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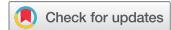
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The poetic wavelength – a narrative interview study exploring the potential of poetry to support meaning making and recovery following psychosis

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ABSTRACT

Background: Despite growing evidence demonstrating the psychotherapeutic potential of reading and writing poetry for various mental health problems, there remains limited evidence in relation to psychosis. This paper explores the therapeutic potential of poetry for psychosis by exploring the narratives of people with experience of psychosis who read and write poetry and people who are using poetry therapeutically within their practice.

Methods: Nineteen participants were recruited to the research and data was collected via narrative interviews. Interviews were audio recorded, transcribed, and subjected to Labovian narrative analysis.

Results: Four themes were identified: i) the unsayable becoming sayable; ii) poetry supporting discovery, play and meaning making; iii) relational expression through poetry; and iv) poetry and recovery.

Discussion: The research offers a poetic window into the way in which we might begin to understand the language of psychosis and the interpersonal communication challenge therein. The authors propose the concept of the "poetic wavelength" which can inform the education of practitioners who are working with people who experience psychosis. Understanding the "Poetic Wavelength" offers an alternative form of meaning making, developing the capacity of practitioners in being able to accurately detect emotional states, and to respond accordingly, ultimately improving the experience of service users.

Introduction

An interest in the relationship between creativity and mental health has endured throughout modern psychiatry and remains an element of contemporary mental health discourse (Jamison, 2018; Kyaga et al., 2011). For some individuals, increased creativity may emerge during periods of severe mental health problems (Kar & Barreto, 2018). For others, creative tendencies may be associated with increased susceptibility to mental health problems, as observed in a recent case-control study which identified that those studying more artistic subjects at university had increased odds of developing psychotic and affective disorders (MacCabe et al., 2018). Conversely, Pennebaker's creative writing model has established the benefits of creative writing for a broad range of people experiencing mental health problems (Frattaroli, 2006; Pennebaker & Beall, 1986; Pennebaker & Smyth, 2016).

Poetry therapy, utilising poetic reading and writing, rich in the characteristics of metaphor, symbolism and metre (Lorenz, 2020) is now a recognised therapeutic practice underpinned by an increasingly robust evidence base (Bolton & Ihanus, 2011; Chavis, 2011; Mazza, 2017; Sagi, 2021). Poetry resonates with the way identity is shaped, maintained and transformed through our narratives (Faulkner, 2009). A process that has the potential to be especially poignant for those who have experienced psychosis, often characterised by a disturbed perception of one's self within their personal, environmental and social context (Leader, 2011)

The authors have previously published a conceptual review examining the potential of poetry to support meaning making and recovery for people who have experience psychosis (Pearson et al., 2020). This review challenged the traditional reductive notion that psychotic speech is merely an incoherent representation of a deeper pathology, instead proposing that psychotic speech could be considered as meaningful poetics. This proposal does not seek to glamorise psychosis but rather reflect the way that "poetic" is often an axiom for an indescribable process, communicating something which otherwise would have remained incommunicable (Wilkinson, 2009) and perhaps this same attempt at communication is observable in experiences which might be described as psychosis.

Therefore, valuing and meaningfully engaging with the poetics of an individual's narrative, and may lead to greater understanding of psychotic experiences and support practitioners to, as Lucas (1993) describes, tune into the psychotic wavelength. This process of "tuning in" is described by Lucas (1993) as analogous to the process of tuning an analogue radio, in which one needs to find the correct frequency so that crackle and intermittent voices begin to cohere and can be understood. In clinical practice this process involves the practitioner proactively and sensitively attempting to understand what is being communicated through psychosis.

Poetry therapy has been proposed as an intervention which could support recovery from mental health problems, not only by reducing symptoms but also promoting positive emotions, engagement, relationships, meaning and accomplishment (Croom, 2015). However, there remains a deficit of knowledge examining the therapeutic potential of poetry for people who have experienced psychosis. Therefore, this research aims to further examine the therapeutic potential of poetry for people who have experienced psychosis, in recovering from and making meaning of their experiences.

