Steinberg (2004) captures this issue in reiterating that words do not always function as universal signifiers and often carry more than their immediate meanings; suggesting that words and phrases can be archetypes, loaded with multiple meanings, implications, and ambiguities.

In order for the project to be effective the exercises within the workshops need to provoke reflections from the attendees and it could be argued that some level of discomfort is required in order to achieve this. Fuchs (2006, p.

207) proposes that the process of writing poetically 'deconstructs the certainties of everyday life and puts us into an imaginal in between space in which there is...only the hope to find a shelter'. Therefore, to maintain safety, the workshops focused on the quality of the shelter which the group could provide. Various points to 'opt out' of exercises were built in as these provided participants with the option to explore any topic as deeply or as superficially as felt safe for each participant.

Managing the Loss of Interpersonal Symbols and Spaces

Social interaction exists on a foundation of agreed symbols which help to orientate the context of that interaction (Blumer, 1986). For example, shaking hands can symbolise a shared respect and trust; this is a gesture built upon shared values and a mutual understanding of these symbols (Long, Patterson, Maxwell et al., 2022). However, within an online space there is an absence of such as symbols. This is especially true when people are communicating only by utilising the typed 'chat' function, wherein cues conveyed through things such as accent, tone or appearance are removed (Tagg, 2015) thus the communication skills required in online workshops can be different from those required when engaging with someone face to face (Statton, Jones, Thomas et al., 2016).

Some attendees might experience the increased anonymity afforded by an online communication as liberating or easier than face to face; others might miss the verbal communication which would be natural within a face-to-face workshop (Jensen, 2016). This tension in relation to anonymity also permeates through other aspects of the workshops and especially the issue

of whether attendees kept their cameras on during the workshops. During the workshops there were some attendees who kept their cameras off throughout and only sporadically engaged verbally with the group. However, these people were also some of the most open in their evaluation of the workshops as being helpful and beneficial for their mental health. This perhaps raises some questions in regard to the impact of cameras for some people and the way in which having the camera on may impact the authenticity or openness of the attendee. Goffman (1978) proposed that people 'perform' to present the image of themselves felt to be most desirable within a social context. This metaphor of performance includes the notion of front stage and backstage; front stage being that which is presented to an audience and backstage where no performance is necessary (Goffman, 1978). In the context of online workshops, the online space within the workshop becomes the front stage. However, the physical distance between the audience and the performer may mean that people are more able to conceal, embellish or hide elements of their personality (Bullingham & Vasconcelos, 2013). Moreover, in some cases the transition to performing in an online space may increase the level of scrutiny upon one's own performance; Miller and Sinanan (2014) write of how, when using a webcam, people often spend more time looking at their own image than that of their interlocutors.

Attendees and facilitators were both aware that discussions during the workshops did not provide spaces or opportunities for what might be considered the small talk or phatic conversation which can surround workshops. Long et al. (2022) discuss the way in which the pandemic in general disrupted and restricted this potential for spontaneous interactions.

However, these opportunities for phatic conversation are important in building relationships and enhancing communication (Burnard, 2003).

Anthropologically, phatic conversation has a rich history as a ritual within many cultures; it is conversation which is free and aimless, where what is being said is not particularly important; it is the saying of it to enhance relationships which is important (Burnard, 2003). This at times seemed to be quite a difficult point to address. For example, there were situations where a poem or piece of writing was read aloud by an attendee and another attendee felt significant resonance with that work and wanted to discuss this further. However, they did not wish to have this discussion in front of the rest of the group. Whilst it may have been possible to arrange for smaller 'break out rooms' in which smaller numbers of attendees could talk freely, this would have run the risk of becoming a choreographed element of the workshops and potentially limiting creative and reflective discussions in these spaces (North, 2007).

Discussion

This chapter has documented the knowledge which has been developed through the implementation of the project in relation to the development and delivery of poetry workshops. Several of the points explored within this chapter remain ongoing learning points which continue to be explored through the iterative process of leading the project. The Surviving by Storytelling project remains ongoing and although it has only been evaluated informally by participants, the results seem to support the assertion by Croom (2015) that poetry can support wellbeing associated with the domains of the

PERMA (promoting positive emotions, engagement, relationships, meaning and accomplishment) model (Seligman, 2012).

Read (2019) argues that what links the most effective approaches to working with people who experience mental health problems, is a humane understanding that validates the person's responses as meaningful and inextricably linked to their experiences. It is this ethos which has underpinned the Surviving by Storytelling project since its inception. The aim has always been to utilise elements of poetry, poetry therapy (Mazza, 2017) and narrative therapy (White & Epston, 1990) to support people to explore and narrate the stories within their lives.

Whilst the Surviving by Storytelling project does not focus primarily on psychosis, although people who have experienced psychosis have attended, much of the learning from this project can be transferred to wider innovations. Foucault (2013) describes mental illness as a void from which art, creation and meaning can emerge resulting in a profound impoverishment of an ability to narrate self, life and identity (Lysaker et al., 2003). Therefore, it is perhaps the function of innovations, such as Surviving by Storytelling, to provide opportunities for people to re-narrate themselves and their experiences in order to emerge from this void. Therefore, the knowledge gained through delivering these workshops will now be synthesised and developed further in the next chapter to develop a conceptual model for how poetry could be utilised by mental health professionals when working with people who have experienced psychosis.

CHAPTER 8: THE POETIC INTERPERSONAL MODEL FOR PSYCHOSIS

Chapter Synopsis

As documented within previous chapters, poetry may hold some significant therapeutic potential for individuals who are described as experiencing psychosis. If psychosis is reconceptualised as meaningful poetics; meaningful utterances often related to, and potentially triggered by unbearable trauma (Longden, 2017), then this requires those working within mental health services to examine how people can best be supported through these experiences. This chapter will present an innovative model developed utilising the knowledge presented within this thesis.

The experience of what might be termed psychosis has the potential to have a profound impact on an individual's sense of self and their ability to construct narratives is of vital importance in helping people to make sense of their lifeworld and experiences. Therefore, this model proposes that poetry has the potential to support individuals in narrating their experiences, developing their sense of self, and engaging in dialogical meaning making with those around them.

Developing the Poetic Interpersonal model for Psychosis (PIP)

The poetic interpersonal model for psychosis (PIP) can be considered a complex intervention, and complex interventions are generally comprised of a significant number of components which can act both independently and dependently on one another (Campbell, Murray, Darbyshire et al., 2007). In 2021 the UK Medical Research Council published its updated guidance on developing and evaluating complex interventions, suggesting that the

development of these interventions should occur in phases (Skivington, Matthews, Simpson et al., 2021). Similarly, Campbell, Fitzpatrick, Haines et al. (2000) propose that the development of any new framework or model should be considered in the same manner as pharmacological drug development, in that specific phases need to be followed to ensure safety and effectiveness. These stages start from pre-clinical and end at long term implementation.

The theory/pre-clinical stages involve the development of theory and research to support future developments. The process of modelling informs the current understanding of the problem whilst also identifying pathways available to change that problem (Campbell et al., 2007). The generation of the PIP model represents the pre-clinical stage of the research, in that it is building on what has already been undertaken within the thesis and synthesising data to develop a model which details how poetry may be able to be utilised within contemporary mental health practice, to benefit people who have experienced psychosis.

O’Cathain et al. (2019) suggest that prior to developing any intervention, it is necessary to review the published evidence in order to fully understand the context in which the intervention is being developed. The development of the PIP model was underpinned by the literature review documented within chapter 3. This conceptual review served as the theoretical foundation for understanding the relationship between poetry and psychosis. Furthermore, data collected through the narrative inquiry study and the Surviving by Storytelling project enabled this understanding to be developed and refined throughout the thesis.

The structure of the model was considered, specifically in terms of stages or phases which could guide the operationalisation of the intervention, as is common when developing innovative models (Kim & Son, 2022; Quigley et al., 2017). In considering the structure, significant consideration was given to the data collected from the narrative interviews documented in chapter 5, in which participants suggested that they engaged differently with poetry at different times in their recovery. This description from participants strongly echoes wider models of recovery in relation to psychosis such as the 'Surviving, Existing and Living' model by Fuller (2013), which argues that psychosis should be considered on a continuum, and thus any therapeutic intervention to help facilitate recovery must consider where an individual is on that continuum.

Therefore, the PIP model was developed considering three phases, each with a slightly different focus: the initial phase focused on a time of more acute distress, the second phase focused on the period of time immediately following acute distress, and the third phase focused on longer term recovery. Once these orientating phases had been established, the content of each of these stages was then developed. As is common with complex interventions, the process of development involved drawing on existing theories (O'Cathain et al., 2019) and considering if relevant interventions could be adapted creatively to work within a more poetic context (Skivington, Matthews, Simpson et al., 2021). The primary sources of existing interventions which supported the development of the PIP model were those utilised within narrative therapy (White, 2007a), and poetry therapy (Mazza, 2017). The knowledge from these existing models was then synthesised with

knowledge gained throughout the thesis to construct the content of the PIP model.

The model: Poetic Interpersonal Model for Psychosis (PIP)

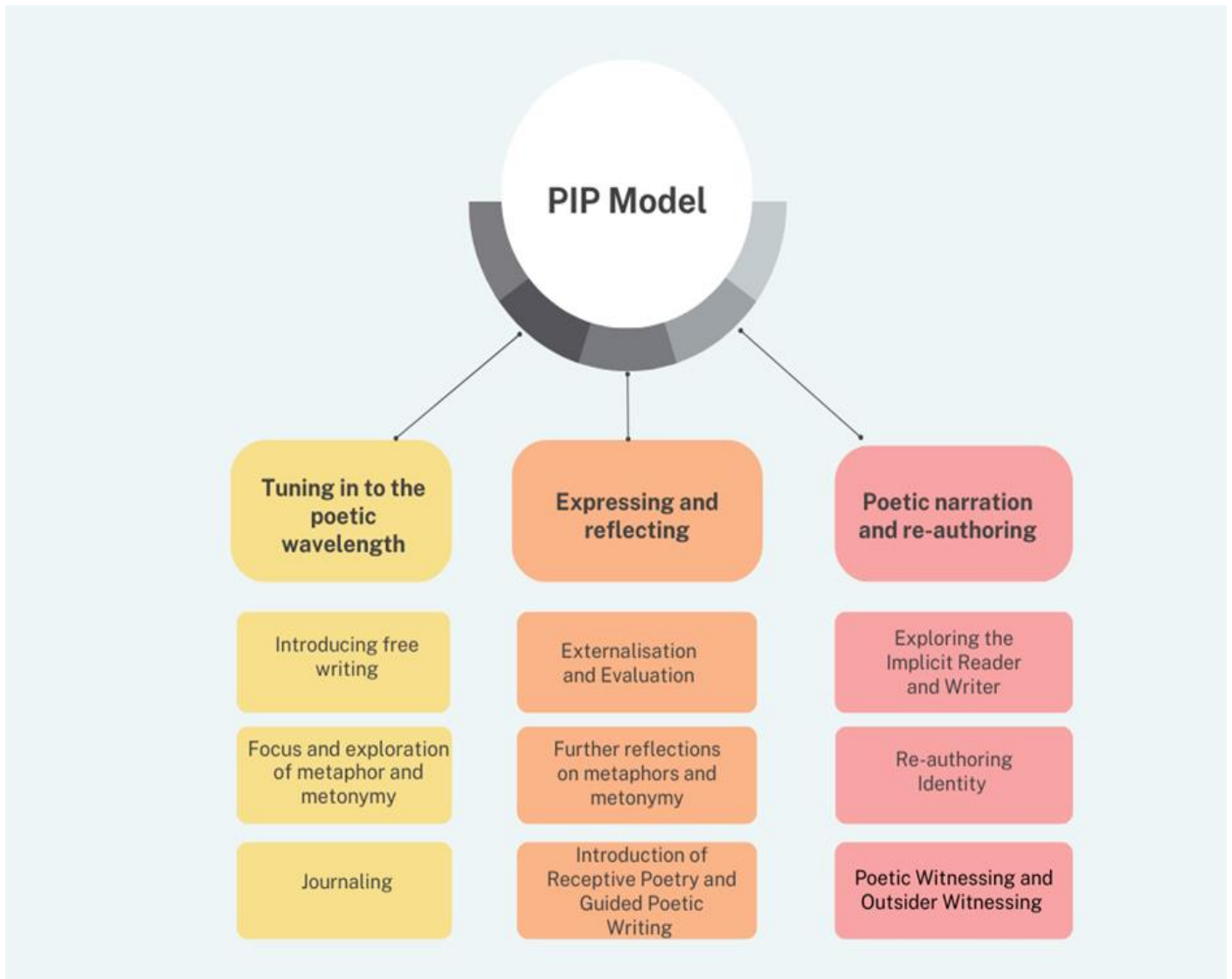


Figure 1: PIP model

The PIP model is comprised of three phases: i) tuning into the poetic wavelength, ii) externalising and reflecting and iii) poetic narrating and re-authoring. The arrows at the top of the model diagram below highlights the

way in which people may move between these phases during their recovery, or even during a single therapeutic conversation.

The poetic interpersonal model for psychosis (PIP) aims to provide a framework for those working in mental health services to support people to develop a meaningful narrative around their experiences of psychosis, which honours the understandings of the individual and considers the potential for these experiences to hold potential value and meaning (Hewson, 2015).

Phase 1: Tuning in to the Poetic Wavelength

The first phase is focused on the notion of *tuning in* to what is being said, a process of creating a space in which a shared language and dialogue can develop between people. The notion of the poetic wavelength, as discussed in chapter 5, is developed from the concept of the psychotic wavelength proposed by Lucas (1993). The concept of the poetic wavelength suggests that not only are people who are experiencing psychosis communicating on what Lucas (1993) describes as a different wavelength, but also that their utterances can be considered meaningful poetics and that poetry may be able to support those around them, especially those working therapeutically with them, to more effectively 'tune in' to what is being communicated.

The metaphor of the psychotic wavelength proposes that people who are described as experiencing psychosis can be considered as communicating on another level, another frequency, which cannot be adequately appreciated on a level of what might be considered typical empathy or sensitivity; it requires the listener to proactively tune themselves into this different wavelength in order to effectively hear what is being communicated (Lucas,

1993). Whilst the idea of the psychotic wavelength was developed from a psychoanalytic perspective, which has been challenged as having limited potential clinical applications in relation to psychosis (Willick, 2001), psychodynamic theory can provide an valuable insight into the interpersonal experience of working with people experiencing psychosis (Evans, 2008b) and has provided a helpful foundation for developing the concept of the poetic wavelength, which has also been developed from the empirical research within this thesis.

This process of 'tuning in' within the PIP model starts with developing a therapeutic relationship with the individual, as this relationship provides the foundation for potential further therapeutic work (Wolberg, 1965). In 'tuning in' one is adopting a de-centred position (White, 2007b) in which the narrative of the individual is given primacy, rather than the interpretation of the interlocutor. Maintaining this position requires the tolerance of uncertainty, which is an ability to value and promotes all voices and promotes the emergence of new knowledge and possibilities (Seikkula & Olson, 2003). This is potentially antithetical to other processes or paradigms within mental health services and can reduce curiosity as a by-product of imposing larger meta-narratives upon individual stories (Evans, 2008a). This diminishment of curiosity is a pernicious process which results in traits becoming conceptualised as rigid and constant within the identity of individuals. For example, an individual is seen as psychotic; and psychotic is conceptualised as a stable element of their identity rather than a momentary experience, which is shaped socially in relation with others and through dialogue (White, 2004a).

To enable this tolerance of uncertainty, it is important to accept that not all narratives may be initially coherent nor are the authors of these narratives required to craft them coherently (Goldie, 2012). This requires embracing the current moment and fully attending to the utterances of the individual without necessarily trying to formulate these within a particular clinical paradigm of understanding (Stern, 2004). The focus on what Barker and Buchanan-Barker (2005, p. 19) term 'now-ness' emphasises the importance of dialogue and polyphony within these moments, in which a space is created for all voices to be heard and welcomed without judgement (Seikkula, 2008). However, for those working closely with people experiencing psychosis, this remains challenging as by truly engaging with and listening to the utterances of people described as experiencing psychosis, mental health practitioners might themselves experience an unsettling or disturbing element of that psychosis within the communication (Evans, 2008a).

Introducing Free Writing

As the therapeutic relationship becomes more established, the poetic can be introduced to the conversation. Mazza (2017) emphasises the importance of poetry in supporting individuals to express emotions or thoughts that they might otherwise struggle to give words to within their lives (Wilkinson, 2009). In literary terms, Peary (2017) describes this process as prewriting; that is to say the phase before any formal writing has taken place. This idea of prewriting is to access the preverbal, and to embrace a sense of freedom of expression 'in the emptiness before language rushes in' (Peary, 2017, p. 2). Freewriting takes its origins from surrealism, and was a technique famously employed by Andre Breton (Breton & Soupault, 1985). Freewriting promotes

the channelling of whatever voices or thoughts are most dominant at a particular time without the fear of judgement (Wynne, Guo, & Wang, 2014).

As an exercise, freewriting can help to support individual capacity for expression (Pennebaker & Smyth, 2016), a capacity which might become diminished for those experiencing psychosis as communication can become inflexible and stripped of its emotional symbolism (Evans, 2008b).

