Kate O'Brien BSc. (Hons)

ART-MAKING AS A RESOURCE FOR THE EMERGENCE OF ALTERNATIVE PERSONAL AND RECOVERY NARRATIVES FOR PEOPLE WITH AN EXPERIENCE OF PSYCHOSIS

Section A: Literature review

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Summary of portfolio

Section A: It is suggested that stigmatised views about psychosis, present within society as dominant narratives, may be incorporated into an individual's personal story. This is associated with negative outcomes for personal and clinical recovery. Art-making is associated with developing personal meaning-making and as potentially relevant to narrative modification. The review synthesises and critically evaluates the available literature relating to the role of art-making in supporting recovery and in narrative modification, involving people with psychosis. Emergent key themes, clinical relevance and areas for future research, are considered.

Section B: The empirical paper is a narrative analysis of seven participants (four men and three women), all adult service-users with psychosis, who took part in a gallery-based art-making intervention. Participants used self-created images to help tell their story. Analysis used literary, experience-centred and culturally-oriented lenses. The results identify art-making and narrating experience, using visual and verbal means, as supporting recovery through offering alternatives to personally limiting and illness-dominated narratives. Clinical implications and directions for future research, such as the usefulness of innovative partnership projects, are discussed.

Section C: A critical reflection of the research process and skills developed in conducting the project. The report considers what might have been done differently, clinical implications and directions for future research.

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MAJOR RESEARCH PROJECT

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Abstract

Background

Stigmatised views about psychosis exist within society. Such views, or dominant narratives, may be incorporated into an individual's personal story and are associated with negative outcomes for personal and clinical recovery. Art-making is associated with developing personal meaning-making and is therefore also considered as potentially relevant to narrative modification.

Methods

Searches were undertaken across databases including PsycINFO and Medline, using search strategies developed iteratively. Studies involving participants with psychosis or 'serious/long-term mental-illness' were identified. Analysis focused on key emergent themes around the role of art-making in supporting recovery and narrative modification in people with psychosis.

Results

Seven studies were critically reviewed and the clarity of methodological frameworks considered. In relation to personal recovery, art-making was viewed as healing, related to personal meaning-making and to developing hope and aspirations. Feeling in control of art-making could potentially translate to feeling in control of life.

Assuming the role of artist challenged dominant narratives and offered individuals' an alternative to identities defined by mental ill-health. Meeting others with similar experiences, in community-settings, also created a sense of social-capital.

Conclusions

Art-making can support personal recovery and narrative modification to develop more positive identities, in individuals with psychosis.

Introduction

Over a lifetime, about one per-cent of the population will experience psychosis and schizophrenia (NICE, 2014). A recent systematic review of the prevalence and incidence of schizophrenia and psychosis (over a 50 year period, 1950-2009), found psychotic-disorders were experienced more by young-adults, men, BME groups, those living in urban environments and in areas with lower socio-economic status (Kirkbride et al., 2012). Psychological stressors arising from disadvantage and social exclusion were considered likely to be contributory to the development of psychosis in these groups (Kirkbride et al., 2012). It has also been argued that individuals experiencing psychosis face multiple challenges, including experiences associated with symptoms and also from effects of stereotypes and prejudice arising from stigma about mental-illness (Corrigan & Watson, 2002). Stigma has been suggested to act as a barrier for people with psychosis in accessing activities and their communities. It has been associated with reduced activity (Moriarty, Jolley, Callanan

& Garety, 2012), defeatist performance beliefs and beliefs associated with limited resources (Park, Bennett, Couture & Blanchard, 2013).

It has been suggested that through our personal story, or narrative, we attempt to bring coherence to "the chaos of existence" (Adame & Hornstein, 2006, p. 136). However, for those in society that lack power, narratives available may be narrow and negative (Rappaport, 1995) and such views may be internalised into an individuals' personal story. The opportunity to construct alternative narratives, to "re-story", can therefore be a powerful tool in integrating and making sense of experiences and challenge stigmatised views, which may have become part of their personal story (Ridgway, 2001; p.336).

In recent years, such stories have shifted the emphasis on clinical recovery, relating to reducing symptoms, to a more holistic representation of personal recovery, referring to the journey made by an individual towards a sense of a valued identity both within and beyond diagnosis of a mental-illness (Lloyd, Wong & Petchkovsky, 2007). The recovery-model (Copeland, 2002) has been adopted within UK strategy for mental-health, expressed within policy documents such as No health without mental-health (DoH, 2011).

Alongside recovery approaches, what constitutes potentially beneficial treatments has also broadened. The benefit of art being used in healthcare settings has been identified (Staricoff, 2004). Art-making has been suggested as a trigger for self-expression and personal meaning-making, and therefore as potentially relevant to narrative modification (Collie, Bottorff & Long, 2006). Recognising this, the role for

art-making as potentially supporting the emergence of alternative personal and recovery narratives, and challenging dominant stigmatising narratives for people with lived-experience of psychosis, will be the focus of this review.

The review will discuss issues impacting on how narratives might be formed for people with lived-experience of psychosis and how this might have facilitated or impeded recovery. Studies using art-making which identified recovery-principles, and those using narrative-analysis to explore narrative modification, are therefore of interest. Only one study could be identified that embodied such a focus (Colbert Cooke, Camic & Springham, 2013) so in order to explore these concepts further, the two areas were explored and reviewed separately and potential synthesis will be discussed. The role for visual-narrative construction, limitations regarding the clarity of methodological frameworks, along with implications to clinical practice and future research, will also be considered.

Psychosis and schizophrenia

Aetiological explanations for the range of phenomena currently associated with the psychiatric diagnoses psychosis and schizophrenia have been contested within the literature. Whilst bio-medical models still predominate, alternative hypotheses, such as the relationship between experiences of trauma as contributory to experiencing psychosis, are noted (Morrison, Frame & Larkin, 2003).

Bio-medical models have focused on observable and measurable symptoms, therefore experience has often been considered in terms of frequency and severity

of symptoms, as defined by experts (Roe & Lysaker, 2013). In recent years however, an alternative focus has emerged. Attempts to understand the meaning behind experiences, by listening to individuals with lived-experience, has become more prominent (Geekie, Randall, Lampshire & Read, 2013). This approach has emerged from individuals, who consider themselves to have recovered, coming forward to give their stories and contribute to an alternative narrative about what personal recovery might mean.

Recovery

Personal stories of recovery (e.g. Deegan, 1988) have increased understanding of what recovery may entail, including: regaining a positive sense of self, leading a productive and satisfying life, and the development of a personal understanding of symptoms which may interfere with functioning (Allott et al., 2002; Anthony, 1993; Copeland 2002).

As mentioned, the recovery-model (Copeland, 2002) has become widely accepted within the UK's national strategy for mental-health (DoH, 2011). The model offers psychological, social, environmental and political ideas regarding what it is to be treated as a person and the importance of this to recovery.

Jacobsen and Greenley (2001) identified a framework of conditions, both internally and externally located, which might facilitate recovery. Internal-conditions included: hope, healing, empowerment and connection, and external-conditions included: recovery-oriented services offering a positive culture of healing,

consideration of human rights and social justice. This was in relation to stigma, discrimination and inequalities in socio-economic well-being experienced by people with psychosis (Markowitz, Angell & Greenberg, 2011).

Stigma

Dominant societal narratives about psychosis have suggested that individuals are ill-fated, lonely, unpredictable, dangerous and unable to contribute to society in a meaningful way (Brohan, Elgie, Sartorius & Thornicroft, 2010). The experience of stigma is epitomised in the concept of the spoiled identity, identified by Goffman (1990). He voiced the engulfing experience of the stigmatised individual from that of "a whole and usual person, to a tainted, discounted one" (p. 3). Stigma relating to perceptions of psychosis is multi-determined. Corrigan and Watson (2002) noted conflicting media portrayals of mental-illness, including portrayals of individuals as dangerous and should be feared and excluded from society, as being unable to make decisions for themselves and as childlike and needing to be cared for.

Relating these concepts to a theoretical position, Tajfel (1982) posited social identity theory, which suggested identity not as a static entity belonging to the individual in fixed traits, but instead as emergent through perceived membership of groups. This is contextualised as the social forces which exist around an individual being influential in how the person thinks and feels about themselves, others and the world (Reicher and Hopkins, 2001). Identification of the self is related to cultural knowledge which allows the individual to conform to situation appropriate group-norms (Liu & Laszlo, 2007). Bruner (1991) suggested that such social

representations contain narrative forms as well. McAdams (1993) asserted that the process of how individual experiences fit with available societal narratives may enable or hinder an individual to construct a sense of self.

It is suggested therefore that such negative perceptions may be incorporated into individuals' personal stories as stigmatised narratives. Incorporating this dominant narrative has been shown to have negative consequences on both the personal and clinical recovery of people with lived-experience of psychosis. In a study involving 1229 people with schizophrenia, across 14 European countries, Brohan et al. (2010) identified a lack of self-esteem and self-efficacy, feelings of powerlessness, perceived discrimination and social contacts as being able to predict 42 per-cent of the variance of a measure of internalised stigma. In a systematic review, Livingston and Boyd (2010) also identified internalised stigma as being positively associated with psychiatric symptom severity.

In summary, the effects of stigma: experienced, perceived and internalised, act as a barrier to people with psychosis from living well within society. In recent years, the NHS has attempted to address some of these challenges through the use of the recovery-model. A major component of the recovery-model is the recovery-narrative.

Personal narrative: a defining feature in the facilitation of recovery?

Our narrative identities may be viewed as "the stories we live by" (McAdams, Josselson and Lieblich, 2007, p.4). Sarbin (1986) proposed the narratory principle

that we live in a storied world in which experiences are constructed and expressed using narrative structures, such as characters and plots. In explaining experience, Murray (2003) noted that we may draw on established, or dominant, social narratives. Foucault (1980) suggested that for stigmatised-identities, such the psychiatric-patient, individual knowledge and experience may be subjugated and received knowledge, privileged (p. 82).

Using a constant comparative method to analyse early-consumer recovery-narratives (e.g. Deegan, 1988; Leete, 1989), Ridgway (2001) noted the process of moving from stagnancy and chronic-illness to recovering and life-stories encompassing complexity and dynamism. Lysaker, Ringer, Maxwell, McGuire and Lecomte (2010) found the fullness of narrative accounts was uniquely linked to wellness in daily-life and suggest the value of telling and deepening the individuals' personal story as an important tool in recovery-oriented interventions.

In exploring the narratives of people with lived-experience of psychosis who consider themselves recovered, Mancini (2007) noted the role of critical turning-points as being representative of transformation in the construction of identities, previously centred around stigmatised narratives regarding being mentally-ill, towards more empowered personal narratives.

To summarise, it has been suggested that the life-story is not a contained, complete entity but a dynamic, ever-changing process of construction and interpretation (McAdams, 1993). Hunter (2010) has described narrative as a

metaphor for reconstruction of the self with the potential for transformative and therapeutic outcomes.

Arts and health

As has been mentioned, the use of art-projects in relation to mental-health has been viewed positively (DoH & Arts Council England, 2007). The role of art has been referred to as developing understanding of the self, building capacity for self-reflection and encouraging adaption (Camic, 2008). In this way, arts-projects have been identified as offering safe, non-judgemental spaces for individuals to undertake self-exploration (Jermyn, 2001).

Outcomes for mental-health related arts-projects have been identified as being analogous to recovery-principles. In a recent critical review, Van Lith, Schofield and Fenner (2013) identified key benefits of such projects as being self-discovery, self-expression, relationship-building and social-identity. It was acknowledged however; that as an area of research, arts and health have been limited through studies not clearly identifying methodological frameworks, which has impeded the capacity for critical appraisal.

In recognition of a synergy between the process of art-making and narrative modification, particularly relating to personal meaning-making, a developing literature was identified, involving studies which used narrative-analysis to explore identity formation in the context of changes brought about through physical-illness. Collie et al. (2006) used art-making with women experiencing breast-cancer, and noted that

identity and existence were affirmed through visual-expression and Reynolds and Vivat (2006) explored art-making with women experiencing chronic-fatigue syndrome. They identified participant narratives as aligning with illness-narratives of chaos, quest and restitution (Frank, 1995).

Visual methodologies

Whilst links have been made to the usefulness of art-making in the narratological process, few make use of art-works in creating a visual-narrative in some way, despite as Harrison (2002) hypothesises, the potential for the role of visual methodologies in relation to narrative may "provide data that is different to or unavailable through words" (p. 859).

Few studies exploring the development of a visual-narrative within the art-making process could be identified. None related to experiences of people with psychosis. Yates, Kuwada, Potter, Cameron and Hoshino (2007) explored personal-narratives of Japanese-American older-people who had experienced WWII internment camps using drawings. The process was seen as a powerful alternative way of expressing their experiences and contributed to the integration of memory of traumatic experience by adding depth to stories they had found difficult to tell. Li (2012) focused on the experiences of older-people immigrated from China to New Zealand and the sense of disruption they experienced in their narratives, from the perspectives of loss of role, status, isolation and a sense of dislocation. With their capacity for verbal communication diminished, art became another language for

expression. Art-making was used to reconceptualise, renegotiate and re-member oneself in the present.

Summary and aim

Individuals with psychosis and schizophrenia experience stigma both externally, and through dominant narratives becoming internalised into their personal stories. Recovery processes have been identified as a unique journey, involving individuals making sense of their experiences and moving towards a valued sense of identity, role and purpose. Re-storying experience through narrative modification has been identified as an important component to recovery. The process of art-making has also been noted for its alignment to recovery processes and positive identity formation.

The report therefore aims to explore the role of art-making in relation to supporting recovery and narrative modification in people with psychosis. The report will discuss the clarity of the methodological frameworks used by the studies. To develop the unique contribution of research to this area, the report will focus specifically on studies involving people with psychosis.

Methodology

An iterative methodological approach was assumed, with search-terms continually being developed and refined according to their relevance, based on the emergent literature. Databases searched were: PsycINFO (via Ovid), Medline (via

Ovid), Cochrane database of systematic reviews (via Wiley), Cinahl (via EbscoHOST), Google Scholar. Reference lists were also checked manually to identify further relevant articles.

The following search terms were used: Personal narrative / Narratives / Story-telling, Recovery, Art / Art making / Visual, Psychosis / Schizophrenia / Mental health. The search term “mental health” was also used when the search terms “psychosis” or “schizophrenia” yielded few results, in order to identify articles in which psychiatric diagnosis were not specifically referred to but terms such as: Serious mental illness (SMI), Severe and enduring mental health problems or long-term mental health problems, were referred to within the text in order to yield other highly relevant articles. Search terms were combined with one or more from each category until every combination had been searched.

Inclusion criteria included: English language, peer-reviewed and working-age adults (aged 18-65). The selected articles also employed a qualitative methodology. This criterion related to the potential scope of this review, and to the suggestion that that investigation into experience may be best undertaken using qualitative methodologies specifically constructed to develop understanding of layers of experience (Polkinghorne, 2005).

Exclusion criteria included: a focus on art-therapy (the impact of the art-making process itself was of interest to this review), not sufficiently explaining methodology or theoretical position, not sufficiently reporting findings in order that they could be reviewed, not sufficiently embodying recovery and not using psychiatric diagnoses or

terms such as Serious Mental Illness (SMI), severe and enduring mental-health problems, long-term mental-health problems. This criterion was included in order to promote and add meaningfully to much needed research, offering explanations of the meanings behind experiences from the perspective of people with an experience of psychosis, in an area where bio-medical explanations still predominate. Studies that did not specify or referred to their sample as containing mixed mental-health problems (e.g. Heenan, 2006; Parr, 2006; Stacey & Stickley, 2010) were therefore excluded.

Results were screened against inclusion and exclusion criteria to further refine the process of the development of search-terms. A visual representation of the literature search strategy is available in appendix 1.

Polkinghorne (2005) and Meyrick (2006) were used as frameworks to critically appraise qualitative data, which aims to describe and understand human experience, in order to assess the rigour with which it had been approached.

Recovery was considered using the aforementioned framework devised by Jacobson and Greenley (2001). The framework is presented as a lens to explore broadly recognised aspects of recovery and not as prescriptive of what may be involved in an individual's recovery process.

Review of literature

The review focused on two areas: psychosis, art-making and recovery, inclusive of four studies (Howells & Zelnick, 2009; Lloyd et al., 2007; Spandler, Secker, Kent, Hacking & Shenton, 2007; Spaniol, 2002), which explored art-making, its meaning and influence in terms of supporting recovery, and psychosis, art-making and narrative inclusive of three studies (Colbert et al., 2013; Sagan, 2012; Stickley, 2010), which explored the modification of narrative in the context of art-making. Methodological frameworks used by the papers were also discussed. More detailed descriptions of the papers in the two areas are available in appendix 2 and 3.

Psychosis, art-making and recovery

All four studies explored the role of art-making in supporting processes conceptualised as embodying recovery-principles. Lloyd et al. (2007) and Spandler et al. (2007) explored community art-programmes specifically for people with mental-health problems. Lloyd et al. (2007) thematically analysed interviews given by participants (n=8) regarding involvement in the art-programme and of art-making. Spandler et al. (2007) was part of a larger outcomes study, which explored participatory arts provision nationally. Participants were gathered from six-projects (n=34) and their interviews analysed thematically. Both explicitly identified recovery-principles within their research. Spaniol (2002) used a phenomenological approach to explore interviews with artists (n=9), self-identifying as having mental-health problems, regarding their experiences of art-making and the healing potential of creativity. Howells and Zelnick (2009) developed an inclusive art-studio project

(n=20), and explored the experiences of the participants over one-year, using an ethnographic approach. They particularly focused on the presence and modification of stigma and discriminatory beliefs.

Interestingly, despite Lloyd et al. (2007) and Spandler et al. (2007) specifically identifying their research as having a recovery agenda, only Howells and Zelnick (2009) used a participatory-approach. Consultation with stakeholders within a psychosocial club-house resulted in the art-studio project. They were also the only project which chose to recruit participants with and without mental-health problems.

Methodological considerations

All the studies reported on their samples. Spaniol (2002) selected participants from a larger pool of artists, with the intention they would be highly representative of the intended research criteria. Lloyd et al. (2007) recruited participants on a first come first served basis. Howells and Zelnick (2009) used the most inclusive strategy, promoting the project in the community and also in mental-health specific publications to recruit participants. Only Spandler et al. (2007) did not report how participants were selected for inclusion into their study from several projects nationally.

All four studies used similar comparative methodologies, analysing content thematically. In considering recovery as a unique and individual process, this choice appeared limiting. Whilst the approach was able to explore consensus and diversion across participants, it was unable to explore the fluidity of experience within any one

individual account and the sense of the story of each individual was not retained. Spaniol (2002) attempted to address this by using extracts from a case narrative, giving a rich sense of one of the interviews; however no explanation was given as to why this particular interview was chosen.

Lloyd et al. (2007) were the only study to include a thematic coding-tree, thereby adding clarity to the analytic process of how emergent themes had been reached. They were also the only study to invite participants to use their art-works within the interview process. This inclusion was explained in terms of offering participants alternative ways of expressing themselves. Spaniol (2002) was the only study to include an interview guide.

Several studies described measures taken to increase rigour of data collection. Only Spaniol (2002) did not. Lloyd et al. (2007) used triangulation from multiple perspectives. Spandler et al. (2007) and Howells and Zelnick (2009) examined and coded their data using different researchers, in order to reach a consensus about the meaning being extracted.

Art-making in relation to recovery

Internal conditions. Lloyd et al. (2007) identified how creative expression was seen as a way of reflecting not only struggles but also fantasies and dreams, in relation to imagination and the development of aspirations and hope for the future. Spandler et al. (2007) also noted the importance of hope developing for participants

in relation to increased belief in themselves and a sense of motivation and purpose through the acquisition of skills and unrecognised abilities.

Spaniol (2002) found the majority of artists identified art-making as a bridge to exploring their inner-lives, in relation to self-healing through developing understanding and insight about themselves and their experiences. Participants also noted the use of specific art-works, to mark the passage of their recovery journey, and in the recognition of turning-points (Lloyd et al., 2007). The process of art-making was also positively associated with tolerating distress, such as providing a focus on something outside of themselves, seen as beneficial to coping with experiences such as hearing voices (Spandler et al., 2007).

The experience of being in control in their art-making was seen as generalisable to a developing sense of control in other life situations (Lloyd et al., 2007 & Spandler et al., 2007). Spaniol (2002) suggested the practical challenges such as deliberate preparation, problem-solving and hard work involved in art-making were also associated with mental-health, rather than mental ill-health.

All the studies explored the potential for the social-role of artist. Spandler et al. (2007) noted the importance of participants challenging their identities as being primarily defined by mental ill-health. Howells and Zelnick (2009) described a process of transformation as dominant stigmatising narratives were modified and participants constructed alternative identities: as artists.

Lloyd et al. (2007) reported several participants found new opportunities, as either employees or students, as part of their recovery journeys. Skills developed in positive decision-making, together with being more comfortable with challenging themselves and taking calculated risks, were cited as having been beneficial. An expansion of creative activities in response to increased motivation was also highlighted by Spandler et al. (2007).

External conditions. All the studies reported participants stigmatised views of themselves being challenged and modified in the construction of alternative identities as artists. However, relating to challenging stigmatised views from external sources, Howells and Zelnick (2009) addressed this most effectively by employing a sampling strategy inclusive of participants with and without mental-health problems. Their aim was to develop a community of artists, irrespective of mental-health status. The decision was taken therefore that participants would not be made aware of who had experienced mental-health difficulties. They reported that participants, both with and without psychiatric diagnoses, reported anxiety at not being able to categorise each other. All reported surprise and challenges to their pre-conceptions as the project continued. This represented an important example in challenging dominant stigmatising narratives, and may also be viewed using the lens of social capital, in portraying bridging capital as participants developed more equitable relationships, based on a shared interest in art-making.

All the studies were broadly based within community settings. This provided some level of social-inclusion; however, only Howells and Zelnicks (2009) study was able to move beyond mental-health services. Participants expressed the importance

of the studio not being part of a mental-health programme. They viewed as giving legitimacy to their art and identities as artists. However, conversely, Spandler et al. (2007) reported participants appreciated knowing that they had all experienced mental-health problems, leading to a sense of a common bond. They argued that people with mental-health problems may not "want to be part of a society that rejected them" (p. 797) and suggested renewed identity may not be associated with subscribing to mainstream-norms.