Methods

Design

Narrative interviews were undertaken with two groups. Firstly, people who have lived experience of psychosis and who read or written poetry. No formal diagnosis was provided by participants, however, all participants reported symptoms considered to be indicative of psychotic conditions such as perceptual disturbances, thought disorder, delusions, and paranoia and so we are confident that participants in the study had lived experience and a good understanding of psychosis. The second participant group were people working therapeutically with people who have experienced psychosis utilising poetry. The research utilised a narrative inquiry methodology, prioritising the stories of participants, based on the premise that these stories are an optimal method for capturing lived experience (Papathomas, 2016).

The research was granted ethical approval by University of Nottingham, UK, School of Education Research Committee, reference number: 2020/06. All participants provided written informed consent prior to participating in the research.

Procedures

Recruitment was initially undertaken through social media, via sharing an advert on twitter. This was then followed by targeted advertising of the research through various poetry, mental health and creative writing groups. Specialist organisations within the UK, working with people experiencing

what might be described as psychosis (such as MIND – https://www.mind.org.uk/, Hearing voices network – https://www.hearing-voices.org/ and National Paranoia Network – https://nationalpara noianetwork.org/) were also contacted to request that they disseminate the research through their networks. A total of nineteen participants were recruited and interviewed, this included sixteen people with experience of psychosis and three mental health practitioners. Those with lived experience all reported previous experiences of psychosis ranging from brief episodes to more chronic experiences involving numerous acute episodes and significant involvement with mental health services.

The interviews were conducted by the lead researcher, and all took place either via video call or telephone, which offered significant flexibility in terms of interviewing people over a large geographical area. However, conducting interviews in this digital space increases the potential for a perceived lack of interpersonal connection and limits the ability to read non-verbal cues (Blakemore & Agllias, 2020; Seitz, 2016). Therefore, at the start of each interview, time was provided for the researcher to introduce themselves both as a researcher and a writer of poetry. This process was felt to be important in establishing a rapport with participants and establishing the researcher's insider/outsider status (Gair, 2012).

The aim of these semi structured interviews was to gather people's stories of their experiences in relation to psychosis and poetry. Narrative interviewing can be considered distinct from other methods of interviewing in that narrative interviews focus on the story rather than seeking to explore specific questions or agendas (Ziebland, 2013). The full interview schedule is available from the corresponding author on request.

Reflexivity

During the data collection process, the lead researcher engaged in reflexive poetry practice to examine their own responses to the interviews. The process of writing poetically can provide unique opportunities for reflection (Connor-Greene et al., 2005).

Analysis

Data was transcribed using the University of Nottingham automated transcription service. and the researcher then reviewed the text against the source audio to correct errors and pseudonymised the data. The data was then subjected to narrative analysis utilising NVIVO. The narrative analysis was based on Labovian analysis, which is distinct from other theoretical perspectives (Langellier, 1989), proposing that personal narratives can be understood as written stories which are underpinned by five structural components, as shown below in Table 1 (Andrews et al., 2008; Labov, 1972):

Labovian analysis considers written stories, in this case interview transcripts, as not simply research data, but as embodied representations of personal experiences (Patterson, 2008). This analytical structure enables the researcher to focus on specific aspects of an individual's story. In this research the analysis focused on stage 2–4, emphasising the evaluative content within the data, as is common when focusing on meaning making processes within narratives (Yardley et al., 2020). The process of analysis was inductive and firstly involved the lead researcher reading through and familiarising themselves with the data. Once familiarised the researcher began to code the interview

Table 1. Components of Labovian analysis (Labov, 1972).