Pennebaker and Smyth (2016, p. 33) talk of the 'letting go experience' in which the experience of confession triggers a series of positive physiological and psychological responses from an individual. However, there is a need to ensure that the expression during this phase does not become iatrogenic, as during this most acute period of psychosis there is the potential for an individual to become overwhelmed by meaning, unable to filter or contain their thoughts, feelings and responses (Leader, 2011). However, if psychosis is considered a response, then it is possible that preventing expression has the potential to be equally if not more damaging to the individual as their disclosures become inhibited (Pennebaker & Smyth, 2016). Moreover, creative writing can increase self-awareness, which may in turn support greater development of skills in relation to metacognition (Suvilehto & Latomaa, 2018).

Focus and Exploration of Metaphor and Metonymy

During this phase there should be a focus on the use of language by the individual, particularly in relation to their use of metaphor and metonymy.

Metaphors are an integral part of most languages (Lakoff & Johnson, 2008) and as identified by participants within chapter 5, the use of metaphors and

metonymy were often essential in exploring and communicating experiences of psychosis. Metaphors can also be considered short stories in themselves (Loue, 2008): stories distilled to their essence in order to symbolically represent lived experiences. Bayne and Thompson (2000) propose three kinds of metaphors: living, dying and dead. Living metaphors can be considered those which are new and are likely to spark surprise in an interlocutor. Dying metaphors are those that are somewhat clichéd due to constant use within a society but can still produce a mental image; and dead metaphors are those that no longer convey anything other than a literal meaning.

During an acute phase of psychosis there is the potential for the increased use of live metaphors as metaphor enables people to engage with the abstract (Bruce, Shields, & Molzahn, 2011; Carroll, 2011). Metaphorical thinking might be a contributory factor in the development of what could be described as persistent delusional thinking, as metaphors can become crystalized. However, these metaphors remain helpful in understanding a person's emotional state and past experiences (Rhodes & Jakes, 2004b). During this phase it may be pertinent to decide whether to respond to the metaphor at this time as this might be something which can be returned to during phase two of the model, if it is felt that further exploration might overwhelm the individual during a time of acute distress. Additionally, participants interviewed within chapter 5 spoke of the difficulty in engaging with poetry during acute distress, thus the potential benefits need to be considered on an individual basis. However, despite these risks it might be appropriate to discover more information about the metaphor at that moment

as it is currently alive within the discussion (Bayne & Thompson, 2000). This can be achieved by adopting this shared metaphor within the therapeutic dialogue and exploring the metaphor in greater depth, accepting that the language considered psychotic does not denote but rather connotes meaning (Leader, 2011, p. 108). Kopp (2013) proposes that this initial exploration could be done by inviting the person to explore the metaphorical image with questions such as “When you say [the metaphor] what image or picture do you see in your mind?” Kopp (2013) reiterates that at this stage it is the imagery of the service user which is central here and not the imagery of the practitioner listening to their metaphor. This initial enquiry may lead to greater exploration at this phase of the model or might lay the foundation for a greater exploration of metaphors within phase two.

Metonymy is often discussed alongside metaphor. However, unlike metaphor in which two objects are symbolically linked, metonymy is a process in which something is used to refer to another related thing – these two are linked but the process does not involve comparison (Littlemore, 2015b). Metonymy can be understood as the process of substituting the name of a process, phenomena or object with the name of a feature or composite element of the original process, phenomena or object. For example, a government building might be referred to when reporting on the government as a whole. This important distinction means that different cognitive processes are required to understand these linguistic elements. Whilst metaphor requires interlocutors to convert key characteristics of one signifier and apply that to another, metonymy requires an interlocutor to discover the continuity, contextualising

the use of metonymy in relationships to, or as a constituent part of a context (Amir, 2016).

Rhodes and Jakes (2004b, p7) suggest that many 'incomprehensible and seemingly chaotic statements might well be a form of unexplained metonymy' as the person only mentions a fragment of the idea, concept, or domain within their utterance. As the use of metonymy is often nuanced it is easy for this to become misunderstood or misinterpreted (Littlemore, 2015a), especially in the content of psychosis. However, in adapting the linguistic methods for metonymy identification proposed by Littlemore (2015a) and (Steen, 1999), the author proposes that the following three stage process may be helpful in gaining a greater understanding of what is being referred to through the use of metonymy:

1. Identification of potential metonymy-related words – Identify and record the exact words used by the individual.
2. Identification of domains – A domain can be considered the whole to which the metonymy-related words are being used to refer. Consider the potential domains which might be associated with the individual words.
3. Exploration of relationships within the domain and extended domains– Consider the relationships between the different words within the domain and potential points for enquiry through dialogue with the individual. Additionally, consider the potential for cross-domain mapping in which metonymic relationships can become extended. One of the most common is the noun-verb metonymic conversion, where, for example, the noun 'eye' becoming 'eyeing' and represents

the process of looking or viewing something suspiciously (Littlemore, 2015a; Taylor, 2003).

The significance of some of this exploration might not be immediately obvious to both the mental health practitioner and the service user (Watson, 2017). However, these opportunities for enquiry and dialogue may be able to provide the foundations for the more in depth meaning making interventions in phase two.

Journaling

Finally, the individual should be encouraged to record any writing produced during this phase as part of a journal. The process of journaling may be therapeutic in itself, as the journal offers a safe space for individuals to translate experiences into language (Miller, 2014; Pennebaker & Smyth, 2016). The journal can represent a space to record positive thoughts which challenge dominant negative stories and promote confidence (Colori, 2015). Moreover, the content of the journal itself may also represent a collection of artefacts which can be utilised in a later phase as part of a reflective exercise.

The process of interactive journaling involves an individual and their therapist or mental health practitioner undertaking a joint writing exercise in order to represent the salient content of their work together (Miller, 2014). This is a process that can facilitate greater information retention and processing (Boyd & Dooley, 2010). However, it may be that some people may be unable to engage with a collaborative journaling process at a time of acute distress. In these instances, practitioners should consider the benefits of compiling a

journal containing pieces of writing that have been produced by the individual on their behalf. This idea is taken from a similar practice within intensive care medical wards where nurses will often write diaries for patients who are unconscious, heavily medicated or disorientated for significant periods of their admission. The composition of these diaries helps the individual to construct a narrative for this period of time and has been shown to support meaning making, reduce anxiety and reduce associated trauma during the recovery process (Holme, Halvorsen, Eskerud et al., 2020; Jones, Bäckman, Capuzzo et al., 2010).

Phase 2: Expressing and Reflecting

Phase 2 of this model is designed to be implemented as the individual starts to experience less acute distress, and develop and increasing awareness of their own thoughts, emotions and environments, and that of others (Fuller, 2013). This phase focuses on continuing to generate the self-awareness of the individual and starting to support individuals to reflect on their experiences and previous utterances. This might be considered as an exercise in developing an individual's inner witness, their capacity to shift between the 'experiencing I and the reflective I' (Amir, 2012, p. 879).

Externalisation and Evaluation

Externalisation is a process, embedded within narrative practice focusing on supporting individual to observe their problem as separate from, and in relationship with themselves (White & Epston, 1990). This is a move away from the potential totalising statements such as diagnosis, which have the potential to reinforce stigma as a person perceives that *they* are the problem

and that their experience of psychosis reflects a deficit or deviance within them (Wood, Byrne, Varese et al., 2016). The process of externalising is the antithesis of this, reiterating that *the person* is not the problem; *the problem*, in this case psychosis, is the problem (White, 2007a). This process of externalising and exploring the problem in more detail also enables the individual to explore the impact of the problem in a way which truly bears witness to their experiences, acknowledging the wide range of interpretations and stories that people construct in relation to their experiences (Powers III, Kelley, & Corlett, 2017).

The process of externalisation often lends itself well to creative undertakings, such as using puppets with children (Butler, Guterman, & Rudes, 2009) or proposing that individuals or families create pieces of visual art which reflect the qualities of the problem externalised from the individual (White, 2007a). An example of this process can be observed within the responses of participant 7, documented in chapter 5, who spoke of the 'bruised snake' beneath her skin. In the creation of the 'bruised snake' the experience of pain and distress can be externalised, and conversations can be orientated around exploring the impact of the bruised snake upon her life.

Art is a useful externalising tool in starting the meaning making process, especially as it enables an individual to break with traditional narratives of illness or diagnosis and start to explore their own relationship with the problem they might be experiencing (Keeling & Bermudez, 2006). This is especially true for literary art or creative writing which often involve the exploration of a phenomena or experience from different perspectives (Androutsopoulou, 2001); writing itself has been described as a process of

externalising or self-reproduction in which the poetry or prose exists as an object outside of, but in symbiotic relationship with the individual (Freiman, 2015).

It is important to undertake this process with care especially if working with individuals who have experienced severe psychosis, as an individual may continue to experience some residual permeability to their sense of self (Leader, 2011), thus making it difficult to differentiate between inner experiences and external sources (Stephane, 2019). However, there may also be significant benefit in undertaking this exercise, as the experience of psychosis, especially if it has been the first episode of psychosis, has likely been experienced as acutely overwhelming (Fusar-Poli, Estradé, Stanghellini et al., 2022). Therefore, as people emerge from that state of acute distress, this process of externalising can provide an opportunity to step outside of a problem identity, an identity primarily orientated by the experience of psychosis, and start to objectify the problem (Ryan, 2015).

White (2007b, p. 40) suggests that the first stage of externalising a problem is to negotiate a 'particular, experience-near definition of the problem'. This process acknowledges that no two individuals will have a shared experience of a particular problem and thus this process should involve the naming of the problem, as the naming often represents the first stage in making something conscious (Warren, Morgan, Morris et al., 2010). This naming should use the words of the individual, for example, Coaston (2020) discusses the 'Brain Weasels' a term used to describe negative, self-critical intrusive thoughts.

Once named the problem can then be explored by mapping the effects of the problem and considering the effects of the problem upon the person's life, relationships, identity and future (White, 2007b). This list does not need to be definitive, but it should give some sense of the impact that psychosis (or whatever the chosen name is for the problem) is having on the person's life. Once the effects are mapped, these should be evaluated by asking questions such as "How do you feel about these changes or impacts on your life?" or "Are these developments positive or negative or both?". White (2007b) proposes that these evaluative questions are important because they invite a moment of reflection in which people can consider the developments in their lives. Furthermore, for many service users, prior to this moment it is likely that much of the evaluation has been undertaken on their behalf by healthcare professionals. This is perhaps especially true if an individual is predominantly receiving treatment orientated by the medical model, under which the diagnosis of being mentally ill has the potential to totalise the experience as entirely negative (Cooke & Kinderman, 2018). This is not to suggest that experiences of psychosis are not acutely distressing, but rather to reflect that despite the distress there may be new understandings and insights which develop from the experience (Corstens & Longden, 2013).

The final stage of the evaluating process involves inviting the individual to explore the justification for their evaluation in more detail. White (2007b) proposes that this detail can be prompted in two ways, firstly by asking a direct 'why' question such as, "why do you feel this way about this development?". Alternatively, the practitioner might ask "can you tell me a story about your life that would help me to understand why you are taking this

position on the developments in your life?”. The choice about which of these types of question are employed will need to be judged based on the preference of the service user. However, in general the more story focused question is preferred within the PIP model as this provides the opportunity for further reflection on the justification of evaluations and provides a space for considering how this evaluation links to identity, values and hopes within the service user’s life (White & Epston, 1990). Moreover, this opportunity for more detailed storying can present the opportunity for greater poetry writing, utilising this question as a prompt if felt helpful to the individual.

Further reflections on metaphors and metonymy

It is likely that during the process of externalising the problem that various metaphors might have been utilised by the individual to express their experiences. These metaphors should be recorded alongside those created during previous phases of the model, which can now be revisited. This might involve supporting people to look back at their initial writings and reflect on the content and structure. Whilst this process is based on a foundation of validating these utterances and writings, it is also an exercise in what Newman (2008, p. 24) describes as ‘rescuing the said from the saying of it’. In moments of narration the meaning of experiences can be lost, but by recording or rescuing these meanings, these become increasingly accessible and useable as objects in reflection (Newman, 2008). This is particularly important for people who experience psychosis who might write their experiences in a fragmented manner (Meunier, 2003) and thus meanings might be lost, absorbed into what Frankl (1963) calls the existential vacuum

within mental health care. Therefore, in this process this is not simply a process of remembering but also the start of meaning making (Goldie, 2012).

In starting to reflect, it may be helpful to return to the metaphor or metonymy which was observed within the initial phase. Törneke (2017) speaks of 'catching metaphors' in conversations, emphasising the need to capture these to prevent meaning being lost during conversations. In starting to explore these further, it is helpful to consider not what does an utterance mean but rather consider what is this utterance treating, what function does this utterance have (Zenoni, 2002). Further exploration could be undertaken in terms of considering who or what is the target of the metaphor and how does the metaphor relate or correspond with something essential about that target. For example, is the target of the metaphor the person themselves, somebody within their life or an object within their lifeworld. Alternatively, one might wish to enquire further in terms of observations about the metaphor, exploring the qualities of the metaphor and trying to create an 'observable distance' between oneself and the metaphors utilised to express lived experience (Törneke, 2017).

Importantly, this is not a process of interpretation by the practitioner, as might be suggested in Freudian or Lacanian psychotherapeutic practice (Freud, 1996; Lacan, 1981/1993). The focus is not on the practitioner to offer a translation, but rather to support the narration and exploration of metaphors within the therapeutic dialogue. This movement towards a new shared language can promote a shared construction of signifiers, the reference of which may have previously been poorly understood by both the service user and the practitioner (Watson, 2017). Moreover, this increased use of shared

metaphors within the therapeutic conversation, by both the service user and the practitioner, has the potential to promote mentalisation and help the individual to illustrate and develop aspects of themselves or their identity (Long & Lepper, 2008).

In exploring metaphor further, it is important to consider both the potential meaning behind the metaphor but also the experience of the metaphor (Kopp, 2013). The depth to this exploration will obviously vary depending on individuals and on the range of metaphors which are presented within the conversation, especially as not all metaphors will hold the same importance for an individual (Zatloukal, Žákovský, & Bezdíčková, 2019). Chavis (2011) suggests that individuals can be guided through a sensory exploration of a metaphor, during which times small notes or jottings are made of the frequent statements, reflections or words that are used. These notes or jottings can then be used as inspirational material for further exploration or poetic undertakings. Zatloukal et al. (2019) propose the way in which 'experiments' can be undertaken utilising metaphors involves making enquiries as to how the dynamics or properties of the metaphor could be changed or might respond to certain stimuli or behaviour from the individual. These are solution focused orientated questions and contain examples such as:

- Utilising metaphors to expand on descriptions of preferred futures.
Zatloukal et al. (2019) propose that metaphors can be implemented as a series of questions which start to map preferred futures. Questions could be considered which are future orientated such as "You mentioned [metaphor], I'm wondering how you would like this to look in the future?" or question which consider variants associated with the

metaphor such as “How would you like to change the intensity or influence of [metaphor]?” and “what difference would this make in your life?”.

- Utilising metaphors to explore exceptions. Zatloukal et al. (2019) propose that metaphors can be incorporated into exception questions to consider times or places when the problem was less influential within the individual’s life. Questions such as “are you ever able to avoid [metaphor]?”.
- Utilising metaphors to explore resources. By referring to the metaphor utilised by the individual it is then possible to orientate the discussion towards resources that the person processes to reduce or manage the impact of the metaphorical problem (Zatloukal et al., 2019). Question could be formulated such as “what skills and knowledge have previously helped you to manage [metaphor]?”

All the previously mentioned techniques or questions for the further exploration of metaphors or metonymy could be utilised as inspiration for poetic writing. Each question or reflection could serve as the starting point for prompting further writing, which could then be shared and explored collaboratively. During these metaphorical conversations, it is essential to accept the potential of magical realism within the conversation, and as Bar-Am (2015, p. 20) states ‘take extra care not to colonize the client with questions generated by the sane with expectations of sanity’. This is to say that the rich metaphors of the individual should not be engaged with in a way which seeks to ground them in reality, privileging the literal. A hyper focus on literal, reality orientated speech has the potential to stifle creative and

introspective thought (Fiumara, 2005); thus, limiting the potential exploration of the narrative rhizome potentially associated with an experience of psychosis (Bar-Am, 2016).

Introduction of Receptive Poetry and Guided Poetic Writing

The term 'receptive' is taken from the receptive, expressive and symbolic (RES) model of poetry therapy developed by Mazza and Hayton (2013) and refers to the introduction or reading of poetry within a therapeutic conversation in order to explore the individual's reaction. Poems, short pieces of prose or fairy tales can all offer space for therapeutic exploration by creating a space in which feelings can be externalised and contained within a story (Bettelheim, 1991). This is to say that an individual can project their own experiences and feelings onto the characters or speakers within a piece of poetry or prose, which can then be explored through dialogue. However, in selecting a poem to introduce during this phase, consideration should be given to the accessibility of metaphors, narratives and signifiers within a potential poem (Rubin, 2019). Moreover, it is important not to simply look for literary works which offer positive endings as this might be experienced as invalidating (Mazza, 2017). However, whilst the selection of poems remains a complex task, it is also evident that the success or benefit gained from a piece of poetry within a therapeutic space, is not solely about the poem but also heavily reliant on how the poem is explored collaboratively between service user and practitioner (Rossiter, Brown, & Gladding, 1990).