Psychosis, art-making and narrative

All three studies used narrative-analysis to examine how people with mental-health problems told stories of being part of arts-programmes and their experiences of art-making. Stickley (2010) and Sagan (2012) both explored arts-programmes in the community. Stickley (2010) interviewed participants (n=11) involved in an Arts on Prescription programme and a peer-led community group. Sagan (2012) was the only study to use a participatory-approach. The project was devised following consultation with service-users and resulted in a film documenting the role of art in the lives of people with lived-experience of severe and enduring mental-health problems. Participants were trained to interview and film each other (n=25). It was also the only study to use participants' art-works at interview to augment the verbal-narrative.

Colbert et al. (2013) considered how reflection on art might be useful in the modification of dominant narratives in personal stories and contribute to recovery and well-being. The project focused predominantly on the experience of viewing

paintings, however art-making also took place. It was the only study to include participants with and without mental-health problems. Service-user participants were recruited through an NHS complex-needs service; however accompanying mental-health professionals, an art-therapist and gallery-staff involved in the project, were all asked to participate (n=12). Their narratives were included in the analysis offering an important opportunity to address the influence of the project in its capacity to challenge dominant stigmatised narratives from multiple perspectives.

Methodological considerations

The studies all reported participants self-selected to the research, therefore suggesting that that they may have been more positive about their experiences and were motivated to participate. Colbert et al. (2013) described the most inclusive strategy, recruiting participants with mental-health problems but also gallery staff and mental-health professionals.

The choice by Stickley (2010) to portray four participant narratives, using the structure of a vignette and summarised analysis, offered a rich depiction of the individual journeys of participants. The four chosen were reported to be representative of the overall findings. Colbert et al. (2013) was the only study to include some mention of all their participants, in the form of a table of the literary narrative-analysis, providing a broad sense of all the participants' narratives. Colbert et al. (2013) and Sagan (2012) both used participant quotes throughout their analyses. This served to enrich and provide support for the assertions made by the authors; however, it was less apparent how well all participants were represented

within the analysis. None of the studies presented findings attributable to their entire sample. Whilst this is not a necessary requirement for qualitative research, Meyrick (2006) has suggested that the inclusion of all cases in reporting analysis could act as a counter to the assertion that qualitative research relies on cases that support conclusions.

The studies all employed narrative-analysis, asserting a social-constructionist perspective in privileging language and lived-experience through the process of story-telling in the first-person, as serving to potentially strengthen or restore a sense of agency. Stickley (2010) used an approach incorporating thematic, event and relational principles from Ricoeur (1976, 1981) and Riessman (1993). Sagan (2012) referred to Frank (1995), Crossley (2000) and McAdams (2008) as all offering useful structures with which to understand the different ways people who have experienced difficulty in their lives may construct narratives of their experiences. Sagan particularly focused on the illness-narrative in the context of the literary structures, identified by Frank (1995) of quest, chaos and restitution, which embody different perceptions regarding how difficulty may be understood by the individual.

Colbert et al. (2013) also chose to interpret narratives using a literary approach (Murray, 2003), in identifying what type of story each participant told, in terms of the genre, tone, core narrative and the positioning of participants' stories. Social context analysis (Murray, 2003) was employed to explore the presence of dominant stigmatising narratives and the modification of such narratives. The potential for an alternative community narrative was explored. Narratives were also read for the presence of recovery, well-being and social-inclusion in relation to the projects aims.

Colbert et al. (2013) established the rigour of their data collection using audit and respondent validation. They were also the only study to include an interview-schedule. Stickley (2010) reported interviews with participants three times over 18 months, increasing rigour by facilitating interviewees to tell their stories over an extended period of time. Only Sagan (2012) did not to report how the trustworthiness and credibility of their data collection was established.

Art-making in relation to narrative

All the papers noted the presence of dominant narratives about psychosis in the personal stories of participants, such as a sense of marginalisation from society. The role of art-making was portrayed within the narratives as contributing to finding a sense of belonging and the potential for meaningful occupation. All three studies reported the emergence of artist, as an alternative personal narrative. Participants viewed this as a positive identity with increased social-capital, as artists were thought to be able to contribute to society.

Stickley (2010) presented four narratives in which different narratological structures were drawn out. For one participant, the process of art-making challenged a previously held understanding of his identity as being defined by being mentally-ill. Quotes depicted a developing sense of confidence, in his abilities as an artist and capacity to form meaningful connection to others. An advantage of the choice to present narratives in this way was that individual journeys appeared represented.

Sagan (2012) presented the process of narration as a way of providing connection and repair. Participants expressed they considered themselves as undertaking a journey for life, considered representative of a narrative of quest, as being a process of development and maintenance (Frank, 1995). Such journeys were also viewed as healing and transformative. These portrayals seem particularly pertinent to recovery-principles, and indeed narratives of identity and concepts related to recovery-principles appeared interwoven throughout.

Colbert et al. (2013) referred directly to the sense of marginalisation felt by service-user participants, describing a "them and us divide" within society and being viewed as a "pariah" (p. 253). That the dominant narrative appeared modified for all participants was therefore an important finding. The majority of participants noted integration of people with and without mental-health problems within the project as beneficial. It was felt to be contributory to the emergence of different relationships, as interest in art became a commonality; mental-health status became less relevant. Accessing the art-gallery as a revered space was also seen as challenging barriers to access.

Discussion

This review considered four studies exploring art-making, its meaning and influence in terms of supporting recovery, and three studies exploring narrative modification in the context of art-making. A further consideration was the clarity of methodological frameworks employed by the reviewed studies. Also of interest was

whether any of the reviewed studies explored how art-making might be used in terms of the development of visual-narrative.

In all seven studies, art-making was viewed as pertinent to an individual's recovery-process. This predominantly related to the internal-conditions identified by Jacobsen and Greenley (2001). Art-making was viewed as an empowering process, particularly in relation to decision-making as the art-making process fostered a sense of contributing to developing confidence to becoming more active in decision-making in other areas of life (Lloyd et al., 2007; Spandler et al., 2007).

Several studies focused on the journey of self-healing and meaning-making that creating art engendered (Lloyd et al., 2007; Sagan, 2012; Spandler et al., 2007; Spaniol, 2002). Art-making processes were seen as potentially being analogous to therapeutic-interventions (Spaniol, 2002). In positing the role of creative-processes as having an organising function, both to preparation and problem-solving but also in relation to structuring experience, art-making was viewed as a way to process difficult experiences and as giving alternative perspectives. Sagan (2012) echoed these findings in identifying art-making as being contributory to meaning-making and expressing emotions in ways other than using words. Spandler et al. (2007) and Colbert et al. (2013) also noted art-making as being helpful in coping with experiences considered distressing, such as hearing voices, viewed as useful for distraction and focusing on something other than ones' internal experience.

Developing connections to others was also identified as positive across the studies. Consensus regarding the role for arts-projects, in relation to challenging

stigma and issues of social-inclusion more broadly, was less clear. Both studies that included participants with and without mental-health problems (Colbert et al., 2013; Howells & Zelnick, 2009) reported that assumptions were positively challenged regarding the capacity for achievement of people with mental-health problems. Individuals with mental-health problems also reported that this was beneficial in challenging their own sense of perceived discrimination, considered limiting for individuals in developing social-contacts and extending into their communities (Brohan et al., 2010). Howells and Zelnick (2009) noted participants felt the legitimacy of the project was increased due to being situated within the local community and not specifically for people with mental-health problems. However, for other participants the knowledge that others had similar experiences was seen as supportive (Spandler et al., 2007). The study by Colbert et al. (2013), predominantly an art-viewing intervention, also showed the value of utilising public-spaces in this case an art-gallery to challenge barriers to access.

Evidence for the presence of dominant narratives of stigmatised views about psychosis presented within the stories of individuals was found across all the studies. This was in agreement with the findings of other studies which explored the narratives of people with lived-experience of psychosis (e.g. Thornhill et al., 2004). This is suggestive that a psychiatric diagnosis of psychosis is still viewed as personally limiting and that stigma attached to serious mental-health problems is present within society.

All the studies reported some capacity for art-making to play a role in individuals experiencing a sense of restored agency. Stickley (2010) suggested a

shift of participants world-view, in seeing their identities previously defined by the narratives attached to the label mentally-ill, to incorporating alternative narratives of artist, and in doing so experiencing the benefits of asserting their choice of social-identity.

A limitation of the papers which explored recovery in relation to art-making was that due to the decision to use broadly thematic methods, individual journeys of participants were less represented. In contrast, the capacity of narrative-analysis to honour individual journeys was viewed as a strength. This was most effectively addressed by Stickley (2010), in portraying summaries of four narratives from the study, which offered a depth of understanding relating to the individual experiences, challenges and achievements of those participants, in relation to the project and their recovery journeys.

Polkinghorne (2005) referred to the "vertical-depth" of employing methods which facilitate the exploration of experience (p. 138). As such, the use of purposive sampling, in which participants are selected for their experiences as being seen as typifying the population being considered, is seen as desirable in order to bring a depth and richness to the analytic process. In the reviewed studies, many of those interviewed were selected either by the researchers (e.g. Spaniol, 2001) or self-selected (e.g. Howells & Zelnick, 2009; Lloyd et al., 2007), therefore it is possible that they may not have been as representative of the wider gamut of individuals taking part in the arts-projects. The presence of ambivalence, perhaps expressed in participants not returning, was also only reported in two of the studies (Howells & Zelnick, 2009; Colbert et al., 2013). Both acknowledged the possibility that this could

have been an indication of participants having less positive views towards either the project or the impact on their mental-health and personal recovery process.

Steps taken within the analytic process to establish the trustworthiness and credibility of the data collected varied. In addition, limitations were also present in the ability of demonstrate transparency, however some studies did report how themes (Lloyd et al., 2007) or narrative interpretations (Colbert et al., 2013; Stickley, 2010) were reached, thereby addressing limitations noted by Van Lith et al. (2013), in increasing the robustness of the analytic process.

As mentioned previously, the relationship between art-making in the construction of a visual-narrative and art-works being used within the interview-process is of interest to this review. Li (2012) has suggested the use of self-created art as offering triggers for meaning-making and memory. Sagan (2012) and Lloyd et al. (2007) were the only studies to report including participants' art-works within the interview-process. Perhaps as a consequence, particular mention was made by participants in Lloyd et al. (2007) of the usefulness of art-making as a way of making-meaning of experiences and expression of emotions in forms other than words. Sagan (2012) referred to the auto-biographical nature of participants art-works in giving an alternative voice to experiences not easily verbalised.

Conclusion

The studies suggested that the opportunity, particularly those who have lived-experience of psychosis, to tell their story should be viewed as an important tool in

making sense of experience for the individual and contributing to the emergence of alternative stories about themselves, which serve to challenge stigmatised dominant narratives about psychosis. The role for art-making in this process appeared useful in supporting an individual's personal recovery process and also in stimulating narrative modification through both visual and verbal means.

Clinical implications and future research. Across studies, a clear outcome was the modification of stigmatised narratives about psychosis and the emergence of more positive personal narratives emphasising the individual as having agency and hope for the future. A clinical implication therefore, is that the development of interventions which offer artistic and creative opportunities may be particularly useful in challenging feelings of hopelessness about the future which, together with the corrosive effects of internalised stigma, can serve to damage the life chances of people with psychosis.

Interventions were identified as promoting positive social-identities through narrative modification and for individuals to experience a sense of purpose and meaning, self-management and offering social-support through the experience of the art-making process as part of group. The need for clarity of methodological frameworks, as noted by Van Lith et al. (2013) and the findings of the current review, suggested the importance of high-quality interventions and appropriate evaluation in exploring the nuanced experiences of individuals.

Museums and art-galleries have been identified as alternative environments to the settings in which such projects have traditionally been situated (Camic &

Chatterjee, 2013). Innovative partnerships with such organisations may also provide the opportunity for the therapeutic use of art-making to be made available beyond the provisions available within the NHS. A direction for future research would therefore be the development of high-quality interventions and appropriate evaluation, using such innovative methods. Clinical psychologists, with proficiencies in both the delivery of interventions and research-methodologies, may be ideally placed to develop such projects.

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MAJOR RESEARCH PROJECT

Kate O'Brien BSc. (Hons)

ART-MAKING AS A RESOURCE FOR THE EMERGENCE OF ALTERNATIVE PERSONAL AND RECOVERY NARRATIVES FOR PEOPLE WITH AN EXPERIENCE OF PSYCHOSIS

Section B: Empirical paper

An exploratory study of a gallery-based art-making intervention to support the emergence of alternative personal and recovery narratives for people with an experience of psychosis

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Abstract

Background

Dominant narratives about psychosis portray individuals as lonely, dangerous and unable to contribute to society. Such views may be incorporated into an individual's personal story and are associated with negative outcomes for personal and clinical recovery. Art-making is associated with personal meaning-making and alternative forms of expression. It is therefore considered potentially relevant to narrative modification.

Methods

Adult service-users with psychosis participated in a gallery-based art-making intervention. At interview, participants used their self-created images to help tell their story. Literary, experience-centred and culturally-oriented lenses were used to analyse narratives. Turning-points as modifiers of stigmatised dominant narratives were explored, as was how the intervention supported recovery.

Results

Art-making was associated with achievement, challenge and satisfaction. Story-telling using visual and verbal means opened up stories and alternative perspectives for participants.

Recovery-principles including hope and aspiration were supported, identified through goals and recognition of achievement. Sharing experiences with others with similar experiences was viewed as impacting positively on mental-health.

The intervention represented effective partnership working between NHS services and a gallery in overcoming barriers to accessing the arts, for people with psychosis.

Conclusions

Achievements in art-making and narrating experience using visual and verbal means offered alternatives to personally limiting and illness-dominated narratives.

Keywords: Psychosis, Recovery, Art-making, Narrative analysis, Visual methods

Introduction

Narrative and stigma

Our narrative identities may be viewed as "the stories we live by" (McAdams, Josselson & Lieblich, 2007, p.4). It has been suggested that through our personal story, or narrative, we attempt to bring coherence to "the chaos of existence" (Adame & Hornstein, 2006, p. 136). Sarbin (1986) proposed the narratory principle, suggesting that we live in a storied world in which we construct and express experience using narrative structures, such as characters and plots. Byrne-Armstrong (2001) noted the "interpretation we call truth is the one that is attached to power" (p. 113) suggesting that stories relating to prevailing beliefs within society, or the dominant narrative, may be accepted over

personal-experience. Murray (2003) identified that individuals may draw on established, or dominant, narratives to explain personal experience.

Dominant narratives about psychosis have portrayed individuals as ill-fated, lonely, unpredictable, dangerous and unable to contribute to society in a meaningful way (Brohan, Elgie, Sartorius & Thornicroft, 2010). Goffman (1990) voiced the engulfing experience of the stigmatised-individual from "a whole and usual person, to a tainted, discounted one" as the "spoiled-identity" (p.3). Incorporating stigmatised dominant narratives into personal stories has been associated with negative consequences for personal and clinical recovery in people with psychosis, with stigma potentially being a barrier to accessing activities and their communities. It has been associated with reduced activity (Moriarty, Jolley, Callanan & Garety, 2012), defeatist performance beliefs and beliefs associated with limited resources (Park, Bennett, Couture & Blanchard, 2013). The impact of a psychiatric diagnosis may also limit an individual's ability to construct new meaning in their lives and potentially contribute to a sense of helplessness, passivity and hopelessness (Casey & Long, 2003).

Relating these concepts to a theoretical position, Tajfel (1982) posited social identity theory, which suggested identity not as a static entity belonging to the individual in fixed traits, but instead as emergent through perceived membership of groups. This is contextualised as the social forces which exist around an individual being influential in how the person thinks and feels about themselves, others and the world (Reicher and Hopkins, 2001). Bruner (1991) suggested that such social representations contain narrative forms as well. Dominant narratives becoming part of an individual's personal story have been conceptualised within narrative research as "problem-saturated" narratives (White &

Epston, 1990, p. 4) and as an identity defined by illness (Frank, 1995). Alternatively, developing personal stories has been viewed as encouraging awareness of how stigmatising narratives and pressures from societal inequality may influence an individual's sense of themselves.

Narratives of recovery and turning-points

The opportunity to re-story has been suggested as a powerful tool in integrating and making sense of experience, encouraging alternative personal stories that challenge stigmatised dominant narratives (Ridgway, 2001). Hunter (2010) described narrative as a metaphor for reconstruction of the self and suggested that the process may have the potential for transformative and therapeutic outcomes.

Relating to illness dominated narratives Jacobsen and Greenley (2001) posited the subjective transformation of such narratives, to ones defined by competence and empowerment, as integral to constructing a more positive sense of self. When analysing early-consumer recovery-narratives, Ridgway (2001) observed an initial period of despair and stagnancy. This is echoed in Deegan's (1988) personal account of experiencing psychosis where "our pasts had deserted us and we could not return to who we had been […] our futures appeared to us to be barren, lifeless places in which no dream could be planted and grow into a reality" (p. 55). This highlights the importance of reawakening "a tiny, fragile spark of hope" (Deegan, 1988, p. 56), through recognising turning-points in personal stories, as a central facet of recovery. Similarly, Mancini (2007) described turning-points as representative of transformation in the modification of identities, previously centred on stigmatised narratives regarding being mentally-ill, towards more

empowered personal narratives. The process of narrating experience itself has also been linked to personal recovery. In collecting over 60 recovery-stories, Brown and Kandirikirira (2007, 2011) reported some participants viewed the narrative interview as having been a turning-point in reclaiming a sense of authorship of experience.

Narrative, art-making, and recovery

Current policy, such as the UK's No health without mental health (DoH, 2011) recognised the importance of recovery-principles, such as the development of new meaning and purpose in life, to people with mental-health problems. The integration of the recovery-model (Copeland, 2002) within the NHS has been made a priority in the care of people with psychosis and highlighted recovery-oriented interventions as an important aspect of service-development.

It has been suggested that arts-based interventions can provide powerful alternative ways for individuals with mental-health problems to express themselves and understand their own worlds. The positive impact of participation in arts-projects for people with mental-health problems has been noted in areas such as increasing self-esteem, reducing social isolation, broadening experience and encouraging change, all of which were considered beneficial to improving health and lifestyle (DoH & Arts Council England, 2007). A recent critical review of mental-health related arts-projects, focusing on recovery-principles, identified key benefits as self-discovery, self-expression, relationship-building and the development of alternative identities (Van Lith, Schofield & Fenner 2013).

Several studies have observed the positive impact of art-making on personal recovery in people with psychosis. It can create a bridge to exploring inner lives and provide self-healing (Spaniol, 2001), by acknowledging turning-points and marking the passage of their journey with specific art-works (Lloyd et al., 2007). Art-making also provided a focus on something outside of themselves, considered useful in tolerating distress, particularly hearing voices (Spandler et al., 2007). It provided a way of constructing positive alternative identities, as artists, challenging stigmatising dominant narratives of what may be possible in the lives of people with psychosis (Howells & Zelnick, 2009).

Art-making has been suggested as a trigger for self-expression and personal meaning-making (Collie, Bottorff & Long, 2006), potentially enabling narrative modification. Elliot (2011) suggested that art and narrative may gain new meaning, through the processes of reflection and revisiting experience. From this, literature exploring the influence of art-making on the recovery-journeys of people with psychosis using narrative-analysis (NA) has developed (e.g. Colbert, Cooke, Camic & Springham, 2013; Sagan, 2012; Stickley, 2010). Findings included the development of more empowered alternative personal stories and identities around becoming an artist, associated with increased social-capital. Art-making was viewed as having healing and transformative potential within the context of recovery-journeys. The process of narration itself also provided connection and repair (Sagan, 2012). The use of non-medical spaces in the community, such as art-galleries and museums, was seen to reduce barriers to access and increase a sense of social-inclusion (Colbert et al., 2013).

Visual-methodologies in narrative research

Art-making has also been suggested as a more accessible route to narrative modification, which may also be used to augment the verbal-narrative (Reavey & Johnson, 2008; Riessman, 2008). A developing body of literature has postulated that visual-narrative created through art-making may offer richer and more nuanced data than by verbal means alone, particularly in individuals for whom having a voice may be challenging. Luttrell (2003) explored young pregnant women's views of themselves in relation to the social-problem as a dominant narrative of teenage-pregnancy. After difficulties eliciting verbal-narratives, participants were asked to create self-portraits and collages exploring their experiences. Participants were able to capture and express experiences using their self-created images in ways that were not always open to them verbally.

Visual-methodologies have been identified as potentially useful in providing "data that is different to or unavailable through words" and offer alternative "ways of telling" (Harrison, 2002, p. 859). Therefore self-created images may augment verbal-narrative, particularly when working with individuals whose personal-stories involve experiences of trauma or are influenced by dominant narratives, such as individuals with lived-experience of psychosis.

Present study

The study investigated an art-making intervention with people with an experience of psychosis in a public art-gallery setting. The aims of the research were:

- To explore how turning-points depicted by participants might suggest the modification of stigmatising dominant narratives, support the emergence of personal meaning and the development of more positive identities
- To consider the usefulness of the intervention as reflected in participants' narratives, including the process of art-making, and its relation to the narration of experience in the creation of a visual component to the verbal narrative.
- To identify how the intervention, including the process of art-making, and its relation to the narration of experience might support recovery-principles

Method

Participants

Seven participants (four men and three women), were recruited from services within the Recovery-Directorate of an NHS-Trust in south-east London (an area of relative deprivation). Participants' ages ranged from late-teens to mid-fifties and they identified their ethnicities as British, Pakistani, Indian, African and South-East Asian.

Participants all had a diagnosis of a psychotic-disorder. The majority had long-term histories of mental-health problems, and had been in contact with mental-health services for more than 15 years. Of the two participants who had not been in contact with services for an extended period, one had experienced mental-health problems for many years, but had only come into contact with services in the last year, after a crisis. The other had experienced mental-health problems for about two years, after becoming unwell towards the end of secondary school. All the participants had been admitted to psychiatric-

services at least once, and several had been sectioned under the Mental-Health Act. The participants were all taking medication.

