



## ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH PAPER

### Writing for recovery: a practice development project for mental health service users, carers and survivors

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#### Abstract

*Background:* This paper discusses a writing for recovery narrative practice development project based on Deleuzian theoretical principles. Creative writing was based on a formulation of 'recovery' as transcending the social invalidation, discrimination and abusive effects of institutional psychiatry.

*Aims and objectives:*

- To provide a safe space for participants to explore the creative writing process
- To reduce participants' anxieties about creative writing
- To enable a supportive environment to explore and discover individual writing voices
- To help participants work towards recovery and personal and social meaning through creative writing

*Methods:* By drawing on principles from the humanities and the use of creative writing techniques we were able to harness the individual and collective creative writing process. The aim was to facilitate the development of individual and group re-storying recovery identities, removed from perceived or actual institutional mental health expectations.

*Results:* The principal output from the group was the publication of an anthology of participants' work. New friendships were made in a community of recovery writers in the process of re-storying identities, and there was evidence of growth in participants' self- and social confidence, supported by testimony from their significant others.

*Conclusions:* Recovery community resilience and individual self-confidence can be developed through the medium of creative writing. It enables participants to explore and develop new, more viable identities in a safe space, sharing and working through experiences of social injustice, anger, fear and betrayal.

*Implications for practice:*

- A rejection of values-based or evidence-based practice allows for a revised understanding of recovery, paving the way for narrative-based approaches
- As a model of such a revised understanding, Writing for Recovery enables participants to explore new, more viable identities and come to terms with traumatic past events
- A challenge for mental health staff embracing Writing for Recovery is to acknowledge that one strand of participants' traumatic past is institutional psychiatric treatment

**Keywords:** Mental health, recovery, creative writing, narrative inquiry, social justice, practice development

### **Introduction: contextual basis and theoretical underpinning**

In this paper we describe and critically reflect on a narrative recovery practice development project conducted in parallel in East Sussex and Dorset in 2012. The paper focuses exclusively on the East Sussex experience because East Sussex was the main site of theoretical and methodological creative writing, and service user facilitation expertise for the duration of the project. As will become apparent, this expertise was also significant in terms of the project's genesis, delivery, enhancement and outputs.

The Writing for Recovery (WfR) project aimed to create an opportunity for service users to reflect on their mental health experiences, and to explore and develop their individual and relational identities through engaging in creative writing. In this context, we discuss a creative writing process that was harnessed individually and collectively through group work and guided exercises.

In terms of our theoretical and methodological position, described in detail below, we believed that harnessing the individual and collective creative writing process would facilitate participant discovery of ways of re-storying identity, removed from the pressures of perceived and actual clinical mental health expectations. Moreover, in doing so we wanted to contribute towards helping mental health users, carers and survivors address the social justice issues of disempowerment, isolation and diminished sense of worth (Grant et al., 2011; 2012a; 2012b; Costa et al., 2012).

The group was set up as part of an ongoing narrative inquiry project, based on a set of broad theoretical research and practice development assumptions discussed in detail elsewhere (Grant et al., 2012a; 2012b). With regard to its values based location, the project rejected contemporary neoliberal and liberal humanist individualist ideology, framed in terms of rational choice by professionals and consumers, and grounded in either values based or evidence based practice (McCarthy and Rose, 2010). WfR most closely sat in an anti-humanist, Deleuzian theoretical framework, where people and activities are seen only to have integrity and existence through productive interaction with other people and activities, as 'assemblages' (Fox, 2013).

Such assemblages, which entail the social and cultural unfoldings of affect, desire, action and ideas (Deleuze and Guattari, 1998), have implications for revised understandings of 'recovery' in relation to 'health'. In this context, recovery is defined broadly as the ability to transcend invalidating social processes (Pilgrim, 2009), which often include social discrimination (Thorncroft, 2006) and, frequently, the day-to-day practices of institutional psychiatry (Grant et al., 2011; Grant, 2013; Grant and Leigh-Phippard, 2014).