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

transcripts using NVIVO, developing a digital codebook. These codes highlighted interesting and noteworthy elements of the narratives that related to stages 2–4 of the Labovian model. Once the evaluative components within each narrative had been identified these were then compared across the data set and developed into initial themes (Riessman, 2008). As narratives are complex (Livholts, 2015), the focus was not to overly combine themes, but rather establish a framework which meaningfully represented the themes within the data. These initial narrative themes were then refined through discussion and supervision with the rest of the research team. The initial draft of the findings was then shared with participants via a follow up phone or video call. During this process the researcher made further notes to refine the analysis. This feedback helped to refine the themes by reiterating the components which were felt to be most salient to participants.

Results

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

The unsayable becoming sayable

Struggling to give voice to psychosis

Schick Makaroff (2013, p. 485) defines the concept of the unsayable as "that which is not expressed yet alluded to through language . . . ". The unsayable can be observed as a struggle to linguistically represent a thought or feeling (Schick Makaroff et al., 2013), a struggle which is exacerbated when attempting to capture or narrate distress or trauma (Busch, 2020). Participants spoke of not knowing how to give voice to their experiences, especially during the early stages of psychosis.

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

Humans utilise language to appraise situations and emotionally regulate themselves (Kircanski et al., 2012). However, participants commented that language felt inadequate or inaccessible when attempting to describe psychosis:

> I wanted to say something but don't know how to say it in like normal person speak. (Participant 2)

This unsayable quality of these experiences was sometimes intensified due to associated trauma:

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

Table 2. Results.

Narratives	Narrative components
The unsayable becoming sayable	Struggling to give voice to psychosis
	Metaphor and metre enabling expression
Poetry supporting discovery, play and meaning making	Poetry enabling play with ideas
	Discovery of new meanings through poetry
Relational expression through poetry	Supporting expression in social networks
	Limited space for poetry in psychiatry
	Carnivalesque communication
Poetry and recovery	Poetry becoming inaccessible during acute distress
	The role of poetic artefacts
	Poetic narration of preferred identities

Metaphor and metre enabling expression

Participants indicated a sense in which reading or writing poetry made experiences more narratable or more communicable. Participants identified poetic devices and techniques which supported expression. For some participants the structure or metre within poetry was significant:

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

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

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

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

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

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

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

Poetry supporting discovery, play and meaning making

Poetry enabling play with ideas

Participants spoke of the way in which poetry could be playful and represent a space in which people could be creative and play with various ideas and fantasies. This notion of poetry and play appears to relate to the idea of potential space, proposed by Winnicott (1971), in that both poetry and play can be conceptualised as an intermediate space, existing on the border between internal and external realities; providing the opportunity to reconcile fantasy and reality (Zeligman et al., 2012).

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

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

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

> Put that anger as a character and it would become the woodsman . . . and I can do whatever I want to . . . killed off by a lion, or he can become powerless at the end where he could be left as the perpetrator in that poem . . . because [he is] now no longer in here, he's now the woodsman. (Participant 9).

Discovery of new meanings through poetry

The notion of self-discovery is often discussed in relation to recovery in mental health (Hopkins et al., 2018; Turner et al., 2011), and participants spoke of how reading or writing poetry, especially following trauma had led to discoveries and enabled a process of introspection:

> I described him on the paper and from that night just writing that I absolutely knew that I knew that they came from my sexual trauma as a child … poetry and writing allowed me to see that I wasn't like crazy really. I was having my response to something that I just couldn't work out. I was having a response because I had never had any language to that. I did not understand. (Participant 9).

Moreover, there appeared to be an element of acceptance and validation within this poetic process. Participants reported narrating their experiences meaningfully, striving toward more holistic understandings of their experiences:

> For me it's not so much processing trauma that poetry does, although it does do that. Its About affirming, affirming the things that everything else is encouraging you to dismiss as negative. Unacceptable bits whatever they may be including, most importantly, the matter what gets called psychosis. (Participant 10).

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

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

Relational expression through poetry

Supporting expression in social networks

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

> That's always been my Issue since I was a teenager, since after when I was 18 - that people would think I was mad again. (Participant 5).