The participants all associated stress with the onset and maintenance of their difficulties. Most of the participants expressed having experienced a difficult past, including stress, loss and traumatic experiences. For two participants', conflict in family relationships resulted in homelessness in adolescence. None of the participants were in paid employment. One participant expressed the challenges of trying to maintain a career, whilst experiencing mental-health difficulties. All the participants spoke of loneliness and isolation. Several spoke of feeling excluded from society.

Several of the participants were now either doing voluntary work or were in education. The majority were involved in creative activities, including art classes and making art independently. All expressed an interest in art.

Initially ten participants were recruited. One participant attended the first-session then did not want to continue to participate (no further explanation for this decision was given). Nine participants were interviewed and attended at least three out of four sessions. Two interviews were not suitable for further analysis as both participants had found it difficult to reflect during the project. One participant experienced memory difficulties, which were identified more clearly at interview. The other participant had begun to experience more significant mental-health difficulties and found the interview difficult to focus on. Narrative analysis (NA) is not prescriptive in relation to sample-size (Baker & Edwards, 2012); however a contemporary study of art-making in relation to narrative modification similarly employed eight participants (Elliott, 2011).

Ethics and recruitment. The research received NHS ethics approval and R & D approval from the local trust (appendix 5 & 6). The project was promoted to teams via leaflets (appendix 7). Potential participants were given the leaflet by their teams. When interest was expressed by a potential participant, permission was obtained by their team for the researcher to contact them via phone. The researcher spoke to participants on several occasions prior to the project to discuss taking part in an art-based intervention over several sessions, being part of a group and reflecting on and sharing experiences. As participants were service-users, it was emphasised that non-participation would not affect the services they received. Participants were given information sheets (appendix 8) to further consider taking part in the project. Informed consent was obtained at the start of the intervention (appendix 9).

Regarding confidentiality and risk, participants were informed that if they disclosed anything during the study that related to harm to themselves or others, the researcher would be obliged to share this with their care-team. Discussions were facilitated by the researcher, and a supervisor (a clinical psychologist); both with prior experience working with people experiencing psychosis. Due to the potential for distress, participants were de-briefed after each session and could speak privately with the researcher and clinical psychologist, if needed. At interview, participants were asked to think of a pseudonym for themselves. All other information, which could be considered as identifying, was removed.

Criteria for inclusion. Adult service-users with a diagnosis of a psychotic-disorder were included. As the project required individuals to explore life experiences, participants

had to consider themselves at a point in their recovery where they were able to tolerate self-exploration and without it being overwhelming. Decisions about the appropriateness of participation were made collaboratively involving the individual, care-team and researcher. As the project involved discussions and narrative-interview, fluency in English was a requirement.

Design and methodology

An initial question and prompts for areas of exploration were used, however the interview was broadly unstructured, as is usual in NA (appendix 10), to encourage a sense of agency over personal stories.

The epistemological position taken by the researcher was one of social-constructionism, in which our understanding of experience is constructed in relation to personal, social, cultural, political and historical contexts. We construct the world through language (Burr, 2008); therefore individual meaning is constructed and expressed through the stories with which we come to define ourselves. Squire, Andrews and Tamboukou (2011) asserted that the recognition that narratives may be silenced, privileged, accepted or contested, provides the opportunity for dialogue between them and potential for individual or social change. NA was therefore chosen to privilege personal experience and meaning, thus encouraging the potential for multiple positions and different layers of meaning within a person's story to be identified.

The types of NA used in the present study were literary analysis (Murray, 2003), holistic-form analysis (Tuval-Mashiach, 1998), experience-centred and culturally-oriented

analysis (Squire, 2011). The study also employed a visual-methods analysis (Reavey & Johnson, 2008). These are presented in more detail under the heading Analysis.

Procedure

Intervention. Participants met for four-weeks at a well-known London art-gallery. Sessions were facilitated by the researcher, a supervisor (a clinical psychologist), gallery-guide and an artist. The sessions lasted two-hours, comprising 30-minutes viewing paintings in the gallery (facilitated by the gallery-guide), an art-making session for 90-minutes (facilitated by the artist). In the gallery, participants viewed several selected paintings and discussed them as a group, exploring different themes. The art-making sessions took place in a studio in the gallery. Each week different art-making techniques were shown and participants created images, focusing on different life-experiences, which were collected into their personal 'Life-story' concertina books. Discussions, relating to the art-making and themes relating to it, were facilitated by the researcher and a supervisor.

Content and themes (appendix 11) were developed through discussion with the researcher, the gallery-team and an artist (who specialised in book and print-making techniques). The themes around recovery and life-experiences were intended to represent a broad view of participants' lives, rather than merely focusing on experiences of psychosis.

Interview. Participants were interviewed at the end of the intervention. Interviews aimed to elicit stories of participant's experiences, including those of psychosis, in relation

to their personal-journey and their journey within the group. Participants were invited to use their 'Life-story' books within the interview to augment sharing their experiences.

Interviews took place on NHS-premises. Phone contact took place prior to interview to check participants felt comfortable to proceed. Interviews lasted between 30-60 minutes. The interview-schedule was developed from Thornhill et al. (2004) and Colbert et al. (2013) (appendix 10). Interviews were recorded and transcribed verbatim, to preserve extra-discursive elements, such as pauses and emotional responses.

Quality assurance

A bracketing interview was conducted, with a colleague unconnected to the study (see appendix 12). A research diary was also kept (appendix 13). Credibility was sought via transcripts and analysis being examined by a research-supervisor, and through the inclusion of direct quotes throughout, to increase the authenticity of analysis through resonance with the interpretations. Respondent validation with participants was planned. Unfortunately this was not possible as the analysis was considerably delayed due to the researcher's ill-health. In light of this, a view proposed by Riessman (1993) was noted, that "in the final analysis, the work is ours. We have to take responsibility for its truths" (p. 67).

Analysis

Murray (2003) has suggested the division of NA into two phases. Firstly, transcripts were read several times in order to become familiar with the structure and content of the

narratives, as a whole. A second-phase involves the interpretation of the narratives, in which they were read for influences using lenses, relating to different theoretical positions. Narratives are interpreted as a whole to preserve flow and the process of meaning-making, as individuals simultaneously tell and reflect on their story.

In the current study, participants' narratives were analysed using:

Literary (Murray, 2003) and Holistic-form analysis (Tuval-Mashiach, 1998). This analysis, based on literary criticism, considered the plots of the stories being told, how the pattern of stories unfolded over time, using an individual's sense of their own story (e.g. a tragic story being reconsidered in terms of strength and hope). Narratives were considered in terms of:

- Core: summary of each story in a few words (e.g. fighting for survival)
- Genre: what kind of story is this? The following genres were considered (more detail available in appendix 14):
    - Romance, quest, tragedy, satire (Frye, 1957)
    - Normalising, conversion/growth, loss (Crossley, 2000)
    - Endurance, enlightenment, escape (Thornhill et al., 2004)
    - Restitution, quest, chaos (Frank, 1995)

Experience-centred and culturally-oriented analysis (Squire, 2011). This position viewed personal-stories in the context of cultural and social influences. The process of narration was seen potentially as transformatory in its capacity to re-present experience. Narratives were considered for:

- Wider social representations of psychosis (e.g. existing cultural, political, religious, psychological, medical-narratives) and how they might act as resources or constraints in relation to personal stories
- Presence or emergence of turning-points that might challenge stigmatised dominant narratives and potentially offer more empowered personal narratives

Visual-methods analysis (Reavey & Johnson, 2008). Analysis considered how participants used self-created images within their narratives, encouraging them to access multimodal perspectives on experience and its meaning to them. Narratives were considered for:

- How the self-created images aided or constrained the narrative-process (e.g. triggering memories; opening up story-lines not previously considered; used to help tell a story over time; snap-shots of experience)

Recovery-principles. The narratives were also examined for how experiences of the art-making, intervention, interview and gallery might support personal recovery. This was in the context of a framework of conditions considered to facilitate recovery, identified by Jacobsen and Greenley (2001) as being situated internally and externally. Internal-conditions included: hope, healing, empowerment and connection, and external-conditions included: recovery-oriented services offering a positive culture of healing, consideration of human rights and social justice.

The transcript and analytic process for one participant are included in appendices 15, 16 and 17.

Results

This section presents results from the literary and holistic-form analysis. Turning-points, relating to the presence and modification of stigmatising dominant narratives and the emergence of personal meaning, are then considered. Participants' experiences of the intervention, including the process of art-making in relation to the narration of experience will then be discussed. Finally, the intervention as being supportive of recovery-principles and the development of more positive identities will be considered.

Literary and Holistic-form analysis

The core and genres of the participants' narratives emerged through reading the interviews (Table 1). The core narrative was identified as a passage or sentence that expressed something of the whole narrative in the participants' own words. Participants' stories moved between several genres, expressing changes over time and turning-points within their stories.

Participant	Core	Genre
Ahmed*	From exile to integration: "bringing the broken pieces back together again, like a puzzle, so the image looks better".	Tragedy, leading to conversion/growth and enlightenment, continuing romantic quest

Dean	Developing a life, escaping "the voice I've always heard in my head"	Tragedy and chaos, developing into restitution and endurance, moving towards enlightenment
Frank	"I've neglected a lot of things "cause I've been neglected".	Loss and chaos. Conversion/growth overwhelmed by tragedy and satire
Jocasta	The "working-life" vs. the "illness-life": realities of integration	Loss, normalising and endurance, with elements of conversion/growth
Pixie	Returning to "normal": "I wouldn't have to feel like an outsider"	Restitution and normalising
Raven	"Hundreds of years, I'm getting over it": Trying to remember and reconnect with himself.	Chaos, endurance and elements of conversion/growth
Walia	"Sleep-walking through life, trying to wake up, but now coming through a little bit".	Loss and chaos, with elements of endurance, moving towards quest

*(*Pseudonyms were used).*

Table 1: Core and genres of participant's narratives

Ahmed's story is presented. It was chosen as it was considered representative of common experiences within the group including homelessness, social isolation, stress and long-term contact with mental-health services. The flow of his narrative illustrated the shift from a tragic story of feeling ostracised from society, to a more hopeful and empowered narrative of conversion and growth. Ahmed demonstrated, through telling his story

verbally and using images he created, how the process facilitated the recognition of alternative perspectives, such as how challenges had shaped him, and a growing sense of resilience. Vignettes and summaries for the other participants may be seen in appendix 18.

Ahmed's story

Vignette. Ahmed's story included homelessness and poverty. His story focused on his struggle to survive, following having to leave his family home as a teenager, due to disagreements. He is now in contact with his family, and currently lives with them. He is studying an access-course at college. Ahmed has aspirations to travel, work on the underground and be able to support himself independently.

Summary. Ahmed positioned his mental-health problems in relation to stress: "when it actually reflects on someone's mind and it goes beyond the limits, then that breaks a person down, that's where he can become physically and mental ill". His experiences were in the context of a family-breakdown, resulting in him becoming homeless: "it seemed like in the family I could not fit in to the way that they were to be, which was quite sad…". Depicting a tragic narrative Ahmed described the impact of becoming homeless:

"The most important thing is the roof over someone's head, if the roof is gone, then a person's finished. And in them times, that chance was taken away from me. Like, like, going out and doing well for my life. Getting educated, getting a job, settling down and, and thinking further on for my well-being"

He depicted images of struggle and trying to survive. His story of becoming a smoker portrayed homelessness and poverty contributing detrimentally to his mental-health problems and as a metaphor for vulnerability:

"Well it was the stress of that, what was going on in the society, it was the stress of me being homeless and also having tough times in surviving, so the stress was quite heavy upon my mind, physically and mentally and that made me pick up a cigarette and start smoking".

Ahmed's narrative may also be described as portraying elements of romantic and quest genres. Interspersed with stories of challenges and difficulties he has overcome, he held multiple perspectives on his experiences, and spoke of his recognition of his own resources as having been important to his recovery.

Art-making during the intervention offered him an opportunity to reflect on this journey. His story, triggered by making an image of a childhood toy (a beach-ball), may be seen as a metaphor for his ongoing recovery-journey. Initially, he expressed being alone and out of his depth "there was no life guards there and it was very difficult for me to swim back to the shore and I was fighting for my life! I was actually really drowning". Eventually, having found a landmark, perhaps symbolic of internal resources, he was able to swim back to shore, and safety. After this frightening experience, the story culminated with Ahmed engaged in an on-going process to feel strong and confident enough to swim again.

A natural story-teller, Ahmed used the images he created to trigger memories and tell stories about his past. Exploring past experiences in the context of the understanding he has developed now, appeared to bring meaning to difficult experiences. He described the process of narrating his experiences using his self-created images as positive in many ways. It offered him opportunities to reflect on his experiences, to share his story, to feel understood by others with similar experiences and to hold hope for the future:

"Urm making different images, it gave me hopes of goals what I wanna achieve in life. It also took me back to the memories, of in my milk age, in my past life, the toys that I liked. And also physically, mentally it relaxed me in the art project by others sharing the understanding of knowing that the tough times what I was going through" (Ahmed).

Presence of stigmatised dominant narratives of psychosis

Stigmatised views of psychosis were present in all the participants' narratives. Several dominant narratives were depicted. Participants expressed views about themselves as being not in control of themselves and potentially dangerous: "Well just liked smashing my flat up and that. Everything that I come across if I live somewhere I end up breaking things all the time, I can't help it I don't know what it is" (Frank). Mental ill-health was depicted as being related to delinquency and bad behaviour: "I just think I went a bit off the rails really" (Jocasta) and "I went totally off my head and everything and really behaved bad and everything, I always thought that I, I don't know, was really bad" (Raven). Psychosis was viewed as overwhelming, reflecting a narrative of chaos: "I think that voice has been really controlling me, um, telling me how to act, what to say and..."

(Dean). Feeling overwhelmed also related to associated social difficulties, including isolation and homelessness.

Other dominant narratives related to beliefs about persecution, for example Walia reflected a cultural, spiritual perspective in wondering if she was "a bit cursed or something". For some participants, stigma and feeling misunderstood appeared compounded by cultural difficulties related to identification with British culture and cultural heritages. Frank's narrative reflected feeling persecuted in relation to not feeling in control of his life, and the societal inequalities which have acted as constraints: "As soon as we're born our life's mapped out and we've got to deal with our lives no matter how crap they are, some lives are rubbish". Language around not being "normal" (Pixie) was present in several participants' narratives with depictions of people with psychosis being seen as 'other' by society: "Yeah, it's like if you're mentally ill people look at you different don't they? […] Hmm, they see you as a stranger… weirdo or something" (Frank).

The majority of participants expressed stigmatised narratives regarding perceptions of the limitations and lack of agency of people with psychosis: "you know, mental health people, no job, no career, no progression after my studies and it's just, you know, all around... all round disappointment really" (Walia). Jocasta expressed the stark contrast between her two identities: the 'work life' "Yeah … like we'd go out for drinks after work and things like that, and that's not there anymore so…" in comparison to the 'illness life' and her view of the social-life of a person with psychosis "Er probably non-existent".

Turning-points as modifiers of stigmatising dominant narratives, supportive of the emergence of personal meaning and the development of more positive identities

Despite the pressure exerted by dominant narratives, all participants modified these through the emergence of personal stories. These modifications related to turning-points, in which participants recognised alternative perspectives and identified personal meaning. Several participants depicted art-making as a turning-point, moving away from dominant narratives to developing or reconnecting with a more positive identity, as an artist. Jocasta and Raven expressed reconnecting with previous creative identities. After a period of many years where he felt disconnected from himself, Raven expressed finding a sense of belonging in returning to art-making and connecting to something he enjoys again: “Those hundreds of years um ...I started painting again and had some where to go again”.

Participants expressed turning-points through the re-storying of experience, to offer them hope or a new perspective. Initially depicting narratives of chaos and tragedy, Ahmed reconceptualised his difficult experience of homelessness in terms of developing an understanding of the world, which he would not otherwise have gained: “my life completely changed to another road, where when I was on the streets I was learning about more of the society and more of the things that I was learning about, what was going on in the open world”. Ahmed expressed how the process of narrating his experiences aided him in re-storying, considering his past experiences through the lens of his present understanding, imbuing them with new meaning: “the broken pieces of my life, in the past […] I would try to bring the pieces back together again, like a puzzle. So the image looks better” (Ahmed).

Interestingly, turning-points which modified the dominant narrative were present for participants who expressed ongoing difficulty. Frank often depicted a sense of loss, ruminating on past-experiences, which appeared limiting of his capacity to hold hope for the future and emphasised a sense of "living in an empty present" (Crossley, 2000, p. 151). However, he identified a potential turning-point in his recognition of internal resources, when viewing a painting in the gallery, 'The Nurture of Jupiter' (c.1636-37, Nicolas Poussin), in which he was able to reflect on the struggles within his story: "I remember the bloke holding the horns […] like the painting actually showed you he was struggling […] I don't know I mean, it made me feel strong in a way. I thought yeah I'm strong as well". He also modified the dominant narrative of violent behaviour he had expressed, offering a more personal story of how his sense of abandonment left him feeling neglected and unable to care about possessions "I've neglected a lot of things "cause I've been neglected". This also appeared to be more broadly applicable to his experiences of finding it difficult to care about himself and hold hope for the future.

Turning-points, in participants seeking their own explanations for their difficulties, were also expressed. Walia preferred another explanation to understand her feelings of being unreal and having difficulty remember her experiences: "The thing is I mean I think my diagnosis wasn't quite right because, you know, they diagnosed me that, but I suffer from somnambulism, you know, like sleepwalking syndrome...". Seeking spiritual, culturally relevant support offered her a more personal meaning, if not completely modifying her narrative of feeling cursed: "I talked to the holy guy, you know […] I don't know how long it took but I was okay after that little while" (Walia). Frank also noted that spiritual explanations were less-recognised by services: "Yeah but the mental health people don't see the spiritual side of it".

Depictions of the usefulness of the intervention including the process of art-making, and its relation to the narration of experience

Art-making in the intervention was identified by the majority of participants as engendering a sense of achievement: “I mean maybe just doing the art... if you can come up... you can do a good picture that’s quite kind of rewarding” (Walia). Achievement was also related to overcoming challenges. Dean and Raven expressed the challenge of using different techniques to the particular style they usually use for their art-making. Both reported that using different methods prompted them to think about their personal art-making in new ways:

“Er, yeah it has, yeah, it challenged me a bit... sort of like I think it’s like helped like being ...er, made me a bit stronger in the optimism of my own paintings and that sort of thing, you know, be a bit more what’s the word, being a bit more satisfied with the paintings I’ve been, er, doing sort of thing, whatever, you know, taking a fresh light”. (Raven)

It was also viewed positively in relation to re-discovering skills. Jocasta had worked in graphic-design and Frank as a screen-printer. Both spoke about how using print-techniques in particular had reconnected them with those identities: “Well the whole diagram is like what we would normally do at my graphic design studio […] it was good for me to do” (Jocasta) and “Yeah it refreshed my memory about printing and that, ‘cause I used to do printing, yeah” (Frank).

The self-created images were used in a variety of ways by participants in relation to narrating their experiences. Some identified that using their images had opened up stories and facilitated meaning-making:

"It gave me a very nice idea in the way that from images that are switching from one to another the way it can so easily tell you about your life story and it took me, in the past, thinking about, thinking from my experience that that through my life the stages that I was going though it was like switching to different images" (Ahmed).

Participants used their images to help structure talking about their experiences, which facilitated a sense of agency in interviews as they were guided by the participant: "Right, well chronologically […] er with the book, [her "Life-story" book] it started off oh of getting a um, hi-fi for Christmas with a LP to go with it [referring to her first self-created image]" (Jocasta).

Some participants expressed challenges because the auto-biographical nature of the images created and narration of their experiences brought up difficult memories. These narratives could be described as containing normalising elements, involving focusing on the future, keeping busy and trying to move on. This could also be considered as a 'sealing-over' recovery-style (McGlashan, Wadeson, Carpenter & Levy, 1975): "I don't know, I think I've brushed all the bad you know all the bad things like being hospital and stuff, I've brushed that under the carpet and I just carry on you know getting better". Alternately, some participants (e.g. Raven) expressed frustration at not being able to remember their experiences, and the sense of dislocation this engendered.

Narrating their experiences was viewed by several participants as providing a catalyst to thinking about experience: “you got my head going” (Raven). The experience of the interview also facilitated Raven accessing previous knowledge. Having studied art and now rediscovering his identity as an artist, he spoke enthusiastically about the artists who inspired him: “You know like Jackson Pollock the painter who was the other one, there was somebody around the same time, a similar sort of thing because that was the book I saw it’s either Oskar Kokoschka or something or Wassily Kandinsky?”.

Walia expressed that she felt she rarely had an opportunity to tell her story: “It’s not just private but it’s like something I... I don’t really... I haven’t really discussed with anybody or have sat down and talk... talked about”. She was also the only participant who considered her narrative and experiences might be useful to a wider audience. Suggesting that others might learn something from her experiences indicates that she found the process useful: “I think it would be... it’s handy for people who are […] but who are responsible and stuff, you know, they could know that, you know, this can happen and this is what it is” (Walia).

Several participants commented on learning through exploring the paintings in the gallery. Dean had not visited an art-gallery before and reported that having the gallery-guide talk about the paintings had given him a sense of exploration through learning: “Um, I’d probably look out for more things in the paintings than I would have done originally”.

Depictions of the intervention including the process of art-making, and its relation to the narration of experience, as supporting recovery-principles

Recovery was depicted in different ways, including being seen as relating to a lessening of psychotic symptoms: “the voice is, er, under control so I’m not really hearing it now” (Dean) and in wanting a life without psychosis “everything’s normal and made me feel good” (Pixie). Managing symptoms was mentioned by several participants: “keep a close check on yourself, er, not to stray too far” (Raven) portraying the tentative, sometimes uneasy, alliance felt by some participants about managing symptoms that had been experienced as overwhelming in the past. Recovery was viewed as a process, with Walia using a metaphor to express a sense of hope in her ongoing journey: “Coming through basically ain’t it? Like, you know, light at the end of the tunnel kind of thing”.

Ahmed expressed hope for what may be achieved in life: “Life is a goal, life is a struggle that is why life is a goal in everything to achieve. There’s so many things to be achieved”. Recovery, as represented through achievement of goals, was often through tangible, concrete constructs: “Um, getting my own place and then doing my own shopping” (Dean). Such narratives may also indicate the influence of mental-health services in the need to identify measurable change.