At a theoretical level, this notion of recovery coheres with the idea that the dominant systems of thinking, cultural orthodoxies and norms of institutional psychiatry often result in people feeling constrained in relation to what they can and cannot do, resulting in their experiencing diminished opportunities for growth and change (Deleuze and Guattari, 1984). In contrast, different social and cultural assemblages, such as WfR, can open up new possibilities for what people can do and be, as individuals and as part of a community (Deleuze and Guattari, 1988; Fox, 2013). In this context, 'health' can be regarded broadly as relative freedom from the constraints of dominant, identity imposing systems, experienced by people-in-relationships constantly in a process of becoming other, who can thus imagine and pursue new possibilities for identities and selfhood.

New possibilities cohere with creatively imagined, re-storied lives. Scholars working in social and human science theory, and related philosophy, have asserted that people tell stories about their lives and experiences to seek meanings to help them cope better with their past, current and future circumstances (Ricoeur, 1984; Bruner, 1986; Richardson, 1997; Bochner, 2001; Frank, 2002; Denzin, 2003; Frank, 2010a; Spry, 2011; Grant and Zeeman, 2012; Grant et al., 2012a).

On this basis, for the purposes of WfR, it was assumed that it can be helpful for people to develop the creative tools to write personal stories in order to work through and make better sense of difficult times, events and issues in their lives, in the ongoing pursuit of preferred identities (Frank, 1995; 2010a; Grant, 2012a; 2012b; Grant and Zeeman, 2012). This assumption was also based on a key principle of narrative recovery: as 'experts by experience', people frequently report the attainment of a new sense of personal and relational identities as a result of storying and re-storying their lives. These identities are often increasingly experienced as relatively separate from mental health problems, disabilities or patienthood (Frank, 1995; 2005; 2010a; Grant et al., 2011).

However, at a collective level, threats to the community building and social justice agenda of re-storying lives in narrative recovery are posed by the master narratives of institutional psychiatry. These often trump day to day stories of negative experiences told by individual service users and survivors (Lock and Strong, 2010; Grant and Zeeman, 2012). Equally, though, a strong argument exists for the utility of a developing corpus of user and survivor accounts in the public domain. These function as a body of resistance to dominant societal and mental health professional and policy discourses, by suggesting new possibilities for representing and performing experience and identity (Church, 1995; Crossley and Crossley, 2001; Frank, 2002; 2010a; 2010b; Costa et al., 2012; Cresswell and Spandler, 2012; Grant et al., 2012a; Grant, 2013; LeFrancois et al., 2013; Grant and Leigh-Phippard, 2014). The implications for citizenship emerging from such community building arguably include the growing acceptance of non-medicalised differences between, and diversity among, people. In line with other writers (Cresswell and Spandler, 2012; LeFrancois et al., 2013), we hope that this may eventually make the categories of 'mental health user' or 'survivor' culturally redundant.

In the community context, WfR is also arguably an ethical act of social sense-making and a commitment to shaping oneself alongside others and life more generally (Frank, 1995; 2002; 2005; 2010a; Grant et al., 2012a; 2012b). Turning experiences of suffering into stories is a way for service users and survivors to build individual and community resilience against suffering in silence (Crossley and Crossley, 2001; LeFrancois et al., 2013). As a form of collective secular healing, comfort, reassurance and support is gained by sharing suffering stories with others (Richardson, 1997; Frank, 2000; 2002; Grant et al., 2011). Sharing in increasingly wider narrative communities can constitute an act of redemptive collective writing in opposition to stigmatising societal practices (Richardson, 1997; Bochner, 2001) and in the quest for social justice (Costa et al., 2012; Fisher and Freshwater, 2013; LeFrancois et al., 2013).

