Narratives of Friendship and Mental Health

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Abstract

Research, theory and mental health policy draws attention to the importance of family, social networks, community, employers and learning contexts in maintaining mental health and inclusion (Department for Digital, Culture, Media and Sport (DDCMS), 2018; Department of Health (DH), 2011; Foresight Mental Capital and Wellbeing Project, (FMCWP), 2008). Yet the meaningful complexities of friendship to psychological health and public policy has not received sustained analysis, and policy emphasis is often restricted towards family relations (Hruschka, 2010). By researching friendship-experiences of people who have endured mental health difficulties, insights may be drawn about links between mental health and the characteristics of personal communities and friendships.

Aims and objectives

This study aims to explore the interaction between friendship and mental distress, through a narrative inquiry approach to the stories of friendship of middle-aged people who have experienced mental health difficulties. Existing research into the friendships of people experiencing mental health difficulties has focussed on the ways in which people maintain existing friendships, primarily during adolescence and emerging adulthood. Through exploring how middle-aged people talk about friendship, additional insight may be gained into the characteristics and processes of friendship and any potential interaction with mental illness/health. The study aims to examine how information gathered from narrative inquiry relates to previous research conducted within the area of friendship and mental health through personal accounts. The study aims to generate further insight into the experience of friendship and mental distress and the implications for those in friendship, mental health

practitioners and those formulating and implementing mental health policy.

Methodology

Seventeen middle-aged participants were invited to share their stories of friendship and mental health difficulties in unstructured interviews, and analysed using a critical narrative framework devised by Langdridge (2007). A hermeneutics of suspicion, involving stigma, feminist and mad studies is used to explore meaning within the narratives.

Findings

The study reveals the participants' stories of problems of daily living, illness and stigma, of friendship as freedom and recognition, and friendship's contribution to personal agency and establishing a valued position in society. The study develops a perspective of how compassion in friendship has helped articulate and reframe identities to one's self, to others, and to distress, and therefore the potential contribution of friendship to living with mental distress.

Relevance

Mental health studies have been dominated by institutionalised relationships, of which friendship has been made to fit into theoretical frameworks of family- and kin-relationships. This study presents an alternative view of friendship to aid in the reformulation of the varieties of social relationships shared by people through mental distress. Additionally, there have been very few narrative studies that explore the friendship experiences of people with mental ill health and this study adds to a growing literature. In undertaking a narrative methodology, an exploratory and holistic approach is taken that stresses the individual experience and meaning as a basis for understanding our collective approaches to both friendship and to mental distress.

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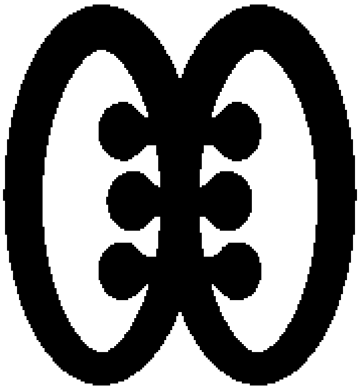
Dan Doran, September 2020



This is the West African Adinkra symbol for Ese Ne Tekrema, “the teeth and the tongue.” (Adinkra Symbols and Meanings, 2020)

Ese Ne Tekrema is a symbol of friendship and interdependence used in the culture of one of the participants in this study, representing critical themes of this thesis.

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1 Introduction

Between 1959 and 1977, the participants (and researcher) for this study were born. During this period of time, there have been a number of cultural and policy changes in the United Kingdom (UK) which have impacted on the understanding and responses to mental health difficulties. Since being described as the major health and social problem of our time (Department of Health and Social Services, 1975), the Conservative government of 1979 - with a mandate to limit economic decline and the influence of the state – introduced a political and cultural emphasis on free markets, entrepreneurialism and self-sufficiency. Reflecting the ideology of self-governance for those experiencing mental health difficulties, asylums were closed, and the Disability Living Allowance was introduced to enable people enduring distress to live outside of institutional settings. The primary focus of health service provision was the management of medical and therapeutic interventions, and a separate social service would provide additional resources to lead a life of acceptable social quality. Through the 1980s and 1990s, when the participants in this study were in adolescence and emerging adulthood, there was a culture of delivering outcomes (primarily, a return to mental health) with little or no reliance on public services; cost-effectiveness towards independence and mental health became an inherent part of provision.

In 1997, a Labour government introduced a programme of modernising public services, incorporating partnerships between government agencies, voluntary and private sectors, and funding arrangements based on evidence and improved results, aiming to secure quality. In 1999 – the start of middle-age or continuing emerging adulthood for participants in this study - a ten-year plan for the development and delivery of mental health services for adults of their age was produced. This National Service Framework (NSF) for Mental Health for England (DH, 1999) gave explicit recognition to the inter-relatedness of social exclusion as consequence and cause of, and sustained, poor mental health. With an emphasis on tackling stigma and discrimination and low expectations, reducing barriers to mainstream communities, mental health promotion and suicide prevention, better primary and targeted mental health services, the NSF set a common agenda for all agencies to focus on wellness and opportunity rather than illness and seclusion. This was supported extra investment (DH, 2000) and since then mental health, and funding for services generally, has become a political priority in the UK, having recognised impact on all policy (Office of the Deputy Prime Minister (ODPM), 2014).

Over these decades, people who have experienced distress have been self-organising to create a voice/voices that challenge culturally- and personally-derived disempowering views towards, as well as furthering the understanding and knowledge of, distress itself and theoretical models (Morrall & Hazleton, 2000; Hervey, 1986). A collective history of working together with respect to the experience of mental distress (such as United Kingdom Advocacy Network, Hearing Voices Network, National Self-Harm Network and Survivors Speak Out; Campbell, 2005; Tait & Lester, 2005), informed by the experiences of those who had used services, encouraged a movement towards the idea that a person's "recovery" had more to do with being in control of their affairs, including how distress was managed, rather than rehabilitation into mainstream activity. The "recovery" approach was adopted in policy (DH, 2001) and has been met with success, for example, with Recovery Colleges integrating provision with mainstream links and focussing on factors beyond health care provision. New policies (DH, 2009; FMCWP, 2008) adopted similar, holistic, life-course views of mental health which again incorporated a range of social, economic and cultural determinants to take into account for mental health.

In 2010, a Conservative and Liberal Democrat coalition came to power with a mandate of austerity, to reduce the UK's budget deficit by cutting back on public service spending. Existing mental health policy was replaced (DH, 2011) in the context of a cap on overall health-related expenditure, reflecting the intention to limit spending through meeting priorities and making savings in other areas. With associated cuts in funding for social care, mental health provision has been impacted upon disproportionately in a climate of austerity (Reeves, 2019). Yet there remains interest in public life about mental health, in part due to campaigns raising the profile, as well as the impact of austerity on mental health (Reeves, 2019). A current issue is the concept of disconnection within society and the impact of loneliness (DDCMS, 2018) where the government intends to implement and measure the impact of "social prescribing" across the whole country by 2023. The benefits of both the social and individual approaches to mental health continue to feature in the rhetoric of policy and provision, although cultural and political attitudes to mental health determine the priority, and subsequent capital, given to mental health provision or initiatives.

I entered the mental health field in 2000 as a young adult working with mostly young people with mental health difficulties in maintaining inclusion in their community while studying in Higher Education. Based in the social context in which people were living and working, and hearing the stories of those who experienced mental health difficulties, I encountered three interesting aspects in the work I was paid to do. The first was the transition into greater independence and control over life - and therefore management of mental health – of emerging adults; the second was being inspired by how people in friendship had supported one another through difficult periods of time while experiencing mental health difficulties (potentially doing so together); the third was that the age range of 16-25, the dominant age group I was working with, coincided with the age of onset of significant mental health problems and the acuteness of existing mental health problems (Kahn, 2016). Working in this community, delivering a place-based and occupation-based service to people experiencing mental health difficulties, brought me into contact with social structures and attitudes regularly as well as the many experiences of distress, and the stronger I came to hold the view that communities were not just a collection of individuals, situations or an indifferent environment in which people lived, but that these had the potential to be transformative, restorative, or facilitative, and therefore constitutive, of people's mental health.

I first considered the topic of this research in 2006 and in 2009, as I was entering middle-age, I undertook a post-graduate course on recovery and social inclusion in mental health at the University of Nottingham which drew my attention to literature on "recovery" in mental health (e.g., Repper & Perkins, 2003). This literature emphasised the role of connectedness and relationships, their constitutive power, and the importance of discourse in promoting a recovery journey. The picture of relationships and communities with an ability to meaningfully assist in the mental health of individuals in the context in which I worked, was confronted by other powerful forces brought into consciousness by "recovery" literature (e.g., Pilgrim, 2005). Although the local practices at some institutions still remains committed to principles of empowerment, inclusion and mental health for those experiencing distress (see, for example, the University Mental Health Advisers Network, 2013), these came into conflict with organisational considerations which frequently referred to the potential liabilities of adults with mental health difficulties, and was largely dominated by crisis management, disciplinary procedures and a need for improved/closer working with health provision.

While in a position of building-up and managing the service – a source of pride for me, in an area I am passionate about - the intention of working with other agencies, notably health services, in an integrated and person-centred way was always a key feature. Fundamentally, however, resources were scarce “outside" of the community (in health services), and scarce “inside” the community to deliver mental health support that helped the individual’s mental health and manage the community’s anxiety. The influence of the organisational, political and cultural environment, I began to see, not only shaped the provision and scope of services, but also the attitudes to “helping” and the experience of distress (Menzies-Lyth, 1970). Nevertheless, I encountered people in these communities who showed high degrees of compassion, care, realism, and insight into mental health difficulties or distress, as well as those who have been deeply upset, indifferent, intolerant, excluding, or hostile towards those experiencing distress.

As a consequence of the importance of the relational highlighted in my studies and for the population I aimed to serve, friends may be amongst the most immediate sources of social and mutual support. Hence, I felt friendship was an important topic to study. My view on what friends would “do” in their relationship to help – or hinder – someone who was enduring a period of distress was unclear, and the experience of friendship was varied; people would lose friends after reporting discrimination from their housemates, or become isolated; people would have kind friendships but not necessarily develop a “full” understanding of one another; friendships were also apparent where, through personality or similar experience, mutual support was possible. I initially believed friendship was something that everyone “naturally” sought and that the individual characteristics of specific mental health difficulties would be the barrier to this; if only we could improve our understanding and technique of mental health conditions then we may facilitate more active forms of involvement and connection within friendship. I started researching the subject of mental health and friendship in 2013. My thinking as a result of this has changed radically. The thesis reveals some of this transformation and a complexity to some of the forms of life in friendship and enduring distress, presented in the following stages:

- Literature review. The presentation of the literature on the topics of friendship and mental health represents a formulation of understanding of the experience of friendship, through an immersion in a range of literature that is without agreed terminology, methodology, or a distinct academic discipline to associate with. Through this formulation, the complex dynamics between person, friendship and mental health are highlighted. The rationale for using a narrative form of inquiry - how people construct their accounts of friendship and mental health - is also presented.
- Methodology. This study is fundamentally concerned with understanding meaning and feeling of friendship for participants, through narrative inquiry. The status of narrative and story-telling as a source of knowledge is presented in this section, and greater detail is provided about how I went about obtaining the data itself. The outcome is that the method facilitates story-telling, and a critical narrative analytical framework is described.
- Findings and analysis. Story-telling and story-listening are intertwined, and here I present a short biography so that the reader gains insight into how I heard the stories and the output of the analysis. The seventeen narratives are presented here, with a brief introduction to the participant, followed by sections of narrative analysis using the framework chosen. Quotations are provided to privilege the participant’s perspective in the emerging analysis, and a summary outlining the main themes that feature across the interviews is also provided.
- Discussion. This section continues the narrative analytic process, furthering reflection on the findings through consideration of critical social theory, summarised as “mad studies”. This section opens-up

the findings to social discourse and broadens the context of individual narratives and analytical findings to connect them to wider discourses, potentially revealing supportive/alternative insight into the findings.

- Conclusions. This section summarises the findings and presents some implications regarding friendship in a number of different areas – for those in friendship, for mental health/friendship research, and mental health/friendship practice. This section also includes consideration of the limitations of the study and potential further directions for future research.

2 Literature review

Prior to conducting a literature review on friendship and mental health, I reflected on the appearance of friendship to me: Emerging, changing, ending, re-grouping, drifting, unexpected; close and distant, long-term and short-term; common and diverse interests and activities; honest and loyal, flexible and protective. I also reflected on the appearance of mental health to me: Emotions and extremes, realities and illusions; physical and embodied and psychological and disembodied; love, friendliness, indifference and hate; suffering and happiness. Contrasting views emerged such as the separateness of friendship and the intimacy of friendship, the multitude of protective and destructive factors to mental health, and the relative significance of each to the other. Through this reflection, it became apparent to me that one cannot study people without having assumptions about who we are, what constitutes a person, what constitutes an interesting question on the subject, and subsequently choosing methods of investigating the subject. Therefore, I found myself orienting and formulating my thinking on the subject in terms of how friendship’s development corresponds with personal development and endurance of mental health difficulties over time.

As I began to search the literature on “friend” and “friendship”, I found that the focus of many studies was dominated by generic categorisation such as “peer", “social support” or “mutual support” as well as cross-sectional in analysis. However, generic and cross-sectional accounts did not differentiate between the subtle, yet significant, differences between “friendship” and the different categories of “peer” or “social” support at different stages of life. In many studies “friendliness” is fungible, whereas the formation, recognition and intimacy of “friendship”, and their mutual feelings, are not – they are particular (Helm, 2010). This is not to suggest that friendships in such studies are in any way inferior nor any less revelatory, but rather that research tends to mix friendship with friendliness in peers and other social support, thereby diluting the specific impact or conclusions that can be drawn about the relationship.

As I began to search literature on “mental health” and “mental illness” and friendship, I found this was dominated by reference to positive emotions (often in relation to “wellbeing”), anxiety or depression (often in relation to “mental health”) and serious distress, schizophrenia or psychosis (in relation to “mental illness”). Consequently, I decided to use a number of other search terms made up of specific mental health difficulties to ensure a wide field of mental health issues could be reviewed. These additional search terms were selected from the national mental health charity Mind (2013) and related to major diagnostic categories. The literature on mental health and friendship indicates that specific diagnoses do not determine the extent of relationship breakdown, social exclusion, reduction of or involvement in mental health services (Harvey, Fossey, Jackson & Shimitras, 2006; Gomm, 1996). The implication here is that people maintain, and are supported by, their relationships and social/community networks irrespective of diagnosis (Wright & Stickley, 2012; Schon, Denhov & Topor, 2009).

This exposed a central issue in considering “friendship” and “mental health”: Either topic could be considered from any number of disciplines (such as philosophy, psychology, sociology, religion, politics, nursing) and both fields had diverse terminology, such that relying on particular search terms might have excluded potentially relevant literature. Similarly, each discipline has a variety of different, hierarchically-preferred methods of investigation, each with their own (dis)advantages in providing insights into friendship and mental health. Therefore, the presentation of the literature in this thesis while intending to be comprehensive, is not intended to be a systematic review of the topics, but is an immersion in a range of literature obtained. A pragmatic approach was taken: In my literature searches, disciplines were restricted by relevance to the topics of study, but to keep a broad perspective, a range of disciplines were attended to, such as anthropology, nursing, philosophy, religion, psychology, sociology, education, geography, political science and public health. Weighting of importance was not given to particular disciplines or methodologies of existing research, but rather helped contextualise the inferences made from them. I searched the electronic library catalogue and journal articles at the University of Nottingham using University of Nottingham Library Catalogue (UNLOC) and Nottingham University Search (NUsearch). This was initially filtered by any material (books, articles, videos, etc) in the English language, produced at any time in the past up to the date of December 2016. Bibliographies of articles and additional books provided further sources to read, supplemented with the use of internet searches and other University library repositories when resources were not available via UNLOC/NUsearch. As the literature review progressed and further ideas became prominent, additional literature was gathered to understand the issues better. Following completion of the research, additional material was incorporated based on the findings and emerging concepts to enhance conceptual and theoretical frameworks presented in the literature review. The presentation of the literature is split into several parts in this section:

- Love, attachment and friendship.
- Closeness, belonging and friendship.
- Continuity, regulation and friendship.
- Distress, journeys and friendship.
- Surviving, thriving and friendship.
- Summary
- Rationale and aims for the current research study.

2.1 Love, attachment and friendship

On the surface, healthy relationships share feelings of warmth, love and care for the other. A commonly recurring conceptualisation of relationships with friends, typically associated with philosophical, literary and pre-modern considerations, is that friendship is a distinctive kind of concern or "love" for someone (Nehamas, 2016; Grayling, 2013; Alberoni, 2009; Vernon, 2005). "Erotic love" is described as a passionate, possessive desire for an object, typically sexual in nature, while "agape" is a kind of love that is bestowed, without pre-conception, on an object and creates value of some sort in the object. Between these opposites of exclusive, passionate desires and impersonal, unconditional affection towards everyone, lies the love associated with "philia", which is a broad range of affection for other objects, including family, friends, neighbours, co-workers, or even nations and ideas (Cooper, 1977a). The scope of "philia" is wide, complex and diverse, and includes merit-based and merit-finding ways of relating, and encompasses relationships that were once exclusive or unconditional initially. Friendship, as a form of love, is most often located within "philia" as it is based on "good qualities" in the other, while simultaneously retaining a degree of non-possessiveness.

According to some evolutionary theorists (Vigil, 2007; Fisher, 2004), the kinds of love experienced in different relationships are instantiated in different physiologies, operating somewhat independently. In this view, kin relations, sexual relations and friendships are distinct kinds of relationships that are the outcome of different psychological and biological machinery. Utilising this biological typology, the sexual drive of lust is used to give definition to "erotic love", thereby identifying "romantic love" as potentially sexual or non-sexual, long-term attachment with an other. "Romantic love" involves heightened pre-occupation with a person to whom affection is felt, and includes increased responsiveness to act and be affected by the other, and involves feelings of jealousy, emotional dependency, separation anxiety and persistent thoughts of the object of affection. Both “erotic love” and “romantic love” lead people to disrupt existing habits and behaviours in the process of bonding. In terms of a more “philial” form of this love, Fisher notes the emergence of “companionate love”, which is a calmer form of love, involving feelings of benevolence, security and deep affection for someone known for a long period of time. “Companionate love” has similarities with long-term friendship and shares features with other kinds of friendship. Some typological confusion arises, however, in that friendship may result in meeting the needs of lust, without further development of the relationship into “romantic love” or “companionate love” (Hruschka, 2010).

In understanding friendship amongst the continuum and complexities of love, it is helpful to consider its formation in its own history (Allan, 1989). In the preceding motivational/biological context, the capacity for all different kinds of love do not emerge until a maturational stage of biological and psychological growth has occurred – that is, during adolescence and early adulthood. In this view, friendship takes place before “erotic love” and “romantic love” and is therefore a kind of love, if it is such, that is experienced prior to such maturational changes. Therefore, childhood friendship may be seen as a “companionate love” (especially long-term, childhood friendship) based on a more psychological form of intimacy and care for the other for their sake (Badhwar, 1997) which is resembled by the “companionate love” entered into following the emergence of “erotic love” and “romantic love”. Friendship is therefore a “philia” that emerges prior to many other forms of love, yet is often, perhaps erroneously, viewed along the continuum of later forms of love.

A potentially significant aspect of this natural history to friendship is that our early development is immersed in a network of social mediation, such that for much of early life, biological and psychological development and expression is dependent upon the resources and receptivity of those around us to meet a range of material and psychological needs to nurture growth. This social mediation is often that of the kind of love shown to children by primary caregivers which may be replicated in the kind of love shown by children and early adolescents towards those caregivers and, by extension, their friendships. This process has often been described in terms of "attachment" theory, which has been extended to theoretical models of adult mutual support (e.g., Moat (2011) in relation to people experiencing mental health difficulties).

Bowlby's theory of attachment is an intergenerational transmission of bonding experience in the early years of life between primary caregiver(s) and infants. To understand "attachment" it is also important to understand "separation". Our perceptual abilities specify a point of view, a trajectory of a centre of awareness that, when taken together, comprise a structured body of experience which directly discloses the existence of a perceiver at a particular point in space and time (Michaels & Carello, 1981). Anyone that has a body capable of an organised response to the environment thereby has the sensory basis for recognising that they are an individual distinct from the world around it (Butterworth, 1995). The embodied, experiential capabilities that give rise to a sense of self as distinct from others forms the basis for identifying people as "others", as separate. Bowlby (1969) proposed that, in order to foster survival, infants and caregiver(s) must form an "attachment". Initially, infants do not discriminate between significant people (although some perceptual development and discrimination takes place in utero; DeCasper & Spence, 1987) but it is around 5 to 7 months, "attachment" to caregivers emerges as they are able to discriminate between one or two preferred persons. In Bowlby's theory, as dependency on these care-giver(s) has built up, separation from them can produce emotional reactions such as protest, despair or detachment, and the interactions of the care-giver, and the quality of these, to these emotions, form the basis of an "attachment style" for the infant (Sroufe, 1985) and awareness of the self as perceivable by others (Trevarthen & Aitken, 2001; Jauregi, 1995; DeSousa, 1991; Lazarus, 1991; Stern, 1985) that are replicated in other relationships across the lifespan (Main & Solomon, 1990; Ainsworth, 1985). These attachment styles are:

- Secure: Protest and distress at the care-giver's departure, with feelings of comfort on their return.
- Anxious/avoidant: No evident manifestation of distress at the care-giver's departure or return.
- Anxious/resistant: Protest and distress at the care-giver's departure, with ambivalence/reluctance to comfort on their return.
- Disorganised/disoriented: Unpredictable and inconsistent response to the departure and return of the caregiver.

At the heart of attachment theory's relation to friendship is the idea of "transference" - the activation of historical, significant-other interactions in newly-encountered interactions (Anderson, Reznik & Glassman, 2005) that include pre-verbal, non-episodic, affective memories of interactions with, and inferences about, others and situations (Uleman, Blader & Todorov, 2005). Underpinning this transference are the feelings of attachment - security, anxiety, avoidance, self-contained resistance, or an unpredictable combination of these – and therefore the development of friendship in early life must therefore have some correspondence with these early attachment styles. Early care-giver attachment is a strong determinant of relationship attachments for children of very young ages, and while such children are not able to disclose why they like being with friends, observational research shows that some form of identification of, or "attachment" with, a "friend" takes place quickly: Infants show a marked contrast between friends and non-friends, displaying greater positive affect (e.g., smiling and laughing) and intensity to social activity, as well as more frequent conflict resolution and effective task-related performance (Newcomb & Bagwell, 1995; Ross & Lollis, 1989). Between the ages of 18 months and three years, the behaviour between friends changes from imitation and doing the same thing together to making active contributions to play, expanding the possibilities for co-operation, joint pretend play and understanding of what their friend needs (Howes, 1996).

There are some qualifications from attachment theorists with particular regard to theoretical extension across the lifespan and direct application to friendship. Firstly, reflecting the changes in their friends' needs generally, and not just those of play itself, interactions amongst peers reproduces and readdresses confusions, uncertainties and fears often *resulting* from social knowledge gained through interaction with family (Corsaro & Eder, 1990). Therefore, the relating taking place in friendship presents an opportunity and intersubjective experience that "plays" with social knowledge that may have a sustained effect on development in any number of areas, including the act of relating itself. Secondly, adolescent and emerging adult attachment styles appear to change with particular relationship partners (Carlson, Sroufe & Egeland, 2004; Overall, Fletcher & Friesen, 2003; Baldwin & Fehr, 1995) such that "attachment" theorists now separate parental and peer attachment in adolescence and beyond, with "friendship security" predicting social and emotional outcomes above and beyond that accountable by parental and romantic attachments (Hudson, Fraley, Chopik & Heffernan, 2015; Goh & Wilkinson, 2007). Secondly, negative changes in "friendship attachment" are, in part, due to the experiences with the friends themselves (Chow, Ruhl & Buhrmester, 2016) with difficult friendships creating feelings of anxiety and insecurity because they expose and endanger interpersonal trust (Smart, Davies, Heaphy & Mason, 2012). Similarly, in contrast to friendship acceptance and validation, La Greca & Harrison (2005) found that for 14-19 year olds, anxiety in social interaction is increased due to victimisation from peers, friendships or romantic relationships.

In a recent review of attachment theory, Fraley (2019) notes that current theories of attachment have yet to incorporate relational, non-normative experiences of friendship. Certainly, as many children, adolescents and adults spend major parts of their day outside the family context (Working Families, 2017), their learning experiences and ways of relating are less restricted to interactions with caregivers and adults and differentiated peer relationships (peers as non-friends and peers as friends) make it possible to associate a “friend” as an “other” who brings *particular* experiences or interactions that are distinct from other relationship experiences. The exploration of social knowledge outside of the family context continues the “scaffolding” of emotions and intentions, providing a map of possibilities in which actions, thought and self-definition are permissible (Bruner, 1990). Friendship, even at an early age, is therefore an important context for sharing what is important, as well as how we think about the world, and our position in it (Trevarthen & Aitken, 2001; Bukowski, Newcomb & Hartup, 1996; Stern, 1985), on its own terms.

This analysis suggests that friendships cannot be straightforwardly conceptualised in terms of early attachments. Instead they reflect active ways of relating to new social encounters, such that underpinning and new ways of relating, and attributions of love, evolve over time. In their study of families and friendships, Spencer & Pahl (2006) analysed the patterning of such relationships, describing emergent patterns as a suffusion of “given” (or commitment-based) and “chosen” (loose) bonds of relating amongst different personal communities. Significantly, they give prominence to personal communities in which family/friends merge, and in which family and friends are absent, simultaneously challenging the centrality and replication of “attachment” to caregivers across the lifespan.

The question of how friendship’s “companionate love” fits around, within or replaces other aspects of personal communities, and how it becomes distributed interpersonally, requires greater consideration of the experience of friendship that leads to the “companionate love”. This question is of particular relevance to personal communities where little family contact persists, or in the process of general friendship formation that leads to endurance over time. An obvious starting point is to understand how strangers may become friends or how friends may become estranged. Such an account, that may be seen as an alternative/complementary theory to attachment as the bond of friendship, is given by exchange and equity theory (e.g., Kelley & Thibault, 1978). According to exchange and equity theory, individuals assess “rewards” and how they may or may not outweigh the “cost”, in each relationship. As more or more-rewarding friendships appear in the personal community, attraction and attachment is reinforced by any rewards gained, and therefore particular individuals become more friend-like or even family-like. Exchange and equity theorists propose that “equality” engages and sustains friendship, and that “over-benefitors” experience less distress/more satisfaction in the relationship (Walster & Walster, 1975). While studies of friendship confirm that there is an expected reciprocity in friendship (Silk, 2003; Rawlins, 1992), those in friendship seem to downplay material inequalities (Paine, 1969), “over-benefitors” appear to experience more discomfort (rather than dissatisfaction; Roberto & Scott, 1986) and friendship is sustained in spite of some inequalities having no comparable means of “repayment” (Clark, 1981). Rather than equity-through-exchange, friendship bonds seem to be based on the feeling of “closeness” each encounter will bring (O’Connell, 1984; Austin, 1980).

Clark & Mills (1979) draw a useful distinction between “exchange” relationships and “communal” relationships that helps incorporate the intra- and inter-personal experience of friendship, and why some are retained and others are not. In exchange relationships, benefits are *transactional*, carrying the expectation that they will be reciprocated, and the relationship is defined by equity. In communal relationships, benefits/rewards are *shared*, and receiving a benefit does not create an obligation to reciprocate. Therefore, some friendships may be based in equity-contingent relating and may not endure through changes in life or after equity is returned. Other friendships are based in shared endeavour and companionship that resists changes in life/institutional interference and are more likely to be retained in the convoy of relationships. A basis for friendship's bond, and a possible alternative conceptualisation of the bond of friendship, is that in friendship the "other" is somehow "close" to me as a person (or a mirror to one's self; Cocking & Kennett, 1998), thereby facilitating a desire and need to retain the experience of their companionship. This will be the focus of the next section.

2.2 Closeness, belonging and friendship

In its difference from exclusive relationships based on "erotic love" and "romantic love", its difference in history but partial similarity with "companionate love", the "philial love" of friendship also differs from other equity-based relationships in that they are, intuitively, intimate or "closer" relationships. Literary portrayals also reflect "closeness" as a standard to assess the quality of friendship, suggesting this has been the case for at least nearly three thousand years (e.g., in popular European literature on women's friendship, Contarello & Volpato, 1991; or literary depictions since 8th century BC across a range of cultures, Jusdanis, 2014). Common features of literary friendship appear to be those of intimacy, respect, mutual help and permission to confront, which Jusdanis (2014) argues is the basis of our relationship with literary writings as well as in friendship - gaining a degree of closeness to other lives and other possible ways of being. In comparisons of descriptions and stage-models of friendship across the lifespan, there is a progressive nuancing, from talking about friendship in terms of concrete behaviour and self-interest, to talking in terms of meeting partner expectations, then talking in terms of general norms of friendship, specifically those based on loyalty, trustworthiness, commitment, intimacy and mutual aid, as found in literary writings (Hruschka, 2010; Fehr, 1996; Rawlins, 1992). Curiosity and nuance to understanding other lives may account for momentary adoption of a caring position towards someone, yet does not necessarily account for the embeddedness and process of friendship as a living, changing "closeness" with an other that becomes the subject of such intellectual and literary curiosity.

In considering the development of "close" or "intimate" relationships, Marar (2012) identifies three features that are often achieved within a dyad in which we come to believe that we are "close" and witnessing the other's interiority or revealing our own desires, motives and feelings: Reciprocity, conspiracy, and kindness. The reciprocal element refers to the mutuality or enmeshment of the feelings and experiences of those involved, a submergence into the dyad itself, as well as a reassertion of each other's uniqueness. Conspiracy refers to self-disclosure, a revelation of feelings or thoughts or behaviours that create the conditions under which the relationship can feel like an intimate one, due to the display of trust involved. The final feature, kindness, allows for ambivalence, shame, pride and conflict in the relationship, restricting imbalances of power that may result from an instance of trust or that may build up in a relationship over time. These close relationships require kindness to remain equal in the eyes of the other, to reject "power over" and respect positions of powerlessness or dependency. While described in different traditions in different ways (e.g., "love" in literature and philosophy; "transference" in psychoanalysis, Thompson, 1998; "inclusion-of-other-in-the-self" in cognitive psychology, Mashek, Aron & Boncimino, 2012; top-down self-processing brain pathways in neuroscience, Meyer, Masten, Ma, Wang, Shi, Eisenberger & Han, 2013), the ability to become "already familiar" with another, without effort, constitutes the feeling of "closeness" in friendship (Heider, 1958).

Some of the best predictors for dyads to foster these attributes and become more stable and permanent include agreement on basic values (Kerckhoff & Davis, 1962), solidarity (Telfer, 1970-1971), feeling good about ourselves, not doing harm (Fiske, 2004). Even the anticipation of such responses to self-disclosure/witnessing our self contributes to the sense of a more intimate interaction when this takes place (Derlega, Metts, Petronio & Margulis, 1993). Rawlins' (1992) analysis of friendship communication strategies draws together these strands of reciprocity, conspiracy and kindness in a dialectic of being honest (i.e., trustworthy) while at the same time trusting each other not to be hurtful (i.e., protective). This "closeness" to friendship gains particular prominence in adolescence, a period of significant development and a crucial period involving the forming of intimate relationships, commitments, responsibilities, and establishing a coherent adult identity and sense of self (Luyckx, Goossens, Soenens & Beyers, 2006; Rawlins, 1992). Significant changes take place in the identities of social partners; increasing segregation based on age; there is the onset of committed and/or romantic relationships; physical changes associated with puberty and romantic experiences both affect self-esteem and social segregation; increasing emphasis on independence and individuation; exploration of new lifestyles, experiences and new roles (Laursen & Hartl, 2013).

Amongst these many changes – some of which were taking place prior to adolescence - a unique development in adolescence is the emergence of sexual desire and "erotic love" (Connolly, Craig, Goldberg & Pepler, 1999), in which the development of having and being a romantic partner is important. As adolescents come to experience "erotic love" and develop "romantic love", they became less likely to use the "closeness" of friendship as a source of security (Umemura, Lacinova, Macek & Kunnen, 2017). When adolescents and emerging adults shift from close "best" friendships to romantic partnerships, they enter a maturationally more meaningful relationship linked to emotional stability and adjustment

(Meeus, Branje, Van Der Valk & De Wied, 2007) as well as continued identity formation and happiness (Demir, 2008) and lower degrees of loneliness (Chow, Ruhl & Buhrmester, 2015). Concurrently, interdependence, strong feeling, committed intent, and overlapping self-concepts, emergent in childhood are retained in friendship, making some interpersonal features – notably loyalty and intimacy - more salient, while the importance of physical appearance, possessions and other social status issues in friendship decreases (Hruschka, 2010; Fehr, 1996; Rawlins, 1992). While friendship in its childhood origins may have some basis in attachment, "closeness" is a desirable experience in friendship for its own sake as well as its propensity in adolescence and emerging adulthood to significantly buffer negative physical and psychological experiences (Adams, Santo & Bukowski, 2011; Guroglu, Haselager, Van Lieshout, Takashima, Rijpkema & Fernandez, 2008).

One of the most cited theories for developing the experience of "closeness" in friendship and being "already known" is propinquity: That is, friendships are more likely to form between people living near each other, and are more likely to become better friends through some regular, often face-to-face, contact (Ebbesen, Kjos & Konecni, 1976). While an important factor, mere presence or familiarity does not produce or encompass the feeling of "closeness" characteristic of friendship and therefore, in addition to propinquity, similarity or homophily is another cited theory for friendship's bond and endurance (Mashek et al, 2012; Uleman et al, 2005; Fiske, 2004; Thompson, 1998; Tajfel, 1982; Lazarsfeld & Merton, 1954). The prevalence of homophily in social networks is well researched (e.g., McPherson, Smith-Lovin & Cook, 2001) along a number of sociologically-relevant dimensions such as ethnicity, age, religion, education, occupation, sex and gender, although changes to attitudes (e.g., homophobia) may affect the extent of homophily in friendship (e.g., Gillespie, Frederick, Harari & Grov, 2015). As we begin to associate our self to groups or communities of which we understand ourselves to be a part, we derive a categorisation of groups or categories of people allowing for comparison (Tajfel, 1982): If we can assign a person to a category, then that tells us something about that person (and people like them), how they behave, and how we behave towards them.

This categorisation of people also results in accentuation of perceived similarities within the social identity categories we associate (the in-groups), and differences between those in the in-group and those not in the in-group (the out-group) - conceptualisations of, and attitude towards, the homophilial “other” are preserved and potentially enhanced (Argyle, 1992), usually resulting in greater liking. From this perspective, the “me” of the relating self may be transformed to be a collective “us” of a group or a friendship. Although there are variations in the affective perceptions of out-groups, some of which may be positive towards the out-group, this process of identification with a group often leads to behavioural in-group favouritism and out-group discrimination (Karakayali, 2009). Social identities have utility in coping with diversity of life, reducing uncertainty, enabling the development of a positive self-image, and raising self-esteem. Supporting this view of identification in friendship through group categories, Weisz & Wood (2005) conducted a four-year longitudinal study of 17-18 year olds’ reported levels of closeness, contact, and general/social identity support for new same-sex friendships and found social identity support as the main predictor of whether or not a new friend would be a best friend (as established four years later). This finding is replicated by Shilo & Savaya (2011) in their study of 16-23 year-olds and the effects of social support in relation to sexual orientation (lesbian, gay and bisexual). Here, friends' support and acceptance yielded a strong positive effect on disclosure of sexual orientation and on well-being, highlighting the importance of the daily perception and support for identity regarding sexual orientation beyond the family.

While “closeness” of friendship would appear to be a consequence of identification through a homophily of identity, theorising often pre-supposes single, integrated subjects, rather than people with multiple, changing and intersectional identities (Calhoun, 1999; Probyn, 1996). In an analysis of friendship networks and multiple identities, Black & Grund (2014) found a positive effect of homophily on friendship, with eventual diminishing returns with more than one common identity attribute. They propose that people care most about similarities that have been *mutually* chosen within specific contexts. Additionally, within any interaction there is a process of reciprocity in which people take an active part in presenting themselves and acting in particular ways (Cromby, 2006; Goffman, 1959) in order to achieve socially situated identities. This suggests that similarity and homophily may accentuate intersubjective differences and that the intersubjectivity of identification in friendship - the feeling of “us” (Helm, 2010; Mathiesen, 2003) – is carefully re-constructed in everyday practice, reflecting our agency in relating to a range of others.

Both equity and social comparison theories have influence in friendship development in that friendships can be evaluated against each other, aswell as against the appearance of friendship in the lives of others, and may be compared against fictive or ideal forms of friendship (Rawlins, 1992). An implication here is that friendship can be assessed against perceptions of hierarchical friendship types, with ideal and deficient versions, which can both positively and negatively affect our satisfaction of friendship and in life (Amati, Meggiolaro, Rivellini & Zaccarin, 2018). While emotions are generally considered to be the degree to which a person evaluates themself or others (Rogers, 1961), in order to make such comparisons, the emotions of friendship include appraisal of the self-in-context, including the extent to which we believe we are valued by others (i.e., the friend) and how this compares to other friendships (or ideals). On a more interactional basis, Scheff (2003) indicates that we are virtually always in a varying state of comparison, with feelings of esteem and belonging (or shame and isolation) from which we derive a sense of well-being, and resist breaking the friendship bond (Baumeister & Leary, 1995; Leary, Tambor, Terdal & Downs, 1995).

In an investigation of the expectations of how friends ought to be in this mode of relating – that is, how friendships are judged/evaluated - Hall (2012) found that complex interpersonal attributes underpinned any ideal(s) of friendship being sought (e.g., loyalty, authentic mutual regard, trustworthiness, enjoyment, instrumental aid, similarity, agency and communion). In comparing friendship as a form of relating across different anthropological studies, Miller (2017) argues that cultural ideals of individualism and choice has increasingly over-emphasised one-dimensional social comparisons of friendship such that the subtleties, difficulties and distribution of patterns of *relating* across personal communities that produce the emotions on which such cognitive evaluations (and theories) are based, are ignored.

The development of this particular type of relationship is dependent on and operates within an evolving personal community that is bi-directionally determined amongst the members. Bakan (1966) describes the tension between the collective (communion) and the individual (as a single agent): Communion is the degree to which we remain merged with others with experiences of emotional connection and intimacy, where the self is defined in terms of interactions. Agency reflects the degree to which a person feels separateness from others, an individual relation with the world. Particular “friends” must therefore be understood within the personal and cultural milieu in which friendship is taking place, with immersion in meanings generally and towards friendship, simultaneously individualistic and collective, that reveal integration of emotions, actions, and self- and other-perceptions. Underpinning the continuity between the communally-generated/jointly-shared and the agentic/individually-generated is an emotion of authorship or will that lends a sense of "me"-ness within the social milieu (Wegner & Sparrow, 2007). With these varying degrees of feeling of authorship, we have varying degrees of first-person responsibility – the awareness that "I", "you" or "we" did this, felt this, etc – with which our social contracts with one another arise.

Therefore, while homophily initially appears to grant identification and uniqueness with an other in friendship, and social comparison may categorise the friendship type, continued interaction presents opportunity for a widening receptivity to the other's perceived interiority that emphasises similarity as well as difference between them, promoting the fit and feel of being "already known" or "closeness" between the actors. Demonstrating this balance of individual agency and mutual similarity, in a series of studies with emerging adults (up to age 29), forms of friendship have been found to promote happiness when friendship experiences promote individuals' feelings of uniqueness, of their particular identity (Demir, Omer & Procsal, 2013), when friendship supports perceptions of mattering to one another, creating a sense of social meaning and relatedness (Demir, Ozen, Dogan, Bilyk & Tyrell, 2011), and finally when friendships nurture autonomy through acknowledging feelings, providing information/choices, and minimizing pressure/demands (Demir, Ozdemir & Marum, 2011). In this regard, a particularity or uniqueness is identified, bestowed and valued on one another through friendship which becomes acknowledged.

As presented by much of the empirical research on friendship, the complex emotions that arise in, and underpin, the "closeness" of friendship are a dynamic product of interactions that are taking place within and around the actual friendships (Rawlins, 1992; Elias, 1991; Simmel, 1950) that produce the highly variable, yet potentially powerful, emotional responses (e.g., feelings of loyalty, trust, kindness; Hall, 2012; Marar, 2012). That is to say that changing feelings of "closeness" and changes in the “social convoy” of relationships over time (Wrzus, Hanel, Wagner & Neyer, 2013; Antonucci & Akiyama, 1987) are not solely developed through interpersonal interaction but are subject to other factors. In their typological analysis of friendship, Spencer & Pahl (2006) note that friendship’s convoy of “closeness” is heavily influenced by situation and life event, not just inter- and intra-personal interaction, such that the ideal characteristics of friendship may be distributed amongst different friendship configurations or “modes” – none of which are regarded as deficient (as suggested by social comparison theory). For example, “evolving” friendships are the most common form, in which friendship changeover is gradual over the life course, whereas “ruptured” friendships represent a complete change in the pattern of friendship following some dramatic change in circumstances (e.g., serious illness, divorce, emerging sexual orientation, geographical change, etc).

Our personal communities reflect selves joined in some format of unity, in which members are accepted by others as an integral and active part of that unity (Wellman, Carrington & Hall, 1988). Friendship’s “closeness” in this community has attributes that foster a range of characteristics of psychological well-being associated with “belonging” (Ryff & Keyes, 1995) including:

- Self-acceptance (i.e., have positive attitudes about one’s self including acknowledging positive and negative qualities).
- Positive personal relationships (i.e., warm, satisfying, intimate and trusting).
- Some degree of autonomy (i.e., make independent evaluation and action).
- Have mastery experiences (i.e., effectiveness and competence in daily life).
- Have a clear purpose (i.e., sense of meaning).
- Personal growth (i.e., viewing the self as continually developing).

There is general consensus that the existence of personal communities, engagement in civic life, social identity, mutual reciprocity, and interpersonal trust are important to health and that changes in these are intimately related to the way an individual sees their place in their community, social network and friendship (Kushner & Sterk, 2005; Adams & Blieszner, 1994). While this the impression of a singular identity operating within a single community may appear, we may engage with many different personal communities, and experience many significant interpersonal relationships (Sullivan, 1953), that are uniquely co-creating; belonging is an open-ended mode of relating, variable in its extent and effectiveness (Delanty, 2002).

Friendship's "closeness" is taken to be a degree of "receptivity" towards an other, with a felt experience of "belonging" easily together, irreducible to the propinquity, homophily and identity, typically associated with peer categories although identities may be sites for friendship formation and thus incorporate these categories/roles. The discussion thus far suggests a bounded availability of opportunity for friendship, influenced by rapidly changing interactional and contextual patterns. The following section will consider the continuity and discontinuity of friendship over time and across situations.

2.3 Continuity, regulation and friendship

The process of identification of and with friendship becomes more complex with a greater social extension of the self, increasing numbers of encounters with other people that make possible shared and separate experience, acts of recognition of similarity and difference, other emerging relationship types, and changes in self-perception cross the lifespan. Thereby the degree of "closeness" in the constitution of particular friendships changes. As life moves forward, relationships, with their sense of will and personal responsibility towards others, is (continually) co-dependently produced with others (Tonnies, cited in Bond, 2013).

An interesting question in this review of friendship research is why, then, do friendships continue and why are they sought (especially if one achieves a set of relationships that foster our belonging)? While life events offer one explanation in terms of changing personal communities, this does not wholly account for the continued desire, or why friendship drift takes place in the apparent absence of endogenous change. An additional account is provided by life cycle theorists such as Erikson (1968), who propose that as we proceed through life, we face particular experiences connected to different life stages resulting in various psychosocial crises that need to be worked though. These crises may last many years, during which the individual struggles to retain a degree of resilience.

Erikson proposed that even as early as the first 18 months, infants need to resolve the psychosocial dilemma of “trust versus mistrust” with a developmental focus on trust in others, with an outcome of security or mistrust. According to the theory, similarly suggested by Bowlby, if the child does not experience a secure base from which to explore the world, the child learns to mistrust others and begins to view the world as threatening. Resolving psychosocial crises underpin the development of a capacity to have hope in the face of adversity and to trust later in life. During adolescence, the psychosocial crisis is one of “identity versus role confusion”, with a developmental focus on exploring independence, and an outcome of either a strong sense of self or insecurity. During adulthood (up to age 40, approximately), the psychosocial crisis is “intimacy versus isolation”, with a developmental focus on personal relationships, and an outcome of secure intimate relationships, or not. In middle adulthood (40 to 60 years old), the psychosocial crisis is “generativity versus stagnation”, in which lives continue to thrive through productivity (e.g., family and career) and care is shown towards home/communities. Success is marked through contributing to the home/community, and failure to do so makes us feel unproductive and uninvolved. In older age (60 years and above), a more reflective stage of life is entered, and the psychosocial development is one of "integrity versus despair", or evaluating one's life. Those who are unsuccessful during this stage will feel that their life has been wasted and will experience regret and despair. Those who feel proud of their accomplishments will feel a sense of integrity.

Research shows that people do face the psychosocial dilemmas detailed by Erikson's theory and develop further through resolving them, or develop a vulnerability associated with unsuccessful resolution, over the lifespan (Whitbourne, Sneed & Sayer, 2009). Minor re-organisation and re-evaluation may lead to reappraisal of the significance or meaning of daily life and our position in it, whereas major breaches and re-evaluations may lead to significant reappraisal of life and our relation to society, which we carry forward into our existing relations with others, or lead to the development of new ones. Our intimate and communal relations may expose us to a range of negative emotions, both generally and in relation to our changing psychosocial development, such as separation, rejection, conflict (Harter, 1999), shame, anger, fear, guilt, feelings of failure, and disillusionment that are frequently accompanied, at least initially, by a sense of aloneness, vulnerability, disintegration, powerlessness, and emptiness (McAdams, 1985). Scheff (2003) argues that these can be discharged through existing relations, but only when they are not felt to be shameful by the person concerned or those around them. If we felt ashamed of our emotions, because we feel we will be, or have historically actually been, treated with a lack of deference or respect, then this will mean a concealment of our feelings, which privately disrupts the bonds we have with others (or our selves; Brown, 2006). Experiences of dislocation, not belonging, loneliness, alienation, disaffection, isolation, estrangement, marginalisation, oppression of our emotional life from intimate and personal communities may become “nadir” experiences - the very lowest points of life (Thorne, 1963).

While the stage approach is more variable than the theory suggests - dilemmas may re-occur later in life, or occur earlier/later than the theory states - Erikson’s model indicates that a growing network of interpersonal interactions and a changing depth of experiences permits and represents an exploration of our identities, continually confronting us with our place in the world. Friendship’s “closeness” may fluctuate in relation to these psychosocial crises as the basis for relating and receptivity amongst friendship changes yet may instrumentally contribute to resolving them through self-disclosures, and non-instrumentally by giving recognition of remaining or becoming “virtuous” and “living well”, as proposed by Aristotle (Nehamas, 2016; Grayling, 2013; Alberoni, 2009; Cooper, 1977b). In this regard, friendship actively contributes to “generativity” from childhood, throughout life, and is equally a representation of this. Friendships are therefore important in fulfilling our “need to belong” beyond mere social contact or affirmation as they provide opportunities to experience one’s self as a social agent, generative of a “good life” within the desired relationship that is friendship (Fromm, 1998).

Aristotle’s analysis of the role of friendship in human flourishing and “living well” has been one of the most influential and long-lasting theories on friendship. Aristotle identifies three kinds of friendship: “Utility” friendships that are based on particular advantages that one can attain from one’s friend; “pleasure” friendships are based in the pleasure we get from our friend’s presence and activity; “virtue” friendships are based on mutual admiration of our friend and sharing of the same values. Aristotle’s kinds of friendship have endured for the past two thousand years and current forms of friendship are often evaluated against this framework in both public and academic domains (e.g., Rana, (2017), for a public media article perpetuating “virtue” friendship as an ideal; and Kaliarnta, (2016) for a comparison of virtual or “impersonal” friendship and real world or “physical bounded” friendship formation, in relation to “virtue” friendship).

The possibilities and limitations of exchange in friendship that differentiate certain kinds of friendship (section 2.1) relate closely with the “pleasure” and “utility” friendships Aristotle describes. Whereas in respect of “virtue” friendships, the friendship is much less fungible, representative of “closeness”, less affected by external and instrumental factors and more closely associates with “communal” friendships. However, social comparison of idealised “virtue” friendship downplays the significance of exchange-based friendships, which also foster feelings of belonging, solidarity and happiness in personal communities (section 2.2). Returning to Spencer & Pahl’s (2006) typology of friendship distribution, they found personal communities contained different friendship “repertoires”, with different distributions of “utility”, “pleasure” and “virtue” friendship, and blended versions of these. For example, the “broad repertoire” was of many different kinds of friendships, with nuances of friendship recognised, while a “focal repertoire” involved a small number of close friendships, and a much larger group of fun friends and companions.

By focussing on the existence of multiple friendships and their context, people’s abilities to manage multiple friendships and different forms of friendship simultaneously gives greater character, function, relevance and variety to friendship’s “closeness” (Gillath, Karantzas & Selcuk, 2017). As such, it may be appropriate to view friendship patterning as representative of the point in life at which the relationship was established, revealing something about our self and our need to belong, as well as that of the counterparts, and less as a single, universal definitive version with a set of expectations of friendship itself (Jerome, 2011; Fischer, 1982; Wright, 1978; Hess, 1972). As our relationships and roles and circumstances change, so will our friendships, what is needed within them, and whether there is a need for them at all.

In terms of their continuity, it is through our action (including communication) that who we are in friendship, including our desires and activity to meet desires of friendship, becomes a reality (Arendt, 1988; Cooper, 1977b); as we appear to others and as they appear to us, a common world is created that reveal the sort of behaviours, activities and attributes characteristic of what “living well” entails. Being unable to *actively* exercise our human faculties to achieve a sense of belonging and union is accompanied by feelings of loneliness and separation - comparable to hunger or thirst - which requires sating (Cacioppo, Fowler & Christakis, 2009; Baumeister & Leary, 1995; Fromm, 1998). Loneliness is an experience shared across all age-ranges, and it is the quality of companionship, perceived support and conflict-resolution provided by the personal community and intimate relations that offset this (Laursen & Hartl, 2013; Parker & Asher, 1993; Sullivan, 1953).

Hence, the need for friendship and the continuity of friendship, beyond directly observable instrumental concerns, is enactment and reassurance of achieving a flourishing life together (Helm, 2010) whether it is “pleasure”, “utility”, “belonging” or “virtue” (or a combination of these), both now and in the future (Whiting, 1986). Friendships are not merely instrumental to one another’s current activities but are also sites for transforming and carrying forward each other’s “good life”. Cocking & Kennett (1998) develop such an account: In friendship’s trustworthiness and receptivity, we are willing to have our friends “direct” and “interpret” us, thereby permitting new or previously unknown/unknowable interests, values, and interpretations of one’s self to emerge in relation, including those which could not have been achieved on one’s own (Nehamas, 2016). The degree to which friendships are sufficiently flexible to weather endogenous and exogenous changes that cause tension and conflict facilitate enduring friendship and becoming “closer” (Bleiszner & Adams, 1992).

Certainly, in different eras, or different stages of life, or in response to situational contingencies, different characteristics of friendship may be called upon. For example, friendships are more actively sought out in our personal communities under certain conditions, often involving insecure identities outside of the friendship (for example, when we are anxious, ill, experiencing loss, or frequent geographical movement (Spencer & Pahl, 2006; Duck, 1999). If supportive generative activity in friendship fulfils a *need* to adapt to life’s changes, this questions one of the most cited characteristics of friendship - its voluntariness (Grayling, 2013; Hays, 1984) - as this downplays the embeddedness of our activities and embodiment that reinforces our actions which are difficult to voluntarily enter into/break away from as they embody our existence and experience of friendship (Adams & Allan, 2006; Smail, 2005; Arendt, 1988; Cooper, 1977a, 1977; Telfer, 1970-1971).

Instead, the appearance of the ability to “do” friendship voluntarily seems to have arisen from cultural and historical changes (Miller, 2017; Bell & Coleman, 1999; Allan, 1989). Silver (1990), for example, argues that the emergence of an industrial economy has created “space” for ties of friendship lying outside any instrumental concerns of family and kin relations. Adams & Allan (2006) draw attention to a wide range of ways in which the seemingly voluntary relating of friendship is made accessible or not: Having time and material resources available to engage with friendship (made available from (un)employment), who has access to locations to participate in friendship (e.g., the cultural and personal definition of places for friendship may, or may not, include the home), the presence or absence of health issues and trauma, location changes, civil unrest, environmental changes, disease and wars. Similarly, gender influences how friendship is performed: Men's friendships have been found to have a tendency toward more “side-by-side” and activity-based interactions, while women’s are “face-to-face” and inter- and intra-personally-based (Wright; 1982). Sexual orientation may also feature in the need for and content of friendship in that those whose sexualities remain hidden may take on a different character if “heterosexual normativity” pervades friendship interaction (Blatterer, 2015). Involuntary association *essentially* makes up the receptivity to/of the “other” with whom “closeness” is attained, seemingly made voluntarily precisely because it feels easy through its receptivity, and only achieved because a cultural environment permits it. In this regard, the particular friendships made (or not) reveal our changing state, status and environment over time – a more boundaried and structured organisation of relating than the ideals of voluntarism and earlier concepts of love as “agape”.

Our feelings and emotional evaluations within our personal networks are communicated unconsciously and uncontrollably, and they attune ourselves with each other (Blackman & Venn, 2010; Hewitt, 1991). It is not enough to merely *behave* as though one were adhering to shared understandings of what is appropriate, it is important that our behaviours reflect our value system. Different personal communities replicate pattern and habit, connecting us in a shared, material world that helps develop predictability and avoidance of continual reassessment of interactions (Merleau-Ponty, 1962). Butler (2005) argues our sense of fit with others is deeply ingrained through continuous iterations of thinking, feeling and behaving, to the extent that these “feel natural” and beyond conscious thought, as apparent in friendship’s “closeness” and feeling “already known”. Having a shared cultural repertoire requires us to continually perform as expected in order to feel competent and of sound moral character (Scheff, 2003; Goffmann, 1959) and our understanding of the situation allows us to classify, categorise and thereby judge or make sense of other people’s behaviour (in accordance with social comparison theory and different evaluation of friendship).

Bourdieu (1979) provides a useful framework in understanding the interaction of individuals and the personal communities they move through, introducing the concepts of “habitus”, “field” and “capital”. In Bourdieu’s view, society (or, for the purposes of this study, personal communities) are a combination of ordered spaces and interactions (or “fields”) made up of the various situations and contexts people move through. Depending on our position in a specific field, we internalise dispositions (or “habitus”) that reflect the particular field. As habitus is ingrained, we are often not aware of the possibilities of thinking, feeling and behaving differently. Bourdieu argues that actors actively mobilise resources (or “capital”) in order to preserve or change the boundaries and principles and the field they are in, introducing personal agency within the permitted parameters of the field. The available resources are determined by physical and symbolic status in the field.

Bourdieu’s theory is useful in that it provides a framework in which our embodiment (actions, thoughts, feelings) become instantiated in social relations (co-ordinated activities and shared meanings of actual situations), thereby enmeshing social and relation organisation in the domain of everyday life. In this framework, friendship’s closeness can be understood as taking place in particular, permitted contexts and fields, that constrain and permit the people we meet, our ability to engage in different activities, and the potential psychological processes of friendship; prevailing and contextual cultural conditions influence its emergence, experience, and endurance. Within different fields and habitus, the apparent voluntariness of, and subsequent success in, friendship is less an issue of *individual* volition and agency but a consequence of *plural* agency between the actors (Helm, 2010) that is taking place within structural and “given” circumstances and fields.

Bourdieu identified a range of capital that actors utilise in fields: Economic capital (e.g., financial and other material resources), cultural capital (e.g., dispositions and habits acquired over time, symbols of status, credibility), and social capital (the resources that can be mobilised through being a member of a social network). Additional literature within this theory focusses on the similarities and differences and capital available from personal and family relationships, or "relationship capital" (Tew, 2012), which is a kind of capital found to have application among mental health as well as substance use services (Hennessy, 2017; Price-Robertson, Obradovic & Morgan, 2016; Borg & Kristiansen, 2009). Tew (2012) suggests that people acquire/require "relationship capital" that helps deal with challenging situations and life transitions within society. In the context of this thesis, consideration of the particulars of friendship's "relationship capital", as different from generic categories of relationship such as "peer" or "social" capital or "networks", may provide a more granular understanding of how various relationship types may support/reify a person's mental state and well-being.