This was contrasted by participants whose narratives may be said to contain more elements of chaos in feeling, at times, overwhelmed by difficulty. Frank expressed aspirations for achievement through a career and being more connected to his family and community in one image he created. When reflecting on this image he appeared critical and overcome by a sense that things cannot change: “It’s just sort of what I wanted to do

but I can't be bothered these days [laughs]. Yeah. [sniffs] it's not laziness it's like I've given up". Frank's narrative expressed the fragility of hope and his pain at being reminded of his own aspirations through having created an image relating to them.

Art-making was portrayed by several participants as been instrumental to healing and akin to a therapeutic process: "I just rely on it like ...you know, well maybe it's just like self-therapy and that or whatever" (Raven) and "Um, I think it's been therapeutic and, um... it helps to focus your mind" (Dean). Art-making was also viewed as offering a distraction from being focused on thoughts and experiences, such as voice hearing: "you concentrate on and then not thinking so much about your own thoughts" (Dean). Dean's view of skills he learned through art-making also appeared as a metaphor for his developing sense of taking more control in his life: "I think I'm pretty good at getting things in proportion now...different scaling and, um, depth fulfilled if it's needed".

Healing was depicted in perceptions that the intervention had impacted positively on participant's mental-health for several participants. Ahmed expressed the understanding he felt he gained from others, had been beneficial: "physically, mentally it relaxed me in the art project by others sharing the understanding of knowing that the tough times what I was going through". Pixie felt she was "making progress and that" and expressed feeling more able to talk about her experiences: "It just made me feel I can talk to other people and I can also share my stories and opinions about myself".

Several participants expressed the benefit of having others with similar experiences thus providing connection with others. A narrative of 'bonding' social-capital (Putnam, 2000) emerged as participants experienced supportive links developing between them,

viewed as catalytic to sharing experiences: “I think it’s helpful if everyone in the group has had, um, a mental health experience at some point in their life […] Because then you don’t feel like you’re the only one who’s been through that sort of thing” (Dean). Having spoken about having viewed experiencing mental-health problems as limiting, Dean’s experiences of his own achievements in art-making and that of others during the intervention challenged the dominant narrative about what achievements are possible for people with psychosis. Pixie referred to an increasing sense of connection and reduction in feelings of isolation: “And I also... I also wouldn’t have to feel more, um, like an outsider and alone at home”.

Most participants viewed the community-based setting as beneficial in overcoming barriers to access and extending further into their communities. Raven initially depicted a stigmatised view of his right to be at the gallery: “I was still insecure and uncertain and I just felt like I was sort of loitering sort of thing”. However, Raven modified this narrative, expressing enjoyment and achievement at having accessed the gallery and taken part in the intervention: “yeah glad I went and all that and everything […] I was like all for it coz like I thought ah, this is a bit different this’ll be good”. The relaxed style of the intervention was also appreciated, particularly the provision of food and drink, shared in breaks: “Being part of the group […] it was like a family gathering I thought to myself. I liked the tea that was offered and […] the cakes and the biscuits, that was quite nice” (Ahmed). One participant reported visiting the gallery after the intervention had finished, suggesting feeling more able to access the space. She expressed enjoyment, particularly about the knowledge she had gained of the artworks in the gallery:

"I took my friend there a couple of weeks after the course and I said 'oh this is Mrs Moody and these children and they're boys and even though they're wearing pink' […]. We had such a laugh it was really good" (Jocasta).

Discussion

The study identified the following key findings in relation to the research questions:

- Modification of dominant narratives was achieved through the identification of turning-points and personal meaning-making, expressed through connection to the more positive identity of artist, recognition of personal resources and personally meaningful explanations of experience.
- Art-making in the intervention was viewed as useful in relation to experiences of achievement, challenge and satisfaction. The self-created images were viewed as a way of opening up stories from their pasts for some participants.
- Recovery-principles were supported in several areas, including encouraging a sense of hope. This was often expressed through the identification of future goals and recognition of achievement. Art-making was viewed as healing and therapeutic. Speaking with others with an experience of psychosis was identified as impacting positively on mental-health through developing understanding and feeling connected to others. The invention being community-based was viewed positively.

Turning-points as modifiers of dominant narratives

The role of art-making was seen as a turning-point contributing to the modification of participants' views about themselves as having an identity dominated by illness (Mancini,

2007). This was achieved through a sense of belonging and connection developed through the more positive identity of artist. This resonated with the assertion of Stickley (2010), that in coming together and making art, people with mental-health problems "can find a social answer to a social problem through re-defining themselves as artists and restore their identities" (p. 30).

The re-storying of experience was also seen as a turning-point, in which adversity was reconceptualised as enabling learning about oneself and a developing sense of personal resources contributed to more empowered narratives of recovery (Ridgway, 2001). Participants employed elements of the narrative structures of quest (Frank, 1995), conversion/growth (Crossley, 2000) and enlightenment (Thornhill et al., 2004) when reconceptualising experience, suggesting meaning made through such reflection was useful in developing understanding and a sense of control.

Contribution of art-making, self-created images and narration of experience

Art-making was identified as contributing to the experience of achievement, overcoming challenges and the recognition of skills. Observing one's own achievements and those of others was seen as challenging dominant narratives about what might be possible for people with psychosis (Howells & Zelnick, 2009). Also overcoming challenges within art-making may encourage a sense of empowerment, which can then be generalised to the management of challenges across life situations (Lloyd et al., 2007).

Reavey and Johnson (2008) describe using images within narrating experience to offer alternative perspectives, through the disruption or displacement of pre-rehearsed

narratives by opening-up memories and reflections not always readily available to individuals. Using self-created images within the intervention allowed participants to connect with different parts of their story and explore experiences from alternative perspectives which provided support for this assertion. Several participants also drew new meaning about their experiences from the paintings they viewed in the gallery.

Narrating experience through visual and verbal means appeared to create dialogue between parts of the self readily available and those less easily accessed (Harrison, 2002). Participants spoke about connecting with different knowledge than they would usually be aware of, including memories and alternative views of themselves. However, some participants' accounts oscillated between stigmatised narratives and their own personal stories.

Contextualising social identity as emergent through perceived membership of groups (Tajfel, 1982), this may indicate the difficulties for individuals in modifying views about themselves whilst occupying positions in different groups, some of which may continue to view psychosis as personally limiting and serious mental-health problems as stigmatising diagnoses (Casey and Long, 2003). However, Murray (2003) has suggested that becoming aware of multiple interpretations may challenge stigmatised dominant narratives within an individual's personal story and emphasise more empowered narratives.

Recovery

The importance of connection to others was highlighted as being useful in feeling understood by people with similar experiences (Spandler et al., 2007). This was

highlighted in comments about feeling relaxed, less alone and more able to share. The commitment shown by participants in attending the intervention over several weeks also challenged commonly held assumptions within mental-health of a client group viewed as difficult to engage.

Art-making was seen as relevant to healing in offering a way of processing experience and managing mental-health, particularly through a focus on something other than internal-experiences (Spandler et al., 2007). Participants spoke about absorption in the creative process as helpful, resonating with previous studies relating to the development of coping strategies. The relationship to hope within the intervention was complex. Through art-making and reflecting on experience, the majority of participants were able to express hope for the future. However, a minority also reflected the fragile nature of allowing oneself to have aspirations.

Situating the intervention within a public space was intended to encourage social inclusion and reduce barriers to access (Colbert et al., 2013). With one participant having visited the gallery again and others reporting plans to revisit, it is tentatively suggested the intervention may have been useful in this respect. Participants also reported feeling less socially isolated through their attendance (DoH & Arts Council England, 2007).

Limitations

The study was potentially limited by its length. A longer-term ethnographic-approach (e.g. Parr, 2006) would have allowed for more data collection, to explore experiences of turning-points in a more nuanced way. Interviewing participants more than once might

also have yielded more information in this respect. Not all participants were included in the final analysis; this could have been prevented through better screening to assess suitability for taking part in interviews (e.g. identifying memory problems). Undertaking more than one interview might also have offered more opportunity for participants to tell their story, especially as recovery is a non-linear process for which there will be times in which individuals experience more difficulty.

Similarly to other studies (e.g. Colbert et al., 2013; Howells and Zelnick, 2009), the project experienced study dropout; with one participant not wishing to participate further after the first session. This may have expressed ambivalence about the project and perhaps in relation to its capacity to be helpful to his recovery-process. The positive relationship developed by the researcher and participants over several weeks of taking part in the intervention may also be seen as double-edged in relation to the interview process. It appeared likely to have provided a strength in that participants appeared more comfortable to speak about their life experiences, however, it may have acted as a limitation in terms of participants feeling able to criticise the project.

A criticism levelled at NA more generally is that the process of categorisation and theming of individual experience may inadvertently lead to models and theories being privileged over the personal-meanings that people have for their experiences (Casey and Long, 2003). The present study sought to address this issue by including named quotes, and a summary and vignette of one participant to preserve more of the story as given by participants and represent their voice. Meyrick (2006) suggested that inclusion of all cases in reporting analysis could act as a counter to the criticism that qualitative research relies on cases supportive of the conclusions. Due to the time elapsed between the project's

completion and NA taking place, it was considered inappropriate to return to participants for member-checking of themes and conclusions drawn from NA. For a project promoting recovery-oriented interventions, a more participatory approach would have been preferable.

Research and clinical implications

Qualitative research seeks to describe and understand the meaning of experience from the perspectives of the participants. It is therefore important that samples provide an exemplar of the chosen area for investigation (Polkinghorne, 2005). Kirkbride et al. (2012) identified increased rates of psychotic disorders related to young-adults, ethinicity, urbanicity and those with lower socio-economic status. The sample being drawn from an area of relative social deprivation and representing a broad range of ages and ethnicities, would suggest this study offered rich and diverse examples of experience.

The intervention offered experiences of achievement, which participants felt contributed to the development of hope and goals for the future. However it was noted that the relationship to hope was complex. It is suggested that when considering the development of interventions which seek to nurture hope and aspiration through positive experiences, it may also be necessary to recognise a need for support for individuals to negotiate managing having hopes, whilst still experiencing periods of personal difficulty and the social effects of a diagnosis. This also suggests a role for clinical psychologists, and other therapeutically trained individuals, to help tolerate multiple positions.

Being based in the community, in a public-space offering inspiration and learning, was an important aspect of this project. Museums and art-galleries have been identified as alternative environments to the settings in which such projects have traditionally been situated (Camic and Chatterjee, 2013). Innovative partnerships with such organisations may also provide the opportunity for the therapeutic use of art-making to be made available beyond the provisions available within the NHS.

Future research and conclusions

One way in which this project challenged stigmatised dominant narratives, was via positive experiences of understanding from others with an experience of psychosis. Involving people with and without mental-health problems may be an area for development. Stigmatised dominant narratives may be more authentically challenged via experiences of bridging social-capital (Putnam, 2000), such as developing relationships unrelated to mental-health status, based on shared experiences of art-making.

The current study has been seen to have offered a contribution to a developing area of research: the influence of art-making and narration of experience in encouraging personal meaning-making and the development of identities as artists, in offering an alternative to personally limiting and illness-dominated narratives. Art-making and encouraging story-telling, through visual and verbal means, appeared beneficial in giving participants the opportunity to explore their experiences from different perspectives, than may have been available previously.

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MAJOR RESEARCH PROJECT

Kate O'Brien BSc. (Hons)

ART-MAKING AS A RESOURCE FOR THE EMERGENCE OF ALTERNATIVE PERSONAL AND RECOVERY NARRATIVES FOR PEOPLE WITH AN EXPERIENCE OF PSYCHOSIS

Section C: Critical appraisal

Word Count: 1994

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

1. What research skills have you learned and what research abilities have you developed from undertaking this project and what do you think you need to learn further?

Prior to commencing training, as an assistant psychologist, I was fortunate to gain some experience of research, in the form of service-evaluations. As the team I worked within transitioned from rehabilitation, to a more recovery-oriented focus, I worked on an evaluation which sought to answer: 'how recovery-oriented are we?' I developed skills in several areas, such as interviewing techniques and managing research data. As an initial step into qualitative data analysis, I used a thematic-analysis. I found this to be a useful and flexible methodology, with the capacity to represent the views of participants across the group, particularly confluence and diversion. However, I also became aware that what participants were sharing with me was stories of their experience, which although it would have been beyond the scope of the report to represent these, I felt that in not doing so something of the essence of what participants had shared with me, had been lost.

Within their stories, I was particularly struck as to how stigma appeared internalised by participants and was experienced as a sense of limitation and not feeling part of society. Participants expressed interests in art, music or film, yet they felt reticent about visiting galleries, or the theatre. Through my learning on the course, I was able to place these ideas in a narrative context, in recognising that views within society (as dominant narratives) influence the stories we develop about ourselves, and may act as a barrier to developing new or alternative knowledge and experience.

Using narrative as a methodology within this study therefore appealed to me, in its capacity to honour and value the personal story and voice of participants. The process of narrating ones story also appeared to have the potential to be transformational in terms of meaning making for the individual and to re-present experience (Squire, 2011). This also resonated in wanting to explore what may facilitate or hinder personal recovery within my research.

Reading further into NA however, at times, caused me to doubt this decision! The unstructured nature of the methodology left a vast choice of analytic lenses with which to explore the data. Choosing to use several lenses drawn from different areas including literary criticism (Murray, 2003), social and cultural influences (Squire, 2011) and visual methods (Reavey & Johnson, 2008; Riessman, 2008) was an exciting and somewhat overwhelming prospect.

I valued the participatory approach of meeting with service-users, who identified as having experience of mental-health problems and of designing research, to discuss the research and the interview-schedule and consider the experience from the perspective of people with an experience of psychosis. This process, along with developing documents such as the information-sheet was particularly useful in considering the possible benefits, and conversely, disadvantages of taking part in the study. This helped me hold in mind both the commitment that participants would be making, but also that the intervention might possibly be useful to them.

Having not reviewed qualitative literature before, I used frameworks including Polkinghorne (2005) and Meyrick (2006) to develop my capacity to critically appraise

and be cognisant of how data collection with the intention of describing and understanding human experience, may be approached rigorously. This was also of use in considering my data collection.

The process of collecting data was enthusing. Firstly, the use of an unstructured style within the narrative interviews did elicit stories and secondly, I was moved by the generosity of my participants in sharing their experiences with me. However, relating to these points, I found the bracketing interviews invaluable, as a way of recognising how my assumptions and personal experience might intrude on my capacity to listen to participants and the potential for bias and prejudice within interpretation (Rolls & Relf, 2006; Fischer, 2009).

Bearing witness to stories of personal difficulty within the interview process was challenging at times. However, having identified and acknowledged the potential for role conflict with my position as a clinician, I felt more equipped to occupy a different position, of interviewer. In managing this more neutral stance, I was able to experience the reflective function of story-telling as transformatory, through the re-storying of experience. Whilst some stories remained distressing for participants (and myself), I was also able to witness participants using experiences from the project and the process of the interview itself to make meaning and explore different perspectives. From this, I developed a strong sense of wanting to honour the participants and their stories through my analysis.

Overall, I felt I managed to develop some knowledge of NA, and would greatly enjoy using it again, particularly to further my interest in employing alternative forms of data (e.g. art-making) to elicit and explore stories of experience.

2. If you were able to do this project again, would you do anything differently and why?

Due to my own ill-health during the training programme, a particular limitation was not being able to carry out a respondent validation with participants. This related to the period of time elapsed between interviews and analysis. Respondent validation or member checking is a process by which the researcher shares with participants interpretations of their account. It is noted as a technique for error reduction; however it also serves as a further layer of analysis in producing more original data as reactions of participants may be included into findings (Mays & Pope, 2000). As a project with a recovery-oriented focus, I would have preferred for the process to have been more participatory.

The choice to develop a project which included both the design and delivery of an intervention as well as interviews and analysis was valuable, both to developing an innovative project and my research skills, however it also added layers of complexity and increased the work load associated with the project. If I were able to run this project again, I think it would benefit from utilising more ethnographic methods (e.g. Parr, 2006; Howells & Zelnick, 2009) where data might be gathered more immersively, over a longer time-period, utilising different sources and perhaps over

multiple interviews. Interesting data would be likely to be produced, regarding how experience was revisited and potentially re-storied, through the project.

3. As a consequence of doing this study, would you do anything differently in regard to making clinical recommendations or changing clinical practice, and why?

Commencing the project, I was aware of perceptions of this client-group as being hard to engage and that retaining participants might be challenging. Whilst considerable effort was taken to promote the project and coordinate recruitment, I was taken aback at the level of interest I received. The project was oversubscribed and I had to turn some potential participants away.

Previous studies exploring art-making interventions have shown them to have unique and valuable attributes including; ways of processing of experience and expressing both difficulty and developing aspirations for the future (Lloyd, Wong & Petchkovsky, 2007); reduced feelings of social exclusion (Stickley, 2010); an increased sense of recovery and wellbeing (Colbert, Cooke, Camic & Springham, 2013); within a non-clinical, supportive and unthreatening environment (Spandler, Secker, Kent, Hacking & Shenton, 2007); with the opportunity to learn from professional artists (Howells & Zelnick, 2009).

Participants' comments in looking forward to each week and having a sense of achievement at having attended reflected their engagement, which was likely to have facilitated them overcoming concerns regarding attendance, which might otherwise

have acted as barriers. My understanding of the challenges that participants were overcoming to attend, (including meeting and sharing experience with others, visiting a public space, time-keeping to attend the project and for some travelling independently using public-transport) meant that I also maintained weekly phone contact with participants to check in with them.

An active approach from the researcher in developing and maintaining engagement, alongside an intervention that offered a novel gallery-based intervention, within an inspiring, aesthetically pleasing environment, including input from an artist and gallery-guide was likely to have contributed to the low drop-out rate and high attendance that was achieved. Whilst some of the aspects to this project are specific, some may be more widely applicable to provision of recovery-oriented services aimed at making positive change within the lives of people with mental-health problems, particularly ideas such as the use of non-clinical spaces for projects to be run and partnership working to develop activities which are meaningful, interesting and with high levels of cultural capital.

As noted by Slade (2010), mental-health relates to more than the absence of illness. Participants reported that aspects of clinical recovery, such as a reduction and management of symptoms, and personal recovery, such as a sense of a valued identity and hope for the future, were supported through art-making and by the narration of experience. Therefore, in the development of interventions supportive of clinical and personal recovery, the intervention described in the current study would appear to be clinically relevant.

4. If you were to undertake further research in this area what would that research project seek to answer and how would you go about doing it?

As was noted, all the participants held some kind of stigmatised narratives about psychosis. However, participants were able to challenge some of those narratives and also became more connected to less stigmatised identities, as artists. Whilst participants identified being in a group with others with similar experiences as having been positive. Feeling understood was cited as important. However, a sense that stigmatised responses were less likely, may have also contributed to the intervention feeling unthreatening and promoting of positive experience. A future area for research could therefore be to develop a project that integrates individuals with and without mental-health problems. Howells and Zelnick (2007), in their inclusive study developed independently within a community arts studio, reported participants described surprise and challenges to their pre-conceptions and acknowledged how developing relationships, based on a shared interest in art-making, had been important, regardless of psychiatric diagnosis.

Camic and Chatterjee (2013) have identified that many museums and galleries recognise the social role they can play and in that respect may offer, or wish to offer, programmes which seek to address problems previously thought to be the preside of health or social care organisations. In this respect, the development of high-quality, relevant and inspirational programmes which could offer experiences in art-making with a focus on personal exploration of identity, would potentially be of interest to those with and without mental-health problems and provide a more authentic challenge to stigmatised dominant narratives. A role for clinical psychologists, and

other individuals relevantly trained in research, to develop partnerships and provide support to and evaluation of projects, which intend to challenge stigmatised views through integration and shared interest, appears to be an exciting and useful area of potential provision.

Another area of interest was inspired by a participant within the current project. I was touched, pleased and also surprised when one participant asked to photograph the last session. He didn't own a camera, so had to buy a disposable one, such was his desire to document this experience.

During the research process, I became aware of the use of photo-elicitation, as having become a recognised methodology for an alternative form to document experience. This has been particularly recognised in relation to experiences of illness, through the work of Radley and Taylor (2003) and others. Henricksen, Tjornhoj-Thomsen and Hansen (2011) for example, reported a particularly interesting use of photography in the diary of Sara Bro, who created montages of images and text in a book format to express her experience of cancer.

Squire (2011) and Riessman (2008) have suggested the use of different visual genres, such as photography, art-making and collage within narrative methodologies. For participants to explore their experiences from multiple perspectives, in taking pictures of their lives, whilst exploring life experiences through art-making, would seem an interesting development in offering ways of representing multiple positions and different layers of meaning within identity.