One example of a poem which could be considered when working with people who have experienced psychosis could be 'Much madness is divinest sense' by Emily Dickenson:

Much Madness is divinest Sense –

To a discerning Eye –

Much Sense – the starkest Madness –

'Tis the Majority

In this, as all, prevail –

Assent – and you are sane –

Demur – you're straightway dangerous –

And handled with a Chain –

Alternatively, a poem which confronts the existence of an inpatient on an acute mental health ward might be helpful in starting to promote reflection and exploration, such as a Haiku from 'Haiku from the asylum' by David Rollins:

I expected chaos,

Screaming, violence and cuckoos

But it's just a ward

Once a poem has been selected and introduced to the service user this can then be explored utilising the stages of bibliotherapy outlined by Hynes (1986) as recognition, examination, juxtaposition and application to self. The

stages are designed to support the individual as they move through the stages towards a deeper understanding of themselves.

The first phase is titled 'recognition' and is focused on engaging the individual and encouraging a recognition of something with the poetry or literature which has personal resonance. The personal resonance may involve the recognition of previously unacknowledged feelings as one is confronted with a piece of work which describes their experience, perhaps using words that they have previously not considered (Hynes, 1986). It is important to note that the introduction can trigger significant emotional responses and the practitioner should ensure that materials introduced to the therapeutic space are not overwhelming to the individual (Karges-Bone, 2015).

The second stage titled 'examination' is focused on promoting a deeper exploration of the elements that might initially pique our interest. Hynes (1986) suggests that this stage can be considered an intensification of the first stage in which the initial responses are explored in greater detail, perhaps narrowing the focus of the exploration to particular words or lines within the poem that were felt most impactful or important. This then leads to the third stage titled 'juxtaposition' in which any new impressions or thoughts which have emerged through the deeper exploration of the poem and the associated dialogue are compared to the person's first response to the poem (Hynes, 1986).

The final stage is named 'application to self' which involves an evaluation of what has been discussed in the context of the service user's life and recent experiences. This process of introspection should build on self-awareness which has been developed through the previous stages and Hynes (1986, p.

41) suggests helping people to ask: 'How does the concept or situation that has been discussed apply to me?'. Whilst this question might represent ultimate destination for these the questions, the PIP model suggests that rather than being asked this question directly, the practitioner invites the service user to poetically reflect upon the dialogue and the piece of poetry or prose which initiated this dialogue. The following suggestions have been developed from synthesising a range of creative writing techniques utilised by Chavis (2011), Field (2006), Bolton (2013) and (Mazza, 2017):

- Ask the service user to highlight some of the most important or resonant words, phrases, or sentences within the piece of poetry or prose. Once highlighted, suggest that one word, phrase or sentence is selected and used as the inspiration for a short free write exercise.
- Ask the service user to write a re-telling of the story within the poetry or prose in their words, elaborating on any elements which seem most salient to the individual. Alternatively, the service user may wish to re-tell this story from another perspective, perhaps a perspective not explored within the original work. This process of giving voice to another character or an alternative narrator can present the opportunity for new discoveries and rich dialogue (Chavis, 2011)
- The use of object as symbols can be a powerful starting point for further reflection. If there is a particular object within the poem, then this can become the focus of the writing. Alternatively, the service user may wish to take inspiration from the object in the poem and consider meaningful objects in their own life. When focusing on objects suggest that consideration is given to what to the object might want or say if it

were able to do so. This technique also has the potential to offer some psychological distancing as one can write as if the object is speaking and not themselves (Bolton, 2006).

- If someone is struggling to start writing, then poetry stems can be very helpful. Poetry stems are incomplete sentences which serve as the starting point for further writing (Mazza, 2017). Examples could be “when I started reading I felt.....but now I feel.....”.

The purpose of all the above exercises is to help the person narrate their responses to the receptive poetry in a meaningful manner. During this phase there may be many aspects of the experience of psychosis which remain unsayable, as they have not been consciously explored and given words (Schick Makaroff, 2013) and thus these exercises are designed to promote the exploration and subsequent fortification of an individual’s sense of self, which is important in the recovery process from psychosis (Fuller, 2013).

Phase 3: Poetic Narration and Re-authoring

The final phase of the model aims to further develop the narratives which have begun to be expressed and explored within the previous phases and continue to support the ongoing process of self-construction (Adler et al., 2013). As an individual moves through these phases towards the authoring and re-authoring of their experiences and identity, it is important to consider that being a good author requires one to also be a good reader in a sense of having self-awareness and being able to read or make meaning from one’s experiences (Gudaitė, 2019). Therefore, the focus on increasing self-awareness in the previous phases is essential in underpinning the therapeutic undertakings within this phase of the model.

Exploring the Implicit Reader and Writer

Hunt (2004) introduces the term of the implicit reader to describe the person who the writer hopes will read the text, but who might not be directly addressed within the text. The use of the word *implicit* assumes that this process may not be conscious for the writer, and thus there may be significant benefit in exploring this idea; especially as absent elements within poetry are often essential to the construction of meaning for both reader and writer (Nahajec, 2009). The 'implicit' is a concept which can also be found within narrative therapy practices. White (2003) proposes the notion of 'the absent but implicit' to refer to something which is not stated explicitly within a problem saturated narrative, but which exists in contrast to the problems within the narrative. This can be described as the out of focused background, illuminating the problems within the foreground (Carey, Walther, & Russell, 2009). This background information can provide an insight into what is important and valuable to an individual as part of their preferred stories. For example, if an individual shares a story in which they have experienced a sense of injustice, the absent but implicit information might be that they hold precious a sense of a just social world that should and could be experienced (Freeman, 2012). Trauma can also be conceptualised in this manner, as when people speak of their trauma, the experience and the distress may be at the foreground, but this is perhaps set against an implicit background of something which is precious to them being violated (White, 2003).

Hunt (2004) proposes that in undertaking this exploration individuals can be guided through a fantasy in which they are immersed in a scenario where they gradually become aware that there is somebody else observing their

writing. They are then asked to explore who this person is and what their thoughts are in response to the writing. Individuals are then supported to explore their relationship with this individual who may be real or imaginary. This process has the potential to offer the opportunity to explore interpersonal relationships as well as supporting or reinforcing a sense of identity for the individual in 'creating space for the arrival of news from the self' (Hunt, 2004, p. 39).

This sense of exploration also resonates with Winnicott's notion of potential space, as a space which 'lies between fantasy and reality' (Ogden, 1985, p. 130). It is in this space that individuals are able to explore elements of themselves in a creative way, similar to the manner in which children develop their sense of self through play (Winnicott, 1971). For individuals, this sense of playfulness and potential space can be important in supporting people to address their past relationships with themselves and others in indirect ways (Nyirinkwaya, 2020). The arts and creative practice can be considered as predominantly operating within potential space; the literal theatrical stage itself might be considered potential space, supporting growth through the explorations of human experiences (Reisner, 2019). In discussing the writing of poetry, Seamus Heaney (2000, p. 159) proposes that poetry 'involves not only a poet's way with words, his management of metre rhythm and verbal texture; it involves also a definition of his stance towards life, a definition of his own reality'.

In exploring the relationship between the implicit and the explicit, there is the potential opportunity to explore an individual's appreciation of their inner polyphony, which is hypothesised to erode during the experience of

psychosis (Lysaker & Lysaker, 2002). Art is often described as representing marginalised or silenced voices (Heath & Arroyo, 2014) and in this context those marginalised voices are considered to be the polyphonic voices within an individual. The individual is seen as the central narrator of their experiences (Gonçalves, Matos, & Santos, 2009). However, the individual, the self, is also conceptualised as multi-voiced and multi-storied with narratives arising as generated through a process of internal dialogue between the numerous voices within an individual (Hermans & Kempen, 1993).

Re-authoring Identity

Re-authoring involves a process described by White (2004a, p. 124) as 'unpacking identity conclusions'. Individuals and their identities can be conceptualised as multi storied, thus as people become aware of their own problem saturated stories, the potential for other preferred stories begin to emerge within their lives (White, 2007b). Moreover, individuals can become aware that often the dominant stories can fail to capture or express the multitude of narratives within their lived experience (Angus & McLeod, 2004). These dominant stories are likely to reflect broader discourses to which the person is subjected, such as, in the case of psychosis, that they are dangerous or unstable (Bentall, 2004). This is especially likely when individuals are immersed in the potentially pathologising discourses of mental healthcare (Pack, 2008). The impact of these discourses can then result in feelings of inadequacy or hyper self-criticism which are often associated with a variety of mental health problems (Coaston, 2020). Moreover, these can become stories which are taken for granted and assumed to be common

sense within a particular culture or society, and thus might feel unassailable (Swart, 2013).

These larger discourses can also result in people feeling isolated and othered from their communities (Parker, Dickens, & Herlihy, 2019; White, 1995b) and so re-authoring can be considered an 'invitation to re-humanise an experience' (Swart, 2013, p. 17). This process is not so much concerned with what might be termed the symptoms of psychosis, although those are of course likely to be discussed frequently. Rather the focus is on the impact of those symptoms on the individual and helping the individual to reconnect with their values, strengths, skills and abilities (Morgan, 2000). Through this process the impact of the problem saturated story can recede, and preferred stories can emerge, become thickened and become more central to the way in which the person experiences the world (Shefer, 2018).

In supporting an individual to re-author their experiences White (2007a) proposes the importance of scaffolding these conversations. This notion of scaffolding is based on the work of Vygotsky (1978) who proposed the nature of children learning incrementally from their peers, moving from 'the known and familiar' toward new knowledge, achieved with social support. This process of scaffolding involves supporting people to make connection between what are termed the landscapes of action and identity (Ryan, 2018). The landscape of action links events which happened over time, whereas the landscape of identity holds the hope, dreams and skills of the individual (Batrouney, 2019). When people experience traumatic or distressing events, such as psychosis, the landscape of identity can become diminished as people become hyper-focused on events within the landscape of action and

thus struggle to give meaning to their lives or reflect on what is important to them (White, 2007a). Furthermore, this hyper-focus on the landscape of action can potentially result in a sense of hopelessness developing as people become totalised by meta-narratives in relation to their experiences (Pelly, 2019).

The role of the mental health practitioner within this re-authoring process is to prompt and support the individual to make the connections between the landscape of action and the landscape of identity. This might initially begin by exploring the current dominant problems which have been identified in earlier phases of the model. An example of an initial question which could be asked is: “We have spoken about your experience of [the problem] and you have mentioned the way in which this has impacted your life, such as [example]. I’m wondering what this suggests in terms of what you value or what is precious to you within your life?”. This question is an example of moving the discussion from the landscape of action, focusing on what is happening to the person, to the landscape of identity and inviting the person to reflect upon their sense of self.

Being able to express and narrate our existence over a timeline is an important human experience (Goldie, 2012) and so re-authoring conversations often start from an enquiry about unique outcomes, these are times when the problem could have happened but did not. In relation to this model, we might enquire about a time when despite various circumstances in the person’s life they didn’t experience what might be termed psychosis. The purpose of these questions is to challenge the notion that the problems in a person’s life, such as psychosis, are a manifestation of an intractable flaw or

weakness within the person and move towards considering intentional state understandings; understandings which relate to the broader considerations of life, the individual's values, and foster a sense of personal agency (White, 2007b).

Once the starting point for scaffolding this conversation has been established, further questions can be asked to promote reflection on these issues over a timeline. Such as looking back: "Are there any stories you could tell me that reflect how this is important to you within your life?" and looking forward: "From what we have discussed, if you were able to keep this knowledge close to you and use this for support, what do you think that might make possible in the future?". Obviously, the flow of the conversation and the prompts utilised will need to be adapted to each conversation. However, if the individual can make more connections between these two landscapes, this is likely to foster the authorship of richer narratives (Suddeath, Kerwin, & Dugger, 2017).

Writing can help people to draw out and develop the initial hidden qualities of their stories, discovering new ideas and opening up new possibilities (Clark, 1998) and thus all of these questions can be offered as writing prompts as well as invitations within dialogue. However, it may be helpful to use poetry writing exercises as an opportunity to summarise what has been discussed. Suggesting that the individual undertake a short writing exercise based on an element of what has been discussed in relation to the landscape of action and landscape of identity.

Poetic Witnessing and Outsider Witnessing

In narrative therapeutic practice, people's identities are understood to be 'multistoried' and comprised of the many stories we tell about ourselves and that others may tell about us (White & Epston, 1990). For many people who experience mental health problems, problem saturated stories can become dominant in their lives, offering reductive and often pernicious conclusions about character and identity. Freedman (2014) proposes that narrative therapeutic approaches do not try to eliminate problem stories but rather focus on enriching and exploring the multitude of other stories which contribute to a person's experience, thus offering different perspectives and insights into the problem. This process can also assist individuals in generating preferred stories about their experiences which might have previously been overwhelmed by the dominant problem story (White, 2007b). As people are socially constructed, collaborators and social networks can be highly significant in witnessing, reinforcing and embedding preferred stories within social discourses (Aloi, 2009). In narrative practice, such collaborators are often termed outsider witnesses (Lee, 2017).

Witnesses can be those who are working professionally and therapeutically with the individual but importantly can also be members of their wider social network. The witnesses are able to support the development of preferred narratives through validating and retelling what they have heard, providing acknowledgement to those undertaking the re-authoring and thus value their selfhood (White, 1995a). The writing and sharing of documents such as poems, can also reflect preferred stories and can be helpful in increasing a

sense of proximity and commitment to preferred stories (Dolman & Spurrier, 2016).

The development and enrichment of preferred stories enable the person to reclaim their identity (Leahy, O'Dwyer, & Ryan, 2012), and the process of sharing these preferred stories, and having these witnessed, represents what Myerhoff (1982, p. 100) describes as 'a definitional ceremony'. The term definitional ceremonies describes a process of telling one's stories within one's community, offering the opportunity for reflection and togetherness whilst seeking to reduce isolation and feelings of invisibility (White, 2007b). A definitional ceremony arguably represents the antithesis of many ceremonies within people's lives in which their identity is degraded as they are compared to larger social norms and thus socially constructed as deficient, inadequate or other (White, 2007b).

The process of outsider witnessing may involve an individual's peers, their family, or their social network as witnesses, and it is the decision of the individual who they wish to be a witness at any time. The role of these witnesses is to act as audience in the re-narration of the individual's identity, a process which White (2007b) suggests has three stages.

The first stage is named the re-telling during which the individual who has experienced psychosis is invited to explore significant stories within their lives, which have either been explored in previous phases or which seem important in this moment. The individual can also be prompted during this re-telling by a mental health practitioner. In addition to the process proposed by White (2007b), the PIP model also encourages an individual to share some of their writings in this process of telling their story, especially if an individual

is hesitant to share their story or is struggling to adequately convey complex emotions or experiences (Mazza, 2017). Moreover, it is important that the story is told in the way which is most meaningful to the individual even if this risks the potential of initially being experienced as incoherent to the practitioner or the witness.

The second stage is titled the 're-telling' during which the witness is then invited to respond to the story told by the individual in the first stage. White (2007b) emphasises that this stage should not be about the witness offering affirmations, congratulations or interpretations but rather a focus on resonance, with the witness being asked four categories of enquiry:

1. What were you most drawn to in the story that you have just heard?
2. Are there any images which come into your mind which were evoked by what you were drawn to in the story?
3. Why were you drawn to these particular aspects of the story? Can you give an example from your own life where this was particularly resonant?
4. Reflecting on what has been discussed, where has this left you now, how have you been moved by what you have heard today?

Whilst these questions are being asked, the individual who has experienced psychosis should adopt the witness position and not directly contribute to the expressions of the outsider witness. However, once the four domains of questions have been completed, the final stage involves returning the focus to the person who has experienced psychosis and interviewing them again based on what has been discussed with the outsider witness. This final

interviewing should follow similar lines to the domains of the second stage (White, 2007b), enquiring about:

1. What expression from the outsider witness were you drawn to?
2. What mental images were evoked during this process?
3. What personal experiences have been touched on by the responses of the outsider witness?
4. Where has all of this discussion left them in terms of their thoughts, understandings and reflection on their lives?

These stages give a good structure to the process of outsider witnessing, and this process has the potential to thicken preferred narratives, especially in relation to one's sense of self, which might have been significantly diminished by the experiences of psychosis. Walther and Fox (2012) suggest that lives are often dominated by the telling and re-telling of stories of problem saturated lives, but these outsider witnessing experiences create a space in which individuals can share stories of their preferred identity.

In addition to, or instead of, live witnesses as people from the person's social network the poem can become a witness in itself (Speedy, 2004). McNeilly and Pines (2005) propose that art, in this case poetry, created within therapy can be considered as one element within a triangular relationship between to both the creator and the therapist. It is the relationships between these the creator/ poet, the art/poem and the therapist, which can be explored as part of therapy, considering the dynamic relationship between the author and the poem. These poems might be considered self-stories within the context of narrative practice: these are stories described by White and Epston (1990) as a story which enables to person to consult with themselves.

Limitations and Further Development of the Model

Conceptual models can provide an insight into how theories from multiple disciplines or specialities can coalesce to advance the understanding or practice within specific areas of healthcare (Billiot & Mitchell, 2019). The therapeutic potential of poetry for people who have experienced psychosis remains under researched, and thus this model is innovative in seeking to synthesise a range of theories to better inform theory and practice. The model is based on the theoretical, conceptual, and empirical work which has been undertaken within this thesis. However, as with all initial designs of conceptual models, further research is required to understand if the synthesised elements can be integrated into a meaningful intervention within clinical practice (Christensen, 2015). Additionally, as is common with conceptual models (e.g. McCrea, Walton, & Leonard, 2014), at this stage, it is difficult to predict which segments or components of the model may be most impactful within clinical practice and thus which elements may be experienced as most helpful to service users. Moreover, as the PIP model is comprised of three different phases it is anticipated that the model may need to be adapted in clinical practice due to the variety of potential health trajectories experienced by individuals (Christensen, 2015).