### **Background: setting the group up**

The dialogue that eventually resulted in the WfR project began in May 2011, immediately after the publication of *Our Encounters with Madness* (Grant et al., 2011). Alec Grant and Fran Biley were two of the three editors of this book, from the University of Brighton and Bournemouth University respectively. With Helen Leigh-Phippard, a service user contributor to the book and a member of the service user and carer involvement strategy group at the University of Brighton, they began to talk about the feasibility of launching a creative writing project that would run simultaneously in East Sussex and Dorset. These discussions were triggered by anecdotal feedback from the book's contributors about how therapeutic, developmental and, in some cases, transformational the experience was for them.

After achieving a Big Lottery Awards for All grant of £8,950 in February 2012, a specific plan was developed on the basis of community agreements at both sites. To recapitulate, this paper specifically addresses the East Sussex branch of WfR, the initial development of which was led by Alec and Helen. The plan was to support 20 service user, carer and survivor participant volunteers through an eight week course of creative writing focused on their experiences. Sam Taylor, an experienced creative writing specialist and service user, was recruited to lead the course.

Membership of the course was open to anyone who:

- Was aged 16 years or older and living in East Sussex
- Had either experienced mental health difficulties or was a carer for someone with such difficulties

Members were primarily recruited through a project launch at the 13<sup>th</sup> Annual Mental Health Conference at the University of Brighton in April 2012. This is a service user led conference held at the Eastbourne campus, which attracts a large local service user, carer, survivor and mental health professional audience. The co-authors of this paper staffed a stall in the conference hall, which acted as an information point. Sam gave a short introduction to the project during the Conference's main plenary session and encouraged interested attendees to register for a place on the course at the stall.

By the end of that day, 17 people had expressed an interest in joining the project. Each was subsequently contacted and asked to confirm that they wanted a place. Fifteen places were confirmed, leaving five to fill. At this stage Helen sent an email to a wide range of local service user groups and organisations for cascading to their members and to any other similar local groups, giving details of the project and inviting recipients to join on a first come, first served basis. All remaining places were filled within two days of this email being sent out, and a short waiting list was also established.

The WfR course started on 3<sup>rd</sup> May 2012 and ran on Thursday evenings for the following eight weeks, at the university's Creativity Centre.

#### **Aims and objectives of the course**

These were to:

- Provide a safe space for participants to explore the creative writing process
- Reduce participants' anxieties about creative writing, using a variety of writing exercises
- Enable a supportive environment to explore and discover individual writing voices
- Help participants work towards recovery and personal and social meaning through creative writing

#### **Facilitation and ground rules**

Sam, the WfR group leader, is a service user and an experienced writer and facilitator. She has an MA in creative writing and personal development and is a member of the service user and carer involvement strategy group at the University of Brighton. She has written creatively about her own difficulties with mental health in relation to child protection, domestic abuse and stalking, highlighting her personal problems and issues with the civil and criminal justice systems. We believe the fact the group was led by a service user meant participants felt more at ease sharing experiences than they might otherwise have done, in large part because they felt free to express themselves with less fear of negative judgement.

However, although experienced in writing and facilitating, the fact that Sam is not a mental health professional meant she had some concerns in advance of the course about dealing with any mental health difficulties that participants might experience in class, so a number of steps were taken to ameliorate these concerns. First, Alec and Helen offered personal support by phone, email and in person. Second, Sam had emergency contact details for Alec, Helen and others attached to the mental health group (mental health professionals, lecturers and service users/carers). This gave her access to support should she need it. Finally, a counselling student was present as a member of the group who agreed to provide one to one support for members outside the main group activities, as needed.

At its first meeting, the WfR group spent some time agreeing ground rules. A confidentiality agreement was devised and agreed to ensure the safety, wellbeing and confidence of participants, and that anything raised within the group was not discussed outside it. As with any therapeutic collective of people, it was established that this agreement could be breached in the event of a participant requiring professional support or intervention. A further agreement was that the sharing of written work would be voluntary, with no one being pressured to do this.