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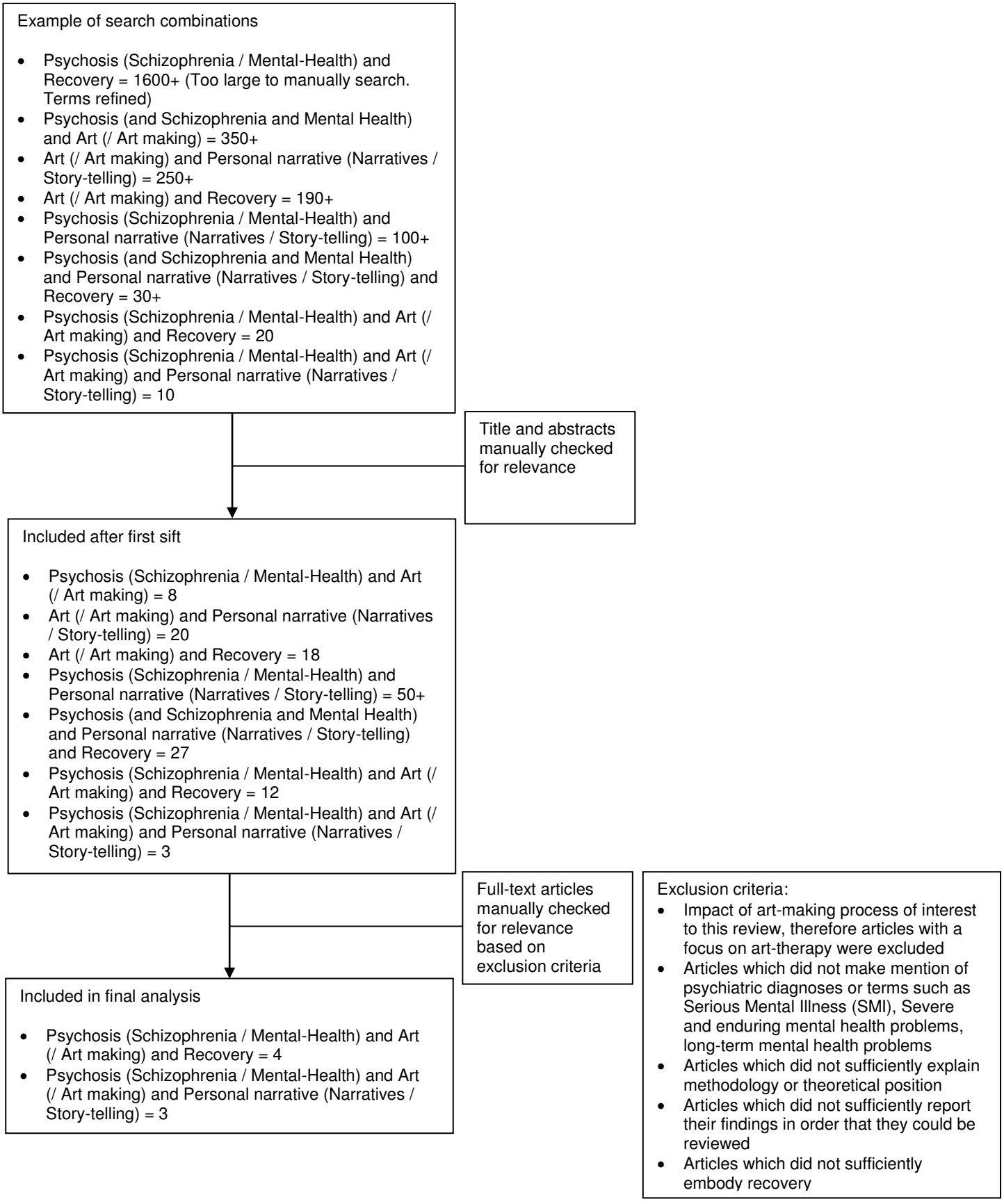
Appendix 1

Visual representation of literature search strategy



Appendix 2

Review articles – Psychosis, art-making and recovery

Study (Year)	Aims	Participants and setting	Design and procedure	Key findings	Critique
Spaniol (2001)	• To examine the role of creativity and its healing potential from the perspective of a sample of artists with mental-health problems	• N=9 • Participants identified themselves as artists and as having mental-health problems (four with schizophrenia and five with mood disorders) • Location: USA (Boston) • Participants selected by researcher • Not an intervention. Individual art-making focus. Artists contributed to an exhibition	• Phenomenological approach , analysed thematically • Interviews conducted • One case narrative focused on, and a comparative summary of all participants	• Dominant narrative regarding link between art and pathology modified to reflect personal narratives of art relating to mental wellness • Three areas identified that were positively affected: • Social function: Connection to others, developing identity as an integral member of society, able to contribute • Psychological function: self-understanding, self-expression, self-healing • Formal function: process of planning work and sense of achievement	• Participants selected from a larger pool of artists with the intention they would be highly representative of the intended research criteria and would have capacity to be open with the researcher and to express and communicate their experiences • Any steps taken to increase rigour of data not recorded • Interview guide included • Only one narrative included • Comparison between participant experiences explored, analysis unable to explore individual journeys of participants
Lloyd, Wong & Petchovsky (2007)	• To explore the ways in which involvement in an arts programme contributed to the recovery process for people with mental-health problems	• N=8 • Age range: 20-59 • Australian ethnicity • Occupation/Relation ship/Medication status recorded • Mental-health problems including: schizophrenia spectrum disorders, mood and anxiety disorders • Location: Australia (Gold coast) • Individuals with one year or more experience approached to participate,	• Thematic analysis • Interviews conducted • Art made by participants used in interviews • Comparative summary of all participants • Interviews and field notes used to explore the observations made by the researchers	• Art as a medium: • Expression was seen as a way of reflecting not only their struggles, but also fantasies and dreams, in relation to hope and imagination • self-discovery was portrayed in relation to 'gaining insight' about themselves and to acknowledge turning points in their personal recovery 'journey' • Internal conditions: • Spirituality in relation to developing a sense of meaning and purpose in life, and to holding hope for the future and acceptance of themselves • Empowerment related to a sense of control gained • Self-validation was experienced in developing a new and positive sense	• Limitations of sampling strategy: first come first served, therefore likely to be more positive about their experiences and most motivated • Demographic and psychiatric diagnosis included, thereby increasing evidence-base • Interview guide not included • Thematic analysis process included and discussed, e.g. coding tree included • Rigour of their analytic process established by use of triangulation from multiple perspectives of data • Comparison between participant experiences explored, analysis unable to explore individual journeys of participants • Art made by participants used in

		participation selected by first 8-10 who agreed • Intervention. Community-based arts-studio project		of self and an increased sense of confidence • Possibility of new lifestyles, in relation to facilitating abilities to structure time and plan • Provision of a community based programme potentially reduces stigma associated with hospital-based services and increases accessibility	interviews used to augment the verbal narrative
Spandler, Secker, Kent, Hacking & Shenton (2007)	• A national research study to assess the impact of a participatory arts provision for people with mental-health problems in facilitating key terms relating to a 'recovery approach'.	• N=34 • Age range: 35-78 • Predominantly white-British ethnicity, with 5 south-east Asian women • Mental-health problems including: SMI (two projects recorded 'severe and enduring' needs), anxiety/depression, and trauma related • Location: Based in the UK, across six sites • Intervention. Six arts-studio projects in a range of settings including: 'Arts on prescription', rural, culturally specific and a day centre.	• Outcomes study • Case studies, analysed thematically • Comparative summary of all participants	• Arts participation was reported to have increased motivation • Developing artistic abilities and a belief in themselves • Gaining a sense of purpose and meaning, increasing ability to engage in other aspects of their lives • Developing different ways to deal with distressing impact of mental-health difficulties, e.g. hearing voices • Self-expression facilitated empowerment in relation to feeling more in control, and less controlled by others • Rediscovering or rebuilding identity, challenging an identity primarily defined by mental-health • 'common bond' • The importance of a supportive, non-threatening environment with mental-health focus, rather than mainstream arts provision	• Large study, involving several projects • Lack of information regarding recruitment strategy for participants from the individual projects being selected to the study • Interview guide not included • Data examined and coded separately by different researchers in order to reach a consensus about the meaning being extracted • Lack of explanation regarding development of emergent themes • Themes not clearly identified as a coding tree was not used and they were not highlighted as headings, instead only broadly discussed within the body of the text • Comparison between participant experiences explored, analysis unable to explore individual journeys of participants
Howells & Zelnick (2009)	• To examine how involvement in the studio impacted on social isolation, stigma and discriminatory beliefs	• N=20 • Age range: 24-75 (M= 47.2) • 18 Caucasian, one African-American, one Indian heritage • 10 participants self-identified as having mental-health problems (6 women, 4	• Participatory action research with an ethnographic approach (over one year) • Qualitative content analysis • Two semi-structured interviews conducted (on entry to the project	• Art-making acted as having a 'scaffolding' effect. Participants were able were able to build on this, realising new roles and identities. • Engagement in artistic activity, a community of artists emerged • 'bridging' social-capital to the wider community • Practical strategy to impact on health and well-being of communities,	• Developed from a 'club-house' model, the art-studio concept was developed with service-users as was the research • Inclusive strategy to recruit participants for art-project, both in the community and also in mental-health specific publications • Self-selection of participants to the research therefore potentially more

		men) • 10 reported no mental-health problems (7 women, 3 men) • Mental-health problems including: schizophrenia, mood disorders and PTSD • Occupation/ Relation ship/ status recorded • Participants self-selected to take part in the research • Location: USA (Midwestern city) • Intervention. Inclusive community arts-studio project	and at conclusion of the research) • Observations, journal-keeping and document review also compiled • Comparative summary of all participants	whether or not they have mental-health problems	positive about their experiences and most motivated • Experienced a 'drop-out' rate in relation to the exit interview due to illness, moving, refusal and only attending one class. Drop outs may have possibly reflected more ambivalence regarding the project and personal recovery process • Data examined and coded separately by different researchers in order to reach a consensus about the meaning being extracted • Accuracy of themes established using member-checking, in a presentation to participants • Comparison between participant experiences explored, analysis unable to explore individual journeys of participants

Appendix 3

Review articles – Psychosis, art-making and narrative

Study (Year)	Aims	Participants	Design and procedure	Key findings	Critique
Stickley (2010)	• To elicit and understand how people with mental health problems told the stories of their involvement with a community arts programme	• N=11 • Participants all from East Midlands city (UK), area described as poor and deprived • Mixed mental-health problems, schizophrenia is mentioned • Referrals from mental-health providers and primary health care • Intervention. Community-based art-studio projects 'Arts on prescription' programme and a peer-led community group	• Narrative analysis • Thematic, event and relational analysis (Riessman, 1993) • Participants interviewed three times over a period of 18 months • Four narratives focused on within article	• Narratives from each of the individuals draw out different narratological structures e.g. the illness narrative relating to an illness identity. • Throughout narratives identity and recovery are intertwined, particularly in relation to the development of new identities as artists • Two themes emerge that 'artist' identity is less stigmatising than that of 'mentally ill' and the potential social capital of the artist as someone who can contribute to society	• Ages of participants not recorded • However, information contextualising the area that participants in the project were drawn from and would influence their experiences included • Self-selection of participants to the research therefore potentially more positive about their experiences and the most motivated • Participants interviewed three times over 18 months. May be seen as increasing rigour as interviewees able to tell their stories over an extended period of time. • Focus on narratives gives rich data within article • Only four out of 11 narratives are detailed within the paper
Sagan (2012)	• To explore meanings attached to community based arts practice within the lives of people with mental health problems, what meanings may tell us about survival, recovery and positive psychological functioning through the production of a film	• N=17 • Average age: 35 • Recruited through community arts organisations and through mental health provider • Not an intervention. Individual art-making focus. • Film produced.	• Narrative analysis • Audio-visual narrative interviews conducted • Service user-artists trained to film each other • Art made by participants photographed.	• Narratives of ill-health, participants spoke predominantly about trauma, social and environmental difficulties – identified as quest narratives (Frank, 1995), depicting a journey from diagnosis/first presentation to where participants place themselves now • Narratives of art making and therapy, some participants highlighting process of making art more therapeutic in their experience than interpretive processes of art therapy. others highlighting benefits of art therapy • Development of positive identity • Importance of art to focus on, connecting with life, being able to	• Age range of participants not recorded • Layers of consent regarding ethical approval process as filming included detailed • Useful information contextualising the "difficult pasts" of participants and how this might be likely to influence their experiences • Lack of information regarding whether data was coded by more than one author or if data or preliminary analysis was subject to member-checks with participants • Quotes used throughout study is a strength however unclear how well all participants are represented

				express themselves and 'make meaning' of experiences • Stigma and isolation noted as detrimental, art seen as way of overcoming	• Unclear if the photographed art was then used within the interview
• Colbert, Cooke, Camic & Springham (2013)	• To explore the meaning of life experiences for people with psychosis through reflecting on paintings and whether this could enable them to modify dominant narratives and create personal narratives contributing to recovery and wellbeing	• N=12 • Age range: 20's-60's • Eleven participants were white-British, one was of middle-eastern heritage • Five men and two women had a psychiatric diagnosis, four women and one man were gallery-staff or mental-health professionals • Psychiatric diagnosis, medication status and educational attainment recorded • Recruitment through a complex needs service within an NHS trust • Intervention. Art-gallery based project with access to an arts-studio.	• Narrative analysis • Literary narrative analysis (Murray, 2003) genre, core, tone and positioning • Social context analysis (Murray, 2003) presence of dominant stigmatising narratives, modification of such narratives • Social inclusion, in relation to bridging/bonding capital and alternative community narrative	• Dominant stigmatised narratives noted in narratives. • Modification of dominant narrative present in all participant narratives • Recovery concepts particularly noted in sense of achievement, through participation in project and accessing gallery • Some increase in bridging and bonding capital from both: • Access to revered spaces: the 'art gallery' • Staff-client relationship – validation, empathy, friendship, commonality and genuineness portrayed within the narratives undermining stigmatised views of psychosis	• Inclusive strategy to recruit participants for art-project from complex needs service but also gallery staff and mental-health professionals • Participants were seen to be more educated than perhaps may be more broadly common to people with psychosis. • Two participants withdrew, this was not followed up within the analysis may have identified more ambivalence regarding the project and personal recovery process • Interview guide included • Rigour of data established using audit and respondent validation and summary of analysis from their narrative account given to participants • Quotes used throughout study is a strength however unclear how well all participants are represented

Appendix 4

NHS Research Ethics Committee Approval Letter

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Appendix 5

Local NHS R & D Approval Letter

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Appendix 6

Leaflet for gallery-based art-making intervention

The 'Life Story' Book Art Project

What is the 'Life Story' Book Art Project?

- The 'Life Story' Book Art Project is for people who have experience of psychosis.
- It is an art making project which also focuses on mental health, recovery and well-being.
- The project is being run by [redacted] a trainee clinical psychologist and [redacted] a clinical psychologist. This project is part of a research study.
- The aim is to understand better how the experience of using art to help people tell their own story may be useful for people who have experience of psychosis.
- We hope the project will help to make sense of their experiences and challenge negative perceptions they may have about themselves.

What Will it involve?

- The project will involve meeting as a small group and taking part in four sessions at the [redacted] Gallery, an art gallery in [redacted]
- The group will use the gallery to look at art and think about their life experiences and experiences of mental health problems.
- In each session there will be time to work with an artist to help create a 'Life-Story' book for each group member to tell their own story using visual art.
- Group members will also be asked to talk with [redacted] about their experiences of the project.

Who might like to take part?

- The project is open to people who are current clients of the [redacted]
- Previous experience is not required, just an interest in making art, being willing to work as part of a group and share experiences with others.

When Will it be held?

- Session 1: Tuesday 14th August - 2.00-4.00pm
- Session 2: Tuesday 21st August - 2.00-4.00pm
- Session 3: Tuesday 28th August - 2.00-4.00pm
- Session 4: Tuesday 4th September - 2.00-4.00pm

- After these four sessions, each group member will be invited to an individual meeting to talk about their experiences of the project.
- It is very important that group members try and come to all the sessions so they can get the best out of the project.

Where Will it be held?

- The 'Life Story' Book Art Project will be held at [redacted] Gallery for four sessions.
- A mini-bus will be arranged to take group members to the [redacted] Gallery. This will be a free service.
- Group members will be asked to meet with Kate up to two more times to talk about their experiences of the project. These meetings will be held at [redacted] or at another NHS site, if this is easier.

If You Would like more information about taking part, please contact:

[redacted]

Telephone: [redacted]
Email: [redacted]
Address: [redacted]

[redacted]

Email: [redacted]

Appendix 7

Information about the research: 'Life-Story' Book Art Project

Hello, my name is **Kate O'Brien** and I am a Trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide it is important that you understand why the research is being done and what it will involve for you. Please read this sheet carefully and speak to me if you have any questions. You can also talk to others about taking part in the study if you wish. The information about the research is split into two parts:

- **Part One** will tell you the purpose of the study and what will happen to you if you take part
- **Part Two** gives you more detailed information about the conduct of the study

This information sheet if for you to keep, along with a consent form, signed by you and the researcher (Kate O'Brien), should you decide to participate in this study.

Part One

What is the purpose of the study?

The 'Life-Story' Book Art Project is a programme of making art which also focuses on mental health, recovery and well-being. The project involves people who have lived experience of psychosis. You will be part of a small group.

The group will use the art gallery to look at art and think about our own experiences. You will then make a 'Life-Story' Book to help visualise those experiences and tell your own story. You will also be asked to talk to the researcher about your experiences of the project.

The aim is to understand better how telling your own stories and art may be useful in helping people who have experience of psychosis make sense of their experiences, challenge negative perceptions they may have about themselves and contribute to recovery and well-being.

Why have I been invited?

Everyone asked to take part in the project will have lived experience of psychosis. People will be approached through their care team (e.g. your Care Coordinator).

Do I have to take part?

It is up to you to decide to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason.

What will happen to me if I take part?

The group will be held over four weeks at xxx Gallery; each session will be two hours. You will then meet up to twice more for talks with the researcher about your experience of the project.

Expenses

A mini-bus will be arranged to take you to xxx Gallery. This will be a free service.

What will I have to do?

You will be part of a small group taking part in four sessions at the xxx Gallery. This will involve looking at art in the gallery, talking together and making a 'Life-Story' Book. You will then be asked to meet the

researcher up to two more times to talk about your experiences of the project. The discussions held with the group and the interviews will be audio recorded.

What are the possible disadvantages of taking part?
Sharing past experiences has the potential to be upsetting. The researcher and a qualified clinical psychologist will be at every session should you experience any difficulties relating to the discussions or the project more generally.

What are the possible benefits of taking part?
We cannot promise the study will help you, but the information from this study will help to understand better how telling your own story and making art may be useful for people with lived experience of psychosis to make sense of their experiences, challenge negative perceptions they may have about themselves and contribute to recovery and well-being.

What if there is a problem?
Any complaint about the way you have been dealt with during the study of any possible harm you might have suffered will be addressed. The detailed information on this is given in Part Two.

Will my taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence.

This completes Part One. If the information in Part One has interested you and you are considering participation, please read the additional information in Part Two before making any decision.

Part Two
What will happen if I don't want to carry on with the study?
You are free to withdraw at any time, without giving a reason. If you withdraw from the study, we would like to use the data collected up to your withdrawal.

What if there is a problem?
If you have a concern about any aspect of the study, you should speak to the researcher, and I will do my best to answer your questions. You can either speak to me in person, or you can leave a message for me on the 24-hour voicemail phone line at 01892 507 673. Please say that your message is for me (Kate O'Brien) and leave a contact number so that I can get back to you. If you remain unhappy and wish to complain formally, you can do this by contacting Professor Paul Camic, Department of Applied Psychology, Canterbury Christ Church University, Salomons Campus at Tunbridge Wells, Broomhill Road, Tunbridge Wells, Kent, TN3 0TG or 01892 507 673.

Will my taking part in the study be kept confidential?
The discussions and sessions will be audio recorded however they will be only be listened to by the researcher and my supervisor, a qualified clinical psychologist. All data gathered will be stored securely, in line with legal and ethical requirements.

When the project is finished, I will write a report about it. I might use quotes of what you have said in the research however, they will be anonymised (so no-one, other than the researcher, will know it was you that said it).

What will happen to the results of the research study?
A final report will be produced for Canterbury Christ Church University, as per the course requirements. You will also receive an overview of the findings. It is also the intention that the findings of this research will be published in a peer-reviewed journal.

Who is organising and funding the research?
xxx Gallery, xxx NHS Foundation Trust and Canterbury Christ Church University have all contributed to the organising and funding of the research.

Who has reviewed the study?
All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given a favourable opinion by xxx NHS Research Ethics Committee on 20/06/12.

Further information and contact details
If you would like to speak to me and find out more about the study or have questions about it answered, you can leave a message for me on 01892 507 673. Please say that your message is for me (Kate O'Brien) and leave a contact number so that I can get back to you. You could also discuss taking part with one of the health care professionals on your care team.

If you would like general information about research and taking part in research studies for people who have experience of mental health problems, please contact the Mental Health Research Network by visiting their website: http://www.mhrn.info/pages/people-with-experience-of-mental-health-problems.html

Thank you!

Contact details for Kate O'Brien, Trainee Clinical Psychologist:
Department of Applied Psychology, Canterbury Christ Church University, Salomons Campus, Broomhill Road, Tunbridge Wells, Kent, TN3 0TG │ 01892 507 673

Appendix 8

Written Informed Consent: 'Life-Story' Book Project

- ☐ I confirm that I have read and understood the information sheet (Version 1.0, 09/05/12) for the 'Life-Story' Book Project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. (Please tick box to agree to this)
- ☐ I consent to act as a participant in sessions producing a 'Life-Story' Book, research interview/s and for these to be recorded. (Please tick box to agree to this)
- ☐ I consent for the 'Life-Story' Book and recordings to be anonymised and used as part of the research. (Please tick box to agree to this)
- ☐ I understand that my participation is entirely voluntary and that I am free to withdraw from the project at any time, without having to give a reason. (Please tick box to agree to this)
- ☐ I understand that I will not be identifiable from the information collected during the research. (Please tick box to agree to this)
- ☐ I agree that the information I provide, including anonymous quotes, may be used for analysis and subsequent publication, and provide my consent should this might occur. (Please tick box to agree to this)

Participant Signature: _____

Participant Name: _____

Date: _____/_____/_____

Researcher Signature: _____

Researcher Name: _____

Date: _____/_____/_____

Contact details for Kate O'Brien, Trainee Clinical Psychologist:
Department of Applied Psychology, Canterbury Christ Church University, Salomons Campus, Broomhill Road, Tunbridge Wells, Kent, TN3 0TG | 01892 507 673

Appendix 9

Interview Schedule

"As you know, the conversation we are about to have is part of a research study to try to understand whether the 'Life-Story' Book Project was useful in helping you think about the experiences that led you to be in contact with mental-health services. Perhaps you could begin by using your 'Life-Story' book to tell me something about yourself and what has brought to the point of sitting here talking to me about the project?"

Interview areas for participants to be prompted on, if necessary:

Visiting the gallery, looking at and reflecting on the paintings

Developing a life-story book, creating the images

Being part of a group

Ideas around: psychosis, recovery and well-being

(Adapted from Thornhill, Clare and May, 2004 and Colbert, Camic, Cooke and Springham, 2013).