In developing the PIP model further and addressing these weaknesses the author proposes that the PIP model could now be subjected to a Delphi process, prior to conducting any empirical research through the application of the model to mental health clinical practice. The Delphi technique is established within healthcare research as offering unique benefits in constructing theoretical frameworks and developing innovations (Keeney,

2011). In essence, the Delphi technique is a process to gain qualitative and quantitative feedback data from experts, enabling a researcher to establish a consensus or identify areas where consensus does not exist (Dalkey & Helmer, 1963). The Delphi method is most helpful when exploring problems or seeking to validate instruments or models which cannot be validated by using precise analytic techniques, but rather benefit from a range of experts exploring a complex problem or novel solution (Goodman, 1987; Logue & Effken, 2013). Therefore, it is a technique often utilised within healthcare in the development of new practices, interventions, or ways of working (Jeon, Conway, Chenoweth et al., 2015; Kidholm, Jensen, Kjølhede et al., 2018). As the PIP model is synthesising information from a variety of different theoretical and clinical backgrounds the use of a Delphi method could provide a technique for consulting with experts from a range of disciplines. This consultation process could then enable the researchers to develop an understanding, based on the consensus of experts, about what need to be the fundamental components of the PIP model.

CHAPTER 9: POETIC REFLEXIVITY

Chapter Synopsis

This chapter seeks to explore the way in which reflexivity was adopted during the thesis through poetic writing and demonstrate how the process of undertaking the thesis has influenced and impacted the author. Reflexivity is an essential element of qualitative research (Ahmed et al., 2011) and the arts, particularly poetry, hold distinct potential in supporting researchers to both reflect and present data in an innovative, accessible and evocative manner (Reinertsen, Ben-Horin, & Borgenvik, 2015). The chapter will discuss how poetry was utilised by the researcher and present some of the poems which were written during the undertaking of the thesis.

The poems presented in this chapter can be viewed as examples of what Lahman et al. (2010) termed 'poking around poetically'. This process has supported the author to tune into ongoing inner dialogues and the output represents unique insights into the lived experience of undertaking the thesis.

Reflexivity in Research: Background

It is generally understood that researchers can experience emotional distress within their work (Jackson, Backett-Milburn, & Newall, 2013), especially qualitative researchers who are more likely to experience distress due to the nature of exploring sensitive and emotive topics (Dickson-Swift, James, Kippen et al., 2006; Jackson et al., 2013). This can be observed as similar to the way in which those working with emergency healthcare environments can become traumatised as a result of their work (Adriaenssens, de Gucht, & Maes, 2012; Declercq, Meganck, Deheegher et al., 2011). As this research

was focusing on psychosis and mental health problems, and seeking to explore these in detail through individual narratives, it was anticipated that there was significant risk of experiencing powerful emotional responses. Moreover, the process of reviewing the collected data can also be considered an emotional labour requiring the researcher to immerse themselves in the lived experiences of others (Jackson et al., 2013).

One could aim to mitigate such an impact through prioritising boundaries and a psychological distance, striving for a professional persona and thus veiling their authentic self (Barker et al., 1999). However, such a position potentially underestimates the relationship between researcher and participant (Carless & Douglas, 2017), especially when the researcher is considered to be an active participant in the narrative and meaning making process within the interview (Finlay, 2002). Furthermore, such an approach, which emphasises boundaries, suggests that qualitative researchers have significant control over the research; a point, which is argued against by Kleinman (1993), who suggests that researchers must surrender significant control to participants, as it is these participants who will be producing the data. Furthermore, such a position, which emphasises boundaries as a way to manage emotive content fails to acknowledge the way in which knowledge can be co-created within research. Therefore, in considering both the health of the researcher, and the rigour of research itself, it becomes important to incorporate reflexivity into the methods (Holland, 2007; Hubbard, Backett-Milburn, & Kemmer, 2001). Lumsden and Winter (2014, p. 2) advocate that the process of reflexivity as 'intellectual craftsmanship', is essentially making sense of a confusing social world in which research is taking place. This is a significant departure from

certain research traditions where the maintenance of the expert position of the research is considered a priority, and the acknowledgement of lived emotional responses is considered a sign of weakness (Emerald & Carpenter, 2015). To an extent, such attitudes are also echoed within broader western societies, in which introspection, and the time allocated to such an endeavour is often perceived as self-indulgent and met with derision (Radcliffe, 2016). It is worth noting here that such analogous prejudices are also encountered in relation to poetry, often considered somewhat of a luxury, potentially marginalising poets from working class peers (Lenhart, 2006).

Reflexive practice empowers the researcher to consider their emotional responses in the context of research, considering these responses as sensitising phenomena which help the researcher to attune to deeper meanings within the conversation (Wilkins, 1993). In this endeavour, art, and in this case poetry specifically, can act as a powerful tool within the reflexive process, and has the potential to sensitively attune to the experience of the researcher (Pigrum & Stables, 2005).

Poetry within research has been acknowledged as an evocative way of communicating and representing data (Sparkes, 2008). However, this is generally in relation to considerations around how traditional academic papers can be developed through adopting poetic formats (Lahman, Rodriguez, Richard et al., 2011). Therefore, this chapter seeks to explore the way in which poetry can not only represent data in a way which evoked powerful emotional responses (Denzin, 1997) but can also represent a powerful tool in the reflexive process.

Poems

The chapter will reflect particularly on three poems written as part of the reflexive process; i) Interview, ii) if I were a boat, iii) PhD Haiku. Each of these poems explore a different element of the thesis process and the reflexive process which was experienced at these times.

Interview 1

An hour together,

Erratic connection,

Too many questions,

My mind buffering trying to process your answers.

Finished,

And I turn to you,

Like I so often do,

With crude words,

That lay like oil on the calm waters of your mind,

But you hear me,

And I hear me,

Perhaps its ok,

Stories often involved a series of choices about what will be revealed (Spector-Mersel, 2011). However, in narrating any story the narrator might also be stuck by the intrusive nature of thoughts relating to aspects of their own stories which invite further reflection (Nixon & Roscoe, 2002). The lived experience of any individual is likely to be complicated (Gergen, 1991), and thus individuals require stories in order to make sense of themselves and their lifeworld (Gottschall, 2012). Bruner (1986) suggests that the mind can utilise two modes of thought, one paradigmatic, associated with logic and reasoning; and one narrative dominated by psychic realities and associated with making meaning and understanding the human condition. In the above poem, written immediately after conducting an interview with a participant, who was experienced by the interviewer as particularly chaotic, the predominant sense of the author is that of trying to create meaning and organise, what feel like increasingly disorganised thoughts. The poem also explores the process of the author attempting to describe his thoughts and experiences to his spouse, however, not feeling able to adequately articulate this complex situation.

This poem details the process of the interviewer finishing the interview and speaking to his wife, trying to explain how he had experienced the interview and the effect on his own mental health. The poem also attempts to capture the manner in which words seemed to fail in communicating not only the experience but also the subsequent feelings which were experienced.

However, in writing this poem and attempting to capture these experiences the author was able to start to develop a greater understanding of what has

transpired during that interview and how the interview has been experienced as overwhelming at times. This process of poetically capturing this experience might be conceptualised as a 'letting go experience' (Pennebaker & Smyth, 2016, p. 30), the process of achieving catharsis through the process of not simply expressing emotions but enabling the linking of thoughts and feelings'.

Whilst some have argued that exercises in reflexivity within research, such as that above, offer limited benefit, representing little more than increasing narcissism within research (Patai, 1994); such a critique fails to understand the diverse experiences of conducting research and the importance of capturing holistic insights into idiosyncratic experiences (Trickett, 1996). However, in pushing for such insight, it is perhaps essential to move towards what Pillow (2003, p. 187) describes as 'reflexivities of discomfort', in which one moves away from simply describing a methodology and into a space which more sensitively reflects how the researcher experiences and constructs meaning in their world. This is especially germane when considering narrative methodologies and the use of self within the research, as reflexivity can provide a greater insight into how one is within the interview space and how one's identity, values and emotional responses are shaping the discourse (Reed, Miller, Nnawulezi et al., 2012). However, such a space is potentially uncomfortable for researchers or academics, exploring their own vulnerabilities outside of what might be experienced as the safety of a pre-defined methodological discussion. Therefore, poetry can potentially support and ameliorate some of this discomfort in its ability to integrate

expression that can be both cathartic and organised within a given methodology (Mazza, 2017).

If I were a boat

If I were a boat,
And this were a sea,
I wonder,
What my oars would be,

And what would,
Tether me to land,
A rope of plenty,
Or single hand,

And if I were lost,
And floating mesmeric,
What tide,
Would offer me a secret,

And what lighthouse,

Would provide the hope,

A gentle message,

Don't approach,

If I were a boat,

And this were a sea,

I wonder,

What my oars would be.

The following poem was written approximately half-way through data collection. The poem attempted to reflect upon the researcher's own life and consider how they have been, and continue to be, shaped by their experiences. Moreover, the poem promoted an exploration of how one might narrate their own life world, if they were being interviewed within the context of this research. In developing and adopting reflexivity, one is acknowledging the potential divergence between 'habitus and field' (Bondi, 2009, p. 335); between one's own predispositions and those encountered within the research. However, this is not a passive experience, as Shotter (2015) suggests, we are not simply *in* the world but *of* the world. Thus, in attuning ourselves to our lifeworld, it is perhaps helpful to adopt a dialogical position in which we accept the multiple polyphonic voices, urges and thoughts, which are flowing through us in response to the unfolding world (Shotter, 2015). To this end, poetry is unique as a medium in being able to capture multi-vocal, polyphonic experiences (Yee, 2018).

The above poem could perhaps be considered paradoxical in that it fits within a rather defined rhyming metre and yet is trying to explore and present the 'messy' nature of experiences within research (Reed et al., 2012, p. 12). Importantly, the poem does not try to reconcile this messiness but rather seeks to offer a series of questions, in which reflections resulting from the research can be openly considered. In this context, the poem makes use of poetry acting as a safe space for the expression of thoughts and experiences (Patterson, Sharek, Hennessy et al., 2016).

The relationship between researcher and participant can be complex and challenging for the researcher, especially as one's sense of self and identity might be significantly different from the way in which one is perceived by others, particularly participants, in the context of research. Hou and Feng (2019) describe this as juggling identities, an uncomfortable process during which the researcher might struggle with knowing what aspects of themselves they should display, experienced as perpetually oscillating between versions of themselves within given situations. In reconciling some of this discomfort Reed et al. (2012, p. 17) describe the process of 'outing' oneself, of exposing the complex experience of undertaking research, and in many ways the poem *If I were a boat* is attempting to do this, attempting to explore a sense of self in response to interactions with research participants.

Whilst the poem supported the author in reflecting on his social and emotional position in relation to that of the research participants, it also considers how their life might have been influenced if they were to experience similar events to those described by participants. The poem also attempted to act as a catalyst for the author in exploring the intersectionality

within themselves. As social constructionism would argue, a sense of self is created through social relationships, thus one's inner life could be conceptualised as being created within our momentary encounters (Shotter, 1997). For researchers and PhD students, this creates the possibility of multiple identities, such as researcher, student, academic and many more based on relationships outside of their research role. This multiplicity raises the potential of what Gergen (1991) terms social saturation, resulting from an overwhelming myriad of incoherent incompatible languages of the self. Whilst one might argue that discounting a stable sense of self might raise issues in relation to how can one hold a stable set of values and ethics required for research (Mascolo & Dalto, 1995); it does also highlight the potential importance of attending to, and being mindful of, how we relate to others. Poetry is inherently relational and offers a way of understanding the interconnected networks of meaning both within the individual and between an individual and others (Wilkinson, 2009).

PhD Haiku

The keyboard rattles,

Mirrored screen illuminates,

Reflecting nothing.

This final poem, named PhD Haiku, is less related to the process of data collection and the interactions with others, and more related to the somewhat isolating times experienced during the undertaking of a PhD. These experiences are rather common with PhD student populations (Van Der

Heijde, Douwes, & Vonk, 2019), with many students reporting acute stress during this time (Anttila, Lindblom-Ylänne, Lonka et al., 2015). This haiku attempts to capture one of those moments for the author. A haiku is a traditional form of Japanese poetry, characterised by three lines and a set syllabic structure within each line (5-7-5). This strict format, whilst potentially appearing constricting has also been found to be therapeutic in uniquely capturing experiences and individual narratives (Sky Hiltunen, 2010) and expressing emotion (Massey, 1998).

In considering the potential therapeutic influence of this poem, it is helpful to consider the factors which are likely to lead to a decline in mental health, or burnout, during the PhD process; these include emotional exhaustions, cynicism and a reduced sense of efficacy (Maslach & Goldberg, 1998). Interestingly, all of these domains could be considered, within a relational domain in that emotional exhaustion, increased cynicism and a reduction in perceived efficacy might be the result of inadequate social contact, or an inability to express oneself fully within those social groups. Moreover, PhD students often report the requirement to present themselves as competent and scholarly within the sphere of academia, and this pressure to exhibit these qualities appears to increase rates of exhaustion (Devine & Hunter, 2017) and result in some groups describing the scholarly community as a burden, whilst also acknowledging that engagement within the scholarly community is important within the research process (Stubb, Pyhältö, & Lonka, 2011). Interestingly this might be a broader issue within academia beyond PhD students as academics more widely have also shown to have

considerable variations in relation to their well-being at work (Schmidt & Hansson, 2018; Taris, Schreurs, & Van Iersel-Van Silfhout, 2001).

Whilst interventions such as mindfulness have focused on increasing psychological resources and resilience (Barry, Woods, Martin et al., 2019; Waight & Giordano, 2018), one wonders if underpinning much of this distress is potentially a lack of authentic communication in relation to oneself and the PhD process. Authenticity can be described as 'being your true self' (Joseph, 2016, p. 13) and refers to a state in which a person is both aware of their inner thoughts, wishes and experiences, and is able to act on and communicate these within their lifeworld. The concept of authentic communication is a state of mind which prioritises honest, meaningful communication (Lasley, 2006) and congruence between a person's inner experience and their outer expression (Rogers, 1959).

However, the impact of PhD students feeling the need to perpetually monitor and adjust their external expressions requires them to exist in a state of inauthenticity. The impact of such inauthentic living is likely to result in increased psychological distress, increase self-alienation and decreased life satisfaction (Boyratz, Waits, & Felix, 2014; Grijak, 2017; Turner, Faulk, & Garner, 2020). Rogers (1959) proposed that authenticity is the natural state, which people desire to move towards but might find unable to access without experiencing empathy and an accepting relational milieu. In educational settings, evidence continues to reveal the importance of authentic relationships between students and educators, and a sense of belonging as two factors which are significant in the flourishing of any student (Frego, 2006; Gopalan, Linden-Carmichael, & Lanza, 2022).

Poetry may be able to act as a catalyst for more authentic reflection and communication, similar to the way in which participants spoke of poetry providing a way of narrating their experiences of psychosis. Joseph (2016, p. 68) writes of the importance of listening and being attentive to one's inner voice and wisdom as 'it is all too easy in the rush of everyday life not to give ourselves the time, solitude and stillness to pay attention to what is genuinely going on inside ourselves'. In attempting to tune into these voices, poetry can give access to both the cognitive and affective domains, whilst simultaneously, due to its poetic structure, provide people with perceived permission to express their feelings even if these might be considered transgressive or challenging by others (Drass, 2016; Mazza, 2017; Roots & Roses, 2020).

CHAPTER 10: CONCLUSIONS

Chapter Synopsis

This chapter will synthesise all the findings within this thesis and present the final conclusions. These conclusions range from establishing the importance of narratives in the understanding of psychosis, to the ways in which poetry can support an individual to articulate their experience and support others to more effectively 'tune in' to that experience. The chapter also presents a new and potential quite radical conceptualisation of psychosis as meaningful poetics, proposing that the utterances of those described as experiencing psychosis are rich in symbolism and meaning, but have often been ignored or considered to be incoherent.

Key findings

The key findings and contributions to new knowledge are presented as follows: 1: Psychosis has a complex aetiology which benefits from narratives to support understanding, 2: Psychotic utterances as meaningful poetics - The poetic wavelength, 3: Poetry can support narration of the unsayable, 4: Poetic devices can support narration of self and lived experiences, and 5: Poetic ways of working could enhance current practices within mental health services.

Key finding 1: Psychosis has a complex aetiology which benefits from narratives to support understanding.

The first attempt to define the aetiology of psychosis within modern science emerged alongside the field of biological psychiatry in the 19th century. The Latin term, 'dementia praecox' means the senility of the young, and Kraepelin

proposed psychosis as a progressive degenerative condition (Bentall, 2004), introducing a nosological framework for the understanding of psychosis (Kraepelin, 1898). Emil Kraepelin was clear in describing psychosis as an endogenous condition; however, he failed to identify any specific cause (Read & Dillon, 2013). This notion of psychosis as a discrete disorder, originating from some form of neurobiological abnormality remains an enduring idea within psychiatry, continuing to orientate contemporary psychopharmacological interventions (Stahl, 2018).