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

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

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

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

Limited space for poetics in psychiatry

In contrast to the way in which poetry seemed to have supported communication with social networks, participants spoke of having limited experience or opportunity to express themselves through poetry when working with mental health services:

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

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

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

Participants spoke of a perceived resistance to poetic discourse within psychiatric services, both in relation to the way that the poetry would be received but also in the way I which poetry might be conceptualised within a psychiatric framework and potentially pathologised in terms of risk:

... once you have the label, virtually everything. Everything here at all, if there's unlikely, becomes an auditory hallucination, and anything unlikely within the physical realm becomes a delusion, a delusion of grandeur. (Participant 1).

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

Carnivalesque communication

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

... there is a lot of chaos in all the arts, but in poetry there seems to be a need more of it because we use language so prosaic, like so much this time, so there has to be some kind of move deliberately towards chaos. (Participant 10).

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

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

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

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

Poetry and recovery

Poetry becoming inaccessible during acute distress

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

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

Moreover, engaging with poetry during periods of acute distress was felt to be potentially dangerous by some participants:

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

However, participants spoke of reengaging with poetry, following this acute period as starting the process of narration and meaning making:

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

The role of poetic artefacts

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

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

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

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

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

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

Poetic narration of preferred identities

The notion of a preferred identity, can be conceptualised as an alternative story, or an "anti problem" story (White 2007). A story authored as an alternative to the negative story which might have come to dominate an individual's life. The development of these preferred narratives often involves a process of reclaiming identity, and the role of poetry in this process was highlighted by participants:

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

These preferred narratives also became thickened through their experiences of sharing poetry with others:

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

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

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

Discussion and conclusion

This paper has identified four integrative themes across narrative interviews with people who have lived experience of psychosis and people who are poetry practitioners. The themes are: the unsayable becoming sayable; poetry supporting discovery, play and meaning making; relational expression through poetry and Poetry and recovery. Whilst there remains ongoing debate in relation to the efficacy of arts based therapies for people experiencing psychosis (Crawford et al., 2012; Montag et al., 2014; Richardson et al., 2007), the results from this research provide an insight into unique therapeutic potential of poetry to help give voice to, and make meaning of psychosis.

In enabling the process of the unsayable becoming sayable, Wilkinson (2009, p. 2) argues that fundamentally both poetry and talking therapy are dealing with points of access to "pre-communicable" experiences, and the data collected within this research suggests the potential of poetry to support in giving voice to the pre-communicable aspects of lived experience associated with psychosis. The expression of this lived experience through language is complex, especially for those who have experienced trauma (Andersen, 2008). Buber (1965/1998) speaks of striving towards language, recognising the struggle to find adequate language when expressing oneself. However, in this struggle, it appears that poetic devices such as metaphor and metonymy can potentially support expression and narration of experiences. Fiumara (2005) suggests that it is through metaphor that people transpose schemas from known and familiar areas of their life onto new, previously unknown domains and thus the creation of meaningful poetics may represent an active meaning making process.

The data gathered, particularly within the narrative theme of relationship expression through poetry, indicates that poetry and poetic spaces provided participants with the opportunity to share and explore their mental health outside of the traditional mental health system, in what might be termed carnivalesque spaces. The notion of the carnivalesque was first introduced by M. Bakhtin (1984) to represent a linguistic space in which the alternative, transgressive or idiosyncratic are celebrated, welcomed and explored. Society often perceives psychosis or madness as something which need to be managed and controlled (Kusters, 2020). Philips (2012, p. 173), proposes that characters, within carnivalesque space such as the theatre can be "mad in a way that most mad people can never be, but need to be". This is to say that others are captivated by the words of the mad characters, their utterances are met with fascination and cannot be dismissed. In contrast, the lived experience for many who experience psychosis, is that of being fearful of sharing their story, fearful of stigma and marginalisation (Ahmed et al., 2020; Harley et al., 2012).