The quantity of friendship as a type of "relationship capital" is not available publicly as there is no information about friendships generally recorded in official statistics (Hruschka, 2010), which is incongruent with public policies (DDCMS, 2018; DH, 2011; DH, 2010; FMCWP, 2008) that allude to the presence and usefulness of this social and relationship capital. Taking objective measures of "social capital" as a proxy viewpoint, a number of studies conclude that strategies to enhance social relations and sense of community of people of all ages could potentially improve well-being and mental health, decrease suicide risks and increase recovery/remission rates from life circumstances. Sapin et al (2014) highlight that, within family relationships, there are positive and negative elements and that asynchronous relationships can foster safety (or "bonding capital") and autonomy/self-reliance (or "bridging capital") which fulfil human needs of security and belonging, and mastery and control, respectively. In a systematic review of social connectedness and suicidal behaviour in people aged 65 and older, reduced social connectedness was associated with suicidal ideation, non-fatal suicidal behaviour, and suicide (Fassberg, Van Orden, Duberstein, Erlangsen, Lapierre, Bodner, Canetto, De Leo, Szanto & Waern, 2012). In a study of social functioning of 15-65 year olds with first episode psychosis, increasing social frequency, as well as quality of interaction, is a factor in reducing clinical outcome measures (Bjornestad, Joa, Larsen, Langeveld, Davidson, ten Velden Hegelstad, Anda, Veseth, Melle, Johannessen & Bronnik, 2016).

Folger & Wright (2013) also explored the role of social support from family and friends of people, with a mean age of 20 years old, in buffering long-term outcome following cumulative child maltreatment and found that social support from family and friends was associated with a reduction in symptoms (e.g., depression, anxiety, anger and hostility), regardless of measures of the severity of abuse. However, when measures of child maltreatment were high, social support had little effect, or even added to vulnerability if this social support was from families. Social anxiety and social phobia are associated with social withdrawal, which in turn interrupt friendship development and maintenance for children (Baker & Hudson, 2014) and is related to lower companionship and intimacy in adolescent friendships (Biggs, Vernberg & Wu, 2012) and symptoms of mental health difficulties also negatively affect friendship maintenance in emerging adulthood (King & Terrance, 2008).

It would appear that increasing social engagement and skills with friends and less familiar peers, potentially through manipulating the frequency of interaction through behavioural modification and therapy, similarly recommended for depression (Goodyer, Herbert, Tamplin, Secher & Pearson, 1997) and social anxiety (Rodebaugh, Lim, Fernandez, Langer, Weisman, Tonge, Levinson & Shumaker, 2014) may be beneficial for health. However, the benefits of increasing social contact is not as straightforward as it may seem. In a longitudinal study of positive/negative family and friendship relations, the impact of negative relationship quality was found to consistently and straightforwardly impact outcomes in adulthood, but the impact of positive social relations – both family and friendship - was more variable and dependent on multiple relationships (Fuller-Iglesias, Webster & Antonucci, 2013). In another study of 18 to 65 year-olds, people with psychotic disorders were less likely to report feeling lonely and tended to have less social contact, compared to those with mood disorders (Giacco, Palumbo, Streppelli, Catapano & Priebe, 2016) suggesting that a need for, and benefit of, social contact is variable. In a semi-structured survey about the friendship of adults with schizophrenia, also 18-65 years old, Harley, Boardman & Craig (2012) found that size of friendship network was small, and the quality of friendship was positively and highly valued, with emotional commitment to friendship itself, and (mis)trust, being more important than clinical indicators in determining having friends or not. Revealingly, most participants without friends did not see this as a problem while the researcher was up to three times more likely to report this as a problem.

These findings suggest that there is something elusive or particular happening in the personal communities and diversity of friendship, that people are accessing or mobilising within their “capital”. In a review of the measures of social connectedness, in particular amongst those who have experienced mental disorders, Hare-Duke, Dening, de Oliveira, Milner & Slade (2019) found that common themes included closeness, identity and common bond, valued relationships, involvement, and being cared for and accepted, which highlight the individual nature of “social capital” and the need for investigating forms of “relationship capital”. The following section will consider the experience of distress as a viewpoint on such "relationship capital" as a considerable number of changes in resources and relating takes place during the experience.

2.4 Distress, journeys and friendship

The literature thus far has focussed on social relationships and the formation of friendship. This section draws attention to self- and other-understanding that emerging responses to nadir experiences presents. Distress does not merely challenge our immediate understanding and relating to others/the world, but influences our future meaning-making and interpretation of experiences. This is, in part, due to sense-making abilities growing in response to mood changes, changes in self- or other-conceptualisations and identity, behavioural changes from within ourselves or others, and threats to ontological security (Smart et al, 2012; Giddens, 1991; Laing, 1965). The impact of changes or extremes of emotion at different ages and developmental stages may become as important and overpowering as those from a life-threatening illness, from which no-one can predict whether such a period of disorganisation will necessarily be succeeded by something better, whether in day-to-day life or following more acute onset (Linley & Joseph, 2004) but there may remain a capacity for hope of recovery (Barker, 2001). Such nadir experiences can result in the development of increased personal well-being, a rediscovery of a sense of meaning in life, a deeper spirituality, an inner wisdom, or increased compassion and reconnection with others (Tedeschi & Calhoun, 1996) which can leave a permanent, healing effect on the mind and promote further re-engagement with communal and intimate relationships.

With increasing awareness and emotional siting of our place in the world and our relation with other people, the way in which we make sense of relating and acting determines what, if anything, these perceptions and actions say about ourselves (in all acts of communication and expression) through emotional evaluation (Hart & Fegley, 1994; Peacocke, 1992;

Lock, Service, Brito & Chandler, 1989; Vallacher & Wegner, 1987; Bowlby, 1969). As we develop, the signs and patterns of interaction increasingly reflect linguistic and cultural patterns which aid in conceptualising experiences (Bruner, 1990) and change the interactions of relationships (e.g., communicating needs more precisely to one another, negotiating norms more flexibly, and co-ordinating activity). Through being enriched and made reflexive by language, we acquire the means to reflect on ourselves through culturally-available, symbolic descriptions of the self (Lock et al, 1989) such that deliberately or spontaneously, we are continually transforming social expectations and knowledge to be a part of our sense of self and cultural signs/meanings are not merely factors in this process, but are constitutive of our ways of thinking (Vygotsky, 1934).

Ricoeur (1991) argued that people make order and meaning out of a seemingly chaotic, developing and temporal world by creating narrative – an organised, interpretative rendering of sequences of events, feelings, and actions into a coherency. Bruner (1990) contrasted "narrative" sense-making with "paradigmatic" ways of thinking: Narrative is constituted in the everyday interpretations that people spontaneously create of the world, while paradigmatic thinking is based on rationality and categorisation. A significant difference between the two modes of thought is that central to a narrative formulation is the person; narrative is not just a way of understanding the world, it reveals how the narrator positions themselves in relation to it (Ricoeur, 1991). Narrative therefore reveals our identity, including our identification with, and what distinguishes us from, others. The narratives we create reflect the life as lived and understood, and we live our lives based on these constructions of reality (Sarbin, 1986). In making sense of the world and our relation to it, narratives reveal inferences about causes between events, and the relative power and agency of different actors presented, including ourselves. Narratives therefore reveal our role or lack of it in determining events, and the role of others, expressed and concealed by culturally-provided means.

Bury (1982), in identifying the biographical shift observed in chronic physical illness – a shift from normal trajectory and predictable chronology to an "*inwardly damaging*" (p.171) trajectory, provides a summary of many of the constituents of distress, extreme emotions or unconventional mental phenomena:

- Disruption of our taken-for-granted assumptions and behaviours associated with prior states of health.
- Disruption to our explanatory systems normally to the extent that a person fundamentally re-thinks their biography and self-concept.
- The response to this disruption involves changes in material resources to reorient to the new circumstances, accompanied by an impact (often negatively) of social structures.

While lacking in affective description associated with mental distress, Bury's analysis demonstrates that enduring or recurring physical (or mental) distress results in a re-evaluation and exploration by the sufferer of their place in the world, as well as their (in)ability to repair the rift. Therefore, people who have experienced distress are in a position to provide valuable, experiential insights into the kinds of mental phenomena arising from what has happened to them as well as how society moulds or even reifies those experiences in the minds and bodies of those who are enduring them (Kleinman, 1988). Those who have experienced distress are not merely passive "subjects" of the experience, but in their continuing sense-making, are in a position of providing meaning to embodied psychological suffering and the psychological effectiveness of embodied social relations and cultural values. The experiences of those in distress, and how they talk about these experiences, therefore represents an organisation of historic personal and social meaning-making of the human condition, extremes of human emotion, and social circumstances. Frank’s (2012; 1995) study of narratives of illness suggests three types of narrative are used/available to people living with illness:

- A restitution narrative. Illness and suffering take place temporarily and is followed by a recovery to health/absence of suffering. Illness and suffering, here, is a detour or hindrance to life’s healthy trajectory, and people are expected to get well; the self/status quo does not change.
- A quest narrative. Illness and suffering are portrayed as part of life’s journey and affects the trajectory in a meaningful way. In quest narratives, the person does not return to health but lives with illness/suffering, makes sense of it and communicates this personal “truth” to others. Illness and suffering are a source of insight into the human condition.
- A chaos narrative. There is little or no coherence to a chaos narrative as the ill or suffering person is living in the moment and cannot put this chaos into order to reach a resolution. Chaos narratives present illness or suffering as being without a known purpose, defeating both the narrator and the listener.

Frank also speculated a fourth:

- A life-as-normal narrative. Here, the narrator has in their mind a way of wanting to live their life generally and, through secrecy, declines to share their illness experience in order to preserve their relationships and positionality with the world. Life is lived “as normal”.

Frank justifies his exclusion of the life-as-normal narrative in his framework as he believes this inhibits the development of expression of what people previously could not. However, I feel it necessary to include it here as, in relation to emotional, social, or mental experiences, the presence of a generalised other, or presence of a specific other, has the potential for relationships to not just limit the expression of narrative but actually feature in the development or maintenance of serious or recurrently distressing mental phenomena such as paranoid delusions, mood disorders and eating disorders. For example, though the interactions of high levels of expressed emotion, distrust, apprehension, hate, inflexible rules, irrational beliefs, intrusion on actions and feelings, and reinforcement of paranoid ideas (Cromby & Harper, 2009; Harrop & Trower, 2003; Butzlaff & Hooley, 1998; Bebbington & Kuipers, 1994). These kinds of dynamics may interact with emerging other-awareness and self-consciousness (like anxiety, shame or anger) that are emergent features generally through the lifespan (Cromby, 2006).

There is a wealth of insight potentially available into the relational, developmental, and cultural aspects of friendship from people who have endured distress/extremes of emotion; the experience of friendship and how those experiences are formed and communicated, through the viewpoints of those who are actively re-evaluating and exploring the rift between themselves and their place in the world, provides a wide-ranging or even inexhaustible line of inquiry.

Literature on distress and relationships identifies a large number of studies related to isolating the behaviours and characteristics of family members in the development, maintenance and course of the distress, with a view to establishing causal roles within family dynamics, as well as the subsequent burden to the family of the distress (Sapin, Widmer & Iglesias, 2016; Crowe & Lyness, 2014). A variety of adverse experiences in childhood - physical, emotional, and sexual abuse – are associated with adult psychiatric categorisation: Depression, borderline personality disorder, substance abuse, post-traumatic stress, dissociative identity disorder, and bulimia nervosa (Putnam, 2003; Mullen, Martin, Anderson, Romans & Herbison, 1996; Bifulco, Brown & Harris, 1987). The degree of exposure to childhood abuse is correlated with multiple factors for several of the leading causes of death in adulthood, notably alcoholism, drug abuse, depression, and suicide attempts, as well as other physical effects or sexual health behaviours (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks, 1998).

In many cases, the distress, or identifiable mental health difficulty, arises during adolescence and early adulthood (Collishaw, Maughan, Goodman & Pickles, 2004). Adolescence itself may produce feelings of anger and resentment, uncertainty and anxiety, and dysphoria (Laursen & Hartl, 2013; Compas, Orosan & Grant, 1993). While creative processes attempt to make sense of this and re-organise actions around these new experiences of our self-in-the-world, a rapidly changing relational and social world produces more opportunities to experience intimacy and belonging, as well as more possibilities to discover a sense of loneliness and perceived social isolation. Emerging patterns of interaction may create opportunities to engage with others and reconnect with life through existing social connections, but they may also be inadequate in permitting a discharging of negative emotions or re-appraisals, or in permitting the re-negotiation of social roles or repairing of social bonds (John & Gross, 2004). Similarly, emergent patterns of interaction may lead to unhelpful trajectories of mutuality, characterised by less shared understanding, misinterpretation, and increased loneliness and isolation. For example, individuals who are persistently paranoid and untrusting are likely to encounter disbelief, rejection and mistrust from others. This dynamic may generate yet more feelings of fear, shame and anger, which cannot engender a sense of belonging or enable the formation of more intimate relationships which, in turn, may result in additional paranoid accounts (Cromby & Harper, 2009).

Events outside of personal control that have a traumatic effect (such as rape, assault, natural disaster, life-threatening accidents) may also lead to the development of significant problems, although the extent to which a particular event becomes problematic to the person affected is less dependent on the magnitude of the specific event, and more on pre-incident vulnerability and post-incident social support (Weathers & Keane, 2007). Adverse social and material conditions are often also identified as causes of distress for common and severe mental health difficulties (ODPM, 2004; Harrison, Gunnell, Glazebrook, Page & Kwiecinski, 2001). In response to these causes, continued unacknowledgement of emotions involved, such as shame, loss, anger, or fear, may form cycles of interaction within a personal community, which can become intensified, generalised across a range of social situations, and perpetuated (Sheff, 2003; 1990). Relational and social circumstances involved in a person's development, or sustained at later developmental stages such as adolescence, will reinforce acquired tendencies, such that it begins to entrench the experiential capacities of the person affected, as well as those around them.

When someone is entering a period of distress, there will often be a decline or change in many aspects of their daily functioning (e.g., loss of confidence, low self-esteem, low motivation, high anxiety, paranoia, distraction, sleep problems; Lea, 2010; Repper & Perkins, 2003; Dunn, 1999). These are likely to mean the person feels unable to meet the demands of achieving their goals in life, maintain their social roles, or meet social expectations, and will often begin to feel excluded (Huxley, Evans, Munroe, Webber, Burchardt & McDaid, 2006; Thornicroft, 2006). In addition to the problems that led up to the distress, experiencing distress can be devastating and life-changing, often involving a loss of self, a loss of power, a loss of meaning and a loss of hope (Repper & Perkins, 2003), and a reduction in valued social contributions to all types of involvement including those related to family, friends, or wider civic or democratic life (Thornicroft, 2006; Evans & Huxley, 2005; Huxley & Thornicroft, 2003; Dunn, 1999).

Those in close relation to the person experiencing distress are confronted with their own "journey" into illness. Spaniol (2010) and Spaniol & Nelson (2015) describe this journey in four different phases in relation to families. Initial reactions to distress are a "hope against hope"; as their family member no longer fits within expected patterns of behaviour and feeling, this may be disbelieved, explained away or dismissed with "minimising" explanations, disconnecting the relatedness of the person affected and those in close relation. Feelings of shame, embarrassment, blame, confusion, helplessness may arise in family members, alongside their own experience in helping the distressed person (e.g., anger, guilt, resentment and exhaustion). The second phase is a move from disbelief to acceptance. This phase is often accompanied by a sense of loss, that the person they once knew has gone and the person is now someone different. Additionally, some people may grieve for a "lost future", that the possibilities and expectations of their lives together will change (Spaniol & Nelson, 2015; Repper & Perkins, 2003). In addition, they are confronted with a range of questions about causation, maintaining mutual understandings, changing personal identities, power and self-determination, and relations with the world and other people (Karp, 2002; Jones, 1996). For both the person in distress and those around them, there is a period of re-organisation, and their bonds and capacity for communal and intimate relations change. While a history of interactions exert on influence on how this emerged, it is their continued existence, or the emergence of new patterns of interaction, that offer further opportunities to exert powerful influences over the distressed person and their desire to be who they are, or who they are becoming. A distressed person and their relations are, simultaneously, finding themselves in this, to know where they are, their purpose and find where, and with whom, they continue to belong, including to the person in distress (Spaniol & Nelson, 2015).

Both the person in distress and those in close relation are also confronted with an awareness that their lives in relation to one another are far less rational than perhaps believed, finding a loss in confidence in instincts or in how others present themselves (Smart et al, 2012). This self-consciousness is most obvious when the flow of self-affirming experience within the everyday is not met, when we become consciously aware of our habitual ways of being and doing (May, 2011; Csikszentmihalyi, 1990; Merleau-Ponty, 1962). Emergent feelings express this breach in our normative, everyday life, and the emergence into consciousness of this feeling is met by self-awareness and re-evaluation of existing behaviours, actions and relations and may reason or intuit our way through the field to establish familiarity and belonging in the field. This disruption reinforces the independence of different mental states/tacit knowledge held by one’s self and others (Schwebel, Rosen & Singer, 1990). When weighing up potential courses of actions to the breach, we may entertain scenarios with our generalised others (Crossley, 2006) to challenge/maintain existing patterns, understand ourselves and others, generating new or replicating old worldviews. This can consist of real or imaginary relationships, and may be about specific people or social groups.

Through emerging self-consciousness, our public performance and the viewpoint of others about our selves – in particular within friendship - become incorporated into our dispositions (Tice, 1992), influencing us even when other people are no longer present; we might imagine interactions with other people, thinking about what we would say or do, and how they would respond. Even when alone, our thoughts involve conversations or events for a private audience of other people (Baldwin, Carrell & Lopez, 1990; Baldwin & Holmes, 1987). In the absence of opportunity to relate with others, or in loneliness, imaginary friendships are sometimes created as a compensatory strategy (Hoff, 2005) or to create opportunities for social practice and social competence (Gleason, 2002). New identities and ways of feeling may be formed through a process whereby the personal, collective and imagined evaluations of our selves are brought into consciousness and then assimilated; the more successful the integration between who we see ourselves as, and how we are seen by others, the more inclusive and integrated our self-concept becomes. Friendship interactions in social fields (both existing and new) may thus become the basis for new and positive transference experiences and habitus (Crosnoe, 2000), thereby producing security, reduced anxiety, and engagement in the practices of the field.

The challenge to our sense of ontological security, our sense of belonging, intimacy, the conspiracy of mutual knowledge and trust, and reciprocal emotions, can result in a sudden or gradual erosion of friendship, and interfere with a sense of personal responsibility and kindness towards each other (Smart et al, 2012; Bauman, 2003). Continuing dissonance in the habitual structure of interpersonal relations may render the individual’s sense of resilience, and the responses of others, inadequate. With historic, or newly-formed, emotional pain, with potentially fewer sources of security, maturing into a re-appraised culture in which the understanding of ourselves and others has changed, with experiences that are unaccepted, upsetting or unacceptable (or even denied as unreal), and cultural tools that may (or may not) be able to create a narrative coherence to the experience, then perhaps it is understandable that withdrawal from relationships and personal communities is a defining feature of many nadir or distressing episodes. Yet withdrawal limits the person’s potential support and security that is or could be found in relationships, an effect that tends to increase isolation and the period of distress (Lyons, Perotta & Hancher-Kvam, 1988).

Withdrawal from, and increasing distance between, intimate and communal relations, may occur as many people distance themselves from those in distress when providing support might threaten their own health (Schaefer, Kornienko & Fox, 2011; Bolger, Foster, Vinokur & Ng, 1996) and as people re-negotiate their own relationship with the person experiencing distress, becoming cognisant of their own relatedness in social/occupational networks, potentially feeling shame over their relation with the person in distress. Reciprocal rejection, restriction of hope and diminished social role can subsequently occur (Sayce, 2015; Spaniol & Nelson, 2015; Harvey, 2002; Sayce, 2001). People in distress may also be seen as a member of a debased out-group; the stigma associated with serious mental health problems is an additional, potentially real, problem to be overcome (Livingston & Boyd, 2010). Moses (2010) found that adolescents who experienced stigmatisation after a disclosure of distress, or when symptoms became severe or noticeable, commonly referred to intolerance, judgmental attitudes, or uninterested relationships afterwards. Goffman (1970, 1963) defines stigma as a discrediting that lowers an individual from a whole and usual person to a tainted, discounted one. Public opinions about mental health difficulties, which frequently overrides evidence on the issues, still retain stigmatising and discriminatory attitudes towards those in distress (Time to Change, 2011; Mak, Poon, Pun & Cheung, 2007; Philo, Secker, Platt, Henderson, McLaughlin & Burnside, 1996).

Several cross-cultural studies have demonstrated that people identified as having a mental health difficulty are commonly viewed as both “unpredictable” and “dangerous” by the general population (Wright, Jorm & Mackinnon, 2011). With regards more individual attitudes, Yap, Reavley & Jorm (2013) found that the stronger the belief that experiencing a mental health difficulty is a weakness, the less likely a person is to seek help. Given the high levels of mistrust, stigma and discrimination associated with experiencing a mental health difficulty, it is unsurprising that people experiencing distress are often reluctant to reveal their situation within existing social/occupational networks (Martin, 2009; Thornicroft, 2006). Certainly, studies of the perspectives of young people experiencing psychosis (MacDonald, Sauer, Howie & Albiston, 2005) found that participants spent less time with established friends, and avoided perceived stigma within such friendships. Unfortunately, this may mean that the protectivity and belonging of existing personal communities is not utilised to change or reinvent themselves and their relationships (Rogaly & Taylor, 2009).

Tew (2012) relates the "recovery capital" that a person has lost that potentially reifies distress: Loss of economic capital (e.g., exclusion from employment and loss of respect in relation to productivity/reliance on others); loss of social capital (e.g., exclusion from bonding with similar others, and bridging across contexts); loss of relationship capital (e.g., hostility, criticism, or absence); loss of identity capital (e.g., aspects of identity may feel out of control or disconnected, and adoption/bestowing of stigmatised or "sick identity"); and loss of personal capital (e.g., feelings of failure, and difficulty assembling personal resilience). The power (or capital) held by personal communities may inadvertently, or consciously, seek control over threats or changes to capital, as popular or dominating groups and attitudes in society have more power in terms of defining and sustaining social reality (Foucault, 2004). It is therefore difficult for a single person (let alone someone experiencing distress) to mobilise resources to make significant changes within their "field" and "habitus" (as per Bourdieu's theory), as this may require an aggregate of many individual actions and actors committed to changing institutionalised relations.

A subsequent feature of the experience and understanding of one's distress is thus the reaction or approach of more formal sources of help. Commonly, in industrialised Western countries, this involves mental health services informed by medical or therapeutic approaches. Where help is sought in industrialised countries, services available have largely been informed by impersonal approaches – the medical model, behaviourism, and more recently a cognitive approach (Bracken & Thomas, 2005). Current mental health practice remains dominated by a medical orientation which narrows efforts to assist on individual symptomology (Amsell, 2010; Chadwick, 2010; Longden, 2009; Repper & Perkins, 2003; Brandon & Payne, 2002) and makes the assumption that managing symptoms will, in itself, lead to recovery and a re-gaining of valued social roles (Slade, 2009; Repper & Perkins, 2003). In turn, it is assumed that this will reduce the interpersonal, social and material consequences of distress. For some, this approach has been effective (Faulkner & Layzell, 2000) and there is a positive engagement with mental health services that use the metaphor of distress as an "illness" (Amsell, 2010; Campbell, 2010; Lea, 2010). When issues such as control, protection and treatment are accepted or forcibly needed, health care provision is able to respond well and the use of these methods has for some people been beneficial – a judgement they have made themselves (Lea, 2010).

Some publications regarding carers and friends' involvement in the life of someone experiencing distress (e.g., Kuipers & Bebbington, 2005; Ramsay, Gerada, Mars & Szmukler, 2001) replicate this conceptualisation of distress for carers and friends, drawing attention to the experience of distress as "illness", highlighting treatment options, how to respond to emergencies, the services available, and legal issues and benefits. With widely-available information regarding medical approaches to distress, friends and family are increasingly defining experience as "illness", which removes some of the suffering for them, as the fault is residing in the illness, not the person or the social world. Having "illness" also absolves the person affected of some responsibility too, thereby altering their sense of self in the process. Where family (and friends) are involved in medical care, they are confronted with ethical issues regarding theirs' and society's authority over the world in which the person in distress lives: Their loved one's physical instantiation can be legitimately altered (commonly through medication), efforts are made to change cognitive processing (through medication or cognitive-behavioural therapy) and physical freedom can be given or taken away (in compliance with the Mental Health Act).

For many people experiencing distress, however, a primary focus on managing the symptoms is regarded as unhelpful or limited (Slade, 2009; May, 2000). First-hand accounts of experiencing distress, and initial medical responses - appointment with a general practitioner, assessment by a psychiatrist, medication and hospital admission – highlight that this approach gives little consideration to the person's life and future goals in it (Chadwick, 2010; Faulkner, 2010; Longden, 2009; Brandon & Payne, 2002). The distress continues to be sourced solely within the individual and survival methods became pathologised as features of "illness" (Aslan & Smith, 2008). The effect of this approach can magnify negative feelings and fears about the distress and compound other emotional reactions from this encounter for them to deal with, such as shame, feeling alone, feeling misunderstood (Bird, 2010), disappointment, a sense of inferiority, and a lack of connection with the helping professions (Amsell, 2010; Campbell, 2010). For some, a "sickness identity" or "sick role" (Varul, 2010) can be created whereby the primary shared-understanding of their distress is on the need for symptom management, not on the person, their self-conceptualisation or self-determination (Sayce, 2015; Slade, 2009; ODPM, 2004; May, 2000; Dunn, 1999). Chamberlin (2005) goes further, describing one effect of current approaches to distress as "mentalism" – the person in distress becomes accountable for their condition and becomes somehow inferior to the professional who will treat them. Corrigan, Kerr & Knudsen (2005) found that upon receiving a diagnosis, people in distress may withdraw from their family and friends due to a perceived stigma and inferiority/”power over” that may become attached to them within daily life. Additionally, accepting an “illness” identity and assuming self-perception that this means incompetence and inadequacy entrench a loss of hope which further impacts on symptoms, loss of meaning and purpose, coping, social interaction and functioning (Yanos, Roe & Lysaker, 2010).

The medical approach has the potential for a reification of distress as a static product of a faulty mechanism, suggesting little opportunity for, or responsibility to, change this state. Taking on these perceptions often leads to people in distress experiencing a loss of status and a loss of hope for change, managing, or coping (Aslan & Smith, 2008; Brandon & Payne, 2002), an experience that is likely to maintain feelings of panic and loss of control (Morrison, Frame & Larkin, 2003). Not all mental health practitioners with medical approaches are in agreement with this approach to distress, and have a greater awareness of, and give increasing recognition to, social and cultural issues that a medical approach is limited in addressing or considering (e.g., Freeth, 2007). These views are notable given that a considerable amount of general practitioners’ time is spent dealing with social or psychological problems (which increase in more socio-economically deprived areas; Stirling, Wilson & McConnachie, 2001), and that most referrals to Crisis Resolution and Home Treatment Teams in the UK are commonly due to an interplay between the individual and their social network, requiring attention to both health and social issues (McGlynn, 2006; Webber & Huxley, 2004). Some writers have questioned the need for medical approaches at all (Mosher, 1999) and emphasise the meaning of the experience.

Other traditions, counselling and psychotherapeutic approaches, attempt to analyse and evaluate intra- and inter-personal processes to help understand the meaning of mental distress. While there are differing schools, the principal of psychotherapy is the treatment of problems of living within a professional relationship with the aim of removing, reducing or modifying specific emotional, cognitive or behavioural problems, or promoting social adaption, personality development or personal growth (Cooper & MacLeod, 2007; Barker, 1999). Consequently, there is an engagement with the meaning of the distress and there is the potential for engagement within the experience of suffering than biological or medical intervention. Broadly speaking, the theory of therapy indicates that insight leads to change: Changes in thinking or expression of feeling, leads to change in some internalised aspect of the self, and subsequently action can be taken in the world. The aspect that changes varies between disciplines. For example, psychoanalysis emphasises a systematic resolution of unconscious conflicts and character re-organisation. In psychotherapy, the main function is to help a person strengthen their existing defences and gain some kind of security that will allow them to deal with their difficulties. Counselling advocates a careful facilitation of the expression of feelings within a supportive relationship, creating an opportunity to recognise and re-order self-concepts, permitting an integration and acceptance of experiences (Barker, 1999).

The range of techniques available to the therapist are various, with varying degrees of heterogeneity in their use, although they are all dependent on a collaborative undertaking between therapist and patient towards attaining specific therapeutic objectives (Cooper & MacLeod, 2007). Within the relationship there are possibilities for guidance and reassurance, re-education, facilitation of emotional catharsis, promotion of self-esteem, deliberate efforts at re-adjustment, and enabling of coping responses. Some of this is achieved through practice assignments, such as letting go of the past, tolerance (of anxiety, hostility, frustration or deprivation), making a small change to the environment, identifying what cannot be changed and accept it, challenging a negative view of oneself, selecting a pleasurable activity, being reasonable to oneself, or accepting the responsibilities of social roles. In their review, Lambert & Ogles

(2004) found that psychotherapy has a beneficial effect on a person’s well-being and is associated with changes in behaviour. Furthermore, people who have made use of psychotherapy report feeling less psychologically distressed. What seems to be of vital importance to helping a person in distress are the characteristics or actions (whether real or not) of the therapist or mental health practitioner. Most psychotherapeutic methods seem to be as effective as each other and their efficacy may not primarily be explained by technical components but depend on characteristics common to the development of practice across history (Wampold, 2015). These characteristics or actions, typically highlighted in humanistic or person-centred counselling, include non-possessive warmth and alliance, transparency and expectations, empathy, genuineness, cultural adaptation, and unconditional positive regard (Wampold, 2015; Truax & Carkhuff, 2007).

These characteristics, notably unconditional positive regard, have been regarded by some as equating to a love for the person in distress (Stickley & Freshwater, 2002) which, as the literature review demonstrated, is necessary for survival and growth at all developmental stages. The individual characteristics and conditions that create a loving response to someone in distress do not come naturally for a variety of personal reasons (e.g., conceptualisations of cause and responsibility; Weiner, Graham & Chandler, 1982). This requires, in the formalised helping professions, a range of support mechanisms to the practitioner to ensure no further harm takes place to either person involved (Hawkins & Shoet, 1989). Nevertheless, in the moment, a loving response can be of the most profound and potentially healing nature – a peak experience (Maslow, 1959). In mental health services, “compassion” for the person in distress may be used as a term rather than “love” because of the many variations of what love means, but also because compassion is a reactive emotion in response to suffering, whereas the antecedents for other forms are love are formative prior to distress, and generally regarded as positive attraction (Goetz, Keltner & Simon-Thomas, 2010).

Especially important in the therapeutic relationship is clarification of what the problems are, and this is built on basic trust established in the relationship. However, the collaboratively produced understanding of the meaning of the distress may be heavily influenced by the therapists' viewpoint, with selective biases occurring in inference-making. The result is that definition of the experience is being "given", however benevolently, by someone else (the therapist) using existing cultural means of expression, their theoretical standpoint (Bieling & Kuyken, 2003) and performed in a publicly-prescribed way of dealing with distress (Pescosolido, Martin, Link, Kikuzawa, Burgos, Swindle & Phelan, 1996). A therapy-based relationship therefore carries with it potentially powerful assumptions in the meaning-making processes and outcomes, which may be found to be uncomfortable, or even distressing, to the person affected, and are potentially as equally powerful and individualising as a medical diagnosis. For some, therapeutic services have resulted in feelings of humiliation, manipulation, worsening feelings and emotional abuse (Bates, 2006; Lambert & Ogles, 2004). The lack of therapeutic adjustments of the self at an individual level can lead to further feelings of hopelessness and helplessness and may account for the negative reactions people may have and why, for others, any initial favourable reactions to therapy are not sustained beyond the first few sessions (Howard, Kopta, Krause, Orlinsky, 1986). Epstein (2006) reviewed the outcome evidence across psychotherapies and concluded it was ineffective, but it remains as a method and a practice because of its affirmation of self-sufficiency and individualism. The very act of entering therapy is, in itself, a reflection of a cultural viewpoint to distress. Ironically, then, person-centred practices which have an individualising tendency may not fully permit the person to be or become themself.

Of profound importance for both medical and therapeutic models is that they carry with them some expectation for the person in distress to change “within”, using personal resources similarly located within the person (whether thinking patterns, emotional response, or biology). The emergence of this singular emphasis on individuals, and the expectation of where changes will occur, has a history of development recorded in the study of asylums. Scull (cited in Morrall & Hazleton, 2000) draws attention to the creation of asylums as an expression of civil society towards distress in the eighteenth century. During this time, asylum was a means for people to be removed from worse social circumstances, for safety and for “moral treatment”. Distress itself was therefore dealt with in a paradoxical way: The state, as a mechanism for public order, could remove people from social circumstances, while ultimately maintaining the assumptions of the basis of the society that lead to those circumstances. Therefore, the beneficent approach of asylum may have prevented challenges to the social order, and the state took responsibility for maintaining social order over those whose distress was not well understood. The advent of medical and psychiatric approaches to distress eventually gained monopoly over asylums, “medicalising” and individualising psychological disturbance.

Therefore, one of the founding, and enduring, functions of modern medical and therapeutic practice is to maintain a social order, an insistence on “sameness” on behalf of the wider society and in some cases, the state. In the UK, the creation of the National Health Service (NHS), the provision of welfare benefits, and the increased availability and proliferation of counselling and therapeutic services has created opportunities for clinical and community-located care, help, and policy post-second world war. While modern governmental policies have increasingly recognised the ordering of society as a contributing factor to the development and sustenance of distress (DH, 2011; ODPM, 2014; DH, 1999), the issue of maintaining the social order has remained (Boardman, 2005). By placing an expectation for change to take place “within” the distressed person only, this has inadvertently led to a reification of the relational aspects of the self to social and material circumstances, inadvertently legitimising forms of interpersonal or social control over the person affected (Watson, 2019; Smail, 2005; Pilgrim, 1997).

Of critical importance for this study is that if we accept that a person's intimate relationships and personal communities (“relationship capital") play an important part in the maintenance of physical and mental health during “nadir” experiences (whatever the genesis and consequence), then those same relationships may also be able to provide resources and knowledge to improve mental health outcomes (Turner, 2003; Thoits, 1986). Certainly, for change initiated in clinical or therapeutic settings to take hold or be sustained, the social world beyond those settings may need to reflect the same or similar characteristics of constructive, loving, therapeutic relationships. This encourages us to recognise that the mental life of a person in distress cannot be fully represented by an individualistic, internal model, and we must acknowledge a wider range of sources for change (whether biological, individual, communal, or cultural level, or a combination of these). Without an openness to, or even expectation of this, an individualising tendency may limit the opportunities and prospects for recovery and interfere or limit our sense of personal responsibility towards each other (Bauman, 2003) - including our connection with those who have yet to experience distress. The following section will focus on research on friendship as a means to surviving and thriving outside of and during periods of distress.

2.5 Surviving, thriving and friendship

Emerging theory and practice generated by and with people who have experienced distress, based on their experiences, has been brought under the umbrella term of “recovery”. Here, there is an increasing emphasis on self-management and a strengths-based approach (Rapp & Goscha, 2006) and the involvement of existing and future relationships which includes a wider set of relationships than those formed within services or those that focus on change “within” (Slade, 2009; Faulkner & Layzell, 2000; Dunn, 1999). The process of “recovery” from mental health difficulties described by those with lived experience of mental health problems is essentially one of an individual journey of discovery (Repper & Perkins, 2003; Anthony, 1993; Deegan, 1988), involving a range of simultaneous processes, including making sense of what has happened, discovering personal and social resources, building a new sense of self, and pursuing renewed purpose in life. In a systematic review of “recovery” literature, Leamy, Bird, LeBoutillier, Williams & Slade (2011) found five underpinning features (which provide the acronym CHIME): Connectedness, hope and optimism about the future, identity, meaning in life and empowerment. A practical development that follows these ideals has been that of community-based Recovery Colleges that bring together people who have experienced distress in an educational setting (Perkins, Repper, Rinaldi & Brown, 2012; Boevnik, 2010), as well as sustained emphasis on social solutions. These present an empowering opportunity for activism, inclusion in meaningful activity, and sharing of experience and expertise, that aims to permit an experience of a positive identity and sense of self.

While existing recovery research suggests individual journeys, the expanding mental health framework and practice draws attention to a fuller range of solutions for distress, reconnecting mental health to public spheres and facilitative environments generally (Tew, 2012; Topor, Borg, Di Girolamo & Davidson, 2011; Diamond, 2008) and those in distress as *active* participants in the society in which they create (Sayce, 2015; Beresford & Croft, 2004). Some publicly-facing organisations (e.g., Mental Health Foundation, 2007) that aim to represent views of people experiencing distress draw attention to social and interpersonal relations like friendship as a facilitative source of support that operate alongside (or differently from) traditional forms of support often cited in literature, such as families and professionals (Davidson, Campbell, Shannon & Mulholland, 2016; O'Hagan, cited in Sainsbury Centre for Mental Health, 2010). The emphasis has been on the importance of relationships with "significant" others, with significance meaning the quality of those relationships (or their absence).

Often, the presence of someone (e.g., family member, professional) who "believes in" the person in distress, when they do not or cannot believe in themselves, is a common feature in people's accounts of living with, feeling better after, or "recovering" from, periods of distress (Tew, 2012; Repper & Carter, 2010; Topor, Borg, Mezzina, Sells, Marin & Davidson, 2006). People who remain available during periods of distress provide a form of "relationship capital" which Topor et al (2006) describe as variously being able to:

- "Stand alongside". Some relationships can attest to the person as continuous during illness and into the future, reinforcing feelings of not being alone in their struggle.
- "Be there". Some relationships can recognise emerging distress, and connect the person affected with different forms of help.
- "Move on". Some relationships are flexible in their degree of dependence and independence.

Topor et al's study provides some evidence, from the accounts of people who have endured distress, that some friendships help recover their ability to retain continuity and react supportively and flexibly to discontinuity. Participants in another study (Schon, Denhov & Topor, 2009) identified family and almost all participants identified friends as being of critical importance in their "recovery". This included friends with whom "one could just be with", friends who could "stand alongside" and provide continuity, and new friends who had their own experience of mental illness, had a "broader perspective" and could advocate for better life conditions together. The third phase of Spaniol & Nelson's model in relation to families' "recovery" may shed some light on how this could be achieved in friendship. In their model, families begin to "cope" with fluctuations in their family member's distress and the impact on themselves, make effort to relate to the experience, followed by confidence in relation to the person and their illness. This leads to the fourth phase of Spaniol & Nelson's model, where "old" ways of interacting dissipate and there is a shift to new meanings, value, communities and concerns that seek to reconnect with life and thereby "recover together". This process, while challenging, presents an optimistic prospect for different forms of friendship to contribute to "recovery" from distress.

The potential for forms of friendship in intervening and being receptive in relation to mental health difficulties appears in different mental health traditions. From a medical orientation, Horowitz (1978), while finding that friends and family are the most common sources of assistance in help-seeking, concluded that it is – and should be - primarily the role of friends to connect the individual in distress to a wider network of professionals (to "be there for the person"). Conversely, from a social perspective, Wong, Sands & Solomon (2010) found that people experiencing mental health difficulties valued togetherness and community acceptance and should be empowered to expand their personal community beyond services (to "move on with recovery"). Introducing friendship as an intervention, Stayner, Staeheli & Davidson's (2004) evaluation of a befriending scheme (the Partnership Project), described the emerging relationship with the befriender (who did not know the person prior to distress) as reciprocal and one that fostered a sense of having a place in the social world as a “normal” person, being listened to and trusted to make up their own mind. This latter study suggests a combination of “being there” and “moving on”.

Some studies have aimed to explore the intricacies of friendship through distress by drawing upon participants unified by a specific diagnosis – primarily common mental health difficulties like depression and anxiety - therefore emphasising commonalities of friendship that are interpreted and understood through pre-existing categorisations of mental phenomena or patterns of symptomology, rather than the dynamic between the people involved and emergent or creative properties. Studies have focussed on friendships and eating disorders (Doris, Westwood, Mandy & Tchanturia, 2014; Galloway, 2013), friendship and psychosis (Brand, Harrop & Ellett, 2011; Moore & Walkup, 2007) or a call for research into friendships of people experiencing psychosis (Harrop, Ellett, Brand & Lobban, 2015).

In their review of friendship, Harrop et al (2015) highlighted the importance of friendships to young people with psychosis, and proposed a research agenda for developing evidence-based clinical interventions with friends to help people with psychosis maintain relationships with their peers. Using a single case-study example, aged 20, and their best friend, Harrop et al proposed that maintaining social networks can be clinically beneficial for young people with psychosis in helping manage symptoms and reinforce medical advice in mainstream social networks. In line with family interventions, Harrop et al propose that a range of activities could be undertaken, by clinicians, with friends, such as group information-sharing, re-establishing shared activities, support planning in specific situations, dealing with substance misuse, and dealing with grief and self-blame amongst the friends.

Brand et al (2011) interviewed seven friends of five people who were experiencing first-episode psychosis, all aged between 19 and 24, to explore their perspective to help understand the reasons for breakdown in their relationship. Their findings showed a number of hindering factors in their friendship related to the reciprocal nature of the relationship – the friend having to make more effort, a negative emotional impact on them, and changes in time spent together. A number of factors were found to help maintain the friendship, also related to reciprocity: An understanding of the difficulties, in particular as "illness", the strength of the friendship (in terms of duration or intimacy), seeing the person beyond "illness", and a sharing of the burden of support amongst a wider social network. This research reinforces the view that intimate aspects of friendships (mutual understanding, belonging, identity maintenance) can be sustained through distress, and, in some cases, the friendship becomes stronger as a result.

Galloway's (2013) study on the impact of an eating disorder on the quality of friendships amongst eight adolescents, aged between 15 and 17, found that participants desired acceptance and feared negative attitudes in their friendships, and used a range of strategies to maintain their friendships: Trying to be the best friend possible, protecting their own image, avoiding conflict, having a greater tolerance for their friends than for themselves, and maintaining a best friend. The findings reflect the enmeshment of specific characteristics associated with eating disorders (such as low self-worth, perfectionism, focus on body image) and important characteristics of friendship - identity maintenance, positive affirmation, and mutual understanding. Interestingly, Galloway's study noted that the types of friends who remained, at least during the first phase of the eating disorder, were friends who experienced mental health problems, friends with similar experiences of bullying or rejection, long-term friends, and friends who attended different schools. i.e., friendships which suggest a greater mutual understanding, identity maintenance, positive affirmation, and a degree of belonging with trusted others, or those where some degree of unawareness of the problems could be maintained. Doris et al (2014) examined the friendship patterning of seven people with anorexia nervosa, with a mean age of 24-25 years, in order to draw comparisons with the social network characteristics of people with autistic spectrum disorders. Participants spoke of dissolving friendships prior to the onset of the eating disorder, a limited social network, a lack of contact or communication within this, and a focus of attention away from the self (as found by Galloway) and a trajectory of difficulty and dissolution in friendship.

Moore & Walkup (2007) conducted a study of the interpersonal dynamics between five dyads of long-term friends (aged between 40 and 70), one of whom had experienced psychosis. They found that friendship was capable of being sustained before, during, and after periods of distress, again couched in terms of "illness". Moore & Walkup examined exchanges that referred to the management of interpersonal problems relevant to key features of friendship, such as reciprocity, equality and mutual responsibility. They found that a minority of problems were associated with the features of the distress itself, and that friends used a full range of accounts in their interpersonal dynamics (such as excuse, justification, and apology) with the "sick role" being an important one (Varul, 2010). Interestingly, any problems associated with psychosis were given an account predominantly by the friend without a mental health problem, perhaps as an attempt to preserve the friendship and provide re-assurance, or regulate their self-presentation for the sake of the researcher, or reinforce a long-established "sick role".

An experimental study of the benefits and drawbacks of an intentional friendship programme (called Compeer) for adults over 30 years old with severe mental illness found enthusiasm for the scheme and benefits of gaining a friend: Becoming more outgoing, sociable and active, and developing mutually beneficial friendship over a period of years (McCorkle, Dunn, Wan & Gagne, 2009; McCorkle, Rogers, Dunn, Lyass & Wan, 2008). Participants reported improved subjective well-being, self-esteem, self-worth and self-confidence, and reductions in psychiatric symptoms. A similar befriending scheme for adults with mental health difficulties (called the Partnership Project) assigned participants with a partner who either had, or had not, experienced a mental health difficulty themselves. All participants reported increases in their self-esteem and social functioning based on their experience of doing normal activities with, and just like, others. Interestingly, participants assigned a partner who had not experienced mental health difficulties reported concerns based both on the stigma of mental health difficulties and on their perception of functional impairments but once the relationship developed, participants appeared to improve in terms of reduced symptoms and increased functioning and self-esteem. However, participants assigned to partners who had experienced mental health difficulties initially anticipated acceptance based on their shared background, history of psychiatric services and medication, but these partnerships, once developed, did not lead to as much of a difference in the lives of these participants (Davidson, Shahar, Stayner, Chinman, Rakfeldt & Tebes, 2004).

The picture of the availability and contribution of friendship to mental health/recovery from distress is diverse and unequally distributed: The relationship is being valued and sought for identity-formation, but is both difficult or relatively straightforward to maintain with those with similar identities; friendships may be characterised by positive characteristics important for personal development (such as intimacy, trust and reciprocity), but may also bring negative experiences or replicate interactional patterns that potentially reinforce social and mental health difficulties; mental health difficulties often reduce the quality and quantity of friendships but also brought friendships closer together; the specific mental health difficulties affected how friends identified and related with one another, whereas other studies find that specific mental health difficulties do not affect the dynamic; people with mental health difficulties are “subject” to friendships, as well as “agents” in their friendships. Some research emphasises the need to retain existing forms of relating (e.g., friendships based on utility, pleasure, belonging and virtue) while others emphasise the benefit of forms of relating in friendship attributed to various forms of treatment, principally those that draw upon therapeutic relationships and individual characteristics of the other (e.g., non-possessive warmth and alliance, transparency and expectations, empathy, genuineness, cultural adaptation, and unconditional positive regard).

These mixed results may be accounted for through recognition theory. In the journey and struggle through life’s topography, the need to have one’s position recognised and accepted has been raised in the contexts of oppressed or marginalized individuals or groups (Taylor, 1994), in cultural ideologies that foster a moral standpoint of uniformity and sameness (Burkardt, cited in Cropley, 1997), and in disrespect and harm on an individual level (Zurn, 2015; Honneth, 1995). Honneth emphasizes the vital role that recognition plays in the formation of human experiences and identities, arguing that there are three modes of recognition: Love (to be received from a small circle of equally-recognised and significant others), esteem (to be received when we are recognised as contributing to collective goals) and respect (to be received from other citizens who recognise our rights). The presence of recognition is the basis for acceptance and flourishing, and its absence can cause resistance and despair. While it may be argued that any form of relationship could recognise the person and their struggle in life, in Honneth’s framework friendship offers an ideal kind of relationship in meeting these three modes of recognition.

Pursuing Honneth’s argument, Blatterer (2018) also argues that, as friendship emerges, complements, merges and potentially conflicts with all other types of social bonds, it thereby resists “full” recognisability and acceptance in formal public institutions nor serves a definable particular “role” in society, reinforcing its weak “power”. Described by Paine (1969) as an “institutionalized non-institution”, Blatterer (2018) and Honneth (1995) argue that through its resistance to public institutionalisation, resistance to exchange relations, and resistance to prescription, friendship offers a “social freedom” grounded in the particularities of the “other”. Among other benefits (e.g., belonging, pleasure, utility, a signal of having a “good life”), friendship offers relief from ways and forms of life experienced elsewhere. Consequently, part of friendship’s “relationship capital” is a relational space in which an “other” can become who they are becoming (through the relationship’s social freedom), be recognised for who they are (through the relationship’s closeness) and have their struggle with other forms of institution (through its non-institutional nature) recognised. The variable patterning of friendship in personal communities, and its variable positive effect on mental health, may be attributable to non-, under- and mis-recognition of the other’s struggle through life, thereby varying any contributing features of friendship to mental health (e.g., belonging, to feel “already know”, trust, kindness, reciprocity, contributing to other’s lives, etc). Absence of “recognition” has been a useful concept in understanding the failure of mental health services to adapt to the “service-user voice” (Lewis, 2009), nor for cultural meaning about mental illness to be informed by those who have experienced it (Radden, 2012), reinforcing any social injury sustained in personal communities, showing the magnitude of the challenge involved for people experiencing distress.

Putting this in the context of personal and friendship development across the lifespan, individuals inherently attempt to grow and develop in ways that are increasingly healthy, effective and fulfilling (Rogers, 1961). This adaptability requires unconventionality, flexibility and enjoyment, actively contributing to mental health (Cropley, 1997). Personal development and changing capacities can be described as a creative "becoming" that has no final end point (Bohm, 2004). Facilitated through historically-obtained resources/capital interacting with maturational development, and reliant upon communion and agency with others in continued facilitation of meeting needs and desires, relationships have significant bearing on the position a person holds in their personal community. This includes the embodiment of thoughts, feeling and behaviour constitutive of mental health. Friendships and other intimate relationships are determinants in co-creating adaptation and any associated "capital" through intersubjective affect and practice, suggesting that those in friendship develop a "closeness" which comes to define a shared outlook to one another (e.g., "pleasure", "utility", "belonging" and "virtue"). These blends of friendship are spread amongst other relationships and circumstances that take place simultaneously around the general growth across the lifespan, actively contributing to generativity in life.

As habits and fields, and forms of capital within them, change, the need for friendship and types of friendship changes, yet is retained as a way of relating in order to "be" and "feel" known, to know that one is living a "good life", while also contributing to the process of "being" and "feeling" known by the other. Therefore, to the extent in which friendship treats one in a manner that validates and facilitates movement toward who one is becoming, friendships may contribute to fulfilment of the general motivation for growth and development, through a more personally-felt form of social identification. The lack of recognition in personal relationships and changes in situation or in the personal community, relative to a person's desire or need to belong, may thwart such adaptation, resolution of psychosocial dilemmas, effort to belong, and contribute to, or sustain patterns of, emotional breakdown (Maslow,

1968) by essentially teaching people they are not loved for who they are and no longer belong.

2.6 Summary

Table 1 presents a synthesis of the conceptualisations of interactive and contextual forces on friendship from this literature review. What is evident is that there are many tensions and contradictions between different theoretical conceptualisations, kinds of experience being accounted for, and the claims made about, friendship. Friendship is pursued for the somewhat superficial attachment to the lives of others, while also inviting potential depth, complexity and emotional attachment. Friendship re-affirms subjectivities through similarity but can also facilitate new subjectivities through re-orienting to difference. Sustenance of friendship through regular participation is confronted by enduring friendship(s) without such regular participation. Relating in friendship is affected by maturational processes/individuation, occurring within changing social construals and circumstances beyond the individual. As in all relationships, power is possible within friendship, yet it is rarely applied. Culturally “ideal” forms of friendship (e.g., “best” friend dyads) are in contrast to distributed forms of friendship (e.g., personal communities).

Culture	Historical emergence and cultural endurance of friendship as a way of relating has been formed through its non-institutional basis and relief from institutionalised commitments.
Recognition	Constitutively gives recognition to the other for their sake and their struggles/position in life, giving a sense of equality and voluntariness in the relationship.
Love	Friendship as a concern for the other for their sake, similar to companionate love, yet distinguishable from other forms of love by its basis in intersubjective non-possession.
Closeness	Friendship is represented as a closeness with an other, emergent through receptivity and empathy, reflective of and adaptable to changes within personal communities.
Bond	The degree of intersubjective recognition of who one is, and social freedom to be who one is becoming appears to reflect the bond of friendship.
Distribution	The interdependent bonds of friendships are held amongst a diverse range of relationships, permitted and confined through the relationship capital accrued in context/over time.
Variety	Variation of functional types of friendship is co-created between participants (described in terms of utility, pleasure, belonging and virtue) which can blend and change over time.
Endurance	Continued recognition and closeness to changing subject positions helps friendship endure. The dissolution of friendship is attributable to inability to integrate subject positions.
Unity	Intersubjective co-creation and dissolution of friendship contributes to alliance and conspiracy to create social freedom, jointly establishing a future together.
Image	Complex realities of friendship compete with ideal images of having friendship(s) as a marker of a good life and hierarchies of friendship that seek to organise the relationship.

Table 1: Conceptualisation of friendship from the literature review

Theories have made useful contributions to understanding the multidimensional character and processes of friendship, yet each does not fully capture the dynamism of lived friendship. This is complicated further by the interaction between friendship and enduring distress. Philosophical and affective-oriented theories focus on the affirming and all-embracing nature of friendship towards an "other". Variety is avoided by focussing on categorical or dyadic forms of friendship that are merely distributed according to the extent of mutual interest and shared morality. Certainly, friendship is highly person-centred, yet these theories do not capture the continuum of, or changes in, motivation within friendships beyond a disjunction between interests/moralities. Health, and in particular mental health and potential changes in modes of relating, do not appear a complicating factor, and thus the theories tend to reflect uncomplicated, intellectualised versions of friendship.

Psychological- and cognitive-oriented theories extend this faith in friendship by focussing on intimacy and closeness as the site for the formation of friendship and its different types. These theories also replicate a normative understanding of friendship as an inherently "good" or "healthy" relationship. Such theories lead to an emphasis on "ordinary" functioning in friendship, and that differences, dissolutions or absences of friendship are deviant or dysfunctional. The individualising approach of psychological and cognitive theories show little sensitivity to how modes of relating and meaning are sensitive to social contexts.

In contrast, sociological theories challenge such normative and individualising theories of friendship by placing friendship and mental health amongst other contextual forms of interpersonal influence and power (and capital). These theories encourage a move away from dyadically-understood friendship and place it in the everyday practice and symbolism of cultural attitudes, expectations, resources and behaviours. While more inclusive of the psyche and the social, the emphasis in such theories has tended to be on the practical/symbolic influences which actors accrue/are subject to. That is, they often do not give sufficient recognition to the full extent of emotional life accompanying and transmitted in interpersonal relationships. Through a focus on the struggle for power in public life, the relevance and consequence of intangible, yet physically-embodied, personal capital (such as friendship) is not given sufficient prominence in such theories (Cantillon & Lynch, 2016; Hochschild, 1983; Nowotny, 1981).

A particular challenge to all of these theories is the temporality of friendship itself, its ability to transcend situations, and the plurality of contexts in which friendship takes place. Unlike enduring structures and long-term affective bonds, friendship encounters appear like an open-ended "event", which can appear in unexpected contexts and unintended ways. Honneth's theory of recognition - of being worthy, in esteem and respected as the basic constitution of friendship – would appear to capture the particular affective and cognitive, and event-like, nature of friendship(s), and provide a useful connectivity to the range of emotions that feature in personal "capital".

The study of friendship extends an invitation to enter into equivocation and ambiguity, to admit consternation and uncertainty in pre-conceptions on an experiential and theoretical level. Particular friendship experience, as Rawlins (2009; 1996) argues, represents a dialectical "settling" amongst many different processes, indicative of the complexity of friendship and any such theorising over it. Studying the assemblage of such ambiguities and uncertainties, and the effort to make coherence from them, the narratives of friendship may draw upon these different tensions and illuminate friendship and friendship's relation to distress. Taking this invitation to explore friendship, it is posited here that friendship's recognition, in a relationship characterised as being without obligation, can mediate expression and integration of one's standpoint. In doing so, friendship can provide hope and potential for "relief" from entrenched ways of relating, both intellectually and emotionally, that have emerged in the world generally. Participating in friendship may affirm and rebuild a sense of having a "good life" desired and desirable by an equally-recognised "other", potentially influencing the kinds of capital a person has in preservation, if not flourishing, of their mental health. The focus of the next section will be on the rationale and aims of the current research.