Appendix 10

Content and themes in sessions from gallery-based art-making intervention

Session One – Childhood

- Painting explored in gallery session:
    - Mrs Elizabeth Moody with her sons Samuel and Thomas (c.1779-85, Thomas Gainsborough)

- Art-making in studio session:
    - Creating our 'Life-Story' books, a book-making technique involving envelopes to make a concertina shape was used.
    - Art-making theme was 'a childhood toy'.
    - Art-making technique was a mono-print using ink

Session Two – Important places and holidays

- Paintings explored in gallery session:
    - Landscape with Sportsmen and Game (c.1665, Adam Pynacker)
    - Horatius Cocles defending the Bridge (c.1642/43, Charles Le Brun)

- Art-making in studio session:
    - Art-making theme was 'a holiday or place that has been important to us'
    - Art-making technique was a transfer using polystyrene block and ink

Session Three – Home, family, places we have lived

- Paintings explored in gallery session:
    - The Nurture of Jupiter (c.1636-37, Nicolas Poussin)
    - The Chaff-cutter (Before 1690, David Teniers, the younger)

- Art-making in studio session:
    - Art-making theme was 'homes we have lived in'
    - Art-making technique was a textile printing technique using string and ink

Session Four – Hopes for the future

- Paintings explored in gallery session:
    - Joseph receiving Pharaoh's Ring (c. 1733-35, Giambattista Tiepolo)
    - Saint Jerome and a Donor (c.1563, Paolo Veronese)

- Art-making in studio session:
    - Art-making theme was 'maps of our hopes for the future'
    - Art-making technique was a heat-transfer technique using different textiles to make 'maps'
    - Collating self-created images into the 'Life-Story' books

Appendix 11

Data from bracketing interview

Bracketing interviews are used to recognise how personal experience may influence the construction of knowledge. In this way meanings may remain intact, in that they are not denied but rather bracketed, in order to amplify the researchers own reflexive capacity to consider how thoughts, values and feelings might intrude on their capacity to listen to participants and the potential for bias and prejudice within interpretation (Rolls and Relf, 2006; Fischer, 2009).

Issues identified:

- The potential for participants to speak about experiences which may have been difficult for them, such as trauma, and recognising the possible for conflict in my role within the context as a narrative-interviewer in managing a more neutral stance, rather than unpacking and considering experience, and potentially taking a more empathic stance

- Personal beliefs regarding the influence of medical-discourses on the individual

Appendix 12

Extract from research diary

2011	
January	Research fair. - One potential project really stood out for me – an art-based gallery intervention for people with psychosis. This was of particular interest as my undergraduate dissertation related to mental health and creativity. As an assistant psychologist I had also worked within a recovery team with people with psychosis and was particularly interested perceptions of stigma acted as barriers to accessing their communities and amenities (such as galleries).
February	Internal and external supervisors appointed.
March	Meeting with my external supervisor - Really useful and enjoyable, so many ideas to think about. - We have a gallery interested in the project (they have been part of previous projects within the university) - Need to think about recruitment regarding client group. Discussed promoting project to her team but also across recovery directorate. Explained that I have links back to the recovery team I worked with (will email team leader to discuss this as an option if recruitment proves tricky).
April	Meeting with internal and external supervisor. - Settled on art-making and the creation of individual booklets. - Have been looking into making concertina books as these seem very manageable.
May	Proposal for gallery explaining the project - Meeting arranged with them to present the proposal - Redrafting process with internal and external supervisors has been very useful exercise, particularly in explaining my project to individuals without specific psychological and research knowledge. I think this will be very helpful for the IRAS proposal.
June	Proposal has been approved by the gallery - Meeting at the gallery to discuss further. Plan is that gallery will provide an artist (who also specialises in book making) and a gallery guide, such an incredible resource.
July	MRP ideas form submitted Gallery visit with service-users from the complex needs service my external supervisor works within. - Such a great experience. It was so interesting to observe how the service-users managed being in the space. One hair-raising moment, when a service-user expressed his interest a little too enthusiastically, and touched one of the art-works! The gallery-staff managed this so well and overall I was really impressed with their relaxed style. Really knowledgeable but very approachable and put everyone at ease. Service-users asked

	interesting questions and seemed really engaged exploring the paintings. Left feeling exhilarated – I am starting to be able to envisage how my project could work there! Interesting lecture about qualitative research methodologies. - Left feeling that a narrative methodology really does fit my project.
October	Researching in partnership lecture - Met with service-users with experience of mental-health problems and of research. - Discussed with them my concerns about the project seeming daunting, over several weeks, with a group etc. Was pleasantly surprised as they reminded me how interesting the project seemed and that people might want to take part! Helpful in thinking about interviews, making sure that participants understand I am interested in their experiences, positive or negative.
November	MRP proposal review. - Interesting comments, discussed including a visual methods analysis. Had been trying to express how the books would add another way of expressing experience but their comments have helped me think this through. Applying for ethical approval lecture. - Has been helpful in understanding the IRAS form better, although it's very unwieldy, I think I'm starting to see more how it can be useful to thinking about impact of research on ppts.

2012	
January	Meeting with external supervisor to discuss IRAS form. - Useful thinking about non-linear process of recovery and potential for project to be useful to ppts but also potentially destabilising. Importance of managing risk transparently, contact with teams around individual and offering opportunities to speak privately with myself and ext. supervisor during project. Phone contact may also be useful, particularly in maintaining engagement. Lunch time session about the use of bracketing interviews. - Very interesting. Was not previously aware of this, but definitely something I would like to do. Makes sense in relation to ideas that we are part of the social world we are studying, and therefore will have assumptions and personal experiences which if we don't seek to become aware of them as influences may unknowingly impact on both the interview process and analysis. Have agreed to undertake this with another student also using a narrative methodology.

	Bracketing interview with another student. - Very interesting process, particularly in recognising how my response as a clinician and as a researcher will need to be different. Also explored how my previous experience of working with people with psychosis, particularly older service-users who have had contact with the psychiatric system for a long time, how their lives have been affected by stigma, social difficulties and the effects of medication. Noted that this may influence how I listen to participants with different experiences. These ideas will be useful for the interview process, I'm feeling a bit more prepared for the participants in this respect, but the interviews are still a source of considerable concern. I'm not sure at all about the more neutral stance, will I be able to maintain this if/when participants tell me distressing experiences. However, also need to consider they have agreed to take part in a research interview, not a therapy session.
May	IRAS application sent Narrative meeting with fellow students using narrative methodologies and a lecturer also interested in the area. - Relieved that we all seem to be struggling with the same areas, many options for how to go about narrative analysis and the unstructured nature of the area! Some really good book recommendations from one of the students.
June	IRAS REC committee day - Very nervous but actually proved far less stressful than I had thought. Thinking through the ethical implications with my external supervisor was so valuable, they commented on how it seemed I had held in mind my participants. Only one question! A concern regarding my interviewing the participants and how this may inhibit their capacity to be able to make criticisms of it. It was an area I had already considered. I acknowledged it is a drawback in some ways, however having a previous relationship with the participants may also mean they are more comfortable to speak of their experiences. Favourable opinion rec'd for IRAS ethics proposal.
July	Favourable opinion rec'd for local R&D department. Met with artist and gallery guide who I will be working with. Discussed plans for sessions and how the books will be constructed. - Books, artist has also suggested concertina book format. She suggested however to use envelopes stuck together to create pockets, which ppts may use to put postcards of artworks they particularly enjoy. What a fantastic idea. - Themes for the project was discussed, this was a bit of a juggling act! My thoughts were perhaps more on themes around life events and were more focused perhaps on the emotions around these. However, both the artist and gallery guide took a more

	concrete position, making images of particular life experiences, in order that participants won't spend the whole session thinking about what to make and also that there are art-works within the gallery that can be related to these ideas. After mulling this over, I think there may also be considerable merit in participants exploring life events more broadly, rather than a narrower focus on experiences relating more to psychosis. Meeting with HR dept to discuss my health difficulties. - It has been agreed that I will take some time away from the next placement - Explained my commitment to this project so have agreed to continue running it over the summer Recruitment - The leaflet has been circulating and myself and my supervisor have been in contact with all teams in the recovery directorate. - We have been able to recruit ppts of different ages and ethnicities. - We are now oversubscribed. I really had no idea that the interest would be so great. Whilst this is very exciting it has been difficult to explain to three potential ppts they are not a 'reserve' list in case anyone doesn't want to participate. I think this speaks to the need for novel interventions which are not based within clinical settings.
August	Sessions - Art-viewing – gallery guide is engaging and relaxed, format of speaking to the person next to you for initial conversations then broadening to whole group appears successful. - Art-making – some really interesting techniques, ppts seem to be enjoying these sessions. Initially ppts tended to speak more to the facilitators however, I'm noticing that as we continue there is more sharing going on across the group. - Travel is challenging, the Olympics are on and we are getting stuck in traffic, this has left ppts who are arriving independently waiting alone. They have all managed well however. Really pleased that one ppt spoke to me about finding her journey home challenging. after focusing on the session, she is finding that she is hearing voices on the bus home and finding this distressing. Discussed this together and decided she will travel independently on the way to the session but come back on the mini-bus to manage this. Weekly phone contact seems to be paying off in terms of engagement and ppts feeling able to share difficulty rather than ending up not attending. Weekly email contact also with teams to reflect their input in reminding ppts to attend and speaking with them about their experiences. Emails sent after each session to teams

- Session 1

Dear All,

We had the first session of The 'Life-Story' Book Art Project at xxx Gallery yesterday afternoon. Attendance was excellent, with nine participants attending. Two travelled to the gallery independently. The participants who joined us on the mini-bus were also all on time. I would like to say a big thank you to care teams for reminding clients about the project and helping them to attend.

For the first session, we focused on the theme of childhood. The group looked at and discussed a painting by Thomas Gainsborough called Mrs Moody with her sons (I've attached a picture of painting). I won't give anything away, but ask your clients about the twist which made this painting still feel so relevant today!

In the art-making session, everyone started to make books which their art pieces will be put into, using a technique involving envelopes. Participants commented that they had not thought of making a book this way before. The art-making was making a mono-print. All the participants made at least one piece of art and some made several. They concentrated well for the entire session and really challenged themselves in thinking about the art and making their own pieces. A great first session!

We hope to see everyone again next week. Please can I ask that if you have clients that attended that you remind them of the next session:

Next session - Tuesday 21st August
12.30pm - if they are getting the mini-bus from xxx

2.00pm - if they are meeting us at xxx Gallery

My number is xxx, please feel free to contact me with any queries about the project.

Best wishes,

Kate

- Session 2

Dear All,

Yesterday was the second session of The Life-Story Book Art Project held at xxx Gallery. We had a great attendance, with eight participants joining us for the session. I would also like to say a big thank you to xxx for helping us with getting some of the participants to

	the project yesterday! We looked at two paintings Adam Pynacker - Landscape with Sportsman and Charles le Brun - Horatio defending the bridge (both paintings are attached). In the art-making session that followed we used a print-making technique to produce prints of holidays or places that had been important to us. The participants are starting to feel more comfortable speaking as a group, and we heard some really interesting stories about pieces that participants had made, about places far away and some much closer to home. The session was again a really great success, thank you to all that contributed. We hope to see everyone again next week. Please can I ask that if you have clients that attended that you remind them of the next session: Next session - Tuesday 28th August 12.30pm - if they are getting the mini-bus from xxx 2.00pm - if they are meeting us at xxx Gallery My number is xxx, please feel free to contact me with any queries about the project. Best wishes, Kate - Session 3 Dear All, Yesterday was the third session of The Life-Story Book Art Project, held at xxx Gallery. Eight participants joined us for the session this week. We also had xxx from xxx (staff newsletter) join us for some of the session, as he is writing a piece on our project. This is an email publication, but we will have copies printed out for all the participants when it is sent out. This week the session focused on ideas about home and family, places we have lived and their significance to us. We looked at two paintings, Nicholas Poussin - The Nurture of Jupiter and David Teniers - The Chaff Cutter. We also looked at another art piece which had been produced by a

	graffiti artist, who had worked with xxx Gallery to reimagine some of the paintings in the collection. Showing what experts our participants have become, when I showed them this very different view of Mrs Moody and her sons and asked them who it was, they all guessed straight away! (Pictures we explored are all attached). In the art-making session we used a textile and printing technique to make pictures out of string which produced prints of ideas around homes we have lived in. The participants have now developed into a really supportive and cohesive group, they are much more confident to comment on each other's art pieces and to tell the stories behind their own. We hope to see everyone again next week, for the last week at xxx Gallery. Please can I ask that if you have clients that attended that you remind them of the next session: Next session - Tuesday 5th September 12.30pm - if they are getting the mini-bus from xxx 2.00pm - if they are meeting us at xxx Gallery My number is xxx, please feel free to contact me with any queries about the project. Best wishes, Kate - Session 4 Dear All, Yesterday was the fourth and final session of The Life-Story Book Art Project, held at xxx Gallery. We were joined by eight participants for this final session. For the session we looked at two paintings. In the first by Giambattista Tiepolo - Joseph accepting the Pharaohs ring, we heard the story from the old testament of Joseph who had dreams of the future and the difficulties and great things this brought into his life. We considered whether we would like to know our own futures, what benefits and challenges this might bring! We also looked at a painting by Paulo Veronese - St. Jerome and a donor. We learnt that St. Jerome decided to change his life and considered together the paths our lives have taken and who has been influential in our lives. (Pictures are attached). In the art-making session we used an interesting art making technique using heat to produce an image on a piece of paper to make 'maps' of

	hopes for our own futures. As this was the last art session, we also had the task of putting together our 'Life-Story' books, which contained all the pieces of art we had made in sessions, along with places to put post-cards of some of the paintings we had looked at together. We spent the last part of the session standing back admiring our work - all the books looked fantastic! We discussed how much the participants had grown in confidence in looking at art, making their own and speaking with each other. One participant mentioned that at first he had thought that the gallery might not be interesting as it was full of such old things, but he had been surprised about how looking at the art and talking about it had led to many interesting conversations. Another said that he had plans to visit the gallery again; he wanted to bring his family to show them some of the things he had experienced. I would like to say a big thank you to xxx Gallery who were so supportive of this project and who have also made the lovely gesture of giving each of the participants a pass that allows them and one other into the gallery for free for a year. A very special thank you also to xxx for helping to organise everything to do with the project, to xxx for bringing the paintings to life and helping us explore them and to xxx for inspiring us and helping us make amazing art each week! Thanks also to all the staff at xxx who referred clients, and for their encouragement and support of the participants to attend each week. The next stage is for me to speak with each of the participants using a narrative interview. These will mainly be held at xxx. The project will then be written up and made available to all participants that took part. My number is xxx, please feel free to contact me with any queries about the project. Best wishes, Kate
September	Interviews - Have conducted eight of the nine interviews. - Asked ppts to choose their own pseudonyms, some very interesting answers. 'Ahmed' spoke about wanting to rename himself, in relation to re-storying his experience and moving on with his life. 'Walia' explained that the name meant something akin to friend or patron; she related this to being part of the project. - Many wonderful experiences during the interviews. It has been a very emotional process. I have been continually amazed at how generous ppts have been about sharing their experiences. Not

	all positive however, some stories have made me feel very sad and angry. Particularly relating to possible abuse experienced by one ppt, however this is my interpretation of their experience. Very difficult at times, managing position as interviewer, rather than therapist. - Felt very pleased with regard to how ppts have expressed feeling the project was of benefit. Touching at times – one ppt (Dean) brought his portfolio of work to show me. He also used this when discussing how art-making had been beneficial to him in managing his mental-health problems. This was very powerful and really useful. He had also drawn me a picture of a cat (I must have been talking too much about my cat again! – But the gesture was so thoughtful and really spoke to the idea that we had shared something, listened to each other and made connections). - Concerned about two of the interviews conducted with ppts. One ppt memory problems are much more pronounced than I realised. Interview felt strained and coercive. It felt like I was testing him rather than he was able to reflect on his experiences. The other ppt had a medication change and also had been under some stress currently. He seemed very preoccupied and again it felt very difficult for him to reflect on the experiences from the project. It might be possible to interview him again but with time pressures I'm not sure this will be possible. Will speak with my ext supervisor about inclusion of these ppts.
October	Return to Work.
November	Final interview conducted. (Pixie). - So nice to see her again. She is doing well and continuing with creative activity, she has started a course in textiles at her local college. She had a skirt she had made to show me. She is the second ppt to bring me something they had made. The process of making art together, sharing materials and ideas, seems really to have been bonding in this way. Ppts have expressed that feeling part of a group that made something together was important and I feel that sense too.

Appendix 13

Further explanation of genres used within analysis

Frye (1957)

Suggested the recurrence of certain archetypal 'genres' within literature which serve to determine their form and function. Identified four literary genres. Such genres are used by the individual to symbolise their own experiences.

Comedy	Romance	Tragedy	Satire
Restoration of social order	Hero faces challenges on route to goal and eventual victory	Hero defeated by forces of evil and ostracised by society	Cynical perspective on social hegemony

Frank (1995)

Explored narratives of illness and identified three narratives

Restitution	Quest	Chaos
Focuses on a return to health with individuals wishing to find themselves 'good as new'. Modernist 'medicalised' expectation that "for every suffering there is a remedy" (p. 80). The narrative attempts to outdistance mortality by rendering illness/difficulty as transitory. Frank notes a sense of hopelessness may ensue if restoration to health is not possible.	The individual identifies their illness/difficulty in the context of a journey that cannot be outpaced, but for which there is hope for the future, and something to be gained in their experience. It is described as "meeting suffering head on; they accept illness and seek to use it" (p.115). The narrative journey reflects on experiences, seeking new meaning and insight from them.	Suggests the individual sees their life as presently engulfed by the 'illness-identity'. The chaos narrative plot imagines life never getting better (the opposite of the restitution narrative). It may be viewed as an 'anti-narrative' as the individual is unable reflect on experience and cannot meaning be made in the maelstrom of continual difficulty.

Crossley (2000)

Explored narratives with people living long-term with an HIV-positive diagnosis. Found that individuals narratives broadly fitted into three categories.

Normalising	Conversion/Growth	Loss
Wanting to minimise the impact of illness/difficulty. Planning for the future in this story seen as a way of defending against the reality of illness/difficulty and mortality. Focus away from reflecting on experience and towards 'doing things' and 'keeping busy'. Temporal position of "living in the future" (p. 147)	Focus on developing understanding and management of illness/difficulty and emotional experience. Conversion of experience into something new, not repeating past patterns. Temporal position of "living with a philosophy of the present" (p.143) acknowledging and appreciating being in the present moment.	Focus on current limitations and sense of being overwhelmed. Rumination on what life used to be like and an inability to project into the future, to live with hopes and aspirations. Future viewed as out of individuals' control, powerless with illness/difficulty dominant in life. Temporal position of "living in the empty present" (p. 151).

Thornhill, Clare and May (2004)

Explored narratives of individuals with lived-experience of psychosis. Found participants narratives fell broadly into three categories

Endurance	Enlightenment	Escape
Focusing on acceptance however with an emphasis on continuing difficulty. Psychosis viewed negatively, with an emphasis on what has been lost in life due to difficulties, experiences not seen as meaningful. Positive action and the future focused on. Psychosis seen as similar to chronic physical illness, in needing continual monitored for recurrence.	Gradual sense of understanding and control over ones experience from meaning made through self-reflection. Past experiences are considered from multiple perspectives in order that they can be weaved together by the individual to make sense of their experience and insights used in the future. Psychosis understood by some as being a response to experiences of trauma.	Signifying the need to escape the confines of identity defined by the concept of the "chronic psychiatric patient" (p. 188). Metaphors of imprisonment, surviving and breaking free from compulsory treatment and dominant narrative imposed by the mental-health system were also identified.

Appendix 14

Complete transcript - Ahmed

This has been removed from the electronic copy

Appendix 15

First analysis - Ahmed

- British Asian male in his forties, of Pakistani heritage
- Was homeless in late teens due to disagreements within his family. Was estranged from family for some time. He is now in contact with them, and lives with his family again.
- Single, unemployed, engaged with mental health services
- Currently studying access course at college. Aspirations to travel, work on the underground and be able to support himself independently.
- Current diagnosis schizophrenia

6 – He seems anxious and interrupts me in order to agree with me. I realise that although I have tried to set the scene that this is just a conversation the interview format of the first question may seem daunting. We have developed a rapport during the time with project, but it makes me consider how this may feel for all ppts (he is the first interview). I remember him gently chiding me for calling it an interview when I introduced the idea to the group as it didn't sit well with the rest of the project which was quite informal. He suggested when I described what we would be doing that I should refer to it as a conversation.

18-21 – This is a great statement! It sounds like during the process of making the life story books and the individual images that he was taken back to different experiences and in effect re-told him his own story "the way it can so easily tell you about your life story and it took me, in the past, thinking about it, thinking about my experience that through my life the stages that I was going through".

23 – I think I am aware that I sense that he likes to please people so I want to allow him to develop this train of thought

25 – feeling misunderstood or being disbelieved or both?

29 – he is more guarded about this personal experience rather than his sense of the project

35-36 – again general positive talk about the project

38 – I think I was wondering if he might be prepared to talk about more difficult experiences in the context of him feeling more positive now.

40-42 – his own recovery narrative, a turning point, and talk again of not being believed

46-50 – I think it may be that he felt misunderstood in relation to his experiences. Are these psychotic experiences or other experiences? I've asked but perhaps this is too personal. Tough times as in experience but tough procedures – what does this relate to? I've noticed that Ahmed sometimes uses unusual words (may reflect language or lack of education) so this may not be literal. The outcome of this was that he lost out on education/work/interesting things. The onset of him becoming unwell and/or stigma in relation to him being unwell?

54-56 – there are several aspects to this part of his story. Initially a sad story about being evicted from his parents place (interesting language not thrown out but evicted, it sounds very formal even though it's his family)

56-59 – then this very evocative language about his life changing "so my life changed to another road, where when I was on the streets". Then a turning point seems to be described that his re-storying is that this time was helpful to him in developing his understanding of society "what was going on in the open world" the 'school of life' but still sadness as he would have liked his formal education to have continued.

59 – Fatalistic? "my destiny just took me towards another road"

60-62 – his story of the streets. The pressure and his sense of deprivation physical, mental (emotional?).

67 – his tone has changed, he is enjoying this sense of surprising me!

71-83 – a story of tenacity and survival, he's right, this is interesting. It challenges the perceptions that I had of him as a man in his forties living at home with his parents. I had made assumptions, partly based on received cultural ideas, that his life might have been fairly protected living at home with mental health problems, rather than this story of surviving on the streets and managing to find work even during this time!