The findings supports the assertion by Croom (2015) that poetry can support wellbeing associated with the domains of the PERMA (promoting positive emotions, engagement, relationships, meaning and accomplishment) model (Seligman, 2012) for people who have experienced psychosis. Especially in relation to the domains of meaning and relationships. However, empowerment which is not a domain represented within the PERMA model, was also reflected strongly within participant narratives. Mazza (2018, p. 203) writes of poetry "lending a voice to the oppressed", and for many people who feel ignored or silenced by wider society, such as those experiencing psychosis, poetry may be able to offer a vehicle for articulating lived realities and challenging dominant social discourses (Jocson, 2006).

However, poetic undertakings appear to be more difficult during periods of acute psychosis as the individual's sense of themselves might become greatly diminished, experiencing what Laing (1960) described as ontological insecurity. Foucault (2013) describes madness as a void from which art, creation and meaning can emerge and perhaps this void can be observed during these acute periods

when the poetic voice is reduced as metacognitive abilities also become diminished (Schwannauer, 2013), resulting in a profound impoverishment of an ability to narrate self, life and identity (Lysaker et al., 2003).

Therefore, further research is required to understand how poetry can be utilised appropriately at different stages in recovery, considering potential fluctuations in an individual's ability to narrate their life and identity (Lysaker et al., 2003). The authors propose that the insights gained through this research, in conjunction with the previously published conceptual review (Pearson et al., 2020), may provide the basis for the generation of a conceptual therapeutic model, which could be operationalised within contemporary mental health services. Read (2019) argues that what links the most effective approaches to working with people who experience psychosis, is a humane understanding that validates the person's psychosis as meaningful and inextricably linked to their experiences. Therefore, the foundations of this model might be found within poetry therapy and narrative therapy (White, 2007; Mazza, 2017), emphasising that psychosis can be a meaningful experience, but also one which has the potential to be profoundly distressing and difficult to adequately narrate.

The process of communicating with someone experiencing psychosis can evoke significant anxiety for mental health practitioners as they struggle to understand the meaning of what is being conveyed (Sass, 2017). During these moments, Evans (2008, p. 98) suggests one of the primary objectives should be to "turn the psychotic monologue into a dialogue with meaning". Therefore, focus on narratives and poetic discourse may present greater opportunities for meaningful dialogue. Considering psychosis as meaningful poetics invites mental health professionals to adopt a dialogical position, welcoming all voices, accepting that narratives may not be immediately coherent and tolerating the feeling of uncertainty whilst remaining curious. It may be through such engagement that practitioners can start to tune into the "psychotic wavelength" (Lucas, 1993), or perhaps what might be considered "the poetic wavelength".

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References

Ahmed, S., Birtel, M. D., Pyle, M., & Morrison, A. P. (2020). Stigma towards psychosis: Cross-cultural differences in prejudice, stereotypes, and discrimination in White British and South Asians. *Journal of Community & Applied Social Psychology*, 30(2), 199–213. https://doi.org/10.1002/casp.2437

Andersen, T. H. (2008). Speaking about the unspeakable: Sexually abused men striving toward language. *American Journal of Men's Health*, 2(1), 25–36. https://doi.org/10.1177/1557988307308107

Andrews, M., Squire, C., & Tamboukou, M. (2008). *Doing narrative research*. SAGE Publications.

Bakhtin, M. (1984). *Rabelais and his world* (Vol. 341). Indiana University Press.

Bakhtin, M. M. (2010). *Speech genres and other late essays*. University of Texas Press.

Blakemore, T., & Agllias, K. (2020). Social media, empathy and interpersonal skills: Social work students' reflections in the digital era. *Social Work Education*, *39*(2), 200–213. https://doi.org/10.1080/02615479.2019.1619683

Bolton, G., & Ihanus, J. (2011). Conversation about poetry/writing therapy: Two European perspectives. *Journal of Poetry Therapy*, *24*(3), 167–186. https://doi.org/10.1080/08893675.2011.593395

Buber, M. (1965/1998). *The knowledge of man: Selected essays*. Humanity Books.