Despite developments in biological sciences since Kraepelin introduced the term in the 19th century, the biological cause of psychosis remains elusive (Read, Magliano, & Beavan, 2013). Suggested biological causes of psychosis range from inflammation (Martinez-Cengotitabengoa et al., 2016), to epigenetics (Pidsley & Mill, 2011). The emergence of dynamic psychiatry challenged the orthodoxy of a biological explanation for psychosis based on the premise conceptualising the psyche and unconscious mind (Ellenberger, 1994) and more recently the hearing voices movement has sought to demonstrate a more pluralistic approach, appreciating the social, environmental, psychological and biological rhizome of individuals lives (Higgs, 2020).

In the 1980s this movement originated from the work of Romme & Esher (1989) who challenged the biomedical paradigm in publishing their interviews with 20 voice hearers, who were not receiving mental health services, and not acutely unwell despite an absence of psychiatric input. These interviews directly challenged the reductionist notion that voice hearing is purely a pathological symptom requiring elimination; and since the time of its

inceptions, the hearing voices movement and its associated network has spread around the globe (James, 2001) developing increasing robust empirical data to support the assertion that voice hearing can represent a protective mechanism, transforming uncontainable, unspeakable internal conflicts into an external manifestation (Corstens et al, 2012). In a departure from the historical approach of othering or marginalising people experiencing psychosis (Kamens, 2019); the hearing voices movement advocated that psychotic experiences could be considered as a natural element of the human experience. The notion of psychosis as part of the human experience challenges the historical perspective of psychosis as a discrete disorder, in relation to which one must be either sane or insane (Broome, 2013; Ebert & Bär, 2010; Read & Dillon, 2013).

This challenge is, in part, further supported by emerging epidemiological data, which potentially casts doubt over the traditional reported rate of schizophrenia as approximately 1% of the population (Stilo & Murray, 2010). Firstly, the notion that these rates are as stable across multiple cultures and geographical locations, as has been historically presented, is abnormal within disease rates due to this irregular consistency (Cicero et al., 2019).

Secondly, delusions, especially paranoid delusions, appear to be reasonably common in the general population with estimated 10-15% of the general population experiencing paranoia on a regular basis (Freeman, 2006).

The genesis of psychosis could potentially be attributed to a range of social and psychological factors, such as trauma and social adversity (Johnstone & Boyle, 2018; Longden & Read, 2016; Read, Bentall, Mosher et al., 2013).

Modernity itself and living within contemporary capitalistic society has also

been cited as a potentially contributing factor to psychosis as people try to reconcile the complex and competing demands of society and a fragmented sense of self (Frosh, 1991; Gergen, 1991). Frosh (1991, p. 147) proposes that 'psychosis represents a kind of return of the repressed within modern society – a bursting out of the hidden emotions and traumas produced violations of humanity and sanity'. Intersectionality appears relevant as higher rates of psychosis have been observed within ethnic minority groups (Bhui, Halvorsrud, & Nazroo, 2018). Furthermore, for those who experience what is described as psychosis there remains significant variation in different ontological perceptions regarding the reality of their experiences (Pickersgill, 2020).

Amongst all this complexity and the competing paradigms attempting to capture a true understanding of psychosis, it is essential to avoid potentially reductionist perspectives, which with a focus on symptoms, fail to honour the story of individuals (Charon, 2006). Any phenomenon has to be contextualised in order to be understood, and this is one function of narrative and story (Charon, 2006). Engaging with individual narratives can help develop knowledge essential to this process of contextualisation which is not accessible through traditional routes of medical or healthcare enquiry (Llewellyn-Beardsley, Rennick-Egglestone, Callard et al., 2019; Polkinghorne, 1988).

A narrative sense of oneself is comprised of memories and stories, which help to produce a sense of identity (Nelson, Parnas, & Sass, 2014). A sense of oneself within one's story, having a past, present and future is experienced similarly to a visual sense of self, in that one has a sense of what one looks

like now, what they have looked like in the past and how they might look in the future (Goldie, 2012). Often central to the notion of identity is the idea of continuity, how a person considers their identity over a period of time and the values, beliefs and principles which remain constant (Gergel & Iacoponi, 2017). In considering the narrative self, Ricoeur (2010) proposed that it exists temporally along a timeline and is constructed from reflections and introspections on lived experiences (Sheerin, 2011). These narrative constructs are durable properties of character, which can create an identity around a plot (Wood, 2002). However, individuals may face significant challenges in trying to maintain a sense of their identity during a period of poor mental health, and especially during an episode of psychosis (Cowan, Mittal, & McAdams, 2021) as psychosis 'erodes and undermines the organisation and functioning of the self' (Fabrega, 1989, p. 277). In this context, psychosis, or any illness for that matter, can be biographically disruptive as it is not in keeping with existing narratives of self and identity and disrupts the projected sense of self for the future which had already been narrated and predicted (Bury, 1982; Williams, 2000).

A disrupted sense of self has long been established as a core experience of psychosis (Henriksen & Parnas, 2012) and is widely acknowledged within classic psychiatric phenomenological accounts of psychosis, described as 'disorders of self experience' (Parnas & Handest, 2003). Perhaps the most well-known of these phenomenological accounts is that of Daniel Schreber who in his autobiography wrote of experiencing God changing him into a woman (Schreber, 1903). In understanding the experience of psychosis, there may be difficulty in separating the perception of oneself from the

perception of the illness, and to then attempt to integrate the experiences of psychosis into a self-concept (Gergel & Iacoponi, 2017). This can be complex often due to the relationship which one might form with hallucinations, ranging from experiencing these as nurturing to maleficent (Benjamin, 1989). Therefore, it is essential that those working within mental health care prioritise the stories of service users in order to not only understand their experience of this idiosyncratic condition but also to be able to support them in starting to narrate their experiences.

Key finding 2: Psychotic Utterances as Meaningful Poetics - The Poetic Wavelength.

Emil Kraepelin and Eugen Bleuler are described as arguably the most influential individuals in the classification of psychosis and the traditional biological understanding of schizophrenia (Read, 2013). In describing the clinical presentation of psychosis, Eugen Bleuler described the speech of people experiencing psychosis as fragmented and illogical (Bleuler, 1950). This initial observation became part of a diagnostic orthodoxy and continues to be reflected in diagnostic structures (World Health Organisation, 2019). Those who speak in a way judged to be incoherent are considered to be displaying symptomology related to a potential thought disorder or psychotic condition. However, as suggested by Rochester (1979, p. 3) 'to say that a speaker is incoherent is only to say that one cannot understand the speaker'. Thus, to make a statement about the incoherent utterances of an other is really just to make a statement about one's own confusion.

Laing (1960b, p. 36) observed that ‘...sanity or psychosis is tested by the degree of conjunction or disjunction between two persons where one is sane by common consent’. The traditional assumptions of irrationality and mental illness appear to represent an underpinning ideology, founded in the enlightenment, which prioritises rationality. As suggested by Kusters (2020) madness is often represented as something which needs to be suppressed and managed by reason and logical thought. Foucault (1965) suggested that it is only once a society begins to prioritise reason and rationalism that those who are perceived as irrational are considered to be experiencing some form of mental illness. This is not to say that the language of people described as psychotic is not influenced by their inner experiences but rather to highlight the false assumption that language is a homogenous entity, with stable omnipresent rules of coherence (Thomas, 1997), rules in which sanity or madness can be defined linguistically.

Both poetry and psychosis are manifested in language (Patterson, 2014). In using the term meaningful poetics, the aim is not to glamorise or glorify experiences, failing to appreciate the suffering of those who experienced psychosis (Frosh, 1991). The use of the term is to suggest the unique qualities which can be observed in what is considered psychotic communication. Campbell (2005, p. 63) describes poetics as “specialised languages that are embedded in, but distinct from, natural language, that draw attention to their own differences from natural language, and that work within larger systems of meaning...”. This seems rather apt in relation to psychosis, often marked by communication that does sit within larger linguistic landscapes, but which is unique, and similar to other creative

language, is largely defined by the way in which it calls attention to a departure from what might be considered common sense (Campbell, 2005).

Wilkinson (2009) discusses the way in which 'poetic' is often an axiom for some indescribable process, communicating something which otherwise would have remained incommunicable. Language is the primary system through which individuals narrate and make meaning of their experiences (Anderson and Goolishian, 1988), and thus people experiencing psychotic symptoms can be considered as involved in a linguistic, poetic process. They can be viewed no longer as simply passive victims, afflicted by a disorder, but rather individuals who are engaged in an ongoing meaning making process (Leonhardt et al., 2015). This is similar to the way in which Freud (1924) suggested that the creation or manifestation of a delusion could be an attempt at a cure as part of an active meaning making process.

In attempting to understand these potentially poetic utterances, Lucas (1993) talks about the importance of tuning into what he calls 'the psychotic wavelength'. It is through this process of tuning into the meanings, which people are trying to convey, that one can understand how language is central to representing experiences and the positions adopted in response to perceptions (Thomas, 1997). Throughout this thesis the author has developed the idea of the poetic wavelength, the notion that poetry may be able to support this process of tuning into the meaning within people's utterances and provide individuals with new ways of expressing themselves. Unfortunately, people who experience psychosis seldom experience others attempting to tune into their wavelength. Philips (2012, p. 173), describes the portrayal of people experiencing psychosis in the theatre as 'mad in a way

that most mad people can never be, but need to be', suggesting that the audience will listen and give value to the utterances of the 'mad' characters. In contrast Lester and Tritter (2005, p. 661) describe an experience of 'embodied irrationality' in which understandable responses or utterances to social situations are redefined by others to coincide with the wider held beliefs about 'the fecklessness of people with mental illness'.

However, there may also be a potential danger in relation to the appraisal of psychosis as meaningful poetics; as despite creating a space for greater meaning making and exploration, there is also the possibility that false assumptions may be generated by interlocutors. McGlone and Tofighbakhsh (1999) explore the notion of 'The Keats heuristic', proposing that people are more likely to appraise a statement as truthful or meaningful when presented in an aesthetically pleasing manner. This is perhaps reminiscent of the saying, often attributed to Sigmund Freud, 'sometimes a cigar is just a cigar', the inference being that the greater meaning or symbolism of that cigar, is erroneous and generated entirely by others. Gibbs Jr (1994, p. 127) proposes that in traditional psychoanalytic literature, therapists were warned to 'resist being captured by the magic of metaphor', suggesting that both the therapist and the service user may become misled or embroiled in false analogies.

Key finding 3: Poetry can Support Narration of the Unsayable

Expressing oneself through art in general is well established as offering a range of potential positive benefits (Hall, Schubert, & Wilson, 2016; Rodríguez-Sánchez, Schaufeli, Salanova et al., 2011). However, poetry has

a long tradition in philosophy and linguistics as offering something unique in terms of social, personal, and educational value (Green, Ellis, & Simecek, 2016). Wilkinson (2009) proposes that both poetry and psychotherapy are analogous in enabling individuals to give voice to thoughts and feelings which might have otherwise remained elusive. Not only is this ability to express oneself potentially vital to the success of any 'talking therapy' (Purton, 2014) but also essential to a meaning making process. This process of meaning making is essential in achieving a stable sense of oneself, which is central to the notion of recovery within mental health: a process of achieving a meaningful and resilient life regardless of what might be considered symptoms or disabilities (Crawford et al., 2015).

Poetry appears to offer unique psychotherapeutic benefits, drawing on a range of theoretical, practical, and philosophical fields (Mazza, 2017). However, there remains a significant divergence from the dominant biomedical treatments which rely heavily on pharmacological interventions (NICE, 2014). Whilst there is evidence to suggest the efficacy of pharmacological treatments in reducing acute psychotic symptomology (Leucht et al., 2012a), such interventions do not necessarily support the individual to understand or make meaning from their experiences (Jenkins & Carpenter-Song, 2008).

Psychosis, potentially immensely distressing, may be a response to overwhelming trauma, in which, as Van Werde (2021) describes, one becomes 'involuntarily imprisoned in one's own psychological bunker'. It is through the narration and meaning making of experiences that one can emerge from that bunker, and it is the function of both poetry and therapy to

preserve a space in which people can tell and share their stories (McLeod, 1997). However, the act of narration is difficult and potentially highly distressing for individuals, especially those who have experienced a trauma such as psychosis (Harter & Bochner, 2009) as the process of being re-presented within the content of the narrative can be re-traumatising (Cole, 2010).

This initial phase of giving words to experiences and thoughts can be extremely uncomfortable as it involves acknowledging and experiencing intense psychic pain (Evans, 2021). However, poetry may be able to support in the initial phases of making the unsayable sayable. In attempting to narrate traumatic experiences, one may struggle to find the words which adequately express the complexity of embodied experiences (Combs & Freedman, 2012). However, poetry is often orientated by what cannot be said, meaning that deeper meaningfulness is indirect (Franke, 2014) as one can narrate an experience through a range of metaphorical or symbolic mediums (Visse, Hansen, & Leget, 2019). For example, Van Werde (2021) describes the way in which they utilise the metaphor of a tree to engage inpatients on an acute psychiatric ward to explore psychosis in a non-medicalised, humanistic manner.

Levine (1999 p.31) proposes that the power of art is to hold acute pain and suffering, so that an individual can bear the experience without 'denial or flight'. Whilst the writing of traumatic content can cause an initial increase in negative emotions, it does appear to provide longer term positive effects on mental health, leading Pennebaker and Susman (1988) to suggest that the act of writing down traumatic content might be just as effective as counselling

or psychotherapy. Moreover, further research has shown that as an augmentative element, writing within therapy for those who were significantly distressed, resulted in significantly lower levels of negative arousal immediately following the production of the writing (Donnelly & Murray, 1991; Murray & Segal, 1994).

Interestingly Freud (1933/2001), although someone who appreciated poetry, suggested that whilst fascinating, art such as poetry did not offer any unique perspective on unconscious phenomena. In contrast, Lacan proposed that the writings of people experiencing psychosis might appear simply as paper covered in writing, but this writing can serve a particular function for a psychotic person both in helping to externalise anxiety provoking phenomena, and also in attempting to reduce the disorganisation in expressions (Lacan, 1981/1993). Lippi, Lehaire, and Petit (2016) describe their work in providing writing workshops for somebody experiencing psychosis, stating that through this process of writing the individual became able to 'tolerate language' and start to give voice to their internal experiences, hallucinations, and delusions.

Through poetry, 'writing can be understood as a means of separating oneself from the invasive presence of the persecutory other...' (Lippi et al., 2016, p. 775). The poem itself is a container for intense pain; it is 'a holding place for experiences which are otherwise hard to hold' (Davis & Billington, 2016, p. 406). This role of the poem is analogous with that of the psychotherapist and their offering of what might be termed 'containment' to an individual; during which time the therapist or therapeutic relationship becomes the container for what is experienced as intolerable by an individual (Szykierski, 2010; Winship

& MacDonald, 2018). This containment may then offer the sense of safety required by the individual to try to express what has previously remained unsayable.

However, whilst poetry has the potential to foster a sense of mastery over experiences (Malchiodi, 2011), the process of expressing oneself through poetry is not always an easy or comfortable experience and can lead to rumination (Garrido & Schubert, 2013; Garrido, Schubert, & Bangert, 2016). Levine and Levine (1999, p. 31) propose that 'In following the path of poesis, we open ourselves to the chaos and nullity of being', emphasising the way in which poetry can expose people to a world of sorrow and joy whilst simultaneously potentially remaining intangible (Levine & Levine, 1999). Steffler (1995) proposes that poetry is firstly a state of mind before being revealed within language, emphasising this as an embodied experience and not simply an abstract intellectual undertaking. This is a process of attaching to strong emotions and living emotionally in response (Leggo, 2004), but, as the writer Virginia Woolf (1976, p. 67) suggested, 'strong emotions must leave a trace'.

These are perhaps the 'strong emotions' that people will often try to avoid experiencing within their lives, but which are brought to the fore during the exercises of writing poetry. These are also the emotions that the Surviving by Storytelling workshops were mindful of managing thoughtfully, and not exposing individuals to emotions that would be experienced as overwhelming. Runco (2009) proposes that some of the value in writing is in challenging the way in which people avoid themselves. This may be why creative writing often orientates people to exploring some of the more difficult

existential aspects of human experience such as distress, grief, or suffering (Ladinig & Schellenberg, 2012).

Key Finding 4: Poetic Devices can Support Narration of Self and Lived Experiences

The psychiatrist R.D Laing spent much of his career trying to understand psychosis, often reporting that academic writing was an inadequate medium to capture experiences described as psychosis, and thus instead experimenting with forms of poetry from which to build theory (Laing, 1967). Perhaps what Laing had identified here is the way in which poetry enables people to explore their own experiences through language which is rich in metaphor, symbolism and neologism, and in a way which acutely resonates with the way they experience their identity and their lifeworld (Carr, 1998; Jeffs, 2005; Mazza, 2017). This richness of creativity facilitates what Sharon-Zisser (2018, p. 8) terms 'Pure poetry', that is poetic communication which is 'not veiled in sense' but free to provide a real insight into the phantasm of the individual.

These poetic devices are perhaps especially important during psychosis, as people may be experiencing things in a more symbolic way which have yet to be given words (Nikkel, 2019). In considering this potential disconnect between symbols and words Lacan (1981/1993) proposes that psychosis can be considered from the perspective of semiotics, and that psychotic utterances, especially neologisms, are an attempt to secure a sense of meaning through language. In this way one can consider the utterances of somebody experiencing psychosis as an active meaning making process.