87-90 – the acceptance of the lorry driver seems important in a time of such uncertainty and stress he found people that showed him kindness and generosity. That he remembers it suggests its importance to him also.

94-97 – something very spiritual (and that it happened in a mosque) about this experience, in his hour of need he felt someone grab his hand and support him. Interesting that he continued attending mosque during this time, I have a sense of seeking sanctuary.

101-107 – again a sense that he was saved. Wrong religion I know but I have a sense this feels like some kind of biblical story about Jesus being washed and cared for?? (A lack of knowledge in either religion on my part! Could there be a similar story in the Quran?). It sounds such a nourishing experience after all the deprivation. Washed his clothes, fed him and supported him (parented him?).

111-125 – a story about his mental health problems? He has breathing problems, he is vulnerable? The smoke seeps in around him and the students frightening prophetic message to him that it is inevitable that he will start smoking with all the difficulties he has experienced "they said to me that the stress what you are under … like life is like taking you down". He cannot avoid these smokers, his mental health problems? He gets taken down by them.

135-140 – the death of Diana, perhaps associated with the death of his own innocence? He acknowledges the stress he was under. His phrase "physically and mentally", interesting a more holistic view of mental health/ill health? He becomes a smoker for 12 years. He is lost for 12 years?

140-145 – a turning point? the return of his family to his story. Smoking is perhaps his way of expressing being mentally unwell (images of people with severe and enduring mental health problems smoking endless cigarettes comes to mind). He is like a child again, his brother taking the cigarettes out of his hand.

147 – not sure why I suddenly ask this? He seemed to moving out of that period and towards the present. I may have wanted to elicit a more specific narrative about that period of not being understood/believed possible psychotic experiences.

151 – I am trying to find out more about this period

153-156 – this doesn't seem at odds with a wider social narrative. I wonder when he says "I wanted to do my own, I wanted in my life for me, for things to work out more well" if his beliefs about what his life should look like were at odds with his families then, perhaps culturally as he has been brought up in the UK?

160-166 – "if the roof is gone, then a persons finished", he had his roof (stability) taken away from him as he was not able to fit in with the family in the way that they wanted him to?

170-190 – again a story of deprivation and struggling to survive, this has a strong social inequality narrative, his experience of living on tinned food as he was unable to afford fresh food and having to spend more on launderettes, living hand to mouth. And then having to wash the dishes of people that could afford to eat well. "people giving me a tough time in the restaurant" is he talking about hard work or prejudice/stigma perhaps?

194 – I think this is what I'm trying to get at

196-200 – he is not comfortable in giving me specific experiences. Narrative of no problems as child. But then pressures as he grows up breaking him down becoming "physically and mentally ill" first time he has said mentally ill. Does he prefer to think of this as partly a physical illness?

204-216 – the realities of homelessness. Repetitions of not having choice about life choices such as where you would like to live. Lack of autonomy. Deprivation, no home comforts. Survival.

218-235 – and then a turning point, Ahmed takes control of the situation and gets the things he needs to make this place his home. Empowerment, he identifies his strengths as the lessons he learnt on the streets and how he survived the difficult times. He finds in himself his "will power and it was to do with man power" his sense of himself as a man? Internal resources, he is able to stand up again and life is no longer taking him down?

239-245 – voicing his understanding of recovery the importance of hope and carrying on.

249-261 – more of his conceptualisation about what helped. Working on himself but not alone, he mentions engaging with others and talking with others. Medication also mentioned. Importance of time to recovery, his 12 lost years mentioned again. Some sense of being alongside professionals but also language around being "under the

authority of the clinic", and making compromises. Personal narrative of having survived this difficult time and being able to recover.

265-283 – the problem of medication. Being addicted to it or it not being sanctioned to stop taking it? Has he internalised dominant narrative of people with dx of schizophrenia having to be on medication for life in terms of seeing himself as addicted to the medication? A medicalised narrative: health being affected and well-being being dependent on taking medication. Personal narrative doesn't seem to agree with medicalised narrative of needing medication for life, he is compromising with doctors to reduce medication. The problem is no longer the problem, the problem is now the medication and how to find a way of reducing it "so at the moment I'm not facing the problem of being physically and mentally ill, on the other side I'm facing the problem of being addicted".

285-287 – still trying to build a picture of what he experienced. Perhaps I should have been more direct about psychotic experiences?

289-294 – the choice of language "juvenile", makes me think of delinquency, is that how he was viewed by his family during this period? A sense of conflict between what he wanted to do and what they wanted him to do?

298-299 – he hasn't forgotten what happened.

310-314 – passage of time (time he recognised as having been important to him healing and his personal development) and healing his conflicts with his family. His sense that they are more able to understand him and have more compassion perhaps.

318-324 – this is a lovely statement. He expresses a positive sense of self "I'm the type of person" a recognition that he cannot change the past and that he accepts the "broken pieces of my life" and wants to integrate them into his present experience to "bring the broken pieces back together again, like a puzzle" and this process is hopeful "so the image looks better".

333-336 – who is 'they' that gave him ideas? He found the process useful and "it's an easy way to discuss about someone's life story through art by pictures". The sequential nature of the life story books "right, this is where you were, and this is where you were after"?

336-338 – really interesting comparison to film-making. "showing you a picture of some parts of your life" we did do this essentially by asking ppts to create a picture from a particular time period of their lives, but Ahmed felt that this allowed him to see "the way it was to be from them periods of time. Like a snapshot". I wondered a lot about the choices of what was chosen for ppts to draw. Less grand themes, more memories from particular time periods, some of them seemingly fairly mundane. Did this allow for ppts to thicken narratives around 'ordinary' experience rather than very evocative/emotional/traumatic experiences?

338-345 – I love the idea of seeing the ideas presented to him about how his book might look and that it "grew this goal within myself"! Some really interesting ideas about developing his life story, wanting to bring it to life as a film. Films can be shot from different angles and there is something here about taking different perspectives on experience as when you look at a negative you can see the same image a different way, although it is still

the same image. Multiple truths and thickening alternative stories? But what resources do you need to do this, his talk about needing the queen of England or to be a millionaire to be successful in developing his life story.

349-350 – a sense of past and future.

351-359 – sharing the “understanding and knowing” of the story of a picture he created of a holiday in Saudi Arabia with the group appears positive allowing him to feel more relaxed.

363-367 – the support from the rest of the group as Ahmed told his story and shared his picture appears two-fold, the ideas that they gave him about the process of creating the picture and the understanding he seemed to feel from them listening “but the way that they gave me ideas, it showed that they were easing my pain, physically and mentally, by understanding that period of time”.

367-371 – opportunity to share others experiences, both good and bad moments. And the process of being able to reflect on your image with others appears positive allowing him to reflect on the image with others, consider his past experiences, present and future goals through this process.

375-376 – bit of confusion here I think regarding when “roman times” were! But a sense that he was surprised at how old the pictures were.

376-378 – it’s Mrs Moody, he can’t remember her name but her story is clearly important as he stuck her portrait to the front cover of his life story book. Importance of the gesture by the gallery of giving the ppts the option of having postcards of some of the paintings.

382-389 – The story of Mrs Moody. Ahmed is clearly touched by the emotional story attached to the painting but also that the picture is more complicated than at first seems, passage of time, different perspectives, challenging assumptions, the creation of a different truth. “when I saw this picture I thought she was alive at the time with her two children and I realised that actually the two pictures were brought together, like of the children and the mother to portray the image together”.

388-389 – “it shows that through pictures, memories can go on forever, for everyone”. The creation of an image can transcend time and allow a memory to be viewed/interpreted in the future, both by the creator of the image and perhaps also the viewers?

389-398 – memories triggered by reflecting on the image. Loss of a picture and his bike, precious items that he lost when unwell, the emotional and material costs of insanity. “milk age”, interesting language, from the happy innocence of the milk age to the conflict of his juvenile age and the stress of the 12 lost years to regaining his strength and sense of self in his recovery – a bit like the seven ages of man.

402-412 – that things can be lost and regained. Turning points and hope. Integration of his mother and father, he felt badly treated by them, but they are part of the record of his life and experience?

416-422 – recovery narrative, his own resourcefulness and recognising what he needs to help him to bring the pieces of his broken experience back together.

426-445 – not sure what “aliable” means, it seems to be positive, I don’t stop him to ask, it’s understandable in the context of what is being said. 436 mention of the police, the use of the formal language ‘eviction’ ‘juvenile’ ‘on the premises’ is now perhaps a little more explained. The police saying he can’t go back perhaps now gives an indication of the level of conflict in the house.
The story of the loss of his education. He explains this as having happened due to not being able to return to the house. Of course, if things were this chaotic we have no idea what the quality of his work might have been. It may be helpful/protective for him to construct this one event as having been the turning point for his education.

449-455 – some confusion here regarding whether he was at GCSE or A level standard. Important belief to him that he was not forgotten and was “well known within the system”.

459-461 – when he speaks about what he has or hasn’t achieved things seem to get quite confusing. Perhaps it’s hard to acknowledge difficulty that he cannot relate to external forces as being responsible.

465-467 – his hopes for the future, to get a job. Conforming to societal pressures, “maths comes in everything in this country”.

478-482 – referring to a picture he created relating to the future. A dream of money and escape (from troubles?).

486-489 – a more realistic picture of the future? His desire to get a job on the underground, he sees this as a good position in society. Responsible, visible to the public? And able to support himself.

490-492 – referring to the picture with the story that he shared with the other ppts. Interesting he says “the other picture which I took in Saudi Arabia of Mecca” was he thinking of a picture that he actually took whilst there or that the image he created was like a snap shot from his memory? The pictures created were largely ‘of something’ as this was the format presented by the artist who helped us create the pictures. I wonder how the pictures, and perhaps the stories, might have been if we had focused on the emotion created by experience?
Ahmed took a risk in sharing his story about this difficult experience with everyone. It seems to have been a positive experience and helped him to feel bonded to the group. He was the only one who wanted to make his own pictures of the experience of the group by buying a disposable camera and taking photos of the last session and the group. I wish I’d asked him more about this decision!

496-497 – his resolution to the story, prepared for challenges in the future?

499-500 – he is referring to another picture he created, a beach ball, when asked to draw something of significance from childhood. This picture was created in the first session and he did not share the story attached to it, perhaps not as comfortable with the group as he became later. “a sad memory behind it, but it’s also a good memory too” reflecting his understanding of this story as having more than one perspective/truth. Transformational?

509-515 – interesting use of the word ‘drifting’. His mother drifting away from him, his drifting into danger. Metaphor for his life drifting out of control?

519-523 – sudden change in pace. The tone is frantic “I was fighting for my life! I was actually really drowning, I was going under water and my feet could not touch the floor” “I was trying to swim to the shore the more the current of the water which was very powerful, it was taking me more into the heavy water”. His experiences of his lost years? Powerful forces – like line 118 “they said to me that the stress what you are under … like life is like taking you down”.

524-529 – a turning point, he locates himself within his environment “I had to think of a bit of geography in my mind” and starts to work with the challenges he is faced with “if I swim to this angle and position it would take me morely to the shore” this is a slow process, like his slow progress towards recovery and he cannot go straight for his goal he swims “cross wise … the currents were strong, but eventually I started to get more closer to the shore”. He described “when I came out of the water I was shaking” recovery as taking energy, resources, determination and having to keep hope that he would survive.

529 -533 – there have been costs to these experiences; he is frightened of water “I lost confidence because of the bad memories” describing deep water as “heavy”, laden with difficult memories? However he speaks about now being in the shallow water and considering having lessons as a beginner to be able to swim in deeper waters again.

537-539 – the frightening experience is seen as part of, but not defining, the wider experience of his holiday but he has learnt a lesson about staying away from powerful currents. Ahmed could be describing the understanding of setbacks and triggers noted in some recovery literature about developing understanding about your own experience. Can he find the courage in the future to trust his understanding of himself to allow him to venture into deeper water but prepared and within his abilities?

541-544 – he is describing the small prints we made that could be a kind of logo for our experiences. Ahmed made the Pakistani flag. Describes himself as a “British Asian” but notes the importance of his “back roots” from Pakistan where his parents are both from. I wonder how this love may also be tied to his renewed relationship with his parents.

545-548 – the picture we created about a house or part of a house we had lived in or that in some way was important to us. Two houses – his dual nationalities? “And in one of these houses it does hold a very sad memory, I remember when my marriage was arranged”. (Two houses at odds - Romeo and Juliet spring to mind).

558-561 – a story of rejection, he is not wanted by the other family. This is a painful memory and reminds me of the themes in Ahmed’s narrative of having decisions made for him and a lack of autonomy in important decisions in his life.

563-567 – How he made sense of this experience. There is something of the fatalistic narrative expressed earlier 59 – “my destiny just took me towards another road” as a way of coping with disappointment. This time however it is tied to his understanding of Pakistani culture “the guardians make the decisions whether if this marriage is gonna

happen if it's not gonna happen, that's what Pakistani culture is about" his fate wasn't in his hands. Would he feel disrespectful to be upset/angry at his treatment?

568-569 – his perception of differences between English and Pakistani culture

570-571 - his explanation of not being accepted? "Because I was British so I thought that I I I am different I can't really meet up with the way, the way the regulations and rules are". He stutters several times when saying he was different. A painful memory of difference being unacceptable. Was he too English, not Pakistani enough? I wonder if there are other truths in this, could his mental health have been a factor? Does this have a bearing on his observance of culture and religion now, to be acceptable?

572-579 – having to make a choice between the two cultures. The conflict he felt in respecting both cultures but his eventual decision "I have to live my life so I should have my rights to have the choice as to who I bring into my life and who I marry. That was very important to me". Could this choice have resulted in his eviction from home, a heavy price to pay for his convictions? His perception of what is important in a relationship and that marriage should be a meeting between two families (the two cultures embodied in him?).

583-587 – knowledge of Pakistan

589-599 – between us we construct the story of these pictures, 'life reflecting art'! Ahmed did not anticipate that his print would be backwards on the page. The artist helped him use the print to create another print which was the right way round which showed how the two houses look in reality as they are next to each other but also developed the story of the parts of his identity.

603-605 – the group being "like a family gathering". The offerings of food and drink are important.

605-607 – the importance of the gallery, "the old pictures have been gathered up as a memory for the young generation".

614-621– the church contained within the gallery prompts a memory, a story of exclusion this time from English culture and Christianity. He is young (milk age) and visits a church, he is denied the bread (body of Christ?) "because of your religion you can't have this bread because you're not Christian you are Muslim". He experienced what was said as punitive and exclusionary, perhaps because no explanation was given as to what the "bread in people's mouths" was about. This experience with the experiences in Pakistan years later suggest his struggle to be accepted by either culture.

622-639 – his return to a church, years later, seems cathartic and transformatory. It is interesting that he found it, I don't remember it being signposted that well. He is drawn back into the memory of the first church, and then he sees the church with his experience now, enjoying the differences around him and some kind of acceptance about difference?

654-658 – his main experience of learning within the group seems to be his experience of feeling accepted when telling his story about Mecca, he doesn't refer to any of the other stories told by the group. That experience seems to have been quite important.

662-664 – the gallery seen as a sacred space holding “English culture” compared to Saudi Arabia holding the “cultural memories” of Mecca.

664-671 – comparison between colourful prayer beads and different cultures in the world “because of the different cultures, every country in the world looks colourful” his wish to explore these different places “very interesting, that is something for a person like me to explore” is he talking about the different cultures within himself?

676-683 – “everyone has a story to tell” “from the pictures it proves that everyone actually has actually been playing a part in life and in the past” “looking at different peoples pictures you can learn so much about where they came from and you can learn so much about them. At the same time they can learn so much about you”. For him people have been contextualised by the project, an active role in past and present? “sharing one and others experience, which is good” there is something in this which reminds me of the beginning of the interview and perhaps him wanting to please me in some way – to get what I need for the interview? I didn’t ask anything that might of elicited a negative response though. I think I try and do this in later interviews although it’s always really difficult as I think people would have found it hard to criticise ‘my’ project. A limitation of being involved in both parts.

692-695 – “discharged” very medicalised language. Reminds me that people may see this project as ‘good behaviour’ and could also think that taking part may have an implication to their care.

Appendix 16

Second Analysis – Ahmed

Core narrative:
From exile to integration: Bringing the broken pieces back together again, like a puzzle, so the image looks better

Genres portrayed: A tragic narrative is portrayed initially, leading to conversion/growth, enlightenment with a continuing sense of romantic quest

Vignette: Ahmed is a man in his forties, of Pakistani heritage. His story includes difficult experiences of homelessness in his teenage years and of poverty after having to leave his family home due to disagreements. His story focuses on several years where he struggled to survive. He was estranged from family for some time. He is now in contact with his family, and currently lives with them. He is currently studying an access course at college. Ahmed has aspirations to travel, work on the underground and be able to support himself independently.

Participants account of their mental health problems:

Ahmed positions his mental health problems as being in relation to stress
196-200 I'd say, I'd say, that I was absolutely a normal child, physically, mentally, the reason I became ill, because of the past stress of going through bad patches, that erm, that actually affected me and broke me down, er and so obviously, any type of pressure, when it actually reflects on someone's mind and it goes beyond the limits, then that breaks a person down, that's where he can become physically and mental ill

He relates these stresses to relationship breakdown with his family
160-166 But er it seems like urm that chance that opportunity was not given to me, because the most important thing in the roof over someone's head, if the roof is gone, then a person's finished. And in them times, that chance was taken away from me. Like, like, going out and doing well for my life. getting educated, getting a job, settling down and and thinking further on for my well-being, but that opportunity, that chance was taken away from me, that's where I was evicted out of the family, and it seemed like in the family I could not fit in to the way that they were to be, which was quite sad…

Ahmed's story about becoming a smoker may be seen as a metaphor for him expressing something about his vulnerability and the stress that he was under affecting him detrimentally
118-119 the stress what you are under, physically and mentally they said that you, like life is like taking you down
135-138 Well it was the stress of that, what was going on in the society, it was the stress of me being homeless and also having tough times in surviving, so the stress was quite heavy upon my mind, physically and mentally and that made me pick up a cigarette and start smoking.

Social/cultural representations of psychosis – dominant narratives how do they influence/act as resources/constraints:

Ahmed does not refer directly to experiences of psychosis; however he makes reference to not feeling understood by others, particularly his family. This may relate to mental health difficulties.
46-50 There was no understanding er what was not believed is that there was no understanding of the experiences I was having, the tough times in life that I was having that I was having at the time like urm, like in different stages in my life, I was going through tough procedures because er I lost out on education, I lost out on my work, I lost out on many interesting things that I wanted to do, I wanted to study further on in college…

He describes limitations and difficulties from a lack of education and poverty that he attributes to restricted opportunities.
170-174 Yes, but in them times there was no jobs, it was one problem after another when I was evicted on the street okay, I managed to get a room, then after that the second problem was there was no job, there was a lack of unemployment *(sic)*, I was on income support and the money was very less, and it was not enough to actually survive and I was going in stores and picking up tins like you know like boiled food just to fill myself up (laughs)

He expresses the challenges he experiences in relation to medication, compromising with doctors and identifying his understanding that 'symptoms' are no longer the problem, addiction to medication is now the problem.
279-283 But I believe that in the further urm, compromisements *(sic)* with the doctors, maybe they can reduce the medicine and slowly get me off it, because urm, being physically and mentally ill that's one problem. Being addicted that is another problem. So at the moment I'm not facing the problem of physically and mentally ill, on the other side I'm facing the problem of being addicted, so slowly their gonna have to work on actually getting me off the dosage.

Turning points, personal stories, re-storying:

Ahmed describes his recovery as a "turning point" (40) from the problems of his past to turning towards his future. He initially describes a 'tragic' narrative, he is alone, ostracised and beaten by the world 204-205 Er well, I remember when I was homeless, I remember on the streets, I collapsed, and I was in tears.

However, Ahmed is reflective about his experiences, suggesting an enlightenment narrative. He notes that his experiences, although challenging at the time, have given him a wealth of experience and wisdom which he would not have otherwise gained from. This is tempered this with his sadness that his dreams of education were not able to be realised as he tried to survive after becoming homeless. (However, he is now reconnecting with his educational aspirations – see presence of recovery principles section)
54-63 What happened was that urm, I morely did not know that my life would turn to having a street life, to being evicted out of my parents place, so my life completely changed to another road, where when I was on the streets I was learning about more of the society and more of the things that I was learning about, what was going on in the open world, but from that position when my life turned, I wanted it to be in another way towards the education side in college, or further on in further studies but it didn't happen to be that way urm my destiny just took me towards another road and because the pressure was quite heavy, physically, mentally, like being homeless and urm and lack of money, lack of food, lack of clothing and also there was lack of unemployment at the time so I was going through a lot of tough periods of time er…

318-324 But I wish if I could turn the time back urm, I wish it was like that in my teens or in my juvenile age that would have been much better for me. But then again, I have no regrets for whatever's happened because, I believe, because I say that whatever happened it is for the best because I got something out of it, by me becoming well, physically and mentally. And er I'm the type of the person that urm, if my, if the broken pieces of my life, in the past, I would further on, when things are now well I would try to bring the pieces back together again, like a puzzle. So the image looks better.

Turning point – Ahmeds story of taking control and becoming empowered again:
218-231 So, so I persuaded them I said, I'm in the month of winter I'm in the cold, and I remember, I slept in one of the rooms and I was sleeping on the floor, there was no carpet, no furniture, no heater, nothing. And it was very tough and the money which I had was very less, at the time. So then what I did was the next day I ordered some carpet, I took the measurements myself, I cut the carpet in, I fitted the carpet in, I got the bed, I got the- bits and bobs, like what I can afford and because of the furniture, the place became a bit warm, it raised the temperature, and then after two

weeks the electric and gas was fitted in and that was all clarified, so finally the place was more comfortable and it was quite warm. But it was a good feeling to understand that I had the manpower, like, from streets, like having a bad time, like also because of the bad patches, breaking down physically and mentally and the way I was like destroyed because of the society and the outside world and the family side, and the way the damage has affected me physically and mentally it was, I would say it was like will power and it was to do with man power the way I actually stood on my feet and managed to get a roof over my head and managed to get things rolling again.
He notes
235 – "I'd say that it was the power of will like to actually to go, move on, carry on"

Self-created images in narrative process – triggered memories, used to help tell story/or more challenging:

Ahmed tells several stories about how the images he created were connected to him making sense of him experiences. The beach ball story (the story of his ongoing recovery) is referred to in presence of recovery principles section.