Busch, B. (2020). Message in a Bottle: Scenic presentation of the unsayable. *Applied Linguistics*, *41*(3), 408–427. https://doi.org/10.1093/applin/amaa001

Chavis, G. G. (2011). *Poetry and story therapy: The healing power of creative expression*. Jessica Kingsley Publishers.

Connor-Greene, P. A., Murdoch, J. W., Young, A., & Paul, C. (2005). Poetry: It's not just for English class anymore. *Teaching of Psychology*, *32*(4), 215–221. https://doi.org/10.1207/s15328023top3204_2

Crawford, M. J., Killaspy, H., Barnes, T. R., Barrett, B., Byford, S., Clayton, K., Dinsmore, J., Floyd, S., Hoadley, A., Johnson, T., & Kalaitzaki, E. (2012). Group art therapy as an adjunctive treatment for people with schizophrenia: Multicentre pragmatic randomised trial. *Bmj*, *344*(feb28 4), e846–e846. https://doi.org/10.1136/bmj.e846

Croom, A. M. (2015). The practice of poetry and the psychology of well-being. *Journal of Poetry Therapy*, *28*(1), 21–41. https://doi.org/10.1080/08893675.2015.980133

Evans, M. (2008). Can anybody hear me? Reacting to pressures from psychotic states of mind. *Psychoanalytic Psychotherapy*, *22*(2), 88–99. https://doi.org/10.1080/02668730802102674

Faulkner, S. L. (2009). Research/poetry: Exploring poet's conceptualizations of craft, practice, and good and effective poetry. *Educational Insights*, *13*(3), 1–23. http://www.ccfi.educ.ubc.ca/publication/insights/v13n03/articles/faulkner/index.html

Fiumara, G. C. (2005). *The metaphoric process: Connections between language and life*. Routledge.

Foucault, M. (2013). *History of madness*. Routledge.

Frattaroli, J. (2006). Experimental disclosure and its moderators: A meta-analysis. *Psychological Bulletin*, *132*(6), 823. https://doi.org/10.1037/0033-2909.132.6.823

Gair, S. (2012). Feeling their stories: Contemplating empathy, insider/outsider positionings, and enriching qualitative research. *Qualitative Health Research*, *22*(1), 134–143. https://doi.org/10.1177/1049732311420580

Harley, E. W.-Y., Boardman, J., & Craig, T. (2012). Friendship in people with schizophrenia: A survey. *Social Psychiatry and Psychiatric Epidemiology*, *47*(8), 1291–1299. https://doi.org/10.1007/s00127-011-0437-x

Hopkins, L., Foster, A., & Nikitin, L. (2018). The process of establishing Discovery College in Melbourne. *Mental Health and Social Inclusion*, *22*(4), 187–194. https://doi.org/10.1108/MHSI-07-2018-0023

Jamison, K. R. (2018). Great wits and madness: More near allied? *British Journal of Psychiatry*, *199*(5), 351–352. https://doi.org/10.1192/bjp.bp.111.100586

Jocson, K. M. (2006). The best of both worlds": Youth poetry as social critique and form of empowerment. In P. Noguera, J. Cammarota, & S. Ginwright (Eds.), *Beyond resistance! Youth activism and community change* (pp. 129–147). Routledge.

Kar, N., & Barreto, S. (2018). Psychosis, creativity and recovery: Exploring the relationship in a patient. *BMJ Case Reports*, *2018*. https://doi.org/10.1136/bcr-2017-223101

Kircanski, K., Lieberman, M. D., & Craske, M. G. (2012). Feelings into words: Contributions of language to exposure therapy. *Psychological Science*, *23*(10), 1086–1091. https://doi.org/10.1177/0956797612443830

Kusters, W. (2020). *A philosophy of madness: The experience of psychotic thinking*. MIT Press.