2.7 Rationale and aims for the current research study

In many of the empirical studies used for the literature review, interviews about the experience were the main method of data collection on the subjects, a method commonly used in studying the experiential and individual nature of mental health difficulties (Legault & Rebeiro, 2001; Davidson & Strauss, 1992) and friendship (Fehr, 1996; Rawlins, 1992). However, the ambivalent and contradictory findings in relation to friendship may also be understood as a consequence of many studies involving people who are in the crucible of identity formation, emerging sexuality and sexual partners, independent living, family formation and childcare that takes place in childhood, adolescent and emerging adult age ranges (0 to 35 years old). While presenting scope for exploring friendship during a period of sustained flux in biological, psychological and social development, the variability in findings and also may be due to the cross-sectional nature of these studies, as Davidson et al note; reflection on friendship which encourage a focus on short periods of time - specifically, what is happening now, as many of the studies attend to - may underestimate what is or has taken place within the relationship, or how it has become redefined through the life-cycle, over time. An exception here is Schon et al whose participants reflected upon friendship across the lifespan, and who were mostly over the age of 30. However, as Harrop et al note, this, and the previous studies highlighted in section 2.5 ("surviving, thriving and friendship"), have focussed on how friendships are organised as a *consequence* of a mental health difficulty and conceptualised through the lens of "distress"/"illness" rather than attending to the experience(s) of friendship and mental health as a "mainstream" notion and attending to a range of other experiences of friendship (other than long-term friendship), and their relative significance in the lives of those who have experienced distress.

Conducting a study of how people talk about friendship in older age ranges than those that currently dominate friendship research (i.e., not 0-35 years old) may make an important contribution to the field of friendship and mental health. The start of middle-age, from 40 years old, is a stage of personal development characterised by less focus on identity-formation in relationships and friendships than in previous decades of life (Erikson, 1968; Sullivan, 1953), and more on the development of capacities for caring for others and contributing to civic/social life. The viewpoint of middle-age on friendship and mental health may therefore present different data than that from younger cohorts. This under-represented age-group in the study of friendship is a cohort of people who, due to the later stages of life, may be able to reflect upon what friendship has meant for them (up to their age), their experience of the "social convoy" of friendships and other relationships (Spencer & Pahl, 2006), and be able to communicate, reflexively, on social norms and expectations. An additional benefit of exploring the insights of people at a later stage of life may be the incorporation of a range of distressing experiences, how these have changed or been managed over time, and what these have come to mean for participants.

Middle-age is also a period of time in which greater reflexivity towards civic life appears, suggesting that other powerful social forces - different life transitions, social circumstances, changes or expectations in friendship that reflect changes in society more generally (Allan, 2008; Spencer & Pahl, 2006; ODPM, 2004; Royal College of Paediatrics & Child

Health, 2003; Allan, 1989) - may be highlighted, the effects of which may not have been apparent, experienced or articulated at younger ages, nor the impact of which, of friendship or mental health, realised. For example, the rapid and widespread usage of information technology to maintain contact and mutuality beyond the immediately available family context (Vallor, 2012) may have impact on sustainability of friendship in middle-age that was not present during adolescence of childhood. Likewise, recent political circumstances (dominated by "Brexit", the UK leaving the European Union) has legitimised "othering" of certain groups of people, and divided public opinions which can disrupt interpersonal relationships, and has led to increased violence, suspicion and hostility; forming friendship with those who have become "othered" in public discourse (Burnett, 2016) or even talking about them may be avoided.

Given that adults in later years (60 years and older) are associated with a different stage of life in which there is a process of self-reflection on the development of one's life generally (potentially resulting in despair or satisfaction, or an identity that feels integrated; Erikson, 1968) and a more detached approach to living, an age limit of 60 was imposed. This was not to suggest that friendship was not important for people over the age of 60. On the contrary, studies of friendship in later life (such as Siebert, Mutran & Reitzes, 1999) show that commitment to the role of "friend" is the strongest predictor of life satisfaction and well-being (stronger than income or marital status). The positive contribution to health outcomes by reducing loneliness and sustaining or maintaining friendship in older age is well documented (Hagan, Manktelow, Taylor & Mallett, 2014; Andrews, Gavin, Begley & Brodie, 2003). Loneliness or isolation emerging in middle-age can be a major cause of older age unhappiness and mental health problems alongside other changes accompanying this stage of life (e.g., reduced social networks or mobility). Given the importance of different friendships in earlier life, and older years, and yet a paucity of research into middle-age friendship (ages 40-60), a study into middle-age friendship, as told by people who have experienced mental health difficulties, may capture facets of friendship important for older life and reflective of earlier years.

Additionally, the current study used stories as the source of data for investigation. Telling a story is a pervasive human activity that transmits important meanings about our experiences; hopes, dreams, revelation, expectations and rituals are reflected in our stories (MacIntyre, 1981). Through the act of telling stories or accounts, people create and share their experience and meaning towards the events or agents in the story, forming an intelligible, and potentially rich, source of data for analysis. Unlike description or interaction, the act of telling a story is based on knowing what the ending is, and therefore a trajectory or movement through a story aims to re-construct and express meanings that lead up to the ending. In addition to this narrative formulation of experience and inferences about causes, the narrator reveals how they position themselves in relation to the story (Ricoeur, 1991). Therefore, through seeking stories about friendship and mental health, different, perhaps richer or more latent, aspects of personal meaning(s) of distress and friendship may be generated, within participants' personal and historical milieu (McAdams, 1985).

Stories were identified as an important source of data for the research, not least because the process of telling a story aligned closely with the conceptualisation of selves (or narrators) as emergent from continual interaction with others and the world (Edwards, 1997; Potter, 1996; Bruner, 1990; Ricoeur, 1991). Additionally, in the generation of stories, participants can use frames of reference and terms they wish to, rather than their adaptation to the researcher's frames of reference, which is arguably "closer" to the experience participants wish to share (Fontana & Frey, 2005). There is therefore a potential for the narratives of middle-aged people who have experienced biographical disruption due to their mental health to greatly inform research into friendship.

Through narrative inquiry, the study aimed to explore the possibilities, rather than assess factors or definitives, within friendship and mental health as told by those in middle-age through their stories. By refraining from defining friendship according to researcher-determined friendship-types and refraining from defining “mental health” (for example, drawing upon participants who identify with a specific diagnosis), a wider frame of reference for mental health/mental phenomena and friendship was used by participants and researcher. The current study aimed to ensure that any prospective participants self-defined what “mental health” and “friendship” meant for them and by creating a more “open” context for participants to self-identify with the study terms, participants were active in the construction of knowledge (via their stories) and not just passive “presenters” of the benefits or otherwise of friendship. Through analysis of how middle-aged people talk about friendship and mental health, in as self-defining a manner as possible, it was hoped that participants would generate data/accounts on their own terms, permitting access to rich data and provide additional insight and conclusions not currently represented in existing research.

This study explored the narratives of friendship of people in middle-age who had experienced mental health difficulties to understand the unique ways friendship contributes to mental health, as well as the processes that underlie relationships more widely in civic society. The research had three related aims:

- To examine the experiences of friendship(s) of middle-aged people who have encountered mental distress in such a way that the relative importance and meaning(s) of the relationship could be identified.

- To consider the experiences of mental health and friendship in order to offer assistance to those formulating and implementing mental health policy, and those in friendships.
- To consider conceptualisations of friendship, mental health and self-world relations generally.

To try and ensure a suitable method for obtaining narrative data suitable for analysis, to understand the significance of the data-production, and how to analyse it, it was also necessary to explore underlying epistemological assumptions. This will be the focus of the next section.

3 Methodology

This study is fundamentally one that aims to understand the point of view of the people involved – their phenomenology. If we are formed through processes, as the literature review suggests, and we understand others' through processes of our own, then this indicates the complexity of "knowing" another person, understanding the particulars and meaning of mental distress, identifying what has helped and how, and understanding this in relation to friendship. It would therefore be naïve to believe that a single research project, at a given time in history, or type of research method would fully capture all of these complexities. This section will present the rationale and processes of veracity in the conduct of this study into friendship and mental health and reveal how the narratives have been obtained. This is presented in the following sub-sections:

- Knowledge creation.
- Narrative truth and plausibility.
- Co-production, co-creation and consultation.
- Eliciting stories.
- Narrative analysis of health-related stories.
- Reflexivity and critical engagement.
- Ethics and study design.
- Presentation of the findings and analysis.

The sub-section on "Ethics and study design" provides more detail as to how the study was conducted and why it was conducted in this way.

3.1 Knowledge creation

The development of scientific and critical thinking as a systematic endeavour to uncover "truth" has been heavily influenced by realism. In this philosophy, the ontological framework assumes that a single researcher or "knower" explores an objective reality from which a uniformity of the world discloses itself through observations (Chalmers, 2013; Nelson, 1993). It has been claimed that knowledge produced in this way about mental and social life will reflect universal, context-independent laws (Chalmers, 2013; Wolpert, 1992; Capra, 1982). This epistemology lends itself well to quantitative methods of knowing the world (for example, the use of large sets of quantitative data, statistical methods and quantitative measurement) and empirical methods, which are regarded as a highly authoritative source of knowledge in contemporary culture. For example, the United Kingdom's Department of Health has defined hierarchies of evidence in healthcare, in which randomised control trials have considerably more weighting than expert opinions or patient voices (DH, 1999).

In realist philosophy, mental life - including friendship and mental health - becomes a reified "object" which may be observed and reducible to, and explicable by, more basic mechanisms. This philosophy has been evident in the study of mental health, wherein mechanisms or laws have been embedded in the medical model, behaviourism, and more recently, cognitive approaches (Bracken & Thomas, 2005). Treating the mind/self as if it were a mechanism that interacts with the world in a law-like ways has encouraged the search for techniques that manipulate mental life or produce self-understanding based on mechanistic patterns (Bracken & Thomas, 2005; Hosinski, 1993; Capra, 1982).

The literature review has indicated a great deal of fluidity in many of the unobservable and felt qualities of experience (such as acceptance, equality, emotion reciprocation, belonging and a valued social role) that are generative of meaning/feeling to experience that are not reducible. Similarly, mental health research is fundamentally about qualities and subjectivities, and a growing body of research encourages those aiming to help or understand to be compassionate with the experience and generated meaning (Stickley & Wright, 2011; Chadwick, 2010; Faulkner, 2010; Slade, 2009; Longden, 2009; Aslan & Smith, 2008; Thornicroft, 2006). Investigating the meaning and experience of friendship and mental health through a philosophy that assumes that this meaning/experience is a static, normative "reality" that just needs to be observed, may inadvertently obscure the processes of how meaning is generated, interpreted and facilitated, and an inadequate analytical process to try and reach convincing conclusions.

Narrative inquiry does not therefore seek to create a normative reality (which implies a realist philosophy) but, rather like stories themselves, a symbolic (re)interpretation of experiences that places different emphasis on salient features, with a sensitivity to context. The inherently contextual and interpretative nature of narrative inquiry is in itself a meaning-full, cultural practice, and can change from person to person and with history (Smith, Flowers & Larkin, 2009). Nevertheless, in order to be understood, narrators must share meanings and use a common system of meaning-sharing. As we are born into a world of organisation and interpersonal relations, these are provided to us in the social structures and language we use. The significance of this is that researchers and storytellers may draw upon pre-established social narratives, and ways of understanding/telling a story, as part of their particular expression (Polkinghorne, 1988). For example, the narratives Frank (2012, 1995) identified in relation to illness – restitution, chaos, quest and life-as-normal. In terms of studying narratives through lenses such as Frank's, these are not presented as normative, but instructive in describing the kinds of narrative people have in relation to their illness or suffering. How a story is told and its trajectory also reveal potential features of the meaning. For example, comedy is a story of progress of the protagonist towards a happy ending, often reflecting integration with some aspect of society, whereas tragedies are regressive stories in which the protagonist suffers adversity despite the best of intentions, often reflecting a dislocation from some aspect of society (Frye, 1957).

Acknowledging the limits of realism and incorporating the act of meaning generation and interpretation recognises that “evidence” is mediated and filtered by the participants and is also (re)interpreted by the researcher or “knower” - thereby placing the to-be-known and the knower as active participants in co-creating evidence and gaining knowledge (Smith, Flowers & Larkin, 2009; Nelson, 1993; Schuetz, 1953). This constructivist approach attempts to understand mental life not as a reified object, but as a subjective process, in which experience, meaning and variance are essential in making up our knowledge, as well as experience at any given moment - a central feature of Whiteheadian “process” philosophy (Morgan, 2008; Pickering, 1997; Hosinski, 1993; Bruner, 1990; Grossberg, 1984; Whitehead, 1925). The viewpoints and preferences of those researched, the researcher, and the reader, are constitutive in determining particular methods of data collection, particular analyses that “frame” the “reality”, and the emerging meanings and conclusions (Benton & Craib, 2011; Papineau, 1978). An epistemological break with contemporary culture’s reliance on a “natural science”, realist tradition and engaging with research strategies that acknowledge the act of co-creation of knowledge encourages *exploration* of the topics of friendship and mental health. Here, there is not an objective “truth” to be reached, but rather a meaningful account that is plausible through its authenticity (Fossey, Harvey, McDermott & Davidson, 2002).

3.2 Narrative truth and plausibility

Narrative studies rely heavily on interviews and engagement with participants, with acknowledgement that there is a dialogue taking place that constructs reality (rather than participants and/or researcher being passive agents; Chase, 2005). While generating a body of data this still leaves the research strategy struggling to make claims that have an authority, as it is arguable that such an interpretivist study of mental life generally is affected by the same issues faced by realism - underdetermination, possibility for misrepresentation, unrecognised assumptions, or unknowing exclusion of knowledge created in the process. The conclusion here would be that the full reality of the object of study can never be known or, at best, we can merely provide a common-sense view of the world for a particular community at a particular time.

Interpretivist approaches acknowledge that even the conceptualisation of the objects of study, and what is valid to be known, involves an active process of interpretation by the researcher (or "knower"), and is informed by history, knowledge base, institutional practices, beliefs, etc (Benton & Craib, 2011; Hosinksi, 1993; Schuetz, 1953). The "knowledge" generated through methods may therefore be nothing more than the result of scientific convention or social replication, as it examines only the reality that has previously been defined as knowable and as an object of legitimate study. Additionally, as the centrality of the topics of study are concerned with personal meanings, individualised relationships between people, their co-dependent identities, and their relation (through expression) with the researcher, data that is likely to be encountered will be a non-uniform, co-produced "reality" in time, for each interaction (Chase, 2005). With an increasing recognition that knowledge claims generated from interpretivist (and positivist) epistemology are themselves generated from socially-constructed methods, it seems there is the potential for multiple truths, and no "objective" subject.

However, it is not the aim nor the strength of narrative inquiry to present a singular or "objective truth" devoid of context and human value, nor is it assumed that narratives present this. Subjectivity is at the heart of narrative inquiry - as the unit for analysis, and analysis of the unit – and creates knowledge through connecting and fostering empathy between narrators and listeners (Ricoeur, 1991) and expanding our understanding through a form of emotional, imaginative and "sensuous knowing" (Taussig, 1993). Narratives reduce distance or alterity between the people involved, as the narrative becomes embedded in the concepts that are extracted or synthesised by the listener, adding to the "personal truth" of our lives and changing the way we come to comprehend ourselves or the world (Bohm; 2004, 1999). Pre- and post-narrative understanding contain "truth": The pre-narrative knowledge, which is "false" under the new way of thinking, can still have been (and remain) "true" precisely because of the set of relationships held in mind and body previously. In literary endeavours, achieving a narrative "truth" is achieving a truth-likeness; in scientific endeavour, it is the achievement of propositions that are proximal of the truth held by and amongst other narratives of listeners, or verisimilitude (Loh, 2013; Bruner, 1991; Polkinghorne, 1988).

In narrative inquiry, several steps of re-construction and interpretation takes place in the effort to present such truth, demonstrating the complexity of this form of research: From the re-construction, interpretation, and expression of experiences by participants, to the interpretation of the researcher, for still later communication to and interpretation of a reader. In this interpretive dynamic, I am, but not wholly, positioned with respect to my immediate audiences: The researched (participants) and the beneficiaries (academic peers, participants and those the study is about). I feel I have simultaneous responsibilities and obligations to these different audiences. For example, to participants, I aim to simultaneously explore the fullness and complexity of their accounts and be sensitive to the delicate meaning(s) to their lives and stories of friendship. I aim to be an attentive listener, to try as much as possible to inhabit the narrative of each interview, to attend to the sensuous and the rhetorical elements and continually try to bring forth the creative synthesis of the story with my own interpretation, feeling, values and overall engagement with them. I also have the research community and beneficiaries to perform to, to whom I have a responsibility to ensure intellectually-virtuous researcher characteristics - such as conscientiousness, open-mindedness, honesty, creativity, comprehension, sensitivity, curiosity, and exploration - to promote a degree of confidence in the general approach of a study (Zagzebski, 2003; Kawall, 2002). The "truth" of the study therefore emerges through interpretive efforts, as understanding is cast about between the narrators (participants and researcher) and the listeners (researcher and readers).

Interpretive approaches like narrative inquiry embrace the subjectivities in the acts of creating the truth. Rather than seeking to exclude the process of interpretation, narrative inquiry recognises the reconstructive process of how we interpret aspects of the world we attend to (e.g., "this" as opposed to "that"; Levi-Strauss, 1966), what is personally-felt to be of importance to others (Riessman, 2008), and the inherent revelation of value in our acts (Polanyi, 1974). A reflexive approach can help make explicit my embeddedness and that of the research process in the practices of communities with a common or shared body of knowledge and practices of the study (Vahamaa, 2013; Nelson, 1993; Keller, 1982), the methods and decisions made to provide context and help determine the rigour in any systematic approach, my interpretation and agency as an individual researcher/knower with a history (Elgin, 2013), and account for the links between participants' stories and the analysis and generation of theory (Holloway & Freshwater, 2007).

In this way, narrative inquiry requires the researcher to be reflexive on their positionality through the study. Working in a reflexive manner, to contextualise the study process and the interpretation, demonstrates how narrative and knowledge have been co-produced, made authentic through presenting the process of the construction of the outputs of the thesis (Loh, 2013; Maxwell, 2012; Foster, 2007; Holloway & Freshwater, 2007; Guba & Lincoln, 2005).

In narrative inquiry, this is not a static achievement but is an ongoing reflexive engagement, in which the researcher simultaneously refines their insight and awareness of their encounter with the topics of study, communities of interest, themselves, as well as the concepts used. This may be achieved through a range of conscious and unconscious processes. For example, through reflection on one's own experience(s) and those of others, or considering counterfactuals – the potentials of how things could be, not just what they are (Sayer, 2000). Knowledge generation in narrative inquiry requires continued effort to discover meaning, utilising different methods, reasoning, interpretation or dialogue. As Russo (2016) and Frank (2012) note, this necessarily involves giving up the aspiration of creating a dominant interpretation and replacing it with an aspiration to open up possibilities and continue dialogue with one's self and the community on the topics of interest. Reflection on the embeddedness of the researcher encourages the researcher to "play" with their understanding and interpretation, through the active, creative process of perspective-taking – either of context or of differences in stories brought by participants. By having a greater understanding of the influences on the knower (political, social, interpersonal, physical, etc) and their science, through reflexive articulation of the researcher and putting this into the study, depth is added to how the topics have come to be understood at this point in time, instilling some confidence in the researcher's effort to achieve plausible conclusions. Consequently, reflexivity on researcher embeddedness becomes an essential part of the evidence for, rather than reasons for doubting, the specific conclusions drawn.

Critical realist perspectives argue that more than individual, common-sense conclusions are possible within this approach as, in order for scientific investigations to occur, the object of that investigation must have some reality and internal mechanism in order for the method of investigation to interact with and produce the particular outcomes (Maxwell, 2012; Benton & Craib, 2011; Collier, 1994). In narrative inquiry, the *struggle* to impose narrative order and interpret emergent experience (for both myself and participants), the *effort* to create order to convince and share the meaning of their narrative/knowledge to an audience (narrator to researcher, researcher to reader) "proves" that there is a "reality" which, through interaction with it, story and knowledge are emergent (Chase, 2005; Sayer, 2000; Ricoeur, 1991; Fay, 1987). As members of communities who order and unify experience through accumulated memory, we develop both limits and possibilities in our knowledge and our stories, and also in our capacity to reflect on ourselves; unconscious processes may be reflected in what we can and cannot speak about (Butler, 2005). Therefore, a major benefit of recognising and articulating a communal-/shared-approach to knowledge creation is that the extreme of relativism and solipsism of a single researcher cannot apply – knowledge-creation is communally developed and shared, not individual and relative (Nelson, 1993; Schuetz, 1953).

Recognising the embeddedness of knowledge-creation, which will appear throughout the thesis at difference points, places greater emphasis on the conditions of interpreting and knowing, and the practices and ethics of knowledge-creation with the community more widely. While all research is anticipated to adhere to the principles of autonomy, beneficence and justice (Fischer, 2006; DH, 2005), especially when involving human subjects, communalising the pursuit of knowledge aims to advance the research itself through broadening the perspectives in the study in identifying, prioritising, designing, conducting, analysing, and disseminating research. This will be detailed in the following section.

3.3 Co-production, co-creation and consultation

Co-production of health research has a tradition and theoretical basis in disability and mental health service provision (Barnes & Cotterell, 2012; Beresford, 2005) and introduces a number of potential benefits to quality research (Health Research Authority, 2017; Involve, 2015; Brett, Staniszewska, Mockford, Herron-Marx, Hughes, Tysall & Suleman, 2014;

Elgin, 2013; DH, 2005; Faulkner, 2004). In qualitative health research, “co-production” and “co-creation” also relate to the communicative and creative nature of qualitative interviewing, in that the data is “co-produced” from the interaction of the researcher and the participants over the course of an evolving interview occasion itself (Chase, 2005; Ellis & Berger, 2003; Holstein & Gubrium, 2003). While I have not used an approach that I would consider co-production in the health research sense, the data and the findings are indeed the co-production/co-creation of qualitative research, of the relation between myself and the interviewees and my interpretation of that data (Rose, 2013; Barnes & Cotterell, 2012; Chase 2005; Guba & Lincoln, 2005; Josselson & Lieblich, 2001).

Rather than conduct a health research co-production approach to the study, I settled for a consultative approach. This was felt to be within the limits of my competency as an emerging doctoral research candidate yet to establish credibility within the communities of interest and yet to establish a mindset of self-focussed and other-focussed virtues and practices that facilitate successful co-production studies. With this in mind, prior to data collection, I held the proposed research and rationale up to scrutiny through seeking consultation from three service-user groups in the Nottingham area. Consulting with the public in this way does not generally raise ethical concerns as the public is advising on the research process itself (Involve, 2015). The groups I met with, totalling approximately 25 people, were made up of a roughly equal-balance of male and female members, specifically people who had experienced mental health difficulties, and were predominately of middle-age, but not exclusively (some people were over 60 years old). Although the groups were mostly white (a minority were of black or Asian appearance) and English-speaking, it was not possible to ascertain other, or more specific, characteristics to give better definition of the group.

These informal, service-user-hosted consultations resulted in a collective validation of a number of aspects of the study:

- While the study was borne out of my personal involvement and interest of people’s friendships through periods of distress and formative years, the user groups confirmed this remained an important and relevant topic of research, and there was an eagerness to share personal accounts.
- Listening to and analysing personal accounts of friendships and mental health was an appropriate method in retaining diversity, individuality and commonality of experiences. This provided some encouragement that the approach was congruent with those who had experienced distress.
- The topic was new, permitting new possibilities of expression and perspective-giving, even to those who had participated in user-controlled research before or had endured distress over long periods of time. Being listened to, which featured prominently in how I discussed the research proposal, was felt to give voice to a marginalized group and a relatively unexplored relationship of some interest and perceived benefit.
- A shared sense of altruism and co-operative endeavour about the topics of study, to benefit the lives of all, and in particular to benefit others who had experienced mental health difficulties.
- Storytelling was an easy way of participating, permitting personal expression while accepting that this also provided “data” for a researcher.
- This collective validation of the study led to a willingness to recruit, thereby assisting with effective recruitment. Recruitment included some people at the consultation, as well as others through introduction, or through hearing about it from those in attendance.
- Although validation and a desire to be involved was evident, no other commitments to be involved were given (e.g., to assist with

the analysis of narratives). This is likely to reflect a perception of the "expert" view of research (although some the consultations were peer-/user-led researchers themselves).

These three groups gave "sanction" to conduct the research, giving it some credibility with the beneficiaries and potential participants. Interestingly, some people at the meetings asked for clarity over how the study would benefit them. In terms of the outcomes of the study, this was a question that I could not answer at the time as it felt like pre-determining what I would like participants to speak about or to, rather than listening and exploring through the narratives of those who had lived through the experience. Instead, other members of the community "answered" this issue, with some of the features listed above – notably the relevance of the topic(s), the opportunity to make sense and narrate the experience of friendship and mental health, the significance of stories to develop a cumulative, shared history on these topics, and the opportunity to promote the benefit of user-led practices. This confirmed to me the ambivalence of public knowledge about friendship and mental health, and therefore the appropriateness of targeting this age range (for the awareness of community- and individual-formation of selves and practices) and people with experience of distress (for the capability to speak about the disruption of taken-for-granted assumptions in everyday life, highlighted in the literature review).

3.4 Eliciting stories

Narrative methods assume that human experience and behaviour are inherently meaningful and that in order to understand people, we need to explore their meanings and interpretations (Polkinghorne, 2005; McLeod, 2001; Legault & Rebeiro, 2001; Davidson & Strauss, 1992). There are a range of methods for obtaining narrative data (e.g., diaries, case histories) and the use of any method is based on the purposes and circumstances of the researcher (Denzin, 2010; Hammersley, 1992). I opted for an approach that facilitated spontaneous, verbal narrative creation, rather than written narratives as this is a more convenient, and possibly expected (Silverman, 1997), method of expression for most people. Oral histories are usually obtained through an interview with the researcher (Fontana & Frey, 2005).

Structured interviews usually present participants with a pre-determined set of questions to be answered; the data in the studies of friendship and mental health highlighted in the literature review were collected through structured interviews, using standardised questions about friendship (e.g., "do you have friends?", "can you tell me about them", "what does being a friend mean to you?"). The standardisation of questions reveals a positivistic assumption of "truth-finding": The interview can be performed or replicated again, with the purpose (or assumption) that it will produce the same set of data. In structured interviews, the assumption is that the data collected mirrors a reality and generates valid and reliable knowledge about the phenomena, independently of the researchers' or participants' awareness or interpretation of it – again representative of the assumptions of realism. While being a method in the interpretive paradigm, the imposition of standardisation firstly "frames" what participants reveal through the meaning presented though each question (Fontana & Frey, 2005). It also implies that the participants give a passive and/or near-impartial account of their friendships on which the researcher imposes a "correct" (re)interpretation of meanings to the data. Importantly, structured interviews do not give sufficient recognition or significance to participants' agency in expressing their subjectivity, and the social tools available to make sense of their experiences.

The style of the interview was therefore to provide a space for the participants' stories of their friendships and mental health to emerge and for their reflections to be heard (Riessman, 2008). My background in working with, providing support and advice to, and developing services for people with mental health difficulties, as well as my own way of communicating, meant that I already had a particular interactive style, but narrative interviewing required a different approach in terms of what to listen for, and what to seek reflection on, which was contrary to day-to-day communication and typical expectations of interviews – that of question-and-answer and information-seeking. In narrative interviewing, the process involves two active participants who co-construct a narrative and the meaning and narrative data becomes available through open-ended questions (Fontana & Frey, 2005). Holloway & Jefferson (2000) suggested four principles that facilitate the production of participants' meaning, which were adopted in my interaction with participants' storytelling:

- Use open-ended questions. e.g., "*Tell me about that time*".
- Elicit a story. e.g., "*Tell me about a time when…*", "*What was happening around that time?*"
- Avoid "*why*" questions which can come across as threatening and putting participants in a position of justifying and defending.
- Reflect back, using participants' own ordering of a story and specific phrasing. e.g., "*You said that were there through the thick and thin. Tell me more about that*."

Consequently, I did not use an interview schedule or offer any topics as a guide for participants beyond the framing of the research interest. Preparation went into what I may say in order to prompt story-telling and certain phrases were often used (following Riessman, 2008) such as:

Tell me about a time when…
You mentioned [x], tell me more about that time.
What happened after [x]?
You mentioned [x] and [y], how has this changed your friendship?

> *As we've been speaking, are there other friendships or groups you would like to tell me about?*

Rather than structured, the interviews were unstructured, reflective and open-ended in order to facilitate storytelling from participants, and story-listening from myself.

3.5 Narrative analysis of health-related stories

The study employed a narrative method of enquiry (facilitating and collecting stories of friendship) in order to explore a complex subject of personal meaning, any analysis of which reflects the iterative interpretations of the researcher as the study progresses. The study of experience raises this same question, irrespective of perceived similarities between myself and some participants: Participants were still being treated as "data sources" and the task of understanding and making meaning of mental distress or friendship was being given to an "other", perpetuating a potential power division (Russo, 2016). While objectifying "data sources" is inherent in all research (Davidson, 2008), the co-production methods meant that there was limited opportunity to verify the analyses and reduce the room for the researcher's own (i.e., individual) interpretation, a central concern of survivor-controlled research in mental health (Beresford, 2003; Faulkner, 2004). There would be an absence of the authors/participants from the further processing of their own stories, although an opportunity for participants to do so was provided in the offer to review their transcripts and provide commentary. This offer was not taken up, however, placing a trust and an expectation on me to make sense of the data.

An initial starting point was to identify the narratives being voiced. In their simplest form, Todorov & Weinstein (1969) observed all narratives begin with a state of equilibrium, have a middle in which a change to the equilibrium occurs, and an end in which there is a resolution that brings about a new equilibrium. A more contemporary and complex description of narrative structure, commonly used to identify narratives in stories, is that provided by Labov & Waletzky (Riessman, 2008; Labov & Waletzky, 1969). In this formulation, a narrative has stages in which the narrator who is seeing or presenting the story of their lifeworld provides a different emphasis:

- Abstract: A summary or introduction to what is to come.
- Orientation: Characters, place, setting and time, brought into relevance as part of the narrative.
- Complicating action: The substantive issue which the narrative speaks to.
- Evaluation: The meaning of the story.
- Resolution: What happened afterwards or what has been learnt.

Such a structural approach was used to identify narrative occurrences, major components of the narrative, and how they were connected. As narratives are dialogic (Bakhtin, 1986), they reveal what the narrator is speaking to through what they evaluate, justify or criticise. Narratives therefore carry a rhetorical function which relates to a wider context of discourse. Aligned to the structure and the function, narratives are delivered with an emotional tone. For example, a pessimistic tone may indicate a tragedy or regressive narrative.

As an act, narration and story-telling not only bring order and meaning to our everyday life but the active involvement of the teller in the telling reveals a self that is constructed in connection with the narrative – an identity (or range of them). This process of narrative identity formation is dynamic and occurs in a changing social and personal context (Chase, 2005; Fontana & Frey, 2005). Through storytelling, the teller engages with their world, and through narrative analysis it is possible to understand both the narrator and their world. Although narrating is often considered in individual terms – it is the narrator's own story – they may also bring collective histories representing those of a group or community. Collective identities may be manifest through terms such as "we", "us", and "them" and in more subtle ways; for example, through recalling acts of suppression or exclusion (Murray, 2008).

Aspects of a narrative, or between stories/accounts, are also linked by dominant or recurring ideas, or themes. In narrative analysis, themes are identified as facets of the narrative and how it is narrated, rather than coding the manifest content and tying narratives to the categorisation (Riessman, 2008; Mishler, 1986). Narrative thematic analysis therefore encourages the researcher to stay close to the narrative being told when identifying themes. Where more than one narrative is analysed, this permits a refining of concepts and identification of commonalities of themes.

The manifestation and meaning of different narratives are not always apparent and can be approached in different ways by different researchers, although Josselson (2004) and Ricoeur (1991) identify two steps to the process:

- Hermeneutics of faith: Empathic engagement, immersion and connection with appropriated meaning, to expand knowledge through this engagement.
- Hermeneutics of suspicion: Suspicious engagement with appropriated meanings and expanded knowledge to identify the contexts in which the manifest narrative is produced.

Langdridge (2007) provides a narrative analytical framework that pragmatically combines a number of narratively-oriented analytical methods, within phenomenological traditions, that facilitate formulation of commonalities alongside the need for a plurality of views to be taken/arrived at, as no single orientation or explanation needs be taken as exclusive or predominant. Langdridge's framework is outlined as a series of stages, but the process of the framework does not need to follow this structure. Stages, in Langdridge's framework, are not discrete as different narratives may, via the researcher's immersing within them, introduce new aspects to consider and take alternative views from (or "play" with) at different times. Langdridge encourages further effort in the analysis, and therefore engagement with the meaning, through introducing moments of interpretation through critical social theory/theories from marginalised groups. This demanding approach to narrative analysis was chosen in order to ensure robustness and plausibility to the study, open to critique by the reader.

Following data collection, the stages of this framework are:

- Stage 1: A critique of the illusions of the subject. A researcher reflects on their value position in relation to the focus of the study and their expectations.
- Stage 2: Narratives, narrative tone and rhetorical function. Transcripts are reviewed to identify narratives within the stories/interview that are related to the research aim and examined in detail to identify the character and tone of these narratives.
- Stage 3: Identities and identity work. Narratives are explored to identify how participants construct and present their identities.
- Stage 4: Thematic priorities and relationships. Patterns within stories and between participants are noted to identify themes.
- Stage 5: Destabilising the narrative. This involves using critical social theory to interrogate the data.
- Stage 6: Synthesis. This entails developing an analytical summary of the preceding stages through a discursive process.

Researcher reflexivity and empathic/critical engagement with the meaning of participants' stories is a key part of the process.

3.6 Reflexivity and critical engagement

The revelations, and challenges, of qualitative and phenomenological research emphasise the "self" of the researcher as co-producer in the process; reflexivity becomes an important tool for the researcher, in identifying and revealing assumptions, recognising and justifying decision-making processes, and reflecting on how they have co-produced the findings (Guba & Lincoln, 2005). I am just as much a participant in the research as those who are the formal participants through contributing their stories. Reflexivity here leads to demonstrable data on how my own history and influences have shaped the initiation and participation of story-making, and therefore what becomes known or demonstrated. Exposition of my values, beliefs and actions are important as it gives context to how I contribute to the co-creation of narratives.

There is a great deal of emphasis on providing continual descriptions about, and justifications for the decisions, of the researcher to make methodological, analytical and ethical decisions. Without an overt search for error/divergence, this could suggest a limited attempt to seek alternative or contradictory conceptualisations (Murphy & Dingwall, 2003). Interpretation may be influenced in a number of ways. For example, participants may appeal to ideals, rather than the realities, or they may become accounts made relevant to the researcher's or interests (Heritage, 1990; Goffman, 1959). Simultaneously, the narratives of people who may be seen as having authority because of their experience may inadvertently become idealised by the researcher due to uncritical over-emphasis on manifest, surface meanings – what is described, spoken and immediately understood – and little contestation over the uncontrolled processes that structure and form identities and selves (Morgan 2008). Self-reflection becomes an important tool for the researcher, and a reflective journal and notes are proving vital to record this through the study.

Through this reflexive process towards my own friendship experiences and encounters with distress, I have come to understand my own friendship as a most delicate and autonomous relationship – autonomous here meaning simultaneously negotiated between "us", and a preference for relating arising without conscious, controlling thought. My friendships do not involve feelings of "resistance" or disunity, but instead have a feeling of ease (or an absence of feeling ill-at-ease). My reflexive engagement with my own friendship experiences has often resulted in self-serving and self-affirming accounts that rhetorically justify my merits and that of my friends; why we are *good* friends, why we *like* each other, what exciting and *happy* times we have together. Through this validating reflection of my friendships, I am vindicated for who I am, how I live and what I do.

My friendships provide "happy experiences" (which I feel less than able to provide) that momentarily raise me out of the routine existence, nudging me into the enjoyment of relating and our time together. Evidently, friendship has been good, and I undoubtedly seek friendship to be accepted, to be heard, to be reminded of who I am, for feelings of happiness. This satisfaction within my recollections of friendships and contentedness with my existing friends is not a complete nor honest account of my friendship. I reveal my positioning towards friendship in the spirit of honesty.

Firstly, I do not know if the same functions of friendship are what my friends seek or experience generally as our friendship(s) are not spoken about, beyond spending more time together. Speaking about them would seem to collude with a self-satisfaction that limits the creativity and spontaneity of the encounter, defining rather than permitting one another. Secondly, I feel my friends are more and better in terms of character, good will, generosity, ability, than I to them, and I am often anxious about feeling burdensome as a friend and my desire to appeal and remain included in someone else's life.

Some friendships have brought exclusion and rejection in childhood and adolescence which have made me feel unworthy and generally disconnected from the rituals of the "happy experiences" and "causes" of friendship. I have come to accept that certain kinds of friendship are foreclosed to me. This follows a trajectory of strong desire for friendship in childhood (to play, to share, to explore) and a need in young adulthood (to be part of the zeitgeist and demonstrate achievement in adult life). My investments in daily living now are with a family of my own and a career/work that bring sedimentation, as well as joyful and difficult, commitments. The dynamism and opportunity of time with friends appears directionless or inconsequential to these priorities and are unable to compete. My friendships are characterised by a lack of *necessity* and where friendships have become "heavy" (e.g., requiring forgiveness or guilt, or where I have been hurt), I have let go of particular friends (and they, me). Yet the relationship itself remains desirable. In hindsight, I regret losing friends for our inability to resolve issues while also becoming more appreciative of our limited companionship, revealing our fallibilities of the time.

Between the energies, expectations and emotions of friendship, and the limits of career and immersion in a new-found family life, having solace has become more important. Thus, my friendships have become generally more distant from the detailed complications of intimate relationships and individual development. Friendship appears indifferent to my own personal experiences of losing orientation to life, of diffusion of myself across chaotic struggles. For me, surrounding friendship is an emptiness, that this life and my experience does not matter. When distress takes hold, it has been difficult to acknowledge that friendship even exists. Any shift in experience or enduring effect seems improbable.

Yet, still, when I have imagined who can or will listen and care for me, bear witness to the success and woe of my life, it is “family”, and - almost tripping off the tongue - “my close friends”. There is little doubt of the relief my friends have brought from the burdens of my “normal” life. Even in privileged circumstances as my own, the simple acts of friendship amplify my connection with a perceived better life and a “movement” within me that it is possible to continue living while enduring distress. They have provided a touchstone to an imagined existence of ease and contentment with the world, in a world that is, ultimately, indifferent to this experience.

Amidst the continuing refinement of (in)compatibility with others, friendship appears an increasingly delicate form of relating, involving a cacophony of processes that establish a unity together. My position in relation to friendship is of an admiration for and celebration of my friends for who they are and what they bring to me, hoping I contribute towards their journey through life. For my friends who endure distress, and for my own distress, I am curious as to what we have achieved, and what we may need to achieve again.

Through bringing forth a (fuller) witness to my own friendships and my bifurcating lens of the positive and the negative experiences, and through researching the stories of others who have experienced friendship and distress, I hope to provide some insight into this. As with all research, consideration of exploitation, power and safety is important. The difficulties in ethically reconciling involvement in the research process and data collection shows the importance of the power relations between the researcher and participants, and the extent to which ethical issues are of great importance in the success of research and, in narrative research, in the co-production of data (Fossey et al, 2002; Wolf, 1996). The principles and practices outlined in the following sections aim to demonstrate how I built up a trusting relation prior to any actual involvement, delivered a positive experience for those who become involved in the research process, ensured safety when participants are discussing their personal circumstances, provided security in information-handling so that contributors do not experience any negative consequences through publication of research, and also ensured that alongside the benefits to the researcher there is a benefit to the community (personal and academic).

3.7 Ethics and study design

The study aimed to collect stories from healthy participants and was not intended to affect treatment regimes for existing health conditions. Nevertheless, given the context for the study to have potential implications or relevance to social and health care practitioners, I utilised the UK's policy framework on good practice in the management and conduct of health and social care research (DH, 2005) to aim to protect and promote the interests of the public generally and retain the confidence of anyone who may benefit from the research. The benchmarks for good research practice included (adapted from DH, 2005): The safety and wellbeing of individuals prevailing over interest; the researcher's competence in managing and conducting the study by virtue of education, training, experience and supervision; by having a scientifically sound method; by adhering to principles of autonomy, beneficence and justice when engaging with participants or when considering groups; integrity, quality and transparency in the management and conduct of the research; by having clear protocols and rationales; consideration of anticipated benefits weighed against foreseeable risks; having approval from a research ethics committee; for the findings to be accessible; for participants to be afforded respect and autonomy, taking into account their capacity to understand; and respect for privacy before, during and after data collection.

In consideration of these principles and adhering to autonomy, beneficence and justice for participation in research (Fischer, 2006), a range of ethical issues and logistics were considered in the design of the study to try and ensure the delivery of a positive experience for those who became involved in the research process (e.g., adopting co-operative inquiry protocols with vulnerable people; Tee & Lathlean, 2004; consideration of the impact of study design on the recruitment process, having a study design appropriate to the topics of study, communication methods, and good interpersonal and organisational issues/skills; Patel, Doku & Tennakoon; 2003) and promote confidence in the output of the research for beneficiaries. From study design to analysis, ethical issues that arose (and study design choices made), are accounted for in the following areas:

- Benefit.
- Participation and imposed identities.
- Potential vulnerability of participants.
- Building trust with, and access to, potential participants.
- Voluntary participation, informed consent and autonomy.
- Sample size and participant selection.
- Harm and discomfort.
- Maintaining trust, and continued involvement.
- Privacy, anonymity and confidentiality.
- Interviewing and the narrative occasion.
- Reflective listening.
- Transcription.
- Researcher veracity.

The study was submitted for research ethics approval from the University of Nottingham's Medical School Ethics Committee on 29th June 2016. Approval was received on 15th September 2016. While ethical approval may have satisfied and met issues of concern noted as part of the planning stage, ethical questions may have emerged as the study developed (Edwards & Mauthner, 2012), and the management and conduct of the study in response to these are included below. Had unanticipated hazards and risks associated with this study were found to be greater than the advantages, then I would have considered stopping the study or seeking alternative ways forward.

3.7.1 Benefit

It was important to remember the principle of beneficence in research and not just to conduct research a means to satisfy the curiosity of the researcher. In this study, a number of groups are potential beneficiaries although the most direct beneficiaries are participants, participant-related groups and myself, within the constraints and framework of the study (see section 3.3). While providing stories may bring "voice" to potentially unspoken experiences or a topic of interest, and thereby bring its own therapeutic and empowerment rewards (Faulkner, 2004) – which are of course immeasurable, but not guaranteed – the opportunity to participate did not appear to bestow any benefit to participants, yet required resourcing, time and effort from participants (McLaughlin, 2006). This was not unique to this study, as many research participants do not derive immediate or direct benefit from it. Nevertheless, the study needed to be attractive to those who were not able to give their time on a philanthropic basis.

I considered paying people to be involved but decided against this as it may have been coercive to participation or created an expectation amongst participants that they must produce an interview (or performance during interview) that is worthy or value-equivalent of the payment (Head, 2009). Therefore, while no financial incentive was given to facilitate participation, it was still necessary to consider the time and expense that participants gave to provide valuable data, in particular as some participants were on low incomes. Instead, I adopted an approach whereby interviews could be undertaken in a suitable locale near to participants to reduce expenditure, and of appropriately compensating for the expense of being involved. As such, a travel allowance was available to facilitate involvement and minimise expenditure, although no participants made use of this.

While immediate benefits to participants was minimal, members of a range of social networks and different communities could have an interest in the insights gained from the study because they have the potential for benefitting in the future (Roberts, Warner, Green Hammond & Hoop, 2006). Without the research taking place, there was a risk that nothing new was learnt about friendship from the perspectives of people enduring distress, resulting in a failure to scrutinise how professionals and the public view this relationship when in similar circumstances. Furthermore, an evaluation or endorsement of any proposed “friendship practices” necessitates sharing of knowledge gained for healthcare and public benefit. Feedback to participants/participant groups is an important principle of “survivor” researcher, signifying respect and continued ownership (Faulkner, 2004). The dissemination of findings remains an important part of the research and will be undertaken in a manner that permits critical appraisal of the findings. Five key strategies here include conference presentations, publication via journals, involvement in public events (such as World Mental Health Day), reporting findings to participants, and forming/connecting with communities that are interested in the study (to further refine the study or inform their work).

3.7.2 Participation and imposed identities

Objectifying participants is inherent in all research (Davidson, 2008), and this created an ethical dilemma, especially given the stigma and spoiled identity often experienced by people in distress and who may already feel exploited or objectified. Effort was made to not replicate the latter (either through information or interaction) by defining the subject of study as an aspect of general civic life – friendship first and fore-most - thereby promoting participation and dialogue as equals and recognising and maintaining the valuable contributions participants made in the community (Forrester-Jones & Barnes, 2008). This therefore meant that prospective participants could focus on the "lived experience" of friendship and mental health both prior to offering stories, and during the interview itself, using language, identities, subject positions and accounts they wished to bring forth. This non-stigmatising and potentially empowering starting point for recruiting to the study and continued involvement, also had the advantage of reaching out to those who did not define themselves as long-term users of mental health services.

This led to consideration of how to promote the study. Firstly, it meant casting a wide net beyond local networks or personal dyads already known to the researcher and beyond those currently using mental health services. Secondly, it meant potentially encountering networks or personal dyads that may not have been anticipated by the literature review. For example, some potential participants may have not disclosed a mental health difficulty within their personal community (for fear of stigma, rejection, loss of work, etc) and this was an important group to try and involve in the research, as the personal and/or ethical questions they are considering would present different data to explore. Similarly, it was important to attract participants who did not identify with having friendship currently (and may or may not desire it). Therefore, while this public call-for-participation inevitably appealed to those who identify with, or have an interest in, "friendship" and "mental health", the promotion of the study did not seek to further define potential participants in particular ways (i.e., having certain kinds of friendship or specific types of mental health difficulties).

While less stigmatising, this broad approach could have inadvertently diluted the emphasis on involving those who have experienced mental health difficulties, which would defeat the opportunity for this group of people to communicate the issues to those who have never experienced them (Weinstein, 2010). In this study, however, sixteen participants had been service-users and fourteen still were at the time that interviews took place. One participant had not been involved in service-user-led organisations nor mental health services, and two identified as peer support workers in mental health services. The stories gathered therefore reflect various experiences of involvement in the field of mental health.

3.7.3 Potential vulnerability of participants

People who are experiencing mental health difficulties are one group who are regarded as vulnerable, due to perceptions of being less able to make autonomous decisions or more likely to be distressed by the experience. While the labelling of a group of people with varying experiences as vulnerable may foreclose perceptions of autonomy held by the group and appear paternalistic as regards their capabilities and resilience, it was important to give consideration to each participant's ability to give informed consent to engage with the research process, owing to the variable nature of mental health. Individuals with a mental health difficulty are able to give consent to participate in research as long as they are considered to have mental capacity at the time, as is the case for any participant in any research. An important question was therefore how to reasonably determine the mental capacity of participants, to ensure voluntary consent.

From the outset, to try to minimise concern over capacity to voluntarily consent to be involved in the research and the participants' vulnerability to distress, a decision was taken that participants would be excluded if they were in an acute phase of ill health or in a period of time where relapse was likely. To establish this, exclusion criteria in relation to involvement with crisis/in-patient services was introduced: If a potential participant had had an in-patient admission or had been under the care of crisis services in the previous year – a timeframe that covers most relapses (Chung, Ryan, Hadzi-Pavlovic, Singh, Stanton & Large, 2017; Seemuller, Obermeier, Schennach, Bauer, Adli, Brieger, Laux, Riedel, Falkai & Moller, 2016; Naz, Craig, Bromet, Finch, Fochtmann & Carlson, 2007; Bromet, Finch, Carlson, Fochtmann, Mojtabai, Craig, Kang & Ye, 2005; Goldacre, Seagroatt & Hawton, 1993) – they would not be able to participate. This also meant that participants were recruited from public, community-based agencies and organisations rather than recruiting from acute settings or medically- or therapeutically-oriented services where there was a greater likelihood of recruiting participants who were more likely to be acutely distressed or experiencing a relapse.

3.7.4 Building trust and access to potential participants

The public-facing recruitment aimed to be transparent about the purpose of the research and what it hoped to achieve, without attempting to influence the involvement or contributions that people wanted to make as members of the public. In order to ensure this took place, I undertook recruitment myself, rather than through an agency, so that a dialogue could occur at the point-of-contact, trust in the research and researcher established early (Roberts, Warner, Anderson, Smithpeter & Rogers, 2004) and any further informational questions participants asked, answered quickly. In these personal interactions and communications, the aims of the researcher were made transparent so that participants were making as fully-informed decisions, and being self-defining, in their participation as much as possible. For example, the research project was explicit about recruiting from the general public, those who identified as having experienced mental health difficulties, and those who could share stories of friendship. The level and type of commitment that was required by participants was also made apparent.

The principles and practices here aimed to build a trusting relation prior to any actual involvement, to deliver a positive experience for those who become involved in the research process from the outset, to ensure safety when participants were discussing their personal circumstances, to provide security in information-handling so that contributors did not experience any negative consequences through publication of research, and to also ensure that alongside the benefits to the researcher there was a benefit to the community. As such, participants may have felt more able to express themselves clearly without fear of judgement in any stage of involvement, thereby minimising the influence of the research process itself on the extent to which participants voluntarily engaged with the project. By creating interest and voluntariness in a project in an area of research that may benefit others directly and give voice to a largely unspoken topic, people actually seemed to *want* to contribute. Participants were also routinely asked, after interview, if they would be willing to signpost others they may know who may wish to participate, to the promotional materials. This "snowballing" outreach strategy has the benefit of making the entreaty to participate more personal to those that may be interested (Sadler, Lee, Lim & Fullerton, 2010) although this did not guarantee that they met the inclusion criteria nor were informed correctly about the study. This was handled by ensuring that all prospective participants were provided full details and given the opportunity to discuss if necessary.

With the study focussing on the stories of friendship as told by people with mental health difficulties, I was confronted by how to reach participants in environments where this would appeal. Furthermore, with an approach that aimed to permit participants to tell their stories with minimal pre-conception over what would be expected, the route to participants was felt to be of vital importance. For example, recruiting via a health service may have suggested a need to talk about friendship and its effects on symptoms, or the role of practitioners as friends, or specific interventions related to friendship. Similarly, it was felt that promoting the study in general public places may attract an overwhelming, and potentially inappropriate, number of enquiries regarding participation in the study. Consequently, a decision was made to promote the study to specific mental health groups/organisations that were service-user led or governed, within the Nottingham area. These included: Self-Help UK, Harmless, Middle Street Resource Centre, Nottingham Focus on Wellbeing, Kick Back Club, You've Got A Friend, Nottinghamshire Peer-to-Peer Network, St. Peter's Gate Mental Health Group, and the Institute for Mental Health.

Some organisations were interested in the study and invited me to their operational location in order to meet, answer any questions and ascertain if individuals present would be interested. I prepared a presentation for people attending to introduce myself and the research and discuss the potential benefit to participants in undertaking the study. I also confirmed with the organisations themselves if they would further promote the study through displaying a poster and/or distributing a weblink (www.friendshipandmentalhealth.weebly.com; accessed 07/08/19) to members of their organisation via their social media. The latter method was employed as it is a useful way of reaching hard-to-reach groups (Topolovec-Vranic & Natarajan, 2016) and also cost-effective, efficient, and able to be updated quickly once the study had closed (Batterham, 2014). Where participants indicated a willingness to be involved at the meetings I attended, or contacted me after the sessions, seeing a poster, reading social media, or being recommended by someone else, further information was sent to ensure that participants were sure of the criteria for involvement, what would be involved, and what was expected during the interview (see Appendix 1). All participants recruited using these methods were asked if they wished to discuss any questions they may have had about the study prior to committing.

Developing rapport and trust with prospective participants was essential to ensure a collaborative, non-coercive venture. Opportunity to build rapport was offered via telephone prior to the interviews being conducted, to introduce myself, for participants to get to know a little more about me and the research, and answer any questions or concerns participants may have had, including the potential dissemination and use of the research. No participants took me up on this offer, although I did have enquiries about meeting the inclusion/exclusion criteria. Developing rapport is also a potential consequence/requirement of the method itself, as the stories/data collected can be more intimate than in other types of formal discourse.

3.7.5 Voluntary participation, consent and autonomy

The respect of people’s autonomy is another fundamental principle of research and it was important that prospective participants decided whether or not to become involved in the study or whether or not to discontinue their involvement. In phenomenological research such as this it is the norm to provide participants with full knowledge about the nature of the research in the process of agreement to participate, and this research was no exception. It was important that all prospective participants were able to understand the nature of the study to ensure they could give informed consent to participate. Operationally, for participants, it was made clear that this was a University of Nottingham research project, undertaken by myself, with the aim of improving understanding of friendship and mental health through the telling of stories; any contributions or involvement would be voluntary, and that participants could choose to withdraw their involvement at any stage without giving a reason.

Participants were given multiple opportunities to gain detailed information about the study and their involvement in order to enable them to provide informed consent to participate. This was provided in a written format (an “information sheet”; see Appendix 2) which included an introduction to the research activity and the research purpose; how and why participants would select themselves/were chosen for the study; how, where and when the study would be conducted, and what would be expected of participants; the possible benefits and risks to participating; assurance of confidentiality; an offer to answer questions prior to commitment; a non-coercive/voluntary participation disclaimer and the option to withdraw. Where participants had contacted me, or indicated their willingness to participate, I gave them an opportunity to review the information sheet and contacted them a week later to ascertain if they were still interested, to give participants sufficient opportunity to reconsider and decline. Furthermore, voluntary consent was discussed verbally at each interview, and participants were asked to sign a consent form (see Appendix 3).

Although the actual determination of informed consent throughout a research project may be difficult, it presents greater difficulties in the open-ended narrative approach of the interview as the direction of story-telling is, to some extent, unforeseeable such that it is impossible to give fully-informed consent regarding the content of their stories. Therefore, while the broad topics to be covered and the expectation of being participant-led were made clear, it was entirely possible that participants may have revealed issues they had not intended or expected to, they changed their mind on participating, or they felt obliged to remain involved in spite of not wanting to. Therefore, to complement obtaining consent on a form at a particular time, and add further support to the management of potential distress to participants, an approach of “process consent” (Dewing, 2007; Munhall, 1989) was adopted: Emergent difficulties over participation would have been discussed openly, with the researcher and participant making decisions together about participation.

This approach offered both researcher and participants the opportunity to negotiate different research arrangements as necessary, involving participants in decisions regarding their readiness and competence to participate throughout the research. In this study, consent was an ongoing, dynamic process with anticipatory consent sought in the promotional material, confirmatory consent obtained prior to the interview, written consent obtained at interview, and verbal consent ascertained the day of the interview, as well as during the interview through joint-monitoring of the interview occasion and at the participant's request.

Of course, it was also essential that participants felt able to suspend or refuse to participate in the study after the interview, including the writing-up phase of the thesis. To maintain this decision-making ability, participants were asked if they wished to be kept informed of progress of the study, which all participants did. Correspondence thanking participants was sent, with follow-up correspondence for those who replied. Should participants have wished to have withdrawn, opportunity was given in this correspondence. No participants declined to be involved during or after the interview stage.

3.7.6 Sample size and participant selection

While sample quality and sample size are contributing factors to the generalisability and aimed-for convincing nature of the study, sample size is of less importance in narrative research as it is the participants' experiences, and each participant's narrative around this, that is the source of rich, and specific, data for analysis (Holloway & Freshwater, 2007). The decision to invite any number of participants to the study was based on two factors:

- What was a reasonable size to capture a diversity of friendship stories. While having more than one participant creates a tension with "pure" narrative research (where an individual case study is sufficient for subjective experience to be useful as data for analysis and drawing conclusions), a practical issue arose here in that limiting sampling to one participant does not demonstrate a breadth nor depth to a research study.

- The study aims to capture variety in stories and generating and releasing the particular understanding and meaning of those stories. Therefore, there is no anticipated point at which completeness can be satisfactorily reached.

Therefore, as more than one participant would be needed in order to explore the complexities of the subject(s) of study, through comparing and contrasting participants' stories, while still aiming to be realistic for the demands on myself and timeframe of the research, a pragmatically-achievable limit of seventeen interviews was established, within time constraints.