Zenoni (2002) proposes that when listening to the utterances of somebody described as psychotic, it is not a case of wondering what does an utterance *mean*, but rather considering what is this utterance *treating*; what function does this utterance have?

Metonymy is perhaps less discussed than metaphor, however, collectively these two mechanisms are fundamental methods of communicating meaning (Jakobson & Halle, 2020). In comparison to metaphor, metonymy is the process through which a term which is used for one thing is applied to another, with which it has become closely associated. In poetic language the relationship between the two phenomena is one of contiguity and social or psychological association rather than simultaneity (Campbell, 2005). Whilst metaphor and metonymy are discrete linguistic devices, metaphor and metonymy often combine and interact within everyday language. Gibbs Jr (1994) provides the example of the phrase 'closed lipped', wherein the metonymic understanding is that the person is silent. However, this same phrase may also be used metaphorically to refer to someone who is saying lots but not particularly relaying the information that is required from them.

The ability of metonymy to use part of an experience to convey another part, or in fact the whole experience, is documented by Watson (2017) who discusses the way in which through painting, what appears to be a rather abstract image, or a small element of their experience, individuals can represent a much greater story in their lives or of their trauma. Metonymy articulates '*stands-for* or *belongs-to* relationships' within a narrative; for example, a 'going for a drink' narrative can give access to or represent

various other narratives such as 'having a good time' or 'going to a bar' (Borbely, 2011).

In contrast, metaphor is described as 'the phenomenon whereby we talk, and potentially think, about something in terms of something else' (Semino, 2008, p. 1). Metaphors are deeply embedded within everyday societal discourse (Lakoff & Johnson, 2008) and represent much more than linguistic ornaments (Gibbs Jr, 1994). Reiter (2017) compares metaphor to a concord jet; in that it can rapidly induce feelings and associations based on both concrete experiences and abstract images and meanings. It is this relationship between the abstract and the concrete which enables people to discuss traumatic memories or thoughts indirectly (Kopp, 2013), as can be observed in the way that people are more likely to use metaphors when discussing intense emotional experiences (Fainsilber & Ortony, 1987). Examples of this can be observed in the narratives reported by participants in chapter 5, the way that, for example, one participant spoke of the bruising under her skin, which resulted from a failed medical procedure, as a snake moving under her skin. The psychological trauma was represented as a snake, which would always be moving around her body, even after the physical trauma had healed and the literal bruising had faded away.

Metaphors 'reflect and reinforce particular ways of making sense of subjective and sensitive experiences' (Demjén, Marszalek, Semino et al., 2019) and thus have a significant tradition within psychotherapeutic practice (Kopp, 2013; Turner, 2014). In speaking of 'the metaphorical process' Fiumara (2005, p. 12) proposes that metaphors 'invite, direct and control exploration...in which new knowledge is implicit, though not yet manifest'. For

those experiencing psychosis metaphor can serve as a bridge between the inner subjective experience and the external understanding and comprehension of interlocutors (Mould et al., 2010). A powerful example can be observed in a blog written by Wren (2022) where they describe feeling that their identity was being lost as mental health services became hyper focused on the trauma that they had experienced. They wrote:

“I struggled to find the right words to describe how I was being made to feel, so I told her that under services, I was like a burgled house and mental health professionals were the police. I had been broken into, smashed up, and had things stolen from me. The police had arrived to investigate, had photographed me, taken fingerprints and copious notes of the damage caused, and then left. I, the house, was of no concern to them. They weren't interested in the children's height marks on the doorframes, they didn't care about the old door handle to the bathroom which needed to be jiggled to make it open, they paid no attention to the line of shoes in the hallway, or the Christmas lights still up in the summer because no-one had wanted to take them down. I was just the scene of a crime, nothing more”.

In this account, the metaphor of the burgled house is used to provide a sense of the writer's experience, capturing themes of invasion, transgression, and assault. At the same time, the reference to children's height marks and Christmas lights provides a sense of stories that need to be told about their history and experiences of family and childhood.

There remains the suggestion that those experiencing psychosis are likely to understand and interpret metaphorical speech literally (Deamer, Palmer, Vuong et al., 2019; Ribolsi, Feyaerts, & Vanheule, 2015), possibly as a result

of reduced metacognitive abilities, impacting an individual's way to reflect on how meaning is created both in their own mind but also in collaboration with others through language and social contact (Lysaker, Gagen, Klion et al., 2020). However, Rhodes and Jakes (2004a) propose that delusional statements, whilst potentially meant literally, are statements which have been transformed through a metaphorical process. This metaphorical process might involve psychological mechanisms of condensation and displacement proposed by Freud (Campbell, 2005; Dor, 2013). Condensation brings things together and links concepts, whilst displacement seeks to detach the emotion associated with one idea or phenomena and attach this to another. Both of these mechanisms, which were initially proposed within psychoanalysis, are also observable within poetry (Nesme, 2015).

Metaphors may also facilitate the process of externalising a problem as proposed by White and Epston (1990). Through the process of metaphorically naming a problem, which in this case might be psychosis, the individual is able to imbue the problem with characteristics. Through this process the problem is seen as external to the individual, and thus an individual is able to metaphorically evaluate their relationship with, and beliefs about the problem (Van Wyk, 2008). Payne (2006) proposes that this process of externalisation enables problems to be explored in a way which does not propose that the problems are a fixed intrinsic element of an individual and raises the opportunity to consider alternative and preferred stories. In relation to psychosis, this is certainly a departure from dominant discourses in which psychosis is viewed as an internal and stable biological abnormality.

Key finding 5: Poetic Ways of Working Could Enhance Current Practices

Within Mental Health Services

The findings within this thesis indicate that poetry has the potential to enhance existing therapeutic ways of working with people who experience psychosis. This is not to suggest that current approaches should be abandoned in place of poetry, but rather to acknowledge the therapeutic potential that has been reported by participants, witnessed during the Surviving by Storytelling project and identified in wider literature. Evans (2008a, p. 98) proposes that the priority for any mental health practitioner working with someone experiencing psychosis, should be to develop a 'dialogue with meaning'. Poetry, and potentially the PIP model proposed within chapter 8, may offer new and alternative approaches for fostering these dialogues and may offer a departure from traditional ways of working in which people who have experienced psychosis may have limited opportunities to dialogically explore their experiences with others (Scull, 2011).

This poetic engagement recognises that the initial narration of psychosis may not seem immediately coherent as this process of narration is highly idiosyncratic (Lysaker et al., 2003), but it is hoped that through dialogue new understandings can emerge (Seikkula, 2022). It is through dialogical interactions, through language, that we construct our inner lives (Shotter, 1997) and the value of dialogue is evident in psychotherapeutic approaches such as Open Dialogue which prioritises dialogue at times of psychosis, valuing utterances and viewing these within the context of an individual's lifeworld (Seikkula & Olson, 2003). The approach seeks to develop a shared

common language with the individual and their social network, considering all utterances to be meaningful (Seikkula & Olson, 2003). Open dialogue practitioners, alongside families and individuals, report new meanings emerging during therapeutic dialogues (Alpern, Swearingen, Swearingen et al., 2021; Seikkula, 2021) and this prioritisation and commitment to dialogue has demonstrated significant positive clinical results, including shorter inpatient admissions and reduced relapse (Bergström, Seikkula, Alakare et al., 2018; Gromer, 2012; Seikkula et al., 2006; Seikkula, Alakare, & Aaltonen, 2011; Seikkula, Alakare, Aaltonen et al., 2003).

However, new meanings can only become apparent when an interlocutor is willing and able to engage meaningfully with what might be considered psychotic utterances. This engagement is not an easy or straightforward process, and many may struggle to consider psychosis an approachable or understandable human experience (Leonhardt et al., 2015). This hesitancy to engage dialogically is perhaps exacerbated by dominant psychiatric discourses, which are often orientated towards more manualised approaches to understanding distress, leaving little room for the poetic (Jones, Rosen, Helm et al., 2019). Therefore, there is a need to educate mental health professionals about the value of poetry, not only to enhance their practice but to understand that expressing oneself poetically has already been proposed as helpful in preventing burnout and compassion fatigue within healthcare professionals (Illingworth & Jack, 2018; Jack & Illingworth, 2017).

In the poem titled 'Not waving but drowning' the poet Stevie Smith (1972) describes a scene in which a man has been signalling his distress as he drowns, only for these signs to be misunderstood by those watching,

believing him to be waving. Perhaps the converse is true for psychosis, in that those experiencing psychosis have been waving, trying to communicate something of their experiences but this is routinely observed as drowning: an illness seeking intervention, by mental health services. These services then seek to treat rather than acknowledging and truly listening to the individual's attempt at authentic communication. Seikkula (2022, p. 58) emphasises that all psychotic experiences should be respected without conditions, to 'deepen the speaker's awareness and understanding of what they are saying, by taking it seriously'.

The most effective approaches to working with people who experience psychosis are those that prioritise a humane understanding that validates the person's psychosis as meaningful and inextricably linked to their past experiences (Read, 2019). One of the most powerful lines of poetry that the author has read, was written by the poet Andrea Gibson (2021): 'When I am only a shell of myself, hold me to your ear'. This is, at essence, what poetry can offer mental health services; a more effective way for those working within mental health services to hold those experiencing psychosis more closely to their ears, to listen attentively and offer compassionate humane responses.

Recommendations

The research undertaken and documented within this thesis serves as the foundation for a series of key recommendations for research and clinical practice in relation to working therapeutically with people experiencing psychosis. These recommendations are; 1) Psychosis is meaningful, and to understand this, clinicians and researchers need to embrace individual

stories and narratives, 2) The concept of the poetic wavelength can offer a unique method of ‘tuning in’ to psychosis and its utility should be considered by all those working with people experiencing psychosis, 3) Further research is required to better understand the unique therapeutic potential of poetry in relation to psychosis, 4) Poetic ways of working could enhance mental health care and should be considered by those working within mental health services, and 5) Poetry could make a unique contribution to pre-registration mental health nurse education.

1. Psychosis is meaningful, and to understand this, clinicians and researchers need to embrace individual stories and narratives

Throughout this thesis the role of stories and narratives to individuals, cultures and societies has been emphasised. People need stories to make sense of the world around them (McAdams, 1993), and the stories of those who have experienced psychosis need to be heard meaningfully.

Experiences as unusual and disturbing as psychosis have unsurprisingly attracted a variety of stories across different spaces, times, and cultures, however, many of these have often failed to bear witness to the complex idiosyncratic experiences of psychosis (Kusters, 2020). Gipps (2022, p. 4) describes the therapeutic work with people who have experienced psychosis as being orientated by the task of ‘retrieval’, in seeking to uncover meaning beneath layers of misunderstandings. It is therefore imperative that clinicians and researchers exploring the phenomena of psychosis and the personal narratives associated with psychosis understand these as meaningful, and as Chafe (1990, p. 79) describes, ‘overt manifestations of the mind in action’.

2. The concept of the poetic wavelength can offer a unique method of ‘tuning in’ to psychosis and its utility should be considered by all those working with people experiencing psychosis.

Garrett (2019, p. 58) describes psychosis as ‘An autobiographical play staged in the real world’. In this sense psychosis can be conceptualised as a way in which an individual is trying to construct and express their experiences. However, often the audiences to this play can be confused, dismissive, or disturbed as they struggle to understand what is being conveyed to them (Philips, 2012). The concept of the poetic wavelength, building on the notion of the psychotic wavelength (Lucas, 1993), proposes that poetically engaging with the utterances of somebody who is experiencing psychosis can support interlocutors to gain an increased understanding of what is being expressed. Furthermore, this appreciation of, what might be described as psychotic utterances, can reconceptualise people experiencing psychosis from passive victims, into individuals engaged in an ongoing meaning making process (Leonhardt et al., 2015).

Participants interviewed within this thesis spoke of the way in which their utterances were met with more curiosity at a poetry group than within a psychiatric or mental health space. One of the key purposes of the poetic wavelength is to promote curiosity, as it is the diminishment of curiosity which can lead to the imposition of wider narratives onto an individual’s experiences, resulting in the individual’s idiosyncratic narrative becoming silenced (Pack, 2008). Evans (2008, p. 98) proposes that the priority for any mental health practitioner working with someone experiencing psychosis, should be to develop ‘dialogue with meaning’. The concept of the poetic

wavelength has the potential to increase opportunities for dialogue by orientating practice towards a position which is primarily curious and dialogical.

3. Further research is required to better understand the unique therapeutic potential of poetry in relation to psychosis

There remains a paucity of research specifically in relation to the application of poetic or narrative therapies for psychosis (France & Uhlin, 2006). This thesis has contributed to the field (Pearson, Rennick-Egglestone, & Winship, 2020; Pearson, Rennick-Egglestone, & Winship, 2022), and participants interviewed within the thesis reaffirmed the potential of poetry to support meaning making and recovery, as suggested in existing evidence (Lysaker, Wickett, Campbell et al., 2003). However, there remains a need for further research in this area to better understand the unique therapeutic potential of poetry for people who have experienced or are experiencing psychosis.

The PIP model introduced in chapter 8 may represent the starting point for further research in this area. This model is based on the theoretical and empirical work undertaken in this thesis, however, at this stage is largely theoretical. Whilst it is helpful to understand the theory behind interventions especially if these are designed to be trialled within clinical practice (Salisbury, Thomas, O'Cathain et al., 2015), further proof of concept research is required to better understand the potential of this model. Beyond this, wider research is also required to develop a more detailed understanding of the therapeutic potential of poetry across different settings, groups, and phases of psychosis.

4. Poetic ways of working could enhance mental health care and should be considered by those working within mental health services.

As stated in the introduction, an interest in the 'word craft' of mental health nursing (Bowers, Brennan, Winship et al., 2010) helped to generate the focus of this thesis. The findings reiterate the importance of what might be termed 'word craft' not only for mental health nurses but anyone working therapeutically with someone who has experienced psychosis. O'Connor (2000) proposes that there are three types of stories: stories one likes to tell; stories one must tell, and stories that cannot be told. The first category often relates to positive aspects of individual lives and the second to practical issues which need to be addressed within one's lifeworld. However, the third category, the stories which cannot be told are those often associated with trauma, abuse, and shame. These are the stories which no one likes to share but which must be told (O'Connor, 2000), and it is these stories which are often the space within which mental health practitioners are working, especially in relation to psychosis. Psychosis, like poetry, is often orientated by what cannot be said, with meaning often indirect or obfuscated (Franke, 2014). Gipps (2022) proposes that in seeking to understand psychosis, one must consider what one might want most to say but which cannot be said. Therefore, in working poetically, approaching psychosis with curiosity, and seeking to explore these experiences as meaningful poetics, spaces can be created where the unsayable stories might become sayable. Ferrara (1994) proposes that one of the key functions of any therapeutic space is the process of sharing stories and jointly and collaboratively constructing stories in relation to an individual's experiences. Utilising poetry can support this

process in a range of ways, such as offering psychological containment and supporting reflection (Davis & Billington, 2016).

5. Poetry could make a unique contribution to pre-registration mental health nurse education

Mental health nurse education, like all other health professional education, continues to experience changes and transformations often reflective of broader changes within the landscape of contemporary healthcare (Doyle, 2019). This experience is perhaps particularly acute for mental health nurses whose practice is subject to the intersection of multiple knowledge paradigms, all seeking to orientate the practice of mental health nurses (Pearson, Rennick-Egglestone, & Winship, 2023).

In the UK, the Nursing and Midwifery council recently introduced new standards of pre-registration education for all nurses regardless of field (NMC, 2018a). Since the inception of these new standards there has been much debate in relation to their utility (Glasper & Fallon, 2021; Leigh & Roberts, 2018), and importantly for mental health nurses, the impact of these standards in diluting and undermining the specialism of mental health nursing (Connell, Jones, Haslam et al., 2022; Warrender, 2022). What is perhaps most pernicious about the new standards is a shift towards increasingly focusing on achieving generic positivist competencies and the lack of appreciation of education as being transformatory in nature; based on a process of reflection and emotional intelligence (Freshwater & Stickley, 2004).

The acquisition of certain skills is an important element of the training of a mental health nurse, or any other healthcare professional, and consideration must be given to how these can be effectively achieved (McCutcheon, Lohan, Traynor et al., 2015). However, an over emphasis on this makes the assumption that the knowledge of how to be a good mental health nurse is something which can be transferred as an object from teacher to student, and reductively separates the learning outcome from the learning process (Doyle, 2019). As Biesta and van Braak (2020, p. 449) suggest, this conceptualisation does not bear witness to the dynamics of education as an 'open, semiotic, recursive system rather than a closed causal system'. In contrast, Biesta (2020) proposes that education can be conceptualised in three domains: qualification, socialisation and subjectification. Qualification refers to the acquisition of knowledge and skills, socialisation refers to the process of joining a professional group and subjectification refers to the development of the individual as a reflective, thoughtful, and responsible individual. The reading and writing of poetry may be able to support students in relation to all of these domains:

Socialisation

The domain of socialisation is associated with the way in which students are introduced to a particular field and the vocational and professional norms within that environment (Biesta & van Braak, 2020). Fenwick (2008) describes learning as both embodied and embedded within social practices and actions. This is important for mental health nurses to consider as the professional social environments they find themselves in, both as students and ultimately as qualified nurses, are complex and historied. Nolan (2020)

describes periods of great social change wherein many individuals left mental health nursing, being unable to reconcile the disparity between the romanticised rhetoric of the psychiatric paradigm of the time, with the experienced reality of oppression and indifference within psychiatric systems. It is only within recent history that mental health nurses left 'the institutions in which their profession grew up' to practice within new settings in the community (Nolan, 1993, p. 164), and yet still mental health nurses are described by Bull, Gadsby and Williams (2018) as 'custodians of an ever-more coercive practice'.