Ahmed's image of a place where you once lived triggered the story of a difficult experience of an arranged marriage in Pakistan. This seems to express struggles he experienced finding a way to live with his dual cultural influences of Pakistan and England.
564-579 Pakistani culture is totally different from England culture which I do understand and respect. Because I believe that in Pakistani culture the guardians make the decisions whether, if this marriage is gonna happen if it's not gonna happen, that's what Pakistani culture is about. But in England you have your own choice, the way to live you own life, whoever you want to bring into your life. so, coz of the two different cultures of Pakistan and England, I don't think there was a meet up and because I was british so I thought, that I I I am different, I can't really meet up with the way, the way the regulations and rules are. So I had to make a choice, is it gonna be the culture of Pakistan or is it gonna be the culture of England. So I decided to take the culture of England because I thought that urm, I respect both cultures, England and Pakistan, but I thought at the end of the day, I have to live my life so I should have my rights to have the choice as to who I bring into my life and who I marry. That was very important to me. I thought 'why should I give my life away to someone who I don't love'. So the most important thing is that if you are interested in someone and someone is interested in you and it's a both way thing, with two families, then by all means, with all respect I would go ahead with it and get married the right way.

Ahmed created two images representing his future. Similarly to Jocasta he created a 'dream' future and his more realistic future. Ahmed's sense of hope and confidence in himself allow him to create (and tolerate, unlike Frank) dreams and also realistic expectations for his future.
478-482 Well, the first picture which I drew is 'touring the world' which is, it's like a dream because sometimes I wish that I'm like a millionaire so that I could actually tour the world like on a ship cruise. And that is a dream and even if I have less money I would still like to tour different countries and I would like to travel round the world which I would in the future hopefully. So I'd better save up for that

486-492 And the second picture urm is er a dream to actually get a job in the underground. And if I do get that far I will be quite happy that if I can be taken into this job on the underground that would be like a dream coming true. Because that would be a good position like in the society and earning my money, if I get that far, that would be great. The other picture which I took in Saudia Arabia of Mecca that image it actually shares the feelings in the art project of the tough times I had so because there is that understanding there between them and me for when I was there and what I was going through

Experience of art-making and intervention:

Ahmed is a gifted story-teller and throughout his narrative he seems to make sense of his experiences by telling them as stories, chronicling his past. This allows him a sense of them being in the past, in contrast to Walia and Frank for whom their past experiences appear to still traumatising to them in the present. Ahmeds understanding of the purpose of the project being the process of creating images and its potential use to him, appear weaved throughout his narrative. He uses the art-works we viewed to reflect on his own experiences and the self-created artworks as triggers to explore memories and make meaning.

Ahmed expresses that a visual form of his life story took him back to past experiences and helped him to think about his life in stages, connected to each other.
18-21 It gave me a very nice idea in the way that from images that are switching from one to another the way it can so easily tell you about your life story and it took me, in the past, thinking about, thinking from my experience that that through my life the stages that I was going though it was like switching to different images

35-36 So it is a good experience and it also gives you an understanding and learning more about yourself, in learning more about what you want to achieve in life further on.

333-345 It's quite interesting the way that they give you ideas, and the way that, it's an easy way to discuss about someone's life story through art by pictures, from one picture to another picture, the way that it's switching. You can say 'right, this is where you were, and this is where you were after', so it's like the art project to me is like a film making thing. Like showing you a picture of some parts of your life, the way it was to be from them periods of time. Like a snapshot. So that that was quite interesting for me, and when I came to this art project, when I saw the ideas and the beautiful designs of other peoples art story books, urm, it grew this goal within myself, thinking that I wish if someone could throw one million pounds over to me and er er or the queen of England throws one million pounds into my account and I would start making a movie on my life story. Like the way, it's like negatives, like the way that the images switch from one to another, so if I was a millionaire, I would actually make the real life story of pictures moving from to another, where I was at this age and this age and what going on and about.

Experience of the gallery:

Ahmed tells several stories which may be seen as metaphors for him facing and coming to terms with difficult experiences and finding ways of moving forwards (quest narrative).

The story of his understanding of Mrs Moody. Ahmed explains the impact on him of understanding that the images of a mother and her children had been put together as a memorial. This reminds him of a story of his own; he threw away a picture of himself when he was homeless. He describes the regret he felt and then the turning point of realising that his image (and memory of himself) had been preserved in another picture. He expresses his pleasure at being able to find his way back to that part of himself via a different perspective.
388-393 As to the memory because she had died. And er but it shows that through pictures, memories can go on forever, for everyone. I remember when I was living outside I remember when I was physically, mentally ill through very sad moments I had a memory, a picture of mine in my milk age, as a baby picture. And because I was so stressed out, I just threw, out of nowhere; I just threw it in the river, because I was physically mentally ill, because of the stress that I was going through of life. 408-412 And then it was the picture that was on my mind, I was thinking how can I get hold of that picture that I threw in the river? And then I remembered, and then something clicked in my mind that 'oh yes' that when we were in our milk age our mother and father took our pictures on the passports and our milk age pictures are actually on the passport, so the picture that I threw in the river that same milk age picture was on the passport… 420-422 Like it can be enlarged, because technology's very improved, so that picture could go through special prints and can be enlarged, so in another way I was so pleased that I got the picture back

Ahmed also tells the story of finding a church within the gallery. On being able to enter this place, he is reminded of feeling excluded many years ago whilst on a school visit where he felt unaccepted.
620-624 Yeah it was an English church, and they said because of your religion you can't have this bread because you're not Christian you are Muslim. So that was in my milk age and after so many years, at the age of 39, the second time when I went into a church when I went in a church was when I went to this art project and the gallery because they had this church builded in.

He reflects on the way that the gallery is repository for memories of English culture and reflects on this in relation to his experiences of Mecca. 662-664 The gallery holds memories according to the English culture and in similar ways like when I went to Saudi Arabia I realised that on religious grounds the country holds their cultural memories like of mecca.

Experience of the group:

Ahmed describes how the process of making images gave him the chance to consider what was important in his life, his goals for the future. He also reflects on how sharing experiences with others was of benefit. He speaks of sense of relaxation with others understanding his difficult experiences.
349-352 Urm making different images, it gave me hopes of goals what I wanna achieve in life. It also took me back to the memories, of in my milk age, in my past life, the toys that I liked. And also physically, mentally it relaxed me in the art project by others sharing the understanding of knowing that the tough times what I was going through.

He describes the weekly groups as being like family gatherings.
603-605 Being part of the group it was quite interesting, because it was like a family gathering I thought to myself. I liked the tea that was offered and I liked the sweets which were offered, like the cakes and the biscuits, that was quite nice.

His experiences of connection with others appears general and seems to come more from taking part in the project than from individual connections that he made with others whilst on the project.
676-683 It's very interesting the way that people have their own different ideas, because when I was in this art project, when I was making the pictures, however whatever I was doing people were doing their own different things so it shows that everyone has a story to tell. And it shows that, from the pictures it proves that everyone actually has actually been playing a part in life and in the past. So you, by looking at different people's pictures you can learn so much about where they come from and you can learn so much about them. At the same time they can learn so much about you. So it's like sharing with one and others experience, which is good

Recovery:

Ahmeds narrative appears as a romantic ongoing quest. His narrative is interspersed with stories of challenges and difficulties he has overcome and the recognition of his own resources and help from others as having been important to his recovery. His ongoing journey is reflected in the story triggered by making an image which included a childhood toy, in Ahmeds case, a beach ball.

Ahmeds beach ball image and story – a metaphor for his wider recovery experience? Being alone and 'out of his depth', saving himself and working his way back to feeling strong and confident enough to 'swim' again.
498-500 Things can be now looked different from before to now and to after. And also this urm, this beach balloon, the reason I drew this beach balloon is because, there is a sad memory behind it, but it's also a good memory too.
519-533 There was no life guards there and it was very difficult for me to swim back to the shore and I was fighting for my life! I was actually really drowning, I was going under the water and my feet could not even touch the floor, that's how deep it was, and the more I was swimming to the

shore the more I was trying to swim to the shore the more the current of the water which was very powerful, it was taking me more into the heavy water. So I had to immediately, I was fighting for my life and immediately I had to think of a bit of a geography in my mind, I thought that if I swim to this angle and position it would take me morely to the shore. So I decided to swim like 'cross wise' I decided to swim in that angle and position and eventually, the currents were strong, but eventually I started to get more closer to the shore and I made it out, but the currents was very powerful and when I came out of the water I was shaking. I was shaking, and when I came back to England when I went into the waterfront where they've got swimming pools I lost the confidence because of the bad memories. I couldn't actually swim in the heavy water what I could like before. so I was in the shallow water which means that I'm gonna have to take lessons as beginners like to swim again because I've lost the confidence, I can't do it no more.

Working with services and the concept of time being important to recovery.
249-257 When I was when I was physically and mentally ill, I was working on myself to become well. And by working on myself I was having CPA meetings, I was engaging with others, I was talking with others, I was taking the medication er and I was, they were helping me in understanding the difficult moments I was going through, difficult patches I was going through in the past, so they gave me a great support erm also the most important thing for me was the, the time. Time is very precious, but being with the clinic, under the authority of the clinic within the limit of 12 years, that gave me a lot of time on my side to recover and in this continued process working on myself and compromising with the members of the clinic, finally I made a breakthrough by becoming well. I made a good recovery.

Empowerment and goals for the future: Ahmed's return to the education (and self-confidence?) he lost. 465-466 So I hope my skills get, it's gonna boost a bit of my skills up but I hope I pass and then I'll take things further on from there like, like it may lead me into a job because maths comes in everything in this country. 471-473 So it's very important for me to do well within it and I'm hoping to give it my best shot and see how it goes. Life is a goal, life is a struggle that is why life is a goal in everything to achieve. There's so many things to be achieved.

Appendix 17

Vignettes and summaries of participants

Dean

Vignette. Dean described having experienced mental-health problems throughout his life; however he had not had contact with mental-health services until, experiencing a crisis about a year ago, he was admitted to acute psychiatric-services. He is now taking medication and receives ongoing support. He hopes to live independently for the first time soon. Dean recently discovered art-making, he brought a portfolio of his drawings to our conversation to show their importance and relevance to his recovery story.

Summary. Voice-hearing appears to have been a frightening and isolating experience for Dean. His narrative initially depicts an 'illness identity' (Frank, 1995). He described being overwhelmed by negative experiences of psychosis: 'I think that voice has been really controlling me, um, telling me how to act, what to say and…'

Dean identified a turning-point as his entry into psychiatric-services. Dean's experience of this provided an alternative narrative to other participants' experiences. His positive narrative is related to support he has received to develop a more independent life. He spoke of having experienced a sheltered life, contributed to by mental-health problems: 'Um, I think socially I probably would have been better, er, when I had the mental health issues like being this introverted, um, not so much time I spend on my own or being isolated'

Dean positions medication as being responsible for his well-being and that it has been sent in to do battle with his voices, which he portrays as sneaky and malevolent: 'the voice has been like really good at being able to cover its own tracks which is why it wasn't detected earlier'. Whilst this has led to him feeling more in control and able to move forward, it perhaps limits a sense of personal empowerment. Dean's narrative may be described as having aspects of 'normalising' (Crossley, 2000) and 'endurance' (Thornhill et al., 2004). His focus on a bio-medical narrative of psychosis 'there's a chemical imbalance in the brain yeah, that's how I understand it as the dopamine levels are too high so the medication is lowering those', may increase a sense that he must continually monitor himself for its reoccurrence. Medication has offered Dean one perspective on how he may maintain a sense of well-being. Within his narrative however, Dean also reflected on the role that art-making now has in his life. Having recently discovered it, he expressed the positive impact it has on his life. It would seem that art-making may offer him different perspectives on maintaining well-being.

Dean's view of recovery is reminiscent of a service-led perspective relating to measureable outcomes. He uses medicalised language to express his hopes for the future: 'I would like to still be, um, managing my mental health issues well and not to have any relapse'.

Frank

Vignette. Frank told the story of growing up against a back drop of difficult family relationships. His parents split up when he was very young. He lived alone from the age of sixteen, after being 'thrown-out' as a teenager. Frank described being angry a lot. He is unemployed and expressed feeling lonely and excluded from society.

Summary. Frank preferred to portray himself as a bit of 'jack the lad' character, a DJ, able to handle himself and streetwise. This may relate to stigmatised views he holds of how people with psychosis are viewed.

His narrative was predominantly one of 'loss' (Crossley, 2000), for what his life might have been. Frank viewed psychosis and the impact it has had on his life as having been very detrimental. His narrative oscillated between locating his difficulties internally 'My coursework was really good, but when it come to the exams I couldn't do it. Something in my head stopped me from doing it' and to a sense of persecution by others: '[Sniffs] well my conclusion is it isn't a mental illness, it's actually people getting on my nerves all the time. Taking the mickey out of me all the time and that'. This pattern encouraged narratives of 'tragedy' and 'chaos' in feeling overwhelmed and portraying strong forces at work, that he feels unable to fight against.

Frank expressed feeling felt let down by everyone around him, including mental-health services: 'I first saw the psychiatrist about '99, he gave me some tablets and then I didn't see no-one 'til about 2002'. Frank expresses his distress and frustration he feels at times using a dominant view of individuals with psychosis not being in control of themselves and potentially dangerous: 'Well just liked smashing my flat up and that. Everything that I come across if I live somewhere I end up breaking things all the time, I can't help it I don't know what it is'.

He uses analogies of war and death to explain his frustration at his powerlessness: 'cause it's like a big war in it really, everyone fighting over life. […] That's what some people have done to me. They've stuck me in the ground so they can have a happy life.

At times, during the intervention Frank was able to identify some hopes for his future; however such concepts were difficult for him to hold on to. He found it hard not to become critical and invalidating. This sense of not being able to hold hope for the future was present more broadly in his narrative. However, there may also have been a developing sense of reflection about this pattern.
'The fact that I could do something with my life. Something seems to stop me all the time. I don't know what it is'.

Jocasta

Vignette. Jocasta's first experience of mental-health problems was in her late twenties, prompted by the death of her father. Since then she has been admitted to psychiatric-services three times, and has experienced being sectioned under the

Mental-Health Act. Jocasta presented within her story the challenges of trying to maintain a career, whilst experiencing mental-health difficulties.

Summary. Jocasta identified trauma associated with the death of her father as being the catalyst for her mental health problems 'I think that's what sparked it off with me'. Like others, she portrayed psychosis negatively, describing frightening experiences: 'Yeah… and then at one point I was, I walked all the way home and I walked through the xxx and I know it sounds funny but I felt as though I had no hair… […] then when I got home I was really scared and I put a like um… a sieve on top of my head… […] Because I thought that there was some sort of, I know it's not true but um that some sort of um extra-terrestrial component so yeah'.

Jocasta's story raised questions regarding pressures of whether people with severe and enduring mental health problems may experience the pressures of working environment and how they are responded to. She described struggling for several years to continue her career in graphic design, alongside experiencing psychosis. She presented a split narrative, between two identities: 'Yeah the working life and the illness life'. She feels these identities are not compatible. She described how after her second admission she was able to return to work, however it would seem that after the third time she has decided not to. 'I don't think I would be, it would be good for me because it's the stress of it all, the deadlines and people like shouting and you know'.

She expressed expecting stigmatised responses in the work-place regarding how people with psychosis would be viewed 'Yeah 'cause um you don't want to tell them because they've got negative feelings about mental illness'.

Jocasta preferred to focus on keeping busy and focusing on the future. This may be viewed as a 'normalising' narrative (Crossley, 2000). Her narrative moves between times of productivity and times when she is unwell. At these times, she expressed feeling embarrassed and overwhelmed by her difficulties and would withdraw from society, inhabiting what might be described as an 'illness-identity' (Frank, 1995).

More recently, Jocasta has challenged this pattern by connecting with her identity as an artist and others with mental-health difficulties. She presented a story of empowerment in the continuation of an art-group originally NHS-funded, which has continued as a user-led group: 'Oh really important yeah, I love art, I've been doing the art group on Monday afternoon round at my friend's house, we've got five, got four people that go round to her house'.

Pixie

Vignette. Pixie is the youngest of the participants. She experienced problems with her mental-health in school. She is now at college and has an interest in textiles, particularly dress-making.

Summary. Pixie presented a narrative that seemed confused and quite closed off at times. She attributed her psychotic experiences to stresses relating to studying. There was a sense of a lack of agency about Pixies recollection of her mental-health

problems. She often spoke of how others saw her, rather than how she felt herself. This may be an expression that she found it hard to make sense of her experiences. ‘But I didn’t realise that... I didn’t realise at that time that they were starting to get worried and wondering if was... if I’m actually myself and, um, then they start to think I’m actually hearing voices and talking to myself and...’ (Pixie).

Pixie depicted narratives of ‘restitution’ (Frank, 1995) and ‘normalising’ (Crossley, 2000), with recovery being viewed as a wish to return to a life before her experiences of psychosis: ‘everything’s normal and made me feel good’. She was more comfortable discussing the present and hopes for the future. When thinking about past experiences, particularly the difficult experiences around her becoming ‘unwell’, her narrative appeared confused and halting. When speaking about the present and the future she became much more confident and animated.

Pixie also viewed involvement from mental-health services positively in supporting her to access education. She has been able to reconnect with her interest in textiles. A positive outcome of the intervention appeared to be that Pixie was able to start to share her experiences of psychosis with others and felt understood.

Raven

Vignette. Raven’s first experience of mental-health difficulties was at Art College in his early twenties, which resulted in him being unable to continue. He expressed having wanted to be an artist from an early age. He has recently reconnected with his interest in art. His style is influenced by Jackson Pollock and is abstract in nature. Raven expressed feeling lonely and on the edge of society.

Summary. The flow of Ravens narrative was slow and halting, punctuated by gaps in his memory. He became more aware of this as his narrative progressed, and whilst initially he laughed at his inability to think, he became more frustrated as he struggled to produce a coherent narrative. He attributed these gaps predominantly to the medication he has been taking, ironically for the confusion he initially experienced. He located his difficulties within himself ‘Well it was like...it was just me I weren’t right’.

He described a ‘tragic’ narrative in his story of going to art-college, depicting his love of art and his distress at finding the work too difficult, increasing his sense of not fitting in: ‘Er, I used to read the books and I didn’t understand anything, the questions and that were all too hard for me and that, I couldn’t make sense of any of it [laughs] but I like doing the art, I loved doing the art. I even enjoyed the... er the writing and that, writing essays a few times. […] I thought er ...I ain’t gonna be able to make it, I ain’t feeling right [laughs] and I think that’s when I bowed out. I think it was a good idea for them and me [laughs] ...I think it was a better idea for them, I don’t know’.

He described his lack of motivation after this shattering experience. At times, there is a sense that he has not been able to move on from these experiences.

‘At that time I just couldn’t get out of bed I didn’t wanna and that, you know. I used to ...I used to get up in the morning have a cup of tea, listen to a radio all day in bed,

smoke a few cigarettes if I had any, I'd wait until my mum gets home and make her a cup of tea and then my dad got home and I'd have a meal with 'em and I then I'd go straight back to bed [laughs]' (Raven).

Raven often depicted a narrative of 'chaos' (Frank, 1995), engulfed by his difficulties with concentration and motivation. However, within the process of telling his story, it appeared that Raven also became gradually becomes more aware of this. At times this is expressed in frustration at his inability to remember and elements of an 'endurance' (Thornhill et al., 2004) narrative in feeling that he has to live with these limitations, however the interview is also depicted as a turning-point with aspects of a 'conversion/growth' (Crossley, 2000) narrative, in being able to remember and reconnect with interests and ideas: 'I don't know I think I've remembered more talking to you today than I do…I've got to get my memory back or some sort of like semblance of memory'.

Walia

Vignette. Walia has experienced mental-health problems for about 15 years. She lives with her parents. She also has a child who she cares for, with support from her parents. She is studying currently and hopes to begin a career in accounting. She also attends a weekly art course at a community college.

Summary. Walia offered an explanation relating to stress for her first experience of mental-health problems: '...and, um, and my mum fell ill and then I, I, I, I took it a bit badly somehow... for some reason and then my dad referred me to... took me to the hospital because I was having stomach pains and stuff like that, you know, monthly pain or whatever I remember'.

Throughout her story, Walia attempted to make sense of her experiences through a variety of means. Challenging being diagnosed with having psychosis, she preferred another explanation, 'somnambulism', to understand her feelings of being unreal and having difficulty remember her experiences: 'But the thing is I mean I think my diagnosis wasn't quite right because, you know, they diagnosed me that, but I suffer from somnambulism, you know, like sleepwalking syndrome...'

She also used spiritual explanations regarding being cursed and possibly having died. At times, these explanations appeared distressing, rather than supportive to her: 'I don't have any memories of my childhood and so, um, but I think I was like, you know, a bit silly a bit cursed or something'. A possible alternative explanation of not having memories of her early-life may be as a response to trauma. The meaning she has constructed, that she died and came back to life at the age of eight, may be a defence protecting her from memories of difficult-experiences.

Walia often presented a critical view of herself, despite her achievements in raising a child and returning to education. This may relate to her sense that she is not in control of her experiences and her difficulty in making sense of them. These difficulties contributed to narratives of 'chaos' (Frank, 1995) and 'loss' (Crossley, 2000) where she was very focused on current difficulty and found it hard to project herself into the future to think about her hopes. The lack of control she described

over her recovery and future may also depict a narrative of ‘endurance’ (Thornhill et al., 2004) in focusing on living with continuing difficulty.

At times, however she was able to depict a fragile sense of hope, presenting something like a ‘quest’ (Frank, 1995) narrative in that she has not given up hope of finding explanation and wanting to develop a more positive life, despite finding it very hard to imagine what that might look like: ‘Because things with my family... things with everybody, my life was a nightmare but anyway somehow I’ve come, I’ve come through a little bit almost, you know, [laughs]’.

Appendix 18

Guideline notes for journal submission

Manuscript for submission to:
Arts & Health: An International Journal for Research, Policy and Practice

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