Additionally, by nature of the research rationale and ensuring voluntary participation of healthy people, inclusion/exclusion criteria were created to ethically fulfil research aims, and therefore for participants to consider prior to becoming involved. These were:

- Have previous experience of mental health difficulties.
- Are aged between 40 and 60 years old.
- Have not had an in-patient admission in the last year.
- Are not currently under the care of crisis services.
- Are local to the Nottingham area.
- Are English-speaking.
- Could give informed consent.

Participants were recruited based on their experience(s) of friendship and mental health difficulties, and not purposively sampled according to other demographic categories. However, it was important to record and present such demographic information as, at the very least, this would provide introductory material about participants, and more significantly, may influence concept development or introduce some important societal concepts in the analysis. Commonly used demographics in socially-oriented studies and discussion include gender, sexual orientation, ethnicity, physical health problems, marital status, number of dependents, educational achievement, occupation, socio-economic status, geographical information and religious affiliation. Further purposive sampling, within the above inclusion/exclusion criteria, and based on participants' demographics was considered but did not take place as a suitable, and realistic, number of participants had become involved.

Participant demographic information can be found in Appendix 4, revealing some of the social characteristics of those included, and those who are not. For example, while participants included male and female, and mostly straight, bisexual or lesbian sexualities, other genders or sexualities were not included in the data collection (e.g., transgender, gay men or queer perspectives). Similarly, most participants were white, omitting black and ethnic minority participants. Efforts were made to involve black and minority ethnic groups from the outset (through contacting Awaaz, a local black and minority ethnic group dedicated to mental health) to balance the demographic a little more, but no response was received. Finally, the types of mental health difficulties that people presented with included anxiety, depression, personality disorder and schizophrenia but not others (such as bi-polar disorder). Targeting specific diagnoses does not broadly represent the experience of mental health difficulties that can be experienced, although there may be specific differences associated with specific diagnoses in relation to friendship.

3.7.7 Harm and discomfort

The research required participants to attend an interview where they were encouraged to share stories. These requirements did not place the participants at risk from physical harm, and travelling to the interview and telling stories presented no greater risk to participants than it did in everyday life. This study did not involve the management of care or an intervention of some kind, so there were no additional concerns over and above those already highlighted. However, I considered that participants may feel tired or struggle to concentrate for lengthy periods of time, potentially as a result of their mental health difficulties. Similarly, some participants may have felt exposed to a data collection technique that was intrusive on sensitive experiences and their psyche, which in itself may have caused discomfort during interview or potentially put people off participating.

While considering a sense of my personal accountability for the well-being of participants, I felt it important to enter into participative negotiations with participants able to provide consent and self-manage their affairs, to enable the co-construction of what was meant by “safeguarding” appropriate to them (Gattrell, 2009). I reminded participants that it would be a one-to-one interview so they were aware that there would be no other audience (which may have affected their decision to participate or performance in the interview). To minimise discomfort, or expectations of discomfort, the promotional material made it clear that the research aimed to collect stories, and therefore was not intended to be an invasive, therapeutic or supportive encounter. While the research provided opportunity to have experiences listened to – which mirrors a therapeutic encounter – it was not intended to be this. I also maintained boundaries, interactions and role as that of a researcher (to listen to people’s experiences) to avoid therapeutic or practitioner relationships/expectations of addressing difficulties or exploring change. While some participants may have been prepared for this, I assisted by reminding participants of the purpose of the interview, at interview.

Furthermore, an approximate time was given for participants to tell their stories on potentially sensitive topics: Interviews would be 60 minutes in duration, inclusive of 15 minutes of explanation of the research. To try and ensure that recruitment attracted participants whose physical and mental resources were able to meet these basic expectations, the requirements were made explicit from the outset, and were respected during the interview, unless participants negotiated different terms. For example, the 45 minutes nominally allocated for storytelling was negotiable (for me). For the interviews included in this study, interviews lasted between 35 and 85 minutes, typically being 60 minutes.

With regard to emotional responses that were evoked, sharing stories was a dual encounter with validating and upsetting stories/experiences. My practice and skills in supporting people who have experienced mental health difficulties have developed over 18 years of practice and included skills in assessing and communicating the complex interaction between a person, their functioning and their aspirations, negotiating attitudinal, behavioural and organisational changes to accommodate their specific needs (Ragesh, Hamza & Kvn, 2015), and managing risks (e.g., Association for Psychological Therapies, 2018). Much of the evidence base/rationale for my practice-based actions and the implications of these, in terms of managing emotionally-charged encounters such as the interview, were informed by the Ten Essential Shared Capabilities (DH, 2004), recovery-oriented practice (Leamy et al, 2011), the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England (Skills for Care & Skills for Health, 2013) and the Nursing & Midwifery Council (NMC) Code (NMC, 2015). These sources of standards of practice, broadly-speaking, fostered a values-based as well as an evidence-based practice, helping me think and respond continually in a person-centred way – putting the person concerned at the heart of decision-making and benefitting from outcomes. Through training, supervision and reflexivity, I was in an informed position, in an alternative role of researcher, to attend to the needs and interests of those choosing to participate, and helped me ensure that should involvement have a negative impact, this could be discussed directly with the participant. This may have resulted in changes to the conduct of the study, included changing the course of involvement in the study overall, but in practice was limited to the management of interviews, when participants were recalling distressing events and experiences (Hyden, 2013). In order to minimise the risk of unresolved emotions causing harm as a consequence of the interview occasion, and thereby becoming a less-than-positive experience in research, and ensuring that I was able to respond as a researcher and not a practitioner concerned with assessment and investigation, I developed a “distress protocol” (Draucker, Martsolf & Poole, 2009) involving four measures to be used at any time:

- I made it clear to all participants that they could terminate or pause interviews for any reason, at any time.
- I would terminate or pause the interview if it was apparent that participants were becoming upset.
- I had local resources/sources of help available in a written format and was prepared to use established support mechanisms. This included: If they were under the care of a mental health team and had a specific care plan that stated who to contact, to follow this; call Samaritans to talk to someone in confidence or if a participant had a crisis line number, to call that; contact NHS 111, or make a GP appointment.
- I offered the opportunity to speak informally, about everyday matters, after the interview to help participants re-adjust to their surroundings and compose themselves before leaving.

Use of such measures was only necessary during the interview for four participants who became upset, and between myself and the participant, proportionate action was negotiated: This involved the facility to stop the interview being negotiated at the time, and an informal conversation afterwards. One participant required the audio recording to be paused while they were feeling upset; an offer was made to end the interview, but she chose to continue, and there were no presenting concerns about her safety or continued involvement. Had emotional support been prolonged or a participant seemed unable to continue or was not in a position to consent to participate, an offer would have been made to suspend data collection, at least temporarily.

Other safeguarding issues may have become salient during the process of story-collection. This may have included signs of abuse of participants or from participants towards others (such as physical, verbal, emotional and psychological harm and exploitation; bullying; non-consensual “transactions” of a sexual, financial, or material nature; neglect; discrimination; institutional abuse; harm that may arise from online activities) through single or repeated acts, or omissions to act. Three measures to preserve safety of the public were in place for this study. Firstly, the study did not aim to assess or investigate the claims made in participants’ stories (either overtly or implied), and instead sought how consenting participants, with capacity to manage their own affairs, did so. Secondly, my training and experience (described above) helped me attune to overt or suggested current or re-current harm or neglect and negotiate with consenting, albeit vulnerable, adults about such issues. Thirdly, I had immediate access to my supervisors (one of whom was a trained and senior mental health nurse) via telephone to discuss safeguarding concerns that explicitly or implicitly emerged from interviews to discuss any appropriate steps that may need to be taken (in line with the University of Nottingham (2017)’s Safeguarding Policy and on advice from the University’s Safeguarding Lead).

Finally, while the sense of responsibility towards participants was clear, consideration was also given to the effect which the research may have on myself (Watts, 2008). Alongside the demands of being a researcher, the subject matter(s) may add to the emotional labour of the experience of conducting the research, which may have resulted in myself seeking psychological support. Similarly, transcribing and reflecting upon participant experiences may have been more emotionally challenging than anticipated, especially with the intensity of narrative analysis. Therefore, the maximum number of interviews undertaken in a single day was limited to two, and I aimed to have dedicated time for transcription and analysis, to ensure I was able to attend to stories of around an hour, closely, and reflect upon them without becoming overly tired or emotionally drained. Through the use of supervision, and having a good rapport with my supervisors, and their own sensitive, pastoral care, I also felt able to share any feelings that arose to ensure appropriate action and self-management. Additionally, my own work (or home) commitments impacted on the resources available to, or limited the progress of, the research. Again, this was discussed with supervisors in order to establish a realistic set of objectives and timeframes (such as extending the time conducting research or limiting its scope). This helped ensure the aims of the research project were realistic and achievable.

3.7.8 Maintaining trust and continued involvement

The building of rapport and developing trust is not without issue, as the boundaries between researcher and participant are less clear, posing two ethical dilemmas. Firstly, the method may be viewed as manipulative, and secondly, in deciding whether the spontaneously-produced data is private or public.

To address concerns about manipulation, transparency was a key counter-point. The study did not involve deliberate deception, provided detailed information about the study and participant involvement, and through opportunity to introduce ourselves and for me to be asked any question and reveal my own interest in the subject, trust of a two-way nature was being modelled. An additional approach may have been to provide participants with a list of key issues or areas that may be discussed in order to alleviate any suspicions of difficult or uncomfortable questions. While no participants asked for further information about the types of “question”, my approach would have been to re-iterate that the interview occasion would not be a question-and-answer interview, but a time for participants to share their stories of friendship and mental health. The second issue of public or private data will be addressed in the next section.

3.7.9 Privacy, anonymity and confidentiality

Given the stigma attached to mental health difficulties and the sensitive content being recorded, participants were reassured of the ways in which their anonymity would be preserved. Similarly, given the fact that data collected may refer to other living and named individuals (some of whom may still be a part of the person’s life), it was important that anonymity would be maintained for those who have not participated directly in the research and therefore not given consent for personal details to be publicly made available. Primarily participants asked about anonymising transcripts but there were additional ethical questions for me to consider regarding privacy and confidentiality.

Participants have a right to privacy, and the research method – prompting participants to reveal personal experiences – may have been experienced as invasive and discomforting. It was therefore important that I followed the participant’s own path in telling their stories, and when returning or introducing topics, was sensitive to the participant’s desire to not talk about particular issues. This sensitivity to participants during the interviews helped ensure that my own understanding of what constituted private or sensitive, and presumptions about what participants may be (un)comfortable expressing, was minimised. This permitted participants to have control over the content and topics of the interview, thereby maintaining a right to privacy and a less invasive experience. In deciding on the privacy of specific content, participants were also offered an opportunity to review transcripts of their stories to empower participants in controlling information and to provide clarification or amendment as required. This approach aimed to permit me to attempt to explore, sensitively, participants' reasons why some parts of a narrative would need changing or could not become publicly-available, thereby adding to the research data. While I offered participants an opportunity to review their completed transcripts in order to maintain engagement with the research process, including to the point of analysis, no participants asked to see their transcript, and no participants elected to remain involved to the point of analysis. This meant that any further co-creation during the analysis and discussion stages became limited to that of my own and my engagement with critical social theory.

Despite using pseudonyms and anonymising identifiable names and places in transcriptions, some stories were so unique they may have remained identifiable to an audience, risking reputational damage and breach of ethics. Essentially there was a tension between the need to ensure anonymity and presenting accurate narratives. However, while a full transcript may have identified a participant in this way, selected sections of anonymised transcripts presented in the thesis were less likely to lead to such identification as they were likely to be shared by other members of the public.

To ensure confidentiality during the transcription and storage of data, in line with ethical approval, arrangements were made for the transcripts and audio files to be stored in university password-protected storage for seven years from the publication of the study, and the names and demographic information stored separately from the recordings. Fourteen of the interviews were sent to a medical transcription service that adhered to United Kingdom data protection measures, secure storage/transfer of files (using peer-to-peer networking) and principles of confidentiality. I checked that no-one would be immediately identifiable in the transcripts or the names of files available to the transcriber.

3.7.10 Interviewing and the narrative occasion

An ability and willingness to communicate is required for interviews, and the challenge here was to reduce any perceived power imbalance or lack of trust and encourage participants to feel able to tell and expand upon their stories. Furthermore, research interviews can also mirror therapeutic encounters (Richards & Shwartz, 2002) because both provide space for people to talk about their experiences with someone who wants to listen, and require similar skills of literacy and attending to responses (Tee & Lathlean, 2004). It was therefore important to ensure that participants felt their stories would be actively listened to for their subtlety and complexity, were not intimidated or reminded of therapeutic relationships, and thereby did not adjust their communication or interaction accordingly to fit non-story-telling occasions. With an aim of facilitating access to the interview without these expectations - demonstrating to participants that they would be treated empathically and kindly - I adopted a professional but informal approach in communicating with and meeting participants. To ensure I was in an appropriate mindset to facilitate and hear stories and ensure a positive experience for participants, I decided to undertake interviews on days without other obligations (such as paid work) or distractions from other commitments.

I invited participants to attend a one-to-one interview, in writing, with venue, date and time negotiated, and provided with an office mobile telephone number in case there were problems on the day. Negotiation of venue, date and time took place with consideration to convenience/reduced expenditure for the participant to optimise the likelihood of attendance, the suitability of the environment to maintain privacy, the capacity of the chosen space to maintain physical comfort and safety, and to be psychologically accessible and safe for both myself and participants (Hyden, 2013). Ensuring the interviews were psychologically accessible and safe were given particular priority to reduce exposure of participants to any particular places that may have caused unpleasant memories or concerns around being on their own with a man they had most likely not met before in a potentially upsetting or vulnerable situation. Generally speaking, the proximal presence of other people reduces many risks associated with lone working, adding a layer of protection for both myself and participants from actual, or accusations of, inappropriate or harmful behaviour towards one another, and assistance should any problems arise. Consequently, all interviews all took place in public spaces/buildings within a suitably private, dedicated and reserved room, on weekdays, to guarantee the presence of others.

Sixteen interviews were arranged during office hours (9am til 4pm), and one interview took place at 7pm; in all cases, other members of the public or staff were present and nearby. Eight of the interviews took place in offices at universities (with five taking place at my proposed location of the Institute of Mental Health), while seven took place in a private room booked at the participant’s day centre, and one took place in a bookable room in a library at the University of Nottingham. One took place in a café of the participant’s choosing, for which I clarified with the participant that the stories I was seeking were going to involve personal matters and we discussed whether she felt a public venue would affect what she felt able to talk about. She insisted it would not, but the potential for the context to have affected her stories was considered in the analysis. In the latter location I still sought, and found, a discrete area to optimise privacy in this location.

It was important that time was taken to set the interview room/location up to present a respectful, unrushed atmosphere and ensure that participants' time was utilised fully as possible to collect stories. I arrived fifteen minutes prior to each interview, prepared an interview area, checked the voice-recorder's battery power prior to each interview to ensure this was sufficient, and checked the microphone pick-up in each interview room/location to ensure this was clear. A notice was put on the outside of the door, where possible, to indicate the dedicated space and to try and ensure we were not disturbed. I opted for casual clothing and, on meeting, I introduced myself as a University of Nottingham researcher, showing my identification, and checked the participant's name. We would go to the interview room, during which conversation was kept light and welcoming: Participants often asked questions about the study (such as how far I was through it) or about myself (such as how I came to be doing this research), while I asked about how participants got into the study (either physically in terms of transport, or informationally in terms of how they heard about it). Participants were given the opportunity to have refreshment and settle in the interview room and we agreed a time at which the interview would aim to finish. Here, I hoped that I was able to facilitate "easy" communication between us and establish a common connection for us to spend time together and mutually undertake the interview.

My interactions aimed to foster a sense of trust, of genuine interest in the person, and open-mindedness about the subject as soon as I met the person. This was more than an introduction, but an effort to connect with another person, for who they are, their immediate situation, and to present the task at hand as an authentic exploration of what they would like to say on the subject. Prior to starting the interview, participants were given the opportunity to discuss the information sheet and asked to sign the consent form. A demographic form was also required and I decided that this would take place after the interview in order to focus on story-telling, rather than potentially influencing the kinds of stories participants would tell based on demographic data collection. Participants were informed they could take as long as they like over any of the questions or requests I may put forward.

While an informal rapport - presenting myself as an attentive listener – may have helped facilitate storytelling, sharing experiences, feelings, attitudes and beliefs, this needed balancing with the non-reciprocal nature of the interview. I typically explained this, and introduced the start of the interview, in the following way:

> *Thanks for coming in today to take part in this research on friendship and mental health. The research aims to help understand the relation between the two by analysing stories of friendship as told by people who have experienced mental health difficulties. The purpose of today is to hear your stories. I'll begin by asking a very broad question and we'll take things from there. I may make some notes as we go along; please ignore me when I do this as these are just for me to pick up on threads from your stories or to ask for more detail at a later point. I'll also keep my eye on the time so we don't over-run.*

While this introduction varied slightly each time, it added context and a degree of direction to participants' engagement with the study and their narrative, while also demonstrating to participants that the interview would be managed for them, so they could concentrate on their story-telling.

I wanted to ensure that participants were making some connection between mental health and friendship. While this may be apparent in the information sheet provided prior to the interview and the introductory patter, I considered the participants' anticipation and potential nervousness to the first question I may ask, the question's congruence with participants' expectations, and the implications this may have for the rest of the interview (incongruity between myself and participant, framing of the stories through my stated interest and subsequent possible limitation on story-telling). I decided that the overall structure of the interview most congruent to participants, and focussed to the topic, was to ask about friendships first, followed by an opportunity for participants to narrate their mental health experiences, and finally an opportunity for reflection on both.

3.7.11 Reflective listening

Mishler (1986) noted how the interviewer's presence and form of involvement is integral in the participants' telling. To familiarise myself with the effort of listening for and responding to storytelling, and the spontaneity of communicating effectively to foster further telling, I conducted two practice interviews with volunteers prior to inviting participants. This helped expose some of the ways in which I directed participants and thus helped me reconsider the kinds of questions I used to follow-up on participants' telling. Primarily, as narrative research aims to deepen the researcher's and reader's understanding of the meaning of participants' stories, questions from me would aim to either clarify meaning, reflect on the point of closure the participant reached, or provide another opportunity for sharing stories. This practice reinforced the necessity of open-ended questioning while also reassuring that participants were quite willing to spontaneously share stories. When volunteers/participants were ready to talk, the voice recorder was started, followed by the opening request:

> *Tell me about your friends.*

It became apparent that this request was leading participants to focus on listing and categorising current friends, drawing comparisons and seeking definition of who is or was not a friend. Although this was not a major impediment to subsequently eliciting stories, I decided, after three interviews, to change the opening request to place greater emphasis on the condition(s) of being in friendship (i.e., the relationship) rather than classifying friends:

> *Tell me about your friendships.*

A challenge was balancing the genuinely outward appearance of being interested in their stories while at the same time not encouraging particular ideas and seeking to promote a particular narrative. For the most part, my interest was shown through encouraging nods and the occasional remark, but otherwise, I remained silent and attentive so as not to disturb the telling. Subsequent questions or requests followed the narrative free-form approach, and meant that I rarely interrupted participants’ telling, unless prompted, asked directly, or a natural stanza became apparent in how the participant was communicating. Here, a short period of silence or a pause was utilised to provide further space/opportunity for participants to move to the next phase of their story, if there was one. When this was not forthcoming, or participants indicated a break in their momentum, this presented me with an opportunity to reflect back what was said, pick up another aspect of the story that may have needed elaboration, or provide another context for participants to share stories. For example:

> *Tell me what happened after that?*
> *You mentioned [x] friendship. Tell me about this friendship.*

This approach seemed both attentive and unforced in facilitating further opportunity to talk/listen. Themes and accounts were still pursued/reflected on, even if similar stories appeared in earlier interviews or even in the same interview, as this better reflected participants’ narratives, not my own need for more or different stories. By not placing restrictions on what participants relayed, through following their stories as told, participants became more relaxed and willing to share, resulting in more stories, participation and spontaneous reflection. Clarifications were sought when participants implied that I understood their meaning, but this was actually left open to my interpretation. This was clarified through questions such as:

> *You said that [x]; what do you mean by that?*

At times participants would readily interweave stories related to mental health and friendship together, whereas for others there was a presentation of friendship stories which did not broach periods of mental distress around friendship, nor periods of distress through relations of friendship. While these presentations reveal the narrative identities participants wanted to bring to their stories, I felt it was still necessary to ensure that participants had had opportunity to focus on mental distress and friendship, so again opened this with very broad requests such as:

> *Tell me about your experience of mental health difficulties.*
> *Tell me about your friendships during that time.*

While the story-telling and content of such stories aimed to permit participants to engage with the subjects in their own terms, I felt that the broad requests of "*Tell me about your friendships*" and "*Tell me about your mental health difficulties*" would potentially focus on world-to-self relations and not focus so much on self-to-world relations. One aspect of the interview which I therefore felt would be important to incorporate was reflection on the contributions that participants felt they made in their friendships during periods of distress, if this wasn't forthcoming in previous accounts. This was introduced with the request:

> *Tell me about a time when you've been there for your friends.*

Towards the conclusion, participants were asked a final closing question to signify the end of the interview and to offer an opportunity for a coda or inclusion of another account:

> *As we've been talking have there been other stories that you remembered or thoughts that you would like to share about friendship and mental health?*

On conclusion of the interview, participants were asked to complete the demographic form, offered more refreshment, informed of the timescale of the research, and when they may be able to review their transcript (if they requested this). All participants who indicated they wished to remain in contact with regards the study were sent a follow-up letter/email notifying them that transcripts were produced. No repeat interviews were requested by participants or myself. When seventeen interviews had been arranged, I prepared correspondence for any new prospective participants, and updated the social media weblink, to reflect this.

3.7.12 Transcription

There are different ways of preparing interview transcripts for analysis, reflecting particular qualitative research approaches (Davidson, 2009) and often reflecting the depth of non-verbal communication required (for example, annotation of paralinguistic as well as linguistic aspects). Detailed transcription of utterances, pauses, gaps, overlapping and other features typical of conversation analysis is not necessary for narrative research as it is the story and narrative that is the unit of analysis. While this method of transcribing captured the language of discourse, it also stripped-out most other data from other senses, notably hearing (such as tone, rhythm, stress, emphases, emotion), as well as non-verbal expression (gestures, eye contact, etc). In narrative inquiry, the focus is on discerning narratives and the tone of each account and the intended rhetorical impact on the listener that is crucial to represent to readers of the analysis.

After each interview it was necessary to transcribe them into a written format. Fourteen interviews were transcribed by a medical transcription service, although I transcribed the first three interviews in order to familiarise myself with this process and how this related to the emerging understanding of the narratives. The digital recordings were transcribed into an electronic format and all were reviewed in order to ensure accuracy, anonymised through the use of pseudonyms (for anyone referenced or specific services mentioned), or descriptions of places (for specific locales), and line-numbered to permit referencing in the analyses. An opening excerpt from a transcript of one interview is available in Appendix 5.

Electronic versions of transcripts were entered into a qualitative data analysis computer software package (NVivo 11 Pro, version 11.4.1.1064, for Windows) which was designed for qualitative researchers working with interviews. NVivo provided the means for me to easily highlight specific stories, changing tone and rhetorical functions held within, emerging and manifest identities in the telling, and participant-specific themes. The computer software aided in noting repetitions within interviews, and recurrences between participants. However, interpretative meaning remained the crucial analytical tool rather than computer-aided comparisons (such as word similarity). Nevertheless, NVivo enabled categorisation and management of the text to aid reflecting on the interconnectivity of narrative, tone, function, identity and converging themes, and to draw reflections and comparisons between texts.

3.7.13 Researcher veracity

As a lone researcher, it was important for me to reflect upon and present the processes of interpretation for scrutiny. To preserve initial reactions to each narrative occasion, I made notes in a journal to ensure that I did not forget impressions and emerging responses to the stories participants shared. Given the stripping-out of important non-language features in a written transcription of a verbal storytelling, I used the audio recordings as the primary source of meaning, and the written transcripts and journal as reference. Through analysing data through hearing, and first impressions, I sought to maintain or enhance the quality of data obtained, note emerging narratives, and permit identification of converging concepts (Murphy & Dingwall, 2003; Fossey et al, 2002).

All participants were given opportunity to consider whether to become involved or not, and staggering participation to give sufficient time to reconsider (a minimum of one week) seemed to permit prospective participants to reach a decision with which they were comfortable. This appeared successful in that one prospective participant decided not to take part after initially expressing interest due to the exposure she felt this may bring to her. Those remaining who became involved felt it was appropriate as they believed they would have stories to share and were keen to do so. In an endeavour to reinforce the event-like nature of the interview/story-telling encounter, I interviewed participants away from informal settings, typically at an office or library study room, to emphasise the interview occasion and my role in the study as a listening researcher.

Occasions where participants indicated an assumption of us both being “insiders” was met with a clarification or prompt from me for further detail. This was a difficult task, and not always successful, as made apparent in listening to the stories again, and shared assumptions were revealed, although this added to the analysis. I did not disrupt (through correction or agreement) how they wished to portray particular incidents or friendships. At times I felt a little disconcerted by some of the revelations of experience in empathy of participants’ recollections of historic distressing instances or acts of discrimination - and in the interview occasion, I tended to suppress an outward display of emotion beyond that of attentive listening, gentle encouragement, and the facilitation of further story-telling after reflective pauses. Inadvertent use of assumed meaning was continually reflected upon throughout the narrative analysis, so as to attend to the story itself, as told, and where shared knowledge was intimated, I tried to ensure I was reflexively aware of over- or under-emphasizing the interpretations of aspects of stories because I had had similar experiences, a shared assumption, or an emotional reaction to the accounts.

At the conclusion of interviews, for all participants, I thanked them for sharing. The intention here was to acknowledge the revelatory aspect of the interview, for them to hear the privilege I felt in listening to their stories. For the most part, participants thanked me for their involvement and said that the interview helped them explore and feel heard about their experiences. My temporary relationship with all participants formed through the interview occasion remains, fondly, in memory.

During analysis, it was important to ensure that interpretation was grounded in the participants’ narratives and accounts and it was my responsibility to present evidence so that others can decide to what extent the interpretation is believable. In meeting the aims of narrative study in attempting to describe phenomena from the point of view of the participants, it is therefore an ethical endeavour to privilege the voice of participants. Within the methodology it is not possible to be objective in interpreting, analysing and reading the analysis of stories (Riessman, 2008). Instead it is the very subjective-ness of experience that is the basis for conceptualising our understanding, in this study, of friendship and mental health. As with participants’ stories, the portrayal of the interpretive analysis is not a factual report of what took place and what was said, but is my interpretation that aims to persuade the reader of my interpretation (Polkinghorne, 2007). Here, the method does not seek re-production of events of stories nor report such stories as facts, but aims to privilege the meaning of the stories/accounts through plausible and trustworthy engagement with them. Several transcripts were reviewed by my supervisors and discussed during supervisions to ensure I was continuing to privilege participants and analyse critically.

In recognising this subjectivity, the event of story-telling was also influenced by a number of interactive factors, such as memory, perception of the researcher, exaggeration for effect, avoidance of particular stories or portrayal, self- and other-preservation, or how others are portrayed for the benefit of the narrator. I have considered such dynamics in the analysis stage and provide some of my reflections to better enable the reader to relate to my interpretation.

3.8 Presentation of the findings and analysis

For convenience, the presentation of the analysis to follow broadly adheres to the analytical stages outlined by Langdridge:

- Stage 1: Critique of the illusions of the subject. This was prepared prior to the more detailed stage of analysing each interview.
- Stages 2 and 3: Analysis of narratives, narrative tone and rhetorical function, and analysis of identities and identity work, respectively. These are presented by participant, who is introduced with a short summary of the most salient aspects of their biographical information from their stories, to assist readers in connecting with the participant and key features of the stories. I opted to present the narrative analysis in chronological order of interview and analysis, in order to provide readers with an opportunity to ascertain how concepts and the language I used to describe them

changed over time (Richardson & St. Pierre, 2005), as well as demonstrate how moving from one interview to the next brought new or alternative engagement with participants' stories.

- Stage 4: Thematic analysis. Langdridge's framework indicates that themes could be analysed for each interview individually or across interviews. In this study, I opted to conduct thematic analyses individually initially, to ensure the themes closely aligned with the narratives. However, in the presentation of the themes, a comparison of themes across participants was undertaken to enable a consideration of the content and thematic relationships across stories. This thematic analysis is performed by moving from one narrative theme to the next, checking for significance, similarity or difference confirm or modify previous/later themes and identify commonalities between themes. While this may detach the themes from their narrative context, the decision to consider themes across narratives meant for an economical prioritisation and presentation of re-occurring themes.
- Stage 5: Destabilising the narrative is presented in the discussion section, and introduces a critical theory relevant to the study.
- Stage 6: A synthesis is presented in the conclusion section, providing an analytical summary of the preceding stages.

I endeavoured as much as possible to privilege the voice of the narrator, using quotations from the transcripts to illustrate the findings. Quotations are clearly referenced with participants' names and line numbers from the transcript. Parenthesis – "*[…]*" – are inserted to indicate where some part of the interview has been edited out; most commonly this was for reasons of brevity, to reduce repetition or reduce additional detail within the narrative. Words in parenthesis (e.g., "*[my friends]*") have been used to either preserve anonymity or provide grammatical alteration for the purpose of reading the text and preserving the meaning. Where the absence of paralinguistic detail results in non-conveyance of some meaning in a quotation, I will aim to present participants' accounts as close to the speech they used, including additional comments where necessary (but limited in order to privilege participants).

4 Findings and analysis

With a basis for conducting the study, the following section presents the findings and analysis in the order and format of Langdridge's framework:

- Critical narrative analysis stage 1: Critique of the illusions of the subject. Story-telling and story-hearing are intertwined, and prior to presenting findings, I present a short auto-biography so that the reader gains additional insight into how each meeting between researcher and participant co-constructs the stories and findings, and how the analysis has been shaped by how my own experiences and ways of thinking connect with the stories.
- Critical narrative analysis stages 2 and 3: Narratives of friendship, narrative tone, rhetorical function, identities and identity work. The seventeen participants, with a brief introduction and narrative-related analyses, are presented with quotations to privilege participants' voices in the emerging analysis.
- Critical narrative analysis stage 4: Thematic relations and priorities. The process of thematic analysis and priority themes that feature across the interviews is provided.

4.1 Critical narrative analysis stage 1: Critique of the illusions of the subject

Langdridge (2007) provides a number of basic questions to ask one's self in preparing a critique of the illusions of the subject such as why am I carrying out the study, what do I hope to achieve, what is my relationship to the topics, who am I and how might this influence the co-production of narratives and the analysis, etc. I am conscious that I am unable to provide a "view from everywhere", where all influences on the interpretation are made explicit to the reader. Instead, for narrative researchers it is the telling, as well as the told. I present here some reflections which I hope reveal my subjectivity (beyond what I am conscious of) as well as my effort to be continually reflexive in relation to the topics and the narratives. I have also adhered to more formal reporting of positionality that is sometimes expected in qualitative research community more generally (Consolidated Criteria for Reporting Qualitative Analysis; Tong, Sainsbury & Craig, 2007).

Being reflexive in research has been a relentless, sometimes inadvertent, and sometimes frustrating activity. It became part of the fabric of everyday life, and it has been extremely difficult to completely, explicitly state my evolving thought processes in relation to the topics. Nevertheless, what follows is a consolidation of journal entries and notes recorded during the production of the thesis, with the intention of presenting some of my (life) experience so that readers of this thesis may understand how I am positioned in relation to the study and some of my analytical process.

4.1.1 A short biography

I have introduced a political perspective and my study- and work-related decisions for conducting this particular research in the "Introduction". Here, I intend to depict a range of other contexts to me and my motivations, and therefore better reflect my influence on the study. Through reading/hearing about me in this text, my limited perspective is shown for public display. This section aims to open up space for dialogue and debate with the text and interpreter (Jones, 2005).

If I think about it, I have had what I would call a good life; I get to go about my daily life unencumbered with many hardships of survival. My culture and upbringing have provided for me and I am conscious of the luxury and ease of my day-to-day existence in comparison to others. In the context of the current study, there is little doubt this thesis is produced through a "WEIRD" lens – that of a Western, Educated, Industrialised, Rich and Democratic researcher (Henrich, Heine, & Norenzayan, 2010) - and similarly participants' stories will be representative of this demographic to some extent too. Awareness of the comfort, safety and ease of the society I live in presented an interesting question in this study of friendship: Does basic survival, and material hardship introduce greater or lesser requirement for friendship, or greater or lesser felt benefits/loss of such friendship during hardship? According to some theory (Maslow, 1968), achieving friendship is made possible after basic survival needs are met, and the literature, mostly from Western, Industrialised, Rich and Democratic countries does not address this question. In the context of the UK, and in this study, participants have felt the impact of financial and material hardship to varying degrees, through long-term functional distress, periods of austerity, limited opportunities and reduced services that help with meeting basic means of existence, and the individual and social barriers to recovery. Therefore, while the means of survival are available in the UK, access to them through social organisation in the UK has had varying impact on participants. Nevertheless, claims made by this study will not be fully representative of types and benefits of friendship when material needs are high, and are more likely to represent interpersonal needs.

I have been given life, warmth, food, health, security, love, affection, a home and opportunities by my parents that for others in the United Kingdom, and in other countries, may not exist nor will they ever have access to. The strength of my bond with family, over distance and time, is still heartfelt. As my basic resources have been made available through me by family, offsetting daily struggle, the relevance of interconnectedness with the community has been less apparent, and the possible benefits of, or need for, friendship as a means to survival even more so. Furthermore, with the belonging and love of my family, meeting emotional and many interpersonal needs, the function of friendship has historically been oriented more towards individual, personal development and exploration (in adolescence and emerging adulthood) and hedonism. While certainly significant to mental health, as demonstrated by attachment theory and the long-term effects of childhood abuse, any potential significance of the bonds of friendship experience are downplayed through its limited theoretical and intuitive association with the continuity, stability, and anchoring of self afforded by families.

I have a Catholic religious affiliation which taught me that, irrespective of social status or material wealth or life satisfaction, suffering and loss is and will be a recurring feature of life, alongside love and hope. Prior to experiencing adult life, I was fortunate to not encounter this suffering and loss myself, but along with my family and religious sense of responsibility towards fellowship with others “primed” me to take care of others, to recognise suffering, to contribute to a “greater good” and to be aware of the value of people and actions first and the cost of this secondarily. My interest in this research is evidently a product of this upbringing, applied to suffering (mental distress) and fellowship with others who struggle and with whom we have some sense of love towards (friendship). Distress and suffering is a part of what makes a person, although I had no significant experience of this in my early life, unlike some of the participants in this study. My sense of responsibility to others certainly feels as if I fit Erikson’s description of the stage of middle-age outlined in the literature.

Friendships were important to me during those years, and the reduction in contact with old friends and the kinds of people I would call close friendship has been a product of interpersonal and social experience, social change, and family life, as shared by participants and appears in literature (Spencer & Pahl, 2006). I consider my wife amongst my best friends, and she is far more available to offer support or discussion of as much depth or superficiality as I need. Like many participants in this study, friendship has become something that has been let go of, and changes in values and how we wish to use our time make it more difficult to pick up old friendships in the way we used to relate to one another, or develop new friendships. Just as much for participants, this study reflects my own exploration of middle-age friendship. Nevertheless, friendship is still valued and sought as my experience of friendship has been mostly positive. I love my close friends, though small in number. I like the feeling of togetherness and sharing with friends who are not so close. Just as much as the participants did in their interviews, I categorise friendship on the basis of closeness and we are joined in solidarity at getting through life – challenges and successes are shared. The phenomenology of life in the company of friends creates a different perspective for me – I (we?) become a little different through the encounter.

This study took place in an era of increasing public recognition of heteronormative, and misogynistic ways of being and organising society, in part owing to the public's interest in the "MeToo" movement against sexual harassment and sexual assault, and the public attention being given to "woke"-ness – awareness of social injustice (in particular with regards to race). I welcome this public challenging as a process of improving society, but it has created a backlash to liberal ideals, noticeable in the public attention given to fascism and white supremacy. Concurrently, there has been a burgeoning cultural climate of inconsideration, intolerance and division portrayed daily in politics: In Britain, a rise in jingoistic sentiment promulgated by right-wing figureheads and a government that is appealing to its own right-wing is leading to a dislocation from European countries – a pride in isolationism. On a more global level, three of the most powerful nations (United States, Russia and China respectively) have, respectively, appointed a television personality and (failed) businessman, reinstated an oligarch and former intelligence officer (or spy), and removed the limits to the duration of leadership to permit one person to stay in power unchallenged. To me, this reflects a concerning movement towards legitimising cults of personality, self-interest, doctrines of fear, and compliance and control, rather than government and social policy for the betterment and freedom of all people. Here, I see the enmeshment of ideology, culture, politics, and social organisation becoming embodied in selves, and those selves feeling and reacting to the benefits or damaging effects of social organisation. Through conducting the literature review and reflecting on historical context, I hope, in time, consciousness-raising will ensure we are kinder and more respectful to one another, and the significance of friendship to surpass identities of division – gender, sexuality, race, disability, etc – is most prominent in my thinking and felt attitude to what a better society may look like. Friendship, surely, is a marker and maker of peace – a political and personal statement.

I have always lived within a capitalist society, and have benefitted from this. Pervasive in this culture is a view of people as self-sufficient, "homo economicus" (Read, 2009) – that people/friends are free, rational choosers and actors, whose desires are coherent and clear, who merely need to maximise satisfaction, often defined in terms of transaction. I have questioned the ability for this attitude to deliver on my values of collaboration and co-operation, given the experiences of those who are less fortunate, especially in times of austerity where suicide rates amongst those most in need are increasing. I see the solidarity and friendship as underpinning a common approach to improving our lives generally, and in times of prosperity in fostering other co-operative endeavours that value people. The role of friendship in the human need to belong and trust one another seems more important to me now, more than ever, to contribute to a better future. The output of this research may connect locally and nationally to inform the public of the power and enrichment that friendship can bring to their lives and of others. The emergence of connectivity through technology is apparent in culture and society at this time, with a corresponding reflection on the loneliness that can emerge in contemporary society.

On a personal level, I have experienced and witnessed the impact of violence, bereavement, abuse and extreme emotions, and the sense of dislocation this creates with the world. I have witnessed and experienced the expression and concealment of fear, sadness, anger, anxiety, confusion, pain, as well as envy towards others who have not. When the fragility of my emotional world has been exposed, the fragility of the social world becomes exposed too, revealing the particularity of my life/circumstances, as well as the potential for relationships – friendship, family, communities – to strengthen bonds with the world/others. About two years from completion of the study, I became depressed, making me more of an "insider" to the experiences of participants in the study. I mean this humbly, not haughtily, with greater appreciation of the types of mental health phenomena experienced, lasting socio-economic impact, long-term withdrawal/isolation, engagement with services, etc. This experience altered the conduct of the study, in terms of being able to empathise more closely with participants. Through my work and study, I had a series of intellectual frameworks with which to construct a narrative around my own experience. Concurrently, I had a personal, "lived" framework of emotions, which I sought empathy for. Through these experiences and outlook, I hope to better understand and empathise with participants' stories, while also being cognisant of over-empathising and unconsciously re-directing/re-interpreting participants' stories based on my experience.

I have a background in psychology, so fundamentally my interest and my approach to the subject is to look "within the mind". Experience, here, is often typically portrayed as individual: It is "my own", not everyone or anyone else's. So my early research was reviewing theories of the mechanisms of mental health and mental ill health; biological, psychological, therapeutic, social, recovery models. Friendship, if mentioned at all, was made to fit into these models. My mindset was, essentially, to identify a pre-existing model of mental health, with a testable hypothesis about the influence of friendship on this and identify the mechanism to improve access to friendship. Similarly naively, I have been trained, both professionally and academically, and I believe culturally, to approach a study or investigation with the idea of objectivity – the "view from nowhere" - that if I were to set matters in a particular way to test the hypothesis, then all I need to do is observe "objectively" and the state of affairs, or an answer, will be revealed. Perhaps even my own early common conception of "friendships", as "equal" and "chosen", appealed to this approach.

Through reading accounts and experiences, through taking note of context, through listening to narrative approaches, could the mindset that I bring potentially produce damaging effects on the study of friendship and mental health? This unnerving revelation, paradoxically, permitted me to let go of expectations of what I should find, or should produce, and trusted the people who have direct experience of the issues being researched. In recognition of my role as a co-facilitator and co-producer of the insights reached, I have to continually remind myself that a state of affairs is not a fact but the outcome of a creative advance that will always result in change at a later date. For me, during the research, this lack of foundation meant I confronted moments of despair whereby I would think that there is nothing that could be offered on the subject of mental health and friendship partly because of the multitude of avenues of thought that have emerged along the way, and also partly because if it is all so relative, then what I could say that was not "small" and relative? Again, this reveals my assumption, or aspiration, to produce research that is grand, permanent and relevant to all cultures – a "view from nowhere".

The tools of self-reflection and critical narrative analysis will hopefully help prevent me from sinking into an individualistic solipsism that confirms, without recourse to objection, that my view is the right view, for you, for all time. The critique presented here attempts to show my efforts to engage with applying research and challenging my own assumptions, which in the process of the study, helped me feel a renewed, reenchantment to people, with a more critical mindset of social organisation. I have tried to present the stories of friendship and mental health and friendship to privilege the plurality of participants' voices in this study, and not merely the voice of this white, middle-aged, English-speaking man.

4.1.2 Analytical development

After conducting the practice interviews and prior to conducting the seventeen interviews for the study, I reflected on a range of concepts from the literature review, my own relationship to the research and the process and content of the practice interviews I undertook. Emerging concepts included: Discovery and understanding through distress; belonging/not belonging and coping through distress; validation, kindness and challenge in friendship; identity continuity and redefinition through friendship; what is the meaning/impact of the convoy of friendship longer-term; what is reciprocated in friendship. After conducting the interviews, participants had brought the topics alive in their stories, touching upon some of these concepts in different ways and at different times, while also creating and adding to the richness of data.

Reflecting on the narration, what immediately and recurrently stood out was that the encounters with mental health difficulties were more easily narratable and identifiable as a narrative, whereas the narrative(s) of friendship were not so readily narratable or discernible in a structural way. Through recounting a series of stories and encounters with friendship, I feel participants were trying to create a narrative, but that this did not have a consistency or coherence suggestive of a singular protagonist. Instead, a protagonist (narrator) would become merged in moments of friendship, of living/experiencing together, contributing to the narrative of the life-story in some way. This suggests that there is not a single narrative of friendship, and that stories of friendship speak *to* the narrator's narrative (or the protagonists' life-story and lifeworld).

I keep returning to the stories for inspiration and they deliver in new ways each time. My analysis is informed by a process of reflexive engagement and experimentation with the perspectives I glean from each narrative that requires a back-and-forth with and between them. My approach to presenting the analysis is through writing, re-writing, re-editing, re-wording, and springs from a desire to ensure adequacy in my re-presentation of the fullness of participants’ lives and curiosity to keep reviewing and testing my interpretation. Inspiration and refinement also emerged when I was not reading the texts, through spontaneously, invasive creative moments occurring outside of set hours of wilful interpretation.

Reflecting on some of the content, it became apparent that there is considerable diversity in the conduct of friendship, and considerable overlap in the psychological effect. Demographic and social characteristics have a bearing on how friendship is done and obtained. For example, friendship is almost exclusively gendered towards homophily irrespective of sexual orientation, and differences in friendship interaction are also described along lines of gender; passivity of expression (male) and emotional expression (female), stoical attitudes (male) and care (female), jocular (male) and considerate (female). This came across most strongly in male participants’ stories, whereas female accounts did not differentiate. This may have been due to female participants not willing to differentiate male and female and thereby exclude me (a male researcher) from their narrative, or it may be that, in friendship, women expect themselves to do more emotional labour, as the men appealed to.

In trying to privilege the voice of each participant, and retain their uniqueness in narrative, it has been a challenge with limited space to present the fullness of their accounts and as closely as possible to how participants relay them. I have incorporated into each interview analysis a brief reflection from field notes I made, to provide the reader with an insight into some of how I was interpreting as the study progressed. This is not in Langdridge’s framework and is not an attempt to privilege my own voice, but is included as a way of trying to establish an openness with the reader as to the development of later knowledge claims.

4.2 Critical narrative analysis stages 2 and 3: Narratives of friendship, narrative tone and rhetorical function, identities and identity work

Participants were generally welcoming of the opportunity to author their experiences of mental health, ill health and friendship, positioning themselves within a network of kin- and family-relationships and a network of friendships that changed over time, within which they positioned themselves in a variety of ways as regards mental health. Participants were enthusiastic in providing narrative accounts of their experiences. Sometimes they mentioned that they felt that the giving of the account was therapeutic. Through narrating, participants both explored this relationship and their experiences of mental health:

> *I was quite looking forward to the opportunity of talking to you because I think it's been helpful for me to reflect back and think about some of those things that – that happened. Because you don't really get a chance to do that when you're well again, people aren't really [laugh] that interested… (Rachel; 306-309).*

In narrative research, appropriate and convincing interpretation, and explanation of the context for interpretation, establishes trustworthiness in the researcher’s presentation. Adherence to word length of the thesis has precluded full presentation of justification and context, and how this evolves through the analysis. This is also made complicated by the narrating of friendship highlighted earlier - participants move between different periods of time, compare different friendships at different points, and, while some stories were presented in the beginning-middle-end format, participants pieced their narrative(s) of friendship over the course of the entire interview. It has been only through the immersion in the entire interview, per participant, that narratives began to appear. It is not possible to present interviews verbatim nor all narratives; therefore, aspects of participants' narratives are presented with additional context that is not necessarily present in the given quotation or is presented in an earlier/later quotation. A selection process in the presentation of specific narratives was made, per participant, based on their salience, and additional context to my analysis development is provided from my field notes.

4.2.1 Alan

Alan describes a physically abusive childhood, from his father, and describes his mother as *"neurotic" (410)*. His experience of mental health difficulties emerges in his teenage years, accompanied by drug and alcohol use, followed by a gradual re-integration into more publicly-approved identities in his early adult life through his friendships and establishing his own family. A diagnosis of mental health problems – depression and anxiety – occurs in middle adulthood.

4.2.1.1 Narratives of friendship

Interwoven in Alan's accounts of self-managing through life's pressures/effects of historic abuse, is friendship as an accompanying relationship based around interest, activity, escapism and *"commonality of experience" (523)*. In relation to friendship and mental health, Alan's stories of *"being ill"* carry a frustration with managing potentially stigmatising identities within friendship, and therefore he resists disclosing periods of distress or engaging with friendship:

> *…but then once you've had a lot of experience of being ill you're…it does affect the way you think about having to get to know new*

> *people 'cos you think about, "Oh, am I going to have to do this pretending-not-to-be-ill business again?" and then gradually letting them in, so it does, it is does play on your mind about how you develop new friendships, y'know? (683-686).*

4.2.1.2 Narrative tone and rhetorical function

With respect to friendships with men, Alan is jovial, talking in a boisterous fashion, often deprecating towards himself and others who share his interests, but also fond of and amused by what they have done together. Through this, Alan portrays friendship as amusement:

> *Weirdly loads of people at the gym also play World of Warcraft so there's a massive troupe of power-lifting nerds storming around the virtual landscape and so I've become friends with those guys at the gym and then joined up playing with them and then through them met other people who they were already in contact with and then all met up for playing Warhammer and drinking in Nottingham. Drinking tea in my case, in Nottingham, so. (200-204).*

In relation to friendships with women, Alan presents a more earnest and sensitive tone, emphasising empathy for life's experiences in comparison to a close male friendship:

> *…but [a group of long-term, female friends] were quite caring people so they helped me, helped look after me, as much as I helped look after them at times. […] I find it a lot easier to talk about these things with girls anyway I think for obvious reasons*. But all of the girls that I went to university with have also had some element of mental health problems themselves. So, in that respect it's been a lot easier… (502-506).*

* Alan clarifies later on that "*obvious reasons*" means "empathy."

Alan calls for recognition and acceptance of one another, as well as difficult experiences, within friendship, while recognising the complexity of actually achieving this; he repeatedly compares visible, physical problems with hidden, mental health difficulties, emphasising the (un)knowability of distress, except through experience, as a barrier in friendship. Alan gives a cautionary note over the expectation of continual self-disclosure in order to ensure interactions do not become totally "mental health"-infused, as well as avoid potential stigma. Alan argues that friendship is, and should remain, an opportunity for mutual-definition:

> *When you've had a long time of being poorly and you know that there is, it's something that you manage and you're not necessarily going to ever get rid of, you're conscious that you don't want your friendships and interactions to be defined by something that you…experience negatively; mental health issues are not a positive thing. (634-637).*

4.2.1.3 Identities and identity work

Alan establishes himself in relation to different friendship groups through categorising them according to different periods of time in his life, revealing an array of, and separateness of, different friendships and different kinds of shared and individual identity. His changing identity over time is formed and held through separate groups, often identifying with others on the basis of activity, as well as heteronormative attributions of gender:

> *Okay, so probably, for me, I would probably, would divide my friends up into certain groups which constitute people I have met in certain phases of my life…so…I'm still very good friends with the girls that I lived with at university in a, in a purely platonic sense I should add. […] And there's a big group of, they're…all blokes – my*

> *bloke mates - that I used to play football with and…y'know, go out drinking and carousing in my early days. (10-19).*

Alan presents his friendships as having unfashionable or unpopular identities together, but resists being shamed for this, instead presenting his friendships with men with images of power and those with women as respected and caring. His disclosures of periods of distress within friendships almost exclusively take place with women – a relationship in which he can feel cared for, safe, and empathise. Expressing emotion, otherwise, is seen as a risky venture that calls upon a cultural discourse that "*nobody likes*" vulnerability:

> *…nobody likes, nobody likes to show their vulnerabilities; that is a difficult thing to admit to anyone. (665-666).*

Throughout Alan's narrative, he resists self-disclosure as an absolute moral imperative in friendship, to reduce the likelihood of being seen as vulnerable or being "othered". Alan sets adaptability as a defining quality of friendship for him:

> *I think it would be incredibly unrealistic to imagine there will be a constant and uninterrupted path to life – that doesn't happen - so people change around it. And I think in some ways that's actually a measure of what constitutes a solid friendship or relationship you've got with somebody… (382-385).*

4.2.1.4 Reflective development

My impressions of Alan were of his protectiveness towards others and his desire to "educate" me on the need for trust in friendship. He presented having "moved on" from one set of given family and social circumstances (drug-use, abuse, etc) to a set he had created (father of children, artist, alcohol and drug abstinence). He protects himself and those close to him, and maintains a current image of being amused at life, through his friendships.

4.2.2 Danielle

Danielle is a person with a range of physical health issues, describes herself as potentially having autism/Asperger's syndrome, and has experienced psychotic episodes during stressful periods of time. Danielle's accounts of friendship are strongly linked to service-user groups or shared activities and interests.

4.2.2.1 Narratives of friendship

Danielle's narrative is one of pride of finding her place in a social world, through recognition by herself and others for organising and managing social groups. Friendship for Danielle is portrayed as a social accomplishment; through helpful behavioural organisation and management of social groups and spaces, she simultaneously creates friendship as a personally- and socially-validated role for herself and social opportunity for others:

> *Like I say, I think [me and my friend] are on that same sort of wavelength as each other and she likes me because I'm good at remembering things whereas she has difficulty remembering things and I remind her of stuff to do, and…keep, just keep in contact with her and remind her of when the meetings isn't on, or when other things aren't happening… (56-59).*

4.2.2.2 Narrative tone and rhetorical function

Danielle is matter-of-fact in her telling, focussing on practicalities of sustaining friendship or specific behaviours as a means of evaluating or moving towards friendship. She reveals a sense of pride in doing so:

> *I actually lived in [the same town as my friend] and used to go into her café but then she didn't make that association of being a Discworld fan or knowing me via Facebook until we actually went to the meeting and she goes "You used to come in my café", she could remember I actually used to go in her cafe. […] So it was really a nice surprise with her that actually she was a Discworld fan and I'm a friend of her on Facebook and I've been to her café as well. (100-106).*

Danielle emphasises that her distress has prompted her to "*choose friends better*" and is encouraging to "*be open about it*":

> *Yeah, it's… It's helped me actually choose friends better, not be so willing to be friends with people, and be friends with people that are generally are interested in me or generally take my mental health into consideration and things as well. And I've also learnt to be open about it, and don't be scared of mentioning it… (310-315).*

4.2.2.3 Identities and identity work

Danielle's identification with friendship, and her own friendship towards others, is based on explicitly-provided group identities that signify overt means of identifying with group members and establishing legitimate grounds for mutuality. Danielle rarely reflects upon the emotional bond between herself and those in friendship, often referring to support or advice as markers of friend-like characteristics. Nevertheless, a bonding aspect within friendship for Danielle is the "*face-to-face*" interaction with "*actual people*" suggesting the process of identifying friends and the feeling of friendship requires opportunities for paths to cross:

> *…the majority of them I do meet up face-to-face, they're not just friends on Facebook, we do meet up face-to-face, it's actual, actual people. And the one's that actually are Facebook are people that*

> *I've actually met up with face-to-face as well, not just, not just somebody I've added as a friend… (17-20).*

Danielle's account of her experience of psychosis was met with an insistent "restitution" narrative from one friend which was welcome, perhaps through acknowledging a return to being "*fine now*", but also encouraged a dissociation or silencing of the experience:

> *…[my friend] just says, "We'll just call it a blip, you had a blip, you're fine now". (147).*

Through the presentation of negative attitudes about mental health, Danielle has learnt some social attitudes of others, illustrating both emerging self-other awareness, and increasing complexity in the social, friendship landscape for her, which is not recounted with respect to physical illness:

> *Because I've noticed with some people as soon as you mention you've had a mental health episode or you've got psychosis, people freak out or they don't want to discuss it with you. […] It was not really face-to-face friends, it was more or less Facebook friends that decided not to talk to me after I'd had that episode. But actually all of the face-to-face people have been fine with it. (324-330).*

4.2.2.4 Reflective development

I perceived a reluctance or inability from Danielle to go beyond the logistics of how friendships are formed and the routines of social contact. We therefore both focussed on friendship-formation – the "how". Nevertheless, Danielle's narrative highlighted the being with, and belonging, with others, and the adoption of narratives from trusted others, like friends.

4.2.3 Emma

Emma was diagnosed with depression and anxiety seven years ago, during a period of desperation which was the culmination of general anxiety and workplace bullying. Emma has two children, and family life is a significant factor in her engagement with friendships and managing her mental health difficulties.

4.2.3.1 Narratives of friendship

Emma's narrative on mental health and friendship is a story of constraint: Due to her experience of anxiety and family commitments, she is thwarted in her encounters with friendship and is reliant on the commitment from her friends to participate in the relationship:

> *I need to instigate things more. I need to suggest things more, but I think that's partly me sometimes, I don't want to block up my time. I'll think "Oh God, what if I don't want to go out on that day, because I am really bad with it". You know, someday I think "Yeah, cool", and then it gets to then, "Oh, I am not sure if I want to go", and I think that's just part of me, sort of thing, y'know, wanting to go, but not wanting to go, that kind of thing, but at the time, "Yeah, sounds a good idea". So, I think that's probably why I hold back from in case I change my mind. So, I am better when other people instigate things, I go, "Yeah, I got to do it now", even if I change my mind. (423-431).*

4.2.3.2 Narrative tone and rhetorical function

Emma's stories repeatedly impress frustration at the difficulty of integrating competing desires for meeting daily, family obligations, and obligation-free or liberating moments associated with friendship. She is often appreciative when recalling moments of time spent with her friends – geographically away from family life – in which relaxation and compassionate irreverence are contrasts to her committed relationships:

> *…and it's just chilled, really chilled. We would go out and we just take our time doing things and I think sometimes it was just […laugh] too chilled. But, just really relaxing, no plans in mind; "Shall we do this?", "Yeah, let's do that", y'know? So, just took it as it came, had no plan, so, which was nice. (74-79).*

Emma's tone is often one of frustration and regret at being unable to overcome her anxious avoidance of friendship in order to engage with the potential of friendship in itself or as a source of support in relation to her own mental health difficulties. Emma portrays her frustration at her closest friendships' well-meaning desire to help but inability to "suffer with":

> *[Graham] and [Viv] in particular, you know, the two closest people to me, they want to help and sometimes I sort of think, no, I just want you to listen. I don't want you to fix it. I don't want you to make suggestions of things that might help you. I just want you to listen, and they find that they can't do it. (651-654).*

Here she concludes, for us, that honesty and openness with a long-term friend could help her break free from the cycle of her current situation and lend depth to the friendship for each other:

> *…it's made me think a bit more about my friendship with [Viv]. I think maybe with regards to mental health, maybe being a bit more honest with her about how I feel sometimes. Actually, "Look, I am feeling really shit I don't want to talk about it", or you know, not quite like that, that sounds a bit harsh [laugh]. Yeah, because I think that would make our relationship better, I think. [Pause]. Yeah, being a bit more open about it and giving [Viv] the chance to*

> *talk more about her 'cos sometimes when I don't think I have been there for her as much, you know… (706-712).*

4.2.3.3 Identities and identity work

Emma repeatedly emphasises interactions in her encounters in friendship, in which identities are often situationally- or interpersonally-defined. She presents herself as passive in her self-expression, and avoidant in her interactions with friendships. Emma portrays commitments associated with her identity as a mother, which is other-/child-focussed, as excluding her from identities and enjoyable experiences encountered through friendship, which she presents as permitting a self-focus through an absence of commitment and potential for self-expression.