Kyaga, S., Lichtenstein, P., Boman, M., Hultman, C., Långström, N., & Landén, M. (2011). Creativity and mental disorder: Family study of 300,000 people with severe mental disorder. *The British Journal of Psychiatry: the Journal of Mental Science*, *199*(5), 373–379. https://doi.org/10.1192/bjp.bp.110.085316

Labov, W. (1972). *Language in the inner city: Studies in the Black English vernacular*. Basil Blackwell.

Laing, R. D. (1960). *The divided self: An existential study in sanity and madness*. Penguin UK.

Langellier, K. M. (1989). Personal narratives: Perspectives on theory and research. *Text and Performance Quarterly*, *9*(4), 243–276. https://doi.org/10.1080/10462938909365938

Leader, D. (2011). *What is madness?* . Penguin group.

Livholts, M. (2015). *Discourse and narrative methods: Theoretical departures, analytical strategies and situated writings/Mona Livholts, Maria Tamboukou*. Sage.

Lorenz, D. (2020). My unique poem is me: Our poems are universal. A creative interactive poetry therapy inquiry. *Journal of Poetry Therapy*, *33*(4), 252–264. https://doi.org/10.1080/08893675.2020.1803617

Lucas, R. (1993). The psychotic wavelength. *Psychoanalytic Psychotherapy*, *7*(1), 15–24. https://doi.org/10.1080/02668739300700021

Lysaker, P. H., Wickett, A. M., Campbell, K., & Buck, K. D. (2003). Movement towards coherence in the psychotherapy of schizophrenia: A method for assessing narrative transformation. *The Journal of Nervous and Mental Disease*, *191*(8), 538–541. https://doi.org/10.1097/01.nmd.0000082182.77891.89

MacCabe, J. H., Sariaslan, A., Almqvist, C., Lichtenstein, P., Larsson, H., & Kyaga, S. (2018). Artistic creativity and risk for schizophrenia, bipolar disorder and unipolar depression: A Swedish population-based case–control study and sib-pair analysis. *The British Journal of Psychiatry*, *212*(6), 370–376. https://doi.org/10.1192/bjp.2018.23

Mazza, N. (2017). *Poetry therapy: Theory and practice/Nicholas Mazza* (2nd ed.). Routledge.

Mazza, N. (2018). No place for indifference: Poetry therapy and empowerment in clinical, educational, and community practice. *Journal of Poetry Therapy*, *31*(4), 203–208. https://doi.org/10.1080/08893675.2018.1505248

Montag, C., Haase, L., Seidel, D., Bayerl, M., Gallinat, J., Herrmann, U., & Dannecker, K. (2014). A pilot RCT of psychodynamic group art therapy for patients in acute psychotic episodes: Feasibility, impact on symptoms and mentalising capacity. *PLoS ONE*, *9*(11), e112348. https://doi.org/10.1371/journal.pone.0112348

Palumbo, C., Volpe, U., Matanov, A., Priebe, S., & Giacco, D. (2015). Social networks of patients with psychosis: A systematic review. *BMC Research Notes*, *8*(1), 1–12. https://doi.org/10.1186/s13104-015-1528-7

Papathomas, A. (2016). Narrative inquiry: From cardinal to marginal . . . and back? In B. Smith & A. C. Sparkes (Eds.), *Routledge handbook of qualitative research in sport and exercise* (pp. 59–70). Routledge.

Patterson, W. (2008). *Doing narrative research*. SAGE Publications, Ltd. https://methods.sagepub.com/book/doing-narrative-research

Pearson, M., Rennick-Egglestone, S., & Winship, G. (2020). How can poetry support the understanding of psychotic experiences? A conceptual review. *Journal of Recovery in Mental Health*, *3*(1), 39–53. https://jps.library.utoronto.ca/index.php/rmh/article/view/33919

Pennebaker, J. W., & Beall, S. K. (1986). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology*, *95*(3), 274–281. https://doi.org/10.1037/0021-843X.95.3.274

Pennebaker, J. W., & Smyth, J. M. (2016). *Opening up by writing it down: How expressive writing improves health and eases emotional pain*. Guilford Publications.