Writing in narrative prose or poetry form can, at times, bring up distressing issues for individuals, which can arise unexpectedly. Because of this, it was understood that anyone could leave the room without explanation, although they could expect to be followed by the counselling student who would offer to support them.

The group also reached consensus that, while language in the form of offensive and sexualised swear words would not be tolerated if directed at someone inappropriately, it would be acceptable if used within a creative writing context.

Finally, participants were reassured they would not be judged on spelling, grammar or punctuation, or writing the wrong thing (Bolton, 2000). They were encouraged to explore the practice of writing without restriction or feeling intimidated by the writing of others within the group, in order to find their own writing style and their own 'voice'.

### **The process and act of writing**

In the context of writing for recovery, the act of writing is more important than the product. The process can help the writer to see things more clearly, and the physical act of putting pen to paper creates a separation between the writer and their thoughts, allowing the words on the page to be observed from different perspectives. The content of this writing can often be surprising, giving broadened clarity to the original intended meaning or changing this entirely. This process builds confidence in the writer to assert their thoughts on paper, which in turn contributes to the recovery process and can encourage others to see the value of writing for recovery.

*'We are all meant to shine... And as we let our own light shine, we unconsciously give other people permission to do the same'* (Bolton, 2011, p 50).

### **First introductions**

In the first session, before doing any writing, participants were invited to chat to the person next to them for a few minutes and then introduce that person to the group, an exercise that offered a first tantalising glimpse of how the group might grow and develop. Even at this early stage participants revealed a desire to share challenging experiences and voice them openly and with confidence. Some touched on their mental health problems, or those experienced by loved ones, while others spoke about personal likes and dislikes, insecurities and anxieties. Sam was struck by the participants' desire to share at this introductory stage, and this openness set the tone for the entire course.

### **Freewriting**

Sam began the writing process with an exercise in freewriting intended to help participants overcome the feeling of being intimidated by the blank page. Freewriting involves writing for a short time without stopping and without any particular topic in mind, and it gave participants the confidence to write without fear of negative judgement. Group members were asked to write for five minutes and then share their experience of freewriting for the first time (but not what they had written). Interestingly, writing done in this way can inform the writer, rather than the other way around, and some were surprised by what they had written. Some found it hard and weren't sure they had done it right, while others were inspired to write more.

*'Freewriting asks us to do the most frightening thing of all, write nonstop – but in a vacuum of unusual safety'* (Elbow, 2000, p 85).

*'There are certain things which cannot be said, but they can be written'* (Bolton et al., 2006, p 15).

While the freewriting exercise led some participants smoothly into other writing exercises, it took others some time to accept that there was no wrong way of doing it. This reflects the fact that the

approach to creative writing taken in this project differed greatly to projects where writing may be employed in more structured ways. Writing in terms of chaos and nonsense, to be described later, was positively encouraged in order to capture how creativity manifests in strange and wonderful ways for both writer and reader. Consequently, while regular reassurance was needed during the first few weeks of the project, concerns about 'getting it right' seemed to diminish over time as individual and group self-confidence increased.

### **Service user facilitation**

*'Para-professionals are able to help others; through modelling successful change, they provide motivation and hope to other service users'* (Straughan and Buckenham, 2006, p 31).

Although Sam had experience of facilitating writing groups, this was the first time she had run a creative writing group as a service user for service users. From the outset she introduced herself to the group as a service user, but the effect of this was not immediately noticeable. During the fourth session she made a point of sharing her own experiences of the mental health system and the positive and negative ways in which professionals had dealt with her. For example, whereas some professionals had understood the importance of non-judgemental support throughout her period of experiencing post-traumatic stress disorder, others had made rash assumptions and consequently inappropriate decisions around her care or support. She also gave examples of positive changes that had come about through sharing her story at government level during a parliamentary campaign. This had a significant impact on the attitude of parliamentarians – in her view as a result of a new, palpable connection between them and her.

*'Stories are about collaboration and connection. They transcend generations, they engage us through emotions, and they connect us to others'* (Rutledge, 2011).