However, when she is able to partake in friendship, she reveals shared, group identities are important for her to be recognised for who she is in friendship. Politics and interests are key identifiers for forming a sense of solidarity as an in-group of friends, and a lesser status for an identified out-group:

> *Well [my friends and I had not] been there. We weren't quite sure what it would be like, and I think we realised from sort of various things that we saw just we thought "Oh, we're in the middle of like UKIP country", because I think, oh, what's his name, Farage, I think "That's his constituency around there. Oh, God!" So, it's weird how we started to see everybody, "Oh you vote UKIP" but they might not or something [laugh] but it was just bizarre. (63-68).*

While Emma broadly acknowledges identification with and acceptance from others can be achieved through friendship, and this in itself may be supportive, she draws attention to the potential for a spoiled identity her distress could bring. Her identity as someone who is "emotionally burdensome" and can "*load them down with that sort of [experience]"*

(658) are significant considerations within her friendships as they have the potential to transform the friendship into something different - potentially more distant or less enjoyable:

> *…and I don't want people to know and, just, 'cos people label you, y'know, all this type of stuff. So that kind of thing just kept going, and [the anxiety and depression] just kept getting worse. (544-546).*

4.2.3.4 Reflective development

I found Emma would often become focussed on logistical details, would frequently use non-verbal language to finish sentences/conclude, and would be quite ambivalent about what she was saying. I became aware of an almost claustrophobic feeling of her continual organisation of life that seemed to push out a more expressive and creative side to her. Friendship here is expected to reflect a "fun" aspect of life and our selves.

4.2.4 Georgia

Georgia describes a historic lifestyle and personal community of pleasure-seeking in her twenties, during which she began to experience panic attacks and anxiety. This eventually resulted in a *"breakdown" (283)* and change of lifestyle, while remaining in her personal community of the time.

4.2.4.1 Narratives of friendship

Suffering with anxiety, panic attacks and sleep problems, using substances, with increasing desperation and thoughts of ending her life, Georgia makes a conscious decision to break from her lifestyle and the expectations held within her personal community, including her intimate partner and friendships. Georgia's narrative is that her "*breakdown*" was a wake-up call to the "*dream*" of destructive consequences of hedonism contained in her personal community of friendship:

> *When I had a kind of look at my time before [my breakdown], it was like I was in a dream, I was in a complete dream and then after coming through that […] I kind of feel awake and as life goes on I feel more and more awake and so that's the kind of where, "Well, this is what life's like," you just kind of go through constant awakening, unfolding, you know, process and that's how it is. (294-302).*

Georgia’s narrative is about ambivalence of becoming involved in friendship (and vice versa) in a way which may foster dependency and potentially threaten her current sense of self and health. Demand and obligation in friendship must remain temporary, brief and episodic, for her own mental health, revealing limits to the beneficence of friendship, even those who have experienced distress themselves:

> *I feel there's real value of being supportive to someone when they're having a shit time. I kind of do question it sometimes and I think that […] when the difficulty seems to pass, then I'm aware almost my contact with them passes a bit, and I'm okay with that, and I do wonder sometimes are they okay with that. It doesn't mean to say I don't love or care about them any less. (32-37).*

4.2.4.2 Narrative tone and rhetorical function

Georgia’s narrative draws attention to her experience of mental health difficulties as a “prompt” for transformation of herself and within her friendships. Georgia justifies her view for detachment on a behavioural and emotional level and impresses that while friendships can be affirming and connecting, “*co-dependent relationships*” are not “*healthy*”:

> *I don't have this underlying need to save people or have co-dependent relationships with people. I kind of have a better sense of a healthy friendship… (361-363).*

Georgia makes the case that re-organising interpersonal boundaries, through withdrawal, in friendship was a necessary, if challenging, step to take to preserve her health:

> *I almost give myself permission that it's okay to [distance myself in a friendship]. And I did it. It took me very long time to do it officially, but I'd kind of did a big withdraw and I know that it was really quite upsetting, quite hurtful towards her and that, y'know, it wasn't a great thing to do… (387-390).*

What became tangible in the way Georgia told her stories was mild embarrassment and consternation of being both the subject and agent of not "*being supportive*".

4.2.4.3 Identities and identity work

Georgia constructs her breakdown as a sign of the need for transforming her lifestyle, and for her friendships/expectations of friendship to no longer have power over her. Self-determination, self-reliance and self-containment are strong characteristics that Georgia identifies herself as now having, and expects friendships to have, in order to prevent over-involvement.

Georgia's adherence to a self-reliant identity in friendship and difficult experiences is repeated throughout her story, partially as she has not needed to be dependent in friendship or seemingly in relation to mental health – the exception being her mother. This independence in her transformation also coincided with a resistance to the medical management of difficult mental health experiences that she was aware of at the time:

> *I really thought I was going to end up in Mapperley Hospital and […] I almost had some sort of experience of what somewhere like that was like, that I kind of was, "Oh my God, am I that unstable that that's where I need to go?" and it was the last place that I wanted to be. […] I think the kind of the going mad thing wasn't as frightening as the thought of ending up in hospital - that was more frightening. (283-288).*

Georgia's distress and success in overcoming and making sense of this is occasionally made manifest in friendship. Stigma is not a major feature in her stories of friendship, but, as she notes, this is achieved through voluntary sharing of her experience and understanding, a long time after the event, and that she does not seek significant or continuing help, via her friendships, in relation to her health:

> *[…] on a couple of occasions, it's been in the conversation where it's when the person that I've been talking to about my experiences had a similar experience. They'd go, "Oh yeah," y'know, "this is what happened to me", that kind of thing. So it's not – I've never felt that anybody's gone, "Uh, uh, y'know, you're a bit weird" or "I won't be your friend any more." (448-454).*

4.2.4.4 Reflective development

Georgia's need to protect herself within friendship was understandable given her need for self-preservation. Georgia was caught in a dynamic of meeting an expectation of being close in friendship and being distant, in order to self-preserve.

4.2.5 Hazel

Hazel describes the emergence of mental health difficulties (depression and anxiety) in response to life stressors occurring in close chronology to one another, including the death of both her parents who she cared for as a child, divorce, an operation, and three bouts of post-natal depression. Hazel's stories reflect on a continued struggle with the effects of the depression on her day-to-day life, and her experience of friendship attitudes towards those who have "*illness*".

4.2.5.1 Narratives of friendship

Hazel's narrative focusses on a divide between the absence of compassion in those who are "well", and the compassion of those who are "unwell", in friendship. Friendships that are not compassionate or unable to empathise with her overwhelming feeling stigmatise her as someone who needs to earn/become worthy of friendship through betterment, by getting "*over it*":

> *…by the end of June I was in the psychiatric ward, but you know with that sort of the illness I got two get well cards which I think is always pretty telling on the way people feel about mental illness. And a lot of people I thought were my friends I never saw again. […] I heard their general attitude was, "Oh, you know, get over it, pull your socks up." (16-21).*

In contrast, friendships that empathise - frequently portrayed as those who have been unwell themselves – deliver the kindness, humour and compassion she seeks in friendship:

> *[At the day centre] I met people with a variety of different mental health issues, but they're also some of the kindest, funniest, warmest, most generous people that I've ever come across, I do, I refer to them as my silver linings… (38-40).*

4.2.5.2 Narrative tone and rhetorical function

Hazel’s telling is often filled with disappointment and hurt about how some friendships have broken the conspiracy, kindness and empathy of friendship in relation to periods of illness, which act as a barrier to forming or retaining friendship bonds which hinders future self-expression:

> *I think [two friends] could see that I was struggling and persuaded me to sort of unburden myself really. I did the “Right, [Hazel] it's time now and you can't hang on to all this stuff, it would help to share” […] I found out that [one] had told everybody everything about my situation [laugh] and how long it had gone on and the other one just said, “Y’know, I’ve got my own problems, I can't cope with yours as well" […] And I […] I think consciously made the decision to say, "No, go back to the old ways, deal with it yourself, keep it self-contained". I didn't want to share anything with anybody… (89-107).*

Hazel is warm and humorous in her telling of stories reflect friendships that are willing to empathise be flexible and non-judgemental:

> *Yeah, I think the social contact is really important, for me at least, because that helps […] and like I say it's – there's always laughter in the room, I think, one way or another. And being able to moan about things without judgement as well… (290-294).*

Hazel’s narrative impresses on us that dealing with uncertainty (and negative encounters) in friendship is a daily frustration to her and wishes to draw our attention to the “relationship capital” that friendship with others with illness can bring because of their experience.

4.2.5.3 Identities and identity work

Hazel repeatedly portrays herself as a "*self-contained*" person – an "*old way*" of being - which is antithetical to her desires in friendship and discourse around what is beneficial for mental health – "*it would help to share*". Hazel is confronted with a potential stigmatising identity for even having responses/mental health phenomena, which denigrates her experience and forces her to avoid reality-sharing, to remain "*self-contained*" and silent:

> *…because there's another lady there who also suffers badly with anxiety. Plus, there are a couple, another couple of ladies there who pooh-pooh anything to do with mental health so we tend not to talk about it. (320-322).*

Friendships that understand mental illness become more strongly identified with as "*true*" friends:

> *I think having a sort of mental health crisis is one of those things you've got to find out who your true friends are. (7-9).*

Hazel's stories reinforce the separation of identities, behaviours and attitudes of the well and the unwell, through friendship's ability to empathise or be indifferent to personal expression respectively. She portrays solidarity with those who show willingness to face the experience, together, as a basis for friendship. Here, Hazel also describes humour as a way of coping with the power difference she perceives between experts (who have authority over her) and the solidarity of patients (who must comply to authority), as well as the mixture of distress and happiness of returning to hospital, again, at the same time as her friend:

> *I think that's a sort of shared sense of humour. The time in [hospital], they used to […] let people wear green scrubs in lieu of pyjamas. And sort of [my friend and I…] used to joke about getting her out [of the ward] and […] she would sort of ask [the psychiatrist] for a stethoscope […] just to wind him up and it was that sort of railing against the system sort of humour that we both had. […] A few months later we were both back in at the same [laugh] time. So, we picked up really where we had left […] There is that Dunkirk spirit almost [laugh]. (196-221).*

Hazel resists political discourse of those using benefits and those unable to work/produce in conventional ways as "*scroungers*" and "*work avoiders*":

> *I think maybe outside of the [benefits] system people will get a lot of sympathy these days, because we're all "benefits scroungers" and "work avoiders" and what have you. (295-296).*

4.2.5.4 Reflective development

Hazel's interview impressed upon me the solidarity, community, and resistance to authority of friendship through difficult times, and friendships formed through such times. She spoke directly to the marginalisation of people, and the balance between the Scylla of rejection for disclosure and Charybdis of loneliness of self-sufficiency. Humour in friendship, by those in distress, appears significantly.

4.2.6 Isabel

Isabel has experienced long-term mental health difficulties, diagnosed as personality disorder, and a range of physical health difficulties. Isabel describes a lonely early life, restricted by physical health problems, over-protective upbringing, bullying, an abusive partner, and responsibilities for caring as a mother of an ill infant. Isabel describes a period of flourishing after finding a range of communities in which she feels valued in different ways. Friendship has been an outcome of her movement through these communities.

4.2.6.1 Narratives of friendship

Isabel's narrative is of locating herself within communities (academic, business and religious in particular) through the actions of a figurehead from those communities to "bridge" a connection (or retain her) in those communities. Isabel's narrative is also about her fostering of mutuality in friendships and social groups and having her experience respected in the fabric of everyday life of others:

> *…so [the vicar at church] was the guy who I did the question and answer session with and initially when I was very excited, about doing it, but I was also very nervous, because it sort of put me right in the front of congregation of about a hundred people and talking very openly about very private thoughts and feelings and I did the session and it was, I think it was the following Sunday, the first person came up to me and had said, "Thank you, that must have been difficult" and then she said was the effect of that she herself was having problems and it was very good of me to actually share mine to show that it's not a bad thing to have mental health problems. (139-146).*

The telling of her experience in this way, making it relatable, establishes her as someone who is valued for this knowledge, both by herself and her community.

4.2.6.2 Narrative tone and rhetorical function

Isabel becomes enthused when describing her encounters where she has felt accepted. Her tone is one of both gratitude towards the accepting communities and those who have helped facilitate her involvement in these, and pride in being part of the community. Isabel seeks to reminds us that both self-determination and the witnessing or recognition of her mental health/distress are constitutive of "*substantial*" friendship for her and that such opportunities can be available for others:

> *…it's surprising how little you know of people because often they will confide in you and say, "Well, yes, we've had mental health problems, or my son or daughter". And for me, that friendship, and then being open about it, for me – for me, I can't – I have no words to describe it, but it's more substantial as a friendship. You know, we have similar problems, so we are able to talk about those, and you know, but not just of our problems, we talk about good things that are happening in our lives… (68-73).*

Isabel reminds us of the prevalence of mental health difficulties in communities and, through drawing attention to her own skills or identities outside of her mental health experiences, that it is important to not solely define her, or friendships, by the presence or absence of mental health difficulties:

> *So, I have got lots of different things going on through my life and I am not surrounded by people with mental health problems, but people either have family or friends and people like that and who have had mental health problems. […] and it's just like, you know, little old me who talks about mental health a lot and […] y'know, talking about my other skills rather than talking about me as a patient and it's really… it took me an awful long time to realise that there is more to me than my mental health problems. (81-93).*

4.2.6.3 Identities and identity work

Isabel's changing circumstances create encounters with new communities, in which she flourishes in developing new friendships and broader self-and group-conceptions. Friendships and her personal communities have become an interpersonal space for her to become, or be, an active participant in mutual-definition. Within friendships developed subsequently, Isabel resists being identified solely as a service user/person with mental health difficulties, and presents friendship as a relationship able to move between compassion (to distress/struggle), and joy (here, of being a musician):

> *I have got some friends at church and I am learning to play the piano still and my – well not learning, I can play it - but my piano teacher also has mental health problems. She has diagnosis of personality disorders similar to mine and so we have long conversations about how we are feeling and what we have done today or how we have coped with some things. So, we are very close and she's absolutely brilliant. I love her to bits. (75-80).*

Isabel brings forth a positive identity with respect to her mental health experiences, as someone who is respected amongst her community because of, not in spite of, her experiences. She is provided with/develops an in-group role or status as a "helper", of bringing identifiable opportunity to members of the community. While others have been witness to her presentation of herself and her difficulties, this has prompted her to become a witness to theirs, creating mutual identities through interest and bonds formed through distress. Here, hidden or "private" experiences become shared and given validity.

4.2.6.4 Reflective development

My impression of Isabel's story was that of the Phoenix from the flames, of triumph over adversity. This started me thinking of the "heroic" aspect of participants' lives; determination and agency to survive and, in Isabel's storying, transform. Isabel was a peer support advocate, and presented the potential power of sharing one's story to a community.

4.2.7 Kaden

Kaden has been a long-term user of mental health services, diagnosed with schizophrenia approximately 30 years ago in his teenage years. He describes himself as being well since his last hospital admission ten years ago, at which time a psychotic episode was disrupting his paternal and intimate relationships. Kaden’s stories focus on disrupted heterosexual relationships and paternal relationships with his children, telling of his desire for restoration of his sense of a family.

4.2.7.1 Narratives of friendship

Kaden’s narrative is of a reformation of his family, after breakdown, and friendship is a type of relationship that enables the integration of others/himself into a reformed and extended family. Kaden’s stories of friendship repeatedly recount the development of sexual relationships (for female friendship), resulting in his current intimate partner being described as both his best friendship, and most binding relationship in his family:

> *She's really, really nice. A really nice woman. She accept my kids as hers, and she got kids and grandkids and she do all sorts of things for us - she wash our clothes, she clean house, she do the ironing, she cook sometimes, she cook. […] Anything we want, like we want to go away and see the rest of my family, we go together, we do things together and my kids really love her too. She's really, really good, yeah. (28-32).*

Male friendship is only mentioned in passing, with one exception where Kaden describes a long-term male friendship as like a brother, again integrating male friendship as part of his re-establishing of kin relationships/family life:

> *…he moved in with me. He moved into my house. So, me and him are being friends and we do lots of things together. […] And then we do everything together. We played football together. He's been married to my niece and we was very close. You see at the end of the day we used to say to each other, between us, it's a better relationship between me and my own brother or his own brother. (497-505).*

4.2.7.2 Narrative tone and rhetorical function

Kaden's accounts are often a stream-of-consciousness that require careful attending to as they are somewhat confused and confusing in the telling, potentially reflective of difficulty in narrating periods of tumult and intensity. Nevertheless, he aims to convince us of his continued place in his own family life, and that of others:

> *Then you see, people have difficulties and for [my partner's] relationship, and all relationships, it's just stress, get beaten, and you can't go out or you can't wear this, or you know. It's a lot I know since I've been with her. She's told me a lot about her life and what she used to go through from her ex-husband. Even her kids don't really like the guy anymore. And they all say, "Oh, we wish you was our dad." I say, "You don't say things like that. Whatever he is he's still your dad." And it's like they all call me 'dad' now and her grandkids call me 'granddad'. (124-132).*

Kaden speaks warmly in his telling of how feeling part of a group is an alternative source of friendship:

> *It's what they used to say, if I call my friend [in West Africa], "Oh I'm missing you guys". He said, "The whole [West African country] is missing you" and then in [the day centre] they say, "Oh, [Kaden], we are all of your friends." Yeah, I do have friends and some of*

> *them are really good as well. You know, when you need them […] I used to come here really, really, really stressed out. When I got here they cheer me up. Yeah, I start, you know, leaving all the trouble behind again, it does. (546-551).*

4.2.7.3 Identities and identity work

Kaden portrays himself as someone who has *"moved on" (357)* from past experiences of mental phenomena so that his worthiness of having a family is not threatened. Kaden defines family and paternal responsibilities as of utmost primacy in how he wishes to be identified now, as someone who is reliable and caring of his intimate partner and children. Friendships are subsumed into a type of kin: His "best" friendships are his intimate, female partner, and his longest, male friendship who he describes as a "*brother*" through integration into family life during childhood and later through marriage.

Relationships with the opposite sex are often told in the context of developing a sexual relationship, and same-sex relationships are often ex-partners of women he has developed a relationship with. Male relationships are identified as sources of competition or even aggression. For Kaden, a heteronormative identity permeates through his stories and his descriptions of relationships, and he indicates a polyamorous sexual identity rather than a monogamous one.

Kaden's accounts of non-kin friendship allude to group identities, drawing upon his identity as West African, and from his identity as a mental health service user. Kaden associates positive affirmation from these in-groups, and therefore imparts an identity that demonstrates his acceptance of, and by, others within and outside of kin-relationships:

4.2.7.4 Reflective development

This interview was difficult to attend to; partly because Kaden spoke quietly and also because the storytelling seemed to be quite disjointed in a spoken format. I was also conscious that Kaden was focussing upon family relationships considerably more than others, as if friendship and family is less distinct for him. Rather than re-orienting Kaden on this, I accepted his positioning; perhaps the difference between his take on friendship is a reflection of his heritage/culture? I later learnt that polygamy is a cultural norm for him, bringing family relationship to the fore in friendship.

4.2.8 Lily

Lily attributes the early stages of the emergence of depression and anxiety, at the age of 15, after experiencing a near-fatal physical health problem that made her fearful and disconnected from "*normal*" life. Combinations of life stressors (assault of her daughter, loss of partner) in a short space of time contribute to the emergence of significant periods of sustained mental ill health.

4.2.8.1 Narratives of friendship

Lily's over-arching narrative is one of continual struggle with loss and rejection in her friendships. Lily's stories reflect fear of a lonely existence, desire for connection and an expectation of happiness - emotional risks and benefits she sees in friendship. Her narrative is that of a tragedy of constant fear of being hurt by, and hurting, others, creating an avoidance of engaging with, and sense of failure in, compassionate friendship:

> *I think it's just like a bit not being there for people really and them not understanding […]if I delve into your life and if I take it all on will I be able to cope, or am I going to end up walking away or just not contacting somebody and then just leaving them feeling really, really pants, like, y'know, they need something from you […] – and*

> *rightfully. I'm not saying wrongly. I'm saying rightfully, because, you know, that's how friendships are supposed be. (86-92).*

4.2.8.2 Narrative tone and rhetorical function

Lily speaks in a dejected and resigned way about friendship, but recognises the irony and pathos in her situation. Lily's stories express attempts to encounter friendship, portraying herself as failing to meet expectations of what friendship should be like – supportive, happy, sharing, emotionally-reciprocating. Lily reveals the dual expectations of superficiality or personal self-revelation in friendship, and warns of the potential emotional disruption of compassionate friendship:

> *…you're aware that, like, you don't want to get somebody down […] So, like you tend to think, "Oh, I need to be a bit more buoyant…" […] but it feels like sort of surface […] And I'm quite wary about friendships being […] broken up and torn apart… (26-32).*

She presents her frustration at herself for avoiding friendship, such as at a significant time in her friends' lives (their marriage to one another), indicating to us her regret in the friendship:

> *I wasn't coping with a lot of things. […] And I've always wished I had gone to [my friends'] wedding. […] But I just didn't think I was up to it. I just didn't think I was up to going and I didn't think I was up to… I don't know. I don't know. I don't know, but I think about it quite often, because I just think, you know, they were so lovely, and they was so funny and I don't know. (152-160).*

While Lily recounts moments of enjoyment in her stories of friendship, accompanied with humour and affection, she remains self-critical with regards the temporality of friendship she has experienced, and seeks a longer-term friendship to "*carry for life*":

> *And I've never really carried any friendship beyond really. It's like, I don't know, I suppose if I had a friend for each circumstance, which probably don’t say anything nice about me, because some people have, you know, have big friendships, don't they, that they carry for life. And you know, people who they've known forever. (180-184).*

Lily argues that friendship with her is a burden for others, blaming herself for being unable to deal with the complexities and emotional reciprocation required in friendship.

4.2.8.3 Identities and identity work

Lily immediately identifies as a person who is unworthy and incapable of friendship, as a person who cannot live up to the expectations of friendship, and subsequently trapped between self-criticism of her performativity in her friendships and feelings of exclusion and loneliness when unable to express herself or emotionally connect within friendship. Lily’s stories of her friendships cast her as an outsider on an interpersonal level:

> *I can just be aware of just feeling so unbearably…God, just… Like I’d never really know, like I'd never really know anyone or anything or they wouldn’t know anything about me… (327-329).*

Lily’s stories often draw attention to the idea of authenticity in friendship; emotionally-connected and long-term friendship is authentic and desirable, in opposition to “*surface*” or temporary/superficial friendship. Lily sets herself against both preconceptions of friendship, having neither the former nor desire for the latter, subsequently seeing herself as not being “*fair*”:

> *I think it's too difficult to maintain friendships, because to be properly a friend you have to be able to – it means to be reciprocal, doesn't it, you know, like your friends listen to you and be supportive and your friends can expect that back off you and like. So I don't feel that a lot of the time I'm well enough to support myself, so I don't think it's sort of fair to get too close to people because then if they need me I don't think I would be – I wouldn't be able to take it on board and I think it would drift…(4-10).*

Lily introduces a long-term identity as a professional working within mental health services, within which she resists economic and social forces on those services she values (such as midwives, mental health services, arts provision). However, when she loses her professional identity, and becomes a user of those same, reduced services, she resists the sick role and struggles to reconcile her "old", helper-role identity, and "new" self that needs the same help, with a dissonance in making friendship with individuals in either group:

> *…and then you just think, "Well, I'm doing something fundamentally wrong," so, I don't know, I don't know. What can you say? You finish work 27 years later and you haven't got one friend. No. I don't know really. (193-195).*

4.2.8.4 Reflective development

I found Lily's stories sad to hear, attending to failure and fear in friendship. This made me wonder if friendship, in itself, may be a source of continual negative self-identity if a person feels unable to "do" friendship, precisely because they are already fearful of others. I had also begun to think that for many participants, the golden age of friendship is in the past. With mental health difficulties being bound up in relating, perhaps it is inevitable that friendship, as a commitment-less relationship is the easiest to "*drift*" and most demanding to "achieve".

4.2.9 Mia

Mia describes herself as someone with anxiety and depression related to historic childhood abuse and abusive male adult partners. Mia believes that she is "*a difficult friend*", feeling unable to reciprocate in her relationships primarily due to her daily experience of anxiety. She is very wary of permitting or entering into intimate relationships.

4.2.9.1 Narratives of friendship

Mia's over-arching narrative of friendship is that of her friendships becoming a partial replacement for the care and attention she anticipated should have come from a family:

> *[My friends] were making sure I had food and giving me lifts […] they even brought me clothes […]. And you know, they were there more for me than my family, […] been more for me, listened to me, and taught me more than my own family. […] the things that my friends were having to do and the support that they've given me - I don't ask, they offer - it's the support I should be getting from family […] You know, I'd be lost without them. I'm grateful I've got those friends. (157-167).*

However, her narrative of friendship is characterised by continual doubt; having experienced abuse and rejection she does not know where she positions herself in friendship, and is instead fearful and suspicious of the authenticity in friendship:

> *I trust that they'd be honest, but because I suffer, sort of feel the way I do, there's always a niggle in my mind of what if they are just being friendly to me that they're not – they don't want to upset so they'd hold back any issues that might be, that might be annoying them in some way. (74-77).*

4.2.9.2 Narrative tone and rhetorical function

Mia is enthusiastic and sincere about the subject of friendship, and she is often positive and grateful for friendships and the validation they bring her. Her narrative alludes to friendship as a relationship brings relief from the effects of abuse and its impact on her mental health, through acceptance, understanding, care, and freedom to be her "self":

> *The best place, you know, in conversation is when I was talking about how things that make me feel, what's happened and things like that, [my friends] were basically telling me that, y'know, how good a person they think I am, and you know, just reminding me of what they think is good about me, even though I couldn't – couldn't see it. I can't – I still can never see it myself. (145-149).*

Mia's stories emphasise that expectations or standards of friendship behaviour, such as being outgoing or assertive, are ones that she feels unable to adhere to due to the effects of her distress in social situations; within friendship, she argues that others are able to be more "friend-like" than she can be:

> *I just think that me being who I am, I'm a difficult friend, I feel like I'm a difficult friend. Being so quiet and nervous and not really having much to talk to. I can't – you know, I can't go and do things I want to do in life because of my nerves and my confidence and self-esteem is holding me back. (33-36).*

4.2.9.3 Identities and identity work

While friendships have fulfilled some aspects of family-oriented care, Mia also stresses her need to retain an image of autonomy, independence and dignity in the relationship – "*I don't ask, they offer" (165).* Mia continually identifies as a person who is "*a difficult friend*", as someone unable to reciprocate or participate fully in friendship, and is therefore unworthy of the relationship. In Mia's story, a significant part of her anxiety is about her social performance and being discredited and devalued:

> *I mean on occasion I've been told that I repeat myself and I worry too much and I analyse things way too much which is the same as worrying I suppose. But nobody really says anything about me being annoying or anything negative like that, but that won't go away, it won't leave my mind, I'm just constantly thinking about it. (77-81).*

Friendship helps her identify with herself in different ways, by providing an interpersonal space for freedom of expression:

> *[My friends] understand me. I can feel more ease and to some extent and try and be something near to what I would like to be as a person… (299-301).*

For Mia a heteronormative identity permeates her friendships; same sex friendships are perceived as a "*normal*" and non-sexual type of friendship, whereas opposite sex friendships implicate the expectation of intimacy and sexual attraction, and abuse. Mia reinforces her lack of pursuit of a sexual partner, and her identity as a single person, through using "friendship" as an interpersonal boundary or identity of the type of relationship she permits others to have with her:

> *…the difficult friendships I've got [are] if I try and have a relationship with a man, because it's a different – that's a different kind of friendship […] that's where I tend to get took advantage of and lied to and not understood, and you know, all those other things. But with normal Platonic friendships […] I seem to get on*

> *better with that kind of friendship. […] That's what sort of stage I'm at at the moment, just friends at the moment. (303-312).*

4.2.9.4 Reflective development

Mia's story initially reflected friendship as a reinforcement of her sense of inadequacy. I didn't want to reinforce her negative self-conception by dwelling on this and wanted to create pleasant interview experience for her. This shaped the story through redirecting her to a more positive experience of friendship, and then we joined the threads by asking about friendship when she felt "at her worst". Mia also makes reference to the concept of the "friend zone" – keeping a relationship through maintaining non-sexual intimacy.

4.2.10 Noah

Noah describes a traumatic separation from his parents at a very early age – the death of his mother, loss of his father – accompanied by physical and emotional abuse from his adoptive parents. Noah has experienced severe depression and anxiety and has been diagnosed with a personality disorder, accompanied with alcohol use. Noah's personal community is limited to his family, and his stories repeatedly draw towards them. He describes himself as a loner and currently friend-less.

4.2.10.1 Narratives of friendship

Noah recounts his closest-to-friendship relationship as being with his older brother. Here his narrative is one of trusted protectors towards each other, from the physical abuse or threat from others, as well as their own potentially reckless actions:

> *[Dominic], my big brother, me and him have been very tight, close-knit. […] He probably got, I'd say, a fair bit of whacking when he was a kid, and he'd protect me, he'd say "Oh I did it" and he'd take the belt or whatever, but as we grew up, as we got older, tables*

> *turned on looking after, in the fact that I was very protective to [Dominic] hence fighting and all that sorts of things, or if people said wrong word to him, because [Dominic] has always been a talker not a fighter. (36-44).*

4.2.10.2 Narrative tone and rhetorical function

Noah is often world-weary in his telling, suggesting he is missing out on the full benefits of friendship, and justifying his protectiveness towards "*others who are less fortunate*" as his way of relating, through solidarity against injustice:

> *I suppose it's one of the things where if you've never had [friendship], you don't miss it. Say friendship, I have always been a very caring person towards others who are less fortunate. […] So anybody who is like, I hate people who's calling people disadvantaged or whatever, you know what I mean? So, I have always been a caring person, like that. (78-84).*

When speaking of his main relationships - the "*family unit*" (his children and wife) – he is fond and content, bringing in a tone of protectiveness. Through comparing friendship with kin relationships, Noah reveals his perception of friendship as "*having fun, having a laugh*", "*getting up to mischief*", an obligation-free relationship:

> *Friendship I think is going around places, having fun, having a laugh and – whereas marriage is more doing it as a partnership, not, you still have your laughs and everything, but it's a different sort of a laugh and jokes than you would do if you were a single bloke going out with your mates on a night party or getting up to mischief, all that sort of thing. (137-141).*

4.2.10.3 Identities and identity work

Noah identifies as someone who relates to others through solidarity against abuse or subjugation, aligning his identity in friendship with a paternalistic identity of security, safety and protection:

> *[I've] got none. Friendship, I can't really remember any such that I, I have always been lonely, very untrusting. So, I've really kept people away from myself. The opposite end, the people who I've let in would have been my family, wife and that, but not in let in the depths of previous childhood events. So, it takes me a long while to get interest of people. So hence, I can't really say I have got friends. At the age I am now, I haven't got anybody who I can call a friend out of the family, anybody outside the family unit. (2-8).*

His identity as being friend-less is based on his lack of trust and subsequently not sharing moments or experiences together. Although Noah's storying reveals he does not seek mutual-definition through friendship, he does seek to recreate opportunities for others to express themselves and overcome differences in identity, again with himself as a facilitator of a safe and welcoming environment for a mental health group:

> *So, it's a bit of self well-being as well as they're trying to help and assist others in the thing that I want to do as a person by using art as a therapeutic means for people expressing themselves, irrespective of illness, creed, colour, or whatever, you know what I mean. I am not bothered who you are, what you look like or, you know what I mean. If you just sit there, draw, and we all get on, that's happy for me. That's my vision of what I'd like to get set up. So, I could have a Muslim, I could have a Jew, things like that don't interest me. I am interested in you as a person, not what your*

> *baggage is and all that sort of thing, you know what I mean? (322-329).*

Noah resists a medicalisation or academic view of his day-to-day experience and coping strategies, acknowledging that this puts him in conflict with others who do. Here, he resists the sense of inferiority in patient-expert power dynamics associated with mental distress and the imposition of an impersonal, homogeneity in diverse experience:

> *I have probably found alternative ways of self-management, self well-being, my idea of self well-being. I don't like, you know people say, "Well you do this, you should do this and do this." And I'd say, "Hang about, if you don't, well, who says that's…" - I'm one of them, terrible - "…who says that's the right way?" (198-201).*

4.2.10.4 Reflective development

How do you talk about friendship together for an hour when Noah says he's never had any? It seems it is possible to talk to a model of friendship – fun, outgoing – and a desire to be a "friend to all", a protector of the down-trodden and unfortunate. My questioning/contribution to this interview was effectively to ask Noah about family and kin and how these relate to his ideal of friendship. His brother combined the two. Noah also added to Georgia's idea of friendship as possibly leading to harmful encounters – health or danger – unintentionally.

4.2.11 Olivia

Olivia describes herself as someone with a range of varying diagnoses – schizophrenia, personality disorder, and depression – abusive relationships - childhood abuse, and continued abuse by male partners in adult life – and unstable living conditions – being homeless, living with others, or living in co-operative housing. She attends faith, art and mental health groups and recounts difficulties in developing and managing friendships on an interpersonal level.

4.2.11.1 Narratives of friendship

Olivia’s narrative is that of a survivor in which she both desires and resists interpersonal enmeshment in friendship. Olivia’s narrative is a tragedy of continual desire for sustained happiness in friendship, accompanied with an expectation, and often experience, of conflict and rejection:

> *I think I go between wanting to be on my own an awful lot to wanting to have a group of people who are there. […] And you know that it's not that straightforward. And sometimes the church fulfils that and sometimes it doesn't. And it's just about finding your own way really. It's – it's hard, it's tough to be on your own out there with mental health problem. If you're not on it all the time, everything…everything goes, and it's mad… (707-714).*

In her narrative of being a perpetual outsider, Olivia is grateful for those friends who act as a “bridge” to facilitate communal activities and foster a sense of belonging based on immediately-shared experience or interest:

> *They're my sort of matches lit in the dark, as Virginia Woolf would say. And these things made a big difference to me. […] And when I was feeling quite down […] I used to go and visit [Robert…]. He'd show me all his art and stuff, and […] we'd be talking and doing art and things. And he used to run workshops as well and you felt connected and you knew people. (57-65).*

4.2.11.2 Narrative tone and rhetorical function

Olivia’s telling of friendship is often accompanied with an intensity of description and absorption, reflecting a propensity to adopt opposing positions towards her stories of friendship. Her stories are replete with rejection and admiration of friendship. Olivia argues for care and inclusion in friendship for those who are unconventional:

> *…people, if they're given the support and care, tend to be able to grow in a more positive direction than if they're just punished by society for being different and doing anything that's not quite expected of them. So, you know, people like that you take forward in your life wherever you go. (34-37).*

4.2.11.3 Identities and identity work

Olivia's story and identity both reside in a continual flux between affinity and division in friendship, forming bonds with others through unconventionality (i.e., not the "*usual bullshit"*) or though shared experience, and that sustained friendships with others with shared experience/unconventionality are an achievement:

> *And I don't think I really know how to have a normal friendship. They've always been so bloody intense. I mean, I can talk about the usual bullshit, but I tend to form friendships with people who've been through a lot themselves. And that has good sides and bad sides, because you can relate on some levels and you don't have to explain yourself, but on the other side of it is, it can be more of the same. If one of you is out of kilter, or if both of you are out of kilter, it's a disaster, y'know? [Laugh]. (339-354).*

Olivia draws attention to friendship as helping sustain her identities in a life that is "*changing all the time*":

> *And sometimes you just need to be doing something totally different from anything to do with mental health. Because otherwise you turn into mental health. So, friends, I mean friends are*

> *necessary to life and especially, life is changing, isn't it? It's changing so much all the time. If you didn't have your friends, you wouldn't survive… […] I sort of try and offload [intense feelings] at certain places so that my friendships are free of all that and I can be more open. (359-371).*

Through associating with "*different cultures of people and people with different ideas and people not from the mainstream" (68-69)* she seeks to identify with others who may also feel outsiders and have positive characteristics – *"very intelligent, clever people" (69)* with *"a lot to offer" (70).* Olivia reveals a discourse that has disempowered her and "*mad people*": She is seen as worthy of help but unworthy of social agency, or having a voice, an identity she resists through scornful mimicry:

> *…and "Try to keep your gob shut", because, "Who are you? You're just one of the mad people coming here for your breakfast and you're not supposed to do anything." (232-234).*

While positively identifying as someone who can empathise through shared personal experiences, Olivia is frustrated and tired at being unable to transform ("*move on*" or cross "*the river of death*"). Her identity in this regard is doubly-negative, caught between being the helped and the helper, and desiring neither, experiencing continual loss:

> *But it's almost like that can be quite painful, when you're helping people get well and then they move on, and you're back, sort of, ferrying people across that, the river of death, you know what I mean? [Laugh]. And it's nice to see people get on, but sometimes you can feel like the one that got left behind… (483-486).*

4.2.11.4 Reflective development

I found this interview difficult to steer through at the time; Olivia's stories were disjointed and I couldn't get a grip on the characters or the plot. Some structuring of the interview may have been helpful, but I decided that this would impede her own sense-making where this was possible. On reflection/analysis, I could hear a narrative and narrator struggling to connect with others, simultaneously trying to give to others and be understood. Olivia's story also revealed how friendship may be affected by issues like transience/homelessness but this may not feature strongly in the final analysis given the demographic.

4.2.12 Phoebe

Phoebe describes herself as always being different (anxious and lacking enjoyment in life) from a young age (five years old), tracing a genesis to serious mental health difficulties to parental neglect, sexual grooming during her adolescent years, and the death of her twin brother in early adulthood. She has experienced depression, anxiety, substance use, an abusive sexual relationship and self-esteem issues since adolescence and a number of years of self-destructive behaviours. Phoebe relays how friendships have formed part of her own re-adjustment to life and feeling better towards herself.

4.2.12.1 Narratives of friendship

Phoebe's narrative of friendship during adolescence is one of the dangers in personal exploration with those who appear as friendly. Her older sister provides opportunities for personal expression during puberty which escalates into potentially dangerous sexual encounters and substance use. While appreciative of the opportunities for personal development, Phoebe, now, recognises that this friendship-like relationship was harmful:

> *So, it was like really, really lonely, and then […] my sister […] - I was 12, she was about 24 - she started saying, "Oh, just come round mine" […] and […] I won't go into too much detail, but she ended up basically grooming me. There were a lot of parties around there with all these truck drivers and things like that. That was pretty bad, but the positive side of it was that she was kind of like a friend, but not really […] So, at that time […] I'd describe like my mental health was going towards like, you know, quite chaotic like… (389-403).*

Her twin brother, described as her friend in early adulthood before his death, fulfils similar expectations of friendship – encountering and sharing moments together, and humour – that are safe and age-appropriate:

> *…we were very, very, very close, but I think we were both such a fucking mess that…So, basically if anyone was against us, then they're dead basically [laugh]. […] I mean, we'd go out together, and we talked about stuff and things like that, but there was kind of a different element to the relationship as well. […] I suppose it was a lot of baggage, stuff like that, but mainly we had a kind of bantering relationship, and he was a very, very, very funny guy. (338-355).*

After the loss of her brother, Phoebe's friendships still bring joy but also foster a "calming" and "buffering" effect through re-establishing through them "*trust with anything*".

> *[Friendship]'s replaced a kind of toxic family situation, you know, I know it's a cliché, but absolutely you know it does feel like it. And now I just feel lucky I have got so many friends, you know, who are – who I can trust with anything, really close. (522-525).*

Phoebe’s narratives of friendship reflect both the destabilising and destructive, and stabilising and reconstructive, power of friendliness.

4.2.12.2 Narrative tone and rhetorical function

Phoebe is contrasting in her sadness at the absence of friendship in early childhood, the hurt and shame of “friendliness” in adolescence, and is animated and appreciative of her adult friendships that help her retain a positive view of herself and her place in the world. Phoebe both warns us of, and invites us to, friendship’s possibilities in mental health:

> *[Our friendship is] just like, it’s just very unconditional. Everyone is just allowed to be who they are and nobody judges you. You just have such a laugh because you just know everything and yeah, with [my friend Emily] in particular, just anything turns out to be funny. Even things that are, you know, I probably might feel quite shaming and we’ve managed to turnaround into something hilarious. Yeah, it is just really, really funny. So they have kind of stayed with me through thick and thin. (65-70).*

4.2.12.3 Identities and identity work

Phoebe’s draws attention to friendships (or relationships generally) of unequal power, in particular with regards sexual, physical and psychological maturity, whereas her peer- and mutually-defining friendships have little “power over” and instead are nurturing.

Her friendship-like relationship with her twin brother in early adulthood provides a temporary shared identity of survivors of neglect and disturbed relationships, the loss of which results in grief of both a close and loved family member and the loss of an identity of mutual sharing and confrontation of reality with one another. This becomes increasingly fulfilled through her non-kin friendships that provide a space for an identity of positive self-worth, as someone to be cared for, and worthy of being cared for, cultivated by her friendships when she is not able to do this herself:

> *[My friends] would never would have left – you know, they were always there for me if I needed them, they'd never let me go, they would always stand by… (146-147).*

Phoebe, now, identifies as someone who is able to "*give back*", to reciprocate in friendship to others who are going through difficult times, a mutual witnessing of each other's emotional (and painful) aspects that furthers a sense of a trusting bond with one another in friendship:

> *…all [my friends] have different challenges and stuff, and now I am able to kind of give back a lot more […] I have got much more capacity to kind of, y'know […] talk about any problems whatsoever. […] I went out with [Emily], just me and her. She was really upset […] Then, we just spent the whole night on [her] which was just lovely, just really lovely, do you know what I mean?, because it's sort of "I owe you about a million of these". (223-232).*

Phoebe uses the phrase of "*I owe you about a million of these*" with a sincere desire – and gratitude - to listen and engage with her friend's experience. Although the language suggests a tallying to reach an equivalency of exchange, Phoebe's expression in the interview indicated an unconditionality between her and her friend and that this was a committed offering not a transaction.

4.2.12.4 Reflective development

Phoebe also brought to light the professionalisation of mental health work and the restrictiveness of expression she found in this line of work. She portrayed the need for mental health as a topic to be emancipated amongst those delivering support. Age-(in)appropriateness and power came through this analysis.

4.2.13 Quinn

Initially describing a faith community including friendships of over thirty years, an act of self-preservation – challenging expectations of work from her faith leader - becomes a defiance to the power and inter-relations of the community, resulting in a deterioration of friendships and long-standing interpersonal mechanisms of support. With ostracization from the community, friendships rapidly transform from being comforting and encompassing, to hurtful and excluding.

4.2.13.1 Narratives of friendship

Quinn’s stories emphasise that the enforced loss of a once-idyllic community is traumatic, and she remains haunted and hurt by the extent of friendship’s betrayal:

> *Friendships were so much to me and now I'm […] not in the market for any. Yeah, in fact, if […] it looks like people are going to want to form too close a friendship I will pull back. And […] I'm alright with that. […] It's not that my life is without human contact either, but it just isn't friendship as it was. And I don't know if that's how it will always be now or not. […] I don't know if I'll carry on recovering and it'll restore my sense of, "People are okay" again or not. I'm open to it, but not particularly looking for that to happen. (199-207).*

Quinn seeks an alternative community in which she can recreate the experience of inclusivity and friendship can be trusted again, recreating a “*normal world*” of friendship, and additionally, where her extremes of emotion can be non-judgementally witnessed and believed:

> *I think - is he a Catholic bloke in France? – L'Arche Project, where people with learning difficulties and disabilities all just live together with able-bodied people […] It's just being together and that in itself is enough. And yeah, ever since being in […] the crisis house I've thought […] if I knew there were ways of recreating this in the normal world […] I don't think we'd have so many people so lost […] I'd love to see that just happening everywhere and that just being normal… (427-439).*

4.2.13.2 Narrative tone and rhetorical function

In describing her pre-ostracising community, Quinn is grateful and nostalgic for the reliability and relatability friendship provided, and is surprised at how attitudes towards her quickly change. Quinn is mournful and angry over the rejection and betrayal from her friends, and the loss of friendship as a type of relationship. Quinn is cautioning over the potential for friendship, even that of a well-established and long-term nature, to turn to betrayal.

Quinn's story restores some hope in friendship, drawing attention to the compassion of others who have also suffered, and were "*friends for that time*":

> *I had a level of friendship support from people who I could be honest with and who could say, "[Quinn], that's spiritual abuse," and I could go, "I thought it was, but – yeah." So, it's interesting friendship, but they were friends and they were more friends than the people I think I still think of as my friends. Yeah, I do. I miss them, loads. Those other people were friends for that time and I cared about them in that time. (116-121).*

4.2.13.3 Identities and identity work

Quinn’s desire to make a contribution to her community contributes to a valued identity, and increasing commitment and enmeshment of her life in the community itself. As a woman challenging subjugation and conformity in a patriarchal structure and in-group favouritism/cohesion of the community itself, her status as someone who is credible is undermined by her friendships’/community’s perception that she is unreliable due to her emotion - an epistemic identity as someone of less authority, for her experience:

> *[My friendship group had] been speaking to a leader of the church and […] yeah, it was that moment that my world shattered in terms of who I could trust. It felt like I had no friends and that the question in my head of, "Okay, if even my friends are not seeing through my eyes…” then I must be wrong, but I'm really not wrong. It was that real wrestling going on. […] But they didn't believe me. They thought I was being over-sensitive. They thought because, by then I was on antidepressants, that I was emotionally unstable and my mental health therefore made me someone less believable. (79-95).*

Quinn reflects upon her changed sense of belonging as a process of individuation forced upon her through ostracisation. She suggests that this is both a sign and opportunity for her to develop a new sense of social agency through difference and similarity, not conformity:

> *Maybe that's what growing up is, it's being you and […] not needing an exact mirror of yourself. […] When you […] conform as much as you can […] you don't mature as quickly friendship-wise. […] I think I'm going to have to grow up and learn that actually you can have friendships where you're the wispy spiritual one and they're the pragmatic one and you can benefit from that together and you can*

> *still be really close. And actually when I'm saying that that sounds loads better or more richer… (499-514).*

Quinn's friendships are gendered in that *"it'd be more normal to make female friends than male friends" (334-335)* but her ability to identify with other females as friendships exposes her to potential betrayal as *"it was females that I leant on in general. It's females that let me down." (330-331)*. Quinn describes time- and place-limited encounters with friendship, formed through empathy and identification with one another through experience, over-riding pre-conceptions of social identities that differentiate people (such as wealth, education, etc):

> *So, mental health conditions separate you from people who don't have them. And […] there are times when if you're going to connect with someone you're feeling like you have to explain yourself. Take away that having to explain yourself […] Yeah, you could be super-intelligent or not, you could have had a great life or not, anyone can get there. And yeah, there [is]n't any fear. (416-424).*

4.2.13.4 Reflective development

Quinn's story had a powerful effect on me in its representation of an implosion of belonging and friendship, her ostracisation. The depth of her pain and power of her story show that enmeshment can turn insidious. Faith belief and patriarchy, the cult of personality and pressure to conform, are powerful forces. This story also brought to mind use of crisis/crisis house to manage social problems.

4.2.14 Rachel

Rachel has *"chronic but low level" (189-190)* depression and anxiety since around aged 16, with several severe episodes lasting three to four months. She describes her most severe episode of depression several years ago while trying to conceive with her then-current partner, who became increasingly withdrawn and angry about her need for help. Rachel's stories of friendship centre around her time during her stay in hospital, and her reflections on friendship and mental health since.

4.2.14.1 Narratives of friendship

Rachel's narrative focusses on how varieties of friendship bring relief during a period of mental distress and admission to hospital, and the continuity afforded by friendship of her sense of who she is as someone with, and without, experiences of mental health difficulties. Friendship's permitted awareness and entry into Rachel's circumstances and mental phenomena is carefully negotiated by her, and she is grateful for the friendships that have been permitted and, respectfully, those that have not:

> *I think that people help you through those times in many different ways and in ways they don't even realise. So, like with [my friends], those evenings that I spent with them playing games actually was […] this oasis for me at the time of just sort of, feeling alright for a few hours. And they're never going to know that, but to me that was really important. […] I'm probably very lucky […] there's been nobody […] that decided they didn't want to be friends with me anymore […] Maybe that's because I [laugh] picked and choose who I told, and, you know, I was able to manage it to a level where people didn't always know […] how I was feeling. (674-688).*

4.2.14.2 Narrative tone and rhetorical function

Rachel presents her stories of friendship and mental health difficulties with enthusiasm, tempered with careful consideration that others' experiences of friendship and distress may be different. Rachel draws our attention to importance of maintaining non-"*illness*"-suffused interactions in friendship, to temporarily retain the specific, pleasurable experiential components to life, from friendship:

> *…there are some friends who I wouldn't have talked about my illness, who I could see during that time and for the time that I was with them I felt much better. […] They didn't know – they don't know to this day that I was in hospital - and we would […] play games and for the few hours that I was there it was weird, […] it was like I could get in touch with my old self […] …it wasn't like I was better. It was just like there was a window where there were people who probably wouldn't even notice that I was not quite functioning and […] for some reason I felt, for that short period of time, I felt much better. (314-330).*

Rachel expresses gratitude for the temporary compassion – portrayed as friendship - during the time she was in hospital:

> *So, I think there's possibly a little bit of me not wanting to dwell on the fact that I was in hospital and not wanting to meet up with people where the only thing we had in common was we were in hospital together. But at the time those friendships were extremely important to me. So, I just, yeah, I think there's lots of different ways and lots of different friendships […] that help you through it. (526-531).*

4.2.14.3 Identities and identity work

Rachel's stories reveal an identity of being productive. Here, feeling "*useful*" is obtained through the empathising with others' distress and forming bonds:

> *…I did make friendships in there that were very, very important to me at the time, because they gave my day a bit of a purpose, they made me feel useful again… (512-513).*

Rachel recognises that distress can become a bonding/friendship-making experience, irrespective of pre-existing social identities, whereas relating through "*what would normally make life good*" can prevent bonding/friendship-making during periods of distress:

> *[Jaspal] was a guy from Nottingham who, he's probably about my age but was just not somebody that I would've normally bumped into in my everyday life. […] And he wasn't the sort of person I would normally become friends with. We didn't have a lot in common apart from the fact that we were on the same ward together… (444-450).*

> *…some of the things that would normally make life good and make you feel good about things actually don't touch the surface, they don't. Unfortunately, it's the way that you feel, it's just completely different to how you would normally feel. (637-639).*

Kin-relations and some friendships are permitted to witness her intensity of feeling, and where her intimate partners have previously been disempowering or unempathetic, she turns towards friendships to reinforce a sense of self. Additionally, friendships with other women permit Rachel to explore the effects of illness and a changing/emerging relationship to this:

> *I think if I was having issues with my mental health I would definitely talk to [my partner] about it, but […] I'm pretty sure I wouldn't feel that he'd completely understand where I was coming from. And there are other people, one's my mum, one's [Clare]*

> *another friend who's been through quite similar sort of times to me. And I would speak to those people in more depth I think… (159-163).*

Rachel seeks recognition and understanding of her experience, both for herself and for others but in carefully maintaining friendships that reinforce a sense of who she is or can be, when "well" and when "ill", she resists discourse that expects her to challenge stigmatising attitudes towards those in distress:

> *I'm quite careful because I don't want people to say things that are gonna make me feel worse or […] aren't going to get it I suppose. But the downside of those is that you're not promoting awareness as much as perhaps you would be otherwise. But I think that's each person's choice, isn't it? (645-649).*

4.2.14.4 Reflective development

While Rachel adopts an identity of someone who has recovered, she wished to retain her identity as someone with an ability to be empathetic to those in similar circumstances or where recurrence or non-recovery is their narrative (which she recognised included herself). Her emphasis seemed to be on expressing gratitude for temporary friendship encounters of helping one another through each other's distress.

4.2.15 Sarah

Sarah has experienced childhood abuse from her mother, depression since age 14, and a 24-year abusive relationship with a male partner. Suicidal thoughts following the death of her father becomes a desperate turning point, and through a medical and non-medical response, she reconnects with life, begins to feel better and finds a validating role in the community.

4.2.15.1 Narratives of friendship

Sarah’s stories of friendship revolve around her new community of the day centre. Her storying concurrently draws on her agency to create a safe and happier environment for herself and others with similar experiences. Friendship is intertwined with a transformative story that embodies a quest narrative of her experience of life:

> *And I was so crying out for people to just listen to me and help me. […] And then [Dr. Mann] referred me to [the day centre], and I came here. And I started just sewing and then I started a quilting group in this room here […] and I thought, "Wow, I've got friends and these friends are suffering, as the same as me." […] But over time I began to help others and it was making me feel better. […] And now I just feel like it's one big family. So if I'm feeling low I've got a family here… (46-67).*

Sarah’s narrative draws attention to the importance of having a personal community that provides safety and understanding through communal history of those who have suffered (a “*really big book of stories*”); friendships are both a possible means to, and outcome of, this process.

> *[The people in the day centre] believed in me and gave me a job here and then the friendships have grown and grown. It's just – it's – they support me. So if I'm having a bad day, you know, I'm quite open about it […] and they'll work with you and they'll pick you up. And it's vice versa; […] There's a tree outside with a seat around it. If that tree could have ears [laugh], it'd tell a really big book of stories. It's really nice. It's just lovely and you make friendships like that… (118-128).*

4.2.15.2 Narrative tone and rhetorical function

Sarah’s narrative tone is both sombre and respectful of the subjects, as well as passionate, almost imploring, for others to take action to *“say, “Well, I’m not putting up with it”* and seek others out when feeling desperate. Through her entirely warm and positive tone about friendship, Sarah wishes to present friendships as a potential relationship in this. She is encouraging of others, especially children, to articulate feelings, reach out, connect with others and potentially obtain a limited form of justice:

> *…not being able to talk, it got me in the place […] where I was for such a long time […] so if I can help the young ones before it starts, why not do it? And I just think everybody should be aware of it. It's just a – it shouldn't be shoved under the carpet. It's like my abuse, that was shoved under the carpet until I decided, "I'm not having it no more." […] Some people have to take responsibility for the things they've done and you can't make them do it, but you can say, "Well, I'm not putting up with it." So, mental health should not be shoved under the carpet. Get it out, get it all spoken about it. And if you need friends, get friend around you. (193-202).*

4.2.15.3 Identities and identity work

Sarah portrays a previously isolated self, unable to thrive or grow through friendship during periods of domestic violence, which contrasts with a newfound sense of her own agency and positive sense of worth, presented in her active role in assisting others. She portrays herself, now, as a survivor and helper, having a valued role and friendship in her personal community.