A key attribute of poetry is that it is relational, in that it provides an insight into the way a person perceives themselves in relation to their environment (Wilkinson, 2009a). Moreover, poetry can represent and explore not only the voice of the writer but also the voices of those around them (Wilkinson, 2009b). This poetic curiosity and reflexivity can proactively support the student to question some of the 'taken for granted ideas' (Simmonds & Mozodutton, 2018, p. 135) and facilitate a deconstruction of the meta-narratives that a student may find themselves subjected to within an area of clinical practice. These meta-narratives may be helpful or unhelpful, compassionate or coercive, but it is the exploration of these which is important and the writing of poetry, perhaps within a supervision environment, which may be able to facilitate this exploration.

Qualification

In relation to healthcare, much of the discourse is often focused on the notion of competence, that is the ability for an individual to mobilise their knowledge and skills effectively, responsibly, and autonomously within a practice setting. There are many examples of ways in which progression within this journey to qualification has been conceptualised and orientated, such as the taxonomy by Bloom, Engelhart, Furst et al. (1956), which provides a cognitive model to structure the way in which a student can progress from remembering facts to utilising their understanding to create new knowledge (Su & Osisek, 2011). The process of learning can also be understood as a narrative process, underpinned by the development of stories which act as schemas to orientate and support the meaning making and consolidation of new knowledge and experiences (Clark & Rossiter, 2008).

In considering learning as a narrative process, one must then consider which are the stories that students should be engaging with as part of their learning. These are the stories which will help them to make meaning from their experiences in clinical practice.

Poetry often explores some of the fundamental aspects of being human (Jefferies & Pepper, 2005) and as such may represent an important learning resource for students. The below haiku poem by Rollins (2017 p.9) represents a unique story, one which it may be impossible to capture other than with a poem. The poem conveys ambivalence, anger, and confusion at being resuscitated following a suicide attempt.

“It turns out I died

And the bastards brought me back

I wish they hadn't"

It is important to acknowledge that poems, such as the one above are potentially highly emotively charged and may provoke significant reactions in those who read them. However, Evans (2021) writes of the importance of those working in mental health settings willing to be disturbed in the process of engaging meaningfully with a person and their story. Utilising poetry, whether reading or writing, can support students in engaging with distressing and disturbing narratives, as the poem becomes the container for these intense emotions whilst also supporting reflection (Davis & Billington, 2016) and promoting resiliency (Furman et al., 2008).

A concern for student mental health nurses is that their work involves much complexity and much uncertainty. However, this complexity and uncertainty also represent rich learning opportunities and it is important that students do not develop a reductive positionality in which they merely equate these complexities to attributes of mental illness (Gadsby, 2018). The inclusion of the poetic promotes a practice based on curiosity which can support in moving students away from a reductive positionality, towards one which seeks to more effectively tune in to what is being communicated (Pearson et al., 2022).

Subjectification

Biesta (2020, p. 93) proposes that this domain is fundamentally interested in freedom, the notion of 'freedom to act or not to act...exist as a subject in my

own life, not as an object of what other people want me to be'. This perhaps resonates with the notion of authenticity, the way in which someone can truly be their true self, to be aware of their internal thoughts and states and be able to express these within their lifeworld (Joseph, 2016). However, Maté and Maté (2022) describe a tension between authenticity and acceptance, which is a tension between living in a truly authentic manner and living in a way which is desirable within a social context. This tension is not necessarily new to mental health nurses, with Jackson and Stevenson (2000) describing a key trait of mental health nursing as the construction of the 'pseudo-ordinary self', a combination of what one feels to be their ordinary true self and their conceptualisation of their professional self. Whilst the construction of these different identities may represent growth and development within a field of practice, there is perhaps something pernicious about this process if not carefully considered.

Tischler (2010) describes the way in which 'something is lost' as medical students progress through their course and despite achieving competencies and acquiring a huge amount of knowledge, the desire that brought them into the profession in the first place becomes diminished. Therefore, perhaps poetry has a role to play in supporting students to stay in touch with the values and hopes which brought them into the profession, and which hopefully continue to drive them to remain in this work. Poetry can resonate with the way our identity is shaped, maintained, and transformed (Faulkner, 2009) and it is these stories of identity which may be important for students to explore. Moreover, poetry presents a space for both the cognitive and

affective components of a student's practice and experiences to be explored in a way which might otherwise remain dormant (Mazza, 2017).

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APPENDIX A: INTERVIEW SCHEDULE

Interview Schedule: People with lived experience

In line with accepted norms in qualitative research, these interview schedules will be developed as the researcher's knowledge progresses. The content will be tailored to each participant that is interviewed.

1. Please can you tell me your story about poetry and your experiences of psychosis?

Prompts:

- Can you describe this experience?
- How did this affect your life at that time?
- Did you seek help/ come into contact with mental health services?
- When did you first start writing poetry and why?
- What attracted you to poetry?
- What sort of poetry would you write?
- What was the influence of writing poetry?

2. I am wondering if your relationship with poetry might have changed over time?

Prompts:

- Do you perceive there to be a relationship between your poetry/ the content of your poems and your experiences of psychosis?
- Has poetry affected or influenced your mental health?
- Do you still write now?

- Has the function of the poetry or the reason for writing changed over time as your mental health has changed?

3. Thank you for sharing your story. Finally, I am wondering if there is anything else that we have spoken about that would like to discuss?

Interview schedule: Practitioner/ professional

In line with accepted norms in qualitative research, these interview schedules will be developed as the researcher's knowledge progresses. The content will be tailored to each participant that is interviewed.

1. Can you describe your therapeutic/poetic practice in broad terms?

Prompts:

- Why are you drawn to using poetry?
- Do you choose to work with certain groups of people?
- Do you work with both groups of people and/or 1:1?

2. Please can you tell me the story of how you have utilised poetry within your practice.

Prompts:

- When was this?
- Do you find that you use particular skills or techniques on a regular basis?
- Why was it perceived to be helpful/ beneficial?
- What was the clinical situation?

- Does poetry offer something different to other psychotherapeutic or creative practices?
- Do you focus on either written or spoken word poetry?
- Are there any particular poetic devices that you feel are helpful or particularly beneficial
- Have you ever experienced someone response negatively to poetic exercises?
- Are there any particular skills that you think you need when facilitating poetic groups or therapeutic practice with individuals?
- Do you ever find yourself reflecting on or drawing from your own lived experiences when utilising poetry therapeutically?

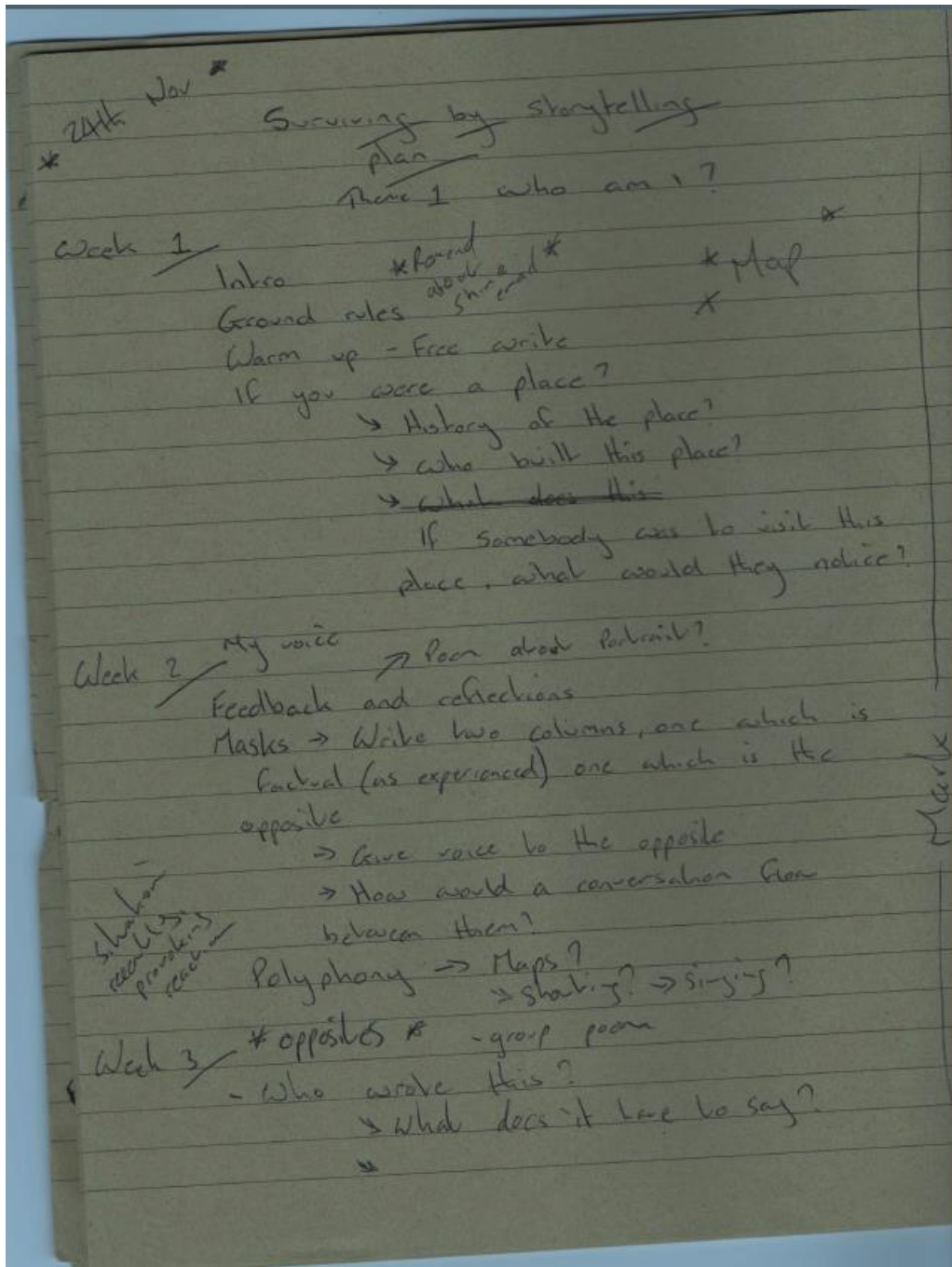
3. I am wondering if you have any specific stories in relation to the use of poetry when working with people who have experienced mental health problem? I'm particularly interested if your stories which relate to work with people who have experienced what might be described as psychosis?

Prompts:

- How does this differ from or complement your general psychotherapeutic practice?
- Do you consider there to be any risks associated with utilising poetry within your practice?
- Is there ever an issue for you regarding the coherence of the poetry presented to you? If so, how would you address this?

4. Thank you for sharing your story. Finally, I am wondering if there is anything else that we have spoken about that would like to discuss?

APPENDIX B: SURVIVING BY STORYTELLING WORKSHOP NOTES



APPENDIX C: ONLINE POETRY WORKSHOP PLAN

Workshop 1: Who am I?

Thursday 27 October 2022

6:30 – 8:00 pm

Introduction

1. Ground rules:
 - No need to share
 - Camera on/off
 - Express not impress
 - Respect each other
2. Mention the need to complete the funder's evaluation email
3. Setting the scene:
 - Overview of the workshops
 - Workshop 6 currently free (let us know how you want to fill this time)
 - Pop up events in the future

Warm-up

Explain the idea of free writing.

'The idea is simply to write ... Don't stop for anything. Go quickly without rushing. Never stop to look back, to cross something out, to wonder how to spell something, to wonder what word or thought to use, or to think about what you are doing. If you can't think of a word or a spelling, just use a squiggle or else write, "I can't think of it." Just put down something. The

easiest thing is just to put down whatever is in your mind. If you get stuck it's fine to write "I can't think what to say, I can't think what to say" as many times as you want; or repeat the last word you wrote over and over again; or anything else. The only requirement is that you never stop.'

Peter Elbow, *Writing Without Teachers*, 1973

Ultimately, there are no rules to free writing – just make it your own and do what works for you.

Writing prompt:

If you were a place, what sort of place would you be?

- Modern or traditional?
- Busy or quiet?
- Rural or urban?
- Weather?
- History?

If someone was to visit, what would they notice?

Sharing

Drawing your map

Group sharing on the opening stanza of 'Song of the Open Road' by Walt Whitman.

Afoot and light-hearted I take to the open road,
Healthy, free, the world before me,
The long brown path before me leading wherever I choose.

Discussion prompts:

What tone does the poem set? How do you respond to this?

How do you feel about having a path ahead that could take you wherever you want to go?

Writing prompt:

Where does your 'long brown path' lead? Remember, it can lead wherever you choose. Draw a map of where your long brown path leads to or the journey you might make along it. Respond in writing if you prefer.

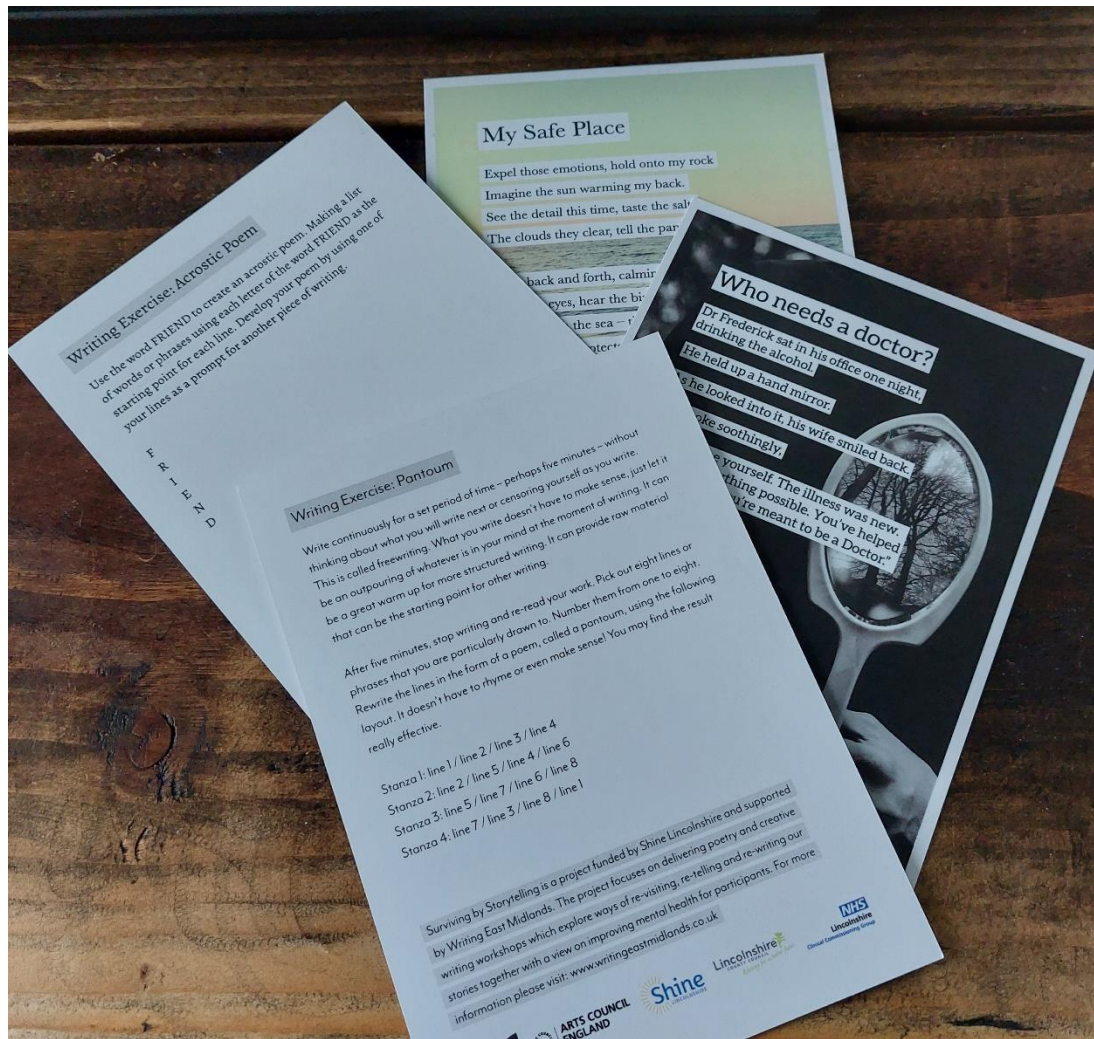
Break

Sharing

Go round the group and seek feedback from participants and develop dialogue.

Final thoughts, feedback and reflections

APPENDIX D: POSTCARD PHOTO



APPENDIX E: EXAMPLE OF PARTICIPANT INFORMATION SHEET

Participant Information Sheet and privacy notice - Interview

(Version 2: 19/03/20)

Title of Study: What is the potential of written and spoken poetry to facilitate meaning making and recovery for individuals who have experienced psychosis?

Name of Researcher(s):

Chief Investigator: Mr Mark Pearson

PhD Supervisors: Dr Gary Winship and Dr Stefan Rennick Egglestone

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the research is being done and what it would involve for you. One of our team will go through the information sheet with you and answer any questions you have. Ask us if there is anything that is not clear.

What is the purpose of the study?