This proved a significant turning point for the group members, for while they had always been keen to share personal accounts and stories, trust among participants – and between participants and Sam as facilitator – quite clearly began to develop and communication generally flowed more easily. Those who had presented as somewhat defensive and guarded at the beginning became very obviously less so. They were being encouraged in a positive way by Sam, by other participants and, importantly, through creating a body of their own work. Finding themselves capable of so doing, they increasingly discovered a stronger voice with which to move forward:

*'Undertaking a service user led group gave me the courage to speak out, as I knew we had all faced major life challenges at some stage'* (WfR member).

### **Imagining the reader**

At this point Sam encouraged the group to think about the ethic of sharing and expressing individual stories, and the impact this could have on the imagined reader. Such readers might be service users who, as a consequence of reading stories, gain insight into or inspiration about their own circumstances. They might be equally be students or mental health professionals who achieve new understandings and empathy from engaging with the work of 'experts by experience', thereby enhancing their more formal professional, propositional learning. Some of the participants were already socialised to this idea as they had been involved in writing accounts of their experiences for the publication *Our Encounters with Madness* (Grant et al., 2011), which had been produced for a similar purpose.

### **Identity-building**

Early in the course Sam asked participants to complete a homework exercise. They were to start writing two lists: one of how they characterised themselves and the second of how they felt others characterised them. This was the beginning of a wider exercise in examining how multifaceted we are, and how we label ourselves or are labelled by others. The exercise was also designed to help participants begin to imagine possibilities around how they wanted or didn't want to be, through which their individual writing voices might start to emerge.

### **Fear in a hat**

An exercise that proved surprisingly successful was 'Fear in a hat'. Sam hadn't used this exercise before and recognised that there was an element of risk in using the sensitive subject of fear. However, sharing fears anonymously proved to be an empowering experience. Each person was asked to write a sentence on a piece of paper describing something they were afraid of at that moment. All the pieces of paper were put into a hat, which was then passed around. Each person was invited to pick a piece of paper from the hat and read it out, making the expressed fear entirely anonymous. Listening to the fears of others without knowing who had written them turned out to be a unifying experience.

Many of the fears experienced by WfR participants had a similar thread, for example:

*'I am most afraid that my life will never get going again.'*

*'I fear I will make an idiot of myself.'*

*'I fear I may not understand what is asked of me.'*

*'I fear I will be misunderstood.'*

Some participants expressed surprise that others felt as vulnerable as they did. This had a powerful effect on individuals by giving them more confidence to speak out, and drew attention to the similarities between group members despite their varied lives and experiences.

### **Self-portraits using metaphor**

This exercise drew on examples of writer and poet Pascale Petit's (2001) 'self-portraits using metaphor' to demonstrate the use of external objects to express inner thoughts, emotions or issues. The only individual who had demonstrated difficulty with the identity exercise was able to write freely using this technique, using her motorbike as a striking metaphor for herself:

*'Errh... I'm not in touch with the tarmac. My mechanical heart stops and the sickening noise of metal and plastic being twisted, grounded, and melted into the road, confirms my suspicions.'*

It's worth saying that she was surprised by her own writing:

*'I have no idea where that came from... it was just there and decided to show itself.'*

### **Nonsense poetry**

By week four the group was ready to tackle nonsense poems, inspired by the work of Lewis Carroll, Spike Milligan and John Lennon. Using the imagination in this way to explore alternative ways of expressing oneself gave release to the writing, and many found the nonsense words came freely and naturally. Some of the words were derived from nicknames, some rhymed with frequently used words and some were rude words that individuals might otherwise have been reluctant to write down. Interestingly, the use of these words seemed to empower participants and gave a positive energy to their writing.