A continual identity running through her stories is that of a protective mother, and, since attending the day centre, the development of an outward portrayal as a safe person for others, thereby protecting not just her own children but people around her from adversity. Sarah presents a positive version of herself as someone who is passing on care, hope and experience, down and across generations. Sarah's stories also reveal that giving voice to experience, even disguised distressing experience, creates an intimate, and powerful, gift to others:

> *I started to build this quilt, it got so big. And it was like little children throwing apples from trees and little animals looking up and I designed them and drawn them and put on to a quilt. And the little boy climbing and little girl on a swing and throwing apples each other and flowers and that. […] So, I'm going to send it to [my friends] and then hopefully they'll get enjoyment out of it, from something, but they won't see what it was. […] When I was making it, it was about children being happy. It's a really happy quilt. It's really bright, it's a happy quilt. And it's about what I would have wanted as a child. (320-340).*

Her identity as someone who has suffered abuse is accepted beyond the boundaries of the day centre, including one of her abusers. Here, she reveals an identity as someone empowered by her experience, a survivor:

> *And I'm quite open and I'll say, "I've suffered with mental health issues." I'm not going to shove it under the carpet because I don't think that does any good. I've also invited my family [to the day centre], all my children have been here, all my grandchildren have been here. My mum's been here, my sisters, my brothers. And they get a buzz from it as well. And they will say to me, "I understand now." (128-133).*

4.2.15.4 Reflective development

During this interview, I found myself feeling very connected to Sarah's story and was deeply moved afterwards. Sarah's story of oppression and then thriving, was really inspiring. I admired her ability to continually “carry the weight” and I felt a mix of sadness, for having to endure this, and uplifting to hear that she had found safety and some peace. Immersing myself in the day centre, I came away with a sense that, here, you have time and facility to heal.

4.2.16 Tess

Tess describes herself as having depression and anxiety and as inherently sociable and involved in her relationships. She is gradually adjusting to a slower pace of life and less social involvement via friendship as she gets older. Tess’s story focusses on her current situation with her friendships, sister and the care for her father.

4.2.16.1 Narratives of friendship

Tess’s storying focusses on the present, on a conflict/incongruence between attending to family relationships and obligations, while seeking obligation-free and happier moments embodied in her friendships. Hers is a story of conflict, guilt, and frustration around immediate, difficult situations and friendship’s involvement in this:

> *…it's like my friends are the jigsaw pieces that go together and build up [me] again. And then I'll have periods where I’ll feel I'm [Tess] and then I'll have a conversation with [my family] or I'll think about [my family] and I'm gone again. […] But, it's – it should be a joyous process, that jigsaw should be brightly coloured and whatever and at the moment […] the jigsaw gets brighter and brighter and brighter and then it fades. (346-358).*

4.2.16.2 Narrative tone and rhetorical function

When talking about friendships, Tess connects friendship as restorative of who she feels she is, associating this with times of “colour”, joy and care-free experiences, contrasted to the “grey” of her kin relationships and current experience. Through contrasting her experience of familial relationships (duty, failure and negative self-worth) with her experience of friendship (feeling content or happy) at a time of loss, Tess expresses the psychological presence of friendship:

> *…friends have kept me alive really, I mean, you know, I have been pretty suicidal. […] And thinking of them stops me from thinking of hurting myself. (393-395).*

4.2.16.3 Identities and identity work

Tess identifies contact with friendship as, broadly, in decline as she gets older and less able to fully participate in the activities associated with her friendship groups, indicating reduced access to group identities and sense of belonging. Concurrently, Tess herself is more selective in the friendship-related activities and identities she retains, dividing her time in friendship according to needs and interests:

> *As time's progressed, I've got fewer friends but I think that's because my capacity. Because when you're older, you're tireder, and you can't balance it all and maintain it. But I kind of have sections of friends, if you like. […] it's quite a compartmentalised really, I'll have friends that, that I will only do certain things with. (10-15).*

The friendships that Tess most strongly identifies with in her telling are those which are non-judgemental, help her cope with judgement from her sister, and retain a positive sense of self-worth – those that permit her to be affected by experience, and accepted for having it. These friendships are also typically with those who are experiencing difficult times themselves in relation to health issues, ensuring a mutual sharing of the difficulties of managing mental health and physical illness:

> *I go and stay with [my friends, Sophie and Paula] one night a week. And they're very involved in my life and when I'm in Wales, if I'm in trouble emotionally, I ring them up. And they're just marvellous. They're just marvellous. Particularly [Sophie], she's very, very supportive and hopefully I'm very supportive to her. She's got a son with a nightmare illness. […] He's so poorly, and his life expectancy isn't great… […] So, she's going through hell. And I would like to think, well, she tells me, I'm supportive towards her as well. (179-187).*

Tess constructs herself as a person struggling to integrate guilt-free, enjoyable experiences with obligations and anticipatory grief; her whole self and range of identities is accepted and actively engaged through her friendships:

> *…I like being with [my friends] because I can be myself, I'm really relaxed. I have a lot of fun with them. I mean, I'm really, I love laughter I suppose, and that's where I follow my mum. I like doing anything with them. (70-72).*

Tess's account portrays the "*hassle*" of benefits and paid employment, indicating the pressure she feels in both, and the inflexibility in the methods of productivity to "*keep me going*":

> *But I was claiming sickness benefit and I came off that because I didn't want them to hassle me. I couldn't have managed the hassle. Then I was going to sign on it, but I couldn't do it - 35 hours job search a week - I mean I would like to have a little job for this period to keep me going… (361-369).*

4.2.16.4 Reflective development

Tess heavily presented friendship as being about fun, sociability, leisure, place for indulgence to a degree and that family and work provided experiences of "difficulty" outside of this; counterpoints of mental health and friendship, and mental difficulties and her family. The encroachment of mortality appeared in different guises which I could relate to (one of her recent friends, her father, her own age and adoptive children), with friendship as a buffer/journey of togetherness to face increasing vulnerability.

4.2.17 Uri

Uri is a long-term user of mental health services, having spent many years in his formative and adult years in hospital or in day centres. Uri's story focusses on entering hospital during his teenage years and, subsequently, an ongoing connection with a day centre at which he spends his time and associates with others who are or have been ill. Uri's diagnosis is of schizophrenia, but his characterisation through his accounts is clearly that he is more than a diagnosis and treatment plan.

4.2.17.1 Narratives of friendship

Uri's stories reflect the friendship found through, and retained in, institutionalised care or institutional settings. Uri does not reflect upon friendships prior to his hospital admission in adolescence, and, although he remembers specific children from the hospital, Uri explains that his inability to articulate and communicate set him apart from others and made friendship-making difficult at the time:

> *I don't know whether I had relations like friendship or not. When I was first in the hospital, […] I'd talk a lot to my mum and dad and to myself in the house, like I am talking now, but with all other people I don't know, friends and strangers, I wouldn't say much, I wouldn't talk much. (123-129).*

The community-based day centre accessed subsequently is described as, eventually, fostering a sense of belonging, self-worth and purpose, with concurrent communication. His narrative is one of entering into, and being at ease in, the structured communities he has been a long-serving member and beneficiary of, within which friendships have formed around contributing to the community's productivity:

> *I've had some good friendships here [in the day centre] over the years with various people like, so [Kevin], I have known him since about 1984 and he suffers from mental illness […]. I like to have a laugh with him and joke with him and that, yeah. I've got good friendship with [Gina…] And I've got nice bunch in the kitchen that I get on with them all well, and yeah, we all get along fairly well and [Nikki] helping in the coffee bar. (3-10).*

4.2.17.2 Narrative tone and rhetorical function

Uri is grateful for his friendships located at the day centre, which he presents as a place of fulfilment through his role as a volunteer. Through comparing the absence of friendships in childhood and his sense of isolation, with and his adult friendships and his sense of belonging, Uri emphasises the contribution semi-structured opportunity for friendship and meaningful activity has made to him:

> *…if I hadn't started at the centre, I wouldn't have made the friends I have without the place. I would just be – if I didn't come to [the day centre] and start to come to [the day centre], I would just be isolated at home, and I won't have probably improved or got so well, much as I have done, able to communicate and talk better and be more confident and mix with people more. I'd still probably be, maybe not, I'd be a bit better maybe, but not as well as I am… (174-179).*

4.2.17.3 Identities and identity work

Throughout the interview, in his accounts of friendship, Uri resists being a medical lens through which to view him, resisting being "*labelled as paranoid schizophrenic […]. That's not who I am. That's just a label […] and they don't see you as a real person – as a person. (104-110).* Uri establishes himself persistently as a person with interests, activities, desires and feelings, first, to preserve an identity as a person with the same status and opportunity as anyone else.

Uri's friendships, and his identity, are closely associated with the day centre, to the extent that he distinguishes between his friendships at the day centre and (the lack of) friendships in "*the outside world*" (Uri; 19). This may reflect the effect of institutionalisation (at a young age) or the success of semi-structured opportunities to build trust and opportunities. Uri speaks of friendship with a primacy given to shared interest and companionship, in which "*positive relationships build your confidence and make you feel good, make you feel […] safer, more secure and just feel better in general. […] When you are at a bad relationship it affects your mood and that…" (35-41).*

He reflects that "*to live without friends*" reinforces an attitude of self-reliance and potential isolation and loneliness. "*Some sort of connections, talking and friends...*" contribute to connecting with others to survive:

> *You need friends really. It's no good being isolated, because it don't help you being isolated. You need friends. No man's an island. Like there's that thing, what is it? Simon and Garfunkel, "I am a rock, I am an island". You can't be a, you can't survive on your own and that without help and friends and friendships. You might think you can, or try to, but you can't really. […] It would be very, very difficult without friends, some sort of connections, talking and*

> *friends, with that sort of – to sort of live without friends, yeah, somebody to talk to, yeah. (283-289).*

4.2.17.4 Reflective development

Uri's recounting of friendships seemed quite ordinary in a way, but that was the point he wished to make. What also struck me was the idea of institutionalising mental health and friendship, suggesting that people's lives are socially organised, and that certain institutions and daily rituals can bring "adequacy", "interdependency" and empowerment.

4.3 Critical narrative analysis stage 4: Thematic relationships and priorities

A narrative thematic analysis, aiming to identify and analyse patterns of meaning within the data, was applied (Langdridge, 2007). In narrative thematic analysis, it is important that patterns of meaning retain connectivity to the narrative in which they are embedded, in order to ensure themes retain, as far as possible, narrative coherency and integration of the narrative resources being deployed by the participants (e.g., underlying ideas, assumptions, concepts, ideologies; Phoenix, 2013; Squire, 2013). Identification of themes was conducted in an inductive way – theming the data without using a pre-conceived framework for analysis beyond the narrative – and went through several iterative stages described (following Joffe, 2012; Braun & Clarke, 2006).

During repeated listening to the interviews, transcripts were manually coded. Initial coding included items such as "talking about illness with a new friend", "relief and happiness during friendship encounter", "resistance to imposed identity", "concealment of distressing experience", "reconnection to friendship through activity", "fear of being hurt by others", "gender difference in interaction", and "withdrawal from unsupportive friendship". Once coding was complete for each interview, these were checked for convergence and consistency and grouped together. As I aimed to code and analyse themes from the perspective of the narrative in which they were embedded, new or refined codes were created where variability arose in the function of codes and themes within the narrative (Roberts, 2002). Subsequent thematic analysis was given in relation to the entire data set, across participant interviews. Here, drawing comparisons/divergences between participant themes, creating a polyphony of perspective was useful to hone the meaning/description of themes to sustain relevance to other interviews/narratives. Through repeatedly moving back and forth within and across the entire data set, with continual reference to the narratives, this led to further refinement and development of themes that applied across multiple narratives without losing the feeling that the individual and collective themes were adequately "addressed" by the over-arching theme (Van Manen, 1990).

Seventeen initial themes formed coherent and sustained relevance to the narratives. After further re-reading and comparison of the cross-participant themes, these were collapsed into five over-arching themes that reflect an "essence" to the sub-themes. These five over-arching themes were also reviewed against the narratives. The following table presents how the initial (or sub-themes) and the over-arching themes are related, followed by a presentation of each over-arching theme, with corresponding sub-themes.

Initial (or sub-) theme	**Over-arching theme**
Over-powering life experiences. Loss of self and loss of belonging. Illness metaphors and accounts for friendship. Emotional life and exclusion of friendship.	*"I don't know what's normal anymore."*
Inauthenticity in public lives and friendship. Self-preservation through solitariness. The "ideal" and the "real" of friendship now.	*"Friendships can be difficult."*

"Burden" and balance in friendship.	
Family relationships and friendship need. Intimacy and boundary in friendship. Facilitative, non-possessive interactions.	*"Friendship knows the other person."*
Expression of compassion in friendship. Belonging and naturalness. Conspiracy and joy in friendship and distress.	*"We want the best for each other."*
Friendship characterisation in middle-age. Institutions of friendship and distress. Friendship through illness.	*"I can feel more ease."*

Table 2: Initial (or sub-) themes and over-arching narrative themes

4.3.1 ***"I don't know what's normal anymore." (Lily; 79).***

Participants' stories of living with distress emplot themselves as a survivor (or surviving) struggling to incorporate both common and exceptional experiences with both ordinary and exceptional emotions in their daily living and friendship. This theme encapsulates the notion of the loss of a sense of adherence to normalcy, a loosening of and heightened awareness of positionality involving indescribable, overwhelming emotions, and the loss of security and affirmation, and encounters with friendship that reinforce this separate-ness.

4.3.1.1 Over-powering life experiences

This sub-theme is about a world-to-self experience of powerlessness in circumstances that lead to significant distress. This sub-theme first begins to emerge in the first interview conducted with Alan, with his emphasis on power/strength in response to power over him, but is a recurrent theme in all accounts when participants portray their experience of mental health difficulties.

Participants' stories connect an accrual and an endurance of a range of circumstances (e.g., abuse of various forms in the narratives of Alan, Emma, Georgia, Hazel, Lily, Mia, Noah, Phoebe, Quinn, Rachel and Sarah; bereavement for Sarah and Tess; physical illnesses for Hazel, Isabel and Danielle; life pressures for Danielle, Isabel and Kaden, Lily, Mia; hedonism for Georgia, Kaden and Phoebe) over varying durations that incrementally result in more “extreme” experiences (such as continual anxiety, low mood).

> *…there was like a perfect storm of events [laugh] leading up to a point where like my marriage ended, my daughter was the victim of a horrendous assault […], and the court case, and my husband then deciding to leave. All within a very small amount of time. […] I was completely off the scale and I had just gone mad. I was just flying. I was just like high as a kite and hadn't realised at all. (Lily; 356-377).*

> *But I just didn't know what the fuck was going on and it was terrifying. It was absolutely terrifying. There was a point at which I thought I was just going to have to take my life that I couldn't – I couldn't see a way of living through it and I thought, "Well, I've just got to die, because I can't – I can't carry on like this." (Georgia; 302-306).*

Loneliness was also a common experience during distressing times and is apparent in the narratives in various ways, such as the pain of the loss of the experience of the relationship itself (Quinn); a sense of dislocation from others generally (Danielle, Hazel); current friendship dissatisfaction (Lily and Olivia); friendship unavailability (Emma); and spontaneous moments of disconnection from friendship encounters (Isabel).

This sub-theme is a reflection on losing one’s position in life, as it was, and where and when a lonely endurance of distress becomes unsustainable.

4.3.1.2 Loss of self and loss of belonging

This sub-theme refers to the simultaneous loss of a sense of self (often overwhelmed with thought or emotion) and a loss of belonging during periods of unsustainable endurance of heightened distress. The loss of one’s self becomes prominent in Kaden’s account and, here, Rachel gives her account of losing herself in relentless, distressing experience, although this sub-theme was evident in all accounts:

> *I think because at the time when you're unwell, when you're as unwell as I was at that point, you don't – I just feel like a completely different person. I don't really know who I am. I – I can't really relate to the person that I normally am. And so, you don't see things in the same way perhaps that you normally would. (Rachel; 303-306).*

The simultaneity of the loss of belonging can be heard in Quinn’s narrative, where the loss of a sense of belonging in her community and friendships was causal of her distress, dis-mooring her from future friendship and belonging:

> *…for 38 years of my life I would say [friendship] was very positive and protective for my mental health and one of the main reasons I didn't need medication [for post-natal depression] after having the kids. But those same friends that were that reason are the same friends that I was Googling ways to die and I don't know how to get past that any more at the moment. […] People seem spiky and difficult. And I don't feel designed to be around them very much anymore. (Quinn; 249-256).*

This sub-theme is the undermining of confidence or belief in one's self and trust in others, reflected in an ontological insecurity in relating in friendship.

4.3.1.3 Illness metaphors and accounts for friendship

This sub-theme comprises the tensions all participants are facing when relating to their experience of distress and corresponding struggle to relay this in friendship. This sub-theme becomes most apparent when reflecting on the way participants narrate experience and circumstances using different nomenclature. Here, Rachel, who adopts a medicalised way of understanding and dealing with her distress, reveals her need for a journey of discovery that requires a personal re-orientation that goes beyond "*obvious*" or commonly-received notions of cause-and-effect:

> *[…] I think people can understand it more if it's somebody who's got a really shitty life […] Whereas I think the reasons for my mental health difficulties and for other people […] they aren't obvious, they're not obvious. They might be – I might understand them - once I've had a bit of counselling, once I've gotten to the bottom of it. (Rachel; 611-616).*

"Illness" becomes a common means of communicating the reaction to life's experiences, a shorthand way of describing recurrent unpleasant emotions, a "state" of health located "within". Quinn's introductory account relays the transformation and eventual summative description and localisation of distress "in" herself:

> *And I really wanted to do something because I'd been a stay-at-home mum. […] And I ended up working very, very too hard with a young family there and became pretty burnt out – anxiety-related illness. (Quinn; 44-48).*

While appropriation of "illness" language is evident, the imposition of any impersonal, homogeneous modelling of emotional experience generally appears inadequate in both description and understanding, and in some cases resisted. Here, Noah resists labelling and models of mental health difficulties and prescribed treatments that do not involve/speak to him, as well as the expectation that he would be viewed as being "*terrible*" for not complying with this metaphor/explanation:

> *It's the way I have personally been managing for 56 years now [laugh…] I says "You can't put me…I don't like being put in a box with 40, 50 other people, because each of them are all different". I am one of them, I'm terrible, yeah [laugh]. (Noah; 197-205).*

Some stories highlight the understanding of distress through the use of physical health metaphors does not foster the same kind of sympathy and compassion to mental distress in friendship:

> *It would be a lot easier I think if you had your leg shot off or had, y'know, recurrent bouts of cancer or, y'know, a crippling genetic disease because they are things that people can see and they, it's easy, it's easy for them to extrapolate the difficulty. When they can't see what's going on, they think "Oh what, he's being a twat. What's, what's going on here?" (Alan; 526-530).*

Coinciding with the inadequacy of tools available to relate to the experience, and to communicate to those in friendship, is frustration at the misappropriation of "*the horrors*" of such distressing experience:

> *…often, you know, you do sort of encounter people you know, "I've suffered from depression", and it's "I was sad once too". That sort of thing. And the things you see on Facebook about, y'know, "Choose to be happy", y'know, that make you want to crawl*

> *through the screen [laugh] and wring somebody's neck. (Hazel; 47-55).*

Participants' stories reveal that the initial or recurring distress is something previously unknown/unknowable and remains unsatisfactorily articulated or unrelatable to, as existing ways of relating to suffering do not adequately reflect the fullness or depth of their experience. With an absence of other kinds of description of distress (e.g., spiritual crisis), participants emphasise their efforts to help others "connect" with their experience. Idiosyncratic ways of understanding and experiencing distress is sought when speaking within friendship, keeping the relationship on a personal footing in terms of close association with the experience, and an "ordinariness" to stories of surviving. Here, Emma relays her metaphor for communicating distress, and Olivia combines hers with the companionship of friendship in her "*journey*" through this:

> *…there is a really good – it's an Australian guy, the Black Dog, have you seen that? - it's a really good cartoon, you know the one, it's that. I saw that, emailed it to [Graham], "[Graham]! Look! That explains exactly really well what it's like for me" sort of thing. (Emma; 654-657).*

> *…I've always said about bloody, what's the name, Virginia Woolf's "match lit in the dark", because bits of time spent with friends […], sometimes it's a nice continuous thing. And then […] something happens and then things stop for a bit and then it's dark again, and that's like for everybody, really. We're all on a journey, aren't we? (Olivia; 766-771).*

Through indescribable experience and difficulty relating this to others, participants tell of a gradual erosion tolerance towards mainstream conceptualisations of "normal" mental health.

4.3.1.4 Emotional life and exclusion of friendship

This sub-theme captures the tensions in the perceptions and actions that entrench feelings of exclusion from friendship as a consequence of experiencing distress. This sub-theme was evident in most accounts, except Emma and Rachel (who alluded to it but did not relay it in their stories), and Georgia (who stated she did not experience it).

Transforming the subjectivity of life experience into a static "condition" has a potentially dehumanising, "othering" effect:

> *Well, I'm labelled as paranoid schizophrenic and to me that's a label. That's not who I am. That's just a label as far as I am concerned […] and they don't see you as a real person – as a person. […] they treat you in a certain way different from everybody else and I don't like that. (Uri; 104-116).*

Similarly, not recognising the day-to-day realities of distress on immediate social experience, contributes to continued distress and dislocation from others:

> *…if you don't feel comfortable socialising or going out or going into public places it is often very difficult to prosecute the course of a friendship so there's that […] real conflict between doing things like you'd like to do and knowing that in doing those things you feel very uncomfortable and it can be personally very distressing for you… (Alan; 643-647).*

The mere presence of reflexivity in friendship, in the negotiation of identities and managing the impact of distress, exposes the participants to inadvertent or intentional rejection that "evidences" or entrenches negative self-perception:

> *The nature of my depression is that I get intrusive thoughts […that…] make me feel like a really bad person. So, I hate myself, so I don't want to live anymore, because I don't think that I deserve to live any more. […] I think if people knew what these thoughts were they would feel the same way about me as I do. They would hate me, they wouldn't think that I deserved to live… (Rachel; 231-237).*

> *…there are some friends that I just wouldn't talk to about my issues, because, for example, they might be too judgemental generally and I wouldn't want to hear what they've got to say. (Tess; 20-22).*

The need to negotiate such tensions in the socialising of friendship, and the anticipation of robust reciprocal interaction, can also create a self-consciousness on performance "at" friendship which entrenches negative feelings towards one's self:

> *I just think that me being who I am, I'm a difficult friend, I feel like I'm a difficult friend. Being so quiet and nervous and not really having much to talk to. I can't […] do things I want to do in life because of my nerves and my confidence and self-esteem is holding me back. (Mia; 33-36).*

> *I wish I was better at [friendship] and I wish I dared risk being hurt and I wish I dared wish that I wouldn't hurt other people, you know? Like, being one of those people who aren't there for people, but I'm also terrified that, you know, people aren't going to be there with me. (Lily; 287-289).*

While the burden of distress and burden of maintaining normalcy is represented in all participants accounts, a small minority of participants (Kaden, Noah and Olivia) alluded to certain kinds of emotional experience and expression as being particularly exclusionary. Here, Olivia recalls a situation where she was struggling and her outward behaviour, which broke a social etiquette/requirement of appearing to be in control, prompting fearful or controlling actions from others, singling her out:

> *…sometimes I'll get upset and shout. And because I'm tall people get frightened of me and then people start panicking and sometimes I'm really just frightened and some people can talk to me and I can get on straight away and other people can start getting authoritarian. And – and that can build and then it can destroy how I feel about myself (Olivia; 349-353).*

In Olivia's story, she seeks to keep friendship "*free*" of such feeling in to permit her to sustain "*open*" rather than confrontational ways of relating:

> *I sort of try and offload [intense feelings] at certain places so that my friendships are free of all that and I can be more open. (Olivia; 370-371).*

Friendship is sought to validate or explore self-directed emotions, like sadness, emptiness, frustration, self-worth, stress, alongside sustained and overwhelming distress, and the ontological insecurity of not knowing who they are in the face of emotions and intolerable situations. However, the complex negotiation of friendship (or rejection of friendship in confrontation), has led to rejection *by* the friendship/in-group and rejection *of* the friendship/in-group, frequently resulting in entrenched exclusion from friendship and the loss of commonality or "normalcy".

4.3.2 *"Friendships can be difficult." (Olivia; 326).*

As noted in the preceding theme, the interaction of friendship in relation to distress becomes laden with complexity when friendship encounters distress. This theme encapsulates the dynamics within friendship that problematise the personal experience of distress: Friendships can be difficult for their complexity and possibility for being hurt, their potentially oppressive effect on self-expression, their inflexibility and inability to relate, their absence, and the effect these have on entrenching perceptions of being alone in one's experience of distress for the person affected.

4.3.2.1 Inauthenticity in public lives and friendship

This sub-theme is the disparity between the recognition and presentation of one's self and full range of being, inclusive of distress, in friendship. This inauthenticity to living is apparent in most accounts, except Georgia's, although Georgia described a radical transformation of herself in her friendship group to align with her values and health. Inauthenticity is often described as trying to *"[keep] it hidden inside":*

> *…I've been abused a lot in my life, both from my mom, sexually abused as well from my mum's partner and I had a 24-year relationship where I was battered and punched. Life's not been easy, it's been hard. And all the way through this I'm quite a smiley person, but underneath […] still suffered and kept it hidden inside. (Sarah; 7-15).*

Here, Alan portrays his concealment and inauthenticity in friendship, and the incredulity that may result once eventually witnessed:

> *…you're putting on a brave or a different front to cope with […] the negative effects of the things you're experiencing so that the people*

> *who got to know you […] find it more tricky to understand why that's not actually the real you. (Alan; 670-672).*

Lily and Quinn also express their dismay at the need to provide explanation to distress in order to "*connect with someone*" in friendship:

> *So, mental health conditions separate you from people who don't have them. And you constantly – not constantly - but there are times when if you're going to connect with someone you're feeling like you have to explain yourself… (Quinn; 416-419).*

> *And it just became too difficult. And it's like I couldn't give a good enough reason for them as to, you know, why I couldn't – like, why I couldn't go out, why I couldn't deal with it. I couldn't even explain it to myself, let alone to somebody else. (Lily; 15-18).*

Self-concealment of a life with illness, under a pretence of well-ness or withdrawal, is difficult to sustain, and becomes another consideration in future friendship formation:

> *…oh am I going to have to do this pretending-not-to-be-ill business again? and then gradually letting them in, so it does, it is does play on your mind about how you develop new friendships… (Alan; 684-686).*

An additional feature of inauthentically relating to each other, specific to middle-age, is being out-of-step with the expectations of middle-age which may or may not be a consequence of a range of factors related to the experience of distress. For example, in Phoebe's account of when she reached out for help from one of her close friends, for security and comfort from an abusive and controlling relationship, her friend had offered to help, but the difference in lifestyle and imposition was intolerable to her friends' boyfriend:

> *[My friend] had this boyfriend at the time who just went, "You know there are refuges for women like you" [laugh], just like that. Fucking hell. So, yeah, it was difficult. She had a nice house, and you know, she had kind of already started her professional career and stuff. So I was quite behind the times with all that really… (Phoebe; 190-194).*

This disruption in established ways of relating with the world, and to each other, may reinforce solitariness or become an ongoing site of exclusion through an inability or inflexibility to authentically relate to new experience(s). Where distress announces itself, this prompts a different basis to continue to relate in friendship. As Hazel describes, this adds a dimension to friendship of determining those who are authentic or *"true"* friends, in relation to distress and the humanising of people's problems of living:

> *I think having a sort of mental health crisis is one of those things you've got to find out who your true friends are. (Hazel; 7-9).*

As the "normal" ways of relating to life and one another are confronted with this profound change, Rachel describes the challenge before friendship in accommodating this:

> *I think once you got to a certain point of being ill, some of the things that would normally make life good and make you feel good about things actually don't touch the surface, they don't. (Rachel; 636-638).*

4.3.2.2 Self-preservation through solitariness

This sub-theme encapsulates the efforts for self-preservation and the need for deeply personal and affective motivation for surviving against the harms caused to them. Solitariness was recounted in many stories, although this would be in differing degrees. Here, Olivia and Sarah present their determinations to survive:

> *Whatever happens you've got to stay alive. You've got to stay alive, because before […services were available…] I was like, "You've got to stay alive, you've got to stay alive" […] I was able to tell [my friends…] "You've got to keep going…" (Olivia; 300-305).*

> *I just hit rock bottom. […] And the more I tried to get back up the more I couldn't get back up. And then I tried to commit suicide […] and I thought, "You fool. You know, you've got these precious [children] in your life". (Sarah; 33-43).*

Phoebe also notes a need to sever ties with her past to begin to regroup while carrying the burden of the experience with her:

> *I literally felt I got no choice, I've got to sort myself out, and part of that was about, y'know, [not] going back there […] where I am from, where all that horrible stuff happened, do you know what I mean? […] I was like no, definitely, I am not going back over there, so that was really important. (Phoebe; 140-144).*

This sub-theme relates to the preceding one in that friendship may reinforce the notion of re-orienting to life and distressing experience as an individual and solitary act, if friendship replicates exclusionary attitudes. Additionally, individual self-preservation may be reinforced when friendship is directly attributed to the cause of distress. For example, Georgia's narrative introduces a wilful dislocation from her friendship community in order to protect herself from harmful lifestyles, and Quinn's narrative of ostracisation prompts a drastic re-evaluation of others generally. However, friendship is also portrayed as an adaptable means of relating to distress through each other; this will be addressed in later themes.

4.3.2.3 The "ideal" and the "real" of friendship now

This sub-theme represents the coming-to-terms, during middle-age, with the fragility and temporality of friendship and the awareness of the pursuit of unattainable idealised forms of friendship. This sub-theme is formed through participants' speaking to "idealised" expectations of friendship through the "realities" of friendship formed through experience.

In all participants' accounts, the "spark" of early friendship-making is not replicated nor replicable in middle-age: Friendship has become "deteriorated" and the time for idyllic friendship has passed. Participants' stories take a nostalgic view on friendship, with formative, explorative, "playful" friendships located in childhood and early adulthood, and less so in the present. In their telling, childhood, adolescent and early adult friendship stories emphasise an urgency for bond-making and life outside of the family:

> *[My friend] moved in with me […] and we do lots of things together. It's like a club. We had a club where we organized every day school lunches and every day we put a pound in then when the holiday come we have lots of money to have a party. And our party's always, the whole village come to the party […] And then we do everything together. We played football together […] we used to say to each other, between us, it's a better relationship between me and my own brother or his own brother. (Kaden; 497-505).*

Tess relays a reduction in "*capacity*" in middle-age to sustain friendship:

> *As time’s progressed, I've got fewer friends but I think that's because my capacity. Because when you're older, you're tireder, and you can't balance it all and maintain it. (Tess; 10-12).*

Quinn’s narrative brings this theme into focus through her storying through the lens of “ideal” relating - an all-encompassing love for others through experience on her lifelong personal community and religious ideology. Here, Quinn describes the idyllic friendship achieved and pragmatic view of friendship going forward after ostracisation:

> *So, it was long-term, lovely, know each other warts-and-all friendships. So, that was great. […] I experienced a level of postnatal depression […] and those friendships were just there for me, so I could ring up and cry. […] But we could share that kind of thing and it was funny and it would cheer you up and it may get you out of your own little world. So, I think that protective cocoon around me sheltered me significantly from perhaps becoming more ill… (Quinn; 17-28).*

> *…maybe that's what growing up is, it's being you and being able to have friends that are different and not needing an exact mirror of yourself. […] you can benefit from that together and you can still be really close. And actually when I'm saying that that sounds loads better or more richer… (Quinn; 499-514).*

Increasing sensitivity to the contingency of friendships reinforces the transient bond of friendship, and reorientation to another through increasing *difference* affects the expectations of what friendship is and how it is conducted. This contingency and complexity to friendship is reflected in a desire for a “best” or enduring/long-term friendship, suggestive of seeking a singular, all-affirming friendship. Appealing to the "best" friendship, however, places strain on other forms of friendship to the extent that it could become evidence of "failing" in friendship or even, as Lily suggests, something *"which probably don't say anything nice about me"*:

> *And I've never really carried any friendship beyond really. It's like, I don't know, I suppose I had a friend for each circumstance, which probably don't say anything nice about me, because some people have, you know, have big friendships, don't they, that they carry for life. And you know, people who they've known forever. (Lily; 180-184).*

Hazel presents envy for such idealised friendships and the improbability of developing this in middle-age:

> *I'm sometimes sort of quite envious of people who do still have a best friend in terms of, you know, somebody that they do tell everything to and are very close and have been very close to for a long time. Probably, sometimes I think that must be nice… (Hazel; 326-329).*

Other stories contrast singular, ideal versions of "best" friendship, emphasising receipt of a plurality of different kinds of friendship, and recognition of different limitations and contingencies through their compartmentalisation:

> *But I kind of have sections of friends, if you like. […] it's quite compartmentalised really, I'll have friends that, that I will only do certain things with. (Tess; 12-15).*

Acceptance of friendship's "reduced" form and heightened contingency was nevertheless accompanied by a desire for the relationship, rhetorically justified in terms of quality, not quantity, of friendship in middle-age:

> *I've not been one of those people who like, "Oh, I've got a big close friendship group of ten", or whatever. It's usually been like a couple of people within my life and then people who you're friendly with, but not whom you would, like, bare your soul to and tell them your darkest secrets. You know, that's always been in very small numbers. (Lily; 19-23).*

> *It sort of sounds sad really, "Oh my only friend, my friend [Viv]", but I don't really need big circle of friends or I don't know, do you know what I mean? I am okay with what I've got sort of thing. (Emma; 24-26).*

Ideals of enduring, intimate friendship are confronted with friendships' temporality and change, and this sub-theme in participant's stories highlights the ongoing effort in trying to resolve this dialectic, alongside accommodating distress.

4.3.2.4 "Burden" and balance in friendship

A recurrent sub-theme is the depiction of incompatibility between the burden and persistence of distress and sustaining or protecting friendship interactions from this. Most accounts refer to limiting the imbalance through permitting friendship to become "illness-suffused", only when "*necessary*":

> *I don't want to load them down with that sort of [thing] really. […] So yeah, I don't really attempt to talk with people I am not as close with, y'know? […] Sometimes […] if it's necessary… (Emma; 657-668).*

> *…it’s only when I’ve been in a really dire state that people have had to help me out… (Alan; 515-516).*

Sarah suggests a wider scope and expectation for friendship to help “*offload*” at urgently difficult times:

> *…it all weighs down, weighs down, weighs down and it becomes so heavy to carry. […] When if you have talked to somebody, you're offloading, and that's good. It's good to offload, because you'll get down and one day you're just not going to be able to pick yourself up anymore. (Sarah; 299-303).*

However, in the mutual-definition of friendship, all accounts recalled that the sharing of “burden” and dependency can only be allowed as a normal variation temporarily; ongoing dependency changes dyadic forms of the relationship into a “caring” relationship that can result in rejection. Georgia’s story, comparing help for distressed friends and being herself a friend who is distressed, particularly encapsulates this through her remorse at other’s, and her own, inability to remain in friendship during distress, resulting in bi-directional rejection:

> *I almost gave myself permission that it's okay to [distance myself in a friendship…]. I know that it was really quite upsetting, quite hurtful towards her and that, y’know, it wasn't a great thing to do but I did reassure that she hadn't done or said anything wrong or to upset me… (Georgia; 387-390).*

> *…when I was kind of going through my intensity of anxiety and breakdown-y stuff, [Leona] had been a really close friend and she dumped me, because […] obviously she was finding it difficult to handle what I was going through, or whether I was leaning on her too much, I don't know. […] She withdrew and it wasn't something*

> *that I felt like I needed to chase up […] You know, there's like having experienced both sides to that, which I hadn't really thought about before… (Georgia; 424-432).*

Quinn also highlights that care and safety is to be delivered by "others" – here, family relations - who are in regular, more responsible or intimate contact:

> *I leant on my parents instead, and would ring them because they have to. […] They can't go, "Be off with you." (Quinn; 159-160).*

In this sub-theme, emotional labour (*"load[ing] them down";* Emma; *"leaning on*" and "*high maintenance*"; Georgia) in dyadic friendship appears to create an imbalance in established attunement and expectations, challenging the basis for a shared future together.

4.3.3 *"Friendship knows the other person." (Quinn; 324)*.

This theme represents a contrast to the preceding two themes as it embodies the bases upon which friendship can offer opportunity to be known. This takes place amongst a patterning of other relationships (familial or intimate relations) that may or may not meet this need, and a continued homophily (e.g., similar age, race and gender) that reinforces similarity as a basis for being known. Distress confronts friendship with a fundamental variation from such established ways of being known. Friendship can create conditions that permit the experience of concern of, and give concern to, others without forms of authority, responsibility, subservience or obligation, which facilitates a "freedom" to become.

4.3.3.1 Family relationships and friendship need

This sub-theme concerns itself with the variable need and purpose of friendship as a consequence of familial (in)security. Those who describe caring and stable family and intimate relationships and attribute other causes to their distress, such as Emma’s experience of bullying, Danielle’s stress of coping with change, Georgia’s unhealthy lifestyle and Quinn’s ostracisation, utilise these forms of relating alongside friendship to assist during periods of distress. For the remaining participants, however, parental abuse, neglect or dynamic is often seen as a significant cause of current experience and interpersonal problems, and reconnecting with such families induces periods of ill health (e.g., Alan’s relapse due to contact with his family; Sarah’s loss of her father). For those who had experienced familial abuse, friendship is a much-appreciated surrogate:

> *[My friends] listen more, they don't criticize me…But you know, you’re normally supposed to have a husband, family […] [My friends]’ve put, you know, a supporting arm around you or gave me a hug to, y’know, make me feel better, which […] I don't get from family […] - that's the kind of things which you should get from family, but I never get that. But I got that from friends. (Mia; 171-176).*

For Tess, whose family relationships are currently strained, her friends represent an alternative kind of family:

> *As much as I absolutely adore my family, my friend – my friends are my family (Tess; 297-298).*

More consistently, however, the narratives do not feature friendship within family. Siblings are infrequently counted amongst friendships, perhaps because of their implied embeddedness in family, although for those who described familial abuse (such as Noah and Phoebe), the shared experience and historically-formed alliance against abuse with their brother/sister means they are regarded as a kind of friendship.

Nevertheless, stories consistently locate friendship outside of family- and kin-relationships as a relationship that, through mutual-negotiation and lack of commitment, will be a relationship free of abuse and harm, and for the obligation-free interaction of friendship to permit expression with less influence or limit over subsequent development (Phoebe), or joyous experience (Tess), permitting new ways of relating or being:

> *[Friendship]'s replaced a kind of toxic family situation, you know, I know it's a cliché, but absolutely you know it does feel like it. […] Just having people I can just say absolutely anything to, that know my history and stuff, and they put me into a bit of context, I think it's just really important. No, it's been much more important than anything else. [Friendship's] been more than family – […] they're solid people. (Phoebe; 522-532).*
>
> *So, it's like I come back [after visiting family] and I have to start again and discover who I am and what I do or don't do and then the guilt will happen. […] It's like my friends are the jigsaw pieces that go together and build up [Tess] again. And then I'll have periods where I'll feel I'm [Tess] and then I'll have a conversation with [my family] or I'll think about [my family] and I'm gone again. […] Friends are like a jigsaw and […] they make me whole… (Tess; 346-354).*

The interpersonal replication of ways of relating in families presents a "confine" to experience or ways of being known, a freedom from which friendship appears to offer.

4.3.3.2 Intimacy and boundary in friendship

This sub-theme refers to the degree of intimacy in friendship and boundaries to such intimacy. This is predominantly spoken to in terms of sexual- and gender-relations in middle-age, evidenced in all accounts through their explicit homophily and gendered talk. A gendered disposition in friendship is represented in participants' stories through their almost-exclusively same-sex friendships:

> *…it was females that I leant on in general. […] it'd be more normal to make female friends than male friends… (Quinn; 330-335).*

Female friendships, irrespective of the participant's gender, are more often described as being open to discussion about mental health, whereas male friendships are more passive, pre-supposing abilities to cope. "Style" of friendship was therefore split along gendered lines; activity (male) and emotional expression (female), "lad" humour (male) and sensitivity or concern (female).

Coinciding with gender-relations, the absence or dissatisfaction of intimate or sexual relationships or where intimate, sexual partners had inflicted abuse (as per Georgia's, Hazel's, Lily's, Mia's, Olivia's, Phoebe's, Rachel's and Sarah's narratives), a greater role for friendship as meeting interpersonal needs is presented. Conversely, the presence of and satisfaction in such relationships was seen as meeting interpersonal needs such that friendship may be sought less, and some intimate partners (e.g., Danielle, Noah and Rachel) are incorporated into friendship. Rachel highlighted these gender differences and changing patterns of having interpersonal needs met, and how these can affect friendship:

> *I wouldn't say that I don't need friends any more, I totally do […] but I think […] I can now spend a whole weekend with my partner without seeing anybody else and I'm fine. (Rachel; 100-103).*

> *I think if I was having issues with my mental health I would definitely talk to [my partner] about it, but I wouldn't […] feel that he'd completely understand where I was coming from. And there*

> *are other people, one's my mum, one's [Clare] another friend who's been through quite similar sort of times to me. And I would speak to those people in more depth I think… (Rachel; 159-163).*

Simultaneously, any cross-gender, middle-age friendship is frequently qualified as taking place "*in a purely Platonic sense*" (*Alan; 13-14*) – i.e., without consummation of sexual attraction - in several accounts (Alan, Georgia, Lily, Noah, Quinn and Rachel). This 'boundarying' or prevention of sexual relating through being "*just friends*" is most clearly presented in Mia's narrative:

> *…it's a different – that's a different kind of friendship […] But with normal Platonic friendships [with men] I seem to get on better with that kind of friendship. […] That's what sort of stage I'm at at the moment, just friends at the moment. (Mia; 305-312).*

Noah is most explicit of the mutual exclusion of sexual and personal intimacy, and friendship, in his gendered, hetero-normative account:

> *Friendship I think is going around places, having fun, having a laugh and – whereas marriage is more doing it as a partnership, […] you still have your laughs and everything, but it's a different sort of a laugh and jokes than you would do if you were a single bloke going out with your mates […] or getting up to mischief… (Noah; 137-141).*

This is not to suggest that sexual desire or fulfilment did not take place through friendship, or that obligations to existing sexual partners was always maintained by friendship. For example, Kaden indicated a polyamorous approach to sexual partners, portraying friendship as an opportunity for attaining sexual partners, and Olivia has a friend she calls a *"gubby" (Olivia; 740)*, a colloquialism for intimate relationship with a homosexual man (“gay husband”) with whom she can meet some intimacy needs:

> *I've got a gubby […] who I've known since I was 20. We've never been in an emotional relationship, but he's a really good guy. We go and spend some time and he’ll…it's cool. It's chilled, it's nice and we have a lovely time […]. And we just sometimes ring each other and talk to each other. (Olivia; 740-744).*

Nevertheless, friendship is largely spoken of in terms of a form of relating in which intense, possessive desire is managed to preserve non-sexual, yet psychologically intimate, relating. Here, Georgia’s non-sexual, same-gender relating with her friend is used as a trustworthy gauge to (in)validate the development of her friend’s hetero-sexual relationships:

> *…it was like [my friend’s] kind of meet-the-parent kind of thing [laugh]. It's like, "Are you going to pass the test when you meet my best friend?" So I did feel for the guy, and I said, "Yeah, he's alright" [laugh]. (Georgia; 196-198).*

The tension of regulating gendered and “asexual” relating indicates that sexual and gender inequalities generally can threaten the means, or completeness, of being known in friendship.

4.3.3.3 Facilitative, non-possessive interactions

This sub-theme is the collaborative and facilitative power of friendship and the potential for friendship to rescind or restrict this power. All of the narratives draw a close association between friendship and experiences of change and personal development across the lifespan, categorising friendships on the basis of stages of life or in new environments. Alan initially demonstrated this compartmentalising of friendship groups by time/stage of life, but this recurred throughout the stories of all participants:

> *Okay, so probably, for me, I would probably, would divide my friends up into certain groups which constitute people I have met in certain phases of my life… […] Probably the interesting thing is that those groups of friends don't overlap with each other over the time (Alan; 10-23).*

Across the stories, the time/stage of life where friendships are formed includes periods of personal development, transition, or re-identification. This includes attendance at school/university, moving to new geographical areas, shifting self-consciousness and identity development during adolescence, emergence of sexual desire and identity, development of intimate relationships, independence from previous family influences, child-rearing, and changes in employment.

The compartmentalisation of friendship across time, and from each other, suggests different needs or different ways of relating are being fulfilled. Rachel describes the common experience of a variety "self-to-world" expressions being facilitated through friendship:

> *So, yeah, so I've got a number of friends I'd say that are all on different levels, as I'm sure with most people. So, with some friends I would feel comfortable about sharing my innermost thoughts, with other friends they're great for a night out, but I wouldn't go to them in a time of need or whatever. (Rachel; 21-25).*

Danielle initially introduces the interaction of friendship as facilitative in her narrative of the pleasure, self-worth and valued role she receives from her friendship groups. Phoebe and Alan also add that friendship can permit the relinquishing of particular roles or expectations, without the loss of self-worth or pleasure - a permission to change:

> *I could just literally, yeah, do whatever, do you know what I mean, nothing is expected. You don't have to play any roles or anything. (Phoebe; 216-217).*
>
> *I think it would be incredibly unrealistic to imagine there will be a constant and uninterrupted path to life – that doesn't happen - so people change around it. And I think in some ways that's actually a measure of what constitutes a solid friendship… (Alan; 382-385).*

The variety of friendship across the lifespan reflects a need to be mutually witnessed and participating in processes of change together with another equal - a "togetherness" and solidarity through life, reflected in a temporally- and personally-meaningfully relationship of friendship that is constitutive of that time of life. Friendship is also an interpersonal space in which institutions of power and control over people is resisted:

> *…it was that sort of railing against the system […] that we both had. […] I think that's probably what was, sort of the, probably the foundation of [our friendship]. (Hazel; 201-212).*
>
> *…that opportunity is there for me to escape things […] I find out in my normal life. (Mia; 185-187).*

In contrast to the over-powering life experiences and institutions or relationships of control, the locus of control and power in friendship is relinquished and mutual acceptance and recognition is expected. Alan describes how he would seek to set a course correction to equalise a dynamic where influence was anticipated to be exerted:

> *Like one of my, one of my friends […] is now a very well-known music person […] but last time I saw him […], if he had expected me to treat them with some form of, y'know, grandiose "Oh well done you're such a good rock star" I'd just tell him to fuck off [Laugh]. (Alan; 393-399).*

Quinn's story offers a different account and outcome of the facilitative interpersonal power and the absence of exertion of influence over the other, held in friendship. In her story, friendships act as a bridge into new roles, and support ways of being, strengthening the bond she was with her community. However, as influence becomes abusively exerted, and facilitative support through friendship is rescinded, this fundamentally affects the bonds of friendship on which her immediate personal community is established. Collective exertion of power, facilitated through circles of friends, is used to subjugate and exclude her, to abusive, detrimental effect on her health.

Attunement and facilitation is an outcome of many friendships that are retained, and although this is more difficult to achieve when someone is experiencing distress (as presented in previous themes), friendships can afford a relational space in which to exercise an interpersonal agency, as well as adapt to personal transformation over time.

4.3.4 *"We want the best for each other." (Georgia; 194-195).*

The fourth theme is about a "togetherness" of friendship; formed through compassionate, liberatory interpersonal interaction, friendship fosters a sense of belonging, continued recognition of particular difficulties, and intention to retain the joy of friendship.

4.3.4.1 Expression of compassion in friendship

This sub-theme is of bi-directional compassion for vulnerability and distress in friendship, often based on similar, if historically-concealed, emotional and life experience – a "*commonality of experience*" (Alan).

> *It was friends like [Laura], she was really there to support me, friends like [Tricia] and [John] who were really supportive and that. It was friends who had had similar problems themselves or friends that I've known for a long time. (Danielle; 141-143).*

Hazel touches upon compassionate characteristics of friendship when describing those friends who have experienced distress as the *"kindest, funniest, warmest, most generous people that I've ever come across (Hazel; 39-40)*:

> *…you don't have to say you're not well or your head's in a bad place. Because you know we've all had that experience and spot it in each other. (Hazel; 274-275).*

Quinn's stories of compassionate friendship demonstrate the calm acceptance of powerful emotions in some friendships:

> *…you could be having a complete meltdown and that's fine, that's normal. Yeah, that's okay, we're not going to panic about that. We're not going to think, "Oh my goodness," like that, "I don't know what to do", the fear thing that kicks up with people who perhaps haven't experienced a mental health condition. (Quinn; 404-408).*

Georgia describes her friendships as *"just kind of holding lovingly"* her *(Georgia; 193-194)* and Danielle's experience enhances her compassion and capability to help others:

> *It's like with [Rachel], she likes me because I'm very calming and that helps her remain calm and she likes me because I really understand the difficulties that she has and her experiences. (Danielle; 286-289).*

Isabel draws attention to disclosing or storytelling of experience in friendship also demonstrates an ability to "suffer with":

> *I think I'm a good listener and I think quite often that's what people want is somebody just to offload, that's what I need occasionally just to offload. […] when people ask me or can we have a chat, I feel quite privileged that they do that and that they are able to feel that they can do that and I think that's part of being friends… (Isabel; 355-358).*

Emma desires compassionate friendship, rather than curative friendship:

> *…I just want you to listen. I don't want you to fix it. I don't want you to make suggestions of things that might help you. I just want you to listen… (Emma; 652-653).*

This compassionate ability to sit with distress is made known within all of the narratives of friendship, albeit in a variety of ways: Through overt adaptation to immediate, social experience (Danielle), acts of mutual sharing, disclosure and story-telling of experience (Danielle, Emma, Georgia, Hazel, Isabel), friendship creating tolerance and calm through the interaction (Kaden, Lily, Mia, Noah, Olivia, Phoebe, Rachel, Sarah, Tess and Uri), overt recognition of suffering and finding solidarity (Hazel and Phoebe), and a persistence to sensitively, and easily, move into and out of "illness"-talk (Phoebe).

In this context, compassionate friendship is an experience of hope or belief which benefits not just the person in receipt of it, but can foster such response for others:

> *And I think that's…That's why I kind of recognize in people when they are really struggling that just need picking up. They need it. I don't feel like I need to mother somebody, but it's like […] "I've got you darling. Come on, it's okay." (Georgia; 312-315).*
>
> *I think that's the thing, […] actually having somebody that believes in you and then you do the same to others. […] And it's nice and it's rewarding, but really they're doing something for me… (Sarah; 77-82).*

While compassion itself may become the basis for new friendship, or deepen existing ones, compassion and belief from within a personal community is not universally available, as a cause and effect of attitudes or the distress itself. Quinn states, on a personal level, that even feeling worthy of this "*was a hard place to get to" (Quinn; 310),* and draws our attention to the "*miracle*" of finding this for some:

> *…for so many people, they don't even have [the] network [or] the ability to get the care, support, even to have someone who you can beg to help you end your own life […] That friendship in its truest sense is a bit of a miracle I think… (Quinn; 450-452).*

The compassionate witnessing of emotional pain and suffering in friendship can be restricted for many reasons, but when obtained is described strongly with a feeling of relief in this sub-theme, and accompanied by a sense of "belonging and naturalness", which is the next sub-theme, and potentially "friendship through illness", a later sub-theme.

4.3.4.2 Belonging and naturalness

This sub-theme encompasses the capacity for particular friendships to foster a sense of belonging generally, and for illness to be a "natural", legitimate experience in, but not an all-encompassing feature of, friendship – a re-orientation that results in harmony. This "ease of being" was described in all accounts, and achieved in most participant's narratives of their "good friendships", and sought for in Lily's and Mia's accounts of their desired friendships. Alan describes the "*natural*" permission in some friendships towards discussing distress:

> *…and so there are natural…natural stanzas in a…in the way that a…conversation or, or an interaction might develop where these things come up […]. Again it's the commonality of experience or the opportunity to explore that commonality of experience… (Alan; 571-580).*

In Danielle's story, sustained or repeated instances of unrelatability within friendship prompted a search to belong, connect and participate with others to reduce isolation during distress, and from which friendship formed:

> *I started looking into places that I could go to that might benefit me, might get me back out into a routine of socialising […] and I saw a notice that a mental health group was on so I thought I might go in and see what it was all about and found it was really helpful and that's where I found a poster for [the singing group…] And by doing things like that it gradually got me out socialising again and making friends from that. (Danielle; 132-137).*

During her story of acute distress, Rachel describes her available friendships as an "*oasis […] of feeling alright*", achieved unconsciously "*in ways they don't even realise*":

> *I think that people help you through those times in many different ways and in ways they don't even realise. So, like with [my friends] [Suzanne] and [Simon] thing, y'know, they don't know that those evenings that I spent with them playing games actually was a massive sort of like, it was this oasis for me at the time of just sort of feeling alright for a few hours. (Rachel; 674-678).*

Phoebe also describes this harmony in terms of being "*just allowed to be*":

> *[Our friendship is] just like, it's just very unconditional. Everyone is just allowed to be who they are and nobody judges you. (Phoebe; 65-66).*

The sense of belonging, however, must not become over-shadowed by distress. Isabel and Olivia introduce the notion of becoming "stuck" and only valued, defined or belong in friendship (and other relationships) for their experience of distress:

> *So, I have got lots of different things going on through my life and I am not surrounded by people with mental health problems […] It took me an awful long time to realise that there is more to me than my mental health problems. […] I can play the piano and I can sing and I can play badminton, and I'm hoping to take squash up… (Isabel; 81-95).*

> *And sometimes you just need to be doing something totally different from anything to do with mental health. Because otherwise you turn into mental health. (Olivia; 359-360).*

Participants' narratives indicate a desire to be seen in multiple and idiosyncratic ways, to maintain the same connectivity and "naturalness" with personally-valued in-groups and identities as those without illness. Alan summarises his frustration when "*defined by*" mental health difficulties:

> *…you don't want your interactions with your friends or interactions with anything to be governed and defined by [illness] and it's frustrating when sometimes that does take precedence… (Alan; 638-640).*

4.3.4.3 Conspiracy and joy in friendship and distress

A sub-theme that sits alongside compassion is the potential for a kind of temporary catharsis through the conspiracy and joy in friendship in confronting life's experiences. A cathartic relief can be achieved, albeit temporarily, when experiences of friendship balance happiness, joy and humour (often connected with leisure activities, which will appear in a later sub-theme) with a mutual conspiring to reach a satisfying positionality to the other, and their experience.

All participants' talk of "good" friendship, which continues to explore their needs, desires, and actions together, to establish, affirm and remedy mutual positions, while retaining the relationship.

> *But yeah, I think similar, similar, similar ideas of how things should be and yeah, similar outlook, I think, on life, yeah, definitely. (Emma; 289-290).*

> *I think we complement each other really well, without completing each other […] – we add to each other. (Georgia; 211-212).*

> *They aren't going nowhere, you know that, they're not, and they're solid people. [Abigail and I] even disagreed about something, she just snapped at me the other day, and we are over it like that. It's like […] we're solid, the ones that are left are solid. (Phoebe; 532-536).*

The collective account of sustained unity in friendship is that of a kindness, honesty, tolerance and forgiveness – beneficence - to ensure the relationship recreates an interpersonally safe space in which to feel friends "*absolutely want the best for each other" (Georgia; 196).*

This delicate act of moral orientation to each other and experience is bolstered through association with another expected feature of friendship – that of humour. Hazel and Phoebe note that in the most acute periods of distress, both simple pleasure and humour may be utilised to help tolerate experience:

> *We used to say you'd be amazed at the laughs a group of depressives can have around a table with a lump of clay. So as I say that's the value really of having friends in the same position. (Hazel; 233-235).*

> *You just have such a laugh because you just know everything and yeah, with [my friend Emily] in particular, just anything turns out to be funny. Even things that […] I probably might feel quite shaming and we've managed to turn around into something hilarious. Yeah, it is just really, really funny. So they have kind of stayed with me through thick and thin. (Phoebe; 66-73).*

Humour may be serving a number of functions in friendship, such as coping, establishing and facing a shared reality together, reinforcing the notion of positive affect in their relationship, or inviting one another to be insiders into the experience. As a conspiratorial feature to friendship during illness, humour about illness is limited to those who have had illness themselves (although some non-illness-based friendships featured too, such as close or "best" friendships).

Through the desire to "*want the best for each other*", the site of friendship can enable the discovery of the other's similarity or difference, and therefore the continuity of the relationship. Similarly, the site of friendship develops "who I am" through "who we are" together, and "who I am becoming" through "where are we going" together. As Olivia states in relation to the "*journey"*, friendship can be a relationship to know the other and our self, and modify or sense of who we are: *"somebody to walk with, I think, and to be inspired by." (Olivia; 24).*

4.3.5 *"I can feel more ease." (Mia; 300).*

The fifth over-arching theme is that of the potential to feel "*more ease*" and *"be something near to what I would like to be as a person" (Mia; 300-301)* in friendship – an overcoming of uncertainty together and (re)-establishing mutuality in friendship that is recognisant of who they are together in "totality". This may be described as a "healing" or "healed" friendship that invokes positive identities and a sense of privilege in sharing a future together.