Philips, A. (2012). *Missing out: In praise of the unlived life*. Penguin.

Pinto, R. M. (2006). Using social network interventions to improve mentally ill clients' well-being. *Clinical Social Work Journal*, *34*(1), 83–100. https://doi.org/10.1007/s10615-005-0005-5

Read, J. (2019). Making sense of, and responding sensibly to, psychosis. *Journal of Humanistic Psychology*, *59*(5), 672–680. https://doi.org/10.1177/0022167818761918

Richardson, P., Jones, K., Evans, C., Stevens, P., & Rowe, A. (2007). Exploratory RCT of art therapy as an adjunctive treatment in schizophrenia. *Journal of Mental Health*, *16*(4), 483–491. https://doi.org/10.1080/09638230701483111

Riessman, C. K. (2008). *Narrative methods for the human sciences/Catherine Kohler Riessman*. Sage.

Sagi, B. (2021). "Only when it's written here": Personal writing as testimony in the aftermath of childhood sexual abuse. *Journal of Poetry Therapy*, *34*(3), 1–14. https://doi.org/10.1080/08893675.2021.1921475

Sass, L. A. (2017). *Madness and modernism: Insanity in the light of modern art, literature, and thought* (Revised edition ed.). Oxford University Press.

Schick Makaroff, K. L. (2013). The unsayable: A concept analysis. *Journal of Advanced Nursing*, *69*(2), 481–492. https://doi.org/10.1111/j.1365-2648.2012.06083.x

Schick Makaroff, K. L., Sheilds, L., & Molzahn, A. (2013). Stories of chronic kidney disease: Listening for the unsayable. *Journal of Advanced Nursing*, *69*(12), 2644–2653. https://doi.org/10.1111/jan.12149

Schwannauer, M. (2013). Attachment, mentalisation and reflective functioning in psychosis. In A. Gumley, A. Gillham, K. Taylor, & M. Schwannauer (Eds.), *Psychosis and emotion* (pp. 68–84). Routledge.

Seitz, S. (2016). Pixilated partnerships, overcoming obstacles in qualitative interviews via Skype: A research note. *Qualitative Research*, *16*(2), 229–235. https://doi.org/10.1177/1468794115577011

Seligman, M. E. (2012). *Flourish: A visionary new understanding of happiness and well-being*. Simon and Schuster.

Turner, K., Lovell, K., & Brooker, A. (2011). ' . . . and they all lived happily ever after': 'Recovery' or discovery of the self in personality disorder? *Psychodynamic Practice*, *17*(3), 341–346. https://doi.org/10.1080/14753634.2011.587604

White, M. K. (2007). *Maps of narrative practice*. WW Norton & Company.

Wilkinson, H. (2009). *The muse as therapist*. Karnac Books.

Winnicott, D. W. (1971). *Playing and reality*. Tavistock Publications.

Wittgenstein, L. (1919/1997). Letter to Bertrand Russel (19.8.1919). In L. Wittgenstein (Ed.), *Wittgenstein L. Cambridge letters: Correspondence with Russell, Keynes, Moore, Ramsey and Sraffa* (pp. 124–125). Blackwell.

Yardley, S., Kinston, R., Lefroy, J., Gay, S., & McKinley, R. K. (2020). 'What do we do, doctor?' Transitions of identity and responsibility: A narrative analysis. *Advances in Health Sciences Education*, *25*(4), 825–843. https://doi.org/10.1007/s10459-020-09959-w

Zeligman, R., Smith, B. L., & Tibon, S. (2012). The failure to preserve potential space in dissociative disorders: A Rorschach study. *Psychoanalytic Psychology*, *29*(2), 188–205. https://doi.org/10.1037/a0024990

Ziebland, S. (2013). *Narrative interviewing understanding and using health experiences*. Oxford University Press.