*'The wugahumptamuph wibbled through the grass  
muttering nonsense words, mainly out his arse.  
His brain resembled spaghetti, all muddled and confused  
he stopped to eat some spicicles  
and slurped down his trews.  
He tried to eat them quickly but as is normal form  
got troubled by the fingerpop and plopped them on the lawn.'*

This exercise proved effective in highlighting individual experiences of nonsense within the mental health system and gave participants a voice with which to express this creatively. When this was shared it caused enormous hilarity, bringing much needed light relief. After sharing the work the group seemed to take on an optimistic dynamic, which drove it on in a more confident direction.

### **'Imaginary' friends and enemies**

In week six, an exercise developed that took on a life of its own. The group had been working on a previous exercise that involved creating and describing an imaginary person. On sharing and explaining their work, members discovered an unexpectedly mischievous, playful side to some of the writing. A significant number of participants had not described an imaginary person but had instead portrayed someone they knew in a derogatory fashion. Others had described a person they did not want to become – a potentially cruel vision of the future. All expressed a desire to explore these feelings in more depth.

The exercise was then simplified by group members using freewriting to write for five minutes about someone they found irritating or disliked, and who was unlikely to be known to anyone else in the group. This gave group members permission to express their innermost thoughts about another person without the pressure to share the work afterwards – although everyone was in fact keen to read out what they had written.

The exercise enabled group members to write freely about their fury, frustration and dislikes, and also created the opportunity to express these emotions through humour and irony. This gave many the confidence to say exactly what they thought and, in so doing, demonstrate their writing voices:

*'When we were asked to conjure a person up from our imaginations, a face from the past just popped into my head. I tried to ignore him but he wouldn't go away. So I wrote about him, but I found so much freedom in describing him to people who didn't and would never know him (he died years ago). It was as though the real him (whom I didn't much like) had been a rather dull one-dimensional character and in writing about him I could transform him into a vivid, colourful three-dimensional version of himself. I could exaggerate some of his personality traits and underplay others so that he became defined by my key memories of him. And surprisingly, I found that in writing about him I understood him better than I ever had before and could also make more sense of my own difficult relationship with him. I could see why he was who he was, so that if I were to write about him today that description would be different from the one I wrote in that class – less cruel and more sympathetic, I think' (WfR participant).*

This exercise proved a useful way of examining difficult relationships, both past and present, and within the mental health context there were countless experiences from which to write. In a similar way to the nonsense poems, it gave participants permission to express something they might otherwise have kept to themselves, and while the writing was at times full of angst and anger it also generated a considerable amount of humour.

### **Anthology and beyond**

From the outset, the intention was to try to develop an anthology of the work of the Writing for Recovery group, which would explore and showcase members' experiences creatively through poetry and prose. The idea of publishing the work was an inspiration for members from an early stage and participants produced some exceptional pieces of work.

An underspend during the life of the Big Lottery grant also meant it was possible, with the kind permission of the Big Lottery Fund, to run a second WfR course in East Sussex. By the time this ended in April 2013, we had a significant body of work – more than enough for an impressive anthology. At the time of writing this paper the anthology is in the final stages of its design and production process, all of which has been led by members of the WfR group. While the focus of the anthology is on creative writing, this is complemented by illustrative and photographic contributions from group members.

The fact that the WfR project will lead to a tangible creative output in the form of a locally published anthology is testament to its success. Further evidence of the success of the project came from an

electronic survey and more free response data elicited, which will be included in the anthology. In the latter, project participants were asked to write a few lines about what they had gained from the experience. This was consistently positive, in contrast to their previous experiences of institutional psychiatric treatment, as illustrated in the discussion and conclusion sections below.

It is also important to highlight the project's other successes. New friendships were made and enhanced by the sharing of deeply personal stories, and there was evident growth in both self- and social confidence among participants. Group members all had something positive to say about their experiences in relation to re-storying their identities and recovery. Our abiding hope is that this project will continue to have a sustained positive impact on its participants and will thus inspire the development of other similar projects elsewhere.