4.3.5.1 Friendship characterisation in middle-age

This sub-theme is concerned with characteristics of "good" friendship from the perspective of middle-age, and the balance of commitments in middle-age that limit its availability.

Alongside an ability to adapt and re-orient to one another identified in previous themes, all participants speak of trust, to believe in the other to positively believe in their own character or self, as fundamental for friendship:

> *There's a trust there and it's something that's not always something that is identifiable from the outside, […] a feeling. (Georgia; 22-23).*
>
> *I don't betray a friendship, I don't walk away from friends. I just don't. If they want to move on, that's fine enough, they go, but I'm there for them if they need it or want it. (Quinn; 285-286).*
>
> *She found that she could trust me and then we started meeting outside of the mental health group. (Danielle; 26-27).*

Continuing the conspiratorial aspect of friendship highlighted in previous themes, in which something has been shared and mutual consensus and affirmation reached, friendship is a meeting of *"like-minded people" (Hazel; 313)*. Quinn furthers this conspiracy and orientation in friendship in emphasising the need for some forgiveness or compromise to accommodate difference in her foundation for friendship:

> *I'm a big fan now of Rumi's saying, "Beyond the fields of right and wrong there is space. I'll meet you there." Let's go for values rather than right or wrong. (Quinn; 307-309).*

Honesty in friendship and about experience is essential to compliment and orient to one another, necessary to create a bond and define shape and boundary to what type of friendship a particular person may be:

> *I'm just hoping that they understand me and that they're okay with the way I am. I'm hoping that they'll let me know if I'm annoying*

> *them in some way, if I'm saying the wrong thing. Really, that's basically it, that's all. Yeah, I kind of feel they can be honest. I trust that they'd be honest. (Mia; 64-74).*

Two concurrent "roles" associated with middle-age, however, are highlighted in the stories as precluding the availability and endurance of trust, conspiracy, honesty and other attributes of non-institutionally-bound friendship. Firstly, friendly relationships established through work and productivity, typically associated with middle-age, do not guarantee an enduring future in friendship together:

> *Well, I'm doing something fundamentally wrong. […] What can you say? You finish work 27 years later and you haven't got one friend. (Lily; 193-195).*

Secondly, the role of caring in middle-age, for children as in Emma's, Isabel's and Noah's narrative, or elderly parents in Alan's, Hazel's and Tess's stories, are seen to "constrain" participants in family-like roles of responsibility and practical arrangements, and reducing access to friendship.

The different characteristics of middle-age friendship can give recognition to the person – as an integrated, socially-valued and respected person – yet the balance of commitments in middle-age personal communities can limit the availability and endurance of this interpersonal resource.

4.3.5.2 Institutions of friendship and distress

This sub-theme refers to the regulation of friendship in socially-recognised fora for friendship (Hall & Taylor, 1996). The narratives reveal a continuous connection to friendship through the everyday, the ordinariness and normal routine of life, creating a variety of friendship bonds, degrees of closeness through different activities and locations where friendship is conducted. Justification for friendship-maintenance and -making is often in terms of mutual interest going forward in life, often given form through optional leisure activities (e.g., sport or entertaining in the home) or commitment to a community group (e.g., day centre or worship). Wherever friendship becomes established, it represents a mutually-defined institution, through ritualised behaviour in particular times and places of mutual interest, that give recognition to the other, re-producing a sense of inclusion through a common understanding and identity.

Non-inclusion of particular friends in those mutually-defined institutions, or public rituals that give recognition to friendship, can create rifts:

> *You know, [we] coped with like children things and pregnancy things, and we did holidays together. […] But then you go and have a Christening [to which I'm not invited]. I did feel a little bit broken by that. (Lily; 213-225).*

There is a noticeable distinction in what is emphasised by different participants in terms of individual and communal friendship. Those who emphasise individualised "friendship-through-leisure" include Alan (sport), Emma (holidays), Georgia, Phoebe, Quinn, Rachel and Tess (meals/activities in one's own home or in the local community); those who emphasise "friendship-through-community" include Danielle (health-specific groups), Hazel (art and education groups in a day centre), Isabel and Olivia (worship and peer support), Kaden and Lily (art in a day centre), Mia, Noah, Sarah and Uri (volunteer in/attending a day centre). Quinn offers a potential explanation – the differential access and availability of a range of resources in a personal community:

> *I'm really aware that […] because I'm middle-class, educated, supportive husband and family, I was able to access the care I*

> *needed when I needed it, but for so many people, they don't even have that network. (Quinn; 448-452).*

The narratives portray distress as opening up or shutting down the variety of opportunities, spaces and groups that feel safe for friendship when enduring distress. In Danielle's account of sustained unrelatability within existing, dyadically-defined friendships prompts a search for other places to participate with others and reduce isolation:

> *I started looking into places that I could go to that might benefit me […] And by doing things like that it gradually got me out socialising again and making friends from that. (Danielle; 132-137).*

Uri's narrative suggests that friendships may remain highly localised, and become specific to befriending those who have experienced distress – friendship which he describes as segregated, as not taking place *"in the outside world" (Uri; 19)*:

> *Away from the centre, I don't think really I have got a lot of friends really. All my friends are at [the day centre…]. Yeah, I […] go in café […] regular and they get to know you and that and will speak to you, but […] I don't mix with them socially sort of thing […] Outside the centre I have not really got many friends really. (Uri; 249-257).*

Quinn, reflecting on wider social institutions impacting upon friendship, suggests a middle-ground for friendships-through-distress to transition between dyadic- and community-based integration:

> *I think - is he a Catholic bloke in France? – L'Arche Project, where people with learning difficulties and disabilities all just live together with able-bodied people […] It's just being together and that in*

> *itself is enough. And yeah, ever since being in […] the crisis house I've thought […] if I knew there were ways of recreating this in the normal world […] I don't think we'd have so many people so lost… (Quinn; 427-433).*

Whatever the form of friendship and the extent to which it is institutionally-bound, common to all accounts is that, within a trusted and honest friendship, the opportunity to step outside of the confines of the frustrations and difficulties they identify in the world was desired amongst the different instantiations of friendship.

4.3.5.3 Friendship through illness

This final sub-theme represents friendship's co-operative and mutual endeavour during – and often because of – distress, as a powerful, yet fragile, achievement of compassion for experience and re-orientation to distress. Each participant spoke to this sub-theme, even Noah who identified as having no friends. For example, in Alan's and Phoebe's friendships dealing with experiences together, Georgia's sharing of experience with friends when they have shared, Hazel's efforts to off-load within friendship, Isabel's story-telling within her church, Olivia's helping-giving in friendship, and Sarah and her growing personal community after abuse. Distress-compassionate and distress-orienting friendship is often associated with individual friendships who have taken time to undertake this, as friends who "*believe*" in them as a person:

> *I think that's the thing […] having somebody that believes in you and then you do the same to others. (Sarah; 77-78).*

As Uri and Karen simply put, kindness in these encounters brings relief:

> *…positive relationships build your confidence and make you feel good, make you feel better […] and feel more confident and you*

> *feel safer, more secure and just feel better in general. It like boosts your mood and that. (Uri; 36-39).*

> *I used to come here really, really, really stressed out. When I got here they cheer me up. Yeah, I start, you know, leaving all the trouble behind again… (Kaden; 549-551).*

Mia and Phoebe draw attention to acknowledgement of suffering and distressing experiences that helps discharge and permit continued expression of the experience, creating encounters where it is possible to feel a sense of worth and reconnect with positive identities:

> *…I was talking [to] her about how things that make me feel, what's happened and things like that, they were basically telling me […] how good a person they think I am, […] just reminding me of what they think is good about me, even though I […] couldn't see it. (Mia; 146-149).*

> *I suppose they don't see me as bad as I see myself sometimes. (Phoebe; 212).*

Participants describe some friendships-through-illness as permitting themselves (and their friends) to move between different manifestations of mental health, to accept one another for who they are/are becoming, without shame. This is represented by an ability to move into, through and out of illness-based talk/activities, and for illness to become integrated amongst the "normal" talk/activities of friendship, harmonising multiple ways of being and relating:

> *People talk if they want to, or if they don't, they'll just get on and do whatever makes them feel better or takes their mind off it. (Hazel; 275-277).*

> *...for me it just felt a natural part of being somebody's friend who was having a bit of a shit time. So it didn't ever feel like it was completely weird or extraordinary […] – there was no expectation from me for anything to be any different, I don't think. (Georgia; 81-86).*

Participants' stories are therefore presenting some friendships through illness as recognising a "fuller" identity as an integrated person "in totality". Isabel describes this as becoming "*more substantial*":

> *…it's surprising how little you know of people […] often they will confide in you […] And for me, that friendship […] it's more substantial as a friendship. (Isabel; 68-72).*

Participants also describe becoming valued by some friendships for their experience of mental health difficulties and as someone who is willing to use experience for others (Feeney & Collins, 2015). This includes formal and informal peer support workers in mental health (Hazel, Isabel, Olivia, Phoebe, Sarah and Uri), advising others in self-help groups (Danielle, Hazel, Kaden, Noah, Sarah and Uri), through sharing their insight or experience generally (Alan, Georgia and Isabel), or through "being there" (Emma and Georgia). In their own giving of such friendship, participants recognise the need for "*capacity*" to do so, and may (Phoebe) or may not (Lily) feel able to meet this challenge:

> *…all [my friends] have different challenges and stuff, and now I am able to kind of give back a lot more because […] I have got much more capacity […] and you know, if people want to talk about that stuff it's […] sort of "I owe you about a million of these". (Phoebe; 223-232).*

> *…if I delve into your life and if I take it all on will I be able to cope? Or am I going to end up walking away? Or just not contacting somebody and then just leaving them feeling really, really pants […] they need something from you […] and rightfully […] because […] that's how friendships are supposed be. (Lily; 88-92).*

Through the persistent action of compassionate re-narrating their selves in the world together, friendships that "work at" becoming an "insider" to the distress develop a wider frame of reference and re-establish mutually-defined "normalcy". For friendships in which disappointment for not being there or being supportive during distress, arises, this is managed in different ways, depending on the availability of other friendships to do so and confidence to re-define the type of friendship with the respected other. Isabel portrays an ease with which less "*genuine people*" can be let go of in her friendship community, whereas Quinn portrays the pain of losing people whose friendship is meaningful, without other a wider friendship community:

> *I have quite happily got other friends that are genuine people, why do I need to concentrate on those friends that are no longer my friends? (Isabel; 163-164).*

> *…I knew that every time I spent time with them it took me five or six days to recover. And so I would sit there with these two things: Caring about friendship, about my sanity and my health. […] …and I said [to one friend] "I'm devastated because you're worth being devastated over." (Quinn; 287-292).*

There are no accounts of forgiveness or active restoration of friendship where distress entered into the relationship. This absence may be because friendships were eventually withdrawn from, or retained the experience of friendship as an opportunity to reconnect with a life and a future free from contemplation of illness. Both consciously and unconsciously, the healing capacity in friendship is found in its compassionate and liberatory capacity:

> *I just constantly feel like I'm in a box all the time. […] I can't express myself, you know, as much as I try […]. It just feels like that I wish someone could pull these feelings out of me, then I could breathe […] I just feel trapped in how I'm feeling really. […] Yeah, [my friendships] help, because they – I know I can be, they know me, […] they understand me. I can feel more ease and to some extent and try and […] be something near to what I would like to be as a person […] I'm glad I've got them kind of friendships… (Mia; 291-301).*

> *…there are some friends […] who I could see during that time and for the time that I was with them I felt much better. […] They didn't know […] that I was in hospital - and […] it was like I could get in touch with my old self […] …it wasn't like I was better. It was just like there was a window where […] for some reason I felt, for that short period of time, I felt much better. (Rachel; 314-330).*

Sarah transforms her painful experience and places her knowledge and continued belief in kindness and love into the fabric of her friendship without this being made explicit:

> *I started to build this quilt… […and…] I'm going to give it to [my friends]. […] it's letting go of the past […] but they won't see what it was. […] It was about children being happy. It's a really happy quilt. […] And it's about what I would have wanted it as a child. (Sarah; 320-340).*

This indicates that the actions and meanings around given friendship can be profound, retaining parts of our selves, to be kept hidden or potentially explicated at a suitable time in the future together. Giving conscious attention to her future friendships, Emma decides to be more "*open*" and "*be there*" in her friendship:

> *I think maybe with regards to mental health, maybe being a bit more honest with [my friend Viv] […] would make our relationship better, I think. [Pause]. Yeah, being a bit more open about it and giving [Viv] the chance to talk more about her 'cos sometimes […] I don't think I have been there for her as much, you know… (Emma; 706-712).*

Having confidence to achieve "closeness" while enduring distress is a challenge. Yet through the closeness achieved with "*genuine*", or adaptable friendships, friendship can bond over past experience and trajectory of life, helping connect the past with the current and, through the joy and effort to mutually-define and accept one another in the present, accompany or carry one another forward into the future.

4.4 Analytical development

Each of the participants' narratives tells a version of their self (Josselson & Lieblich, 2001), and what was said, implied, not said, relatable, incoherent or self-serving at the time of telling reflects something about the narrator and their relation to others/the world, to be worked at and understood (Ricoeur, 1991; Bakhtin, 1986; McAdams, 1985; MacIntyre, 1981). What has been a challenge in this process is the effort to hear what is being said, to what/whom and, through reflection and critical theory, to work/play with what has been heard. It has also brought a sense of humility and privilege to enter into the richness and depth of the personal truths that participants'' wanted to communicate via the narrative. Life was certainly breathed into the subjects by participants' and their stories, and through involvement in one another's life through the interview occasion, we temporarily shared a common project together through our interaction (Brett et al, 2014), and, for me, through repeated listening to their stories.

What has become evident to me, through repeated listening of the stories of friendship, is a less romanticised view of friendship, away from notions of love, away from general friendliness, away from just positive, or overly-positive, encounters within the relationship. Although these notions are not present in my own experiences of friendship, I had hoped that these had been the case for others. Our co-produced accounts challenge naïve cultural discourses that promote the perceived benefits of involving friends in distressing mental life. With the wealth of data present, I have reflected across the analyses of narratives, rhetorical functions, identities and identity work and themes, with the aim of giving a more collective voice within the analyses, inclusive of my own interpretation. The "realities" of friendship co-produced in this study reveal greater complexity to friendship, including potentially dehumanising features in relation to emotional life and enduring distress. The summative findings will be underlined in the following discussion section which presents stage 5 of Langdridge's critical narrative analysis – an interrogation and de-stabilisation of the findings. Stage 6 – a critical synthesis of the analysis and interpretation – will conclude the study and make recommendations.

5 Discussion

The current study has, through collecting stories, added rich findings to enhance our knowledge of friendship and mental health, by giving opportunity for participants to begin where they wanted to, in the way they wanted to, to say (and not say) what they wanted, to the researcher and other audiences they felt were important to their story. Through conducting the study outside of clinical frames of reference, participants' stories were able to speak to friendships and cultural discourses in a broader sense. Consequently, participants connected friendship to their lives and the listener's, presented this in different ways to impress different meanings, and were able to move between, and incorporate, friendships of different types. This permitted the relativity of friendship to mental health, the "psychological presence" of friendship and its relevance to mental health, and discourses around friendship and mental health to be explored.

Narrative analysis of stories of friendship and mental health explored meaning in the diversity of encounters with friendship. Through the practice of story-telling and analysis of these stories through interpretation and ability to take perspective, the effort of participants and myself in co-producing this thesis will hopefully produce effects (emotions and conclusions) for other story-listeners (Jusdanis, 2014; Taussig, 1993; Ricoeur, 1991). Elucidation of interpretation and stories themselves takes place in a cultural context and an essential part of the method of inquiry is to hear and come to understand, as closely as possible, the discourses of each narrator. I hope that each participant's story and the analysis I provide enables a meaningful engagement with the "living practice" of friendship, to which readers can relate or hold up a mirror to, achieving degrees of truth-likeness or verisimilitude (Loh, 2013; Foster, 2007; Polkinghorne, 1998; Bruner, 1991).

The stories in this study recount many moments of making friendship – the “click” that gives the impression of being “already known”, with new friends, or “continued knowing” within existing friendship. This recognition of the self in the other and the other in the self, a felt sense of psychological intimacy, was based on feelings of empathy, trust, reciprocity and kindness, arising within interaction. Varieties of friendship, rather than definitive types, appeared in these stories, reflecting both the social conditions participants found themselves in at the time of their initial encounter, and their need for recognition through friendship at that time. The stories of middle-age friendship retain the characteristic of being a site for individuals' ongoing identity work, and therefore the type of friendship represents the degree of expression of different elements of their self, in those circumstances. Participants’ stories indicate friendships are definable by their degree to facilitate positive *expression* of happiness, relief and joy, and thereby buffer against unpleasant experiences. Friendships endure through promoting a feeling that this person, this friend, matters. Often this was through affirmation – having a shared history, frequent “touchstones” in the present – as well as a desire to retain this person in the future. Through validatory experience together in friendship (e.g., common activities), continued similarity, security, belonging and satisfaction bonded friends together.

Friendships could also variously *permit* exploration of self and social knowledge, emphasising the degree of receptivity to one another and anticipatory empathetic response to one another’s position. Enduring friendships emphasised a playful engagement with deviation from individual and social expectations, permitting alternative standpoints rather than compliance. Participants valued friendship in its collaborative effort. This study highlighted some of the concerns of middle-age that sustain a need to be known as part of the general process of continuing self-other differentiation (Lachman, 2004), such as parenting concerns, a loss of youthfulness, feelings of remorse/nostalgia for the past, reduced or revived interests, changes in sexuality, changing intimacy relations, and confusion and resentment about social status. In this regard, friendship was an affirming, psychologically-meaningful relationship after major developmental milestones have been passed to re-orient to the life "beyond" those milestones associated with adolescence and young adulthood, such as achieving "romantic", "parental" and intimate, "companionate" love. On a basis of empathy, trust, honesty and kindness, friendship becomes established through the impression of being known in the *particularity* of admirable qualities in middle-age, and more deeply through the imperfections, confusions and difficulties encountered as a person (Helm, 2010).

The stories in this study revealed a motivation for friendship in middle-age that was tempered by existing commitments and anticipatory effort; in effect, time and energy for friendship had become limited due to other generative commitments and the fields of opportunity and engagement with friendship were shaped by social factors (e.g., re-location, the presence or lack of work, commitments to family). In relation to distressing experience suffusing friendship, participants often recounted measures to "self-contain" or "protect" their friends, indicating a concealment of "true" identities. This compartmentalising through withdrawal and self-concealment was incongruent with the "ease" expected in varieties of friendship, and distressing experience. However, concealment of one's self/withdrawal from friendship took place as part of a general process of withdrawal for fear of "burdening" others, fear of rejection, or fear of being seen as a "lesser" person. The stories clearly revealed that friendships' entry into experiences of distress in particular fundamentally tests beliefs and attitudes about people and suffering. Alongside distressing experience affecting the ability to socialise, participants demonstrated a careful management of the emergence of distress through friendship, by seeking spaces, places, and relationships that permitted them to belong.

Participants describe a number of friendships that were unable to endure, variously due to their inability to re-orient to the experience of distress, lack of recognition, lack of empathy and receptivity, uncompassionate judgement, and inflexibility to a changing subject position. Authentic friendships that endured periods of distress together were simultaneously compassionate while trying to sustain the feeling of joy typically expressed as part of the encounter. Such friendships provided a compassionate relational space in which individuals could mutually relate to one another through the joys or life and its distress, creating anew, a recognition of having a future together. The friendships facilitated an “at ease” around mental life, distress, identity and self-conception, creating conditions for self- and other-acceptance. These friendships were often described as authentic companions to be with and stand alongside, carrying forward any underlying transformative processes that may be occurring in each other.

The following section will extend the analyses, following Langdridge’s (2007) critical narrative analysis framework: Stage five involves reviewing the interviews and findings, encountered through the hermeneutic of faith of meaning-making in the analysis, from a relevant critical social theory to uncover hidden or alternative meaning.

5.1 Critical narrative analysis stage 5: Destabilising the narrative

Application of a critical social theory encourages a hermeneutics of suspicion in respect of the findings uncovered through a hermeneutics of faith. While there has been some hermeneutics of suspicion taking place throughout the study - through the refining of concepts, themes, identities, and narratives – this particular stage marks a concerted effort to reflect critically on the findings as they currently stand, and transparency over the chosen process or viewpoint for this critique.

In literature there are a diversity of critical social theories, and Langdridge's framework refers to several associated with groups or social movements that have accumulated a critique of social discourse and have mobilised for societal change. This includes gender analysis/feminist theory, class analysis/class theory, race and ethnic analysis, sexual analysis/queer theory, age and generational analysis, and disability analysis. These discourses and associated critiques reveal how structural and cultural oppression affects the emotional well-being of people (amongst other things like opportunities and resources), as well as how sexist, racist, heteronormative and socio-economic assumptions and power relations reinforce feelings and practices of oppression (LeFrancois, Menzies & Reaume, 2013; Smith, Chambers & Bratini, 2009). Therefore, most critical theories speak to an experience of distress in some way or other and some critical theory perspectives are manifest in the narratives of participants in this study.

The experience of distress leads to feelings of varying degrees of powerlessness and diminished authority (Johnstone & Boyle, 2018; Williams & Keating, 2005) which is subjected to forms of oppression for *having* emotional reactions and emerging mental phenomena, irrespective of causation or association with Langdridge's proposed critical perspectives. Therefore, I have chosen the social discourse or critical perspective of "mad studies" as a means to interrogate the analysis. The discipline of "mad studies" has been an emerging area of theory about the experiences, history, and culture of people who have experienced distress. With emphasis on the relational and the legitimisation of emotional experiences/mental phenomena, mad studies attempts to promote a critical approach to the study of distress, with no one person, group, or framework directing it or defining its scope. I have used a framework provided by Rashed's (2019) study of the need to recognise madness, developed through the perspective of service-user groups and theories of recognition (Honneth, 1995) when identity is/has been "lost". Honneth emphasizes the vital role of three modes of recognition: Love, to be received from family and friends/significant others, esteem, to be received when we are recognised as contributing to collective goals, and respect, to be received from other citizens who recognise our rights. The presence of recognition through the relations of friendship, love, and as an autonomously recognised member of society, people become secure and flourish. Lack of recognitive relations results in harm to dignity, disenfranchisement, and a loss of belonging. In Honneth's framework friendship offers an ideal kind of relationship in meeting these three modes of recognition. In the context of mad studies and recognition, Rashed argues that in aiming to "know madness", there cannot be a redefining of the boundaries of madness, a creation of new thresholds of emotional conventionality or normative rationality, otherwise some mental phenomena would be outside the new conceptual framework. Instead, mad studies aim to incorporate all human experience and by doing so draws upon, and informs, other critical theories. Through its open-endedness, mad studies also acknowledge the likely development of new ways of being and forms of emotional/mental life. Of fundamental importance to "knowing madness" is to understand the phenomenology of madness and subsequent resolution to identity formation, which can be understood through "mad narratives".

In relation to the participants of this study, sixteen had been service-users and fourteen still were at the time of interview. One participant (Georgia) had not been involved in service-user-led organisations nor mental health services, and two (Isabel and Olivia) identified as peer support workers in mental health services. This is not to suggest that participants who were service-users automatically, and directly, represent all viewpoints from the service-user movement or mad studies in its entirety, and those that are not, do not connect with them. Instead, individual stories retain authority in themselves and the co-construction of the stories and the analytical development may reflect some of the concepts spoken to in mad studies to a varying degree.

The findings of the study are reviewed in the context of "knowing madness", as an acceptance of the "other", their experience, and resistance to being rendered vulnerable through the exercise of power (May, 2012; Jordan, 2008) for non-participation in conventional emotional experience and mental phenomena, both within friendship and societally. This will be presented in the following sections which have been adapted from Rashed (2019) in connection with service-user/-survivor perspectives:

- Friendship and degradation of those experiencing distress.
- Friendship and pathologising of human experience.
- Friendship and locating human experience in history.
- Friendship and acknowledging and validating experiences.
- Friendship and opposing oppression and promoting justice.

5.1.1 Friendship and degradation of those experiencing distress

Key work on degradation of others and stigmatised identities (Goffman, 1970, 1963; 1961) was borne out of, and continues to be utilised in, studying madness/mental health. Goffman defines stigma as an individual's devaluation and exclusion from societal acceptance. All of the participants in this study may have been stigmatised in a number of ways (e.g., for being a woman, or non-heterosexual, or for being older), but the context in which they were given to tell their stories - friendship and mental health – meant that potential stigma around those topics would feature more prominently. All participants spoke to generally negative or ambivalent social attitudes towards mental health/distress and that potential, or imagined, social transgression became a threat to the bond of friendship (Brown, 2006; Scheff, 2003; Scheff, 1996). Participants are therefore confronted with a cultural discourse that stigmatises those whose endurance of social suffering or processes of transformation results in judgement within friendship for social deviation.

This dislocation from a site of belonging in the “mainstream” of society – friendship – is apparent in the narratives through actual encounters with friends and encounters with public perception and attitude towards “madness” or emotional life. The situated practice and response of those in friendship has, in some friendships, transformed from a shared social reality, surety and belonging, it may also transform to become a site for rejection, continued self-doubt and shame, and eventual loss. Threat to the relationship, or tensions in the relationship, may not necessarily arise through the impact of the distress but through questions about the legitimacy of subject positions as “persons” (Honneth, 1995). The extent to which the “friend” is no longer fully recognisable by participants, or the extent to which participants feel they are no longer fully recognised by the other, friendship may become a site for a de-humanising experience. This was woven into the narratives in terms of dissolved and dissolving friendships. Loss of those friendships that had fostered feelings of mattering and being of virtue as a person had a more devastating impact over friendships of less recognitive effect, being described as a kind of betrayal, disloyalty, inability to cope, or narrow-mindedness from the other.

Consequently, concealment or inauthenticity (or “passing” in Goffman’s terminology), to avoid losing the potential for recognition silences a person’s reality and experience of life such that key features of being a “whole” person, such as trustworthiness, “being known” belonging, and quality to life, are not enacted (or not enacted in all friendship relationships). Given the “closeness” that one may have felt or hoped to feel, this disruption can be felt deeply, further inwardly affecting aspects of one’s self (Brown, 2006; Kleinman, 1988; Bury, 1982). A small minority of participants tell of their effort to reverse this process and meet breaks in interpersonal validation with a kind of resistance. Here we see that, while some friendships may not want to associate with the “mad”, the “mad” may not want to associate with those who have a limited view on their (human) experience. In the context of the narrative presented above, the challenge of resisting stigma requires a confidence in relation to distress which most commonly arose in friendships that demonstrated an “open-ness” to such challenge and a flexibility to re-orient to distress *together*. This was typically friendships with those who had similar experiences and long-term - friendships with a wider frame of regard and recognition to personal changes that take place over time while less compassionate/authentic friendships dissolved (permanently or temporarily).

5.1.2 Friendship and pathologising of human experience

It is evident in the stories that self-discovery is not static and that circumstances, experiences, and health changes. Yet participants’ stories often began to use language that reified their experience as a static “illness”, a “thing” they had (Bracken & Thomas, 2005), locating the maintenance (if not the cause) of distress to them self and thereby seemingly removing processes of change, agency and re-orientation to distress, including variations over time (Roe & Davidson, 2006; Kleinman, 1988). The pathologisation of experience and response to it discourages the use of interpersonal, empathetic and intuitive modes of being that provide interpersonal recognition and any buffering effects on mental illness. Reviewing the narratives, it is evident participants want to communicate with those who the recognise as valued people, such as friends, by relating to their experience while also engaging with the “meaning” of that experience. Withdrawal and “illness talk” in friendship appears result in people being out of touch with what others are thinking, feeling, and doing, which embeds further damaging effects on the psyche, such as shame and loneliness (Morgan, 2011; May, 2010; Cacioppo, Fowler & Christakis, 2009; Brown, 2006; Scheff, 2003; Fromm, 1998; Baumeister & Leary, 1995; Lasch, 1984). Participants also spoke frequently in binaries of "well" and "unwell" that assume and replicate a restitution narrative, forcing people in distress to adopt, or appeal to, notions of a life of "wellness" while simultaneously living with the "unwell" realities of their daily living. Some participants told stories in which they would actively maintain a "false" restitution narrative for the benefit of others' feelings or to protect themselves from judgement. Being neither fully "well" nor "unwell" in experience or description, the short-hand language of "illness", and the positivity of "well-being" language proved inadequate in communicating the experience to help friendships relate to one another.

Reviewing the kinds of narratives of transition into illness (Frank, 2012; 1995) only one described a restitution narrative in relation to distress. By far the most common was the life-as-normal narrative, indicating that the expectation or hope of "recovery" from some or all mental phenomena (the restitution narrative) is incongruent with many of the experiences of participants. Instead, living alongside them and relating to (mental) life differently were more common outcomes. Sustaining a restitution narrative carries the assumption of a part of the self (or the self in entirety) requiring betterment and a concomitant expectation of a "return to normalcy" which appears to continue the "inwardly damaging" trajectory of (mental) health experiences, furthering the embodiment of distress (Kleinman, 1988; Bury, 1982). A second aspect to pathologisation in friendship is that protest or despair at what appears to be the legitimised "natural social order" appears strange to those who are unaffected or indifferent to the experience (Burkitt, 2004). Unless protest or despair is seen as legitimate in friendship (i.e., non-judgementally) the grounds for interpersonal and mutual relating were rejected, with continued frustration (Zingaro, 2009).

5.1.3 Friendship and locating human experience in history

Ideological beliefs and the phenomenological structure of our personal experience go hand-in-hand; perceiving the world a certain way leads to certain beliefs and holding certain beliefs leads to perceiving the world in a certain way (Foucault, 2004; Heidegger, 1978; Merleau-Ponty, 1962). Of particular relevance to this study is the historical formation of rational, liberal subjectivities and social ideology (Read, 2009), in particular as this correlates with the "ease" of friendship and its image of voluntariness.

The emergence of an ideology based on the primacy of the individual, and an emphasis on free will, rational choice, and complete knowledge of ourselves (conceived of as the "official doctrine" of the mind; Ryle, 1949) can be traced (at least in philosophical terms) to Descartes (Damasio, 1994; Capra, 1982). Notions of individualism and rationality in Western worldviews are reflected in the political and moral ideology of liberalism in which people should, in principle, freely and rationally pursue their own happiness, independently of others (Lukes, 1971). During the adult lifetime of participants, government and cultural agendas and policies have adopted this ideology of "freedom from interference", reinforcing the rights of individuals within a society to govern their own affairs. The impact on subjectivities of the primacy of individuals can be seen historically in the location of our feelings "moving" from the interpersonal realm of volition or action to becoming defined as an "inner", individual driver of human behaviour (Averill, 1990). Within cultures that emphasise individualism, the significance or importance attached to the regulation of intersubjective and interpersonal behaviour varies. For example, in Western, liberal cultures, "independent" self-concepts, focussing on features that distinguish people from others is prominent (Cross & Madson, 1997) whereas in some cultures, the social relation may be so strong that it makes better sense to conceptualise the relationship, rather than the individuals involved, as the focus for reflection and analysis (Markus & Kitayama, 1991; Averill, 1990; Geertz, 1975). Jaynes (1976) presents the issue of communality and individualism in an evolutionary context; at an earlier stage in human evolution and culture, individual identity would not have existed at all, and instead we would have been fused within social relationships completely.

Participant attitudes to and expectations of friendship were generally liberal, involving non-interference and voluntariness to enter/withdraw by choice (Alberoni, 2017; Grayling, 2013; Hays, 1984), seemingly embodying the rational, self-aware, chooser that is assumed/sought in liberal societies. Participants appealed to notions of individualistic "self-containment" or "independence", which were regarded as positive attributes (Miller, 2017) and "vulnerability", "reliance", "dependency" or "not coping" as negative, implying restitution or "recovery" involved a return to a social order based on self-sufficiency. Participants also voiced how self-sufficiency is simultaneously a value associated with being a person in one's own right in friendship, and a sign and means of return to mental health - indicating the cultural signs of what it means to "live well" (Nehamas, 2016; Grayling, 2013; Alberoni, 2009; Cooper, 1977b). With feelings of remoteness, or unavailability of friendship due to middle-age commitments, many participants reflected on the kinds of friendship(s) that may optimise the benefits of the encounter with friendship within the limited time/resources available to them – often a "best" friendship. This "best" friendship was seen as helping reflect upon and retain conceptions of "who I was", to evaluate through situated practice a perspective of "who I am" now, which may or may not contribute to "who I am becoming".

Friendship was also persistently portrayed as mutually-established and located "outside" of other institutionalised and formalised commitments, replicating the "non-institutional institution" of friendship (Paine, 1968) and a greater emphasis on voluntary rather than institutionally-bound engagement. As a relationship type, friendship thus embodies the moral positioning towards self-sufficient ideology, simultaneously reflecting what it is that is being recognised as a “true” person, in friendship. The ideal image of friendship is thus to equally reciprocate, rather than interfere in another’s life through being vulnerable or burdensome, and therefore requires optimal social performativity (i.e., being “well” and “fit”). Pleasure and belonging represent friendship’s benefits, which, while implying an expressive “relief” function for participants from institutions of harm and commitment, is incongruent with continually-changing experience that is difficult to reconcile. Therefore, the ability to fully deliver on these ideal images of friendship, as well as any pre-existing mutual-definition within the relationship, can become challenged due to emerging “asymmetries” in friendships’ emotional and recognitive enmeshment during distress. These asymmetries reflect a form of “emotional labour” in a relationship that is commonly viewed as one of ease and sharing joy with ease (Heider, 1958).

Critiques of individualistic frameworks of autonomy, independency and loose ties of emotional labour (e.g., Cantillon & Lynch, 2016), emphasise that modern beliefs about the self downplay the importance of interpersonal relationships, emotions, desire and embodiment in sustaining life, as they espouse (or more accurately, assume) a coherent, non-distributed, stable identity, and a transparently self-aware, rational being as a “true”, modern person (Friedman, 1997). In relation to friendship, May (2010) argues that a culture that seeks to define human qualities and behaviour in terms of exchanges between rational actors judges the value of people through their relative social “productivity” and social “burden” in friendship. In analyses of autonomy and dependency that incorporates bonds of attachment and emotional labour (Friedman, 1997; Kittay, 1997), the expectation of equal (or little) dependency cannot really exist in a meaningful way as we all have been, and become, unequally dependent at different stages of life (e.g., infant/parent; well/unwell; bereaved/unbereaved) and the impact of life on mental health does not operate in a uniform, equally-distributed way. Feminist social theories challenge the maintenance of this image of equal burden-sharing generally and that, as a fact of responding to the actual and potential challenges of existence that affect us all, at one time or another, we cannot construct a society nor have expectations of relationships that only share the benefits of society/relationships when in optimal states, but must instead share the burdens of society and relationships too, to maintain social order.

That phenomenology and ideology affect the bonds of friendship in situated practice implies that changes in phenomenology (e.g., through distress or middle-age) can lead to changes in adherence to ideological beliefs and, conversely, changing ideological beliefs can lead to changes in phenomenological experience. Participants' narratives of what made a "good" friendship included the necessity and capacity to cope with painful experience through solidarity and compassion, often evaluated against a singular, composite dimension of "closeness" of the relationship, and "closeness" to a mutual orientation to distress. Thus, if society demands consensus on independency and happiness as the norm, and distress or dependency as unique, then encountering distress within friendship confronts those participating with a re-examination of the requirements of independency and self-reliance, as well as the "weak" bonds of friendship's obligation and responsiveness.

Friendships in relation to distress were a site that re-evaluated these alienating assumptions, requiring the evolution of a more "connected" or consensual moral position. The narratives of "good" friendships of middle-age and of distress in this study display this shift in moral positioning, against a cultural and historical background, through exploration of a fuller range of being in a safe and mutual openness to "knowing myself" and "being known", including learning about experience. In the stories, this often resulted in a "deeper" or "closers" connection in some friendships, and even the presence of effort - to remain with someone or hear of the world through another's perspective - was enough to offset feelings of loneliness in one's experience, which had a temporarily relieving/healing effect. In friendship, the recognition of a valid subject position, as a real person, by another person, while experiencing distress can be retained or gained (Zurn, 2015; Honneth, 1995; Laing, 1965).

5.1.4 Friendship and acknowledging and validating experience

Demonstrable in the stories of friendship was trust, emotional reciprocity, and kindness, supporting the view of friendship's potential as a compassionate "other self" (Nehamas, 2016; Grayling, 2013; Alberoni, 2009; Vernon, 2005; Cocking & Kennett, 1998). This *felt* recognition of kindness towards shared worldviews and shared struggles (Honneth, 1995) gave the psychological intimacy or sense of being "already known" (Marar, 2012; Badhwar, 1997), albeit imperfectly. This permits one's self and the other to give recognition to their status as a *person* and in their *particularity* as a person, in friendship (Helm, 2010). Previous sections highlight that social norms and cultural understanding of distress, and inability to recognise the self-in-the-other opens up particular friendships to potential bi-directional rejection, foreclosing the availability of friendships' capacity to continue to mutually re-orient to each other.

Participants' narratives, however, also demonstrate friendships' potential for resisting social norms, within the relationship. "Good" friendships, in relation to distress, acknowledged, validated and adapted to manifestations of distress, thereby helping to facilitate future "new" selves through working at establishing a relationship with (or through) the distress. Where such friendship-through-distress occurs, participants recounted that the relationship was an honest, trustworthy one, more "substantial". This re-discovery and re-orientation in friendship-through-distress, reverts to the basic foundations of friendship: (Re)-identification with, and from, others that are valued brings an opportunity for being recognised for who “we” are and the joy or struggles “we” face, both in the past and that “we” will continue to do so in the future. Participants still continued to value friendship as a collaborative tool for addressing both “who I am and how I should live” through its recognitive power, trust, compassion, and “closeness” of receptivity, continuing to impress its facilitative relationship with “who I am becoming” (Feeney & Collins, 2015; Spaniol & Nelson, 2015; Schon et al, 2009; Topor et al, 2006; Giddens, 1991; Ricoeur, 1991). “Closeness” or “being already known” in friendship-through-distress could *permit* exploration of self and social knowledge, emphasising the receptivity to one another and anticipatory compassionate response to each other’s position and subjectivity.

Stories also impressed a need to be recognised as a person who has achieved major milestones by middle-age, and a need to not be misrecognised as a person of less worth due to their circumstances or experiences of distress (similar to the concerns of Erikson’s (1968) late adult stage of “integrity v despair”). In particular, while passionate attraction and sexual desire still occurred in the stories of middle-age friendship, participants sought friendship as a means to validate and “touch base” in the present after achieving, or expected to have achieved, “romantic”, “parental” and intimate, “companionate” love. Accompanying this was a desire to be known post-family and post-intimacy – to be known on one’s own terms. This suggests that considerable, and potentially profound, development is still taking place including orientation to homo/heteronormativity in friendship (Blatterer, 2018). A lack of resolution of recognition of midlife status through friendship specifically may contribute to vulnerability in later life (Whitbourne et al, 2009), although the misrecognition or unrecognition of distressful experience posed more serious disruption to the availability of friendship, likely to result in most consequence for the person affected by distress. When the sociality of friendship gave recognition and permission to discharge “negative” emotions and self-perceptions, not just “positive” ones, this overcame any felt shame that could disrupt the inter- (Scheff, 2003) and intra- (Brown, 2006) personal bond. Compassion in friendship generally constituted an opportunity for companionship within the person’s chosen communities, ensuring meaningful and sustainable relating. Recognition of the self in the other or by the other re-established a sense of belonging after developing commitments in younger ages.

Through the affirming power and implicit validation in the creative spontaneity of compassionate friendship, new subject positions could arise through an expansion of awareness of “normal” experience to try and include endurance of suffering, thereby changing the boundary of what is “normal”. Through working at the experience together, friendship became a collaborative tool for those involved, reciprocating through emotional relatedness and expression. Rather than dependency and independency, participants’ stories relay the inescapable interdependency and the “togetherness” of friendship that can be both healing and empowering. Through the shared project of friendship, participants recounted the capacity of some friendships to develop a new narrative that implicitly confirmed strengths and integrity and recognised difference – a relationship of hope.

5.1.5 Friendship and opposing oppression and promoting justice

As heard in participants’ narratives of friendship, a common differentiation between varieties of friendships was the degree of expression of different elements of one’s self. While affirming of different facets of identities, and strength of feeling towards others, only the most trusting and adaptable friendships formed the safe spaces for the shared project of redefinition as a consequence of, or in relation to, distress. Any form of collective political action in relation to distress, through friendship, was noticeably absent for this group. This is not to suggest that politics were of no importance for participants, both in terms of the basis of friendship with others, or the impact of politics on those experiencing mental health difficulties. Indeed, some participants made reference to political struggles as a basis for their friendship and some made reference to political ideologies affecting social welfare provisions. However, social advancement, in terms of moral orientation to distress and circumstances, appeared limited for this group and did not appear to translate into affirmative action to oppose oppression and promote justice beyond the relationship. With friendship's strength and basis in the non-institutional, and friendship's deficiency in larger social institutions (Blatterer, 2018; Paine, 1968), participants' narratives appeared to replicate Derrida's (1997) argument that, as friendship tends to close itself off from wider social relations, it is a relationship that does not seek to engage with political action nor change public perception or organisation. Consequently, friendship is unable to resolve or facilitate communal recognition of "who *we* are" and "how *we* should live".

The realisation of this limit to friendships' virtues in terms of collective application felt demoralising and disempowering to me. I reflected on experiences of friendship and activism and whether or not the relationship may feature all. I found several barriers to activism. Firstly, connecting with social activism in friendship may disrupt the relationship if political action is *demanded* as this moves away from the mutual negotiation so essential to friendship, setting an obligation rather than upholding the freedom. Secondly, "othering" has become legitimised for political gain (leading to increased violence, suspicion and hostility in communities; Burnett, 2016) and the recognition of the struggle(s) associated with distress may not gain traction or priority amongst other threatening social issues (such as terrorism and nationalism). Thirdly, an emphasis on traditional conceptions of significant others and attachments ("strong bonds") and liberal attitudes of non-interference, has left friendship's "weak" attachment susceptible to being perceived as of lower status or influence in hierarchies of relationships, and participants did not connect friendship with basic fundamentals of survival (i.e., provision of basic needs) except in rare circumstances. Fourthly, friendship *requires* some dislocation from embeddedness in institutions and other forms of influence, in order for friendship to be "fully" recognitive in its own terms and prevent power inequalities emerging. Lastly, if we construe friendships as a private matter outside the sphere of politics, institutions or tradition, this inadvertently severs its significance in the "bonding" and "bridging" capital that make up personal communities (Miller, 2017; Sapin et al, 2014; Allan, 1989). In short, the non-institution institution of friendship seems powerless in the face of other, sedimented institutions.

The noticeable absence if participants' stories suggests that long-term change for justice and improving lives generally was expected to take place "elsewhere"; families, services and benefits were the expected source of reliability and assistance. However, in many cases these forms of relationship were not available from family or social care systems, reinforcing a reliance upon their own resources. Participants' stories reflected on how friendship complemented or interacted to greater or lesser degree with other relationships. This was heard in how participants described private ("home") and public spaces for enacting friendship. For some, "home" was a stressful and abusive living condition, or a place for solitude, such that friendship took place away from this. For others, certain kinds of socialising involved costs which were not affordable, consequently restricting friendship's ability to "move out" of specific contexts and "move in" to other fields of affirmation due to the effects/absence of other forms of capital (e.g., economic, social, cultural, relationship or identity capital; Tew, 2012; Bourdieu, 1977). Reviewing the narratives, many stories expressed frustration and dissatisfaction at inaccessibility and lack of willingness to maintain their involvement in public life, and a resignation to not achieving broader social changes (reflecting research conducted regularly since their emerging adulthood and middle-age on these issues; Horrocks, Lyons & Hopley, 2010; Lewis, 2009; Tait & Lester, 2005; Wallcraft, Read & Sweeney, 2003; Bates, 2002; Bonner, Barr & Hoskins, 2002).

This pessimistic or restricted outlook was somewhat allayed when re-reading the stories again. Firstly, participants described friendship as a bridge into, and – more commonly - a bond that retained connection with, a larger group of "others" (i.e., those experiencing mental health difficulties). The sharing of stories and "lived experience" with others served an important social epistemic and agentic function - increasing the recognition, credibility and power of the teller (Zingaro, 2009; Stroud, 2006; Kleinman, 1988). Having one's story heard were spoken to as the means in which formulate new social relations and awareness of social reality (Kagan, Burton, Duckett, Lawthom & Siddiquee, 2011). Friendship, friendship with someone who had had similar experiences, and service-user groups often provided mutual and collective opportunity to re-orientate to "interdependencies" as sources of self-worth and purpose in life. Secondly, the (un)availability of secure relationships at home was complemented by public spaces for "occupational activities" (often organized and resourced by charities, social services or psychiatry) that gave additional purpose to and opportunity for socialising, that promoted security, purpose, belonging and friendship.

Participants' stories recounted their motivation and effort to maintain friendship in the non-institutional relationship of "private" friendship and in the semi-structured/semi-institutional "public" communities. This included a wide range of members from Middle Street Resource Centre, Nottingham Focus on Wellbeing, Nottingham's Kick Back Club, You've Got A Friend, Nottinghamshire Peer-to-Peer Network, St. Peter's Gate Mental Health Group, People's Choir, the Carnival MAD at the Institute for Mental Health, Nottingham's Recovery College, or spiritual groups. Friendship, and these local communities, represented geographical and interpersonal sites for resisting notions of re-entering life as it once was and identifying enduring changes to co-operative social arrangement. In this way, friendship, and service-user/activist-led organisations provided spaces to be with and connect with others in a safe space for collective articulation of social injustice and harm and methods to promote justice, prior to dialogue with abusers or authorities that may maintain the status quo (Carr, 2007).

While this could be viewed as a social "corralling" of the friendships of people in distress to specific places, this may be a reflection of the lack of ability of pre-existing communities and the person affected to retain a number of ways of relating simultaneously, thereby localising futures, distress and friendships away from "*the outside world*" (Uri; 19). The distinction between those who benefitted from friendship-facilitating services, and those who did not, would appear to reflect this. In this study, there appeared little by way of transitional/preventative effort to sustaining friendship in existing communities or conscious consideration to friendship development in new communities; there did not appear to be commitment to meeting differing psychological expression and receptivity of distress. Additionally, the participants that had benefitted from additional, discrete community-based resources portrayed upheaval and reduction in such community spaces, and often under-funding in terms of staff or material resources. Therefore it is apparent that what remains to be developed is a public recognition and support for opportunities that enable the principles of friendship, and in particular those private and public arrangements relating to friendship and distress/wider mental phenomena.

6 Conclusion

The final stage of Langdridge's (2007) critical narrative analysis is to develop a synthesis of the findings, drawing together the narrative analysis and critical social theory. The presentation of the findings and engagement with critical theory is intertwined with my interests, personal experience, the stories given by participants, and my efforts to hear and communicate the discourses of each narrator. The narratives and analyses presented here reveal a testament to the complexities of what participants are achieving in friendship and the potentials within all people as social agents of mutual support (Fromm, 1988).

6.1 Critical narrative analysis stage 6: Synthesis

This study finds that friendship is constituted as a non-institutional form of relating that provides a potential for high recognitive effects for people and their situations as "persons", such as dignity, security and belonging in a relationship free of obligation or commitment to do so (Honneth, 1995). The absence of institutionally-bound rationale for recognising the "other" in this study's stories presents friendship as an opportunity to explore an "ideal", creative, interpersonal space in which to "be known" (Blatterer, 2015) - a "true" mirror for the self. The experience of friendship is based on a perceived psychological intimacy becoming embedded in emotional reciprocity and interdependency – an emotional "harmonising" and adaptability evaluated against the extent to which people continue to feel "at ease" with the other (Heider, 1958). The identification of the self-in-the-other takes place within mutually-established expectations and revealed through continued acceptance and validation of similarities as well as difference (Black & Grund, 2014). This co-produced form of relating (Helm, 2010) is a dual encounter that fosters surety and belonging (Smart et al, 2012) as well as ambivalence and uncertainty (Moore & Frederick, 2017), forcing a process of renewal and re-evaluation each time friendship encounters take place. Through bi-directional recognition of the self-in-the-other and other-in-the-self, trust and mutual care arises. In addition to providing support for the view of friendship as a form of recognition, this study also finds that friendship can actively promote change through this receptivity; friendships are willing to permit previously unknowable and emerging expressions of one's self, including those not achieved or not believed when on one's own (Nehemas, 2016; Cocking & Kennett, 1998). This re-narration and potential re-orientation together facilitates movement towards a "different self" at times of change, confusion or dissatisfaction. For participants in friendships, this liberatory social encounter can give recognition to current and desired states of being, in a relationship established in mutual trust, dignity, care and belonging.

Related to the above, this study adds to the body of knowledge that there is continued psychosocial development occurring from a range of specific middle-age concerns (Erikson, 1968). While middle-age is characterised as being a time of fewer transformative/developmental stages than in earlier stages of life (Royal College of Paediatrics & Child Health, 2003), this study finds that middle-age friendship serves as a site for continuing to understand "who I am" and "who I am becoming" (Feeney & Collins, 2015) after major developmental milestones are expected to have been passed. Therefore, to the extent in which middle-age friendship treats one in a manner that validates and facilitates movement toward who one is becoming, friendships may contribute to fulfilment of the general motivation for growth and development (Rogers, 1961).

People in middle-age are continuing to negotiate shifting patterns of quality of compassionate and recognitive relationships across/within their personal community to seek to optimise the availability of the means to "be known" and what it is that is known (or its "depth"; Perry & Pescosolido, 2012) to mitigate against or promote feeling alone in one's experience/existence (Child & Lawton, 2019). This may enhance or thwart adjustment and resolution of psychosocial dilemmas, contributing to loneliness and emotional breakdown (Maslow, 1968).

This study also finds that affirming psychological intimacy that may resolve these challenging situations and life transitions is distributed according to differing degrees of "relationship capital" (Tew, 2012). While this study did not directly seek to compare the relative impact and quality of other forms of relationship capital, the need for friendship takes place amongst a wider patterning of interpersonal relations (Spencer & Pahl, 2006) that facilitate psychologically-intimate and satisfying relations of trust, belonging and compassion. The relative need for friendship to fulfil this was less (although not to the point of not being needed at all), as families and intimate partners were available. In contrast, where historic or current interpersonal communities were harmful or constraining – typically involving family, intimate partners or strained relationships at work - friendship was more highly sought. However, the effect of friendship's interpersonal belonging and recognition is limited to the interpersonal (i.e., relationship and identity capital; Tew, 2012) as long-term change or justice is expected to take place within the realities and politics of other forms of capital that empower/have influence. Friendship's temporality and interpersonal power, that essentially gives it its liberatory character, are desired in themselves and imbalances are resisted. The significance of an absence of power in the relationship is important given the importance of power in the origins and maintenance of distress (Johnstone & Boyle, 2018).

Reduced motivation, due to perceptions of "diminished" relating in friendship, affects engagement with it, however: Composite constructs of the lived experience of friendship forms notions of ideal (often nostalgic) versions of intense, joyful and care-free friendship closely related to happiness (Demir, Ozen et al, 2011), which becomes a source of inner conflict and dissatisfaction (Amati et al, 2018) as the same intensity of such experience could rarely be re-made. Middle-age friendship is thus a conflicting experience in itself: A need for psychological intimacy and “closeness” that seems unavailable in a “diminished” form of the relationship. This is a de-motivating factor in seeking new/existing friendships in this study, potentially foreclosing friendship as a legitimate means to re-orient to a valued other and obtain its benefits.

Friendship, in this study, is not a static achievement (or failure) but is shaped by the availability of time for friendship, motivation to engage with friendship, the (un)equal distribution of perceived and actual power, degrees of trust and compassion held in personal communities, the differing expectations/images of friendship in different cultures, and the variable adaptability of friendship to normative and non-normative ways of relating. This encourages us to view friendship as open-ended mode of relating to be worked at (as per communities generally; Delanty, 2002) irrespective of stage of life.

Against this background of tensions in friendship, this study finds that where significant distress announces itself in friendship, this fundamentally connects to the friendship’s embeddedness in interpersonal and cultural dynamics that are essential for the co-production of friendship: Distress challenges the emotional “harmony” and tests the capacities of friendship’s will towards “togetherness” in suffering. Distress simultaneously contests the appearance of voluntariness essential to the experience of social freedom in friendship by connecting those in relationship with the inevitable, involuntariness of emotional embeddedness. The harmful, inwardly-damaging life experiences and continued distress represents a radical break from models of normative life trajectories (Frank, 2012; Bury, 1982) that those who are enduring distress, and those who co-produce the conditions of friendship, necessarily need to re-orient and re-narrate to continued living in non-normative ways (Repper & Perkins, 2003; Anthony, 1993; Deegan, 1988).

This opening up of the relatedness of friendship becomes an existential threat wherein experience or emotional life/mental phenomena may be denied as a legitimate human response, suppressed through notions of "ill" and "well" identities, and oppressed through cultural (or in-group) ideologies that foster a return to some form of sameness or uniformity. In contrast to the "companionate love" often expected or experienced in previous friendship and often given prominence in friendship meditations (e.g., Grayling, 2013), the potential exists for friendship's expressivity/receptivity to transform into a site of continued rejection. The situated practices and expectations of those in friendship can provide "confirmation" of the sense that emotional/mental life requires individual betterment to re-establish a position of dignity and reciprocal emotional labour in the friendship. These asymmetries, judgements, or a lack of being *moved* by the friend's struggles, results in unrequited friendship.

This study finds that those in distress adopt certain strategies to manage these consequences. Concealment in friendship, rather than a lack of "skill", is a tactical form of self-preservation aimed at minimising harm likely to result from non-harmonisation and "incomplete" or mis-recognition. The confidence and motivation to expose a vulnerable self to the possibility of rejection in a voluntary form of relating may be understandably lacking, resulting in withdrawal from the effort of relating. As suggested by existing theory (Cacioppo, Fowler & Christakis, 2009; Baumeister & Leary, 1995), those in friendship resist breaking existing bonds of "friendliness" in spite of feelings of interpersonal remoteness in order to *retain* some of the means of interpersonal dignity, respect and belonging. Here we see that retaining existing bonds forces the development of strategies that permit being within and outside the social field (Corin, 1990), to remain at an emotional distance while maintaining some sense of belonging; a partial or incomplete harmonising within friendship.

This study finds that the effort to restore belief in interpersonal relating is “held” by both those in the relationship. “Close” and authentic friendship is found to take place with friendships marked by compassion and a courage to face this together. This represents a mutual confidence in each other to express and receive painful experience and re-orient within the relationship. Through friendships that continue to facilitate an “at ease” in this regard, expectations are temporarily “relaxed”, creating conditions for self- and other-acceptance. As Barham (1997) notes, someone already experiencing distress, with difficulties in establishing themselves in the world, and (mis)trust and (lack of) hope in a personal community, requires some conditions in which their experiences of their self can become a source or focus of relative satisfaction. This open-ended attunement of emotional realities permits exploration and discovery of more humane ways of being together. This study adds to the existing literature that the presence of a personal community (made up different configurations of family members and friends) who “believe in” the person in distress, when they do not or cannot believe in themselves, is crucial to recovery from distress (Spaniol & Nelson, 2015; Repper & Carter, 2010; Spaniol, 2010; Schon et al, 2009; Topor et al, 2006; Repper & Perkins, 2003). A major consequence of this is that the context in which this “healing” takes place is within the person’s chosen communities, a “natural” encounter, ensuring meaningful and sustainable relating.

Significantly from this study, it is through the experience of mutual co-creation that friendship offers the potential to establish one’s self as a dignified, valuable and legitimate social agent in spite of or because of emotional breadth and experience. Additionally, with friendship’s *liberatory* experience of permitting both established and emerging expressions of one’s self, without influence, the mutual re-narration and re-orientation together can facilitate “relief” from entrenched positioning that has emerged in the world at times when this is needed. This would appear to facilitate some of the processes of growth or “healing” identified in “recovery” literature: Connectedness and valued relationships, closeness, hope and optimism about the future, identity and common bond, meaning in life and empowerment and involvement, and being cared for and accepted (Hare-Duke et al, 2019; Leamy et al, 2011).