The purpose of the study is to conduct research focusing on answering two questions; i) How can written and spoken poetry can support meaning making? ii) Does this process of meaning making help people who have experienced psychosis in their recovery?

Why have I been invited?

You may have been invited to take part in the research due to your lived experience of psychosis and your experiences with poetry. Alternatively, you

may have been invited due to your experience of facilitating poetry workshops or incorporating poetry within a therapeutic approach.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason. This would not affect your legal rights.

If you would like to withdraw from the research project at any stage, please inform the researcher:

Mark Pearson

Email: mark.pearson@nottingham.ac.uk

Tel: 0115 8230816

Alternatively, you may wish to contact one of the research supervisors, whose contact details are listed at the end of this document.

What will happen to me if I take part?

You will be invited to take part in an interview, with Mark Pearson, a member of the research team. These interviews will involve being asked questions in a semi structured manner, aimed at exploring your story in relation to poetry and psychosis. The interview will last approximately 1 hour and the conversation during the interview will be recorded in an audio format. The audio recording will then be transcribed using electronic transcription software and analysed by the research team.

For those who are delivering poetry workshops, you will also be offered the opportunity to be observed delivering your workshops, so that the research team can better understand how workshops associated with poetry and mental health can be facilitated.

Expenses and payments

Participants will not be paid to participate in the study.

What are the possible disadvantages and risks of taking part?

The research may involve you discussing your experiences, there is a possibility that this may become distressing for you. As the interview may involve exploring topics in relation to mental health, there might be aspects of the interview, which could be triggering. It is important to consider if you feel able to engage in the interview process, if discussing such topics has the potential to result in you becoming distressed. The researcher will be able to offer a time for debrief following the interview if this is required. However, for longer-term support, it is suggested that you contact your GP or any existing care team.

There is also a time commitment from you to engage with the research, which should take approximately one hour.

What are the possible benefits of taking part?

We cannot promise the study will help you but the information we get from this study may help to develop a better understanding of experiences of psychosis and inform how poetry can be utilised therapeutically within mental health services.

What happens when the research study stops?

The data collected will be analysed for themes and key topic areas.

Furthermore, the results gathered will contribute toward a PhD research project and the information gathered will be documented in a formal manner with a view to publishing in a research journal.

What if there is a problem?

If you have a concern about any aspect of this study, you should speak to the researcher who will do their best to answer your questions. The researcher's contact details are given at the end of this information sheet.

Alternatively, if you would prefer to speak to someone outside of the research project, you can email the school of education research ethics committee: educationresearchethics@nottingham.ac.uk

Will my taking part in the study be kept confidential?

We will follow ethical and legal practice and all information about you will be handled in confidence and remain confidential.

All digital recordings and transcribed interview data will be treated as confidential documents and held securely in accordance with regulations. All data will be held securely, in a locked room, or locked cupboard or cabinet. Access to the information will be limited to the study staff, investigators and any relevant regulatory authorities. Computer held data including the study database will be held securely and password protected. All data will be stored on a secure dedicated web server. Access will be restricted by user identifiers and passwords (encrypted using a one way encryption method).

If you join the study, you may decide you wish to be named in the future publications. However, we will use information collected from you during the course of the research. This information will be kept **strictly confidential**, stored in a secure and locked office, and on a password protected database at the University of Nottingham. Under UK Data Protection laws the University is the Data Controller (legally responsible for the data security) and the Chief Investigator of this study (named above) is the Data Custodian (manages access to the data). This means we are responsible for looking after your information and using it properly. Your rights to access, change or move your information are limited as we need to manage your information in specific ways to comply with certain laws and for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personally – identifiable information possible.

You can find out more about how we use your information and to read our privacy notice at:

<https://www.nottingham.ac.uk/utilities/privacy.aspx>.

The data collected for the study will be looked at and stored by authorised persons from the University of Nottingham who are organising the research. All will have a duty of confidentiality to you as a research participant and we will do our best to meet this duty.

Your contact information will be kept by the University of Nottingham for until the end of the study, after which time it will be deleted. However, if you wish to be identified within the research then please inform the researcher at the time of data collection. All research data will be kept securely and all

precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to your personal data.

In accordance with the University of Nottingham's and the Government's policies we may share our research data with researchers in other Universities and organisations, including those in other countries, for research in health and social care. Sharing research data is important to allow peer scrutiny, re-use (and therefore avoiding duplication of research) and to understand the bigger picture in particular areas of research. Data sharing in this way is usually anonymised (so that you could not be identified) but if we need to share identifiable information we will seek your consent for this and ensure it is secure. You will be made aware then if the data is to be shared with countries whose data protection laws differ to those of the UK and how we will protect your confidentiality.

If information is disclosed during the interview that could pose a risk of harm to yourself or others, the researcher will discuss this with the study supervisors Dr Gary Winship and Dr Stefan Rennick Egglestone, and where appropriate, report accordingly. This would be discussed with you before any action is taken. This is part of the safeguarding procedures which healthcare researchers have to follow. This is unlikely to happen.

What will happen if I don't want to carry on with the study?

Your participation is voluntary and you are free to withdraw at any time, without giving any reason, and without your legal rights being affected. If you withdraw we will no longer collect any information about you or from you but we will keep the information about you that we have already obtained as we

are not allowed to tamper with study records and this information may have already been used in some analyses and may still be used in the final study analyses. To safeguard your rights, we will use the minimum personally-identifiable information possible.

What will happen to the results of the research study?

Once all of the data has been collected, this data will be analysed to identify themes. These themes will represent responses which several people provided in response to the survey. The data will then be used to inform further workshops at the Institute of mental health. Furthermore, the result will then be written into the form of a paper and sent for publication within a research journal.

Who is organising and funding the research?

This research is being organised by the researchers listed at the top of this form, on behalf of the school of education. This research is not externally funded.

Who has reviewed the study?

This study has been reviewed and ethical approval has been granted by

School of Education Research Ethics Committee.

Contact Details

Supervisor: Dr Gary Winship,

Email: gary.winship@nottingham.ac.uk

Supervisor: Dr Stefan Rennick Egglestone

Email: pszsre@exmail.nottingham.ac.uk

School of Education Research Ethics Coordinator:

Email: educationresearchethics@nottingham.ac.uk

APPENDIX F: EXAMPLE PARTICIPANT CONSENT FORM

PARTICIPANT CONSENT FORM - Interview

Project title: What is the potential of written and spoken poetry to facilitate meaning making and recovery for individuals who have experienced psychosis?

Researcher's name: Mark Pearson

Supervisor's name: Dr Gary Winship, Dr Stefan Rennick Egglestone

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future. In order to withdraw from the study, you need to inform the researcher (Mark Pearson). The contact detail for whom can be found at the bottom of this form.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain

confidential. Unless you expressly state that you want to be identified with the research.

- I understand that I will be audio recorded during the interview. The interview will take place at the time a date previously agreed. This recording will last for the length of the interview; approximately one hour.
- I understand that data will be stored in a locked room or cabinet. Access to the information will be limited to the study staff, investigators and any relevant regulatory authorities. Computer held data will be stored on a secure web server. Access will be restricted by user identifiers and passwords.
- I understand that I may contact the researcher or supervisor if I require further information about the research, and that I may contact the Research Ethics Coordinator of the School of Education, University of Nottingham, if I wish to make a complaint relating to my involvement in the research.

Signed (Research participant)

Print nameDate.....

Participant I.D.Date

Contact details.

Researcher: Mark Pearson

Email: mark.pearson@nottingham.ac.uk

Tel: 0115 8230816

Supervisor: Dr Gary Winship

Email: gary.winship@nottingham.ac.uk

Supervisor: Dr Stefan Rennick Egglestone

Email: pszsre@exmail.nottingham.ac.uk

School of Education Research Ethics Coordinator: Email:

educationresearchethics@nottingham.ac.uk

APPENDIX G: DATA ANALYSIS CODEBOOK (NODES)

| Name | Description |
|--|-------------|
| Narrative of change, growth and discovery | |
| Narrating preferred stories through poetry | |
| Development and change in self | |
| Acceptance of self | |
| Confidence | |
| Job | |
| Meaningful activity | |
| Poetry and self confidence/ self esteem | |
| Reclamation of self | |

| Name | Description |
|--------------------------------------|-------------|
| Self esteem | |
| Gaining understanding | |
| Growth through poetry | |
| Learning to live with voices | |
| Reflecting on parts of self | |
| Remembering childhood | |
| Sharing poetry and being listened to | |
| Spirituality and mental illness | |
| Poetry and religion | |

| Name | Description |
|---|-------------|
| Value and beauty of psychosis | |
| Bending your will toward meaningfulness | |
| Poems as artefacts in recovery | |
| Changing relationship to poetry (including artefacts) | |
| Poetry as an artifact | |
| Reading it back | |
| Poetry changing over time | |
| Transitions | |
| Transitions in life | |
| Looking back (2) | |

| Name | Description |
|--|-------------|
| Looking back | |
| Looking forward | |
| Writing in recovery | |
| Distraction | |
| Sitting with things | |
| Looking back | |
| Transitions in life | |
| Negatives of poetry | |
| Snapshots of recovery | |
| Writing at different times or recovery | |
| (Not) Writing in acute phase | |

| Name | Description |
|---|-------------|
| Fear of losing inspiration whilst in hospital | |
| Risk of writing | |
| Bravery | |
| Identity | |
| Being wanted | |
| Mindfulness | |
| Poetry and voices | |
| Reading poetry | |
| Recovery | |
| Survival | |
| Narrative of the unsayable | |
| Discovery through poetry | |

| Name | Description |
|-------------------------------------|-------------|
| Affirmation | |
| Burning poems | |
| Create narrative | |
| Discovery through poetry | |
| Poetry as potential space | |
| Being in the moment | |
| Containment of poetry | |
| Externalised | |
| Creative vent | |
| Empowerment | |
| Imagination | |
| Incorporating experiences into life | |

| Name | Description |
|------------------------------------|-------------|
| Like dreams - difficult to explain | |
| Magical thinking | |
| Making the suffering bearable | |
| Poetry and play | |
| Poetry as other | |
| No one to talk to | |
| Poetry as an object | |
| Processing | |
| Proof of meaning | |
| Protective shell of poetry | |
| Resisting meaninglessness | |

| Name | Description |
|--|-------------|
| Turning something painful into beautiful | |
| The value of madness | |
| Writing as someone else (fictional) | |
| The unsayable | |
| Beginning to write the unsayable | |
| Getting things down on paper | |
| Only thing i could do | |
| Survival | |
| Bringing out the pain | |
| Connecting with aspects that are feared | |

| Name | Description |
|-------------------------------------|-------------|
| Fear of touching psychosis | |
| Scared by psychosis | |
| Starting writing to not feel scared | |
| Don't know how to verbalise | |
| Expression in recovery | |
| Finding the right words | |
| Getting things down on paper | |
| Give myself permission | |
| Linguistic quality of language | |

| Name | Description |
|---|-------------|
| Flow | |
| Freedom in writing | |
| Haiku | |
| Metaphors | |
| Organising thoughts | |
| Rhythm in poetry | |
| Saying a lot about big topics | |
| Only thing i could do | |
| Overwhelmed by writing | |
| Reading the poetry others - finding words | |
| Other poetry clarifies my head | |
| Reading poetry | |

| Name | Description |
|--|-------------|
| Shame | |
| Symbols | |
| The importance of self expression | |
| Wise mind | |
| Narrative of relational expression and communication | |
| Communication with MH services | |
| Communicating the whole person | |
| Meaning making | |
| Proof of meaning | |
| Psychological vomit | |
| Supporting communication | |

| Name | Description |
|--------------------------------------|-------------|
| Communicating the funny | |
| Confession | |
| Engaging | |
| Inner self | |
| Not connected to rationality | |
| Communication with MH professionals | |
| A resistance against meaninglessness | |
| Catalyst for seeking help | |
| Other people's assumptions | |
| Expression outside of MH services | |

| Name | Description |
|---|-------------|
| Showing self as a whole person | |
| Opportunity for carnivalesque communication | |
| Chaos in poetry | |
| Coherence | |
| Bury things in metaphor | |
| Freedom in communication | |
| Metaphors | |
| Collective expression | |
| Effective communication | |

| Name | Description |
|---|-------------|
| Group member reactions to psychosis | |
| Helped to express outside of poetry | |
| Normal words | |
| Poetry as a relational experience and relational mediator | |
| Co-writing | |
| Connecting with others | |
| Hearing other peoples words | |
| Fear of response | |
| Difficult to talk - stigma | |

| Name | Description |
|--|-------------|
| Helping others engage with madness | |
| Stigma | |
| Writing to prevent overwhelming others | |
| Group poetry sharing | |
| Helping others through poetry | |
| Like talking to someone | |
| Not interested in sharing | |
| Occupation | |
| Poetry as a mediator in communication | |

| Name | Description |
|--------------------------------|-------------|
| Poetry group as safe space | |
| Saying enough | |
| Sharing written words | |
| Unity through poetry | |
| Other interesting stuff | |
| Acceptability | |
| Class barriers to poetry | |
| Poetry as other mate | |
| Polyphony | |
| Safe space | |
| Silence in poems | |
| Writing as transitional object | |

APPENDIX H: INITIAL THEMES

| Nodes | | | |
|---|-------|------------|----|
| Name | Files | References | |
| ○ Narrative of change, growth and discovery | | 0 | 0 |
| ○ Narrating preferred stories through poetry | | 0 | 0 |
| ○ Development and change in self | | 2 | 2 |
| ○ gaining understanding | | 2 | 3 |
| ○ growth through poetry | | 2 | 2 |
| ○ learning to live with voices | | 1 | 1 |
| ○ reflecting on parts of self | | 1 | 4 |
| ○ remembering childhood | | 1 | 1 |
| ○ sharing poetry and being listened to | | 3 | 3 |
| ○ spirituality and mental illness | | 1 | 2 |
| ○ value and beauty of psychosis | | 1 | 1 |
| ○ Poems as artefacts in recovery | | 0 | 0 |
| ○ Changing relationship to poetry (including artefacts) | | 6 | 8 |
| ○ Poetry as an artifact | | 5 | 6 |
| ○ Poetry changing over time | | 4 | 7 |
| ○ Transitions | | 2 | 2 |
| ○ writing in recovery | | 3 | 3 |
| ○ Writing at different times or recovery | | 6 | 11 |
| ○ (Not) Writing in acute phase | | 14 | 29 |
| ○ bravery | | 1 | 1 |
| ○ identity | | 1 | 1 |
| ○ mindfulness | | 3 | 3 |
| ○ poetry and voices | | 1 | 2 |
| ○ reading poetry | | 1 | 1 |
| ○ recovery | | 3 | 4 |
| ○ survival | | 4 | 4 |
| ○ Narrative of the unsayable | | 1 | 1 |
| ○ Discovery through poetry | | 0 | 0 |
| ○ affirmation | | 1 | 1 |
| ○ burning poems | | 1 | 1 |
| ○ create narrative | | 2 | 2 |
| ○ Discovery through poetry | | 6 | 9 |

| | | | | |
|--------------------------|---|--|----|----|
| <input type="checkbox"/> | Poetry as potential space | | 7 | 12 |
| <input type="checkbox"/> | being in the moment | | 1 | 2 |
| <input type="checkbox"/> | containment of poetry | | 5 | 5 |
| <input type="checkbox"/> | creative vent | | 2 | 3 |
| <input type="checkbox"/> | empowerment | | 1 | 2 |
| <input type="checkbox"/> | imagination | | 3 | 3 |
| <input type="checkbox"/> | incorporating experiences into life | | 1 | 1 |
| <input type="checkbox"/> | Like dreams - difficult to explain | | 1 | 1 |
| <input type="checkbox"/> | magical thinking | | 1 | 3 |
| <input type="checkbox"/> | making the suffering bearable | | 2 | 2 |
| <input type="checkbox"/> | poetry and play | | 3 | 3 |
| <input type="checkbox"/> | Poetry as other | | 3 | 3 |
| <input type="checkbox"/> | Processing | | 1 | 1 |
| <input type="checkbox"/> | proof of meaning | | 1 | 1 |
| <input type="checkbox"/> | protective shell of poetry | | 1 | 1 |
| <input type="checkbox"/> | resisting meaninglessness | | 1 | 1 |
| <input type="checkbox"/> | Turning something painful into beautiful | | 2 | 6 |
| <input type="checkbox"/> | writing as someone else (fictional) | | 1 | 1 |
| <input type="checkbox"/> | The unsayable | | 10 | 22 |
| <input type="checkbox"/> | Narrative of relational expression and communication | | 0 | 0 |
| <input type="checkbox"/> | Communication with MH services | | 0 | 0 |
| <input type="checkbox"/> | Opportunity for canivresque commuciation | | 0 | 0 |
| <input type="checkbox"/> | Poetry as a relational experience and relational mediator | | 3 | 4 |
| <input type="checkbox"/> | Other interesting stuff | | 0 | 0 |
| <input type="checkbox"/> | acceptability | | 1 | 1 |
| <input type="checkbox"/> | Class barriers to poetry | | 2 | 2 |
| <input type="checkbox"/> | poetry as other mate | | 1 | 1 |
| <input type="checkbox"/> | polyphony | | 2 | 2 |
| <input type="checkbox"/> | safe space | | 3 | 3 |
| <input type="checkbox"/> | silence in poems | | 1 | 1 |
| <input type="checkbox"/> | Writing as transitional object | | 1 | 1 |