## **Discussion**

### ***Reductionism and dehumanisation***

Within the context of the experience of mental health problems, service user, carer and survivor participants shared orally and in writing in the group about their loss of sense of self as they found themselves or their loved ones treated as a file, a case or a burden by institutional psychiatry (for example, Grant et al., 2011). One carer attending the WfR course described the treatment of her daughter as bizarrely impersonal, with her daughter appearing to be regarded as a file by professionals, on the basis of which they would make their recommendations and diagnosis. Rarely was she spoken to directly or 'viewed as a human being'. As described above in the theoretical basis for the WfR project, such depersonalisation of people co-evolves with a loss of voice, ultimate disempowerment and reductionism.

Grant and others (Unziker, 1989; Repper and Perkins, 2003) show that in the midst of the terrifying and isolating experience of mental health difficulties, service users often find themselves reduced to symptoms and diagnoses, defined in terms of their deficits and understood primarily in terms of what they can't do and what they cost society. Such experiences contribute to social exclusion and isolation, as do the personal, material and social impact of mental health problems. This can, and often does, include the loss of job and income, insecure housing, breakdown of friendships and relationships and a range of related problems. All of this can have a profound effect on individuals and leave them feeling they lack prospects or worth in society, and with little hope for the future.

### ***Re-storying and freedom from narrative entrapment***

The fact that service users find themselves defined almost exclusively by their mental health problems and deficits can mean that they come to regard themselves primarily in these terms too. As articulated in the theoretical underpinning part of this paper, creative writing can offer a means for people suffering from mental health difficulties, or surviving institutional psychiatry, to find the voice for newly emerging personal and communal identities beyond diagnoses, enabling the individual and shared re-storying of their past, current and future experiences.

Supporting WfR participants to find such a voice in the context of creative writing is worth thinking about in relation to liberation from the narrative entrapment that comes from being located in institutional, stigmatising, reductive or deficit stories (Grant, 2012a; Grant and Zeeman, 2012). In her autobiography *Why Be Happy When You Can Be Normal?*, Jeanette Winterson (2012) describes how she came to know her own identity through writing. As an adopted child, she gradually came to realise that she could write her own story rather than live the story of her adopted mother:

*'It's why I am a writer – I don't say "decided to be", or "became". It was not an act of will or even a conscious choice. To avoid the narrow mesh of Mrs Winterson's story I had to be able to tell my own' (Winterson, 2012, p 5).*

Engaging in creative biographical writing allows people, individually and in community, to challenge the victimhood that comes with having biographies imposed on them. In the context of finding one's voice, the importance of personal and community re-storying in line with preferred identity (Grant and Zeeman, 2012) was a key discussion topic throughout the WfR project. In particular, participants were concerned about being labelled by the mental health system and about the stigmatising consequences of being labelled. The term 'service user' in itself can carry detrimental effects, especially for those attempting to use their experiences to inform improved mental health practice.

*'It is perceived as suspicious, dismissive of the knowledge you bring and as a label that disrespects your type of knowledge as merely anecdotal, not evidence based'* (Barnes and Cotterall, 2012, p 64).

### **Mental health staff know best**

While service user involvement 'has finally become enshrined in policy' (Barnes and Cotterall 2012, p 115), the personal experience or even additional skills held by many service users are still often rejected. As one WfR participant who, as a service user-lecturer, teaches university students, said:

*'It is as though stepping outside of one's box is a threat to some professionals, who are more comfortable keeping the amateurs contained rather than trying to work together complementing theory/practice and experience for the sake of care improvement.'*

This 'we know best' attitude is an issue that raises its head time and again, whether it is used to describe mental health service users currently accessing services or those trying to make a difference to mental health education on the basis of their own experiences. Writing for Recovery members wrote about their frustration with mental health services and the difficulties in being heard or listened to; of how, once diagnosed with a mental health condition, professionals often assume they no longer have the ability to make decisions about their own lives. Group members described how intimidating and terrifying this kind of experience was, leading them to withhold information from mental health professionals:

*'I found that the hardest thing to deal with once I developed mental health problems wasn't the mental illness itself but was the way others, especially health professionals, viewed and treated me. I had been transformed, almost in the blink of an eye, from a responsible adult with a professional career to a mental health service user who wasn't "in her right mind". I was infantilised, patronised and ignored on a regular basis. If I voiced an opinion about treatment I was told I didn't know what was in my own best interest; if I questioned the side-effects of medications I was "non compliant"; and if I questioned a diagnosis I was described as "intense" and "difficult". I was misquoted, misunderstood and even mistreated. In a short space of time I learned that the best tool for survival was silence, so I shut up.'*

*'It is hard to describe how terrifying it is to be treated like this. No matter what I thought, no matter how well informed I was, everything I said was dismissed as the product of a disordered mind. There were times when every fibre of my being told me that my instincts were right, that what I thought wasn't madness but well reasoned argument, but no one would listen. I might as well have had my tongue ripped out – whatever I said, no one heard me.'*

*'I've come to the conclusion that none of us are "service users"; we are real people who came together to express the inner turmoil we have faced, the "journey" and our experiences with the mental health services.'*

### **Practice development contribution**

Given the above, the practice development contribution of this paper for mental health workers and service users and carers is as follows: a rejection of values based and evidence based practice principles

in favour of new assemblages grounded in humanities informed creative writing and re-storying allows for a revised understanding of recovery.

Such a revised understanding enables users and carers to explore new, more viable identities, and come to terms with traumatic pasts. Those traumatic pasts will inevitably include users' and carers' negative experiences of assaults to their identities perpetrated by institutional psychiatry. Therefore, the key and central challenge for mental health workers wishing to embrace Writing for Recovery, while working within mainstream services, is to acknowledge such narrative assaults in a non-defensive and open manner, and to strive to use individual and collective re-storying in the service of changing and improving mental health practices.

### **Conclusion**

What became immediately evident at the start of the project was the need to share personal experiences and stories. A prerequisite for this was the creation of a safe space based on mutual respect and reassurance, with the emphasis on the process rather than the product of the writing. Frank and open sharing of stories was promoted by the establishment of an equal relationship between the project facilitator and participants, through service user delivery and with little room for hierarchy. Everyone worked together within a supportive environment, which led to a candid sharing of experiences.

Recovery is often equated with getting a job and/or no longer needing the support of services.

*'...mental health professionals may view complete recovery as a return to a pre-morbid state of functioning'* (Straughan and Buckenham, 2006, p 29).

However, in line with the theoretical underpinning of this project, our experience is that service users view recovery more as a positive social and personal journey and engagement despite the possibility of continuing mental health problems. Moreover, service users understand that even if they have 'recovered' from these problems, they may recur at some point in the future. We believe that this understanding of vulnerability revealed itself as a form of group resilience enhanced by creative writing, which helped to counter some of the social isolation experienced by many mental health service users.

*'Turning experience of suffering into stories is a defence against suffering in silence... where comfort, reassurance and support is gained by sharing suffering stories with others'* (Grant et al., 2012a, p 847).

Community resilience also reverberated outside the WfR group, touching family and friends of group members. The husband of one WfR participant emailed his thanks, acknowledging the positive effects the project had on his wife and how this had helped him as her carer:

*'It was so nice to hear what she had to say when she came back from a session, bubbling over with enthusiasm, with so much to share. I also benefited from the course as it gave me a bit of space for an evening, and provided assistance in the challenge of trying to raise the low mood she was in. All too often it is a family member who is left trying to pick up the pieces when services fail; what a welcome relief not to be doing it alone.'*

Through the WfR project, participants were given the opportunity to explore their identities in a safe space, sharing experiences of social injustice, anger, fear and the betrayal many felt. This went some way to giving them the ability to discover and develop individual writing voices and, in turn, the confidence to speak out. Our hope is that as a result of this paper and the anthology that has emerged from the project, a greater level of awareness will be raised to inform current teaching development and practices in all areas of mental health.

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