In practice, not all friends are able to meet this ideal from of friendship-through-distress, and may only be possible with “best”-like friendship (Adams et al, 2011). “Good friendship”, in relation to distress, is that which offers both a temporary and enduring safe space for re-narrating personal and social distress, reduces doubt and potential shame in relation to emotional life/mental phenomena, and binds friends as “insiders” to experience (as per marginalised groups; Lawrence-Lightfoot, 2012; Honneth, 1995). “Best”, and equivalences to “best”, friendship do not just exist in the past, but exist in new, even temporary, friendships, typically those established with others with similar experience or through service-user groups. In line with distributed concepts of personal communities, these are more likely to be accessed when trust and compassion from more institutionalised forms of relating are less available. The spaces of mental health service-users/service-user groups offer the potential for interpersonal recognition in friendship, combined with support and activism to oppose oppression and promote justice (Lewis, 2009; Pilgrim, 2005).

The above findings open up intellectual understanding to the unique ways friendship and mental distress interact. It would appear essential to reformulate models and theories of “normal” relating to incorporate the essential ambivalence and creativity of interpersonal social encounters, typified by friendship. This study informs these models by suggesting that friendship can embody a range of catalytic processes that reinstate or rediscover a connection to life, promoting mental health: Friendship can reconnect with “natural” encounters (Butler, 2005) that mitigate against dehumanising experiences in life; compassionate friendship mitigates disruption between those in the relation, facilitating trust and belonging (Ryff & Keyes, 1995); and friendships with courage face the difficulties and triumphs of surviving, together, healing rupture to wider interpersonal community (Strand & Lizardo, 2016) by fostering companionship and “togetherness”. Additionally, this study’s findings, suggest that greater legitimacy is given to Frank’s fourth narrative type of the “life-as-normal” where secrecy maintains relationships and positionality with the world. Cultural expectations of restoration of (mental) health, recovery and sustained resilience occludes the realities of those who endure distressing experiences and whose resilience and prospects of recovery are affected by an ever-changing social environment beyond individual, rational control (Smail, 2005).

The findings from this study resonate with Honneth’s theory of recognition in a number of ways. Firstly, the theory assimilates psychological outcomes (such as belonging, relief, joy) and interpersonal mechanisms (such as expressivity, orientation to a valued other) of the friendships portrayed in this study, within sociological discourses of dignity, respect and esteem. In other words, to be recognised, through friendship’s responsiveness, as being a worthy person in one’s own state of being, promoting an accepting and normative relationship towards each other and in their own selves. Secondly, the theory also resonates with the findings of the psychological outcomes (such as disconnection, anger and sadness, discomfort) and interpersonal mechanisms (such as concealment, exclusion, resistance) that arise in friendship through a perceived lack of closeness and care-for-the-other in distressed states of being, thereby hindering or even promoting a negative relationship to their self. Honneth’s theory privileges the personal struggle that features so powerfully in the stories of participants in this study, and also the personal struggle that those in friendship with people experiencing distress face - to make legitimate (or illegitimate) a subject position characterised by unexpected, often extreme, uncontrollable emotional experience.

However, in relation to enduring and unwanted mental/emotional states, friendship’s recognitive ability necessarily requires a capacity for reflexivity to identify with experiences that are both not one’s own, nor desirable to be one’s own. Recognition, in this study, requires developing a relationship to the enduringly painful experiences of friends – an effort to suffer with and remain compassionate. In this study, the variable distribution of recognitive effects in friendship in relation to enduring distress requires additional theory. Here, extensions to Bourdieu’s theory of habitus and capital, that include a wider field of affective experience, are useful to understand the changes, variability and trans-situational encounters experienced by participants in their friendships as a result of distressing experience. While friendship possesses an opportunity for receiving expressions of painful experience, especially given its non-institutional open-endedness, friendship may also suppress them through the lack of emotional and reflexive resourcefulness of particular friendships. The emotional resourcefulness to “be there” and “stand alongside”, to re-orient to one another, is held across relationships generally (Cottingham, 2016; Tew, 2012; and Nowotny, 1981) and resonates with participant’s stories of the changes in “closeness” in their relationships (including friendships) and the development of new and different friendships *because* of their experience. This study encourages us to consider in both practice and theory, liberatory social encounters as requiring emotional resourcefulness that can give, develop and transmit recognitive effects to people experiencing distressing and socially-silenced emotions and experiences.

This study, being informed by and supporting Honneth's theory of recognition, sees "good friendship" as valuable to reducing relations of disrespect. Yet participating in highly performative social endeavours like friendship, to achieve recognition and belonging during periods of distress, presents a challenge both practically and conceptually as to achieving friendship in its "ideal" recognitive form. Relatedness, compassion and recognition are rapidly renewed each time in the ambivalence of friendship, so friendship itself may re-orient around emotional dis-harmony and limit social freedom. As such, a major finding of this study is that, alongside those grounds in which belonging and social freedom is realised through friendship, recognition must be given to the potentially disabling dynamics of being in friendship as well. By including the difficulties faced by participants in sharing experience of suffering and survival, any theoretical and practical application that friendship has in relation to emotional life, personal communities and civic society, may be better realised. Friendship is not an unalloyed and easy ideal form of relating and the liberatory and re-cognitive effects of establishing satisfying positionality together requires *effort* within friendship. Motivation, compassion and inclusion may be anticipated and desired for in friendship, by those whose "emotional conventions" are different or change but friendship takes place in the *particularity* of the people involved. Recommendations, based on these findings, and aiming to satisfactorily resolve these complexities in practice will be considered in the next section.

In considering the implications of this synthesis, it is apparent that any personal or public intervention that would affect participants' personal communities must be understood in terms of the qualities of friendship, the beneficial impact on their lives together, and on their lives separately (Elgin, 2013; Helm, 2010; Brink, 1999). Furthermore, in preserving the essential qualities of friendship as described, I am wary of providing ways to operationalise the relationship as doing so may, in a way, begin to foreclose and provide normative standards as to how participants *should* go about friendship, fostering a potentially damaging standpoint of uniformity and sameness (Burkardt, cited in Cropley, 1997). Indeed, the narratives and analysis demonstrate that it is the very spontaneity and indefiniteness and authentic care for the other that are crucial. An emphasis on prescription can therefore undermine the human qualities and their generative effects (Cropley, 1997). Therefore, I have taken an approach that aims to be facilitative rather than directive, to recognise the mutual selectivity and agency of participants in managing their own affairs, to recognise the non-institutional institution of friendship, and recognise the distribution of both amongst social inequalities and exclusions which frame people's lives. Implications are presented here in three sections, followed by my final thoughts and some limitations to the study:

- Restorative processes of friendship.
- Lifespan, middle-age and friendship.
- Communities and friendship.
- Final reflections.
- Limitations to the study and future improvements.

6.2 Restorative processes of friendship

With regard to current practice in mental health and adult friendships, there is an emphasis on intervention (e.g., developing evidence-based clinical interventions with friends to help people with psychosis maintain relationships with their peers; Bjornestad et al, 2016; Harrop et al, 2015). Maintaining friendship is often portrayed as being clinically beneficial, often in terms of managing symptoms and reinforcing medical advice or as an intervention to connect the individual in distress to a wider network of professionals. The everyday activity of mental health practitioner's contact with people enduring distress is an opportunity for social connection, in which everyday affirmations and activities common to friendship or friendliness, play an important role in mental health and managing distress (Shank, Iwasaki, Coyle & Messina, 2015; Schon et al, 2009; Davidson, Shahar, Lawless, Sells & Tondora, 2006). This takes place alongside mainstream relationships including friendship (Spaniol & Nelson, 2015; Spaniol, 2010; Schon et al, 2009; Topor et al, 2006). The interplay of friendliness constitutes a psychological situation, co-creating the conditions of an environmental/interpersonal space in which to "matter" to others, and help others feel they belong. The impact of this is constitutive of well-being and recovery (Topor, Boe & Larsen, 2018; Moat, 2011; Topor et al, 2006; Borg & Kristiansen, 2009; Bradshaw, Armour & Roseborough, 2007; McCabe & Priebe, 2004).

This study finds that the person-centred condition of compassion within some friendships can promote an authentic meeting of persons – as persons – subsequently living the kinds of processes that are sought in the clinic (Wampold, 2015; Truax & Carkhuff, 2007) and other group-based therapeutic contexts (Yalom, 1995). This includes hope-full relating, normalisation of experience, installing a valuable sense of contributing to others' lives, catharsis, learning new skills and ways of seeing one's self. Therapeutic communities extend the theory of group therapy by widening the participants to include a wider community, in which "new selves" are applied; personal change is facilitated from the treatment situation, to outside life (Moat, 2011; Whiteley & Collis, 1987). As such, therapeutic communities employ the community as the method or agent of change, implicit in which is the idea that individuals are integral parts of a larger system, and that mental health problems are distributed in a network of relationships. Again, essential features of therapeutic communities share features of friendship, including a culture of belonging, safety, openness, inclusion, and empowerment (Haigh, 2013). Similarly, in more acute phases of distress, the "Open Dialogue" approach involves family and social networks (rather than solely other people enduring distress) and aims to cultivate understanding and agency among all of the participants such that if the family/team can bear the extreme emotions of the presenting crisis and tolerate the uncertainty, then in time a shared meaning emerges and healing/recovery is possible (Seikkula, 2011; Seikkula & Olsen, 2003).

To suggest a straightforward equivalency of friendship as a mainstream venture of therapeutic alliance (e.g., Moat, 2011), may be counter-productive, as evidenced in the disabling effects of friendship. Additionally, mutual-negotiation is constitutive of the relationship because if friendship were to appeal to norms of obligation, "getting better", "power" (as happens in other types of relationships such as expert and patient), or has a sole focus on one side/individual (or one aspect of that individual), this undermines its principal features as a site of equality; therefore, the togetherness as "complete" people would be undermined. Consequently, there may be a uniqueness to the creativity of friendship that is not just "therapy" in the community, nor escapism/hedonism, but subtle resistance to the rationality of expectations or operationalisation of possible subjectivities. Through this, friendship retains a space for which well- and ill-intentioned public attitudes towards compliance in social and mental life can be critically evaluated without this being re-interpreted in institutionalised ways. The risk here, conversely, is that friendship's mutual *negotiation* leaves the relationship open to uncritical re-application of cultural norms at times of distress, precluding any "healing" together, as heard in the stories and analysis.

Here we can see that, when the primary focus shifts from compliance, to change within the individual, to "mutual recovery" taking place amongst members of personal communities, the community beyond the individual (or specific group/therapeutic communities) becomes *moved* by the experience. This change in motivation and orientation to distress has been an essential component for some families and long-term friends in aiding the recovery of a person enduring distress (Spaniol & Nelson, 2015; Spaniol, 2010; Schon et al, 2009; Topor et al, 2006). The findings of this study replicate the potential for this restorative process, from the perspective of the person affected, and the restorative contribution they make to the same, in friendship: In the process of distress challenging the rules of friendship and social norms, it is not only the person in distress that rediscovers themselves as a person, friendships also go through a process of development. New or prevailing conceptions of people, experience and social oppressions about mental life become exposed and responded to in ways reflective of both their motivation to continue to have a life together, and their compassion to re-orient and recognise the “other”.

This presents an opportunity for those enduring distress, those in friendship, and practitioners to work together: Facilitating friendship demonstrates continued commitment to person-centred practices, achieving personal goals, and belief in the person. Practitioners have a unique opportunity to assist in preserving the features of friendship identified and facilitate friendship or other relationships through their knowledge of the personal community of the person affected and additional or relevant resources. In this study, there were approximately four accounts of mental health practitioners facilitating occupation or group activities, in which friendship was mostly seen as incidental and secondary to treatment. Additionally, the overwhelming emphasis in participants’ accounts was that friendship was a matter in which the general movement into “mental health suffused” interactions in friendship was resisted. This suggests that engagement with friendship practices in mental health services may be unequally distributed or not considered at all, according to the degree of trust such services/service-users have in relationships, heavily influenced by an emphasis on harmful, intimate relationships and perceived understanding of enduring relating styles, rather than evidence of friendship nor its possibility.

Mental health practitioners could be instrumental in talking about friendship yet may be uncertain over its benefits or how best to achieve them, or wary of disrupting established bonds. If considered at all, only close friendships or those friendships that bring about practitioner-defined benefits may be actively involved, further limiting the practice. In terms of an approach, Spaniol & Nelson's (2015) phases of re-orientation to distress is a useful starting point: The point of disclosure/emergence of distress into the lives of friends is a crucial time in which direct help to those in friendship to re-orient together may be helpfully facilitated by mental health practitioners/lived experience practitioners/service-users. It will be important for services/professionals to understand that friends will engage in a range of different processes that is variable from familial or long-term relationships and dependent on how the person enduring distress wishes to be perceived in a range of circumstances/relationships. Talking about friendship together requires an ability to listen to affirm the *different* feelings and activities than those encountered in family.

In Spaniol & Nelson's study, families sought knowledge about unusual behaviours, strategies and skills for managing behavioural and communication problems, and how to cope with the loss of aspirations for their loved one and its impact on their own life in comparison to that of ''healthy'' families. Gradually, family members reached a new awareness with both political and personal advocacy emergent from continued orientation and differentiation. In participant's accounts in this study, not all families had been/were available to re-orient together and the less frequent encounter of friendship and time-limits to social connectedness suggest that initiating and continuing mutual recovery may take place progressively, but far slower. Professionals, friends and service-users may need to adapt to this non-integration or be prepared to utilise diverse community resources to aid integration. Formalised befriending schemes' success is often reported as enabling those enduring distress to be seen as a "normal" person (McCorkle et al, 2009; Davidson et al, 2004;

Stayner et al, 2004) and the provision of day centres/evening centres such as those in this study from which such schemes could operate, potentially integrate with other users of the centres or beyond.

Integration for those without supportive family relationships may only be viewed through the somewhat dismissive lens of “social interaction” however, if the full implications of relating to others are not considered. Therefore practitioners may need to witness or experience this first-hand or reflect upon their own values and changing friendships (Morgan, Felton, Fulford, Kalathil & Stacey, 2016) in formal training, incorporating friendship as a constituent of basic human capacities in promoting health and recovery, and therefore be able to articulate its distinct benefits. This may help connect practitioners, service-users and friends in determining where, when, why, how, and with whom friendship could take place. In this study, an emphasis on mutual spaces and activities, rather than individual schemes, achieved integration.

Another aspect of Spaniol & Nelson’s study was that families/long-term friends sought explanation prior to establishing their own perspective. This study emphasises the encounter with friendship as seeking explanation and exploration together: Distressing experience felt insurmountable to admit and friendships seemed powerless to hear it. The collaborative tool of friendship requires mutual-relating and the means of mutual relating, in these accounts, was in sharing stories of life. Therefore, assisting in the development of relating to distress together using personally-meaningful narratives of suffering may be beneficial for the affected person and those in friendship, so that the friends can relate, explain and explore to different facets of one another’s lives in personally-meaningful ways. As noted by authors in mental health fields, we cannot rely solely on positivistic explanations of subjective life and require the “living testimony” of stories to actually help those individuals whom it is claimed to assist (Chadwick, 2010; Faulkner, 2010; Longden, 2009;

Brandon & Payne, 2002). Achieving such narrative coherence generally has been directly related to psychological well-being (Baerger & McAdams, 1999) which friendship can help establish or respond to.

As explanations and exploration are spoken into relation, it is the positioning of the listener that determines the coda of the telling (Jordan, 2008; Francis, 1994). To live with the distress of our friends will also require living testimonies of how people have related to distress through friendship and found alternative ways of being. The findings of this study suggest that providing opportunities for people to hear and share stories of distress through friends could be both cathartic and therapeutic in establishing our agency (Cardano, 2010; Kleinman, 1988) and therefore our preparedness to encounter distress in our friend’s lives or our own. In the stories presented by participants, friends do not appear to have access to relationship- or narrative-informing material nor are prioritised in hierarchies of potential solutions/sources of support. Presently, infrastructure to assist those in friendship to go through their own restorative processes together appears to be lacking and generally reliant on altruism and philanthropy.

6.3 Lifespan, middle-age and friendship

In relation to the participants of this study, middle-age brings its own experience and change in friendship. Participants continue to seek companionship and compassionate alliance to re-establish dignity after key milestones have, or have not, been met, and ameliorating the impact of loneliness. The activity of meeting with friends creates opportunity to position differently in relation to life and (re-)narrate, through sharing stories and struggles in the world (Lawrence-Lightfoot, 2012) and making themselves known. The “togetherness” and the “ease” of friendship both in terms of interaction and the ease with which the relationship can transition into and out of everyday life resists forms of obligation and promotes liberal egalitarianism (Welch, 2013).

This study highlights that expectations of friendship's limited power, and nostalgia for the availability/plurality of ways of "being known" in earlier life, can de-motivate engagement with friendship, at a time when availability and quantity has become restricted due to the commitments established in emerging adulthood (Wrzus et al, 2017). These present barriers to middle-age *and* future well-being, if left unaddressed. A lack of public recognition, opportunity and facility for friendship in middle-age may obscure the need to sustain friendship during this stage of life, thereby storing up the potential for loneliness in later life (including suicidal ideation, non-fatal suicidal behaviour, and suicide; Fassberg et al, 2012). Therefore, initiatives that promote friendship through the lifespan are investments in reducing loneliness and promoting future mental health (Nicolaisen & Thorsen, 2017; Hagan et al, 2014; Andrews et al, 2003; Siebert et al, 1999; Litwak, 1985).

The success of such initiatives may be limited through attitudes and expectations of certain kinds of behaviour or response to emotional/mental life (e.g., self-containment) learnt through early life and cultural ideals that inculcate uncomfortable feelings towards "vulnerability" or "dependency". This study's findings that conceptualising experience in terms of well and unwell reactions to life misrepresents and dehumanises the subjectivities that are formed. All mental phenomena need to be incorporated as an experience to be made meaningful; distress is a direction of travel that bodies and minds take. However, with no easy-to-access resources to help orient to new/ongoing distress in friendship, leaves the experience to a reliance on individual resources (e.g., time, culturally-available understanding, language, compassion, finance, etc). This limits understanding of ourselves and others, both publicly in interaction and in our private audiences of other people with whom we may create opportunities for social practice and social competence in solitude (Gleason, 2002; Baldwin et al, 1990). Opportunity to hear stories of distress and compassion to relate to a wide range of experience and help facilitate expression of experience in one's own terms was a feature of friendships with people with similar experience, inviting participants to become "insiders". Providing public support and opportunity to hear these may be beneficial.

Opportunities to change images of friendship/distress exist through engaging with emotional life/labour associated with distress, vulnerability, openness and connectivity in all its forms. Giving recognition to adaptability to switch between different kinds of talk and take on temporary dynamics or "roles", can help friendships move in and out of compassionate and joyous fields of life. In the literature, Gerzon (1982, cited in Doty, 1993) notes that images of the healer, companion, mediator, colleague, and nurturer are emerging ways in which people (primarily American men) are permitted to identify themselves as, rather than though images of invulnerability, lack of compassion, independence, or dominance.

Such opportunities to connect are not merely a private matter to be worked at by disparate individuals, but are meaningful communal exchange that brings common humanity and benefit to a wider audience. The place of friendship in contributing to and participating in the public interest cannot be fully realised without the recognition of the relationship as having some status amongst other dignifying relationships (Zurn, 2015; Honneth, 1995). At present, the current Western social and cultural framework, within/against this study of friendship is formed, ironically undermines this "ideal" liberal relationship by not giving recognition to friendship's embodiment of underlying cultural principles (i.e., dignity, respect, equality, kindness and autonomy). Yet a positive social and political attitude and responsibility to support friendship demonstrates a commitment to and faith in society's members. An absence to do so suggests a mistrust in those same members. Changing this situation would require political action to foster a positive social attitude to, and recognition of, interdependency/care and the valued contributions made by people or places that undertake emotional burdens and costs (for any cause, temporary or long-term).

A combined approach involving knowledge, attitudes and behaviour is needed (Evans-Lacko, Brohan, Mojtabai & Thornicroft, 2012; Evans-Lacko, London, Japhet, Rusch, Flach, Corker, Henderson, Thornicroft & Ruesch, 2012), certainly in challenging the intra-psychic stigmatisation in relation to distress that is not amenable to change at a campaign level (Schneider, Beeley & Repper, 2011). For members of communities to commit to a social responsibility to enable those who experience significant distress to maintain their personal community and avoid feelings of, and actual, segregation due to mental health (Mak et al, 2007; Davidson, Stayner, Nickou, Styron, Rowe & Chinman, 2001; Philo et al, 1996; Deegan, 1988) or due to stage of life may require a more radical re-thinking of community organisation. Fostering friendship's relationship capital and placing this in policy for targeted resourcing, is a consequence of this study's findings in the struggle to belong. The imperative to prevent isolation in friendship, for those who have *yet* to experience distress, and sustain friendship, for those who are currently enduring distress, must be more substantially resourced in policies that aim to prevent isolation generally (e.g., DDCMS, 2018; FMCWP, 2008). By doing so, communities may harness the power, and develop new resources hitherto unanticipated (Reinders, 2010).

6.4 Communities and friendship

Concomitant with personal time and resources available after meeting basic needs and commitments in middle-age and distress, the range of resources within society and personal communities permit and restrict individual efforts to retain friendship. Participation in friendship may therefore be unevenly distributed due to the inaccessibility or unavailability of places, resources and time that promote social isolation and contribute to poor mental health, such as unsafe public spaces, limited transport, adequate housing, environmental dereliction, and fewer social opportunities generally than in wealthier communities (Marmot Review, 2011; Ross, Mirowsky & Pribesh, 2001).

The stories here presented contexts and spaces that determined how and under what circumstances local places were identified and supported a sense of belonging when experiencing mental health difficulties. In conjunction with "given" opportunities (such as day centres, groups, churches, etc), any space was cultivated, made to become an enabling space. That is, the agency of the person affected played a significant part in the formation of places for friendship (Duff, 2012). Such enabling spaces included green spaces, and personally-meaningful public spaces, as well as spaces that permitted public expression of painful feelings (for example, churches and grief). Private space, such as the home, was also important, provided this did not interfere with friendships' non-kin aspect and effects and itself was a non-abusive environment. This pre-supposes the availability of individual and community resources through which personal communities could pass.

Resourcing to support real friendships is in stark contrast to that of resourcing to support families – some of whom may have contributed to the emerging mental health difficulty – as shown by the lack of direct reference to such resources: Absent from the narratives was consideration of the right to friendship, no concern from others about supporting friendship through distress, disperse information about resources to co-locate with others with whom friendship may form, no public funds to support friendship, nor a means of identifying such a relationship in public initiatives. A major focus of policy and practice should therefore be in generating momentum and evidence to contribute to the implementation and evaluation of interventions at the level of meaningful personal communities, rather than “locking” citizens in to traditional, public notions of “home”/family/private life or provision through mental health services. Another consideration raised by participants’ stories in supporting friendship was that the actual practice of friendship took place across different ages and stage of life (e.g., young adult and middle-age adult) and created “vertical” friendships. While some age segregation is appropriate for some purposes (e.g., age-appropriate behaviour, comparisons in research), initiatives may need to consider diversification as well as homophily in establishing policy around friendship.

Investment/re-purposing may be needed to facilitate the liberal endeavour of friendship for all. Friendships may be fostered through different community groups and unlocking the potential of under-utilised spaces in the community to facilitate pride and shared endeavour of the community. The bi-directional nature of community development and friendship was most noticeable in the stories of friendship in daycentres and community centres in which those who endured distress had a stake in its success and organisation. Policies that focus on social exclusion and building “connections” like friendship are vital to integrated communities, and can be achieved in many ways such as funding (or reduction of costs) for community groups, faith groups, sports, arts and others already playing a part in creating communities and opportunities for friendship to be sustained or obtained based on the “relationship capital” they foster. However, funding and support for grassroot, mental health service-user organisations to establish facilities that enable safe places for people who are very isolated or disengaged, and opportunities to become supported in being involved in the creation of such community facilities was important in many of the stories.

Revisiting the interviews, participants reported significant issues with public investment to support those in distress and by extension their other relations: Unmet health needs, long waiting lists, requirements of meeting higher thresholds of symptomology to enter services, loss of therapeutic services, detriment to quality of life, no change in community integration, and some provisions being so poorly resourced as to not be conducive to recovery. Participants also reported that increasing sanctions for not obtaining employment, and a complex and hostile benefits system, created feelings of anxiety, unworthiness, despondency and shame. A greater need to justify having unmet needs reduced motivation and trust in public institutions and even confronted participants with whether or not to engage with friendship at all due to public opinion. Resourcing, time and energy issues are important (McLaughlin, 2006) and financial payments seem a very immediate, important and obvious method, but these are stigmatised publicly, and with health and social services being reduced in the UK in an age of austerity (Reeves, 2019), provision of friendship interventions is unlikely to compete against other financial concerns, liabilities and delivery of services rationalised towards compulsory treatment. The irony is that practices and services therefore limit themselves in engaging with the realities of people in distress nor utilise all available resources open to them.

The generativity of those in this study placed emphasis on being able to and continue to "give back" to others in friendship (which may not feature so highly in studies of childhood, adolescent and emerging adult friendship). Consequently, the desire for friendship being spoken of in middle-age reflects the social responsibility, community-minded and generational considerations of the participants that, for some, was not being utilised to full potential. This is not to suggest such concerns are not present or not of importance in childhood, adolescence and emerging adulthood, but that the awareness of one's *need* to give back will be an emergent property of those earlier years and more likely to feature in middle-age. Broadly speaking, friendship is not just "received" and that some people may need to "give back" back in meaningful ways during middle-age. Policy, data, assessment and resourcing of community services needs refinement to engage with the personal, compassionate communities that the participants in this study desire and seek to create, giving fuller recognition to citizens and friendships in society as making contributions to public life.

As noted in the synthesis, established relational frameworks do not sufficiently incorporate the experience of friendship's complexity (in particular, it's recognitive capacity) that is both profound and challenging to those frameworks. The particularity of friendship is a different dynamic to, and only partially understood through, the attachment frameworks of mental health and the happiness frameworks of friendship. Similarly, typologies of friendship varieties and scales that measure closeness, for example, appeal to classifying the complex performance of friendship on presumptive desirable properties, whereas friendships held in a personal community may reflect a patterning of trust and compassion not captured by focusing on the individual's satisfaction, suggesting we need to reconsider how friendship is "done" in the particular of each person. Our understanding of human bonds is incomplete without this phenomenological data from the relational, non-normative experiences of friendship itself (Fraley, 2019; Chow et al, 2016). Different communities and different periods of time may reveal further insights to ensure theories and practices, through the lens of friendship, remains current. Reviewing existing and continued research from the perspective of liberatory social encounters may add to the literature on human flourishing as essential for human development and response to distress, as well as an outcome of development and recovery from distress.

6.5 Final reflection

This study has demonstrated practical and theoretical concepts to begin reformulating models and theories of “normal” relating to incorporate the creativity of liberatory interpersonal social encounters, recognising their simultaneous reinforcement and redefinition of those experiencing them. A number of findings from this study have been found to be relevant to private and public practice around friendship that can contribute to public benefit (Faulkner, 2004) both currently and in anticipation of distress/friendship recurring in future, albeit different, circumstances. Rather than providing total definition as to how this is achieved, the synthesis and findings open up possibilities for continued dialogue (Russo, 2016) on the understanding of the unique ways friendship and mental health interact. The study attracted these seventeen participants, limiting the data set and experiences for interpretation to what they wished to portray. The study was limited by my interpretation and re-presentation. Our collective coproduction was limited by what was said/interpreted in a particular moment at a point in time, in a context and particular culture. Undoubtedly, the findings are contextualised by this, yet in a shared humanity, I hope that the stories, interpretation, findings and theoretical debates resonates with other people and opens-up insight into their own experiences of friendship before, during and after enduring distress.

Broadly speaking, the sense of belonging or not belonging, in all its distributed forms like friendship, can open up new possibilities of action through a process of establishing a sense of bi-directional recognition in friendship: The self in the other, and the other in the self in some harmony for a better future, presents on opportunity for all friendships to use human capabilities. Disruption to the perceived similarity of our mental life, or perception of the capacity to improvise a joint narrative, often judged against social norms, becomes a challenge to standing alongside one another, made more difficult by the lack of public recognition and support for the relationship. Nevertheless, friendship, as an act of reflection in living parts of our lives together, and as an act of continuing to belong together, is both facilitator and companion to help find our place in the world so that we can feel at ease, in spite of, or more accurately, because of, who we are. With its care-for-the-other, the stories in this study demonstrate that friendship can be a constructive, maturing and nurturing agent in people's lives.

For me, a distance to friendship preserves friendship's essence as a mirror and a counterpoint in my life; friendships retain their particularity by not becoming embroiled too much in realities, and becoming part of the struggle, thereby retaining a re-cognitive and restitutionary enjoyment of autonomy in life. Our times together renew my struggle with personal and social problems. We find comedy in the tragedy, and our centredness in the fray. My friends remain a companion to my vulnerability just as much as my success. As with most relationships, the loss of my friends reveals this full value and profundity. I am, from listening to the participants in this study, grateful to walk with them and also to believe in them, for it represents belief in each other, on a journey impossible to complete in total autonomy. My story of friendship is of one of under-appreciation, a dismissal of people *seemingly* uninvolved. My friends, and these stories, have taught me that being together carries us forward. In what direction, that is to be determined; but this will be in better appreciation and recognition of my companions along the way.

6.6 Limitations of the study and future improvements

The consultative approach to co-production for this study does not recognise the full agency and desire of potential co-producers (Tritter & McCallumb, 2006) as the mutual commitment towards one another to co-produce was not continuous. I regret that this approach to co-production placed constraints on being able to undertake a full range of co-production activities at different stages (e.g. choice of study topics, literature review, choice of methodology, study design, findings, analysis and conclusions)

Therefore, the fallibilities of this study – most prominently the fallibility revealed by academic and service-user communities towards methods, analysis and conclusions – necessitates an intellectual and personal humility about my limited perspective-taking, the analytical process and findings of this study. However, given these limits in the endeavour of achieving knowledge at this stage in my researcher development (Roberts & Wood, 2007), I am satisfied that I have given genuine effort to research and analyse the topics in the spirit of shared endeavour with the participants. I have not aimed to position itself outside of the world of participants and communities, but, as Frank (2012) explains, hope to have opened up possibilities to achieve compassionate understanding of, and with, friendships and those in distress.

With the open-endedness of knowledge-creation in narrative inquiry, I acknowledge the unfinalisability of the topics of study (Russo, 2016; Andrews, 2013; Frank, 2012) and the range of experiences connected with them, especially within a single study such as this. Involving those whom the study is about, in the design of the study, may have broadened the boundaries of data-collection and knowledge-creation by informing the research process from the beginning, rather than merely reflecting the assumptions of myself, the researcher (Sweeney, 2009). This more emancipatory style of research has at its heart, empowerment in the academic discipline, meeting the aim of mad studies in changing how studies are conducted for individuals or collectively (Rashed, 2019; Boevnik, 2010; Campbell, 2005; Tait & Lester, 2005; Morrall & Hazleton, 2000; Hervey, 1986). Similarly, my analysis did not focus on specific activities that contribute to friendship and mental health, and such an analysis may shed light on the contributions that those who experience distress generate/contribute to positive life events and a sense of social agency (Davidson et al, 2006).

I hope that future studies can co-produce with communities-of-interest in meaningful and diverse ways on these topics, blending people, mindsets and traditions of friendship and mental health research at different points in their life, from different backgrounds and at different stages of health. Wider public involvement in future, connecting different epistemic communities, may result in different research topics, questions, methods, analysis, conclusions and evaluations (Barnes & Cotterell, 2012; Beresford, 2005; DH, 2005). Possibilities for the future include:

- Developing future, user-led research on the subject, from within the community itself.
- While analysis in this study was informed by service-user group perspectives (through the critical theory of mad studies) this was not identified initially in the study design. Adopting this at the start may affect conceptualisation and design of future studies.
- Presenting findings to contributors and identifying routes and modalities for dissemination, bi-directionally between the community of researchers and the specific communities involved.
- Provision of networks to bring research and user communities together.

Effective public involvement must be founded on involving a range of individuals/groups in different ways (e.g., one-off and more continuously involved; Health Research Authority, 2017; Involve, 2015). To try to overcome limitations associated with a single researcher's perspective, I would start public involvement earlier in the process and, having established credibility in the academic community, competence in research and managing public expectations, I feel I would be able to devote more time and effort into making public engagement meaningful.

Additionally, through becoming an “insider” to some of the experiences of those in friendship and the experience of distress, I feel able to authentically connect through shared ways of looking at social reality, using a set of shared symbols and references.

Another limitation to this study is that alternative or artistic “data” and ways of re-presenting friendship and distress may emphasise greater or different aspects of the topics (Gunaratnam, 2007). Artistic expression avoids or overcomes some of the restrictions of linguistic forms of communication and learnt expressiveness within it (Sinding, Warren & Paton, 2014). Art may therefore engage more emotional and embodied (as well as cognitive) reactions with the topics of “distress” and “friendship” (Taussig, 1993). This is a very different practice from that of traditional academic research and the generation of a thesis in that it moves away from dense, abstract language and makes the topics accessible and engaging in different ways to different audiences (Faulkner, 2004). The conventional approach of reading, talking, listening and writing associated with the process of producing a thesis may constrain the full “emotional truth” which participants and myself intended - just as any process of presentation affects the full performance of “truth”. So, while the thesis is bound by linguistic history and academic language, and my own expressiveness, as a means to communicate about others and external realities, I recognise that other, more artistic representations – such as poetry, visual arts, performance arts – could convey meanings that open up other possibilities for authentic narrative expression and discovery for participants, researcher and audiences (Elgin, 2013; Foster, 2007).

This study was reliant upon interviews as the main method of data collection. Replying to open-ended questions requires an ability to construct, recall and articulate relevant details, alongside the willingness to share. This emphasis on language, and English language at that, removes other forms of expression or ways of constructing and expressing one's self. Narratives are largely language-based, but not everyone may be able to adequately relay personal meanings in this way. Other ways of communicating and understanding could be incorporated into research or provide explicit opportunity for participants to bring different kinds of material, such as the use of photographs, diaries, poetry, song, or art, that may add to the body of data/interview (Murphy, Dingwall, Greatbach, Parker & Watson, 1998; Silverman, 1997). Through gathering data in other ways this may enhance the quality of data obtained and potentially illuminate a complexity of different aspects of the subjects of study while permitting identification of converging data and concepts (Fontana & Frey, 2005; Murphy & Dingwall, 2003; Fossey et al, 2002).

Within the current method, there are certainly missed opportunities in the narrative occasion of interviewing (for example, through not following up on some assumptions of what was meant) which would have been illuminating or made analysis more difficult or for certain codas to not appear. I have learnt skills that foster a better ability to hear narratives and construct narratives for the future. I also feel as a researcher I could have improved the participants' involvement in the study by providing the opportunity to see an example of what a completed narrative study looks like so they could have seen how their stories may appear (Tillmann-Healy, 2003). This may have been reassuring, or it may have raised expectations about story-telling abilities and therefore turned some people away, so perhaps an outline of such a study would have provided sufficient reassurance.

The study was also limited in terms of participants' manifestation of mental health problems in friendship. Other-directed emotions that challenge the feeling of "us" (Helm, 2010; Mathiesen, 2003) - paranoia, intense and conflicted interpersonal dynamics, anger, or unpredictable outward behaviour towards others – may make relating in friendship a more time-consuming and difficult achievement together (Harrop & Trower, 2003; Butzlaff & Hooley, 1998; Bebbington & Kuipers, 1994). Such "difficult friendships" were not dwelt upon in the narratives with the exception of Olivia, who cast herself as a perpetual outsider due to anger and unpredictable behaviour. Similarly, no one in the study presented with "delusional" or paranoid beliefs about friendship itself or presented with an unintelligible or unshared reality, either of which may have brought different perspectives to the study. In this study, Kaden's frames of reference were difficult to attend to during the interview and in the analysis, and certain aspects appeared incoherent. However, this "incoherence" was primarily due to me finding it difficult to follow his thread and style of communication, his own biographical disruption about his admission to hospital, and the mismatch between my conceptualisation of friendship and his.

Researching difficult friendships or the experience of those during acute phases of delusions or paranoia may have brought different ethical and practical challenges to the study as participants/researcher. It may also result in "friendship" and "mental health" research becoming skewed to "difficult friendship" and "acute distress" which is not representative of the experience(s). Nevertheless, in this study participants spoke of behaviour (e.g., withdrawal) being judged just as easily as acute distress, physical characteristics, or a label, discrediting a person and potentially causing further distress. No participants in this study had a self-evident, visible attribute or a different physical way of experiencing the world that may have led to different identities in and experiences of friendship or mental health, such as an evident physical disability, injury, general learning disability, or sensory impairment. Studies in this area already suggest differences in friendship (Firth & Rapley, 1990). For example, the value of friendship with and between people with general learning difficulties is variable, which is damaging to self-esteem, solidarity and forms of possible political action (Boydell, Gladstone & Crawford, 2002; Chappell, 1994). This is in contrast to the study here where mutual support between people experiencing distress is seen as valuable, and the affirming aspects of the relationship are common.

Another limitation to this study is that every participant (including the researcher) lives in the UK, and this study will reflect the attitudes and norms of this time and place. Conducting the same study again in a different time may be useful to track changes in friendship due to cultural change and shifting duties, responsibilities, or possibilities in intimate relationships. For example, through friendship or a mutual fondness, "erotic friendship" or "fuck buddies" engage in sexual gratification with one another without having a committed relationship. There is therefore a spread of intimate and committed relationships and corresponding behaviours which influence the boundaries or activities of friendship. Similarly, as the study took place in an individualistic culture, conducting the study in different cultures in future research, in particular those with more collectivism, could examine the impacts of different cultural contexts, providing interesting cross-cultural comparisons which may reveal variances in the interaction between social norms and friendship. In recognising the incompleteness of the breadth of the characteristics of participants, this means that there remains the potential for an expanding knowledge-base which may help provide a broader, more varied and potentially more stable basis of knowledge about friendship and mental health; a variety of studies of the experience of friendship and mental health could lead to an ongoing line of inquiry. The ongoing nature of this work, and challenges thrown up because of it, can only help us enrich the study of friendship and mental health.

This type of narrative inquiry runs the risk of co-creating one-sided research into friendship as the accounts and interpretative effort may become self-serving or may appeal to an ideal version of friendship, and not incorporate the more problematic realities of the relationship. This is inherent in all research into relationships, however, and how such relationships are constituted through ideal, realities and self-service is what makes them distinctive or similar to other relationships. Stories are told to someone and here participants are, of course, speaking to myself as an interviewer and an imagined audience, and although the approach of narrative interviewing is to follow the participant in their story, a story is still being told to a listener. Through their own reflection and my reflective questioning, participants do take alternative viewpoints through, for example, occasionally attending to their friends' views, allusion to the unknowability of their friends' reasoning for being a friend with them, and the mystery surrounding why friendships formed, or even the counter-intuitive formation of friendships across different sociodemographic characteristics. These point to their effort to view the relationship in different ways, even if the narration is singularly their own. Similarly, the identification (or not) with a stigmatised group – those who have endured distress - presents the participants' efforts to view the relationship in the context of negative experiences and attitudes. That the narrators recount, in their attempts to narrate a life lived with friendship, their self-deprecating concerns, worries, and both negative and positive ambivalence, provides some evidence that the stories are not merely self-aggrandising.

For my own part, the presentation of this thesis is to an audience and in demonstrating my perspective-taking through the critical analysis stages, I hope to have also presented a unique narrative that incorporates more than one perspective to establish my own, and each participant's, credibility. Further research about being in friendship with someone who has experienced distress may be of interest, holding the mirror of friendship the other way. Knowledge, theory development, and practice development may be improved through analysing such stories, although it is anticipated there will be some cross-over with "peer support worker" research (Voronka, 2017). Another aspect of friendship not covered in this study is the significance of friendship with animals, especially for those who identify animals as part of their recovery, although cross-species relationships and sentient reciprocation adds a number of complexities for future research (Schicktanz, 2006).

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Appendices

Appendix 1: Introductory correspondence to interested participants

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Dear

Thank you for your interest in the Friendship and Mental Health research I am conducting as part of a PhD research programme in the Institute of Mental Health at the University of Nottingham. In brief, I am collecting the personal accounts of friendship of people who have experienced mental health problems.

What is the research about?
Relationships are important for our development. Our understanding of the relation between friendship and mental health has been informed by research with adolescents and people in early adulthood. This project focusses on the friendships of people aged between 40 and 60 years old who have experienced mental health difficulties, with the aim of furthering our understanding.

What is involved?
Participants choose what stories of friendship they wish to share in a one-to-one interview, whatever their experiences of friendship or mental health difficulties have been.

Who can take part?
Are you aged between 40 and 60 years old?
Have you experienced mental health difficulties?
Do you live in the Nottingham area?
Are you English-speaking?
If you have had an in-patient hospital admission, was this more than 2 years ago?
If you have been under the care of crisis services, are they no longer involved in your care?

If you answer "yes" to all of the above questions, you can take part.

I've attached an Information Sheet with further details for interested participants. If you or anyone you know would be interested in taking part, please could you double-check the criteria listed and if you or they have any questions, please ask away!

If you're sure you'd like to take part, then let's arrange an interview. Interviews can take place at the Institute for Mental Health (on the Nottingham University Jubilee campus), although we can arrange an interview at other, mutually-agreed venues.

I appreciate the summer holidays may present some issues with regards a date, so even if we're booking an interview weeks in advance, that's fine! Interviews are mainly taking place on Thursdays and Fridays as these are the days I have dedicated for friendship and mental health research and work. Again, I'm sure we can work out a suitable day/time.

I look forward to hearing from you,

Thanks again,

Dan Doran
PhD Research Student
University of Nottingham

Appendix 2: Information sheet for interested participants

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Friendship and mental health research

PARTICIPANT INFORMATION SHEET
(Version 1: 26th June 2016)

You are invited to take part in the above research study. Before you decide whether to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish.

Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part or not.

What is the purpose of the study?
The aim of the research is to discover how people who have experienced mental health difficulties describe their experiences of friendship.

Why have I been asked to take part in the study?
You have been asked to take part in the study because you have identified that you meet the criteria for participation. That is, you:

a) Have previous experience of mental health difficulties.
b) Are aged between 40 and 60 years old.
c) Have not had an in-patient admission in the last year.
d) Are not currently under the care of crisis services.
e) Are local to the Nottingham area.
f) Are English-speaking.

This study will involve up to 30 people being interviewed, individually.

Do I have to take part?
No. Involvement in the research is entirely voluntary, and it is up to you to decide whether or not to take part. If you do decide to take part, you will be given a copy of this information sheet for your reference. You will be asked to give your written consent at the start of the study, and will be given a copy of this to keep. However, you are still free to withdraw at any time and without giving any reasons.

What does the study involve?

I would like to interview you in private. Interviews will last between 45-60 minutes, although their length will depend on how much you want to say. The audio of the interview will be recorded and later transcribed. Your anonymity, and anyone else mentioned, will be preserved in any written publication produced as a result of the study.

What do I have to do?
You can choose whether or not you wish to be interviewed.

What are the possible disadvantages and risks of taking part?
Being involved in an interview creates the possibility that sensitive issues may arise for discussion. However, you will never by under any pressure to talk about issues or reveal information about yourself that you prefer to keep private. The researcher (Dan Doran) will be available to talk through issues which you may have found distressing and signpost you appropriately should you need this.

What are the possible benefits of taking part?
The study will not have any bearing on your normal activities, current relationships, or any professional relationship with mental health services. Although it will not benefit you directly, the results of the study will help to further develop our understanding of the relation between friendship and mental health. I hope that taking part in the research will prove to be an interesting experience.

Will my taking part in the study be kept confidential?
Yes. All the information about your participation in this study will be kept confidential. Names and other personal information will be removed from the research data and records. With your permission, I will make an audio recording of the interviews so that I can obtain an accurate record of what was said. If you do not want us to record specific parts of your contribution I will make detailed notes at that time instead.

Directly quoted extracts from the interviews will only be used if you have given your written permission. Names and other personal information will be removed from these so that it will not be possible to identify people who took part in the study or people referred to during interview. All your personal information, such as name and contact details, will be stored in a locked filing cabinet to which only the researchers have access, and will be destroyed at the end of the study. Non-identifiable data will be retained in a secure, password-protected archive within the University of Nottingham for 7 years after publication.

Where will the research take place?
Research interviews will take place in a private meeting room at the Institute of Mental Health in Nottingham.

What will happen if I don’t want to carry on with the study?
You can withdraw from the study at any time, and without giving any reason. If you do this, you can decide if you are willing for me to use the information and contribution you have already made to the project, or if you want this to be excluded from the study.

What if there is a problem?
If you have a concern about any aspect of this study, you should ask to speak with the researcher (Dan Doran, contact details below) who will do their best to answer your questions.

Who can I complain to?
In case you have a complaint on your treatment by the researcher or anything to do with the study, you can initially approach the researcher (Dan Doran), or their supervisor (Theo Stickley, contact details below). If this achieves no satisfactory outcome, you should then contact the Administrator, Faculty of Medicine and Health Sciences Research Ethics Committee, c/o School of Medicine Education Centre, B Floor Medical School, QMC Campus, Nottingham University Hospitals, NG7 2UH. Email: louise.sabir@nottingham.ac.uk.

What will happen to the results of the research study?
The results of the study will be made available through journal publications, conference presentations and at public events. Individual participants will not be identified in any publication resulting from the study. If you would like a summary of the results at the end of the study, please indicate this on the consent form.

Who is organising and funding the research?
The study is being carried out by Dan Doran, a PhD student from the University of Nottingham. Dan is part-funding the research with additional funding from Loughborough University.

Who has reviewed the study?
This study has been reviewed and approved by the University of Nottingham Medical School Ethics Committee.

Contacts for further information
If you have any questions or concerns about taking part in the research, or would like to discuss this further, please contact:

Researcher:
Dan Doran
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Tel: 0115 7484305
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Thank you for your interest

Appendix 3: Participant interview consent form

University of Nottingham, School of Health Sciences

Participant identifier: ____________

Friendship and Mental Health Research Interview Consent Form (29th June 2016)

Researcher: Dan Doran. Supervisor: Theo Stickley.

After reading the information sheet provided, please read each of these statements, initial each one as appropriate, and sign and date the form. **Please initial**

1 I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to ask questions and have understood the information given. I understand that I can ask for further instructions or explanations at any time. ☐

2 I understand that my participation is voluntary and that I am free to withdraw at any time, without having to give a reason. ☐

3 I agree to the audio recording of interviews in which I take part for the purposes of the research. I understand that I may ask for the recorder to be stopped at any time. ☐

4 I understand that the recordings will be transcribed and looked at by authorised individuals from the University of Nottingham. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential. ☐

5 I agree to the use of extracts from the interviews being used in publications resulting from the research. I understand that all personal details will be removed and that I, and anyone else mentioned in the interviews, will not be identified in any published work or other output of the research. ☐

6 I understand that the anonymised research data will be archived on a secure, password-protected server at the University of Nottingham for 7 years after publication and then destroyed. ☐

7 I voluntarily agree to take part in this study. ☐

8 I would/would not* like to be informed of the results from this study. (*Please delete as appropriate) ☐

Name of respondent	**Date**	**Signature**
Name of researcher taking consent	**Date**	**Signature**
Dan Doran		

Appendix 4: Excerpt from participant interview transcript

Hazel

Interviewer: I'll put it quite close to you so it can pick you up. Okay, so, thank you very much [Hazel] for being involved in this research, and it's a very broad question to kind of start things off. Tell me about your friendships.

Hazel: [Laugh]. Oh, that is very broad.

Interviewer: Yeah.

Hazel: I'd say at the moment most of my friendships are with people I've met through mental health services. I have a few friends from my "normal days" in inverted commas, but I think having a sort of mental health crisis is one of those things you've got to find out who your true friends are. I've suffered with depression all my life, throughout my adult life including three bouts of quite bad postnatal depression and like a lot of people I think I managed to hide it. So, you know, nobody really knew about it, but this last bout started 12 years ago. I've been through a lot of the life stresses as they call them. I've had one more that sort of tipped me over the edge. And that came – it actually came about three weeks after I'd had a hysterectomy. When I had the hysterectomy I'd had forty get well soon cards and then when I had the nervous breakdown just sort of about three weeks afterwards when it started, the depression started, three weeks afterwards and then that was in the May, by the end of June I was in the psychiatric ward, but you know with that sort of the illness I got two get well cards which I think is always pretty telling on the way people feeling mental illness. And a lot of people I thought were my friends I never saw again. A lot of them I knew from the church I was going to at the time and I heard their general attitude was, "Oh, you know, get over it, pull your socks up". My final straw at the time - again, the relationship with somebody and their attitudes don't change – "You should be over it by now, pull your socks up". And that was it. I tried to carry on, but, you know, it all got too much to me to the point where I was very close to committing suicide. And that was the first of my hospital stays shortly after that. I do have, I think maybe half a dozen or so friends who have stood by me and have been very kind and very generous with their time. Then from…sort of being in hospital I think very early on in my illness I had perhaps had three hospital stays in the course of about 12 months, 18 months. And I'm still in touch with somebody I met, a girl I met in hospital during that time. And I was also very fortunate that when I was first ill and in hospital they actually had occupational therapists on the ward who, a, did things with you to pass the time, but were also very good at signposting you and taking you to other things, which is…They then took me to, I was part of the Social Inclusion and Wellbeing Service, initially to do information technology, because I assumed I was going to get better and as I had done, as I'd normally done with all my other depressive illnesses, and I thought it would be useful to keep my computer skills up-to-date. And once I got stuck into my computer course I also did craft and what have you there. So I also got into that as well, I was there. And I think that's where a lot of my friendships started that I have now. So that will be some sort of 11 or 12 years ago. And I think there I met people with a variety of different mental health issues, but they're also some of the kindest, funniest, warmest, most generous people that I've ever come across. I do, I refer to them as my silver linings and that was really before the film or the book came out [laugh]. Because I say, you know, depression is a black cloud that I would not wish upon my worst enemy. But having met the people I know now, and count them as my friends, there is part – well, no, I would say it's still actually, I would go through the same thing, because the friendships I've made are so lovely, and the people I've met, that y'know it's... Made it all worthwhile is perhaps the wrong phrase, but it has... And just being with people who've been through the same trauma in terms of, you know, the horrors of depression. I think, because, often, you know, you do sort of encounter people you know, "I've suffered from depression", and it's "I was sad once too". That sort of thing. And the things you see on Facebook about y'know, "choose to be happy". You know, that make you want to crawl through the screen [laugh] and wring somebody's neck. So, that's it, really. I mean some of them – because I've not been ever so well this year and because they're sort of scattered all over Nottingham, we're not sort of physically seen each other as much, but

Appendix 5: Participant demographics

Participant	**Alan**	**Danielle**	**Emma**
Age	42	41	44
Gender	Male	Female	Female
Sexual orientation	Straight	Straight	Straight
Ethnic background	White, English	White, English	White, Irish
Experience of mental health difficulties	Anxiety, depression	Psychosis	Anxiety, depression
Associated or additional physical health difficulties	Barretts oesophagus, degenerative disc, haemorrhagic gastritis	Fibromyalgia, chronic fatigue	None
Marital status	Living as couple	Living as couple	Married
No. of children (age)	2 (5, 7)	None	2 (11, 12)
Highest educational achievement	Masters	A-level	Degree
Occupation **(Spouse occupation)**	Homemaker (Manager)	Sales assistant (None)	Teacher (IT worker)
Annual joint income	£60,001-£70,000	£18,001-£21,000	£70,001-£80,000
House location **(Ownership)**	Wilford (Mortgage)	Nottingham centre (Own)	Sherwood (Mortgage)
Religious affiliation	Agnostic	None	Ex-Catholic

Participant	**Georgia**	**Hazel**	**Isabel**
Age	50	53	59
Gender	Female	Female	Female
Sexual orientation	Straight	Straight	Straight
Ethnic background	White, English	White, English	White, English
Experience of mental health difficulties	Panic attacks, anxiety, post-natal depression	Depression	Personality disorder
Associated or additional physical health difficulties	None	Fibromyalgia	Coeliac disease, fibromyalgia, protein S deficiency
Marital status	Divorced	Divorced	Living as couple
No. of children (age)	2 (15, 18)	3 (23, 25, 26)	1 (30)
Highest educational achievement	Diploma	Degree	Higher National Certificate
Occupation **(Spouse occupation)**	Domestic cleaner (N/A)	Unemployed (N/A)	Service user consultant (Decorator)
Annual joint income	£12,001-£15,000	£6,001-£8,000	£18,001-£21,000
House location **(Ownership)**	Mapperley (Mortgage)	Giltbrook (Own)	Gedling (Own)
Religious affiliation	None	Christian	Christian

Participant	**Kaden**	**Lily**	**Mia**
Age	50	55	44
Gender	Male	Female	Female
Sexual orientation	Straight	Straight	Straight
Ethnic background	Black, British	White, English	White, English
Experience of mental health difficulties	Schizophrenia	Depression, anxiety	Anxiety, depression
Associated or additional physical health difficulties	Side effects of medication	Deaf in one ear, hearing impaired in the other	Psoriasis, eczema, irritable bowel syndrome
Marital status	Divorced	Separated	Single
No. of children (age)	5 (15, 18, 22, 23, 27)	2 (22, 29)	1 (23)
Highest educational achievement	GCSE	Degree	GCSE
Occupation **(Spouse occupation)**	Chef (Cook)	Retired (N/A)	Unemployed (N/A)
Annual joint income	£15,001-£18,000	£10,001-£12,000	£0-£6,000
House location **(Ownership)**	Radford (Renting)	Aspley (Renting)	Strelley (Renting)
Religious affiliation	Muslim	None	Christian

Participant	**Noah**	**Olivia**	**Phoebe**
Age	56	53	46
Gender	Male	Female	Female
Sexual orientation	Straight	Straight	Bisexual
Ethnic background	White, English	White, English	White, English
Experience of mental health difficulties	Anxiety, depression, personality disorder	Personality disorder	Depression, anxiety, substance use
Associated or additional physical health difficulties	Glaucoma, psoriasis, high blood pressure	None	None
Marital status	Married	Single	Married
No. of children (age)	4 (28, 30, 32, 35)	1 (27)	1 (15)
Highest educational achievement	Diploma	N/A	Degree
Occupation (Spouse occupation)	Volunteer (Receptionist)	Survivor (N/A)	Mental health adviser (Graphic designer)
Annual joint income	£27,001-£30,000	£6,001-£8,000	£70,001-£80,000
House location (Ownership)	Bulwell (Own)	Lenton (Renting)	Leicester (Mortgage)
Religious affiliation	None	Christian (and mixed)	Buddhist

Participant	Quinn	Rachel	Sarah
Age	42	45	52
Gender	Female	Female	Female
Sexual orientation	Straight	Straight	Straight
Ethnic background	White, English	White, English	White, English
Experience of mental health difficulties	Post-natal depression, post-traumatic stress, depression	Depression	Depression, anxiety
Associated or additional physical health difficulties	None	None	Epilepsy
Marital status	Married	Married	Single
No. of children (age)	3 (11, 13, 15)	None	3 (29, 33, 34)
Highest educational achievement	Masters	Masters	None
Occupation (Spouse occupation)	Volunteer counsellor (Project manager)	Social worker (Technical manager)	Kitchen manager (N/A)
Annual joint income	£43,001-£50,000	£70,001-£80,000	£18,001-£21,000
House location (Ownership)	Leicester (Mortgage)	Newark (Own)	Beeston (Mortgage)
Religious affiliation	Christian	None	Christian

Participant	**Tess**	**Uri**
Age	59	55
Gender	Female	Male
Sexual orientation	Lesbian	Straight
Ethnic background	White, English	White, English
Experience of mental health difficulties	Anxiety, depression, obsessive-compulsive disorder	Schizophrenia
Associated or additional physical health difficulties	None	Side effects of medication
Marital status	Single	Single
No. of children (age)	None	None
Highest educational achievement	A-level	GCSE
Occupation (Spouse occupation)	Community worker (N/A)	Volunteer (N/A)
Annual joint income	£0-£6,000	Declined
House location (Ownership)	Sherwood (Own)	Bulwell (Renting)
Religious affiliation	None	Ex-Christian